State University of New York at Buffalo
Department of Counseling, School and Educational Psychology

Rehabilitation Counseling Master’s Degree Program

ONLINE STUDENT HANDBOOK

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Revised: November 2011
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I. THE ROLE OF THE REHABILITATION COUNSELOR

Rehabilitation counseling is a counseling specialization and distinct profession concerned with assisting people who have disabilities. It is an expanding field whose growth can be seen in both the increasing body of knowledge that constitutes the discipline and in the many settings where it is practiced. The rehabilitation counselor is one of a number of specialists working in a unified effort to help people with disabilities move toward living life as fully and as independently as possible. Disability is broadly considered to include diagnosable impairments in physical, developmental, psychological (emotional), and/or cognitive (mental) areas. Rehabilitation counselors work in diverse settings, including vocational settings such as state divisions of vocational rehabilitation, vocational evaluation programs, vocational counseling centers, Projects with Industry, Welfare-to-Work programs, supported employment programs, community rehabilitation programs, and Native American Rehabilitation Programs. Broader rehabilitation settings include medical rehabilitation centers, psychiatric centers, medical centers, nursing homes, multi-purposed community centers, youth and family service agencies, penal and correctional institutions, alcohol and drug abuse programs, and in private practice. The competencies and skills of the rehabilitation counselor may be applied to varied human problems; hence, the Master’s Degree in Rehabilitation Counseling makes our graduates employable in a wide variety of settings and client populations.

Although the role and function of the counselors will vary depending upon the nature of their employment, the primary approach uses a close, individualized, ongoing relationship with the client. The uniqueness of the client and the agency setting circumscribe the counselor's role. This generally includes counseling with the goal of helping the client to resolve personal, family, social, educational, and vocational issues. Services may be provided on a one-to-one or family counseling basis or within the context of a group (e.g. counseling, educational, or support groups). In many settings, the rehabilitation counselor may also provide and arrange other services such as diagnostic evaluation, work adjustment training, educational or vocational placement, community and client advocacy, and service planning, supervision and coordination.

II. PROGRAM MISSION AND OBJECTIVES

The University at Buffalo M.S. Program in Rehabilitation Counseling is a comprehensive, fully accredited [Council on Rehabilitation Education, www.core-rehab.org] graduate degree program dedicated to collaborating with diverse persons with disabilities to assist them in meeting their vocational and psychosocial goals. This
program is delivered in two formats (online and on-campus), each following the same requirements, guidelines and standards. As such, this M.S. Program works to train high quality professional rehabilitation counselors to provide these collaborations in a variety of public and private rehabilitation agencies.

The University at Buffalo Rehabilitation Counseling M.S. Program, in partnership with our students, our alumni, our communities, and the Council on Rehabilitation Education (CORE), works to achieve the following objectives:

- Establish a state of the art, continuously evaluated rehabilitation counseling curriculum that leads to measurable, essential, professional competencies, knowledge, and attitudes.
- Demonstrate a commitment to collaboration with diverse persons with disabilities, a welcoming student recruitment and selection process, excellent instruction, guest presentations by front line rehabilitation practitioners, careful supervision, and community relations.
- Demonstrate a holistic appreciation in all Program activities for the individual with a disability, his/her abilities, experiences, and challenges.
- Demonstrate a Program commitment to advocacy in breaking down physical and attitudinal barriers in the community that compound challenges for persons with disabilities, barriers that inhibit the dreams of persons with disabilities and full implementation of the Americans with Disabilities Act [www.ada.gov].
- Demonstrate the strongest possible commitment to personal integrity and professional ethics.
- Commit to rigorous, annual program-evaluation and continuous improvements.
- Foster rehabilitation counselors who cherish energy, creativity, active professional memberships, team work, curiosity, and continuing education.
- Collaborate with the Council on Rehabilitation Education and the communities we serve to continuously align Rehabilitation Counseling Program instruction and supervision with the needs of consumers with disabilities.

The Online Rehabilitation Counseling Program mission and objectives are consistent with the larger unit in which it resides, the Graduate School of Education (GSE).

**III. THE PROGRAM: AN OVERVIEW**

**A. Admission**

Students are generally admitted at the beginning of each fall semester. Those applying to the program must submit: an on-line application, undergraduate transcripts (review of Grade Point Average), three letters of reference, and be willing to participate in a phone interview. Submission of Graduate Record Examination (GRE)* test scores (Verbal and Quantitative) is optional. Selection of students for the program is made on the basis of their ability, experience, and commitment to the field of rehabilitation. Each year, the number of students admitted is determined to optimize the quality of courses, supervision, and advisement.
B. Affirmative Action

The program is committed to seeking and supporting the efforts of qualified individuals with disabilities or who are minorities wishing to enter the field of rehabilitation counseling. No person, in whatever relationship with the University at Buffalo - SUNY, shall be subject to discrimination on the basis of age, belief, color, disability, national origin, ethnicity, religion, gender, or military veteran status.

C. Accreditation and Certification Upon Graduation

The program is fully accredited by the New York State Education Department and the Council on Rehabilitation Counselor Education (CORE). Students of CORE accredited programs are automatically eligible to take the Rehabilitation Counselor Certification (C.R.C.) Examination in their last semester prior to graduation under Category G. 75% of coursework needs to be completed at least 1 – 2 months prior to taking the exam. All students are required to take the C.R.C. examination during their last semester in the program (the exam is offered three times per year - usually in October, April, and July). Registration and information for the online exam is completed at the Commission for Rehabilitation Counselor Certification website (crccertification.com). Students should be aware of the registration deadlines, which are several months in advance, and be prepared to pay an application fee (currently $385.) A Verification Form, found in the application packet, must be submitted to the student’s advisor for signature at least two weeks prior to exam registration. When the student finishes the exam, they will receive a Test Completion Verification form. This should be copied and sent to the advisor for filing as proof of meeting the graduation requirement. Although no minimum score is required for graduation, all students are asked to release their examination scores to the Program Director for program evaluation purposes. Exam results will not be sent to the student until after verification of degree conferral has been submitted to CRCC.

D. Curriculum

The Master of Science Degree in Rehabilitation Counseling is one of several programs in the Department of Counseling, School, and Educational Psychology (CSEP). The program has two course delivery formats (online and on-campus). Both formats follow the same curriculum to meet CORE guidelines and standards. The curriculum involves the equivalent of eight (8) semesters of part time study (6-8 credits per semester), totaling 48 credit hours (for information on specific courses, see Degree Requirements section). Certain courses within the department cover foundations, knowledge, and skills that are common to all programs. These courses constitute a professional counseling core and include the study of the history of counseling, counseling theory, ethical and professional issues, vocational development, working with groups, tests and measurements, and research methods. Rehabilitation counseling students are also required to take courses specific to the field of rehabilitation, introducing them to the basic principles, history, institutions, and resources within the field of rehabilitation, and to the medical and psychosocial challenges faced by persons
with disabilities and their families. All program courses are taught by rehabilitation
program or department faculty.

E. Communication

Upon beginning the program **students in the Rehabilitation Counseling program
are required to obtain and activate their UB email addresses.** The online orientation
tutorials will show you how to set up your UB email account. The online orientation will
also introduce you to “MyUB”, UBIT, UBlearns, all of which are communication tools
used daily in our online learning program. All online students must become familiar with
UBlearns to access coursework, as well as announcements and discussion boards. Students are responsible for checking their UB email and UBlearns announcements on a
regular basis, if not daily, to obtain information about deadlines, program changes, and so
forth.

