



## *The Society for Cognitive Rehabilitation, Inc.*

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### **CODE OF ETHICS FOR COGNITIVE REHABILITATION THERAPISTS**

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#### 1.0. Preamble

The Society for Cognitive Rehabilitation (SCR) is committed to developing and improving the art and science of cognitive rehabilitation. To meet this goal, the SCR strives to:

- assist professionals across disciplines to meet the cognitive rehabilitation needs of society;
- promote practice, education and research in cognitive rehabilitation;
- meet the needs and interests of its members.

To help achieve these responsibilities, the SCR has adopted the following Code of Ethics for its members. The Code of Ethics provides guidance for provision of cognitive rehabilitation across all practice settings. The Code of Ethics is designed to compliment existing professional licenses. Members of the Society are responsible for promoting and maintaining ethical practice, and shall be bound by this Code of Ethics.

#### 2.0. Definition of Terms

##### **2.1. Cognitive Rehabilitation Therapy:**

Cognitive Rehabilitation Therapy (CRT) focuses on the (re)attainment of cognitive skills (through which we make sense of the world) lost or altered as a result of neurological trauma. The aim of treatment is the enhancement of the client's functional competence in real-world situations. The process includes (re)attainment of skills through direct training, use of compensatory strategies, and use of cognitive orthotics and prostheses.

## **2.2. Cognitive Rehabilitation Therapist:**

A Cognitive Rehabilitation Therapist is a professional engaged in the provision of Cognitive Rehabilitation Therapy services to individuals with neurological impairments who indicate a sufficient level of recovery to benefit from such services (i.e., the client is ready for treatment). The Cognitive Rehabilitation Therapist assesses cognitive skill areas and provides direct services to clients. The Cognitive Rehabilitation Therapist targets goals, selects tasks and strategies, and monitors progress. Cognitive Rehabilitation Therapists may also engage in private practice, consultation, and research activities. Such persons must meet minimal requirements in:

### **2.2.1. Training -**

2.2.1.1. Minimum of a master's degree in an allied field from a regionally-accredited institution or

2.2.1.2. Minimum of a bachelor's degree from a regionally-accredited institution in allied fields where the degree is sufficient for licensure, certification, or registration (e.g., occupational therapy, recreation therapy), or in fields where licensure, certification, or registration are not available.

2.2.1.3. Applicable degree programs include (but are not limited to) speech language pathology, counseling, education, neuropsychology, occupational therapy, physical therapy, psychology, recreation therapy, social work, and special education.

### **2.2.2. Experience -**

Persons will have direct experience in the provision of Cognitive Rehabilitation Therapy and evaluation of cognitive deficits.

### **2.2.3. Credentials -**

Persons who practice Cognitive Rehabilitation Therapy should be

2.2.3.1. Credentialed within their area of academic training (e.g., licensure, certification or registration). In individual cases where credentialing is not available, therapists shall practice under the credentials of a supervisor, and

2.2.3.2. Credentialed (certified) by the Society for Cognitive Rehabilitation, Inc. as a Level I or Level II provider (as an independent practitioner, or under supervision, respectively).

## **2.3. Client:**

A client is a person receiving services for (re)attainment of cognitive skills lost or altered as a result of neurological trauma.

## **2.4. Ethical Principles:**

The Ethical Principles is an aspirational regulatory document. It delineates the manner in which cognitive rehabilitation therapists ought to carry out their practice. It is a moral guide to ethical practice, rather than a prescriptive definition of ethical or unethical behaviors. The Ethical Principles is used in the

disciplinary process to determine whether the cognitive rehabilitation therapist engaged in an ethical decision-making process and acted in good faith.

### **2.5. Standards of Conduct**

The Standards of Conduct translates aspects of the Ethical Principles into behavior definitions that constitute enforceable rules of the professional conduct of Cognitive Rehabilitation Therapists. The rules are definitive and prescriptive. These rules are used in disciplinary hearings as a standard against which to judge a Cognitive Rehabilitation Therapist's conduct. Violation of the rules may be a basis for disciplinary action.

