Student Handbook

Master of Science

in

Clinical Rehabilitation and Mental Health Counseling

Department of Rehabilitation and Human Services

College of Allied Health Professions

Montana State University Billings
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The Student Handbook was developed as part of a collaboration between the University of Montana Department of Counselor Education and Montana State University Billings Department of Rehabilitation and Human Services.
Introduction

The faculty in the Department of Rehabilitation and Human Services would like to congratulate you on your admission to the Master of Science in Clinical Rehabilitation and Mental Health Counseling program. We hope that you will have a meaningful learning experience as you work towards your graduate degree. This Handbook is intended to assist you in planning each phase of your studies and to assist faculty in their advising.

Please read the following pages thoroughly. You will find a page at the end to sign as evidence that you have read this handbook. You will be responsible for knowing and understanding the content as well as applying and following guidance herein. Be sure to keep this copy. It constitutes our agreement with you for providing your academic training in counseling. We also appreciate hearing your ideas about how to make this handbook more user-friendly, clear, and helpful.

Mission Statement

The mission of the Department of Rehabilitation and Human Services is to provide professional preparation of master’s level students with the knowledge and skills to improve the quality of life for individuals with disabilities. This mission is achieved through various instructional, clinical and other programmatic activities.

Program Objectives

The Master of Science in Clinical Rehabilitation and Mental Health Counseling program seeks to prepare counselors who:

• Understand and practice core rehabilitation and mental health counseling roles, stay current in the profession, and are life-long learners in counseling practice and scholarly activity.
• Recognize the importance of continued personal growth and exploration of self as socio-racial being, as well as personal biases and assumptions that interfere with professional competence;

• Are exposed to the broad spectrum of counseling theory and human development as applied to clients of diverse social and racial backgrounds;

• Facilitate client lifelong career development through assessment, educational planning, and cutting-edge technology;

• Understand and apply counseling and consultation processes necessary to assist individuals, groups, and families, utilizing the ethics codes and ethical behaviors applicable to their professional identities and credentials;

• Are able to understand and use group and family theories and methods to address systemic and ecological factors that affect the lives of those with whom they work;

• Choose counseling assessment instruments based on their appropriateness and efficacy, being especially aware of racial and ethno cultural implications, while understanding the process, benefits, and limits of diagnosis and treatment planning;

• Recognize the importance of seeking consultation and/or supervision from the professional community and of belonging to and participating in professional counseling organizations at the local, state, regional, and national levels; and

• Utilize effective, and when possible, empirically supported means of assisting clients in their growth and development, striving toward accountability through data collection and analysis.

About the Program

The Master of Science in Clinical Rehabilitation and Mental Health Counseling program offers a rigorous curriculum of live and online coursework and fieldwork experiences designed to prepare graduates for state licensure eligibility and national certification. In addition to traditional on-campus courses, classes are offered through distance education. Distance courses
are taught through the D2L platform. Students enrolling in the distance education program must come to the Montana State University Billings campus to attend REHA 523 Advanced Group Counseling (summer or spring semester) and REHA 590 Prepracticum (summer or fall semester). These classes are offered on a rotational basis in a hybrid format (three days onsite with the balance online) to accommodate the working professional. Practicum and internship experiences can be arranged in local communities with the availability of a qualified supervisor and site. All new MSCRMHC students are required to participate in a New Student orientation session prior to enrolling in their second semester.

Diversity Policy

The Department of Rehabilitation and Human Services is committed to honoring diversity in its many forms, including race, gender, color, creed, religion, national origin, sex, age, disability, marital status, socioeconomic status, veteran status, sexual orientation, or political affiliation. This commitment is reflected in the content of our curriculum and clinical training, and the make-up of our faculty and student body.

Program Accreditations

The Master of Science in Clinical Rehabilitation and Mental Health Counseling program at Montana State University Billings is fully accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) as Rehabilitation Counselor.

CACREP has established standards for the accreditation of graduate programs in the counseling fields. These standards are carried out in a number of ways: through continued curriculum development and implementation; by fostering relationships between students and faculty; and competitive staffing of the programs. Students benefit by participating in a program that is nationally recognized for its quality and high academic standards.
Program Faculty

The program has four full-time, tenure-track faculty who teach the CACREP focused curriculum. The faculty comes from a variety of disciplines with many different research interests. The following is a list of the core program faculty members.

Dell, Dr. Tom
Title: Associate Professor and Chair
Office: APS 118
Phone: (406) 896-5837
Email: tdell@msubillings.edu

Thomas F. Dell, EdD, CRC, LCPC is an Assistant Professor and chair for the Department of Rehabilitation and Human Services at Montana State University Billings. Dr. Dell earned his EdD in Higher Education Teaching from Montana State University Bozeman. He has also earned a BS in Business Administration at Eastern Montana College as well as a MS in Rehabilitation Counseling. He is Licensed Clinical Professional Counselor in Montana and a Certified Rehabilitation Counselor. Dr. Dell was the former co-owner of Yellowstone Rehabilitation Associates providing rehabilitation counseling, assessment and mental health counseling. He was also a past state legislator for West Billings from 1999-2003.

Masood, Dr. Ambrin
Title: Assistant Professor
Office: AP117
Phone: 896-5840
Email: ambrin.masood@msubillings.edu

Ambrin F. Masood, PhD is an Assistant Professor for the Department of Rehabilitation and Human Services at Montana State University Billings. Dr. Masood earned her Doctorate in School Psychology from Auburn University, with a Master’s degree in Experimental Psychology from the University of South Alabama and another Masters in Clinical Psychology from Punjab University. She also holds a diploma in Speech Therapy. She has practiced as a school psychologist and served as an Assistant Professor in the Department of Psychology at Rocky Mountain College prior to her faculty appointment at MSU Billings, Dr. Masood's research
includes cross-cultural studies on speech perception, parent's attribution of their child's mental disability and personality differences in youth of different cultures.

**McMahon, Dr. Paula**  
Title: Assistant Professor  
Office: APS 120  
Phone: (406) 896-5834  
Email: paula.mcmahon@msubillings.edu

Paula McMahon EdD, CRC is an Assistant Professor for the Department of Rehabilitation and Human Services at Montana State University, Billings (MSUB). Dr. McMahon received her MSc. in Rehabilitation Counseling and her Doctorate in Education from Virginia Commonwealth University (VCU). Prior to her appointment at MSUB she spent four and a half years as the Americans with Disabilities Act Coordinator at VCU before transitioning to the Partnership for People for Disabilities to work as a Program Specialist for almost a year. She worked on research and grants at the Partnership to further the ability of individuals with disabilities to be fully included in their communities. As the ADA Coordinator, she served as a liaison across and beyond the campus, providing strategic resource planning and training for University services, facilities, policies, and procedures relating to, as well as the promotion of, people with disabilities. Her interests include community accessibility, integrated employment practices, cultural and environmental factors impacting disclosure for accommodations and successful transition for students with disabilities entering into higher education.

**Mertes, Dr. Aaron**  
Title: Assistant Professor  
Office: AP 116  
Phone: (406) 896-5844  
Email: aaron.mertes@msubillings.edu

Aaron Mertes PhD, CRC, CLCP is a Rehabilitation Counselor and a Certified life care planner and lives in Billings, MT with his wife, son, and two dogs. He graduated with his master’s degree in Rehabilitation Counseling from St. Cloud State University in 2015 and with his PhD in
Counselor Education from The University of Iowa in 2019. He began his professional career working with people with intellectual disabilities in a work-readiness program after working in several other areas such as residential living, job coaching, and special education. During his education he worked in an inpatient psychiatric hospital, as a community crisis counselor, and as a private mental health therapist. Most recently he has been working as a private consultant for the Veteran’s Administration while also teaching classes in human services ethics and psychology. He is particularly interested in career development and understanding the long-term care needs of people with disabilities. He is currently the chair of the International Association of Life Care Planners.

Counselor Identity

Students are encouraged to become active members in professional counseling organizations. Professional involvement and activities can take form many ways, including volunteering at conferences, presenting research and innovative methods to professional bodies, or sometimes holding a professional office. Students are strongly encouraged to work with faculty members to further cultivate their professional interests and identities beyond our foundational coursework and advising.

Professional Counseling Associations

American Counseling Association (ACA)
www.counseling.org
American Rehabilitation Counseling Association (ARCA)
www.arcaweb.org
International Association of Rehabilitation Professionals (IARP)
www.rehabpro.org
Montana Association for Rehabilitation (MAR)
www.mtmar.org
Montana Counseling Association (MCA)
These organizations provide the student with updated information regarding clinical rehabilitation and mental health counseling along with subscriptions to major journals and newsletters. Association involvement also provides an opportunity to network with other professionals.

**Student Professional Liability Insurance**

Students are required to have professional liability insurance coverage prior to enrolling in their clinical fieldwork (REHA 594 Practicum and REHA 596 Internship). Note: Student professional liability insurance is included in student membership in American Counseling Association, [https://www.counseling.org/](https://www.counseling.org/).

Information on student liability coverage may also be found on the Healthcare Providers Service Organization website at, [http://www.hpso.com/](http://www.hpso.com/). It is your responsibility to ensure the department Administrative Associate has proof of current coverage on file at all times.

**Guidelines for Graduate Studies**

Students are required to register for the fall and spring semesters.

Students planning to discontinue enrollment for more than one semester must request approval for a leave of absence; this request must be filed and approved before the anticipated absence. The maximum leave of absence that will be granted will be for one calendar year except for cases of extenuating circumstances. A request for a leave of absence should be filed on the form obtained from the Graduate Studies Office; it must be approved by the advisor and program
director, and reviewed by the Dean and the Director of Graduate Studies. There will be only one leave of absence granted for a student during their program.

The typical course load for a full-time, graduate student is 9 to 12 graduate credits per semester. It is strongly recommended that students start the program with no more than 9 credits in order to gauge their ability to successfully complete graduate-level course work. Overloads of up to 15 graduate credits must be approved by the Advisor/Chair and Dean and reviewed by the Director of Graduate Studies.

Advising

Students should schedule an appointment with their advisor as soon as possible after being admitted to the program. The student and advisor will develop the Plan of Study during the student’s first semester of graduate work. The plan should be completed by the end of the first semester to avoid possible problems with the student’s financial aid or registration for future semesters.

Note: Department faculty do not provide counseling to students. This would constitute a dual role that would seriously impact the objectivity necessary in each role, and would therefore be considered highly unethical. When faculty members recognize areas that may inhibit professional effectiveness, they will identify these to the student and suggest resources that may be helpful. Faculty are obligated to consider any and all information they are aware of in considering a student’s progress toward becoming a Licensed Clinical Professional Counselor. Therefore, all information that students choose to share in class, in advising sessions, at social gatherings, or in any other context is not considered confidential.

In some instances, students will not be allowed to participate in practicum or internship until the identified personal or professional issues are resolved. In rare cases, students may be asked to withdraw from the program for personal and/or academic reasons, which include seriously unethical behavior or plagiarism. Faculty will make every effort to work with students to identify such problems as early as possible in the educational process.

Students who plan on becoming professional counselors are strongly encouraged to obtain professional counseling themselves if they have not done so previously. Professional counseling
is emotional work, and often we do not understand how our personal issues affect the counseling process until a client or situation inadvertently hits a “trigger issue.” Utilize this time in graduate school to work through your personal issues with a professional counselor so that you can effectively prohibit your personal thoughts, reactions, and values from impacting your ability to establish rapport and maintain therapeutic effectiveness with your future clients. No cost counseling (paid through tuition and fees) is available for local at Student Health Services (SHS).

Contact SHS at 657-2153 to obtain an appointment. Counseling is not available through SHS for distance students unless the student is willing to commute to the Billings campus for appointments. The student insurance plan may be used to utilize counseling in distance students’ local communities. Please see your student insurance benefit plan for information regarding costs.

Plan of Study

The Plan of Study guides the progress of the student toward the graduate degree. The specific courses the student must take to fulfill the requisites of the degree program are listed along with the semesters that each of these courses will be taken. Additionally, the Plan of Study denotes any courses to be transferred into the degree program that are both approved by the advisor and department chair and fall within the guidelines for allowable transfer credits for the particular degree. Once the plan is completed, the student and advisor sign the document and forward to the Department Chair for approval and signature. Approval and signatures are also required from the Dean of the College of Health Professions and Science, and finally from the Director of the Office of Graduate Studies.

The student should meet periodically with his or her advisor to discuss any changes or additions to the Plan of Study. Finally, the advisor serves as a mentor to the student and as such, assists the student with problems or concerns regarding progress with graduate studies.

Note: The MSCRMHC is not a completely online program. Distance students are required to attend REHA 590 Prepracticum for Rehabilitation and Mental Health Counseling and REHA 523 Advanced Group Counseling onsite, currently offered summer or spring session for REHA 523
and summer or fall for REHA 590. Distance students also need to be aware that they may have to take additional semesters of study depending on the semester and year of enrollment. In some cases, this may include not enrolling for one semester due to the rotational cycle of the online course offerings. Your advisor will work with you to create the most efficient plan possible, with the goals of solidifying knowledge and skills as well as keeping in mind minimum credit requirements for financial aid.

**Thesis Option**

A thesis is an extended written analysis and interpretation of a specific topic or subject matter. It embodies a unique articulated perspective or specific claim with respect to the topic and it attempts to substantiate the legitimacy of the perspective or claim through a program of research. The research should be informed by a literature search and lead to properly qualified conclusions which contribute to the discipline. The research project may feature data gathering through a questionnaire, testing procedure, observation, and experimentation. It may also emphasize reflective, analytical, comparative or similar approaches to research.

