Outline

• Introduction
• Ethics
• Ethical violations
• Social Media
• Social Media Policy
• CRCC Code of Ethics
• Wrap up
What is Rehabilitation Counseling?

“Rehabilitation Counseling is a systematic process which assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career and independent living goals in the most integrated settings possible through the application of the counseling process. The counseling process involves communication, goal setting and beneficial growth or change through self-advocacy, psychological, vocational, social and behavioral interventions.”

American Rehabilitation Council Association (scope of practice)
“I truly believe the best time to have a conversation about ethics is when there is nothing at stake—when no big ethical dilemma is before us or when a staff member hasn’t erred on behalf of our organization.”

“Ethics conversations should be a part of everyday life in an office, yet they are often overlooked until it is too late.”

-Audrey P. Kintzi

(A Guide to Ethical Decision Making and Regulation for Nonprofit Organizations)
“Golden Five + 1”

Van Hoose (1986) recommended that all counseling practitioners use five principles to guide their ethical practice:

- **Autonomy**: To promote self-determination.
- **Nonmaleficence**: To avoid doing harm.
- **Beneficence**: To promote the well-being of others and the client.
- **Justice**: To be fair and equitable to others.
- **Fidelity**: To make realistic commitments and keep promises.
- **Veracity**: To be truthful and deal honestly with clients.
ANALYSIS OF THE REPORTED ETHICAL COMPLAINTS AND VIOLATIONS TO THE COMMISSION ON REHABILITATION COUNSELOR CERTIFICATION

1993-2006 (Flounders et al., 2007)
2006-2013 (Hartley & Cartwright, 2013)
Table 1. Ethical Complaints, FY 2006–2013.

<table>
<thead>
<tr>
<th>Year</th>
<th>CRCC certificants&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Annual complaints</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>n (%)</td>
</tr>
<tr>
<td>FY 2012–2013</td>
<td>16,758</td>
<td>6 (0.036)</td>
</tr>
<tr>
<td>FY 2011–2012</td>
<td>16,554</td>
<td>14 (0.085)</td>
</tr>
<tr>
<td>FY 2010–2011</td>
<td>16,470</td>
<td>22 (0.134)</td>
</tr>
<tr>
<td>FY 2009–2010</td>
<td>16,236</td>
<td>4 (0.025)</td>
</tr>
<tr>
<td>FY 2008–2009</td>
<td>16,148</td>
<td>9 (0.056)</td>
</tr>
<tr>
<td>FY 2007–2008</td>
<td>16,169</td>
<td>8 (0.049)</td>
</tr>
<tr>
<td>FY 2006–2007</td>
<td>16,127</td>
<td>8 (0.049)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>71</td>
</tr>
</tbody>
</table>

Note. FY = fiscal year; CRCC = Commission on Rehabilitation Counselor Certification.
<sup>a</sup>Certificant statistics are from the final day of each FY. <sup>b</sup>One individual filed four complaints against four different certificants. <sup>c</sup>One individual complainant filed eight complaints against eight different certificants.
11 categories of ethical violations (Saunders et al. 2007)

1. Dual or inappropriate relationships
2. Confidentiality
3. Fees or billing practices
4. Inappropriate financial gain
5. Informed consent
6. Competence
7. Improper research, teaching, administrative practice, or supervision techniques
8. Failure to advocate for the client
9. **Inappropriate public statements or disparaging remarks**
10. **Failure to uphold professional standards**
11. Legal issues such as practicing without a certificate or the fraudulent use of credentials, using illegal substances, or failure to report abuse situations
Who files complaints?

- Client of the certificant: 28.5%
- Colleagues: 31%
- Client attorneys: 6.5%
- Someone other than a client, client attorney, or colleague (e.g., an employer of the certificant, a parent or guardian, or a licensure board) filed 34%
Clustered Violations (1993-2006)

1. Competence and conduct with clients
   (e.g., abandonment, sexual intimacies, dishonesty)

2. Business practices
   (e.g., billing, reports, documentation)

3. Professional practice
   (e.g., referral upon termination, obtaining appropriate potential employment opportunities, nonprofessional relationships)
SOCIAL MEDIA
What is social media?

“Social media is a generalized term for a group of online software tools that allow for increased interaction, authorship, and development of online content by any web user” (Kuhns, 2012, p. 4).