### **2.6. Consulting**

Consulting is the process of providing services to clients, families or other professionals on a specific, time-limited basis. Consultants do not have primary clinical responsibility for the clients with whom they work, but rather, provide recommendations and feedback based on knowledge, training and experience.

### **2.7. Assessment of Cognition**

Assessment of cognition is a critical component in treatment planning and one with which extreme care must be taken in both the administration and interpretation of data. CRT providers vary in their qualifications to perform cognitive assessments: some will not be qualified to do any assessment; others will qualify for administration only; while others may qualify for both administration and interpretation. The standards of conduct with respect to assessment are to be interpreted in light of individual qualification in the area and not assumed to encompass all providers of CRT.

## **3.0. Ethical Principles**

### **3.1. Principle 1**

Cognitive Rehabilitation Therapists respect the rights and dignity of all individuals.

### **3.2. Principle 2**

Cognitive Rehabilitation Therapists comply with the laws and regulations governing their own professional practice.

### **3.3. Principle 3**

Cognitive Rehabilitation Therapists accept responsibility for the exercise of sound judgement.

### **3.4. Principle 4**

Cognitive Rehabilitation Therapists maintain and promote high standards for cognitive rehabilitation practice, education and research.

### 3.5. **Principle 5**

Cognitive Rehabilitation Therapists seek remuneration for their services that is deserved and reasonable.

### 3.6. **Principle 6**

Cognitive Rehabilitation Therapists provide accurate information to the consumer about the practice of cognitive rehabilitation therapy, their credentials and the services they provide.

## 4.0. Standards of Conduct

### 4.1. **Responsibilities**

In adhering to the Rules of Conduct with regard to Responsibilities, Cognitive Rehabilitation Therapists must:

4.1.1. Demonstrate ethical, moral, and legal behavior at all times.

4.1.2. Accept ultimate responsibility for selecting/approving appropriate therapeutic techniques and methods for their clients, accept responsibility for the consequences of their decisions, even in situations where others are required to provide clinical supervision, and maintain quality control in provision of services.

4.1.3. Have a responsibility to the clients with whom they work and to others involved in the treatment process (e.g., facilities, families and third party payors). However, the therapist's first and foremost concern is for the client. CRT providers protect the welfare of clients, respect the integrity of the individual, and advocate for client rights.

4.1.4. Avoid any actions that will violate the legal or civil rights of clients or others involved in the treatment process.

4.1.5. Be aware of conflicts of interest in providing services and remove themselves from such situation that have the potential to do damage to clients' physical, cognitive, or emotional well-being.

4.1.6. Recognize their strengths and limitations and provide only those services they are qualified and trained to provide. In situations where therapists are uncertain about their ability to provide services, they seek consultation, arrange for ongoing supervision, or refer clients elsewhere.

4.1.7. Accurately represent their competence, education, training, and experience and neither claim or imply professional qualifications that they do not possess.

4.1.8. Endeavor to continually improve provision of services, practices, educational opportunities and research. Therapists are open to new techniques, skills, and knowledge, and foster these in others.

4.1.9. Disseminate timely and accurate information to clients, employers, employees, supervisors, students, and others with whom they work, and within the limits of confidentiality.

4.1.10. Ensure that the client, prior to the initiation of treatment, understands financial reimbursement and cancellation policies. Fees must be reasonable, based on the current standard of fees in the therapist's geographical area.

4.1.11. Document therapy such that progress can be identified over the course of treatment.

4.1.12. Respect the rights and dignity of their clients, colleagues and themselves, and encourage such behavior in others.

#### **4.2. Professional Relationships**

In adhering to the Rules of Conduct with regard to Professional Relationships, Cognitive Rehabilitation Therapists must:

4.2.1. Not stereotype clients in treatment or discriminate based on race, religion, sexual preference, gender, age, or disability.

4.2.2. Avoid dual relationships that may limit objectivity in the relationship (e.g., business or personal relationships, trading services for fees, employment situations).

