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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 areas, 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 and veteran rehabilitation centers, psychiatric 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 currently delivered in two formats (on-campus since 1956 and online since 2008), each following equivalent 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

Please visit the Graduate School of Education website: [http://www.gse.buffalo.edu](http://www.gse.buffalo.edu) for additional information regarding the following areas and more.

**A. Admission**

Students are generally admitted to the Rehabilitation Counseling (RC) program at the beginning of each fall semester. Those applying to the program must submit: an online application, undergraduate transcripts (review of Grade Point Average), three letters of reference, and be willing to participate in a phone or in-person 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. CORE & CHEA Accreditation and Certification Upon Degree Conferral**

The program is fully accredited by the New York State Education Department and the [Council on Rehabilitation Counselor Education (CORE)](http://www.core-counselor.org) and [Council for Higher Education Accreditation (CHEA)](http://www.chea.org). Students of CORE accredited programs are eligible to take the Certified Rehabilitation Counselor (C.R.C.) Examination in their final year of the program under certification category G. 75% of coursework needs to be completed at least one to two months prior to taking the exam. Students who pass the C.R.C. exam are eligible to submit their transcript, showing degree conferral, to the Commission on Rehabilitation Counselor Certification (CRCC). This will allow them to immediately hold the credential as a Certified Rehabilitation Counselor (C.R.C.) without the need for prior work in the field, as required for other certification categories.

**D. CRC Examination and Student Verification Form**

All students are required to take the [C.R.C. examination](http://www.crccertification.com) during their final year in the program, while enrolled in Internship (the exam is offered three times per year - usually in March, July, and October). Gathering information and registering for the online exam is the responsibility of the student, and can be accessed 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.) An original printout of the Student Verification Form, found in the application packet, must be signed by the student and delivered to the student’s academic advisor (in person or via standard mail) for signature at least two weeks prior to student submission of the exam application. The original form will be returned to the student for inclusion with their application. (This cannot be done via email because of the need for the student to submit an original document).

When the student finishes the C.R.C. examination, they will receive a Test Completion Verification form. This should be copied and sent to their academic 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. As of July, 2014, the CRCC started releasing immediate exam results. Please note that graduates who pass the C.R.C. exam as a student are not recognized as a C.R.C. until they submit their transcript to the CRCC to verify degree conferral. (Information on how to submit the transcript can be found in the Placement Information Manual or on the RC Program page in UBlеarns.)

E. Comprehensive Examination

There are two options for meeting the Comprehensive Examination requirement: passing the required C.R.C. examination, or passing the faculty-developed Comprehensive Exam. (See Section V - Degree Requirements below for additional information regarding the Comprehensive Exam requirement and its relationship to the Capstone Experience.)

F. CRC Examination results - option to use for Comprehensive Exam

Students may choose the opportunity to use a passing score on the C.R.C. examination to meet the Comprehensive Examination requirement. Interested students must send a copy of the exam results provided to them by the CRCC at the exam site following completion of the exam. If a student does not pass the C.R.C. exam, they will be given a diagnostic report indicating recommended areas for further study.

An important benefit to having early results of the C.R.C. examination is that students will have the option of notifying potential employers of the examination results prior to graduation.

G. Curriculum Overview

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 (on-campus and online). Both formats follow a cohort model with an equivalent curriculum to meet the Commission on Rehabilitation Education (CORE) guidelines and standards. The curriculum involves the equivalent of four (4) full-time semesters (12 credits per semester) or eight (8) semesters of part-time study (6-8 credits per semester), totaling 48 credit hours and often totaling 50 or more credits. 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 and practice, 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 counseling program or department faculty. (See Section V - Degree Requirements for further detail regarding coursework.)

H. 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 tutorial will also introduce you to “MyUB”, UBIT, and UBlearns, all of which are important communication tools. Students are responsible for checking their UB email and UBlearns announcements on a regular basis, if not daily, to obtain information about program changes, course updates, and so forth.

There are a number of important announcements to update students regarding deadlines, academic forms, procedures, and general information that you will be responsible for. Please watch for these announcements; an email will also automatically be sent to alert you when an announcement is posted on UBlearns, MS REHAB COUNSELING STUDENT PROGRAM INFORMATION course. It is the student’s responsibility to adhere to all guidelines and deadlines. A separate UBlearns course is available for online and campus students due to a variance in registration and other information.

It is expected that all communication with faculty, staff, professionals, and other students, will be respectful and appropriate (including tone, grammar, spelling, addressing the person professionally, and will allow appropriate time for response.)