Students in the MSCRMHC program have a thesis track available. Preparation of a thesis may be of great value for some graduate students and for the profession, because research projects are a crucial step in improving education. A desired outcome is to produce a paper of such quality and currency that it might be published in a professional journal or otherwise disseminated to the field. The student, advisor, and thesis committee have shared responsibility for defining the objectives and scope of the thesis. The presentation and oral defense of either project will be open to the academic community and are designed to give public recognition for the student’s achievement. An approved graduate plan of study must be on file in the Office of Graduate Studies prior to enrollment in REHA Thesis 599.

**Prospectus**

Before a student begins a thesis, the student’s thesis committee and the dean must approve a prospectus for the project. The thesis committee will consist of a minimum of three (3) members, one of whom will be from outside the student’s department. The thesis committee will meet with the student to review the prospectus. The thesis committee may be called together to review
project progress at the discretion of the advisor. The acceptable format for a thesis follows the guidelines of the Publication Manual of the American Psychological Association (APA), 6th edition (2010). Research projects involving human subjects must conform to the MSU Billings human subject research protocol. Policy guidelines and protocol forms may be obtained from the Office of Grants and Sponsored Programs.

Thesis Timeline

Please note that it typically takes a year to complete the thesis process. The student begins discussions with his or her advisor and files an approved Plan of Study and declares intent to do a thesis.

The student then consults with his or her advisor for approval to form a Thesis Advisory Committee. The Examining Committee Chair must have a terminal degree in the field. After a Committee is formed, the student submits a thesis prospectus for approval. This process may also involve registering for thesis credit. In order to use the library, faculty advisor, and other campus facilities, students must be enrolled in the thesis for the semester. Students must be enrolled every semester they are involved in work on the thesis including defense. The number of thesis credits per semester will be determined based on the work being done up to the maximum credits of the program.

In consultation with the advisor, the student develops the thesis and periodically submits drafts for critique to the Thesis Committee. In order to ensure sufficient time to review and defend the thesis, the final draft should be submitted to the thesis committee eight (8) weeks prior to the end of the intended semester of graduation.

With the committee’s approval, the student and advisor schedule the thesis defense with the Graduate Studies Office. This must be done four (4) weeks prior to the date of the defense.

The student and advisor need to notify the Graduate Studies Office of the date, time, place and title of the Thesis. The Graduate Studies Office then notifies the campus faculty, staff, and students of the planned defense through a press release from University Relations. This must be done two (2) weeks prior to the date of the defense.
After successful defense, it is the student’s responsibility to obtain required signatures on the Title Page. Signatures include the Chairperson of the Examining Committee, Members of the Examining Committee, the Dean of the College of Allied Health Professions, and the Director of Graduate Studies.

Defense and Final Disposition

When your thesis is ready to present, you must do the following:

1. Schedule the oral defense with the advisory committee no later than eight weeks prior to the end of the semester in which you intend to graduate. Members of the advisory (examining) committee must have a copy of the paper for review no later than one week prior to the final examination.

2. Make revisions required by the advisory committee if necessary.

3. Obtain the signed approval page with the revised, final copy of the paper from your advisor and advisory committee.

4. If submitting in electronic format, pay the binding fee for one copy at the MSU Billings Business Office deliver the Thesis Submission Form with a USB drive containing the electronic file(s) to the Graduate Studies Office. The Graduate Office will deliver the USB to the library for publication to the web. This must be done prior to finals week.

5. If submitting in paper format, pay the binding fee at the MSU Billings Business Office for the total number of bound copies, deliver the Thesis Submission Form and the unbound copies to the Office of Graduate Studies with the receipt of payment. The Office of Graduate Studies delivers the unbound copies of the thesis to the MSUB Library for binding. Two copies, including the original, remain in the MSUB Library and one copy is returned to the Office of Graduate Studies for the graduate archives.

6. Additional copies of a thesis may be bound for the student’s use, provided arrangements are made in advance and appropriate binding fees are paid. The student is responsible for any postage costs of mailing.
For more information on the thesis option visit the Office of Graduate Studies website at: http://www.msubillings.edu/grad/PDF/CompleteThesisInstructions.pdf

Fieldwork Experiences

The practicum and internship fieldwork experiences provide students with an opportunity to apply the theoretical concepts and skills learned in previous coursework and supplement that knowledge with practical experience. These fieldwork experiences allow the student to make the transition from the academic setting to the work setting and adapt more realistically to professional life. The faculty and site supervisors will work cooperatively with the student to determine the nature of the fieldwork experiences, depending on the learning needs and interests of the student. These experiences will allow the student to work in a variety of settings with various disability groups, which may include persons with physical disabilities, sensory impairments, mental or emotional disabilities, chemical dependencies, terminal illnesses, and others.

Objectives of Fieldwork Experiences

1. To provide students with opportunities to experience varied settings, approaches, and philosophies relating to the professional practice of clinical rehabilitation and mental health counseling.
2. To create a supportive environment which allows the student to perform and develop counseling skills in a clinical rehabilitation and mental health setting.
3. To create varied learning experiences to facilitate students’ development of clinical problem solving skills and competencies to work with individuals with diverse backgrounds, disabilities, and diagnoses.
4. To provide opportunities for students to interact with clinical rehabilitation and mental health counselors as well as professionals in related disciplines.
5. To provide an understanding of the principles, philosophies, history, policies, laws, practices, and ethics related to clinical rehabilitation and mental health counseling.
6. To provide supervisors with an opportunity to develop and refine their clinical instructional skills while mentoring and training graduate students.
Practicum and Internship Requirements

During the program of study, each student will be expected to be involved in two supervised fieldwork placement experiences, which includes a 100-hour practicum and a 600-hour internship with weekly participation in the an onsite class for students attending the campus program and a WebEx class for distance students.

Practicum

The practicum is a minimum of 100 hours of supervised experience with at least 40 hours of direct service with actual clients that contributes to the development of counseling skills. This means students will spend approximately ten (10) hours a week at their practicum site. Practicum experiences will include an average of one (1) hour per week of individual supervision on site and 1 ½ hours per week of group supervision by the program faculty.

Internship

The internship activities require a total of 600 hours of applied, supervised experience, with at least 240 hours of direct service. This means students will spend approximately forty (40) hours a week at their Internship site. Internship experiences will include an average of one (1) hour per week of individual supervision on site and at minimum 1 ½ hours per week of group supervision by the program faculty. The Internship and the Practicum can be at the same or different sites.

Students have the option of completing their internship in one semester for twelve (12) credits or completing the internship over two semesters with six (6) credits each semester. However, if the internship is split up over two semesters, the student is still required to attend the weekly class either on campus or through WebEx.

*Note: Student will also maintain an ongoing personal log to include personal reactions to situations and experiences throughout the fieldwork experience. The log will be shared during the weekly 1 ½ hour WebEx sessions with faculty supervisor and peers, which the student is required to attend.
Fieldwork Placement Process

Students must complete and submit the Application for Graduate Level Fieldwork Experience by the respective deadlines prior to registration. Students entering either the practicum or internship must initiate contact with their faculty supervisor prior to the beginning of placement. Discussion will occur regarding student interest in particular types of fieldwork and practicum/internship requirements. A completed contract with the students’ selected site must be completed prior to registration in the practicum or internship course.

Students doing REHA 596 will also need to create a profile/register with MSUB Cooperative Education in CareerLink ([https://www.myinterfase.com/msubillings/Account/LogOn?ReturnUrl=%2fmsubillings%2fstudent](https://www.myinterfase.com/msubillings/Account/LogOn?ReturnUrl=%2fmsubillings%2fstudent)), upload their resume, complete the “I found an internship” Form in CareerLink, attach a copy of the internship contract to the electronic form and save the form. In the position description field enter “see contract.”

Any fieldwork placement must have approval of the faculty supervisor and meet the CACREP and State of Montana licensure requirements for practicum/internship.

Practicum/Internship Site Expectations

The site should have a primary function of serving people with physical or psychiatric disabilities; this may also include a site that serves the socially disadvantaged. The site should have a broad variety of service offerings which are designed to serve persons with physical or psychiatric disabilities.

The site should be able to provide assurance that it can give adequate and appropriate opportunities for the student to work with people with physical, mental, emotional, chemical dependency, and social disabilities, as required for licensure and certification.

The site should provide adequate facilities/equipment and materials to enable the student to function on a professional level and provide sufficient time for supervision.
Site Supervisor Qualifications

Site supervisors have (1) a minimum of a master’s degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program’s expectation, requirement, and evaluation procedures for students; and (5) relevant training in counseling supervision.

Site supervisors are expected to set aside a minimum of one hour per week for individual supervision with the student. The student should also have informal access to the supervisor during practicum/internship hours as the need arises. In all cases, additional supervision of practicum/internship experiences will be with faculty who have their CRC and/or LCPC, as appropriate for students desiring to pursue licensure and/or certification.

Faculty Supervisor Responsibilities

Student fieldwork placements will be under the direction of a faculty supervisor who is a full-time faculty member in the MSU Billings, Clinical Rehabilitation and Mental Health Counseling program and has certification as a CRC and/or licensure as a LCPC. The faculty supervisor serves as a liaison between the program and the fieldwork site and is responsible to:

- Collaborate with the student and site supervisor to assist with the development and refinement of the fieldwork site contract experiences.
- Review the progress of the fieldwork students on a regular basis.
- Provide direct and periodic communication throughout the semester with the site supervisor.
- Structure and facilitate weekly group supervision meetings on campus.
- Support students’ understanding and application of the Code of Professional Ethics for Rehabilitation Counselors and ACA Code of Ethics.
- Address concerns, in collaboration with the student and site supervisor, related to unsatisfactory performance.
Student Expectations

Students completing their practicum/internship are expected to meet the following expectations:

- Identify a site that meets program expectations and develop a site contract for fieldwork placement in consultation with faculty and site supervisors.
- Maintain a regular attendance schedule and complete all contract requirements.
- Observe site rules, regulations and professional standards.
- Demonstrate an awareness of personal skills and limitations by taking initiative when appropriate, yet seeking assistance when necessary.
- Complete all paperwork requirements associated with the fieldwork experience in a timely manner.
- Develop a declaration of practice and procedures prior to meeting with clients. An example is available in the Manual for Fieldwork Experiences.
- Maintain a weekly activity log to document fieldwork activities for licensure/certification and University requirements.
- Attend and participate in scheduled weekly site supervision and class meetings/activities.
- Facilitate faculty supervisor’s site visit to the fieldwork setting.
- Complete evaluation forms on the site and supervision and fieldwork summary sheet.
- Know and abide by the Code of Professional Ethics for Rehabilitation Counselors and ACA Code of Ethics.

Evaluation Procedures

Graduate students are expected to move toward independent but collaborative learning, consulting with faculty as necessary while maintaining a clear and focused professional direction. Students must demonstrate improvement and development in academic, clinical, consultative and critical thinking skills, and make timely progress toward their degree.

The Department expects students to complete all work for a course during the semester in which it is taught. We encourage students to consult with the course instructor as soon as it appears that
the student will experience difficulty with course completion. When course requirements are not completed during the semester a course is offered, students may receive a grade of “I” or “Incomplete.” However, the University has specific requirements that must be met in order for a faculty member to be able to give an “Incomplete.” Please refer to the University Catalog for these requirements.

Students who have more than six credits of “Incomplete” or grades of “T” will be reviewed by the faculty to insure that they are making adequate academic progress. Such students will be asked to sign a contract guaranteeing a satisfactory timeline for the completion of outstanding work. Continuous accumulation of more than six credits of incomplete or “T” grades may cause the student to be suspended from the program. Students are advised to consult with the campus Financial Aid Office regarding “Incomplete” grades. These may negatively impact financial assistance.

Unsatisfactory Grades

Any grade of “C-” or lower received in a required course will not count toward your degree. Should you receive a “C-” in a course you must repeat the course. The Department considers grades of “C” or lower to serve as indicators of remediation. Should you receive grades of “C” or lower, this may serve as evidence for a remediation and professional development plan. In addition, the graduate school maintains the following: Students must maintain a B average in courses taken for graduate credit at Montana State University Billings; no grade below C will be accepted toward any degree requirement. The student is automatically on graduate warning if the cumulative grade point average falls below 3.0, and the program or the Office of Graduate Studies may place limits on the time for the student to remediate the academic problem. For more information on the Office of Graduate Studies academic policies, see their website at: http://msubillings.edu/catalogs/pdf/17-18Grad_Catalog.pdf
Eportfolio in Box

The ePortfolio in Box is a personal portfolio tool for storing, organizing, reflecting on, and sharing items that represent your learning. You can include items such as documents, graphics, audio files, videos, slide shows, and course work to demonstrate your improvement or mastery in certain areas.

Once you upload artifacts (files/documents) to your ePortfolio you will create a collection and/or presentation. In an effort to ensure that the program continues to align with CACREP’s expectations, from 2019 onwards, students accepted into the program will be required to be sure that the collection and/or presentation is shared with you advisor and the program chair by the specified due date.

