

**DIVISION OF CLINICAL REHABILITATION AND
MENTAL HEALTH COUNSELING**

Department of Allied Health Sciences

The University of North Carolina at Chapel Hill

STUDENT HANDBOOK



2016-2017



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MISSION STATEMENT

The mission of the Division of Clinical Rehabilitation and Mental Health Counseling is to serve the people of North Carolina by educating rehabilitation and mental health counselors with the knowledge and expertise to provide services to our citizens with disabilities, with an emphasis on those with psychiatric and/or developmental disabilities. The mission is based on the fundamental belief in the dignity and worth of all people and the rights of people with disabilities to live self-determined lives in inclusive communities of their choice. The Division of Clinical Rehabilitation and Mental Health Counseling seeks to educate rehabilitation and mental health counselors who use the counseling relationship and skills to work collaboratively with individuals to maximize functional capacity, productive and independent living skills and quality of life and to provide access to and manage personalized services to support the unique needs and preferences of each individual, his or her family and community. Fundamental to this is a focus on the whole person –psychological, vocational, spiritual and physical aspects as well as family, social, work and community relationships. The Division seeks to educate rehabilitation counselors who possess the knowledge, critical thinking abilities, commitment to independent learning and scholarship, vision, and courage required to forge new models of community practice to address the diverse needs of the individuals with disabilities now and in the future.

In carrying out this mission the faculty of the Division has the obligation to acquire, discover, preserve, synthesize and transmit knowledge; to model professional leadership, and to create a culture of educational excellence that will nurture students’ intellectual and ethical development. Students have the responsibility to fully engage in an educational process of research, free inquiry, and personal responsibility and to become foremost practitioners, scholars, researchers, and leaders in the profession of rehabilitation and mental health counseling.

The University of North Carolina at Chapel Hill is recognized, nationally and internationally, as a leading center of scholarship, research and creative work with a mission to serve the people of North Carolina and the nation. The mission of the Division of Clinical Rehabilitation and Mental Health Counseling is to contribute actively and substantively to this tradition.

Objectives. Graduates of the Clinical Rehabilitation and Mental Health Counseling Program will:

1. Effectively apply current best practices in clinical rehabilitation and mental health counseling within a community-inclusion model;
2. Accurately assess the rehabilitation and mental health treatment preferences and needs of people with disabilities and work in partnership with consumers to provide the appropriate rehabilitation and mental health counseling, services and supports needed;
3. Acquire specific knowledge and skills to address the counseling and case management needs of people with disabilities with particular emphasis on strategies and techniques for serving people with psychiatric and developmental disabilities;
4. Work collaboratively with professionals, family members, community providers, employers and agency policy and decision makers to achieve optimal rehabilitation and recovery outcomes for people with disabilities;
5. Engage in a process of lifelong learning, collaboration and collegiality as part of ongoing professional development as clinical rehabilitation and mental health counselors;

6. Have the necessary leadership, business and management, and public policy skills to assume leadership roles in the practice and the profession of clinical rehabilitation and mental health counseling; and
7. Promote and support consumer empowerment and self-advocacy of people with disabilities.

PROGRAM OVERVIEW & ACCREDITATION

The Master's Program in Clinical Rehabilitation and Mental Health Counseling is offered through the Division of Clinical Rehabilitation and Mental Health Counseling, Department of Allied Health Sciences, in the School of Medicine, at the University of North Carolina in Chapel Hill. The program is dually accredited by the Council on Rehabilitation Education (CORE) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) through 2023.