F. Professionally Relevant Behavior and Ethical Conduct

In addition to performing at acceptable academic levels in coursework, it is
expected that student rehabilitation counselors will demonstrate exemplary levels of
personal adjustment, maturity, good ethical judgment, and human relations skills in the
various pre-professional activities in which they are engaged. This aspect of their
performance in field work, practicum, internship and other relevant professional activities
will be evaluated regularly, and will contribute a significant part to the assessment of
each student's progress toward the successful completion of the program. It is expected
that students will demonstrate appropriate levels of performance in relation to clients,
supervisors, and other professionals in their clinical placements that are acceptable to the
agency professional personnel and the Department faculty. Specifically, the student
should be able to perform adequately in the following areas:

1. The ability of the rehabilitation counselor in training to establish and maintain
effective helping relationships with clients.

2. The ability of the rehabilitation counselor in training to engage in productive
peer relationships in the clinical training experiences.

3. The ability of the rehabilitation counselor in training to communicate
appropriately and work together with faculty members.

4. The ability of the rehabilitation counselor in training to engage in constructive,
collaborative consultation with other professional staff in serving clients with
disabilities.

5. The ability to accept and profit from professional supervisory relationships.

Student’s performance will be reviewed in each of the above areas on a regular
basis. Consultation with rehabilitation program instructors, faculty, site supervisors and
clinical instructors will be a part of the process. Written evaluation reports will be
received and placed in the student’s folder.
G. Due Process Procedure

Students who are demonstrating significant difficulty in their professional development will be notified in writing in a timely manner. A plan for remediation shall be adopted that may include several options (e.g., personal therapy, personal growth experience, additional clinical training experiences, a leave of absence from the program, or other appropriate actions). Students will be on probation during the remediation program and a specific date for reevaluation will be set as appropriate in each instance. Students may also be placed on probation for poor academic performance and/or excessive delays in finishing incomplete grades.

Following a remediation program, a formal hearing will be held by the rehabilitation counseling program director, faculty, and instructors to determine if the student shall be restored to full status in the Department, continued on probation, or dismissed. Students may participate in the formal hearing virtually if they so choose. In case of dismissal from the program, the student must be provided a written notice including the details of the reasons for the action. An opportunity for a timely re-review of the case on appeal by the student will be provided. The re-review process will follow existing grievance procedures in effect at the University at Buffalo and administered by the Dean of the Graduate School of Education.

All students are responsible for being familiar with and adhering to the standards of the Code of Ethics for Rehabilitation Counselors. The Code was developed and endorsed by American Rehabilitation Counseling Association, the National Council on Rehabilitation Education, and the Commission on Rehabilitation Counselor Certification and covers all Certified Rehabilitation Counselors. Having been admitted to the Master’s Degree Program in Rehabilitation Counseling, all matriculated students are subject to the standards of behavior prescribed by the Code (see Appendix A). Violation of the rules delineated by the Code is grounds for punitive action; such action may vary from verbal warning to expulsion from the program. If there are any questions regarding the Code of Ethics, please speak to a faculty member.

H. Financial Information

Sources of support and student loans may be obtained through the University Office of Financial Aid (716) 645-2450.

IV. PROGRAM IDENTIFICATION AND STAFF

Starting a new program sometimes makes people anxious and looking for guidance. There will be new people to become acquainted with, new technologies to embrace, and new terminology to learn, all of which can become confusing from time to time. To help you get it all straight, here's an outline of the people and places you'll be involved with during the next three years. All of this information and more may be found on the
A. The Rehabilitation Counseling Program

You are part of the University at Buffalo Rehabilitation Counseling Master of Science Degree Program, within the Department of Counseling, School, and Educational Psychology (CSEP) in the Graduate School of Education. Your graduate degree is awarded through the Graduate School. Department of Counseling, School, and Educational Psychology (CSEP) faculty and instructors of the Rehabilitation Counseling Program who are involved with the online format are:

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Contact Information</th>
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<tbody>
<tr>
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<td>(716) 645-1120 (716) 829-2065 <a href="mailto:dfb@buffalo.edu">dfb@buffalo.edu</a></td>
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<td>Adjunct Instructor Counselor in Private Practice</td>
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B. The Center on Rehabilitation Synergy (CRS) and the Region 2 TACE Center
The Center on Rehabilitation Synergy (www.crs.buffalo.edu) and the Region 2 Technical Assistance and Continuing Education Center (TACE 2) formally known as RCEP II, has been part of the Rehabilitation Counseling Program since 1974 and is funded by the Rehabilitation Services Administration (RSA). In 1997 an additional cooperative agreement with the RSA was established for a Community Rehabilitation Programs (CRP-RCEP II) bringing a coordinated program of Human Resource Development (HRD), Organizational Development (OD), training, technical assistance and support to all rehabilitation organizations in the region. Over the last 35 years, TACE 2 has provided post-employment training to staff of State Vocational Rehabilitation Agencies (SVRAs), Community Rehabilitation Programs with State VR Funding (CRP’s), Independent Living Centers (ILCs), Native American Rehabilitation Programs (121s) and Client Assistance Programs (CAPs) in Region II (New Jersey, New York, Puerto Rico and the Virgin Islands). Focusing on current trends and updated information TACE 2 provides CRC hours needed to maintain certification. You may receive their training in some of your classes. The TACE 2 Project Director is Dr. David Burganowski, CRC.

C. Counseling, School, and Educational Psychology (CSEP) Department

The Rehabilitation Counseling Program is one of a number of programs that comprise the Department of Counseling, School and Educational Psychology (CSEP). For information about other programs offered by the CSEP visit the department website at http://gse.buffalo.edu/programs.

D. Office of Online Programs

The Office of Online Programs at the Graduate School of Education supports all programs delivered online by the school. Instructional design, student support, and administrative support are provided to the program by this office. Key Office of Online Programs administrators are located in Baldy Hall (ph. (716-645-6622), important names to know are:

- Dr. Christine Kroll, Assistant Dean
- Louise Lalli, Online Programs Manager
- Jennifer Austin-Malesa, Instructional Design Manager
- Jodi Moore, Instructional Design Manager

E. Graduate School of Education (GSE)

The Department of Counseling, School, and Educational Psychology is part of the graduate School of Education (GSE). The three other departments that comprise GSE are Educational Leadership and Policy (ELP), Learning and Instruction (LAI), and Library and Information Studies (LIS). Key GSE administrators are located in 367 Baldy Hall (ph. (716) 645-6640), important names to know are:

- Dr. Mary Gresham, Dean
- Dr. James Collins, Associate Dean for Academic Affairs
- Dr. Jenifer Lawrence, Associate Dean for Student Affairs and Administration
- Dr. Christine Kroll, Assistant Dean
- Dr. Radhika Suresh, Assistant Dean
F. The Graduate School

All UB graduate degrees come from the University Graduate School (not to be confused with the Graduate School of Education) and so the M.S. degree in Rehabilitation Counseling must conform to their guidelines. This is why you are encouraged to read the Graduate School Publications carefully. Although you are unlikely to have direct contact with the Graduate School, you should know the Associate Provost and Executive Director of the Graduate School is Dr. Myron A. Thompson, 408 Capen, (716) 645-6227.