All courses will have a portfolio-based assignment. The highlighted courses will be identified as priorities in alignment with CACREP’s identified essential learning outcomes:

REHA 501 Principles of Rehabilitation and Mental Health Counseling
REHA 502 Individual and Family Response to Disability
REHA 503 Psychiatric Rehabilitation
*REHA 505 Theories of Counseling
*REHA 507 Professional Orientation and Ethical Practice
*REHA 508 Multicultural/Gender Issues in Counseling
REHA 515 Medical and Psychological Aspects of Disability
*REHA 517 Research and Program Evaluation
*REHA 519 Human Growth and Development
*REHA 520 Group and Individual Evaluation
REHA 521 Advanced Group Counseling
*REHA 523 Advanced Group Counseling
*REHA 525 Career Development, Placement and Support
REHA 560 DSM-5 for Rehabilitation and Mental Health Counselors
* Denotes CACREP essential learning outcome required reporting

The instructor for these classes will identify the assignment in each class that must be submitted and saved. Students then utilize ePortfolio and create a collection based on these allocated assignment, including research papers, reflections, assessments, and presentations. In the spring semester of each year students will be required to meet with their advisor and provide an overview of each assignment, lessons learned and opportunities for growth. This can happen
over the phone, WebEx, or in person. Students will be unable to enroll in subsequent semesters if they have not scheduled the portfolio review with their advisor.

As a finished product, electronic portfolios can be used for a wide variety of reasons: you can use an ePortfolio to demonstrate learning, to put together a sample of work for an application, or to demonstrate your achievements to a potential employer.

**Annual Student Evaluation**

Students are annually evaluated by the faculty as they progress through their program of study. Primary evaluation areas include: academic development, professional counseling skills development, and personal growth or development (both generally and in relationship to professional and ethical proficiencies). Based on evaluation results, students may be asked to remediate deficiencies, explore personal issues, or take additional course work related to their stated professional goals. In cases where special difficulties are noted, the student may be asked by the faculty to take a leave from the program or to terminate graduate study. In all cases, students will be involved as early as possible in such decisions and the least disruptive course of action will be pursued.

The faculty’s evaluation is composed of observations of academic, clinical, and personal behavior in all contexts in which these occur, including both formal and informal contact. In an effort to ensure that the program continues to align with CACREP’s expectations, from 2019 onwards, students accepted into the program will be required to be sure that the collection and/or presentation (Eportfolio in Box) is shared with your advisor by the specified due date. This will consist of a review of the portfolio and clinical benchmarks by the advisor and student. Students will provide an assignment from each class, which will be identified by the professor as the portfolio required assignment. There are a series of three clinical benchmarks, which are designated to review times of clinical skill, each student is required to successfully complete in order to graduate from the program, REHA 590 Pre-practicum, REHA 594 Practicum and REHA 596 Internship.
Student Remediation Processes

The Department engages in ongoing student review as part of our professional gatekeeping function. This professional responsibility includes attending to student concerns that include issues of impairment, incompetence, ethical misconduct and problematic behaviors that could potentially impact future students and clients. The purpose of the remediation process is to address identified issues of concern and create a plan to address student limitations. Click on the link for a template of a remediation plan, Student Remediation Form. While all faculty will be aware of the plan, the identified student will work closely with his or her advisor during the remediation process. The student’s advisor will monitor progress of the plan according to an agreed upon timeline, and a faculty review will determine the next course of action for the student.

It is also important to note that unethical behavior, impaired performance, or unprofessional practices may result in disciplinary action on the part of the Department or University. For further clarification on faculty and supervisor responsibilities, see the statement below from the 2014 ACA Code of Ethics:

Section F: Supervision, Training, and Teaching

F.6.b. Gatekeeping and Remediation

Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when those supervisees are unable to demonstrate that they can provide competent professional services to a range of diverse clients. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions.
**Student Appeal Process**

The purpose of the appeal process is to secure, at the lowest possible level, an equitable solution to problems that affect graduate students. Such problems will usually concern a disagreement between you (the student) and a faculty member, administrator, or committee regarding such matters as: interpretation or execution of a University, College, or Department rule, regulation, policy or procedure; course offerings, and other non-personal issues (in our department this might be a personal issue related problem). Appeals are kept as informal as possible at each level of the process. This process is described in the Student Policies and Procedures Handbook: [http://www.msubillings.edu/VCSA/StudentHandbook.htm](http://www.msubillings.edu/VCSA/StudentHandbook.htm)

**Graduation Requirements**

In order to graduate from Montana State University Billings with a Master of Science in Clinical Rehabilitation and Mental Health Counseling degree, the student must satisfy the following requirements:

1. The student must have fulfilled all CACREP curricular requirements specified in the program of study.

2. The student must have an overall GPA of 3.0 or above. No student may have below a “C-” on any coursework.

3. The student must have successfully completed the practicum and internship fieldwork experiences required in the program of study.

4. Any student opting to write a Thesis must provide the Office of Graduate Studies with the final copies of the paper in acceptable format along with signed approval sheets for binding.

5. The student must file a formal Application for Graduation with the Office of Admissions and Records by the deadlines set for each semester.
If all requirements are not satisfied by the end of the term for which the student applied to graduate, the date of graduation will be delayed until the end of the semester or session in which all requirements are completed. Students should be aware of the six-year limit within which all requirements must be met.

Application for Graduation

All applications for graduation must be on file with the Office of Admissions and Records/Registrar no later than the end of the 10th week of the semester prior to the semester of completion. Applications are valid only for the year in which they are submitted.

Application for Graduation Instructions

1. Type or hand writes information required on Application for Master’s Degree form. Form is available online at [http://www.msubillings.edu/reg/graduation.htm](http://www.msubillings.edu/reg/graduation.htm).
2. Print a web copy of your transcript or request an unofficial copy from the Office of Admissions and Records/Registrar.
3. Set up a meeting (well in advance) with your faculty advisor to meet and finalize your Application for Graduation. Please request a copy of your degree planning worksheet to go with your application.
4. Pay the $50 graduation fee at the Business Office and pay the graduation fee.
5. Bring Application for Master’s Degree, DegreeWorks Audit, copy of approved plan of study and receipt from Business Office to the Office of Admissions and Records/Registrar no later than the end of the 10th week of the semester prior to the semester of completion.

Candidacy for Degree

1. A student who intends to graduate with a Master degree must comply with the following procedures:
   a. The student must file a formal Application for Graduation with the Office of Admissions and Records/Registrar no later than the end of the tenth week of the semester in prior to the semester the student intends to graduate. Applications for Graduation turned in after the tenth week of the semester may not be included in the Commencement program. The student who has filed an Application for
Graduation will be permitted to participate in the Spring Semester commencement ceremony only if the student has met – or will meet by the end of the current semester – all graded requirements or be enrolled in Pass/No Pass coursework in the following Fall Semester, meet all of the curricular requirements, and fulfill all of the academic requirements for graduation.

2. The Office of Admissions and Records/Registrar will circulate the Application for Graduation for final signatures and approval prior to the last day to add for the semester in which the student intends to graduate.

3. Before a degree will be awarded and notification of the student’s graduation is posted to the student’s official academic record, the Application for Graduation must be completed, must have all the required signatures, and must be returned to the Office of Admissions and Records/Registrar.

4. Commencement is held once each year at the end of the Spring Semester. Diplomas will be mailed at the end of the next semester. You will receive only a diploma cover during the commencement exercise. The date of graduation and the degree a student is to receive are to be posted on the student’s official academic record at the end of the semester in which the student meets all of the requirements listed above in items 1, 2, and 3.

5. Any student who fails to graduate at the end of the term indicated on the Application for Graduation and who fails to update the Application for Graduation will have his/her application processed in the semester in which the updated notification to graduate is received by the graduation clerk in the Office of Admissions and Records/Registrar, up to one calendar year after initial application. The student’s date of graduation will then be recorded at the end of that term.

6. Any student who has an ‘I’ (Incomplete) or ‘T’ (Work in Progress) grade in a course that is required to meet the degree requirements will graduate at the end of the term in which the ‘I’ or ‘T’ course work has been completed regardless of the term the student indicated on the Application for Graduation. It is the student’s responsibility to notify the graduation clerk to resubmit his/her graduation application for the semester the coursework will be
completed.

Note: A non-refundable $50.00 (per degree) Graduation Fee must be paid at the Business Office before the Office of Admissions and Records/Registrar can process the application.

Student Endorsement Policy

Faculty members in the Master of Science in Clinical Rehabilitation and Mental Health Counseling program have adopted endorsement guidelines as provided in the most recent version of the ACA Code of Ethics (2014) which states: “Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe that supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.” (Section F.6.d)
Student Handbook

Appendices
2020-2021 MSCRMHC Program Course Descriptions

REHA 501 Principles of Rehabilitation and Mental Health Counseling
3 cr. (F[O], SuE[O]) Provides a survey of the history, principles, philosophy, and legal aspects of rehabilitation and mental health counseling. Integration of rehabilitation and mental health services is stressed, utilizing the objectives and organizational basis of rehabilitation and mental health programs.

REHA 502 Individual and Family Response to Disability
3 cr. (Sp[O], SuE[O]) Provides an overall knowledge and understanding of the psychological and social impact of physical and psychiatric disability on individual and family life. Examines the unique characteristics and/or problems associated with specific disability groups. Describes and evaluates various treatment approaches available for counselors working with individuals and families with disabilities.

REHA 503 Psychiatric Rehabilitation
3 cr. (F[O]) Provides an introduction to the field of psychiatric rehabilitation. Includes historical antecedents, concepts, and principles, assessment, treatment planning, techniques and modalities, psychopharmaceutical treatment, service delivery, and case management methods. Emphasis is placed on issues central to individuals with psychiatric disabilities, such as the consumer movement, empowerment, family intervention, cross-cultural issues, recovery, illness self-management, and reintegration within the community.

REHA 505 Theories of Counseling
3 cr. (F[O]) Explores the general theories (behavioral, cognitive, humanistic, and Freudian) that have played major roles in the development of the counseling profession. Examines representative theories of each of the general counseling perspectives and asks the student to relate these positions to their personal theory of counseling.

REHA 507 Professional Orientation and Ethical Practice
3 cr. (F[O], SuO[O]) Provides an overview of current legal, ethical, professional issues, and professional identity development related to the practice of rehabilitation and mental health counseling. Focuses on relevant ethical principles, codes, and decision making along with regulatory procedures.

REHA 508 Multicultural and Gender Issues in Counseling
3 cr. (Sp[O], SuO[O]) Examines multicultural awareness, knowledge, and skills from culture-centered perspectives while simultaneously respecting traditional individual approaches to the field. Promotes the development of diversity sensitivity in support of counseling practices that reflect an understanding of psychosocial influences, cultural
beliefs, values, and psychological dynamics related to self-identity, self-advocacy, competency, adjustment, and attitude formation.

REHA 515 Medical and Psychological Aspects of Disability
3 cr. (Sp[O], Su[E][O]) Provides knowledge of medical terminology and processes, understanding of various disabling diseases and psychological conditions, and the necessary related information needed to carry out service delivery to a consumer. The student will also become aware of the range of medical and psychological services utilized by rehabilitation and mental health counselors.

REHA 517 Research and Program Evaluation
3 cr. (F[O]) Provides students with an introduction to major principles, concepts, and practices in social science research related to rehabilitation and mental health counseling. Students will develop an understanding of research methods, statistical analysis, needs assessment, and program evaluation to inform evidence-based practice in counseling related settings.

REHA 519 Human Growth and Development
3 cr. (Sp[O]) Provides students with an overview of theory and research related to human growth and development over the lifespan. Studies the characteristics of human growth at each stage of development. Life-cycle theories of development, developmental appropriate crisis counseling techniques, developmental tasks, normal-abnormal behavior, models of moral, intellectual, social, and physical development and learning theories will be explored. Counseling strategies for specific concerns in the life cycle will be emphasized.

REHA 520 Group and Individual Evaluation
3 cr. (Sp[O]), Su[O][O]) Provides training in the proper evaluation, selection and administration of psychological and vocational tests as well as correct interpretation and use of test results. Clinical interviewing techniques are also covered.

REHA 521 Advanced Individual Counseling
3 cr. (FE[O]) Builds upon previous counseling knowledge about theories and dynamics, integrating techniques and skills of advanced individual counseling. Students will be given opportunities to experience, practice and develop an understanding of the use of these advanced skills.

REHA 523 Advanced Group Counseling
3 cr. (Sp and Su[L] – 3 days onsite, balance online) Provides students with a foundational understanding of group development, dynamics, and theories in relation to group and family counseling and therapy. Leadership styles, techniques and roles are explored, and ethical and legal issues related to group and family interventions are
discussed. The course utilizes a combination of lecture and student participation and leadership in an experiential group process.

REHA 525 Career Development, Placement, and Support
3 cr. (F[O]) Introduces students to theory, methods, and techniques for assisting clients obtain and maintain employment. Special emphasis will be placed on career counseling, planning, and assessment, job readiness, job analysis, development, and accommodation.

REHA 560 DSM-5 for Rehabilitation & Mental Health Counselors
3 cr. Sp[O]) Provides understanding of the structure, content, and uses of the DSM-5. General concepts and theoretical assumptions of the DSM diagnostic system will be explored. Strategies and techniques designed for assessment of specific disorders will also be illustrated and practiced.

REHA 590 Prepracticum for Rehabilitation and Mental Health Counseling
3 cr. (F and Su[L] – 3 days onsite/balance online) Introduces students to the counseling experience and promotion of knowledge, skills, and awareness of effective and ethical counseling methods and fundamentals of helping relationships and case management. Through practice and supervision, students will develop clinical skills necessary to influence the helping process. Demonstration of these skills is a prerequisite for enrollment in practicum (REHA 594).