The Master's Program in Clinical Rehabilitation and Mental Health Counseling is governed by the policies and regulations of the Graduate School. The Graduate School's policies and procedures are available in hard copies at the physical location of the Graduate School at 200 Bynum Hall or in electronic format on the institution's website at <http://gradschool.unc.edu/guidebooks.html>

AREAS OF SPECIALIZATION: SPECIALTY TRACKS

The curriculum is designed to provide a strong generalist education in Clinical Rehabilitation and Mental Health Counseling (CRMH) to all students and to simultaneously provide specialized education in either Clinical Rehabilitation and Mental Health Counseling--Developmental Disabilities (DD) track or Clinical Rehabilitation and Mental Health Counseling—Psychiatric Disabilities (PD) track. The first year of the curriculum emphasizes the development of core knowledge and counseling skills across the disability and practice continuum while also introducing all students to the specialized populations of individuals with developmental and psychiatric disabilities. At the end of the first semester, each student selects a specialty track in the program. Coursework during the first year focuses on general rehabilitation and mental health counseling preparatory work, while offering students the framework to begin to narrow their focus. Specialty track coursework begins in the second year.

Division of Clinical Rehabilitation and Mental Health Counseling Directory

NAME/TITLE	ADDRESS	PHONE	EMAIL ADDRESS
Dr. Eileen J. Burker, Division Director, Professor	4103 Bondurant Hall Campus Box 7205 Chapel Hill, NC 27599-7205	Office: 919-966-9125	eburker@med.unc.edu
Dr. Dara Chan, Assistant Professor	4102 Bondurant Hall Campus Box 7205 Chapel Hill, NC 27599-7205	Office: 919-843-4471	dara_chan@med.unc.edu
Dr. Mark Klinger, Associate Professor	4105 Bondurant Hall Campus Box 7205 Chapel Hill, NC 27599-7205	Office: 919-843-4730	mark_klinger@med.unc.edu
Dr. Greg Olley, Clinical Professor CRMH	1450 NC Hwy 54 East Campus Box 7255 Chapel Hill, NC 27599-7255	Office: 919-966-4720	greg.olley@cdl.unc.edu
Dr. Eniko Rak, Assistant Professor	4101 Bondurant Hall Campus Box 7205 Chapel Hill, NC 27599-7205	Office: 919-843-5138	eniko_rak@med.unc.edu
Dr. Judy Schmidt, Clinical Assistant Professor	4104 Bondurant Hall Campus Box 7205 Chapel Hill, NC 27599-7205	Office: 919-966-5980	judy_schmidt@med.unc.edu
Dr. Leigh Atherton, Adjunct Faculty	4100 Bondurant Hall Campus Box 7205 Chapel Hill, NC 27599-7205		watherto@unc.edu
Dr. Radha Carlson Adjunct Faculty	4100 Bondurant Hall Campus Box 7205 Chapel Hill, NC 27599-7205		rgcarlso@email.unc.edu
Dr. Michael Griffin, Adjunct Faculty	4100 Bondurant Hall Campus Box 7205 Chapel Hill, NC 27599-7205		griff067@email.unc.edu
Dr. Terra Rose, Adjunct Faculty	4100 Bondurant Hall Campus Box 7205 Chapel Hill, NC 27599-7205		terra.rose@dhhs.nc.gov
Dr. Heather Ambrosion Adjunct Faculty	4100 Bondurant Hall Campus Box 7205 Chapel Hill, NC 27599-7205		Heather.Ambrosion@unchealth.unc.edu
ADMINISTRATIVE SUPPORT			
Ms. Ina Diana, Program Assistant	1033 Bondurant Hall Campus Box 4273 Chapel Hill, NC 27599-4273	Main Line: 919-966-1007	idiana@med.unc.edu

Division of Clinical Rehabilitation and Mental Health Counseling
4100 Bondurant Hall, Campus Box 7205
Chapel Hill, NC 27599-7205
Main Phone: 919-966-8788
Fax Number: 919-966-9007