Office hours for faculty may be posted, or by appointment, for either in-person or virtual meetings. Please check with your particular professors. Email or phone calls are also appropriate and acceptable methods of communication.

I. Professionally Relevant Behavior and Ethical Conduct

In addition to performing at acceptable academic levels in coursework, it is expected that a rehabilitation counselor-in-training will demonstrate exemplary levels of personal adjustment, maturity, good ethical judgment, and human relations skills in the various academic and pre-professional activities in which they are engaged. This aspect of their performance while enrolled in Field Work, Practicum, Internship, as well as involvement in other relevant professional activities, will be evaluated regularly, and will contribute significant information 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 and staff. 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 and staff.

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.

J. Due Process Procedure

Students who are demonstrating significant difficulty in their professional development will be notified in writing in a timely manner. According to due process, 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 in person, or virtually, if they so choose. If the hearing result is dismissal from the program, the student will 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.

If a student is experiencing an issue, concern, or conflict related to a course, the first step to resolution should be communication with the instructor. If the issue cannot be resolved, or if there is a program or curriculum issue, students may contact the program director, Dr. David Burganowski (dfb@buffalo.edu) to discuss options for further resolution or discussion. If the program director is unable to bring the matter to a resolution, students may contact the department chair for additional options.

K. Financial Support Information

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

IV. PROGRAM IDENTIFICATION AND STAFF

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 (GSE). Your graduate degree is awarded through the Graduate School. CSEP faculty and instructors who are involved with the campus and/or online students are:

<table>
<thead>
<tr>
<th>Faculty Name/Title</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| David Burganowski, Ph.D., CRC Program Director Research Associate Professor | 716-645-1120  
  716-829-2065  
  dfb@buffalo.edu |
| Louis Altman, CRC Adjunct Instructor     | lnaltman@buffalo.edu         |
| Shannon Carlin-Menter Adjunct Instructor | 716-816-7249  
  scarlin@buffalo.edu |
| Janet Cerra, LMHC Adjunct Instructor     | janet.cerra@gmail.com        |
The staff of the Counseling, School, and Educational Psychology Department include:

**Chair:**
Dr. Jeremy Finn 716-645-1126 finn@buffalo.edu

**Support Staff:**
Nancy Myers 716-645-1110 nmyers@buffalo.edu
Arryonna Singleton 716-645-1113 asingle@buffalo.edu

### B. The Center on Rehabilitation Synergy (CRS) and the Region 2 TACE Center

The Center on Rehabilitation Synergy ([www.crs.buffalo.edu](http://www.crs.buffalo.edu)) and the Region 2 Technical Assistance and Continuing Education Center (TACE 2) ([www.crs.buffalo.edu/region2tace](http://www.crs.buffalo.edu/region2tace)) 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 4 decades, 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. Office of Online Education

The Office of Online Education 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 Education administrators are located in Baldy Hall, important names to know are:

Dr. Christine Kroll, Assistant Dean
Jennifer Austin-Malesa, Online Education Manager
Anne Reed, Instructional Design Manager

D. 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](http://gse.buffalo.edu/programs).

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. Jaekyung Lee, Dean
Dr. Greg Dimitriadis, Associate Dean for Academic Affairs
Dr. Gregory Fabiano, Associate Dean for Interdisciplinary Research
Dr. Jennifer Lawrence, Associate Dean for Student Affairs and Administration
Dr. Randy Yerrick, Associate Dean for Interprofessional Education and Engagement
Dr. Christine Kroll, Assistant Dean for Online Education
Dr. Radhika Suresh, Assistant Dean for Enrollment Management
Kevin Ragland, Assistant Dean for Resource Management

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. Information regarding policies and procedures such as admissions, deadlines, grading, forms, rankings, financial support, news and other events can be found on their website and manual at the link: [http://grad.buffalo.edu/Academics/Policies-Procedures/Admissions.html#GPA](http://grad.buffalo.edu/Academics/Policies-Procedures/Admissions.html#GPA)

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 Hall, 716-645-6227.
V. DEGREE REQUIREMENTS

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

A. Continuous Registration

The program **must be completed within four years** of the date of matriculation. An extension of this time limit may be petitioned, but students may be required to take additional coursework or show currency in other ways. Students need to **maintain continuous registration each academic year** (fall and spring semesters) 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, through graduation, will need to pay a fee, or may need to reapply for admission to the program, per GSE policy.