V. DEGREE REQUIREMENTS

The program leading to the Master of Science in Rehabilitation Counseling involves the successful completion of eight semesters of part-time coursework delivered online, or the equivalent of part-time study, totaling 48 credit hours.

A. Continuous Registration

The program must be completed within four years of the date of matriculation mission. An extension of this time limit may be petitioned, but students may be required to take additional course work or show currency in other ways. Students need to maintain continuous registration each academic year (fall and spring semester) from the time they matriculate until they graduate. In other words, students who have not registered for at least one credit per semester after admission and through graduation will have to reapply for admission to the program.

B. Leave of Absence

Illness or other personal reasons may require an interruption in study. Students can petition for a leave of absence, usually one year in length, when it is impossible for them to maintain registration. Time on leave of absence does not count against the four-year limitation, and the requirement for continuous registration is waived. If students anticipate the need to be absent, it is to their advantage to file a request for leave, prior to the beginning of the semester beginning their leave period. Petitions filed after leave has begun may be denied. To discuss the necessary documentation required for a leave of absence, please contact Louise Lalli (lmlalli@buffalo.edu) in the Office of Online Programs.

C. The Curriculum

The program includes a professional “core” of courses as well as courses that emphasize theoretical issues and practical techniques specific to rehabilitation counseling.
D. Clinical Training Experiences

Practicum and internship placements must be arranged through the online rehabilitation counseling Clinical Coordinator, Dr. Kathleen Conroy, (716) 645-1115, e-mail: kconroy@buffalo.edu. The Clinical Coordinator is a staff member in the department who is responsible for making linkages between students and cooperating counselors and their agencies. She is also responsible for securing and maintaining Affiliation Agreements between the University and cooperating agencies (e.g., rehabilitation facilities, mental health clinics, substance abuse treatment centers, private rehabilitation companies). Students will set up placements through a series of course assignments and communication with the Clinical Coordinator.

The instructional portion of all placement courses will compliment placement experiences by facilitating further development of basic rehabilitation counseling skills.

Many students come to the program with considerable experience in counseling and rehabilitation, gained through previous employment. It should be remembered that students are at the agency for an educational experience, not to serve as unpaid employees, though they will help in the delivery of services. Occasionally, students want to use a place of employment to gather placement hours for Practicum or Internship. If a site meets the requirements for suitable placement, the fact that students are current or former employees will not disqualify the site. Generally, students may use a place of employment for either Practicum or Internship, but not both. The placement must constitute a learning experience, such as working in a new program or with different clientele. Credit for past or current work experience will not be given.

1. Field Work and Counseling Techniques (preparation for your clinical experience)

Field Work and Counseling Techniques is the first of three courses that
provide a clinical experience component to the program. The expectation is that the student may not have had previous training or experience working in rehabilitation. This course provides basic training in counseling skills and prepares students for the practicum and internship experiences. Students are expected to complete assignments that include locating, visiting and exploring facilities and programs that employ Certified Rehabilitation Counselors to increase awareness and understanding of the field of rehabilitation counseling and the role and function of a rehabilitation counselor.

The counseling skill component of this course requires weekly synchronous attendance via our web-based video conferencing. A compatible headset and microphone will be required to participate.

While enrolled in the Field Work course, it is expected that students will locate and secure an appropriate site for the Practicum experience and formulate ideas for the internship placement. The student individually chooses placements with the assistance of the University Clinical Coordinator.

Additional materials to explain guidelines, expectations, procedures, and policies for placement sites will be reviewed and discussed throughout the course.

2. Practicum (150 hours supervised rehabilitation counseling practicum)

The clinical/field portion of the Practicum course should afford the student a chance to thoroughly learn about one particular agency, its clientele, and the method of operation. Client contact may be a pre-counseling, information gathering, or observation of an individual, group or family session. In preparation for the Internship experience, it is expected that students begin counseling with a small caseload under the close supervision of their on-site and university supervisor/instructor, including audio or videotaping of counseling sessions when able (after securing agency and client permission).

The practicum placement course is designed to examine the values, beliefs and behaviors of individuals from diverse populations. Students will advance cultural and ethical competence, increase sensitivity and encourage personal growth. The course will introduce students to counseling approaches, rehabilitation issues, and learn about the role and function of a rehabilitation counselor. The supervised rehabilitation counseling practicum experience includes a minimum of 150 hours agency contact time (10 hours per week for 15 weeks) with at least 40 total hours of direct service to persons with disabilities, in addition to coursework. Students must arrange their schedules with their on-site supervisor to ensure they meet these minimum requirements. At least one hour of weekly individual supervision with the on-site supervisor is required.

In addition, the university supervisor/instructor and students will meet for weekly synchronous attendance via web-based video conferencing for on-line university group supervision sessions, augmented by individual university faculty supervision as needed. There will be direct and periodic communication throughout the semester between the site supervisor and the university
supervisor/instructor and/or university Clinical Coordinator.

3. Internship (600 hours supervised rehabilitation counseling internship)

The supervised rehabilitation counseling internship experience includes a minimum of 600 hours of agency contact time with at least 300 hours of direct service to persons with disabilities, in addition to coursework. Students are required to conduct their internship at a site different from their practicum.

The internship should take a ‘counselor-in-training’ with basic skills in counseling and experience in one setting, and provide additional experience and practice. The student should be given responsibility for a small caseload to be handled with only somewhat more supervision than a beginning employee. At the end of the Internship, the student should be able to function as well as beginning agency staff.

Supervision is provided by the on-site supervisor via a regularly scheduled meeting of at least one hour per week. In addition, weekly synchronous attendance is required via web-based video conferencing for on-line university group supervision sessions, augmented by individual university faculty supervision as needed. There will be direct and periodic communication throughout the semester between the site supervisor and the university supervisor/instructor.

Students are required to complete 600 hours of agency contact time in addition to attending an Internship seminar. Most students complete a part-time internship experience (20 hours per week for 30 weeks) over the course of their last two semesters. Students may have the option to complete their 600-hour internship as a full-time student in one semester (40 hours per week for 15 weeks). This option would need to be discussed and approved by the Clinical Coordinator and Course Instructor.

Occasionally, student evaluations indicate a need for additional experience beyond the normal requirement. In such cases, an additional semester or more of internship may be required before the student is allowed to graduate. When students are required to do additional internships, supervision will be provided on a case-by-case basis. Some students request an additional semester of internship, for their own professional growth. Program staff will make every effort to provide the necessary supervision, but because of resource limitations, it may not be possible to approve all requests for additional internship credits.

E. Evaluating Student Progress

Student evaluation is ongoing with progress being evaluated hierarchically at three levels: in courses, in field practice, and programmatically. This multi-level student monitoring process allows for an aggregate of student performance data from multiple sources in multiple settings. Each semester, faculty assemble together to review students progress.
The student evaluation process is administered through a mentorship with oversight by the program director. Emphasizing student responsibility, the rehabilitation counseling faculty and instructors supports the student through the process and makes annual reports. Data included in the evaluation process include: 1) course completion and grades, 2) quality of practicum and internship evaluations of performance, 3) completion of the Certified Rehabilitation Counselor Examination and satisfactory completion of the program Comprehensive Examination and Portfolio.

**Evaluation tools and timeline:**
- Course completion and grades as evidenced by student transcripts at the end of each semester;
- Evaluations of performance at the end of practicum, and internship experiences;
- Taking the Certified Rehabilitation Counselor (CRC) Examination during the student’s final semester of enrollment;
- Satisfactory completion of the program Comprehensive Examination and Portfolio;
- Qualitative feedback regarding professional development and ethical conduct.