Calendar 2016-2017

Fall Semester 2016	
Last day for all students to submit all clinical requirement checklist documents to Dr. Judy Schmidt	Friday, August 26
Division of Clinical Rehabilitation and Mental Health Counseling Orientation	Monday, August 22
Classes Begin	Tuesday, August 23
Labor Day Holiday	Monday, September 5
NCRE Conference Arlington, VA	Sunday, October 16-Tuesday, October 18
Fall Break Begins 5:00 PM	Wednesday, October 19
Classes Resume 8:00 AM	Monday, October 24
NCRA Conference Asheville, VA	Wednesday, November 2-Friday, November 4
Thanksgiving Recess Begins	Wednesday, November 23 (no classes held 11/24-11/25)
Classes Resume 8:00 AM	Monday, November 28
Classes End	Wednesday, December 7
Exams Begin	Friday, December 9
Exams End	Friday, December 16
Spring Semester 2017	
Classes Begin	Monday, January 11
Martin Luther King Day	Monday, January 16
Spring Break begins 5:00 PM	Friday, March 10
Classes resume 8:00 AM	Monday, March 20
Holiday	Friday, April 14
Classes End	Friday, April 28
Exams Begin	Monday, May 1
Exams End	Tuesday, May 9
First and Second Summer Sessions 2017	
SS1 / SS2	May 17-June 19 / June 26-July 27

ADDITIONAL STUDENT EXPENSES

There are a few additional expenses students can expect to incur as costs associated with graduate study. Students will be asked to access electronic reserves and journal articles from the library. **If students wish to have their own hard copies of these readings, they will incur the cost of copying and printing them.** Assignments in various classes and field placements require students to engage in experiential activities in the community. **Travel expenses will be the responsibility of each student. Expenses for courses and related activities include, but are not limited to the following: Practicum, Internship, conferences, and other experiential activities.** Additionally, students are required to purchase individual digital recorders for practicum and internship.

EDUCATION AND TECHNOLOGY FEES

Students pay Education and Technology fees as assessed by the University. This money is used to defray the costs associated with therapeutic procedure labs and clinical experiences. The State Legislature will determine the amount students will be billed.

FACULTY MEETINGS

CRMH faculty meets twice monthly to discuss Division business. The Student Rehabilitation Counseling Association may appoint a student representative to present any concerns or issues to faculty during scheduled meetings. The faculty may also invite students to attend.

SAFETY

CRMH faculty strongly discourages any student from working or studying in Bondurant Hall or the classrooms after 5:00 p.m., Monday through Friday or the weekends, unless authorized by faculty. CRMH courses may be held in the evenings, and students are encouraged to use the CRMH lab for studying since it is a secure space. Otherwise, students should attempt to plan their work so they are not in the building after hours or on the weekends. Course scheduling is arranged for students to have time during normal business hours to complete coursework. When assignments require additional time on campus outside of scheduled courses, study areas are available in the campus libraries and should be used for evening and weekend research/study sessions.

Alert Carolina (<http://alertcarolina.unc.edu/>) is a safety awareness initiative, which plays an instrumental role in supporting the University of North Carolina at Chapel Hill's overall efforts to communicate about an emergency or a situation affecting the safety and health of the campus community.

In an emergency or dangerous situation, the University will post safety-related announcements at this website: alertcarolina.unc.edu, along with updates, information and other resources. The sirens will only sound during a life-threatening emergency or a test. Scenarios for siren activation are **1) armed and dangerous person on or near campus, 2) a major chemical spill or hazard, or 3) a tornado sighting.** Be prepared to go inside or take cover immediately in an actual emergency.

Safety and security procedures:

- Anyone who notices something suspicious or out of the ordinary should notify University Police at 911.
- For any safety concerns about a student, please contact the Dean of Student's Office at 919-966-4042 or Counseling and Psychological Services at 919-966-3658.
- For any safety concerns about a coworker, please contact the UNC Employee Assistance Program at 919-929-2362.
- Emergency call boxes with direct lines to the University Police are located around campus. Yellow and red call boxes are operated by opening the door and lifting the telephone receiver. Other call boxes are activated by pushing a button.

- The Point-to-Point Campus Shuttle (P2P) is available to transport faculty, staff, and students around campus and to their cars in campus parking lots between dusk and dawn seven days a week. To arrange a ride, call 919-962-P-TO-P (7867) (TDD 919-962-7142).
- The SAFE Escort service provides escorts (for solo students only) on the main campus during the semester from 7pm to 1am, Sunday through Thursday. Call 962-SAFE (962-7233) to arrange for an escort to meet you at your campus building or stop by the SAFE Escort desk in Davis Library

If it is absolutely necessary to use campus labs or libraries in the evenings or on weekends, the Division stresses the use of safety precautions and available University services. When walking at night, plan your routes in advance, stay in adequately lighted areas, remain alert to your surroundings, and **never walk alone!** If at all possible, meet your classmates at a central location or at someone's home and ride to campus together.