REHA 591 Independent Study
V1-6 cr. Prerequisite: Consent of the instructor, approval of the Department Chair and the Dean of Allied Health Professions, and Independent Study contract filed with the Office of Graduate Studies. Provides an opportunity for students of superior academic standing to explore material not covered by regular graduate courses in Counseling.

REHA 592 Seminar
V1-6 cr. Provides an opportunity to investigate topics at the advanced level pertinent to the area of counseling.

REHA 593 Workshop
V1-6 cr. (F, Sp) Provides an opportunity for experimental study at the advanced level in an area of counseling.

REHA 594 Counseling Practicum
3 cr. Prerequisites: REHA 590 or Consent of Instructor. (F, Sp) Provides the graduate student with an opportunity to acquire counseling experience and firsthand knowledge of the purpose, function, services, and clientele of a specific rehabilitation agency or mental health counseling
setting. In addition to on-site work experience, the practicum placement will be supplemented with counseling clinic activities for faculty/group supervision, feedback exchange, and counseling skill enhancement.

REHA 596 Cooperative Education/Internship
V6-12 cr. Prerequisites: REHA 590, REHA 594, or Consent of Instructor. (F, Sp) Provides the graduate student with a supervised placement in a rehabilitation/mental health counseling setting which is related to the student’s career goals. The student is expected to assume the full complement of duties performed by a rehabilitation/mental health counselor in that setting. These include, but are not limited to: individual counseling, case management, utilization of community resources, advocacy and client assignment. Supervision is provided by a professional in the setting and by Departmental faculty on both counseling and case management issues. In addition to on-site work experience, the internship placement will be supplemented with weekly counseling clinic activities for faculty/group supervision, feedback exchange, and counseling skill enhancement.

REHA 599 Thesis
V1-6 cr. Prerequisites: REHA 517 or equivalent and approved plan of study required. This course may be given the grade of “T” until research and writing is completed and accepted within the time limit of the degree.
MSCRMHC Plan of Study

Name: _________________________________     Address: _________________________________

Student ID #: ___________________________     ___________________________

Email Address: _________________________     ___________________________

Phone #: ______________________________     Advisor: ___________________________

Catalog Year: __________________________     I have read the graduate catalog

All classes are on-line unless otherwise noted.
Legend: F=Fall, Sp=Spring, X=Summer, Years – Even and Odd

COURSES

I. Required Courses

REHA 501 Principals of Rehabilitation and Mental Health Counseling (F), (X-Even)  3 _____    _____
REHA 502 Individual and Family Response to Disability (Sp), (X-Even)  3 _____   _____
REHA 503 Psychiatric Rehabilitation (F)       3 _____ _____
REHA 505 Theories of Counseling (F)      3 _____ _____
REHA 507 Professional Orientation and Ethic Practice (F), (X-Odd)   3 _____ _____
REHA 508 Multicultural/Gender Issues in Counseling (Sp-Live), (X-Odd)  3 _____ _____
REHA 515 Medical and Psychological Aspects of Disability (Sp), (X-Even)  3 _____ _____
REHA 517 Research and Program Evaluation (F)     3 _____ _____
REHA 519 Human Growth and Development (Sp)  3 _____ _____
REHA 520 Group and Individual Evaluation (Sp), (X-Odd)  3 _____ _____
REHA 521 Advanced Individual Counseling (F)    3 _____ _____
REHA 523 Advanced Group Counseling (Sp and X-Live – 3 days on campus)  3 _____ _____
REHA 525 Career Development, Placement, and Support (F)    3 _____ _____
REHA 560 DSM-5 for Rehabilitation and Mental Health Counseling (Sp)  3 _____ _____

II. Required Clinical Work

REHA 590 Prepracticum for Rehabilitation and Mental Health Counseling (F and X-Live- 3 days on campus 3 _____ _____
REHA 594 Counseling Practicum (F-Live), (Sp-Live)    3 _____ _____
REHA 596 Cooperative Education/Internship (F-Live), (Sp-Live)   12 _____ _____

Total Minimum Semester Credits 60

Advisor: __________________________________________     Date: ______________________
Student: __________________________________________     Date: ______________________
Chair: __________________________________________     Date: ______________________
Dean: __________________________________________     Date: ______________________

APPROVED: Director of Graduate Studies: __________________________     Date: ______________

MASTER DEGREE COMPLETION DATE: ______________     SIX-YEAR EXPIRATION: ___________
### Tips for Graduate Advising Worksheet

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Fall odd</th>
<th>Spring even</th>
<th>Summer even</th>
<th>Fall even</th>
<th>Spring odd</th>
<th>Summer odd</th>
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<tr>
<td>* REHA 501 Principles of Rehab &amp; Mental Health Counseling</td>
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<td>* REHA 508 Multicultural/Gender Issues in Counseling</td>
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<td>^ REHA 517 Research and Program Evaluation</td>
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<td>* REHA 519 Human Growth &amp; Development</td>
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<td>^ REHA 521 Advanced Individual Counseling</td>
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<td>^ REHA 523 Advanced Group Counseling</td>
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<td>^ REHA 525 Career Development, Placement and Support</td>
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**Required Clinical Work**

* REHA 590 Prepracticum | live | live | live | live | | |
| ^ REHA 594 Practicum | offered | offered | offered | offered | | |
| ^ REHA 596 Internship | offered | offered | offered | offered | | |

See Student Handbook for required Fieldwork application and contract example. Check due dates.

### Legend

* 1st & 2nd year student (choose from these courses)

^ 2nd, 3rd and 4th year student (choose from these courses)
Department of Rehabilitation and Human Services

Student Remediation and Professional Development Plan

______Initial Plan Review  ____Follow-up  ____Final Review

Student _________________________________ ID _______________________
Advisor ________________________________ Date ________________

Identified Areas of Concern:

Remediation Plan and Schedule:

<table>
<thead>
<tr>
<th>Specific Behavioral Objectives &amp; Target Dates</th>
<th>Method of Remediation</th>
<th>Met? Yes/No (and date)</th>
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<tr>
<td>2.</td>
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Progress Since Last Review (if applicable): ____ Sufficient _____ Insufficient

Other steps taken to remediate concerns:

Advisor Comments and Recommendations:

Student Comments:

Student Signature: ___________________________ Date: ____________
Advisor Signature ___________________________ Date: ____________
Department Chair Signature: __________________ Date: ____________
Faculty Responsible for Implementing Remediation Plan (if different from Advisor)

Name: ___________________________ Date: ____________

Date of Next Review (if applicable):

Form is part of a collaboration between the University of Montana Department of Counselor Education and Montana State University Billings Department of Rehabilitation and Human Services.
Check one or more:
☐ REHA 594 – Counseling Practicum (Fall, Spring)
☐ REHA 596 (6) – Coop Ed/Internship (Fall, Spring)
☐ REHA 596 (12) – Coop Ed/Internship (Fall, Spring)

Semester and Year: __________________________

☐ Proof of Student Professional Liability Insurance Attached

Application for practicum or internship must be made the semester prior to placement. The following table lists the application deadlines. The deadline for accepting applications will not be extended.

<table>
<thead>
<tr>
<th>Semester for Placement</th>
<th>Application Deadline</th>
<th>Deadline for Site Contract</th>
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<tr>
<td>Fall □</td>
<td>May 15</td>
<td>July 15</td>
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<tr>
<td>Spring □</td>
<td>October 15</td>
<td>December 15</td>
</tr>
</tbody>
</table>

Student Signature

Date

Please print or type:
Student Name: ___________________________ ID Number: _____________
Email Address: ______________________________________________________
Address: __________________________________________________________________________

*****************************************************************************

APPROVAL

Clinical Coordinator Date Department Chair Date

Rev 9/19
This document includes the final version of the 2016 CACREP Standards that were adopted by the CACREP Board. CACREP is providing this document so that counseling program faculty, administrators, and other agency personnel can plan for their future implementation on July 1, 2016.

Please note that programs planning to seek CACREP accreditation under the 2016 Standards should not consider this a stand-alone document. Over the next several months, CACREP will release additional documents that include updated policies, application procedures, and a description of review processes. It is anticipated that these additional documents will be posted by mid-July 2015. All applications submitted under the 2016 Standards will be held to the forthcoming policies, procedures, and review processes.

While counseling programs will be allowed to apply using the 2016 Standards once all documents are posted, any application for accreditation postmarked after June 30, 2016, MUST address the 2016 Standards.

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INTRODUCTION TO THE 2016 CACREP STANDARDS

CACREP accreditation is both a process and a status. Institutional application for CACREP accreditation denotes a commitment to program excellence. The accreditation process incorporates programs’ self-assessment along with external review to determine if and how program standards are being met. Accredited status indicates to the public at large that a program is fulfilling its commitment to educational quality.

The 2016 CACREP Standards were written with the intention to simplify and clarify the accreditation requirements. An intentional effort was made to avoid redundancy and confusing language. The lack of multiple references to any particular content area was not meant to discount the importance of any of those content areas. At minimum, programs must address all required content, but they may choose the level of emphasis placed on each content area.

The 2016 CACREP Standards were also written with the intent to promote a unified counseling profession. Requirements are meant to ensure that students graduate with a strong professional counselor identity and with opportunities for specialization in one or more areas. The Standards require that graduates demonstrate both knowledge and skill across the curriculum as well as professional dispositions.

Although the 2016 CACREP Standards delineate accreditation requirements, they do not dictate the manner in which programs may choose to meet standards. Program innovation is encouraged in meeting both the intent and spirit of the 2016 CACREP Standards. Program faculty and reviewers should understand that counselor education programs can meet the accreditation requirements in a variety of ways. Providing evidence of meeting or exceeding the standards is the responsibility of the program.

Graduates of CACREP-accredited programs are prepared for careers in mental health, human services, education, private practice, government, military, business, and industry. Entry-level program graduates are prepared as counseling practitioners, and for respective credentials (e.g., licensure, certification) in their specialty area. Doctoral-level graduates are prepared for counselor education, supervision, and practice.

The 2016 CACREP Standards are organized into six sections. Section 1, The Learning Environment, includes standards pertaining to the institution, the academic unit, and program faculty and staff. Section 2, Professional Counseling Identity, includes foundational standards and the counseling curriculum, comprising the eight required core content areas. Section 3, Professional Practice, refers to standards required for entry-level practice, practicum, internship, supervisor qualifications, and practicum and internship course loads. Section 4, Evaluation in the Program, provides standards relevant to evaluation of the program, assessment of students, and evaluation of faculty and site supervisors. Section 5, Entry-Level Specialty Areas, provides standards relevant to specialty areas offered by the program. These include addictions; career; clinical mental health; clinical rehabilitation; college counseling and student affairs; marriage, couple, and family; school counseling; and rehabilitation counseling. For each specialty area, standards pertaining to foundations, contextual dimensions and practice are provided. Section 6 contains the Doctoral Standards for Counselor Education and Supervision, including learning
environment, professional identity, and doctoral-level practicum and internship requirements. In addition to the 2016 Standards, a Glossary, defining key terms within the 2016 CACREP Standards document is available.
SECTION 1: THE LEARNING ENVIRONMENT

The following Standards apply to all entry-level and doctoral-level programs for which accreditation is being sought unless otherwise specified.

THE INSTITUTION

A. The academic unit is clearly identified as part of the institution’s graduate degree offerings and has primary responsibility for the preparation of students in the program. If more than one academic unit has responsibility for the preparation of students in the program, the respective areas of responsibility and the relationships among and between them must be clearly documented.

B. The institutional media accurately describe the academic unit, the core counselor education program faculty, and each program and specialty area offered, including admissions criteria, accreditation status, methods of instruction, minimum degree requirements, matriculation requirements, and financial aid information.

C. The institution is committed to providing the program with sufficient financial support to ensure continuity, quality, and effectiveness in all of the program’s learning environments.

D. The institution provides opportunities for graduate assistantships for program students that are commensurate with graduate assistantship opportunities in other clinical programs in the institution.

E. The institution provides support for counselor education program faculty to participate in professional activities, scholarly activities, and service to the profession.

F. The institution provides learning resources appropriate for scholarly inquiry, study, and research relevant to counseling and accessible by all counselor education program faculty and students.

G. The institution provides technical support to all counselor education program faculty and students to ensure access to information systems for learning, teaching, and research.

H. The institution provides information to students in the program about personal counseling services provided by professionals other than counselor education program faculty and students.

I. The institution provides adequate and appropriate access to counseling instruction environments (on or off campus) that are conducive to training and supervision of individual and group counseling. The counseling instruction environments include technologies and other observational capabilities as well as procedures for maintaining privacy and confidentiality.
THE ACADEMIC UNIT

J. Entry-level degree specialty areas in Addiction Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; and Marriage, Couple, and Family Counseling consist of approved, graduate-level study with a minimum of 60 semester credit hours or 90 quarter credit hours required of all students. Until June 30, 2020, Career Counseling, College Counseling and Student Affairs, and School Counseling specialty areas require a minimum of 48 semester hours or 72 quarter hours. Beginning July 1, 2020, all entry-level degree programs require a minimum of 60 semester credit hours or 90 quarter credit hours for all students.

K. The academic unit makes continuous and systematic efforts to attract, enroll, and retain a diverse group of students and to create and support an inclusive learning community.

L. Entry-level admission decision recommendations are made by the academic unit’s selection committee and include consideration of each applicant’s (1) relevance of career goals, (2) aptitude for graduate-level study, (3) potential success in forming effective counseling relationships, and (4) respect for cultural differences.

M. Before or at the beginning of the first term of enrollment in the academic unit, the program provides a new student orientation during which a student handbook is disseminated and discussed, students’ ethical and professional obligations and personal growth expectations as counselors-in-training are explained, and eligibility for licensure/certification is reviewed.

