**Webcast:** Heavy Caseload Management and Quality Documentation

Presenter: Dr. Christina Dillahunt-Aspillaga

Host: Cindy Cai

A webcast sponsored by the American Institutes for Research (AIR), Center on Knowledge Translation for Disability and Rehabilitation Research Work (KTDRR):

(Slide 1): XISHENG CINDY CAI: Good afternoon, and welcome, everyone, to today's webcast entitled "Ethical Considerations and Multicultural Concerns in Caseload Management."

I am Xinsheng Cindy Cai from the American Institute for Research, or AIR, who led the effort to develop this webcast.

Today's webcast is part 2 of the 2-part webcast series on effective caseload management. Our presenter is Dr. Christina Dillahunt-Aspillaga, who will discuss strategies to ensure ethically and culturally sound practices in caseload management.

The webcast is offered through the Center of Knowledge Translation for Disability and Rehabilitation Research, or KTDRR, funded by the National Institute on Disability, Independent Living, and Rehabilitation Research, or NIDILRR.

I want to thank my colleague, Rebecca Gaines, from AIR, who was instrumental in developing today's webcast. We have information that accompanies today's webcast on our website at ktdrr.org. This includes a PowerPoint file and a text description of the training materials. Please remember that these materials are copyrighted and you must contact our presenter to ask permission to use any of the information.

(Slide 2): Now, I'm going to introduce our presenter today, Dr. Christina Dillahunt-Aspillaga is an Assistant Professor in the Department of Child and Family Studies, Rehabilitation and Mental Health Counseling Program in the College of Behavioral and the Community Sciences at the University of South Florida, Tampa.

Tina is the former state director of family programs and services for Brain Injury Association of Florida. She's also a certified rehabilitation counselor.

Now, I'm going to go to turn to Tina, who will begin her presentation.

(Slide 3): CHRISTINA DILLAHUNT-ASPILLAGA: Good afternoon. Thank you very much, Cindy, for the wonderful introduction. And thank you for inviting me back for part 2, "Ethical Considerations and Multicultural Concerns in Caseload Management." I also would like to think the Center on Knowledge Translation for Disability and Rehabilitation Research.

Looking forward to presenting the information to you today on the codes of ethics. I think we'll have a lively discussion. And hopefully, this information will help you improve your case management practice.

First, we're going to begin by discussing and reviewing a few codes of ethics. Many professional organizations follow discipline-specific code of ethics.

For example, the Commission of Rehabilitation Counselor Certification, or CRCC, has a Code of Professional Ethics. These standards assure the community that rehabilitation counselors accepts responsibility to provide service to individuals with disabilities. Interestingly enough, there is a new version of the code that is coming out January 1, 2017.

(Slide 4): On the next slide, we list other codes of professional ethics that we will review shortly. Other codes of ethics include the American Counseling Association, or the ACA; the Certification of Disability Management Specialists, or CDMS; and the International Association of Rehabilitation Professionals, or IARP. Again, these are just a few examples of codes of ethics that are commonly used in rehabilitation practice. And we're going to take a few moments to actually follow the web links that are embedded within the PowerPoint presentation and review some sections of the different codes of ethics. Please bear with us for just a couple of moments as we transition to the web to be able to pull up the different codes of ethics that we will be reviewing during this presentation.

Again, these slides are available for download from the KTDRR website. And the links to all of the different codes of ethics are embedded within the PowerPoint slides.

On your screen, you should see a slide that begins with the Code of Professional Ethics for Rehabilitation Counselors. I'm going to actually scroll through the code of ethics and just highlight a few areas of each code for viewers in the audience. So the Code of Professional Ethics for Rehabilitation Counselors is an extensive code of ethics that we use-- that I personally use on a daily basis, not only in the classroom at the University of South Florida, but also when I work with clients and professionals at the Department of Veterans Affairs. And also, when I work with clients with brain injury in the field.

The code that we're going to review today, this version was adopted in September 2016 by the CRCC. And it's effective January 1m, 2017. This code is developed and administered by the CRCC.

If you look at page 2, this includes the table of contents. The first part of the code includes a preamble, which we will go through shortly. Starting on page 4 are the enforceable standards of ethical practice. Section A is from page 4 to page 8, and it includes information on the counseling relationship. And it varies from the welfare of those that we serve to end of life care for terminally ill clients.

Section B in the code from page 8 through page 12 covers confidentiality, privileged communication, and privacy. This can range from respecting client rights all the way down to case consultation and records and documentation, which we will highlight later on in the presentation.