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, and will incur a fee to be reinstated, if approved. To discuss the necessary documentation required for a leave of absence, please contact Jennifer Austin (jhaustin@buffalo.edu) in the Office of Online Education, or Nancy Myers (nmyers@buffalo.edu) for students on campus.

C. The Curriculum – Coursework

The program includes a professional “core” of courses as well as courses that emphasize theoretical issues and practical techniques specific to rehabilitation counseling. Online students must attend Fall, Spring and Summers semesters. A typical program includes the following courses:

<table>
<thead>
<tr>
<th>Coursework</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSEP 532 Understanding Statistical Research</td>
<td>3 credits</td>
</tr>
<tr>
<td>CSEP 596 Field Work and Counseling Techniques (RC section)</td>
<td>3 credits</td>
</tr>
<tr>
<td>CSEP 649 Rehabilitation Foundations</td>
<td>3 credits</td>
</tr>
<tr>
<td>CSEP 653 Foundations of Counseling Theory</td>
<td>3 credits</td>
</tr>
<tr>
<td>CSEP 603 Tests and Measurement 1</td>
<td>3 credits</td>
</tr>
<tr>
<td>CSEP 597 Practicum (150 contact hours)</td>
<td>4 credits</td>
</tr>
<tr>
<td>CSEP 658 Introduction to Group Work</td>
<td>4 credits</td>
</tr>
<tr>
<td>CSEP 661 Medical and Psychosocial Aspects of Disability</td>
<td>3 credits</td>
</tr>
<tr>
<td>CSEP 680 Career Development</td>
<td>3 credits</td>
</tr>
<tr>
<td>CSEP 683 Vocational Placement Process</td>
<td>3 credits</td>
</tr>
</tbody>
</table>
CSEP 600 Internship 12 credits
44 credits

CSEP XXX Elective (must be approved by advisor) 3 credits
CSEP 700 Individual Guidance Project or Elective 1 credit

ONLINE STUDENTS
CSEP 615 Law and Ethics 3 credits
CSEP 703 Independent Study: Portfolio Development 1 credit

Total Credits 48 Credits

D. Clinical Training Experiences

Practicum and internship placements must be arranged through the online rehabilitation counseling Clinical Coordinator, Dr. Omayra Munoz, (716) 645-1118, e-mail: omayramu@buffalo.edu. The Clinical Coordinator is a staff member in the department who is responsible for overseeing 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. (See Practicum and Internship Placement Manual for additional detail regarding placement process and requirements, as well as the Placement Information tab under your UBlearns.)

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 paid/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, if it meets program requirements. 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. Permission must be requested well in advance. See Practicum and Internship Placement Manual for additional information, forms, and other details.

1. Field Work and Counseling Techniques (preparation for 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 and technique building component of this course requires weekly class attendance via campus or virtual classroom (synchronous attendance via our web-based video conferencing program Blackboard Collaborate – a compatible headset and microphone are 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 possible (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 university group supervision sessions, via campus or virtual classroom (synchronous attendance via web-based video conferencing), augmented by individual university faculty supervision as needed. There will be direct and periodic communication throughout the semester between the site supervisor and
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 240 hours** (300 hours is recommended) 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, and with a different population and supervisor.**

The internship should take a ‘counselor-in-training’ with basic skills in counseling and experience, 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 university group supervision sessions, via campus or virtual classroom (synchronous attendance via web-based video conferencing), 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. Every student is required to have a supervisor with a CRC signing off on his or her hours. (This can be the site supervisor or university supervisor/instructor).

Students are required to complete a minimum of **600 hours** of agency contact time in addition to coursework and weekly class attendance. 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, and is dependent on appropriate availability of agency supervision.

Occasionally, student evaluations indicate a need for additional experience beyond standard requirements. In such cases, an additional semester or more of internship may be required before the student is eligible 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. Standards for Course Load Expectations – GSE Policy**

The UB Graduate School oversees all campus and distance graduate programs.
The expectations for “Standards for Course Load Expectations” stem from the NYS Education Department requirements for all programs. For course load planning, based on a 15-week semester, students should anticipate the following expectations...

Each "Credit Hour" should be 1 in-class contact hour per week PLUS 2-3 hours of outside work. So expectations for a 3 credit hour course should be 3 hours in-class per week + 6 to 9 hours outside of class for an approximate total of between 9-12 hours per week, per course.