N. The student handbook includes (1) the mission statement of the academic unit and program objectives, (2) information about professional counseling organizations, opportunities for professional involvement, and activities appropriate for students, (3) matriculation requirements, (4) expectations of students, (5) academic appeal policy, (6) written endorsement policy explaining the procedures for recommending students for credentialing and employment, and (7) policy for student retention, remediation, and dismissal from the program.

O. Counselor education programs have and follow a policy for student retention, remediation, and dismissal from the program consistent with institutional due process policies and with the counseling profession’s ethical codes and standards of practice.

P. Students in entry-level programs have an assigned advisor at all times during the program who helps them develop a planned program of study.

Q. The academic unit makes continuous and systematic efforts to recruit, employ, and retain a diverse faculty to create and support an inclusive learning community.

R. The academic unit has faculty resources of appropriate quality and sufficiency to meet the demands of the program. For entry-level programs, the academic unit must employ a minimum of three full-time core counselor education program faculty members who
teach in the entry-level program. Core counselor education program faculty may only be
designated as core faculty at one institution.

S. To ensure that students are taught primarily by core counselor education program faculty,
for any calendar year, the combined number of course credit hours taught by non-core
faculty must not exceed the number of credit hours taught by core faculty.

T. For any calendar year, the ratio of full-time equivalent (FTE) students to FTE faculty
should not exceed 12:1.

U. The teaching and advising loads, scholarship, and service expectations of counselor
education program faculty members are consistent with the institutional mission and the
recognition that counselor preparation programs require extensive clinical instruction.

V. Clerical assistance is available to support faculty/program activities and is commensurate
with that provided for similar graduate programs.

FACULTY AND STAFF

W. Core counselor education program faculty have earned doctoral degrees in counselor
education, preferably from a CACREP-accredited program, or have related doctoral
degrees and have been employed as full-time faculty members in a counselor education
program for a minimum of one full academic year before July 1, 2013.

X. Core counselor education program faculty identify with the counseling profession (1)
through sustained memberships in professional counseling organizations, (2) through the
maintenance of certifications and/or licenses related to their counseling specialty area(s),
and (3) by showing evidence of sustained (a) professional development and renewal
activities related to counseling, (b) professional service and advocacy in counseling, and
(c) research and scholarly activity in counseling commensurate with their faculty role.

Y. Within the structure of the institution’s policies, the core counselor education program
faculty have the authority to determine program curricula and to establish operational
policies and procedures for the program.

Z. Non-core faculty may be employed who support the mission, goals, and curriculum of the
counselor education program. They must have graduate or professional degrees in a field
that supports the mission of the program.

AA. The core counselor education program faculty orient non-core faculty to program and
accreditation requirements relevant to the courses they teach.

BB. All core and non-core counselor education program faculty have relevant preparation
and experience in relation to the courses they teach.

CC. A core counselor education program faculty member is clearly designated as the
academic unit leader for counselor education; this individual must have a written job

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description that includes (1) having responsibility for the coordination of the counseling program(s), (2) responding to inquiries regarding the overall academic unit, (3) providing input and making recommendations regarding the development of and expenditures from the budget, (4) providing or delegating year-round leadership to the operation of the program(s), and (5) receiving release time from faculty member responsibilities to administer the academic unit.

DD. A program faculty member or administrator is identified as the practicum and internship coordinator for the academic unit and/or program; this individual must have a written job description that includes (1) having responsibility for the coordination of practicum and internship experiences in designated counselor education program(s), and (2) responding to inquiries regarding practicum and internship.
SECTION 2: PROFESSIONAL COUNSELING IDENTITY

The following Standards apply to all entry-level and doctoral-level programs for which accreditation is being sought unless otherwise specified.

FOUNDATION

A. The counselor education program has a publicly available mission statement and program objectives.

B. The program objectives (1) reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society; (2) reflect input from all persons involved in the conduct of the program, including counselor education program faculty, current and former students, and personnel in cooperating agencies; (3) address student learning; and (4) are written so they can be evaluated.

C. Students actively identify with the counseling profession by participating in professional counseling organizations and by participating in seminars, workshops, or other activities that contribute to personal and professional growth.

COUNSELING CURRICULUM

D. Syllabi are available for review by all enrolled or prospective students, are distributed at the beginning of each curricular experience, and include (1) content areas, (2) knowledge and skill outcomes, (3) methods of instruction, (4) required text(s) and/or reading(s), (5) student performance evaluation criteria and procedures, and (6) a disability accommodation policy and procedure statement.

E. Current counseling-related research is infused in the curriculum.

F. The eight common core areas represent the foundational knowledge required of all entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

a. history and philosophy of the counseling profession and its specialty areas

b. the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation

c. counselors’ roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams

d. the role and process of the professional counselor advocating on behalf of the profession
e. advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients

f. professional counseling organizations, including membership benefits, activities, services to members, and current issues

g. professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues

h. current labor market information relevant to opportunities for practice within the counseling profession

i. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling

j. technology’s impact on the counseling profession

k. strategies for personal and professional self-evaluation and implications for practice

l. self-care strategies appropriate to the counselor role

m. the role of counseling supervision in the profession

2. SOCIAL AND CULTURAL DIVERSITY

a. multicultural and pluralistic characteristics within and among diverse groups nationally and internationally

b. theories and models of multicultural counseling, cultural identity development, and social justice and advocacy

c. multicultural counseling competencies

d. the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual’s views of others

e. the effects of power and privilege for counselors and clients

f. help-seeking behaviors of diverse clients

g. the impact of spiritual beliefs on clients’ and counselors’ worldviews

h. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination

3. HUMAN GROWTH AND DEVELOPMENT

a. theories of individual and family development across the lifespan

b. theories of learning

c. theories of normal and abnormal personality development
d. theories and etiology of addictions and addictive behaviors

e. biological, neurological, and physiological factors that affect human development, functioning, and behavior systemic and environmental factors that affect human development, functioning, and behavior

g. effects of crisis, disasters, and trauma on diverse individuals across the lifespan

h. a general framework for understanding differing abilities and strategies for differentiated interventions

i. ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan

4. CAREER DEVELOPMENT

a. theories and models of career development, counseling, and decision making

b. approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other life roles and factors

c. processes for identifying and using career, avocational, educational, occupational and labor market information resources, technology, and information systems

d. approaches for assessing the conditions of the work environment on clients’ life experiences

e. strategies for assessing abilities, interests, values, personality and other factors that contribute to career development

f. strategies for career development program planning, organization, implementation, administration, and evaluation

g. strategies for advocating for diverse clients’ career and educational development and employment opportunities in a global economy

h. strategies for facilitating client skill development for career, educational, and lifework planning and management

i. methods of identifying and using assessment tools and techniques relevant to career planning and decision making

j. ethical and culturally relevant strategies for addressing career development

5. COUNSELING AND HELPING RELATIONSHIPS

a. theories and models of counseling

b. a systems approach to conceptualizing clients

c. theories, models, and strategies for understanding and practicing consultation
d. ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships

e. the impact of technology on the counseling process counselor characteristics and behaviors that influence the counseling process

g. essential interviewing, counseling, and case conceptualization skills

h. developmentally relevant counseling treatment or intervention plans

i. development of measurable outcomes for clients

j. evidence-based counseling strategies and techniques for prevention and intervention

k. strategies to promote client understanding of and access to a variety of community-based resources

l. suicide prevention models and strategies

m. crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid

n. processes for aiding students in developing a personal model of counseling

6. GROUP COUNSELING AND GROUP WORK

a. theoretical foundations of group counseling and group work

b. dynamics associated with group process and development

c. therapeutic factors and how they contribute to group effectiveness

d. characteristics and functions of effective group leaders

e. approaches to group formation, including recruiting, screening, and selecting members

f. types of groups and other considerations that affect conducting groups in varied settings

g. ethical and culturally relevant strategies for designing and facilitating groups

h. direct experiences in which students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term

7. ASSESSMENT AND TESTING

a. historical perspectives concerning the nature and meaning of assessment and testing in counseling

b. methods of effectively preparing for and conducting initial assessment meetings
c. procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide

d. procedures for identifying trauma and abuse and for reporting abuse

e. use of assessments for diagnostic and intervention planning purposes basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments

g. statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations

h. reliability and validity in the use of assessments

i. use of assessments relevant to academic/educational, career, personal, and social development

j. use of environmental assessments and systematic behavioral observations

k. use of symptom checklists, and personality and psychological testing

l. use of assessment results to diagnose developmental, behavioral, and mental disorders

m. ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results

8. RESEARCH AND PROGRAM EVALUATION

a. the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice

b. identification of evidence-based counseling practices

c. needs assessments

d. development of outcome measures for counseling programs

e. evaluation of counseling interventions and programs

f. qualitative, quantitative, and mixed research methods

g. designs used in research and program evaluation

h. statistical methods used in conducting research and program evaluation

i. analysis and use of data in counseling

j. ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation
SECTION 3: PROFESSIONAL PRACTICE

Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community.

The following Standards apply to entry-level programs for which accreditation is being sought.

ENTRY-LEVEL PROFESSIONAL PRACTICE

A.  Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.

B.  Supervision of practicum and internship students includes program-appropriate audio/video recordings and/or live supervision of students’ interactions with clients.

C.  Formative and summative evaluations of the student’s counseling performance and ability to integrate and apply knowledge are conducted as part of the student’s practicum and internship.

D.  Students have the opportunity to become familiar with a variety of professional activities and resources, including technological resources, during their practicum and internship.

E.  In addition to the development of individual counseling skills, during either the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.

PRACTICUM

F.  Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimum of 10 weeks.

G.  Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.

H.  Practicum students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.

I.  Practicum students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.
INTERNSHIP

J. After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area.

K. Internship students complete at least 240 clock hours of direct service.

L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.

M. Internship students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

SUPERVISOR QUALIFICATIONS

N. Counselor education program faculty members serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs have (1) relevant experience, (2) professional credentials, and (3) counseling supervision training and experience.

O. Students serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs must (1) have completed CACREP entry-level counseling degree requirements, (2) have completed or are receiving preparation in counseling supervision, and (3) be under supervision from counselor education program faculty.

P. Site supervisors have (1) a minimum of a master’s degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) Knowledge of the program’s expectations, requirements, and evaluation procedures for students; and (5) relevant training in counseling supervision.

Q. Orientation, consultation, and professional development opportunities are provided by counselor education program faculty to site supervisors.

R. Written supervision agreements define the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship. When individual/triadic practicum supervision is conducted by a site supervisor in consultation with counselor education program faculty, the supervision agreement must detail the format and frequency of consultation to monitor student learning.
PRACTICUM AND INTERNSHIP COURSE LOADS

S. When individual/triadic supervision is provided by the counselor education program faculty or a student under supervision, practicum and internship courses should not exceed a 1:6 faculty: student ratio. This is equivalent to the teaching of one 3-semester credit hour or equivalent quarter credit hour course of a faculty member’s teaching load assignment.

T. When individual/triadic supervision is provided solely by a site supervisor, and the counselor education program faculty or student under supervision only provides group supervision, practicum and internship courses should not exceed a 1:12 faculty: student ratio. This is equivalent to the teaching of one 3-semester credit hour or equivalent quarter credit hour course of a faculty member’s teaching load assignment.

U. Group supervision of practicum and internship students should not exceed a 1:12 faculty: student ratio.

V. When counselor education program faculty provide supervision of students providing supervision, a 1:6 faculty: student ratio should not be exceeded. This is equivalent to the teaching of one 3-semester or equivalent quarter credit hours of a faculty member’s teaching load assignment.
SECTION 4: EVALUATION IN THE PROGRAM

Evaluation in the program includes opportunities for counselor education program faculty to comprehensively evaluate overall program effectiveness. Assessment of students’ knowledge, skills, and professional dispositions is integral. Evaluation data will help program faculty reflect on aspects of the program that work well and those that need improvement and will inform programmatic and curricular decisions.

The following Standards apply to all entry-level and doctoral-level programs for which accreditation is being sought unless otherwise specified.

EVALUATION OF THE PROGRAM

A. Counselor education programs have a documented, empirically based plan for systematically evaluating the program objectives, including student learning. For each of the types of data listed in 4.B, the plan outlines (1) the data that will be collected, (2) a procedure for how and when data will be collected, (3) a method for how data will be reviewed or analyzed, and (4) an explanation for how data will be used for curriculum and program improvement.

B. The counselor education program faculty demonstrate the use of the following to evaluate the program objectives: (1) aggregate student assessment data that address student knowledge, skills, and professional dispositions; (2) demographic and other characteristics of applicants, students, and graduates; and (3) data from systematic follow-up studies of graduates, site supervisors, and employers of program graduates.

C. Counselor education program faculty provide evidence of the use of program evaluation data to inform program modifications.

D. Counselor education program faculty disseminate an annual report that includes, by program level, (1) a summary of the program evaluation results, (2) subsequent program modifications, and (3) any other substantial program changes. The report is published on the program website in an easily accessible location, and students currently in the program, program faculty, institutional administrators, and personnel in cooperating agencies (e.g., employers, site supervisors) are notified that the report is available.

E. Counselor education program faculty must annually post on the program’s website in an easily accessible location the following specific information for each entry-level specialty area and doctoral program: (1) the number of graduates for the past academic year, (2) pass rates on credentialing examinations, (3) completion rates, and (4) job placement rates.