**F. Comprehensive Exam**

The Comprehensive Exam is in multiple-choice format and covers the following content related to required courses: (1) Counseling Theory, (2) Career Development and Vocational Placement, (3) Tests and Measurements, (4) Rehabilitation Foundations and Professional Issues, (5) Medical and Psychosocial Aspects of Chronic Illness and Disability. The Comprehensive Exam is taken the fall during your Internship. Students must score 70% or higher to pass the exam. Those who do not pass on the first attempt will be allowed to retake the exam after consulting with the program director or his/her designee and tailoring their study toward improving areas of deficiency.

**G. Portfolio**

Students are required to build a program portfolio that includes a collection of documents that represents his or her program progress as well as professional growth and development. The program portfolio is an authentic, ongoing assessment process whereby candidates in the Rehabilitation Counseling Program document their professional growth and development based on the Council on Rehabilitation Education (CORE) Standards. (See appendix B.)

**H. Advisement**

Each student is assigned to the program director or his/her designee upon acceptance to the program. The program director/designee is charged with overseeing the student’s progress through program completion, a task that includes ongoing assessment of student progress. Students who are demonstrating difficulty in their professional development and/or course work will be notified in writing in a timely manner.
I. Annual Review

At the program level, student data regarding progress and performance are integrated. Specifically, rehabilitation counseling program faculty and instructors will meet annually to review student progress and evaluate the supervision process. Student progress will be discussed and progress sheets will be prepared and inserted into their file. Recommendations are provided to the student, as well as to the relevant supervisor (e.g., course instructor, practicum supervisor, or internship supervisor) in accordance with student success or remediation.

J. Course Completion and Grades

At the course level, students will be continually evaluated in terms of their mastery of course materials as well as their professional development. The course level evaluations are as critical as courses and course sequences providing the base upon which professional practices are built. The Rehabilitation Counseling Program was designed to create professional, reflective, and effective counselors. The sequence of individual courses is strategically nested within the overall learning program and is intended to provide students with sequential experiences necessary to build the knowledge, skills, and dispositions necessary for effective practice. Specifically, the courses are offered in pedagogically efficient sequence designed to build a base of theoretical knowledge and basic counseling skills and move toward more complex practical applications (i.e., ethical considerations, treatment issues, diagnosis, and treatment planning).

Grades. Grading practices follow certain Graduate School and University guidelines. Each instructor will announce specific grading policies in the class syllabus.

• A minimum Grade Point Average of 3.0 is required for graduation. This GPA pertains to courses included on the approved Application to Candidacy.
• If unavoidable events require an incomplete, a written contract with the instructor, including specific dates and procedures for completing the course, will be developed. The incomplete coursework must be completed within one year from the date of the I grade. After that time, I grades are converted to U grades. The U grade indicates failure without academic penalty and will not be computed in the grade point average.

K. Good Academic Standing

Good academic standing means that a student is making acceptable progress toward a graduate degree and is eligible to register and take academic coursework at this University for the current semester. All graduate students are expected to remain in good academic standing throughout the entire course of their study. Minimum Academic Requirements for Good Academic Standing established by the Graduate School are as follows:

Satisfactory/Unsatisfactory Grades. “S” indicates credit and “U” indicates no credit. An "S" grade will be awarded only in those instances where a student's letter grade would have been a "B" (3.00) grade point or better. No more than 25% of required course
credits (not including courses taken as a master’s thesis or project guidance or practicum experiences [clinic] shall be graded on an S/U basis.)

**Academic review/probation.** Students who receive a C or below in a required course must repeat the course to obtain a higher grade. Any graduate student who receives a grade of "U," "F," "C," or "D" in any course required for completion of a degree program, or who falls below the minimum academic requirements stated above, or who indicates a lack of clinical progress (including adherence to ethical standards) as determined by the program faculty, will receive an immediate academic review by her or his graduate program faculty. Upon completion of the academic review, the graduate program faculty may place the student on academic probation. Such notice will be made in writing by the Program Director or the Department Chair or other designee immediately following such a determination and will indicate the terms of the Probation and its removal. This action should be taken prior to the Add/Drop period of the next semester.

**Academic dismissal and transcripts.** Any graduate student not meeting the written terms of his or her academic probation may be academically dismissed from the University by her or his department/graduate program. Such dismissals shall be done in a timely fashion but no later than three weeks after the completion of the semester final examinations. The Office of the Graduate School will be notified in writing of all such academic dismissals. Graduate students who are dismissed for academic reasons from a graduate program will have a notation placed on their graduate transcripts indicating that they were academically dismissed and the date of the dismissal.

**Reinstatement.** A graduate student who has been officially dismissed and who seeks reinstatement shall submit a formal request for reinstatement along with a supporting statement of explanation to the Chair of the academic department. The request shall be acted upon by the established procedure or review group within the particular graduate program. Only if such students are subsequently readmitted to the program from which they were dismissed will the dismissal notations be removed from the transcripts by written request to the Office of the Graduate School.

**L. Academic Forms, Procedures and Deadlines**

There are a number of academic forms, procedures, and deadlines that you will be responsible for. Please be sure to adhere to these deadlines throughout your program or your graduation may be postponed. Announcements regarding deadlines and other relevant program information can be found at UBlearns, then accessing the MS_STUDENTS_PROGRAMINFORMATION_REC(ADM_GSE_LMLALLI_022808). You may also contact Louise Lalli, Online Programs Manager; at lmlalli@buffalo.edu should additional questions arise.

**Application to Candidacy (ATC):** This is your statement of program and is the most important document required for you to graduate. This form must be completed and approved by your department the semester before the one in which you intend to graduate. Students will complete and submit their ATC with their Comprehensive Examination. The ATC form can be found in the MS STUDENTS PROGRAM
INFORMATION REC (ADM GSE LMLALLI 022808) section in UBLearns. Exclusive of "S" grades, courses submitted for candidacy in a master's or Doctoral program must average a "B" (3.00 grade point average) or better.

**M Form:** The multi-purpose form (M Form) is to be filed at **least 30 days before graduation**, certifying that, as far as the Department knows, you have completed all the requirements for your degree. Your advisor is responsible for completing this form and submitting on your behalf.

### VI. UNIVERSITY INFORMATION AND SERVICES FOR STUDENTS WITH DISABILITIES

<table>
<thead>
<tr>
<th>University at Buffalo</th>
<th><a href="http://www.buffalo.edu">www.buffalo.edu</a></th>
<th>(716) 645-2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling, School and Educational Psychology Department Office</td>
<td><a href="http://gse.buffalo.edu/csep">gse.buffalo.edu/csep</a></td>
<td>(716) 645-2484</td>
</tr>
<tr>
<td>UB Accessibility Services</td>
<td><a href="http://www.student-affairs.buffalo.edu/ods/">www.student-affairs.buffalo.edu/ods/</a></td>
<td>(716) 645-2608</td>
</tr>
<tr>
<td>UB Counseling Services</td>
<td><a href="http://www.ub-counseling.buffalo.edu">www.ub-counseling.buffalo.edu</a></td>
<td>(716) 645-2720</td>
</tr>
<tr>
<td>University Libraries</td>
<td>Library.buffalo.edu</td>
<td>(716) 645-2965</td>
</tr>
</tbody>
</table>

**A. Accessibility Resources and Disability Services**

The University is committed to creating and maintaining a campus that is accessible to all students. The Office of Accessibility Resources (formerly the Office of Disability Services) is the University's coordinating center on behalf of people with disabilities. If you need any assistance or information during your employment, undergraduate or graduate years at the University, you can contact the Office of Accessibility Resources at (716) 645-2608, (TTY 645-2616).