For the total semester: 45 in-class hours + 90-135 out of class hours
Averaging: 9-12 hours per week, per 3 credit-course

When compressed to an 8-week semester, expectations are:

Each “Credit Hour should be 1.875 in-class contact hours per week PLUS 3.75 to 5.625 hours of outside work. So, expectations for a 3 credit hour course should be 5.625 hours in-class per week + 11.25 to 16.875 hours outside of class for an approximate total of between 16.875 to 22.5 hours per week.

For the semester: 45 in-class hours + 90-135 out of class hours
Averaging: 16.875-22.5 hours per week, per 3 credit-course

Time spent for online courses should be approximately equivalent.

F. 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 to review students progress.

The student evaluation process is administered through faculty mentorship with oversight by the program director. Emphasizing student responsibility, the rehabilitation counseling faculty and instructors support 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 while enrolled in internship;
• Satisfactory completion of the program Comprehensive Examination and Portfolio during the final year of enrolment;
• Qualitative feedback regarding professional development and attitude, as well as ethical conduct throughout enrollment.

G. Academic Advisement

Each student is assigned an Academic Advisor (the program director or his/her designee) upon beginning his/her program. The incoming student is expected to initiate and maintain regular contact with his/her advisor throughout the program. The Academic Advisor is charged with overseeing the student’s academic progress through program completion. Students who are demonstrating difficulty in their professional development and/or course work should work with their academic advisor to develop a plan for remediation.

H. 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.) Students should save all projects, assignments, case studies, syllabi, etc. to ensure availability of an adequate selection of material to include in the portfolio.

The portfolio is designed to be a dynamic document that evolves with the progress made by the student as he/she proceeds through the program. Students will work with the Clinical Coordinator, their Academic Advisor, or other designated faculty to develop the portfolio. Additional information and timeframe for review will be provided to all students.

**What are some examples of portfolio submissions?** The following are possible submissions associated with CORE Standards. The examples given are not exhaustive and should only serve as guidelines.

- Written reports of formal and informal assessments
- Course exams and projects covering the particular body of knowledge in question
- Documentation of appropriate interventions with clients in practicum or internship
- Case summaries and notes from classes or field placements
- Case study from classes or field placements
- Evaluation by supervisor (s) addressing the particular competency of interest
- Reviews of literature or other papers completed for class work
- Written reports (having been purged of all client identification information) with that presenting evidence-based planning, interventions, or programming
Examples of focus areas may include pre-clinical training in counseling theories, ethics, and psychosocial aspects of disability; ability to form helping relationships and to assess and conceptualize clients; critical analysis of research and other evidence that supports vocational rehabilitation counseling practice; then on pulling it all together by reviewing the multiple sets of skills and knowledge gained over the course of the program and an understanding of oneself as a qualified rehabilitation counselor.

I. Capstone Experience - Comprehensive Exam or Research Project/Thesis

A capstone experience is the final requirement for the degree of Master of Science in Rehabilitation Counseling. In order to complete this requirement, students must either pass one of the two Comprehensive Examination options, or complete a Masters Research Project or a Master’s Thesis, under the guidance of their academic advisor.

If the Capstone Experience requirement cannot be met, the student will be dismissed from the program.

The Comprehensive Exam option should be completed while enrolled in Internship. As mentioned in the Program Overview above, students may choose the opportunity to use a passing score on the C.R.C. examination to meet the Comprehensive Exam requirement, hence fulfilling the Capstone Experience. Interested students must send a copy of the exam results provided to them by the CRCC at the exam site following completion of the exam. Students may also choose to use a passing score on the Faculty-Developed Comprehensive Exam to meet this Capstone Experience requirement.

Students must score 70% or higher to pass the faculty-developed exam. If a student does not pass the C.R.C. exam, or chooses not to have the results released to the university prior to graduation, they may take the faculty-developed Comprehensive Exam. This exam is delivered online, or in the classroom, in a 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. Graduation will be delayed for those who do not pass on the first attempt of the C.R.C. exam or replacement faculty-developed exam. Delayed students must enroll for academic credit the following semester and work with their academic advisor or program director to review deficient exam areas and re-take the C.R.C. exam the next time it is offered.

The Research Project is designed to give campus students experience in independent scholarly inquiry and communication through written research under the direction of an advisor. The project is typically begun during the fall semester of the second year, and submitted in duplicate in final form no later one month prior to graduation. Students should register for CSEP 700 (Individual Guidance Project) once, for two or three credits, during the semester in which they begin their project. Sometimes students find that their projects take much more than two credits worth of work. It is possible for students to arrange Independent Study (CSEP 703) to cover that work which they and their project advisor find to be beyond that normally involved in the project.
Masters project is usually written with your major academic advisor. However, with the consent of all concerned, you can write the project with any faculty member. Most advisors prefer to give feedback and help in writing early, and in small doses. Therefore, it is critical that you keep your advisor informed and work closely with him or her. Arrange to have your writing turned in rough draft, a chapter or less at a time. When in doubt, always confer with your advisor.