Section C of the Code of Professional Ethics for Certified Rehab Counselors includes advocacy and accessibility. And this ranges from page 12 to page 13.

Section D covers professional responsibility, which is introduction through scientific bases for interventions. Again, pages 13 through 15.

Section E focuses on relationships with other professionals and employers from pages 16 to 17.

Section F, which we will highlight later in the presentation, refers to forensic services. And this appears in the code from pages 18 to 19.

Section G focuses on assessment and evaluation, pages 20 through 22. And this covers anything from informed consent down to testing and test instruments.

Section H includes supervision training and teaching on pages 22 to 27. We will not spend a lot of time talking about that in this presentation.

Section I focuses on research and publication. And that's pages 27 to 30.

Section J focuses on technology, social media, and distance counseling, pages 31 through 32.

Section K focuses on business practices, pages 32 through 34.

And finally, section L, which we'll spend some time discussing later on in the presentation, focuses on resolving ethical issues. And this appears on pages 34 through 37 of the code. So as you can see, the Code of Professional Ethics is about 37 pages long. We won't be able to go through the entire code today in the interest of time in this presentation. However, we are going to highlight a few sections that are relevant to ethical considerations and multicultural concerns in case and caseload management.

The preamble is something that I encourage all counselors to review pretty frequently, just to keep it fresh in your mind. The basic objectives of this code are to promote public welfare by specifying ethical behavior expected of rehab counselors. Establish principles that guide ethical behavior of rehab counselors. Serve as an ethical guide designed to assist rehab counselors in constructing a professional course of action that best serves those utilizing rehab counseling services. And finally, the code's to serve as a basis for the processing of all alleged code violations by certified rehab counselors.

We do have an extensive scope of practice, which we're going to go through in upcoming slides. And we do actually use numerous modalities within the rehabilitation counseling process. And these can include but are not limited to assessment and appraisal, diagnosis and treatment planning, career and vocational counseling, individual and group counseling treatment interventions focused on facilitating adjustments to the medical and psychosocial impact of disability. Case management, which obviously is quite relevant to this presentation, referral and service coordination, program evaluation and research, interventions to remove environmental employment and attitudinal barriers, consultation services among multiple parties and regulatory systems, job analysis, job development and placement services, including assistance with employment and job accommodations. And finally, provision of consultation about and access to rehab technology.

So again, we provide services within the scope of practice. And we have quite a few values and principles that we follow, which we are going to highlight in some of the slides when we return back to the PowerPoint presentation.

So going back to the table of contents, I'm going to scroll back up. This is the best way to kind of navigate the code, is to come through and to look at the different sections. And look at the subsections to maybe locate the area of the code that is most relevant perhaps to the situation or dilemma that you might be facing. So that's the CRC Code of Ethics.

We're going to move on to a couple of other different codes. And then finally, at the end of the presentation, we'll talk about solving ethical dilemmas as well as resources and guides that can help you navigate ethical dilemmas.

Going to the next web link, the ACA, or American Counseling Association, Code of Ethics is another code that many of you might be familiar with, especially if you're licensed mental health counselors or licensed professional counselors in the field. This is the 2014 ACA Code as approved by the ACA Governing Council. You can download this at counseling.org from the American Counseling Association.

In terms of the ACA, their mission is similar to that of rehabilitation counselors, but varies slightly in the actual statement. The mission of the ACA is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.

Within this code, which is about 18 pages long, there are different sections, not as many as the CRCC code.

Section A covers the counseling relationship. Section B covers confidentiality and privacy. Section C covers professional responsibility. Section D covers relationships with other professionals. Section E covers evaluation assessment and interpretation. Section F covers supervision training and teaching. Section G covers research and publication. Section H covers distance counseling, technology, and social media. And finally, Section I focuses on resolving ethical issues. So you can see there's quite a bit of overlap between the two codes. But again, this is one that you may be using readily within your organization.

In terms of which code you should use, you should definitely use the code that is with your primary certification or licensure body. And also, you should follow the code within the agency which you are working. If you are unsure, I would ask for clarification from your supervisors or your colleagues within your organization.

Another code that's commonly used in the rehabilitation arena is the CDMS Code of Professional Conduct, or the Certification of Disability Management Specialists. Again, this is available for download from cmds.org. You can download this code if this is of interest to you.

This one was revised in September of 2015. In terms of the contents of their code of ethics, they also have a preamble. They provide definitions. And they also provide principles.