Accessibility Resources assists employees and students with a wide variety of problems they may encounter as they pursue careers or their educational goals at SUNY Buffalo. If you need advice, information, counseling, adjustments in class scheduling or worksite, help with on-campus transportation, study aids, placement help, adapted housing, campus orientation and mobility instruction, or other services which you cannot resolve yourself, you should contact Accessibility Resources. The office is open throughout the year, Monday through Friday, from 8:30 a.m. to 5:00 p.m.

**B. Library Services**

All University Libraries provide specialized service and assistance for students, faculty, and staff with disabilities. Librarians have been specifically designated to each library unit. Contact the libraries for more information concerning special library services for people with disabilities.
C. University Policies

The University at Buffalo complies with all federal and state laws relating to non-discrimination, affirmative action, and access for individuals with disabilities.

Discrimination and Harassment
The University prohibits discrimination and harassment and requires that accommodations be provided to individuals when such accommodations are reasonable and necessary as a result of an individual’s disability, religion, pregnancy, maternity, or breastfeeding status.

Reasonable Accommodation
The University at Buffalo is committed to providing equal access to individuals with disabilities, including physical access to programs and reasonable accommodations for members of the University community.

Recruitment
The University at Buffalo is an affirmative action/equal opportunity employer and will conduct a competitive recruitment for all positions to identify and attract a diverse and qualified candidate pool.

Recruitment Exceptions
The University at Buffalo will conduct a competitive recruitment for all positions, unless there is a compelling justification to make a recruitment exception.
Appendix A

Rehabilitation Counselor Code of Ethics

Below is an outline of the major sections and subsections of enforceable standards of ethical practice for rehabilitation counselors. The full code may be viewed at: http://www.crccertification.com/pages/crc_ccrc_code_of_ethics/10.php. If you are unable to download the Code of Ethics, please contact your instructor.

SECTION A: THE COUNSELING RELATIONSHIP
   A.1. Welfare of Those Served by Rehabilitation Counselors
   A.2. Respecting Diversity
   A.3. Client Rights in the Counseling Relationship
   A.4. Avoiding Harm and Avoiding Value Imposition
   A.5. Roles and Relationships with Clients
   A.6. Multiple Clients
   A.7. Group Work
   A.8. Termination and Referral
   A.9. End-of-Life Care for Terminally Ill Clients

SECTION B: CONFIDENTIALITY, PRIVILEGED COMMUNICATION, AND PRIVACY
   B.1. Respecting Client Rights
   B.2. Exceptions
   B.3. Information Shared with Others
   B.4. Groups and Families
   B.5. Responsibilities to Minors or Clients Lacking Capacity to Consent
   B.6. Records
   B.7. Consultation

SECTION C: ADVOCACY AND ACCESSIBILITY
   C.1. Advocacy
   C.2. Accessibility

SECTION D: PROFESSIONAL RESPONSIBILITY
   D.1. Professional Competence
   D.2. Cultural Competence/Diversity
   D.3. Functional Competence
   D.4. Professional Credentials
   D.5. Responsibility to the Public and Other Professionals
   D.6. Scientific Bases for Interventions

SECTION E: RELATIONSHIPS WITH OTHER PROFESSIONALS
   E.1. Relationships with Colleagues, Employers, and Employees
   E.2. Consultation
   E.3. Agency and Team Relationships

SECTION F: FORENSIC AND INDIRECT SERVICES
   F.1. Client or Evaluatee Rights
   F.2. Rehabilitation Counselor Forensic Competency and Conduct
   F.3. Forensic Practices
   F.4. Forensic Business Practices

SECTION G: EVALUATION, ASSESSMENT, AND INTERPRETATION
   G.1. Informed Consent
   G.2. Release of Information to Competent Professionals
   G.3. Proper Diagnosis of Mental Disorders
   G.4. Competence to Use and Interpret Tests
   G.5. Test Selection
G.6 Conditions of Test Administration
G.7. Test Scoring and Interpretation
G.8. Assessment Considerations

SECTION H: TEACHING, SUPERVISION, AND TRAINING
H.1. Rehabilitation Counselor Supervision and Client Welfare
H.2. Rehabilitation Counselor Supervision Competence
H.3. Roles and Relationships with Supervisees or Trainees
H.4. Rehabilitation Counselor Supervisor Responsibilities
H.5. Rehabilitation Counselor Supervisor Evaluation, Remediation, and Endorsement
H.6. Responsibilities of Rehabilitation Counselor Educators
H.7. Student Welfare
H.8. Cultural Diversity Competence in Rehabilitation Counselor Education Programs and Training Programs

SECTION I: RESEARCH AND PUBLICATION
I.1. Research Responsibilities
I.2. Informed Consent and Disclosure
I.3. Reporting Results
I.4. Publications and Presentations
I.5. Confidentiality

SECTION J: TECHNOLOGY AND DISTANCE COUNSELING
J.1. Behavior and Identification
J.2. Accessibility
J.3. Confidentiality, Informed Consent, and Security
J.4. Technology-Assisted Assessment
J.5 Consultation Groups
J.6. Records, Data Storage, and Disposal
J.7. Legal
J.8. Advertising
J.9. Research and Publication
J.10. Rehabilitation Counselor Unavailability
J.11. Distance Counseling Credential Disclosure
J.12. Distance Counseling Relationships
J.13. Distance Counseling Security and Business Practices
J.14. Distance Group Counseling
J.15. Teaching, Supervision, and Training at a Distance

SECTION K: BUSINESS PRACTICES
K.1. Advertising and Soliciting Clients
K.2. Client Records
K.3. Fees, Bartering, and Billing
K.4. Termination

SECTION L: RESOLVING ETHICAL ISSUES
L.1. Knowledge of CRCC Standards
L.2. Application of Standards
L.3. Suspected Violations
L.4. Cooperation with Ethics Committees
L.5. Unfair Discrimination Against Complainants and Respondents
Appendix B
The Rehabilitation Student Portfolio and CORE Standards

PORTFOLIO GUIDELINES
COUNCIL ON REHABILITATION EDUCATION (CORE) STANDARDS


C.1 PROFESSIONAL IDENTITY

Knowledge areas:
- History and philosophy of rehabilitation
- Legislation
- Ethics
- Professional credentialing, certification, licensure and accreditation
- Rehabilitation counseling scope of practice
- Independent living
- Assistive technology
- Informed consumer choice and consumer empowerment
- Public policies
- Advocacy
- Systems knowledge of healthcare, education, and rehabilitation
- The ecological perspective

Outcomes as demonstrated by the ability to:
C.1.1 Rehabilitation counseling scope of practice
    C.1.1.a. explain professional roles, purposes, and relationships of other human service and counseling/psychological providers.
    C.1.1.b. articulate the principles of independence, inclusion, choice and self-determination, empowerment, access, and respect for individual differences.

C.1.2 History, systems, and philosophy of rehabilitation
    C.1.2.a. integrate into one’s practice, the history and philosophy of rehabilitation as well as the laws affecting individuals with disabilities.
    C.1.2.b. describe, in general, the organizational structure of the rehabilitation, education, and healthcare systems, including public, private-for-profit, and not-for-profit service settings.
    C.1.2.c. explain the role and values of independent living philosophy for individuals with a disability.