Students who have trouble coming up with ideas, or knowing what to do, should examine previous projects from former students (your advisor can direct you to these). Students occasionally have difficulty in finding or formulating a topic of relevance, interest, and meaning. Such students might find relevance in one of the ongoing program projects, and they should talk to their advisor and other faculty.

The same standards of quality of the scholarship and writing will apply as would be used in judging the adequacy of a master’s thesis or doctoral dissertation, even though the scope of the project may be less, or the range of possible topics greater. The writing of the project and the documentation should follow the current American Psychological Association (APA) style manual. Writing must be ‘person-first’ and non-sexist in style. One of the real pleasures that can come from a Masters project is publication in one of the professional journals. Of course, what gets published will be a heavily edited version of your project. Usually, this can be done best as a co-authored article, written with your advisor. Students are strongly encouraged to take advantage of the Graduate Student Association (GSA) Writing Assistance Program, whose mission is to provide graduate students constructive feedback and other help with their writing. Through dialogue with a tutor, students strengthen their understanding of writing processes, improve writing skills, and refine self-editing skills. The Writing Assistance Program is located in the GSA Office in the Student Union, for more information visit the GSA webpage at: www.gsa.buffalo.edu

The Research Project must conform to American Psychological Association Publication Manual (2010, 6th Edition) style and all students are encouraged to purchase this manual from the UB Bookstore – some APA style guidelines may be obtained via the Internet as well (http://www.apastyle.org/aboutstyle.html). The project itself can take many forms, but generally consists of three chapters, typically the 1. Introduction, 2. Review of the Literature, and 3. Summary / Conclusions / Recommendations. Examples of research projects include:

a. a critical review of the literature (i.e., library research) regarding some particular rehabilitation issue
b. an empirical study involving experimental or quasi-experimental data analysis.
c. a survey of practices, opinions, or attitudes of some sub-population of interest
d. the exploration or development of a theory or a quasi-theoretical model
e. the writing of an essay or position-paper of relevance
f. the development and evaluation of a rehabilitation counseling training tool or material
g. the development and evaluation of some program or project evaluation methodology
No reasonable answer can be given to students who ask how long a master’s project should be. Some have been as short 20 pages, some as long as over 200. After a certain point, length and quality are not necessarily correlated. The project is graded by the advisor, or substitute if so arranged. Typically, the student is expected to access refereed journal articles, as well as other sources of information, in the preparation of the project. The best starting place for this and all of your other papers is the UB Library. You should negotiate with the advisor prior to beginning the project as to whether or not a letter grade (A-F) or satisfactory-unsatisfactory (S-U) system will be used. Projects should be turned in heavy plastic covers, with the pages fastened or clamped. The final copies (one original, one copy) of the project must be turned in to the advisor at least one month before the end of the semester in which the student expects to graduate. Only students on campus are eligible for this option due the need to access campus resources.

The Masters Thesis is more involved that the masters research project and requires that the campus student design a research study, collect data, analyze results, and present his or her findings to a Thesis committee consisting of the advisor and two other faculty in the department. The student’s advisor, who will serve as the chair of the Thesis Committee, must closely monitor this piece of original research. Before beginning the study and collecting data, the student must comply with the UB Institutional Review Board (IRB) standards. No research involving human beings can commence until a board comprised of faculty and community members has approved it. IRBs are authorized to approve, modify or reject proposed research on the basis of the potential risks and benefits to prospective research subjects. IRBs review active research studies on at least an annual basis and may modify or suspend a study if it is learned that risks to subjects are greater than initially understood. Students should consider carefully their ability to successfully complete a thesis. Students who have excelled in CSEP532 Introduction to Statistical Research may wish to consult with their advisors to find out more about the requirements of the Thesis option. Only students on campus are eligible for this option due the need to access campus resources.

J. 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.

K. 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 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.

**L. 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 "C," "D", “F”, or “U” 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 established procedure or review group within the particular graduate program shall act upon the request. 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.