In terms of their sections of the code, their first section is rules for professional conduct. Section 1 looks at relationships with all parties. Section 2, provision of services to individual clients. Section 3, provision of services to organizational clients.

The next major section is procedures for processing complaints followed by release of information. They provide a statement of purpose. And then, they have section A definitions. Section B, professional conduct committee members. Section C, professional conduct complaints. Section D, professional conduct hearings. Section E, committee actions and sanctions. Section F, appeals. Section G, new evidence. Section 8, legal actions relating to professional conduct complaints. And section I, records.

Again, this code is about 20 pages long. And their preamble, again, varies slightly from the CRCC and the ACA Code of Ethics. But again, they divide theirs into three sections-- relationships with all parties, provision of services to individual clients. And section 3, provision of services to organizational clients.

The International Association of Rehabilitation Professionals, or IARP, is mainly connected to the private rehabilitation sector. They do have their own individual codes of ethics, standards of practice, and competency statements. They recognize that medical and vocational rehabilitation services are provided under a variety of federal, international, local, and state laws or administrative codes, and in a wide variety of public and private venues.

Their document for their code of ethics addresses nine areas of ethical practice followed by a forensic code of ethics for IARP members who practice in forensic settings. There is also at this site the life care planning, scope and standards of practice. And you can download the definitions from www.rehappro.org/standards. Again, www.rehabpro.org/standards.

Also on this page, there are case management and vocational rehabilitation standards of practice. Medical case management standards of practice and competencies are available. These are defined as the process of assessing, planning, and coordinating, monitoring, and evaluation of services required to respond to an individual health care needs. And to attain goals of quality and cost-effective care. And also, vocational standards of practice and competencies.

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

And then finally, if you are interested, the IARP has their full code of ethics, which has sections A1 through A9. Again, I'll briefly go over these. I'm scrolling through. Thank you for your patience.

A1 is conflict of interest. A2 is detrimental, exploitative relationships. A3 is objectivity. A4 is competency. A5 is confidentiality. A6 is multicultural and diversity issues. Again, relevant to this presentation. A7 is appropriate role for a practitioner. A8 is social advocacy. And A9 is electronic communication.

And then, like I said, there's also a forensic code. So we're not going to go over this code in detail, but I did want to take a few minutes in this presentation to introduce you to the codes, to actually take you on these hyperlinks that are embedded within your PowerPoint presentation. To kind of just give you a general idea of where you could find the code, a general overview of what's in the code, and how this might help you in solving and addressing current and future ethical dilemmas.

At this point in time, I'm going to go ahead and go back to the PowerPoint presentation. If you bear with us for just one moment, we will go back to the slides. So again, we've just taken a few moments. And we reviewed the CRCC Code of Ethics, the ACA Code of Ethics, the CDMS Code of Ethics, as well as the IARP Code of Ethics. Hopefully, you've found this useful and informative, and will be able to utilize this in the future. So let's talk a little bit about the CRCC code. Like I said, we were going to just briefly go over this after we went to the hyperlinks.

(Slide 5): Rehab counselors are committed to facilitating the personal, social, and economic independence of individuals with disabilities. In fulfilling this commitment, rehab counselors recognize diversity and embrace a cultural approach in the support of worth, dignity, potential, and uniqueness of individuals with disabilities within their social and their cultural context. They look at professional values as an important way of living out an ethical commitment.

(Slide 6): There are six principles. The code as written is based upon six principles of ethical behavior. And this should be a review for most of you. And again, these are very similar to all of the codes that we've reviewed today. But specifically, we're going to focus on the CRCC Code of Ethics

Autonomy. To respect the rights of clients to be self-governing within their social and cultural framework. Beneficence. To do good to others. To promote the well-being of clients. Fidelity. To be faithful. To keep promises and honor the trust placed in rehabilitation counselors. Justice. To be fair in the treatment of all clients. To provide appropriate services to all. Nonmaleficence. To do no harm to others. And veracity. To be honest.

(Slide 7): Key components of CRCC Code of Ethics. Again, we have gone through many of these. Specifically today, we are going to cover the counseling relationship. Confidentiality, privilege, communication, and privacy. Professional responsibility, forensic and indirect services, and resolving ethical issues.

(Slide 8): Rehabilitation counselor commitment to cultural diversity. Counselors are aware that all individuals exist in a variety of context and understand the influence of these contexts on an individual's behavior. So as counselors, we need to be aware of the continuing evolution of the field, changes in our society at large, and the different needs of individuals in social, political, historical, environmental, and economic contexts.