C.1.3 Legislation related to people with disabilities
    C.1.3.a. apply the principles of disability-related legislation including the rights of people with disabilities to the practice of rehabilitation counseling.

C.1.4 Ethics
    C.1.4 a. practice rehabilitation counseling in a legal and ethical manner, adhering to the Code of Professional Ethics and Scope of Practice for the profession.

C.1.5 Professional credentialing, certification, licensure and accreditation
    C.1.5.a. explain differences between certification, licensure, and accreditation.
C.1.6 Informed consumer choice and consumer empowerment
   C.1.6.a. integrate into practice an awareness of societal issues, trends, public policies, and developments as they relate to rehabilitation.
   C.1.6.b. articulate the value of consumer empowerment, choice, and personal responsibility in the rehabilitation process.

C.1.7 Public policies, attitudinal barriers, and accessibility
   C.1.7.a. assist employers to identify, modify, or eliminate, architectural, procedural, and/or attitudinal barriers.

C.1.8 Advocacy
   C.1.8.a. educate the public and individuals with a disability regarding the role of advocacy and rights of people with disabilities under federal and state law.

C.2 PSYCHOSOCIAL ASPECTS OF DISABILITY AND CULTURAL DIVERSITY

   Knowledge areas:
   Family development and dynamics
   Psychological dynamics related to self-identity, self-advocacy, competency, adjustment, and attitude formation
   Sociological dynamics related to self-identity, self-advocacy, competency, adjustment, and attitude formation
   Multicultural awareness and implications for ethical practice
   Diversity issues including cultural, disability, gender, sexual orientation, and aging issues
   Current issues and trends in a diverse society
   Personal professional development strategies for self-monitoring

   Outcomes as demonstrated by the ability to:

   C.2.1 Sociological dynamics related to self-advocacy, environmental influences, and attitude formation
   C.2.1.a. identify and articulate an understanding of the social, economic, and environmental forces that may present barriers to a consumer’s rehabilitation.
   C.2.1.b. identify strategies to reduce attitudinal barriers affecting people with disabilities.

   C.2.2 Psychological dynamics related to self-identity, growth, and adjustment
   C.2.2.a. identify strategies for self-awareness and self-development that will promote coping and adjustment to disability.
   C.2.2.b. identify and demonstrate an understanding of stereotypic views toward individuals with a disability and the negative effects of these views on successful completion of the rehabilitation outcomes.
   C.2.2.c. explain adjustment stages and developmental issues that influence adjustment to disability.

   C.2.3 Implications of cultural and individual diversity including cultural, disability, gender, sexual orientation, and aging issues
   C.2.3.a. provide rehabilitation counseling services in a manner that reflects an understanding of psychosocial influences, cultural beliefs and values, and diversity issues that may affect the rehabilitation process.
   C.2.3.b. identify the influences of cultural, gender, sexual orientation, aging, and disability differences and integrate this knowledge into practice. C.2.3.c. articulate an understanding of the role of ethnic/racial and other diversity characteristics such as spirituality and religion, and socio-economic status in groups, family, and society.

C.3 HUMAN GROWTH AND DEVELOPMENT

   Knowledge areas:
   Developmental theories across the life span
   Physical Development
   Emotional Development
Cognitive Development
Behavioral Development
Moral Development
Theories of personality development
Human sexuality and disability
Spirituality
Transition issues related to family, school, employment, aging, and disability
Social and learning needs of individuals across the life span
Ethical and legal issues impacting individuals and families related to adjustment and transition

Outcomes as demonstrated by the ability to:

C.3.1 Human growth and development across the life span
   C.3.1.a. articulate a working knowledge of human development and the needs of individuals with disabilities across the life span.
   C.3.1.b. describe and implement approaches that enhance personal development, decision-making abilities, personal responsibility, and quality of life of individuals with a disability.

C.3.2 Individual and family response to disability
   C.3.2.a. assist the development of transition strategies to successfully complete the rehabilitation process.
   C.3.2.b. recognize the influence of family as individuals with disabilities grow and learn.
   C.3.2.c. demonstrate counselor sensitivity to stressors and the role of positive attitudes in responding to coping barriers and challenges.

C.3.3 Theories of personality development
   C.3.3.a. describe and explain established theories of personality development.
   C.3.3.b. identify developmental concepts and processes related to personality development and apply them to rehabilitation counseling practice.

C.3.4 Human sexuality and disability
   C.3.4.a. identify impact that different disabilities can have on human sexuality.
   C.3.4.b. discuss sexuality issues with individuals with a disability as part of the rehabilitation process.

C.3.5 Learning styles and strategies
   C.3.5.a. develop rehabilitation plans that address individual learning styles and strengths of individuals with a disability.

C.4 EMPLOYMENT AND CAREER DEVELOPMENT

Knowledge areas:
   Career development
   Career counseling
   Disability benefits systems including workers’ compensation, long term disability, and social security
   Job analysis, work site modification and restructuring, including the application of appropriate technology
   Transferable skill analysis
   Computer-based assessment tools
   Vocational planning and assessment
   Job and employer development
   Employer consultation
   Business/corporate human resource concepts and terminology
   Workplace culture and environment
   Work conditioning/work hardening
   Job placement strategies
   Computer-based job matching systems
Follow-up/post-employment services
Occupational information including labor market trends, and the importance of meaningful employment with a career focus
Supported employment, job coaching, and natural supports
Ethical issues in employment

Outcomes as demonstrated by the ability to:

C. 4.1 Disability benefits systems including workers’ compensation, long-term disability, and social security.
   C.4.1.a. Demonstrate understanding of various public and private disability benefits systems and the influence on rehabilitation, independent living, and employment.
   C.4.1.b. explain the requirements of benefits available to people with disabilities through systems such as workers’ compensation, long-term disability insurance, and social security.

C. 4.2 Job analysis, transferable skills analysis, work site modification and restructuring
   C.4.2.a. Utilize job and task analyses methodology to determine essential functions of jobs for employment planning and placement, worksite modifications or job restructuring.
   C.4.2.b. apply the techniques of job modification/restructuring and the use of assistive devices to facilitate placement of people with disabilities.
   C.4.2.c. apply transferable skills analysis methodology to identify alternative vocational and occupational options given the work history and residual functional capacities of individuals with a disability.

C. 4.3 Career counseling, career exploration, and vocational planning
   C.4.3.a. provide career counseling utilizing appropriate approaches and techniques.
   C.4.3.b. utilize career/occupational materials to assist the individual with a disability in vocational planning.
   C.4.3.c. facilitate involvement in vocational planning and career exploration.

C. 4.4 Job readiness development
   C.4.4.a. assess individuals with a disability’ readiness for gainful employment and assist individuals with a disability in increasing this readiness.

C. 4.5 Employer consultation and disability prevention
   C.4.5.a. provide prospective employers with appropriate consultation information to facilitate prevention of disability in the workplace and minimize risk factors for employees and employers.
   C.4.5.b. consult with employers regarding accessibility and issues related to ADA compliance.

C 4.6 Workplace culture and environment
   C.4.6.a. describe employer practices that affect the employment or return to work of individuals with disabilities and utilize that understanding to facilitate successful employment.