ASSESSMENT OF STUDENTS

F. The counselor education program faculty systematically assesses each student’s progress throughout the program by examining student learning in relation to a combination of
knowledge and skills. The assessment process includes the following: (1) identification of key performance indicators of student learning in each of the eight core areas and in each student’s respective specialty area(s) (for doctoral programs, each of the five doctoral core areas), (2) measurement of student learning conducted via multiple measures and over multiple points in time, and (3) review or analysis of data.

G. The counselor education program faculty systematically assesses each student’s professional dispositions throughout the program. The assessment process includes the following: (1) identification of key professional dispositions, (2) measurement of student professional dispositions over multiple points in time, and (3) review or analysis of data.

H. The counselor education program faculty has a systematic process in place for the use of individual student assessment data in relation to retention, remediation, and dismissal.

EVALUATION OF FACULTY AND SUPERVISORS

I. Written procedures for administering the process for student evaluations of faculty are available to the counselor education program faculty.

J. Students have regular, systematic opportunities to formally evaluate counselor education program faculty.

K. Students have regular, systematic opportunities to formally evaluate practicum and internship supervisors.
SECTION 5: ENTRY-LEVEL SPECIALTY AREAS SECTION

A. ADDICTION COUNSELING

Students who are preparing to specialize as addiction counselors are expected to possess the knowledge and skills necessary to address a wide range of issues in the context of addiction counseling, treatment, and prevention programs, as well as in a more broad mental health counseling context. Counselor education programs with a specialty area in addiction counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS
   a. history and development of addiction counseling
   b. theories and models of addiction related to substance use as well as behavioral and process addictions
   c. principles and philosophies of addiction-related self-help
   d. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
   e. neurological, behavioral, psychological, physical, and social effects of psychoactive substances and addictive disorders on the user and significant others f. psychological tests and assessments specific to addiction counseling

2. CONTEXTUAL DIMENSIONS
   a. roles and settings of addiction counselors
   b. potential for addictive and substance use disorders to mimic and/or co-occur with a variety of medical and psychological disorders
   c. factors that increase the likelihood for a person, community, or group to be at risk for or resilient to psychoactive substance use disorders
   d. regulatory processes and substance abuse policy relative to service delivery opportunities in addiction counseling
   e. importance of vocation, family, social networks, and community systems in the addiction treatment and recovery process
   f. role of wellness and spirituality in the addiction recovery process
   g. culturally and developmentally relevant education programs that raise awareness and support addiction and substance abuse prevention and the recovery process
   h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation
i. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the *International Classification of Diseases (ICD)*

j. cultural factors relevant to addiction and addictive behavior

k. professional organizations, preparation standards, and credentials relevant to the practice of addiction counseling

l. legal and ethical considerations specific to addiction counseling

m. record keeping, third party reimbursement, and other practice and management considerations in addiction counseling

3. PRACTICE

   a. screening, assessment, and testing for addiction, including diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments

   b. assessment of biopsychosocial and spiritual history relevant to addiction

   c. assessment for symptoms of psychoactive substance toxicity, intoxication, and withdrawal

   d. techniques and interventions related to substance abuse and other addictions

   e. strategies for reducing the persisting negative effects of substance use, abuse, dependence, and addictive disorders

   f. strategies for helping clients identify the effects of addiction on life problems and the effects of continued harmful use or abuse, and the benefits of a life without addiction

   g. evaluating and identifying individualized strategies and treatment modalities relative to clients’ stage of dependence, change, or recovery

   h. strategies for interfacing with the legal system and working with court referred clients
SECTION 5: ENTRY-LEVEL SPECIALTY AREAS SECTION

B. CAREER COUNSELING

Students who are preparing to specialize as career counselors will demonstrate the professional knowledge and skills necessary to help people develop life-career plans, with a focus on the interaction of work and other life roles. Counselor education programs with a specialty area in career counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS
   a. history and development of career counseling
   b. emergent theories of career development and counseling
   c. principles of career development and decision making over the lifespan
   d. formal and informal career- and work-related tests and assessments

2. CONTEXTUAL DIMENSIONS
   a. roles and settings of career counselors in private and public sector agencies and institutions
   b. role of career counselors in advocating for the importance of career counseling, career development, life-work planning, and workforce planning to policymakers and the general public
   c. the unique needs and characteristics of multicultural and diverse populations with regard to career exploration, employment expectations, and socioeconomic issues
   d. factors that affect clients’ attitudes toward work and their career decision-making processes,
   e. impact of globalization on careers and the workplace
   f. implications of gender roles and responsibilities for employment, education, family, and leisure
   g. education, training, employment trends, and labor market information and resources that provide information about job tasks, functions, salaries, requirements, and future outlooks related to broad occupational fields and individual occupations
   h. resources available to assist clients in career planning, job search, and job creation
   i. professional organizations, preparation standards, and credentials relevant to the practice of career counseling
j. legal and ethical considerations specific to career counseling

3. PRACTICE
   a. intake interview and comprehensive career assessment
   b. strategies to help clients develop skills needed to make life-work role transitions
   c. approaches to help clients acquire a set of employability, job search, and job creation skills
   d. strategies to assist clients in the appropriate use of technology for career information and planning
   e. approaches to market and promote career counseling activities and services
   f. identification, acquisition, and evaluation of career information resources relevant for diverse populations
   g. planning, implementing, and administering career counseling programs and services
SECTION 5: ENTRY-LEVEL SPECIALTY AREAS SECTION

C. CLINICAL MENTAL HEALTH COUNSELING
Students who are preparing to specialize as clinical mental health counselors will demonstrate the knowledge and skills necessary to address a wide variety of circumstances within the context of clinical mental health counseling. Counselor education programs with a specialty area in clinical mental health counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS
   a. history and development of clinical mental health counseling
   b. theories and models related to clinical mental health counseling
   c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
   d. neurobiological and medical foundation and etiology of addiction and co-occurring disorders
   e. psychological tests and assessments specific to clinical mental health counseling

2. CONTEXTUAL DIMENSIONS
   a. roles and settings of clinical mental health counselors
   b. etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders
   c. mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks
   d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the *International Classification of Diseases (ICD)*
   e. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders
   f. impact of crisis and trauma on individuals with mental health diagnoses
   g. impact of biological and neurological mechanisms on mental health
   h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation
i. legislation and government policy relevant to clinical mental health counseling
j. cultural factors relevant to clinical mental health counseling
k. professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling
l. legal and ethical considerations specific to clinical mental health counseling
m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling

3. PRACTICE
   a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
   b. techniques and interventions for prevention and treatment of a broad range of mental health issues
   c. strategies for interfacing with the legal system regarding court-referred clients
   d. strategies for interfacing with integrated behavioral health care professionals
   e. strategies to advocate for persons with mental health issues
D. CLINICAL REHABILITATION COUNSELING

Students who are preparing to specialize as clinical rehabilitation counselors will demonstrate the professional knowledge and skills necessary to address a wide variety of circumstances within the clinical rehabilitation counseling context. Counselor education programs with a specialty area in clinical rehabilitation counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS
   a. history and development of rehabilitation counseling
   b. theories and models related to rehabilitation counseling
   c. social science theory that addresses psychosocial aspects of disability
   d. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
   e. neurobiological and medical foundation and etiology of addiction and co-occurring disorders
   f. etiology and effects of disabilities and terminology relevant to clinical rehabilitation counseling
   g. screening and assessment instruments that are reliable and valid for individuals with disabilities

2. CONTEXTUAL DIMENSIONS
   a. roles and settings of rehabilitation counselors
   b. relationships between clinical rehabilitation counselors and medical and allied health professionals, including interdisciplinary treatment teams
   c. rehabilitation service delivery systems, including housing, independent living, case management, public benefits programs, educational programs, and public/proprietary vocational rehabilitation programs
   d. rehabilitation counseling services within the continuum of care, such as inpatient, outpatient, partial hospitalization and aftercare, and the rehabilitation counseling services networks
   e. operation of an emergency management system within rehabilitation agencies and in the community in relation to accommodating individuals with disabilities
f. diagnostic process, including differential diagnosis and the use of current diagnostic
classification systems, including the *Diagnostic and Statistical Manual of Mental
Disorders (DSM)* and the *International Classification of Diseases (ICD)*
g. potential for substance use disorders to mimic and/or co-occur with a variety of
neurological, medical, and psychological disorders
h. impact of crisis and trauma on individuals with disabilities
i. impact of biological and neurological mechanisms on disability
j. effects of co-occurring disabilities on the client and family
k. effects of discrimination, such as handicapism, ableism, and power, privilege, and
oppression on clients’ life and career development
l. classifications, indications, and contraindications of commonly prescribed
psychopharmacological medications for appropriate medical referral and consultation
m. effects of the onset, progression, and expected duration of disability on clients’
holistic functioning (i.e., physical, spiritual, sexual, vocational, social, relational, and
recreational)
n. transferable skills, functional assessments, and work-related supports for achieving
and maintaining meaningful employment for people with disabilities
o. role of family, social networks, and community in the provision of services for and
treatment of people with disabilities
p. environmental, attitudinal, and individual barriers for people with disabilities
q. assistive technology to reduce or eliminate barriers and functional limitations
r. legislation and government policy relevant to rehabilitation counseling
s. cultural factors relevant to rehabilitation counseling
t. professional issues that affect rehabilitation counselors, including independent
provider status, expert witness status, forensic rehabilitation, and access to and
practice privileges within managed care systems
u. record keeping, third party reimbursement, and other practice and management issues
in rehabilitation counseling
v. professional organizations, preparation standards, and credentials relevant to the
practice of clinical rehabilitation counseling
w. legal and ethical considerations specific to clinical rehabilitation counseling
3. **PRACTICE**

   a. diagnostic interviews, mental status examinations, symptom inventories, psychoeducational and personality assessments, biopsychosocial histories, assessments for treatment planning, and assessments for assistive technology needs

   b. career- and work-related assessments, including job analysis, work site modification, transferrable skills analysis, job readiness, and work hardening

   c. strategies to advocate for persons with disabilities

   d. strategies for interfacing with medical and allied health professionals, including interdisciplinary treatment teams

   e. strategies to consult with and educate employers, educators, and families regarding accessibility, Americans with Disabilities Act compliance, and accommodations
SECTION 5: ENTRY-LEVEL SPECIALTY AREAS SECTION

E. COLLEGE COUNSELING AND STUDENT AFFAIRS

Students who are preparing to specialize as college counselors and student affairs professionals will demonstrate the knowledge and skills necessary to promote the academic, career, personal, and social development of individuals in higher education settings. Counselor education programs with a specialty area in college counseling and student affairs must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS
   a. history and development of college counseling and student affairs
   b. student development theories relevant to student learning and personal, career, and identity development
   c. organizational, management, and leadership theories relevant in higher education settings
   d. principles of student development and the effect on life, education, and career choices
   e. assessments specific to higher education settings

2. CONTEXTUAL DIMENSIONS
   a. roles and settings of college counselors and student affairs professionals
   b. roles of college counselors and student affairs professionals in relation to the operation of the institution’s emergency management plan, and crises, disasters, and trauma
   c. roles of college counselors and student affairs professionals in collaborating with personnel from other educational settings to facilitate college and postsecondary transitions
   d. characteristics, risk factors, and warning signs of individuals at risk for mental health and behavioral disorders
   e. models of violence prevention in higher education settings
   f. signs and symptoms of substance abuse in individuals in higher education settings
   g. current trends in higher education and the diversity of higher education environments
   h. organizational culture, budgeting and finance, and personnel practices in higher education
   i. environmental, political, and cultural factors that affect the practice of counseling in higher education settings
j. the influence of institutional, systemic, interpersonal, and intrapersonal barriers on learning and career opportunities in higher education

k. influence of learning styles and other personal characteristics on learning

l. policies, programs, and services that are equitable and responsive to the unique needs of individuals in higher education settings

m. unique needs of diverse individuals in higher education settings, including residents, commuters, distance learners, individuals with disabilities, adult learners, and student athletes, as well as nontraditional, international, transfer, and first-generation students

n. higher education resources to improve student learning, personal growth, professional identity development, and mental health

o. professional organizations, preparation standards, and credentials relevant to the practice of counseling in higher education settings

p. legal and ethical considerations specific to higher education environments

3. PRACTICE

a. collaboration within the higher education community to develop programs and interventions to promote the academic, social, and career success of individuals in higher education settings

b. strategies to assist individuals in higher education settings with personal/social development

c. interventions related to a broad range of mental health issues for individuals in higher education settings

d. strategies for addiction prevention and intervention for individuals in higher education settings

e. use of multiple data sources to inform programs and services in higher education settings
F. MARRIAGE, COUPLE, AND FAMILY COUNSELING

Students who are preparing to specialize as marriage, couple, and family counselors are expected to possess the knowledge and skills necessary to address a wide variety of issues in the context of relationships and families. Counselor education programs with a specialty area in marriage, couple, and family counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS
   a. history and development of marriage, couple, and family counseling
   b. theories and models of family systems and dynamics
   c. theories and models of marriage, couple, and family counseling
   d. sociology of the family, family phenomenology, and family of origin theories
   e. principles and models of assessment and case conceptualization from a systems perspective
   f. assessments relevant to marriage, couple, and family counseling