The commitment involves providing respectful and timely communication, taking appropriate action when cultural diversity issues occur, and being accountable for the outcomes as they affect people of all races, ethnicities, genders, national origins, religions, sexual orientations, or other cultural group identities.

(Slide 9): We're going to first discuss Section A, the counseling relationship. Section A.1B, rehabilitation counseling plans. Rehabilitation counselors and clients work together to develop integrated, individual, mutually agreed-upon, written rehabilitation counseling plans that offer a reasonable promise of success and are consistent with the abilities and circumstances of the clients. And the key here is working together and developing an integrated plan.

Also, making sure that these plans are consistent with the abilities of their clients. Rehab counselors and clients regularly review rehab counseling plans to assess their continued viability and effectiveness. And they often may need to be revised as needed.

(Slide 10): Again, Section A, the counseling relationship. A.2, respecting diversity. Respecting culture, demonstrating respect for the cultural identity of clients in developing and implementing rehab and treatment plans and providing and adapting interventions.

And then, section 4b, non-discrimination. As rehab counselors, we do not condone or engage in the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.

(Slide 11): Moving on to section B, respecting client rights. d, cultural diversity considerations. As rehabilitation counselors, we work to develop and maintain awareness of the cultural meanings of confidentiality and privacy. Rehab counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

(Slide 12): Section D.2, cultural competence and diversity continued. a, cultural competency. Develop and maintain knowledge, personal awareness, sensitivities, and skills, and demonstrate a disposition reflective of a culturally-competent rehab counselor working with diverse client populations.

Section b, interventions. As counselors, we want to develop and adopt interventions and services to incorporate consideration of cultural perspectives of clients and recognition of barriers external to clients that may interfere with achieving effective rehabilitation outcomes. Again, this could be looking at evidence-based practice that exists currently in the field, attending conferences that focus specifically on different culturally-diverse disability populations, as well as pursuing online training and webinars, et cetera.

Section c, non-discrimination. As counselors, we do not condone or engage in the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.

(Slide 13): Next slide. Forensic rehabilitation counselor. A forensic rehabilitation counselor is someone who works in a forensic setting, They may be conducting evaluation and/or reviewing records and conducting research for the purpose of unbiased and objective expert opinions via case consultation or testimony. Oftentimes, working in the court system.

(Slide 14): Section F.3, forensic practices. Section a, case acceptance and independent opinion. Forensic rehabilitation counselors have the right to accept any referral within their areas of expertise. And they may also decline involvement in cases.

Again, the focus here is within their area of expertise. As rehabilitation counselors, sometimes we're approached with opportunities and requests to work outside of our area of expertise. And it's quite critical that we remain focused on our areas of expertise. Should we desire to work in that additional area, then we need to be responsible and acquire the needed training and supervision required to work in that specific area.

F.3.a, termination and assignment transfer. If it's necessary to withdraw from a case after having been retained, forensic rehab counselors make reasonable efforts to assist evaluees and/or referral sources in locating another counselor to accept the assignment. So again, we want to make sure that we properly terminate the case, and we properly assign an appropriate transfer of our client and their case. So let's talk about resolving ethical issues.

(Slide 15): If you look at section L.1, knowledge of CRCC standards, rehab counselors are responsible for reading, understanding, and following the code, as well as seeking clarification of any standard that is not understood. So again, we said earlier the code is about 40 pages long.

I'm unsure if any of you have memorized the 40-page code. But if you have, I'm quite impressed. However, there are situations that arise in my line of work where I need to actually reference the code. I need to go back and review the standards. And I also, sometimes need to seek clarification with colleagues that there's something in the code that I don't understand.

(Slide 16): Resolving ethical issues continued. L.2, addressing suspected violations. So unfortunately in our field, sometimes ethical situations arise and there are suspected violations. And as counselors, oftentimes we're unsure what to do or there's a bit of gray area and we're not sure the proper way to address and resolve ethical issues in the area of diversity and case management. So L.2 within the CRCC Code of Ethics provides us with, a, ethical decision-making models and skills. b, consultation. c, informal resolution. d, how to report ethical violations. e, self-reporting. And f, organizational conflicts.

(Slide 17): So what are some best practices for ethical dilemmas? Number 1, have a copy of a code on your desk, or an electronic copy. Something that you can get to rather quickly. I know you're not going to be reading this every day. However, if you have it readily accessible, it will be easier for you to pick it up. And you can actually, possibly if you have a printout version, tab certain sections to make it easy to navigate on your desktop.