Social media include the well-known sites, such as Facebook, LinkedIn, Instagram, and Twitter, but also wikis, blogs, microblogs, podcasting, and other social networking and social bookmarking sites.
<table>
<thead>
<tr>
<th>Terms</th>
<th>Definitions</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social network</td>
<td>Use to stay connected with friends and family, and to share and express what matters to the person. World’s largest professional network</td>
<td>Facebook, LinkedIn</td>
</tr>
<tr>
<td>Blogs</td>
<td>Provide commentary on a particular subject; others function as more personal online diaries, or as online brand advertising of a particular individual or company.</td>
<td>WordPress</td>
</tr>
<tr>
<td>Microblog</td>
<td>Use 140 characters to update followers. Text, images, music, video, chats Images, not text</td>
<td>Twitter, Tumblr, Pinterest</td>
</tr>
<tr>
<td>Wikis</td>
<td>Piece of server software that allows users to create and edit web page content freely using any web browser; ideal for collective projects.</td>
<td>Wikipedia</td>
</tr>
<tr>
<td>Social bookmarking</td>
<td>Centralized online services that enable users to add, annotate, edit, and share bookmarks of web documents. Tagging enables users to organize their bookmarks in flexible ways and develop shared vocabularies.</td>
<td>Delicious</td>
</tr>
<tr>
<td>Podcast</td>
<td>A multimedia digital file made available on the Internet to download to a portable media player, computer, etc.</td>
<td>YouTube, iTunes</td>
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</tbody>
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The Top 10 Most Popular Social Media Websites
Changing face of communication...

- Social media is changing the way people and organizations communicate.

- The social media statistics are amazing:
  - Facebook has 751 million monthly active users, with 79% outside the United States and Canada (Facebook, 2013).
  - Twitter now has almost 555 billion registered users, with an average of 58 billion tweets per day (StatisticBrain, 2013).
3,014 survey participants were asked to think about the last time they hunted for health or medical information:

- 77% of these online health seekers said they began at a search engine, such as Google, Bing, or Yahoo.
- One in three American adults go online to research their medical conditions.
- These statistics go beyond millennials (born 1982-2004), who have lived with computers and Internet all their lives;
- They also include baby boomers as the fastest growing age group of persons using social media tools, with over 51% using some form of social media.
Patients and their caregivers are searching online for medical information and seeking support;

- 60% of patients now seek both support and information online.

- Looking for health care information is the third most popular online activity, after Internet search and email.
Examples of the violation of the ethical principles (Spector and Kappel, 2012)

- 1. Breach of privacy or confidentiality against patients
- 2. Failure to report others’ violations of privacy against patients
- 3. Lateral violence against colleagues
- 4. Communication against employers
- 5. Boundary violation
- 6. Employer/faculty use of social media against employees/students
With social media, organizational leaders must apply traditional rules to a new technology.

- Because broad polices have been struck down, social media polices need to mimic other organizational communication polices.
- For example, prohibiting inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct.
The public’s trust of rehabilitation counselors and the profession of rehabilitation counseling could be damaged by derogatory comments about clients/patients, colleagues, and rehabilitation-based organizations.
SOCIAL MEDIA POLICY

Commission on Rehabilitation Counselor Certification (CRCC)
Updated: July 24th, 2015
Preamble

Social media is changing the way we communicate and work, offering new models to engage with our certificants (CRCs, CCRCs, CVEs, CWAs, CCAAs), applicants and future applicants, colleagues, and the general public. We believe this kind of interaction:

- provides a means for our certificants to champion the quality of services they provide;
- assists our certificants in building stronger, more successful professional relationships;
- facilitates participation in broader conversations related to the fields of rehabilitation counseling and vocational evaluation; and,
- keeps interested parties informed regarding relevant professional topics and news.
SOCIAL MEDIA CODE OF CONDUCT

- Disclose
- Protect
- Use Common Sense
Disclose

- **Be honest:** Your honesty—or dishonesty—will be quickly noticed in the social media environment. Be professional and ethical, use good judgment, and be accurate and honest in your communication.

- **Be transparent:** Write in the first person. Use your real name, identify that you are a CRC/CCRC/CVE/CWA/CCAA, and be clear about your role. Never impersonate someone else, or purposefully obscure your credentialed identity.

- Where your connection to CRCC and/or your credential is apparent, whether within a professional or personal social media presence, make it clear that you are speaking for yourself and not on behalf of CRCC.
  (In those circumstances, you should include a disclaimer such as: “The views expressed on this [blog; website] are my own and do not reflect the views of CRCC.” Consider adding this language in an “About me” section of your blog or social media profile.)

- **Please note that no certificant, by way of holding a credential, is entitled to speak on behalf of CRCC.**

- **Be truthful:** If you have a vested interest in something you are discussing, be the first to point it out and be specific about what it is. Always disclose if you’ve received something in exchange for a review of a product or service (a FTC regulation).