C. 4.7 Work conditioning/work hardening
   C.4.7.a. identify work conditioning or work hardening strategies and resources as part of the rehabilitation process.

C. 4.8 Vocational consultation and job placement strategies
   C.4.8.a. conduct and utilize labor market analyses and apply labor market information to the needs of individuals with a disability.
   C.4.8.b. identify transferable skills by analyzing the consumer’s work history and functional assets and limitations and utilize these skills to achieve successful job placement.
   C.4.8.c. utilize appropriate job placement strategies (client-centered, place then train, etc.) to facilitate employment of people with disabilities.
**C. 4.9 Career development theories**
   C.4.9.a. apply career development theories as they relate to individuals with a disability with disabilities.

**C 4.10 Supported employment, job coaching, and natural supports**
   C.4.10.a. effectively use employment supports to enhance successful employment.
   C.4.10.b. assist individuals with a disability with developing skills and strategies on the job.

**C. 4.11 Assistive technology**
   C.4.11.a. identify and describe assistive technology resources available to individuals with a disability for independent living and employment.

**C.5 COUNSELING APPROACHES AND PRINCIPLES**

**Knowledge areas:**
   - Counseling and personality theory
   - Mental health counseling
   - Interviewing and counseling skill development
   - Theories and models for consultation
   - Assistive technologies
   - Vocational consultation
   - Supervision theories, models and techniques
   - Consumer empowerment and rights
   - Boundaries of confidentiality
   - Ethics in the counseling relationship
   - Multicultural issues in counseling
   - Gender issues in counseling
   - Conflict resolution strategies
   - Computer-based counseling tools
   - Internet resources for rehabilitation counseling

**Outcomes as demonstrated by the ability to:**

**C.5.1 Individual counseling and personality theory**
   C.5.1.a. communicate a basic understanding of established counseling theories and their relationship to personality theory.
   C.5.1.b. articulate a personal philosophy of rehabilitation counseling based on an established counseling theory.

**C.5.2 Mental health counseling**
   C.5.2.a. recognize individuals with a disability who demonstrate psychological or mental health related problems and make appropriate referrals when appropriate.
   C.5.2.b. analyze diagnostic and assessment information (e.g., vocational and educational tests, records and psychological and medical data) and communicate this information to the consumer.
   C.5.2.c. explain and utilize standard diagnostic classification systems for mental health conditions within the limits of the role and responsibilities of the rehabilitation counselor.

**C.5.3 Counseling skills and techniques development**
   C.5.3.a. develop and maintain confidential counseling relationships with individuals with a disability using established skills and techniques.
   C.5.3.b. establish, in collaboration with the consumer, individual counseling goals and objectives.
   C.5.3.c. apply basic counseling and interviewing skills.
   C.5.3.d. employ consultation skills with and on behalf of the consumer.

**C.5.4 Gender issues in counseling**
   C.5.4.a. counsel individuals with a disability who face lifestyle choices that may involve gender or multicultural issues.
C.5.4.b. identify gender differences that can affect the rehabilitation counseling and planning processes.

C.5.5 Conflict resolution and negotiation strategies
   C.5.5.a. assist individuals with a disability in developing skills needed to effectively respond to conflict and negotiation in support of their interests.

C.5.6 Individual, group, and family crisis response
   C.5.6.a. recognize and communicate a basic understanding of how to assess individuals, groups, and families who exhibit suicide ideation, psychological and emotional crisis.

C.5.7 Termination of counseling relationships
   C.5.7.a. facilitate counseling relationships with individuals with a disability in a manner that is constructive to their independence.
   C.5.7.b. develop a plan of action in collaboration with the consumer for strategies and actions anticipating the termination of the counseling process.

C.5.8 Individual empowerment and rights
   C.5.8.a. promote ethical decision-making and personal responsibility that is consistent with an individual’s culture, values and beliefs.

C.5.9 Boundaries of confidentiality
   C.5.9.a. explain the legal limits of confidentiality for rehabilitation counselors for the state in which they practice counseling.
   C.5.9.b. identify established rehabilitation counseling ethical standards for confidentiality and apply them to actual case situations.

C.5.10 Ethics in the counseling relationship
   C.5.10.a. explain the practical implications of the CRCC Code of ethics as part of the rehabilitation counseling process.
   C.5.10.b. confirm competency in applying an established ethical decision-making process to rehabilitation counseling case situations.

C.5.11 Counselor Supervision
   C.5.11.a. explain the purpose, roles, and need for counselor supervision in order to enhance the professional development, clinical accountability and gatekeeping functions for the welfare of individuals with a disability.

C.6 GROUP WORK AND FAMILY DYNAMICS

Knowledge areas:
   Group dynamics and counseling theory
   Family dynamics and counseling theory
   Interdisciplinary team work
   Group leadership styles and techniques
   Group methods, selection criteria and evaluation strategies
   Group skills development

Outcomes as demonstrated by the ability to:

C.6.1 Group Dynamics and Counseling Theory
   C.6.1.a. apply theories and principles of group counseling when working with persons with disabilities.

C.6.3 Group leadership styles and techniques
   C.6.3.a. demonstrate effective group leadership skills.
C.6.4. **Family dynamics and counseling theory**
C.6.4.a. apply an understanding of family systems and the impact of the family on the rehabilitation process.

C.6.5. **Family support interventions**
C.6.5.a. use counseling techniques to support the individual’s family/significant others, including advocates.
C.6.5.b. facilitate the group process with individual’s family/significant others, including advocates to support the rehabilitation goals.

C.6.6. **Ethical and legal issues impacting individuals and families**
C.6.6.a. apply ethical and legal issues to the group counseling process and work with families.
C.6.6.b. know the ethical implications of work in group settings with racial/ethnic, cultural, and other diversity characteristics/issues when working with people with disabilities.

C.7 **ASSESSMENT**

**Knowledge areas:**
- Assessment resources and methods
- Standardization
- Measurement and statistical concepts
- Selecting and administering the appropriate assessment method (e.g., standardized tests, situational assessment, place-access vs. assess-place)
- Obtaining, interpreting and synthesizing assessment information
- Conducting ecological assessment
- Assistive technology
- Ethical, legal, and cultural implications in assessment

**Outcomes as demonstrated by the ability to:**

**C. 7.1 Role of assessment**
C.7.1.a. explain purpose of assessment in rehabilitation process.
C.7.1.b. use assessment information to determine eligibility and to develop plans for Services.

**C.7.2 Assessment resources and methods**
C.7.2.a. identify assessment resources and methods appropriate to meet the needs of individuals with a disability.
C.7.2.b. describe resources to assist rehabilitation counselors in identifying appropriate test instruments and other assessment methods.
C.7.2.c. describe computer-based assessments for rehabilitation and employment planning.

**C.7.3 Individual involvement in assessment planning**
C.7.3.a. facilitate individual involvement in evaluating the feasibility of rehabilitation or independent living objectives and planning.
C.7.3.b. utilize assessment as an ongoing process in establishing individual rapport, rehabilitation service planning, objectives and goals.
C.7.3.c. evaluate the individual’s capabilities to engage in informed choice and to make decisions.

**C.7.4 Measurement and statistical concepts**
C.7.4.a. describe basic measurement concepts and associated statistical terms.
C.7.4.b. comprehend the validity, reliability, and appropriateness of assessment instruments.