2. CONTEXTUAL DIMENSIONS
   a. roles and settings of marriage, couple, and family counselors
   b. structures of marriages, couples, and families
   c. family assessments, including diagnostic interviews, genograms, family mapping, mental diagnostic status examinations, symptom inventories, and psychoeducational and personality assessments
   d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD)
   e. human sexuality and its effect on couple and family functioning
   f. aging and intergenerational influences and related family concerns
   g. impact of crisis and trauma on marriages, couples, and families
   h. impact of addiction on marriages, couples, and families
   i. impact of interpersonal violence on marriages, couples, and families
   j. impact of unemployment, under-employment, and changes in socioeconomic standing on marriages, couples, and families
k. interactions of career, life, and gender roles on marriages, couples, and families
l. physical, mental health, and psychopharmacological factors affecting marriages, couples, and families
m. cultural factors relevant to marriage, couple, and family functioning, including the impact of immigration
n. professional organizations, preparation standards, and credentials relevant to the practice of marriage, couple, and family counseling
o. ethical and legal considerations and family law issues unique to the practice of marriage, couple, and family counseling
p. record keeping, third party reimbursement, and other practice and management considerations in marriage, couple, and family counseling

3. PRACTICE
   a. assessment, evaluation, and case management for working with individuals, couples, and families from a systems perspective
   b. fostering family wellness
   c. techniques and interventions of marriage, couple, and family counseling
   d. conceptualizing and implementing treatment, planning, and intervention strategies in marriage, couple, and family counseling
   e. strategies for interfacing with the legal system relevant to marriage, couple, and family counseling
G. SCHOOL COUNSELING
Students who are preparing to specialize as school counselors will demonstrate the professional knowledge and skills necessary to promote the academic, career, and personal/social development of all P–12 students through data-informed school counseling programs. Counselor education programs with a specialty area in school counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS
   a. history and development of school counseling
   b. models of school counseling programs
   c. models of P-12 comprehensive career development
   d. models of school-based collaboration and consultation
   e. assessments specific to P-12 education

2. CONTEXTUAL DIMENSIONS
   a. school counselor roles as leaders, advocates, and systems change agents in P-12 schools
   b. school counselor roles in consultation with families, P-12 and postsecondary school personnel, and community agencies
   c. school counselor roles in relation to college and career readiness
   d. school counselor roles in school leadership and multidisciplinary teams
   e. school counselor roles and responsibilities in relation to the school emergency management plans, and crises, disasters, and trauma
   f. competencies to advocate for school counseling roles
   g. characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders
   h. common medications that affect learning, behavior, and mood in children and adolescents
   i. signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs
   j. qualities and styles of effective leadership in schools
   k. community resources and referral sources
l. professional organizations, preparation standards, and credentials relevant to the practice of school counseling

m. legislation and government policy relevant to school counseling

n. legal and ethical considerations specific to school counseling

3. PRACTICE

a. development of school counseling program mission statements and objectives

b. design and evaluation of school counseling programs

c. core curriculum design, lesson plan development, classroom management strategies, and differentiated instructional strategies

d. interventions to promote academic development

e. use of developmentally appropriate career counseling interventions and assessments

f. techniques of personal/social counseling in school settings

g. strategies to facilitate school and postsecondary transitions

h. skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement

i. approaches to increase promotion and graduation rates

j. interventions to promote college and career readiness

k. strategies to promote equity in student achievement and college access

l. techniques to foster collaboration and teamwork within schools

m. strategies for implementing and coordinating peer intervention programs

n. use of accountability data to inform decision making

o. use of data to advocate for programs and students
H. REHABILITATION COUNSELING
Students who are preparing to specialize as rehabilitation counselors will demonstrate the knowledge, skills, and attitudes necessary to address varied issues within the rehabilitation counseling context. Rehabilitation counselors work collaboratively with individuals with disabilities, their support systems, and their environments to achieve their personal, social, psychological, and vocational goals. Counselor education programs with a specialty area in rehabilitation counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS
   a. history, legislation, systems, philosophy, and current trends of rehabilitation counseling
   b. theories, models, and interventions related to rehabilitation counseling
   c. principles and processes of vocational rehabilitation, career development, and job development and placement
   d. principles of independent living, self-determination, and informed choice
   e. principles of societal inclusion, participation, access, and universal design, with respect for individual differences
   f. classification, terminology, etiology, functional capacity, prognosis, and effects of disabilities
   g. methods of assessment for individuals with disabilities, including testing instruments, individual accommodations, environmental modification, and interpretation of results

2. CONTEXTUAL DIMENSIONS
   a. professional rehabilitation counseling scope of practice, roles, and settings
   b. medical and psychosocial aspects of disability, including attention to coexisting conditions
   c. individual response to disability, including the role of families, communities, and other social networks
   d. information about the existence, onset, degree, progression, and impact of an individual’s disability, and an understanding of diagnostic systems including the International Classification of Functioning, Disability and Health (ICF), International Classification of Diseases (ICD), and Diagnostic and Statistical Manual of Mental Disorders (DSM)
e. impact of psychosocial influences, cultural beliefs and values, diversity and social justice issues, poverty, and health disparities, with implications for employment and quality of life for individuals with disabilities

f. impact of socioeconomic trends, public policies, stigma, access, and attitudinal barriers as they relate to disability

g. awareness and understanding of the impact of crisis, trauma, and disaster on individuals with disabilities, as well as the disability-related implications for emergency management preparation

h. impact of disability on human sexuality

i. awareness of rehabilitation counseling specialty area services and practices, as well as specialized services for specific disability populations

j. knowledge of organizational settings related to rehabilitation counseling services at the federal, tribal, state, and local levels

k. education and employment trends, labor market information, and resources about careers and the world of work, as they apply to individuals with disabilities

l. Social Security benefits, workers’ compensation insurance, long-term disability insurance, veterans’ benefits, and other benefit systems that are used by individuals with disabilities

m. individual needs for assistive technology and rehabilitation services

n. advocacy on behalf of individuals with disabilities and the profession as related to disability and disability legislation

o. federal, tribal, state, and local legislation, regulations, and policies relevant to individuals with disabilities

p. professional organizations, preparation standards, and credentials relevant to the practice of rehabilitation counseling

q. legal and ethical aspects of rehabilitation counseling, including ethical decision-making models

r. administration and management of rehabilitation counseling practice, including coordination of services, payment for services, and record keeping

3. PRACTICE

a. evaluation of feasibility for services and case management strategies that facilitate rehabilitation and independent living planning

b. informal and formal assessment of the needs and adaptive, functional, and transferable skills of individuals with disabilities
c. evaluation and application of assistive technology with an emphasis on individualized assessment and planning

d. understanding and use of resources for research and evidence-based practices applicable to rehabilitation counseling

e. strategies to enhance coping and adjustment to disability

f. techniques to promote self-advocacy skills of individuals with disabilities to maximize empowerment and decision-making throughout the rehabilitation process

g. strategies to facilitate successful rehabilitation goals across the lifespan

h. career development and employment models and strategies to facilitate recruitment, inclusion, and retention of individuals with disabilities in the workplace

i. strategies to analyze work activity and labor market data and trends, to facilitate the match between an individual with a disability and targeted jobs

j. advocacy for the full integration and inclusion of individuals with disabilities, including strategies to reduce attitudinal and environmental barriers

k. assisting individuals with disabilities to obtain knowledge of and access to community and technology services and resources

l. consultation with medical/health professionals or interdisciplinary teams regarding the physical/mental/cognitive diagnoses, prognoses, interventions, or permanent functional limitations or restrictions of individuals with disabilities

m. consultation and collaboration with employers regarding the legal rights and benefits of hiring individuals with disabilities, including accommodations, universal design, and workplace disability prevention
SECTION 6: DOCTORAL STANDARDS

COUNSELOR EDUCATION AND SUPERVISION

A. THE DOCTORAL LEARNING ENVIRONMENT

Doctoral degree programs in Counselor Education and Supervision are intended to prepare graduates to work as counselor educators, supervisors, researchers, and practitioners in academic and clinical settings. The doctoral program standards are intended to accommodate the unique strengths of different programs.

THE PROGRAM

1. The doctoral program consists of a minimum of 48 semester hours or 72 quarter hours of doctoral-level credits beyond the entry-level degree.

2. Doctoral programs (a) extend the knowledge base of the counseling profession in a climate of scholarly inquiry, (b) prepare students to inform professional practice by generating new knowledge for the profession, (c) support faculty and students in publishing and/or presenting the results of scholarly inquiry, and (d) equip students to assume positions of leadership in the profession and/or their area(s) of specialization.

3. Doctoral program admission criteria include (a) academic aptitude for doctoral-level study; (b) previous professional experience; (c) fitness for the profession, including self-awareness and emotional stability; (d) oral and written communication skills; (e) cultural sensitivity and awareness; and (f) potential for scholarship, professional leadership, and advocacy.

4. During the doctoral program admissions process, students’ curricular experiences are evaluated to verify completion of coursework including (a) CACREP entry-level core curricular standards, (b) CACREP entry-level professional practice standards, and (c) CACREP entry-level curricular requirements of a specialty area (e.g., addiction counseling, school counseling) so that any missing content can be completed before or concurrently with initial doctoral-level counselor education coursework.

5. Doctoral students must complete dissertation research focusing on areas relevant to counseling practice, counselor education, and/or supervision.

6. Doctoral programs require two core counselor education program faculty in addition to the minimum three core counselor education program faculty members required for entry-level programs.

7. Students in doctoral-level programs establish an approved doctoral committee and work with the committee to develop and complete a program of study.
B. DOCTORAL PROFESSIONAL IDENTITY

Doctoral programs in counselor education address professional roles in five doctoral core areas: counseling, supervision, teaching, research and scholarship, and leadership and advocacy. These five doctoral core areas represent the foundational knowledge required of doctoral graduates in counselor education. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

1. COUNSELING
   a. scholarly examination of theories relevant to counseling
   b. integration of theories relevant to counseling
   c. conceptualization of clients from multiple theoretical perspectives
   d. evidence-based counseling practices
   e. methods for evaluating counseling effectiveness
   f. ethical and culturally relevant counseling in multiple settings

2. SUPERVISION
   a. purposes of clinical supervision
   b. theoretical frameworks and models of clinical supervision
   c. roles and relationships related to clinical supervision
   d. skills of clinical supervision
   e. opportunities for developing a personal style of clinical supervision
   f. assessment of supervisees’ developmental level and other relevant characteristics
   g. modalities of clinical supervision and the use of technology
   h. administrative procedures and responsibilities related to clinical supervision
   i. evaluation, remediation, and gatekeeping in clinical supervision
   j. legal and ethical issues and responsibilities in clinical supervision
   k. culturally relevant strategies for conducting clinical supervision

3. TEACHING
   a. roles and responsibilities related to educating counselors
   b. pedagogy and teaching methods relevant to counselor education
   c. models of adult development and learning
d. instructional and curriculum design, delivery, and evaluation methods relevant to counselor education

e. effective approaches for online instruction

f. screening, remediation, and gatekeeping functions relevant to teaching

g. assessment of learning

h. ethical and culturally relevant strategies used in counselor preparation

i. the role of mentoring in counselor education

4. RESEARCH AND SCHOLARSHIP

a. research designs appropriate to quantitative and qualitative research questions

b. univariate and multivariate research designs and data analysis methods

c. qualitative designs and approaches to qualitative data analysis

d. emergent research practices and processes

e. models and methods of instrument design

f. models and methods of program evaluation

g. research questions appropriate for professional research and publication

h. professional writing for journal and newsletter publication

i. professional conference proposal preparation

j. design and evaluation of research proposals for a human subjects/institutional review board review

k. grant proposals and other sources of funding

l. ethical and culturally relevant strategies for conducting research

5. LEADERSHIP AND ADVOCACY

a. theories and skills of leadership

b. leadership and leadership development in professional organizations

c. leadership in counselor education programs

d. knowledge of accreditation standards and processes

e. leadership, management, and administration in counseling organizations and other institutions

f. leadership roles and strategies for responding to crises and disasters
g. strategies of leadership in consultation

h. current topical and political issues in counseling and how those issues affect the daily
work of counselors and the counseling profession

i. role of counselors and counselor educators advocating on behalf of the profession and
professional identity

j. models and competencies for advocating for clients at the individual, system, and
policy levels

k. strategies of leadership in relation to current multicultural and social justice issues

l. ethical and culturally relevant leadership and advocacy practices

C. PRACTICUM AND INTERNSHIP

PRACTICUM

1. Doctoral students participate in a supervised doctoral-level counseling practicum of a
minimum of 100 hours, of which 40 hours must be providing direct counseling services.
The nature of doctoral-level practicum experience is to be determined in consultation
with counselor education program faculty and/or a doctoral committee.

2. During the doctoral student’s practicum, supervision is provided by a counselor education
program faculty member or an individual with a graduate degree (preferably doctoral) in
counseling or a related mental health profession with specialized expertise to advance the
student’s knowledge and skills.

3. Individuals serving as practicum supervisors have (1) relevant certifications and/or
licenses, (2) knowledge of the program’s expectations, requirements, and evaluation
procedures for students, and (3) relevant training in counseling supervision.

4. Doctoral students participate in an average of one hour per week of individual and/or
triadic supervision throughout the practicum. When individual/triadic supervision is
provided by the counselor education program faculty, practicum courses should not
exceed a 1:6 faculty:student ratio

5. Group supervision is provided on a regular schedule with other students throughout the
practicum and must be performed by a counselor education program faculty member.
Group supervision of practicum students should not exceed a 1:12 faculty:student ratio.

6. Doctoral students are covered by individual professional counseling liability insurance
policies while enrolled in practicum.