You want to think about consultation, consulting with a colleague or an ethics effort in considering contacting the State Board or professional association for additional assistance. You want to make sure you always, always, always document.

If you don't document it, you didn't do it. Document the steps taken as well as those considered but not chosen and your reasoning behind those decisions. So why did you take those steps?

You want to aspire to the general principles of the code of conduct and consider whether and how the principles help inform the decision-making process.

Number 4, you want to understand the laws and the code of conduct conflict. When the law and code of conduct conflict where you want to review standard G.2, which suggests professionals follow the law after first making known their commitment to the code of ethics.

Number 5, if a conflict of interest arises, such as having a relationship with someone closely associated with a client, this can jeopardize your objectivity. And you to carefully consider your options. And you want to maybe possibly refrain from the relationship.

If your professional role includes counseling and it's deemed necessary to terminate, offer a client a referral to another counseling professional that's appropriate. And above all, if you find yourself in an ethical decision-making process, show that you are careful, reasonable, and prudent. And that you did the best that you could.

(Slide 18): Ethical considerations in rehabilitation case management practices. Case management practices should be guided by the code of ethics when possible, or by the other appropriate code of ethics that you adhere to. You always want to take ethical principles into consideration. You want to strive to be culturally competent and sensitive counselors.

Again, there is always room for improvement and always opportunities for us to learn more about different cultures and to become more competent and sensitive counselors. When ethical dilemmas do arise, the resolution process should be justified via a reasoning process.

And when the code fails, which sometimes it does, ethical reasoning must prevail. So you would like to, for example, use the six-step ethical decision-making model for addressing ethical dilemmas. And this is just one of the models you could use. These six steps include reviewing a case and determining two courses of action.

OK, I could choose action A or action B. You would list the reasons for supporting each course of action. You would identify ethical principles that support the action. You would list reasons for not supporting those actions. And then you would identify principles that might be compromised if you chose A versus B. And then finally in the end, you would formulate justification for your choice of actions. That would be an example of how you would use a six-step ethical decision-making model. Review the case, list the reasons, identify the principles that support your action, list the reasons for not supporting actions, and then identify principles that might be compromised if those actions are taken. And again, formulating your justification for your choice of actions. So you actually have documentation showing your ethical reasoning, which is very important.

(Slide 19): So what are some ethical decision-making references? There are a few that are available to you. One is the Ethical and Decision-making in Counseling and Psychotherapy available through Springer Publishing Company by Tarvydas.

The CRCC Desk Reference on Professional Ethics. We'll go there in just a minute and I'll show you that link. This web link is embedded within the PowerPoint presentation.

There's also a very interesting article that came out in 2016 looking at a survey of current and projected ethical dilemmas of rehabilitation counselors. Again, this is available in the Rehabilitation Research, Policy, and Education Journal.

And then, Cottone's book. It is a little bit older from 2000, looking at ethical decision-making models, a review of the literature. And this is available in the Journal of Counseling & Development. And again, these are just a few examples of ethical decision-making references. It's not an exhaustive list, but just a couple that we recommend.

I'd like to go ahead to show you this reference for the CRCC Certification Desk Reference. Hold on just one moment, I'm going to share my screen.

So at the crcccertification.com website, there is a desk reference on professional ethics. This is the most contemporary, authoritative, and all-inclusive resource for ethics for rehabilitation counselors. This is just one resource that's available to you that is approved by the CRCC. It includes everything that you need.

You can actually come through here and look at the table of contents. There are new and updated training scenarios as well as cross-reference advisory opinions. And it includes articles, bibliography, sample forms. And it's available, again, through the CRCC and might be helpful for you. I'm actually going to return to the slides now.

(Slide 20): So now we're going to talk a little bit about, as we wrap up our webinar, on the benefit of practice guidelines in case and caseload management. So what are some of the benefits here, if there were to be a practice guideline, in case and caseload management? Well, it will provide universal standards for case management practice. It would help counselors shape and guide rehabilitation plans and help with rehabilitation plan development. It will be helpful in training new and established counselors and disability managers.

Again, this could be students that are fresh out of school that have just graduated. It also could be helpful if students were exposed to this while they were completing their master's degrees. It could also provide help and reduction of variations in practice and improving consistency. As we all probably know, case and caseload management may look very different from organization to organization. It could even vary from VR agency to VR agency depending on where counselors are employed.

It could definitely assist with decision-making and provide a more structured decision-making process. It could provide direction for future research, specifically highlighting existing practices that are considered promising or effective over time that can be replicated, expanded, and evaluated to the point where they may actually be considered evidence-based.