M. Academic Forms, Procedures and Deadlines

There are a number of academic forms, procedures, and deadlines that you will be responsible for. Please watch for information regarding these forms and be sure to adhere to the deadlines throughout your program or your graduation may be postponed. Announcements regarding deadlines, forms, and other relevant program information may be posted on UBlearns, MS REHAB COUNSELING STUDENT PROGRAM INFORMATION course, but it is the student’s responsibility to adhere to all guidelines and deadlines. A separate UBlearns course is available for online and campus students due to a variance in registration and other information. You may also contact Jennifer Austin, Online Education Manager; at jhaustin@buffalo.edu or Nancy Myers, Assistant to the Chair, at nmyers@buffalo.edu (campus students) should additional questions arise regarding the following:

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. The ATC form, and instructions for completion, can be found in the MS REHAB COUNSELING STUDENT PROGRAM INFORMATION course 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. All students are required to submit this original document by mail or delivered in person to Jennifer Austin, or Nancy Myers. The department office address is shown on the cover of this handbook.

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. The Program Director is responsible for completing this form and submitting on your behalf to the Graduate School of Education. Students do not need to complete or sign this form.
N. Dual Degree (Campus students only)

In some instances, Rehabilitation Counseling students may wish to add a second, related degree (e.g., Mental Health or School Counseling). Online sections of required courses for degrees other than Rehabilitation Counseling, are not fully available, therefore, this option is limited to students enrolled in the campus format. Students who decide to complete dual degrees (i.e., receive two masters degrees from the department) should declare their intent to do so in their first semester. University policy regarding dual degrees and the overlap of courses is as follows:

1. The integrity of each master's level degree must be observed by completing a minimum of twenty-four (24) semester hours of credit for each degree. No more than 10% of the total credit hours of both degrees may be shared by both programs (with the exception noted below in #2).

2. In some programs, curriculum may contain specific courses that are required for both degrees (e.g., CSEP653 Foundations of Counseling Theory is a required course for several degrees in the department). In this case, all courses REQUIRED BY BOTH degrees may be counted toward each degree, even if this exceeds the 10% limit as long as each degree has at least 24 credit hours that do not overlap.

The full Graduate School policy on dual degrees may be found at the Graduate School Webpage: http://www.grad.buffalo.edu/

Departmental Policy

The Department’s general policy is that students must be formally admitted to each degree and/or certificate program. Only when students are matriculated are they eligible for courses to count toward the degree or certification. This policy is implemented through the following procedures:

1. Credit for any course taken prior to admission to a particular program is not guaranteed and will be determined only after the student has been accepted into the program.
2. As with all masters degree programs, no more than six credits may be transferred in from other institutions/universities.
3. Courses taken under non-matriculated status, even if a grade of A was earned, do not guarantee acceptance into the program.
4. Each CSEP program has different admissions requirements and deadlines, administered by the program faculty under the general supervision of the Chair of the Department. The integrity of these separate requirements and deadlines must be respected to maintain good standing with the accreditations (e.g., with APA, NASP, and CORE), potential licensure (e.g., with New York State), or for other professional disciplinary reasons.
5. Students must meet all deadlines and criteria required for admission to the particular program or programs for which they apply.
VI. UNIVERSITY 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>gse.buffalo.edu/csep</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>
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<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>Career Services</td>
<td><a href="http://www.student-affairs.buffalo.edu/career/index.php">http://www.student-affairs.buffalo.edu/career/index.php</a></td>
<td>(716) 645-2231</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 educational experience 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 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.

Requests for accommodations do not automatically carry over for each semester. Students who are in need of assistance should alert each instructor during each semester a need is present.

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.

VII. DEPARTMENT SERVICES AND CAMPUS ORGANIZATIONS

A. Student Lounge
The Gilbert D. Moore Room (415 Baldy) is used as a classroom, but may be open for other student-related use such as meetings, receptions, and the like. Additionally, the Bob Rossburg Memorial Lounge (adjacent to 415 Baldy) was constructed with funds donated from the estate of Dr. Rossburg. It is open during business hours and accessible by combination lock after hours. This lounge provides students with a comfortable study and social environment and is equipped with couch, recliner, table & chairs, computer, telephone, refrigerator, and microwave. Use of the Rossburg Lounge is a privilege that requires conforming to the guidelines that are posted in the lounge. The Department reserves the right to control who has access to the lounge, and use privileges may be revoked for disruptive or abusive behaviors.

B. Secretarial Services
Students may not use the Departmental secretarial services unless they are doing work specifically and directly for a professor in conjunction with their assistantships. Occasionally, students may wish to contract with a Department secretary (at the prevailing rate) to type papers, dissertations, and so on. This practice is acceptable. Secretaries accomplish this work on their own time.