INTERNSHIP

7. Doctoral students are required to complete internships that total a minimum of 600 clock
hours. The 600 hours must include supervised experiences in at least three of the five
doctoral core areas (counseling, teaching, supervision, research and scholarship, leadership and advocacy). Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in a counseling or supervision internship.

8. During internships, the student receives an average of one hour per week of individual and/or triadic supervision, performed by a supervisor with a doctorate in counselor education or an individual with a graduate degree and specialized expertise to advance the student’s knowledge and skills.

9. Group supervision is provided on a regular schedule with other students throughout the internship and must be performed by a counselor education program faculty member.
# GLOSSARY TO ACCOMPANY THE 2016 CACREP STANDARDS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic term</strong></td>
<td>an institutionally defined unit of course delivery (e.g., quarter, semester).</td>
</tr>
<tr>
<td><strong>Academic unit</strong></td>
<td>the academic department or specifically defined subsection of a department identified and defined in a college or university that has responsibility for curricular and clinical experiences for which accreditation is sought. An academic unit includes allocated faculty and physical facilities.</td>
</tr>
<tr>
<td><strong>Accreditation</strong></td>
<td>a system for recognizing educational institutions and professional programs affiliated with those institutions for a level of performance and integrity based on review against a specific set of published criteria or standards. The process includes (1) the submission of a self-study document that demonstrates how standards are being met, (2) an onsite review by a selected group of peers, and (3) a decision by an independent board or commission that either grants or denies accredited status on the basis of how well the standards are met.</td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
<td>the systematic gathering of information for decision making about individuals, groups, programs, or processes. Assessment, as used in Section 4 of the 2016 CACREP Standards, is the measurement of an individual student’s level of attainment of knowledge, skills, and dispositions. Assessment also includes aggregating the individual student data into the overall student assessment data used in the process of program evaluation.</td>
</tr>
<tr>
<td><strong>CACREP Liaison</strong></td>
<td>a single individual who is identified as the main contact for information and correspondence from the CACREP office. A full description of responsibilities of the CACREP Program Liaison can be found on the CACREP website (<a href="http://www.cacrep.org">www.cacrep.org</a>).</td>
</tr>
<tr>
<td><strong>Certification</strong></td>
<td>the process by which an agency or association grants recognition to a person who has met predetermined qualifications specified by that agency or association.</td>
</tr>
<tr>
<td><strong>Common core areas</strong></td>
<td>eight area of curricular experience required by CACREP to prepare all counselor: (1) professional counseling orientation and ethical practice, (2) social and cultural diversity, (3) human growth and development, (4) career development, (5) counseling and helping relationships, (6) group counseling and group work, (7) assessment and testing, and (8) research and program evaluation.</td>
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</table>
The common core areas represent knowledge areas that are fundamental to the counseling profession.

Continuous and systematic education faculty one who is employed by the institution and holds a full-time academic appointment in the counselor education program for at least the current academic year. Faculty members may be designated as core faculty in only one institution regardless of the number of institutions in which they teach classes.

Core counselor education faculty in a regular, ongoing, and planned method.

Counselor education a distinct academic discipline that has its roots in educational and vocational guidance and counseling, human development, supervision, and clinical practice. The primary focus of counselor education programs is the training and preparation of professional counselors who are competent to practice, abide by the ethics of the counseling profession, and hold strong counseling identities. At the doctoral level, counselor education programs may focus on the preparation and training of future academic professionals who will teach the curriculum of counseling theory and practice and include specialized practice areas such as Addiction Counseling; Career Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; College Counseling and Student Affairs; Marriage, Couple, and Family Counseling; and School Counseling.

Course credit hours the number of credit hours of the course, not the number of credit hours generated by the course.

Direct service supervised use of counseling, consultation, or related professional skills with actual clients (can be individuals, couples, families, or groups) for the purpose of fostering social, cognitive, behavioral, and/or affective change. These activities must involve interaction with others and may include: (1) assessment, (2) counseling, (3) psycho-educational activities, and (4) consultation. The following would not be considered direct service: (1) observing others providing counseling or related services, (2) record keeping, (3) administrative duties, (4) clinical and/or administrative supervision.

Empirically-based plan systematic approach to program evaluation based on a regular review of measurable outcomes and goals.

Entry-level in the context of these standards, entry-level refers to a minimum of a master’s degree program.
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Evaluation</td>
<td>the review and interpretation of information that has been gathered from and about individuals, programs, or processes that leads to decisions and future actions. Evaluation, as used in Section 4 of the 2016 CACREP Standards, refers to the method and process of determining and judging overall program effectiveness using the assessment and other data that has been gathered to review the program and implement improvements based on the results.</td>
</tr>
<tr>
<td>Formative and summative evaluations</td>
<td>Formative evaluation examines the development of professional competencies with a focus on identifying strengths and deficiencies and corresponding learning interventions. Summative evaluation focuses on outcomes and is used to assess whether desired learning goals are achieved consistent with a professional standard.</td>
</tr>
<tr>
<td>Full time equivalent (FTE)</td>
<td>When calculating FTE ratios, programs use their institution’s definition of full-time student loads and faculty teaching loads, including part-time students and faculty at their percentage of full-time.</td>
</tr>
<tr>
<td>Gatekeeping</td>
<td>The ethical responsibility of counselor educators and supervisors to monitor and evaluate an individual’s knowledge, skills, and professional dispositions required by competent professional counselors and to remediate or prevent those that are lacking in professional competence from becoming counselors.</td>
</tr>
<tr>
<td>Group supervision</td>
<td>A tutorial and mentoring relationship between a member of the counseling professional and more than two counseling students.</td>
</tr>
<tr>
<td>Individual supervision</td>
<td>A tutorial and mentoring relationship between a member of the counseling professional and one counseling student.</td>
</tr>
<tr>
<td>Internship</td>
<td>A distinctly defined, post-practicum, supervised clinical experience in which the student refines and enhances basic counseling or student development knowledge and skills, and integrates and authenticates professional knowledge and skills related to program objectives.</td>
</tr>
<tr>
<td>Key performance Indicators (KPIs)</td>
<td>Student learning outcomes that are connected to the required curriculum and that program faculty have chosen to represent student knowledge and skills related to program objectives.</td>
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</tbody>
</table>
Licensure: the process by which a state agency or government grants permission to a person to engage in a given profession and to use the designated title of that profession after the applicant has attained the minimal degree of competency necessary to ensure that public health, safety, and welfare are reasonably well protected.

Live supervision: a combination of direct observation of the counseling session with some method that enables the supervisor to communicate with and thereby influence the work of the supervisee during the session (from Bernard & Goodyear).

Multicultural: term denoting the diversity of racial, ethnic, and cultural heritage; socioeconomic status; age; gender; sexual orientation; and religious and spiritual beliefs, as well as physical, emotional, and mental abilities.

Multiple measures: the use of two or more different types of measures per assessment area.

Multiple points: collected at two or more points in time throughout students' program of study.

Non-core faculty: to include any faculty teaching in the counselor education program (e.g., adjunct, part-time, or visiting faculty as well as affiliate faculty from other departments) who do not meet criteria for Core Counselor Education Faculty outlined in standards I.W-X.

Pluralistic: a condition of society in which numerous distinct ethnic, racial, religious, and social groups coexist and cooperatively work toward the interdependence needed for the enhancement of each group. This condition is based on the belief that all members of society benefit when diverse groups participate fully in the dominant society, yet maintain their differences.

Practicum: a distinctly defined, supervised clinical experience in which the student develops basic counseling skills and integrates professional knowledge. The practicum is completed prior to internship.

Professional counseling organizations: organizations whose primary mission is to advocate for and to provide development, support, and/or recognition for professional counselors across the counselor education specialties.

Professional dispositions: the commitments, characteristics, values, beliefs, interpersonal functioning, and behaviors that influence the counselor's professional growth and interactions with clients and colleagues.
| Program | the degree level for which accreditation is sought (e.g., master's program in Counselor Education with a specialty area in Addiction Counseling; Career Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; College Counseling and Student Affairs; Marriage, Couple, and Family Counseling; School Counseling; or doctoral program in Counselor Education and Supervision). |
| Regular schedule | specified timeframe and frequency to be determined by the program; must be educationally sound and justifiable. |
| Relevant training in counseling supervision | training in counseling supervision to be determined by the program (e.g., workshop offered by the institution, graduate supervision course, possession of supervisory credential, etc.). |
| Specialty areas/Specialization | a structured sequence of curricular and clinical experiences for which accreditation is sought. In the context of these standards, specialty areas are housed within a master's degree program. Master's degree programs may offer specializations in Addiction Counseling; Career Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; College Counseling and Student Affairs; Marriage, Couple, and Family Counseling; and School Counseling. |
| Student learning | measurable acquisition of knowledge or skills. |
| Sustained | maintained or occurring consistently over a period of time beyond the year prior to when accreditation is being sought. |
| Systematic | in a regular, planned, and comprehensive manner. |
| Triadic supervision | a tutorial and mentoring relationship between a member of the counseling profession and two counseling students. |
# Rehabilitation Counseling Terms for the CACREP 2016 Glossary

The following terms will be displayed in a separate section of the CACREP 2016 Standards Glossary, rather than integrated into it, in order to minimize confusion where terms may have multiple meanings.

<table>
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</tr>
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<tbody>
<tr>
<td>Adaptive, functional and transferable skills</td>
<td>In general, a skill is an ability, competence, or capacity. Adaptive skills are practical, daily capacities to meet activities or daily living and instrumental activities of daily living. Functional skills are basic abilities to function physically, mentally, and cognitively in a variety of environments. Transferable skills are learned vocational and avocational competencies transferable to other vocational and avocational activities that contain the same or lesser degree of skill and use the same or similar systems, tools, or technologies.</td>
</tr>
<tr>
<td>Disability</td>
<td>According to the World Health Organization (2011, p. 4), “Disability is the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors).” [<a href="http://www.who.int/disabilities/world_report/2011/report.pdf">http://www.who.int/disabilities/world_report/2011/report.pdf</a>]</td>
</tr>
<tr>
<td>Employments models</td>
<td>(Applicable to disability) Models to facilitate the career development and job placement of individuals with disabilities, including but not limited to supported employment, customized employment, train-then-place approach, demand-side approach, and person-centered placement.</td>
</tr>
<tr>
<td>Interdisciplinary teams</td>
<td>Professionals from different disciplines working together to achieve rehabilitation goals. Team members could include medical and health care professionals, independent living specialists, rehabilitation engineers, vocational evaluators, etc.</td>
</tr>
<tr>
<td>Legal rights (of individuals with disabilities)</td>
<td>Accessibility and nondiscrimination rights guaranteed by federal, tribal, state, and local laws and regulations, including but not limited to laws (as amended) such as the Americans with Disabilities Act, Rehabilitation Act of 1973, Family Medical Leave Act, and Individuals with Disabilities Education Act.</td>
</tr>
</tbody>
</table>
Philosophy of rehabilitation counseling

Focused on disability rights and empowering individuals with disabilities to achieve their own chosen goals. Instead of relying on a diagnose-then-treat approach to just change the individual, rehabilitation counselors seek ways to improve the accessibility of environments in which individuals with disabilities live and work.

Professional organizations, preparation standards, and credentials relevant to the practice of rehabilitation

Professional organizations relevant to rehabilitation counseling include but are not limited to the American Rehabilitation Counseling Association (ARCA) division of the American Counseling Association, the International Association of Rehabilitation Professionals (IARP), the National Council on Rehabilitation Education (NCRE), and the National Rehabilitation Counseling Association (NRCA). The primary certification for rehabilitation counselors is the Certified Rehabilitation Counselor (CRC) credential, although a wide variety of additional specialty credentials are also available. This is not an exhaustive list; rehabilitation is an interdisciplinary field that includes disability-related disciplines that do not exclusively focus on counseling.

Rehabilitation Counseling Scope of Practice

Rehabilitation counseling is a systematic process that 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 the following: 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; and
- provision of consultation about and access to rehabilitation technology. [https://www.crccertification.com/scope-of-practice]

Rehabilitation counseling specialty area services

Areas of specialized practice settings, including but not limited to psychiatric rehabilitation, forensic rehabilitation, criminal justice, rehabilitation case management, life care planning, substance abuse rehabilitation, veterans’ rehabilitation and employment, American Indian Vocational Rehabilitation Services, and transition services for school-aged youth.

Rehabilitation process

A systematic process intended to facilitate person-centered decision-making, this process is utilized to select, plan, and achieve goals with individuals with disabilities related to personal, career, and independent living. The Rehabilitation process includes the tasks of assessment, developing a rehabilitation plan, implementation and service delivery, follow-up, and consultation.

Specialized services for specific disability

Specialized services and programs are designed based on the unique needs of specific populations (e.g., spinal cord injury, traumatic brain injury, sensory, intellectual, psychiatric and physical disabilities, corrections, and veterans).

Universal design

Design of buildings, products, and environments that makes them usable to the greatest extent possible by all people regardless of their level of ability or disability, without the need for specialized modifications.
Student Handbook Acknowledgment

Please sign and return to the Administrative Associate for the Department of Rehabilitation and Human Services during your first semester of enrollment.

I, (please print your name) _________________________________, have read the Student Handbook in its entirety. I understand this handbook is part of our program and study, and may be updated and revised as needed.

I agree to keep current with my program of study. I understand and accept the policies and information contained in the Handbook. I have discussed matters that are unclear to me with my Advisor.

My first semester of enrollment in the MSCRHMHC program is _____________________.

___________________________________________                              ___________________

Student Signature                                      Date