4.2.3. Recognize the potential intimacy and power in the relationship, and avoid engaging in activities that seek to meet their personal needs at the expense of the client.

4.2.4. Not participate in sexual behavior, either covert or overt, with clients.

4.2.5. Not harass (sexually, emotionally, or verbally) clients or others with whom they work.

4.2.6. Take reasonable action to insure safety and, if necessary, inform the appropriate professionals if the client presents as a clear and imminent threat to self or others. Consultation with other professionals (e.g., psychologist, neuropsychologist, counselor, social worker, police) is desirable. Control must be returned to the client as soon as it is safe to do so. The client must be involved in the process.

4.2.7. Inform clients at the beginning of treatment about the purposes, goals, techniques, rules, procedures, and limitations in the relationship.

4.2.8. Not initiate a relationship if unable to provide services to a client. However, the therapist must provide referral source(s) so that therapy can be initiated. If the client refuses the referral, the therapist has no further obligation to the client.

4.2.9. Not provide unnecessary CRT services, as determined by established standards of practice.

4.2.10. Be responsible for obtaining the best possible services for clients with whom they work and shall stay abreast of community resources, referral sources, and colleagues engaged in similar practice.

4.2.11. Promote a positive professional atmosphere both inside and outside facilities where they work. Maintain professional relationships with others who provide CRT services and avoid issues of territoriality.

4.2.12. Maintain professional integrity and be accountable for their actions.

4.2.13. Demonstrate appropriate respect for the knowledge, insight, experience, and areas of expertise of others.

### 4.3. **Confidentiality**

In adhering to the Rules of Conduct with regard to Confidentiality, Cognitive Rehabilitation Therapists must:

4.3.1. Maintain confidentiality of clients concerning treatment programs, limited only by any state or provincial statutes, rules, regulations, or in cases where the client is deemed to be in imminent danger to self or to others.

4.3.2. Ensure that information resulting from the CRT session is considered confidential, consistent with the legal obligations.

4.3.3. Ensure that the records of the CRT session are considered professional information that may be shared with others only with the express consent of the client (preferably written). Records must be maintained and stored in a manner that protects the confidentiality of the client. In some areas (i.e., insurance reimbursement, litigation), client records automatically become open to others and clients should be informed of these limitations before beginning treatment.

4.3.4. Ensure that information which is: 1) extremely personal; 2) has no direct bearing on treatment; or 3) can have a potential negative effect on the client or treatment; not be disclosed without the express permission of the client, except in cases where the client is in imminent danger of harming self or others.

#### **4.4. Assessment**

In adhering to the Code of Conduct with regard to assessment, the Cognitive Rehabilitation Therapist must:

4.4.1. Be qualified to administer tests by having received training and supervision in administration and scoring of instruments used, including meeting specific written restrictions on administration.

4.4.2. Be qualified to interpret test results by having received training and supervision in interpretation of testing instruments used, and meet qualifications designated by designers of the instruments used.

4.4.3. Ensure that the examinee understands the rationale for the procedure, the limits of confidentiality, and how the results of assessments will be used prior to administering any evaluation.

4.4.4. Attain sufficient knowledge in the variety of instruments available, their particular uses, validity, and reliability.

4.4.5. Administer tests under standard conditions of administration. If this is not possible, the conditions of test alteration must be noted on the testing profile.

4.4.6. Maintain test security.

4.4.7. Explain the results of testing to clients in language they can understand. Persons not qualified to interpret test results must not engage in this activity with clients.

4.4.8. Prepare a comprehensive summary to document findings and goals set as related to continued client difficulties.

#### **4.5. Private Practice**

In adhering to the Code of Conduct, Cognitive Rehabilitation Therapists in Private Practice must:

4.5.1. Advertise in a manner that accurately reflects the professional services, expertise, and techniques of CRT.

4.5.2. Not list incomplete, inaccurate, misleading or otherwise deceptive material or statements regarding services provided or training obtained by the practitioner.

4.5.3. Not allow the practice to use their names as endorsements during period of time when they are not actively engaged in the private practice or in the provision of CRT services.