**C.7.5 Selecting and administering the appropriate assessment methods**
C.7.5.a. explain differences in assessment methods and testing instruments (i.e. aptitude, intelligence, interest, achievement, vocational evaluation, situational assessment).
C.7.5.b. apply assessment methods to evaluate a consumer's vocational, independent living and transferable skills.

C. 7. 6 Ethical, legal, and cultural implications in assessment

C.7.6.a. know the legal, ethical, and cultural implications of assessment for rehabilitation services.
C.7.6.b. consider cultural influences when planning assessment.
C.7.6.c. analyze implications of testing norms related to the culture of an individual.

C.8 RESEARCH AND PROGRAM EVALUATION

Knowledge areas:
- Review of clinical rehabilitation literature
- Library research for rehabilitation related current information
- Basic statistics
- Research methods
- Outcome based research
- Ethical, legal and cultural issues related to research and evaluation

Outcomes as demonstrated by the ability to:

C.8.1. Basic statistics and psychometric concepts
  C.8.1.a. understand research methodology and relevant statistics.

C.8.2. Basic research methods
  C.8.2.a. interpret quantitative and qualitative research articles in rehabilitation and related fields.
  C.8.2.b. apply research literature to practice (e.g., to choose appropriate interventions, to plan assessments).

C.8.3. Effectiveness of rehabilitation counseling services.
  C.8.3.a. develop and implement meaningful program evaluation.
  C.8.3.b. provide a rationale for the importance of research activities and the improvement of rehabilitation services.

C.8.4. Ethical, legal, and cultural issues related to research and program evaluation.
  C.8.4.a. apply knowledge of ethical, legal, and cultural issues in research and evaluation to rehabilitation counseling practice.

C.9 MEDICAL, FUNCTIONAL, ENVIRONMENTAL AND ENVIRONMENTAL ASPECTS OF DISABILITY

Knowledge areas:
- The human body system
- Medical terminology
- Medical, functional, environmental and psychosocial aspects of
  - Physical disabilities
  - Psychiatric rehabilitation
  - Substance abuse
  - Cognitive disability
  - Sensory disability
  - Developmental disability
- Assistive technology
- Dual diagnosis and the workplace
- The concept of functional capacity
- Wellness and illness prevention concepts and strategies
Outcomes as demonstrated by the ability to:

C.9.1. The human body system
   C.9.1.a. explain basic medical aspects related to human body system and disabilities.

C.9.2. Medical terminology and diagnosis
   C.9.2.a. demonstrate an understanding of fundamental medical terminology.
   C.9.2.b. demonstrate an understanding of the diagnostic process used by medical and other health professions.

C.9.3. Physical, psychiatric, cognitive, sensory and developmental disabilities
   C.9.3.a. utilize existing or acquired information about the existence, onset, severity, progression, and expected duration of an individual’s disability.
   C.9.3.b. articulate the functional limitations of disabilities.
   C.9.3.c. apply working knowledge of the impact of disability on the individual, the family, and the environment.
   C.9.3.d. explain the implications of co-occurring disabilities.

C.9.4. Assistive technology
   C.9.4.a. determine the need for assistive technology and the appropriate intervention resources.
   C.9.4.b. support the evaluation of assistive technology needs as they relate to rehabilitation services.

C.9.5. Environmental implications for disability
   C.9.5.a. evaluate the influences and implications of the environment on disability.

C.9.6 Classification and evaluation of function
   C.9.6.a. demonstrate familiarity with the use of functional classification such as the International Classification of Function.
   C.9.6.b. consult with medical/health professionals regarding prognosis, prevention and wellness strategies for individuals with a disability

C.10 REHABILITATION SERVICES AND RESOURCES

Knowledge areas:
   Case and caseload management
   Vocational rehabilitation
   Independent living
   School to work transition services
   Psychiatric rehabilitation practice
   Substance abuse treatment and recovery
   Disability management
   Employer-based and disability case management practices
   Design and development of transitional and return-to-work programs
   Forensic rehabilitation and vocational expert practices
   Managed care
   Systems resource information including funding availability
   Utilization of community-based rehabilitation and service coordination
   Consumer advocacy and empowerment
   Marketing rehabilitation services
   Life care planning
   Strategies to develop rapport/referral network
   Case reporting
   Professional advocacy
   Clinical problem-solving skills
Outcomes as demonstrated by the ability to:

C.10.1 Vocational rehabilitation
C.10.1.a. describe the systems used to provide vocational rehabilitation services to people with disabilities including the state/federal vocational rehabilitation program in the United States, private rehabilitation, and community-based rehabilitation programs.
C.10.1.b. identify and plan for the provision of vocational rehabilitation services with individuals with a disability.
C.10.1.c. provide information to prospective employers about the benefits of hiring people with disabilities.

C.10.2 Case and caseload management
C.10.2.a. evaluate the need for and utilize case and caseload management services.
C.10.2.b. apply principles of caseload management, including case recording and documentation.
C.10.2.c. identify rehabilitation case management strategies that are evidence-based
C.10.2.d. establish follow-up and/or follow-along procedures to maximize an individual’s independent functioning through the provision of post-employment services

C.10.3 Independent living
C.10.3.a. identify and plan for the provision of independent living service alternatives with individuals with a disability.

C.10.4 School to work transition services
C.10.4.a. develop knowledge of transition services that facilitate an individual’s movement from school to work.

C.10.5 Disability management
C.10.5.a. describe employer-based disability management concepts, programs, and practices.

C.10.6 Forensic rehabilitation and vocational expert practices
C.10.6.a. describe the purpose of forensic rehabilitation, vocational expert practice, and the reasons for referral of individuals for services.

C.10.7 Substance abuse treatment and rehabilitation
C.10.7.a. describe different recovery models that apply to substance abuse treatment and rehabilitation.
C.10.7.b. identify and recommend treatment options that facilitate recovery and successful rehabilitation outcomes.

C.10.8 Psychiatric rehabilitation
C.10.8.a. identify and recommend treatment options that facilitate recovery and successful rehabilitation outcomes.

C.10.9 Wellness and illness prevention concepts
C.10.9.a. promote constructive lifestyle choices that supports positive health and prevents illness or disability.

C.10.10 Community Resources
C.10.10.a. work with community agencies to advocate for the integration and inclusion of individuals with disabilities within the community.
C.10.10.b. identify the benefits of rehabilitation services to potential individuals with a disability, employers, and the general public.

C.10.11 Community-based rehabilitation and service coordination
C.10.11.a. assist individuals with a disability to access and utilize services available in the community.
C.10.11.b. collaborate with advocate's and other service providers involved with the individual and/or the family.

C.10.12 Life care planning
C.10.12.a. describe the purposes of life-care planning and utilize life-care planning services as appropriate.

C.10.13 Insurance programs and social security
C.10.13.a. demonstrate knowledge of disability insurance options and social security programs.
C.10.13.b. explain the functions of workers' compensation, disability benefits systems, and disability management systems.

C.10.14 Programs for specialty populations
C.10.14.a. describe programs of services for specialty populations including but not limited to: spinal cord injury, traumatic brain injury, intellectual disabilities, sensory disability, correctional and veterans.

C.10.15 Current technology and rehabilitation counseling
C.10.15.a. explain and plan for the appropriate use of assistive technology including computer-related resources.
C.10.15.b. utilize internet and other technology to assist in the effective delivery of services.
C.10.15.c. assist individuals with a disability in developing strategies to request appropriate accommodations.
C.10.15.d. assess individual needs for rehabilitation engineering services.