C. Photocopying and Telephone Calls
There are photocopying machines located in the various libraries and elsewhere on campus. Department copiers can only be used by Department staff on Department
business. Students may make local telephone calls, of a brief duration, using the telephone located in the Rossburg Memorial Lounge.

D. Student Organizations
There are campus student organizations of which you should be aware and which you may elect to participate. The Graduate Student Association (GSA) has funds to assist departmental student organizations, and they have a program of small grants to graduate students to defray the cost of research and expenses related to attending professional conferences. One of the clubs assisted by the GSA is the CSEP-GSA (the department chapter). It is important to support this organization and get involved in its activities. With GSA support, CSEP students have many social and professional activities. In addition, CSEP-GSA usually conducts at least one professional or research program each year. Meetings of the organization are announced in classes, student listserv (email) or on the department bulletin board.

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:
If you are unable to download the Code of Ethics, please contact your instructor or program director.

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
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
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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 gate-keeping 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  
- Case recording and documentation  
- Interdisciplinary consultation  
- Computer applications and technology for caseload

**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 support 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.
Appendix C

CRC/CRCC Scope of Practice

Assumptions

- The Scope of Practice Statement identifies knowledge and skills required for the provision of effective rehabilitation counseling services to persons with physical, mental, developmental, cognitive, and emotional disabilities as embodied in the standards of the profession's credentialing organizations.
- Several rehabilitation disciplines and related processes (e.g., vocational evaluation, job development and job placement, work adjustment, case management) are tied to the central field of rehabilitation counseling. The field of rehabilitation counseling is a specialty within the rehabilitation profession with counseling at its core, and is differentiated from other related counseling fields.
- The professional scope of rehabilitation counseling practice is also differentiated from an individual scope of practice, which may overlap, but is more specialized than the professional scope. An individual scope of practice is based on one's own knowledge of the abilities and skills that have been gained through a program of education and professional experience. A person is ethically bound to limit his/her practice to that individual scope of practice.

Underlying Values

- Facilitation of independence, integration, and inclusion of people with disabilities in employment and the community.
- Belief in the dignity and worth of all people.
- Commitment to a sense of equal justice based on a model of accommodation to provide and equalize the opportunities to participate in all rights and privileges available to all people; and a commitment to supporting persons with disabilities in advocacy activities to achieve this status and empower themselves.
- Emphasis on the holistic nature of human function which is procedurally facilitated by the utilization of such techniques as:
  - interdisciplinary teamwork
  - counseling to assist in maintaining a holistic perspective
  - a commitment to considering individuals within the context of their family systems and communities
- Recognition of the importance of focusing on the assets of the person.
- Commitment to models of service delivery that emphasize integrated, comprehensive services which are mutually planned by the consumer and the rehabilitation counselor.

Scope of Practice Statement

Rehabilitation counseling is a systematic process which assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process. The counseling process involves communication, goal setting, and beneficial growth or change through self-advocacy, psychological, vocational, social, and behavioral interventions. The specific techniques and modalities utilized within this rehabilitation counseling process may include, but are not limited to:

- assessment and appraisal
- diagnosis and treatment planning
- career (vocational) counseling
- individual and group counseling treatment interventions focused on facilitating adjustments to the medical and psychosocial impact of disability
- case management, referral, and service coordination
- program evaluation and research
• interventions to remove environmental, employment, and attitudinal barriers
• consultation services among multiple parties and regulatory systems
• job analysis, job development, and placement services, including assistance with employment and job accommodations
• the provision of consultation about and access to rehabilitation technology

Selected Definitions

The following definitions are provided to increase the understanding of certain key terms and concepts used in the Scope of Practice Statement for Rehabilitation Counseling.

**Appraisal:** Selecting, administering, scoring, and interpreting instruments designed to assess an individual's aptitudes, abilities, achievements, interests, personal characteristics, disabilities, and mental, emotional, or behavioral disorders as well as the use of methods and techniques for understanding human behavior in relation to coping with, adapting to, or changing life situations.

**Diagnosis and Treatment Planning:** Assessing, analyzing, and providing diagnostic descriptions of mental, emotional, or behavioral conditions or disabilities; exploring possible solutions; and developing and implementing a treatment plan for mental, emotional, and psychosocial adjustment or development. Diagnosis and treatment planning shall not be construed to permit the performance of any act which rehabilitation counselors are not educated and trained to perform.