4.5.4. Be obligated to withdraw from the relationship and make any referrals for additional treatment if unable to carry out a professional relationship with a client.

4.5.5. Limit information to name, address, phone, degree, credentials, fees, office hours and a brief description of services in making announcements of services. Therapists will not make unsubstantiated claims about the effectiveness of treatment.

4.5.6. Not state or infer sponsorship from institutions, consultants, or others who have not stated and approved such endorsements.

4.5.7. Bill for services provided using their specific credentials, so long as the treatment provided is cognitive rehabilitation. For example, if a speech therapist provides cognitive rehabilitation, she or he may bill as CRT. However, if the therapist is providing articulation services, these may not be billed as CRT services.

#### **4.6 Consulting**

In adhering to the Code of Conduct, consulting Cognitive Rehabilitation Therapists must:

4.6.1. Possess adequate skills, knowledge, and self-awareness of both strengths and limitations in providing services.

4.6.2. Demonstrate clear boundaries within the relationship when working with individual professionals. The consultant does not take legal responsibility for the actions of the individual therapist. The consultant is not a supervisor.

4.6.3. Not typically work directly with clients, but if this is required, CRT consultants must make clear the exact role(s) in which they are engaged.

4.6.4. Address issues of assessment, treatment planning, recommendations to the facility or treatment team, staff education/training, etc.

4.6.5. Make their relationship clear to the facility or persons involved in treatment.

4.6.6. Maintain confidentiality.

#### **4.7. Research**

In adhering to the Rules of Conduct with regard to research, Cognitive Rehabilitation Therapists must:

4.7.1. Adhere to guidelines on research with human subjects if engaged in research activities. These documents include:

4.7.1.1. Ethical Principles in the conduct of Research with Human Participants, Washington, DC, American Psychological Association, 1982



- 4.7.1.2. Code of Federal Regulations, Title 45, Subtitle A, Part 46, as currently issued.
- 4.7.1.3. Ethical Principles of Psychologists, American Psychological Association, Principle #9: Research with Human Participants.
- 4.7.2. Protect the client's welfare and take necessary precautions to avoid emotional, physical, or social injuries.
- 4.7.3. Be totally responsible for the research activity when in the role of principle researcher, even when other researchers are involved.
- 4.7.4. Give detailed explanations of any condition or variables that could have changed the interpretation of the data or outcome of the study.
- 4.7.5. Protect the identity of respective subjects.
- 4.7.6. Give recognition to previous work on the subjects of research, observe all copyrights, and give full credit to appropriate individuals.
- 4.7.7. Accept responsibility for selecting appropriate area for research and methods, and reporting results to insure interpretations are not misleading.
- 4.7.8. Provide documentation of research and clear discussions of the data results.
- 4.7.9. Explain procedure prior to initiating research with human subjects and obtain written informed consent from the client.

## 5.0. Procedures for Disciplinary Action

### 5.1. **Initiation of Disciplinary Action**

#### 5.1.1. **Complaint**

5.1.1.1. Any person who believes that a member has acted in violation of the ethical principles of the Society may submit a signed, written complaint to the President of SCR. A complaint must describe the conduct that the complainant believes constitutes an ethical violation, but it need not cite specific sections of the Code of Ethics. The President shall give the complainant written acknowledgment of receipt of a signed complaint. The acknowledgment shall include a copy of the Procedures for Disciplinary Action, and inform the complainant of the respondent's right to learn the identity of the complainant.

5.1.1.2. If a person has a complaint against the President, the complaint may be submitted to the Chair of the Professional Affairs Committee or Public

Relations Committee. The Chair receiving complaint against the President shall then carry out the functions of the President with respect to the complaint.

#### **5.1.2. Actionable Complaint**

5.1.2.1. The Complaint Committee (hence forward known as the Committee) shall determine whether the complaint alleges an ethical violation. The complaint may be dismissed if the conduct alleged has been determined not to constitute a violation of the Code of Ethics.

5.1.2.2. The Committee Chair, upon determining to dismiss a complaint, shall promptly send the complainant a letter of dismissal specifying the grounds.