- **Be yourself:** You are responsible for the content you post. Stick to your area of expertise. Write what you know. Build your own reputation. Care about what you are talking about. If you publish information outside of your credentialed scope of practice or expertise, use a disclaimer such as: “The postings on this site/platform are my own and don't represent CRCC’s positions, values, or opinions.”
Protect

◦ **Don’t tell secrets:** Make sure that you do not violate your client’s, your employer’s, or CRCC’s confidentiality or ethical and legal guidelines—or your own privacy. Know the laws and don’t break them. Do not divulge or discuss proprietary information, internal company documents, any content under a non-disclosure agreement, or other confidential material. Remember, if you’re online, you’re on the record—everything on the Internet is public and searchable.

◦ **Respect CRCC:** Honor CRCC’s brand identity, trademark, copyright, fair use, and trade secrets. If it gives you pause … pause rather than publish. If unsure, check with CRCC. And unless approved by CRCC, your social media name, handle, and URL should not include CRCC’s name (full or abbreviated) or logo.

◦ **Give credit:** Always cite when quoting someone else and/or using an information source. Consider using a link to the original source. Never use copyrighted material, including images, without permission.

◦ **Play nicely:** Be respectful of fellow credentialed professionals, CRCC, and other professional organizations. Anything you publish must be true and not misleading. Refrain from making any claims you cannot substantiate.

◦ **Share with caution:** We believe in sharing and linking to the best content from all over the web. A link is not an endorsement, so link if you feel it is worthwhile to your colleagues and friends. But do be careful—once you hit “share,” you usually can’t get it back.
Use Common Sense

- **Follow policies**: Follow all applicable CRCC policies and codes.
- **Do us proud**: Perception is reality and in online social networks, the lines between public and private, personal and professional, are blurred. Just by identifying yourself as a credentialed professional, you are creating perceptions about your expertise and about CRCC.
- **Add value**: Among countless words available, make yours helpful, insightful, and thought-provoking. Build community by posting content that invites responses—then stay engaged. Consider broadening the dialogue by citing others who are writing about the same topic and allowing your content to be shared.
- **Fix mistakes**: If you make a mistake, admit it quickly. Be upfront and be quick with your correction. If you are posting to a blog, you may choose to modify an earlier post—just make it clear that you have done so.
CRCC CODE OF ETHICS

SECTION J: TECHNOLOGY, SOCIAL MEDIA, AND DISTANCE COUNSELING
Introduction

- Rehabilitation counselors recognize that service provision is not limited to in-person, face-to-face interactions.
- Rehabilitation counselors actively attempt to understand the evolving nature of technology, social media, and distance counseling and how such resources may be used to better serve their clients.
- Rehabilitation counselors appreciate the implications for legal and ethical practice when using technology, social media, or distance counseling and are particularly mindful of issues related to confidentiality, accessibility, and online behavior.
J.4 Social Media

a. PROFESSIONAL ELECTRONIC PRESENCE

b. MONITORING SOCIAL MEDIA

c. SOCIAL MEDIA AND INFORMED CONSENT

d. PRIVACY IN SOCIAL MEDIA

e. MAINTAINING CONFIDENTIALITY IN SOCIAL MEDIA
In cases where rehabilitation counselors maintain both professional and personal presences for social media use, separate professional and personal pages and profiles are created to clearly distinguish between the two kinds of electronic presence.
b. MONITORING SOCIAL MEDIA

Rehabilitation counselors recognize that information posted on social media sites is largely permanent and easily shared beyond the privacy settings of any particular site.

Rehabilitation counselors take reasonable steps to monitor for and remove or correct potentially harmful information shared on sites they establish for their professional presence.
Rehabilitation counselors clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media in the provision of services.

Additionally, rehabilitation counselors work within their organizations to develop and clearly communicate a social media policy so the social media practice is transparent, consistent, and easily understood by clients.
Rehabilitation counselors respect the privacy of their client’s presence on social media and avoid searching a client’s virtual presence unless relevant to the rehabilitation counseling process.

If a rehabilitation counselor may search a client’s virtual presence, this is disclosed in advance.

Rehabilitation counselors caution clients of the potential impact that social media use may have on the counseling relationship and discuss the benefits and risks of using social media within the rehabilitation counseling process.
Rehabilitation counselors protect the confidentiality of clients by avoiding the posting of any personally identifiable information, unless the client has provided written consent to do so.

In no circumstance should protected or highly sensitive information be shared via social media platforms.
How Facebook Figures Out Everyone You've Ever Met

- Not having a Facebook account doesn’t protect you.
- Private data is now Public data, you can’t remove it!
- Clients can be connected to each other.

- Facebook’s artificial intelligence robots shut down after they started communicating with each other in their own language!
Thank you for your time!
For questions, comments, suggestions: Rachita.sharma@unt.edu