**Counseling Treatment Intervention:** The application of cognitive, affective, behavioral, and systemic counseling strategies which include developmental, wellness, pathologic, and multicultural principles of human behavior. Such interventions are specifically implemented in the context of a professional counseling relationship and may include, but are not limited to: appraisal; individual, group, marriage, and family counseling and psychotherapy; the diagnostic description and treatment of persons with mental, emotional, and behavioral disorders or disabilities; guidance and consulting to facilitate normal growth and development, including educational and career development; the utilization of functional assessments and career counseling for persons requesting assistance in adjusting to a disability or handicapping condition; referrals; consulting; and research.

**Referral:** Evaluating and identifying the needs of a client to determine the advisability of referrals to other specialists, advising the client of such judgments, and communicating as requested or deemed appropriate to such referral sources.

**Case Management:** A systematic process merging counseling and managerial concepts and skills through the application of techniques derived from intuitive and researched methods, thereby advancing efficient and effective decision-making for functional control of self, client, setting, and other relevant factors for anchoring a proactive practice. In case management, the counselor's role is focused on interviewing, counseling, planning rehabilitation programs, coordinating services, interacting with significant others, placing clients and following up with them, monitoring progress, and solving problems.

**Program Evaluation:** The effort to determine what changes occur as a result of a planned program by comparing actual changes (results) with desired changes (stated goals), and by identifying the degree to which the activity (planned program) is responsible for those changes.

**Research:** A systematic effort to collect, analyze, and interpret quantitative or qualitative data that describe how social characteristics, behavior, emotions, cognition, disabilities, mental disorders, and interpersonal transactions among individuals and organizations interact.

**Consultation:** The application of scientific principles and procedures in counseling and human development to provide assistance in understanding and solving current or potential problems that the consultee may have in relation to a third party, be it an individual, group, or organization.
Appendix D

About CRC Certification

Information below is taken from: http://www.crccertification.com/pages/aboutcertification/46.php


The Commission on Rehabilitation Counselor Certification (CRCC) sets the standard for quality rehabilitation counseling services in the United States and Canada. As an independent, not-for-profit organization, CRCC certifies rehabilitation counselors with its widely recognized, national Certified Rehabilitation Counselor (CRC) designation.

The CRCC developed its credentialing process in an effort to protect individuals with disabilities. Persons who earn the designation of Certified Rehabilitation Counselor (CRC) must meet acceptable standards of quality in their practice and have the requisite educational and professional background. To become certified, rehabilitation counselors must meet stringent eligibility requirements including advanced education and work experience, and must achieve a passing score on the CRC Exam. To maintain the CRC designation, certificants must renew their certification every 5 years via continuing education or re-examination.

From time-to-time, organizations surface that may not adhere to the same standards as other well-respected organizations, such as the CRCC. This is because certification, as opposed to state licensure, is a voluntary process that is not government regulated.

Major Distinctions of the CRC Certification

- **National Accreditation**: The CRCC holds long-standing accreditation by the National Commission for Certifying Agencies (NCCA). Visit http://www.credentialingexcellence.org/ncca for more information about NCCA requirements for accredited organizations.
- **Eligibility Requirements**: CRCC has established specific eligibility requirements for certification, such as advanced education and work experience. Eligibility categories are based on research into current practices and requirements in the field.
- **Competency Standards**: A passing score on the CRC certification exam ensures that applicants meet nationally-accepted, key competency standards based on current practice in the field. Research is conducted at regular intervals to ensure the ongoing validity of the exam.
- **Code of Ethics**: CRCs are required to adhere to the CRCC’s Code of Professional Ethics for Rehabilitation Counselors as overseen by the CRCC Ethics Committee.
- **Skill Development**: CRCC requires that individuals renew their certification every five years by documenting the accrual of at least 100 clock hours of continuing education or by re-examination.
- **Current Practices**: CRCC is committed to the continuous improvement and updating of the research which forms the foundation of the CRC Exam, as well as the techniques used to validate the exam through its administration. The certification process is built upon 40 years of empirical research of the competencies and job functions that are vital to the counselor's performance.
- **Written Policies**: CRCC has clearly stated policies and procedures regarding all aspects of its certification process as outlined in the CRC Certification Guide.

For the professional rehabilitation counselor, CRC certification:

- Establishes a professional identity,
- Establishes a minimum level of knowledge and a continuous upgrading of skills,
- Promulgates a code of ethical practice,
- Provides a review process of published standards of practice,
- Promotes ongoing role and function studies to validate their practice,
- Provides employers and clients with a recognizable point of difference,
- Is required by many state agencies, and
- Can lead to faster career and salary advancement.