5.1.2.3. If the Committee Chair determines that a complaint is actionable, he/she shall initiate a disciplinary proceeding against the respondent by promptly sending a notice of charges to the respondent. The notice of charges shall describe the conduct that, if proven, would constitute a violation of the Code of Ethics, and specify which provisions of the Code would be violated. The notice of charges will be sent by certified or registered mail to the last known address as shown by the records of the Society. The complainant shall also be notified of the disciplinary proceeding.

#### **5.2. Proceedings of Disciplinary Action**

##### **5.2.1. Appointment of Investigator**

After receipt of the notice of charges, the Committee Chair shall appoint an investigator to conduct an investigation of the charges set forth in the notice of charges.

##### **5.2.2. Investigation**

The investigation shall be a comprehensive and unbiased review of the circumstances of the alleged unethical activity. As a part of the investigation, the complainant and the respondent will be offered an opportunity to submit a statement of position or other evidence with respect to the allegations. The investigator shall advise the respondent of all adverse evidence developed in the course of the investigation and shall give the respondent the opportunity to respond to all adverse evidence.

##### **5.2.3. Investigative File**

The investigator shall prepare an investigative file that contains all relevant documents including but not limited to: the complaint, any documentation on which the Committee Chair relied in initiating a proceeding, the notice of charges, and other documents acquired or created during the investigation. The investigator shall submit the investigative file to the Committee Chair within 90 days of his/her appointment. The investigator shall be available to be called at the hearing (if any) to clarify the contents of the investigative file.

#### **5.2.4. Dismissal without a Hearing**

If the Committee determines that the evidence in the investigative file does not substantiate the violation(s) specified in the notice of charges, the Committee may dismiss the charges. In such case, the Committee shall prepare a notice of dismissal, which shall state the Committee's rationale. The Committee shall send the notice of dismissal to the respondent and complainant.

#### **5.2.5. Notice of Opportunity for Hearing**

Upon receipt of the investigative file, and if the charges are not dismissed under subsection 5.2.4., the Committee shall send the respondent a notice of his/her rights to have a hearing and to obtain a copy of the investigative file. The respondent shall have 20 days from receipt of the notice in which to request in writing a hearing and/or a copy of the investigative file.

#### **5.2.6. Hearing**

5.2.6.1. If the respondent makes a timely election to have a hearing, then the Committee shall notify the respondent in writing of the date, time and place of the hearing at least 30 days in advance. Either a teleconference or face to face hearing is acceptable.

5.2.6.2. The Committee shall conduct the hearing to review the pertinent facts, including the calling of witnesses and the production of pertinent documents. Except for the purpose of offering testimony, attendance at the hearing is limited to members of the Complaint Committee, Board of SCR, the respondent, the respondent's legal counsel (if any), the Society's legal counsel (if any), investigator, complainant, and a transcriber (if any). The respondent shall have the right to call witnesses to the hearing, but witnesses shall not be allowed to attend any part of the hearing in which they are not directly involved. Additional persons may be allowed to attend with the mutual agreement of the Committee and the respondent.

### **5.3. Conclusions of Disciplinary Action and Recommendations**

#### **5.3.1. Dismissal or Recommendations of Disciplinary Action**

The SCR shall take action based on the evidence contained in the investigative file and obtained at the hearing (if any). The SCR shall take one of the following actions:

5.3.1.1. dismiss the charges, or

5.3.1.2. recommend one of the following disciplinary actions:

5.3.1.2.a. Reprimand—a statement of recognition that the respondent's behavior was contrary to the Code of Ethics. A reprimand is issued with the understanding that the respondent will correct the violation immediately.

5.3.1.2.b. Probation—a stronger reprimand with conditions for corrective action that the respondent shall complete within a 6 month time period.

5.3.1.2.c. Suspension—a temporary removal of the rights and privileges of membership.

5.3.1.2.d. Expulsion—a removal of membership.

**5.3.2. Notice to Respondent**

The Committee Chair shall notify the respondent of action taken.