(Slide 21): So what type of information should be included in these types of guidelines? Perhaps an outline of important information counselors should, consider, discuss, and include in case management planning and plan development.

Other information could include an evidence-based framework for case management of clients with diverse disabilities, taking into account multicultural considerations. And foundational information and training on specific management of cases of individuals with complex disabilities could be very helpful. For example, individuals with TBI, or Traumatic Brain Injury; SCI, Spinal Cord Injury; persons living with HIV or AIDS, persons with cancer, and persons with severe and persistent mental illness would be an example of individuals with more complex disabilities.

And also, information on ethical considerations and multicultural consideration concerns in case management. Finally, who should be involved in developing such guidelines? Well, this is definitely going to take a team effort.

(Slide 22): We hypothesize that it should include case management experts, vocational rehabilitation experts, as well as their supervisors. It should include ethical decision-making experts. It should include interdisciplinary members of the rehabilitation planning team. It should definitely include clients with disabilities as well as their families and their social support systems when appropriate, as well as rehabilitation research.

(Slide 23): The next few pages have some references listed that were included in the slide presentation, including a link to the Code of Professional Ethics, articles on ethical decision-making models, a link to the CRCC Desk Reference on Professional Ethics, information on Dr. Fleming's article on best practice models of effective VR service delivery in the public rehab program. Her review and synthesis of the empirical literature. Hartley and Cartwright's survey of current and projected ethical dilemmas of rehab counselors. Dr. Tarvydas book on ethics and decision-making in counseling and psychotherapy.

And those are just, again, a few references. It's not an exhaustive list, but a few that were referenced within this PowerPoint presentation. And again, the web links for all of the codes are embedded on slide 3 or 2 at the beginning of the presentation.

At this point in time, I'm going to go ahead and hand it back over to Cindy to wrap up the presentation. Thank you so much for your time and for your attention, and we certainly hope that this presentation was helpful and informative for you.

(Slide 24): XISHENG CINDY CAI: Well, thanks so much, Tina. Thank you very much. We hope that our listeners will find this webcast to be very helpful to their work.

I want to remind you that today's webcast is one of the series of webcasts on knowledge translation from VR research to service delivery. And also, we intend to use these webcasts to foster the creation of a community of practice where this dialogue among researchers, educators, practitioners, policymakers, and other stakeholders can continue to inform and serve those dedicated to vocational rehabilitation and its goals.

So to stimulate more discussion, we invite listeners to contact us to provide your input on today's webcast, share your thoughts on future webcast topics, and participate in the community of practice to continue the dialogue. So we'd like to hear from you because your views can inform and shape our future work.

You can contact us at the email address shown on the screen, ktdrr@air.org. We would appreciate your input about the webcast by completing a brief online evaluation form. The link is here on the slide.

Everyone who registered will also get an email with a link to the evaluation form. So once again, I want to thank my colleague, Rebecca Gaines, and other colleagues here at AIR for their support.

We also appreciate the support from the National Institute on Disability, Independent Living, and Rehabilitation Research, or NIDILRR, to carry out the webcast and other activities here at KTDRR.

On this final note, I'd like to conclude the webcast. So we look forward to your participation in our future events. Thank you so much.

CHRISTINA DILLAHUNT-ASPILLAGA: Yes, thank you very much. And just as a brief review, if it's helpful for you, we're just going to go back and briefly go to those web links again. And I'm going to share my screen just so you have a reminder of where you can access those web links.

Great. Thank you. So again, I know we covered up quite a lot in this presentation. So as a brief review, the Code of Professional Ethics for Rehabilitation Counselors is available at www.crccertification.com. Again, www.crcccertification.com. And that is available free for download.

The second code that we reviewed was the ACA Code of Ethics, the American Counseling Association Code of Ethics. This is available at www.counseling.org. Again, wwww.counseling.org.

The CDMS Code of Professional Conduct, or the Certification of Disability Management Specialists, is available at www.cdms.org. Again, www.cdms.org.

And finally, the International Association of Rehabilitation Professionals, or IARP. Their standards, including the IARP Code of Ethics, Standards of Practice, and Competencies, Life Care Planning, Scope of Practices, and Standards of Practice, and Case Management and Vocational Rehabilitation Standards of Practice are available at www.rehabpro.org. Again, that's www.rehabpro.org.

Again, all of the web links are embedded within the slides that you can download from KTDRR. And again, we'd like to thank you for this presentation. And we're going to conclude this presentation. Thank you very much.