STUDENT E-MAIL ACCOUNTS

Students are required to have and maintain a UNC-CH School of Medicine email address, and are expected to check their e-mail daily. Faculty and staff use e-mail for messages, announcements and some class assignments. This account will also be used for library searches and internet access for class assignments. Your SOM email account should be activated before orientation. To do so, students should visit <http://www.unc.edu/myunc/>.

STUDENT MAILBOXES

Each student is assigned a mailbox within the CRMH lab suite and given the door lock code to access their mailboxes 24 hours per day. Any mail, messages, memos and announcements received for a student will be placed in his/her box. Students are required to check their mailboxes routinely. Student mailboxes should not be used for storage and should be cleaned out on a regular basis. The Division of Clinical Rehabilitation and Mental Health Counseling is not responsible for materials left in mailboxes.

STUDENT SERVICES:

AHS Student Services Office (<http://www.med.unc.edu/ahs/student-services>)

The mission of the Office of Student Services is to promote positive relations between the students of the Department of Allied Health Sciences and their constituents on campus and in the community, as well as providing any additional student support that might be helpful. Dr. Brenda Mitchell is the Associate Chair for Student Services and may be contacted by email at brenda_mitchell@med.unc.edu or by phone at 919-966-9038 in 1023 Bondurant Hall.

Graduate School (<http://gradschool.unc.edu/>)

The Division of Clinical Rehabilitation and Mental Health Counseling follows all policies and procedures of The Graduate School at UNC. It is expected that students will become familiar with their website and refer to the *Graduate School Record* at (<http://www.unc.edu/gradrecord/>) for further clarification.

The Graduate Student Center (GSC) is an additional resource available to all graduate and professional students as a place on campus where students can come together to share research ideas, interdisciplinary seminars, professional development activities, and hold meetings. Maria Erb and Kathy Wood are the Co-Directors of Diversity and Student Success and are responsible for leading the recruitment effort and coordinating retention programs for underrepresented graduate students. Their offices are located in Graduate Student Center, and they may be reached by email at Maria.Erb@unc.edu or kathy_wood@unc.edu. They can also be reached by phone at (919) 966-2613 or (919) 962-2509. Julie

Montaigne is the Fellowship and Funding Manager and is responsible for coordinating all internal and external fellowship supports as well as processing payments of tuition, grants, and fellowships. Ms. Montaigne is located at 218 Bynum Hall and may be reached by email at julie_montaigne@unc.edu or phone at 919-843-8392. For additional contact resources in The Graduate School, please refer to their staff directory at <http://gradschool.unc.edu/about/staff.html>.

STUDENT ASSISTANCE COMMITTEE

The Department of Allied Health Sciences (DAHS) receives scholarship and loan money from the UNC Hospitals Auxiliary (Volunteer Association Education Assistance). Students may apply for emergency loans or regular loans for up to \$1000. Loans are interest free and payment is expected after the first year of employment. The SAC also administers fellowships of \$300. Fellowships are based on scholarship, professional potential and financial need, and are awarded once each semester. Dr. Judy Schmidt is the Division's representative to the SAC. You may contact Dr. Schmidt at judy_schmidt@med.unc.edu for information and application instructions.

UNIVERSITY RESOURCES:

Bookstores

The *UNC Student Stores* Bookstore is located at 207 South Road in the Daniels Building. Some course textbooks are sold at this location, and specific textbooks recommended for all Health Sciences courses are shelved there for purchase by students. The bookstore also has a considerable selection of UNC merchandise and stocks popular books, UNC logo items and office supplies. Student Stores is open every day of the week. Call 919-962-5066 or 919-962-5024 for specific hours, additional information is provided on their website. <http://www.store.unc.edu/>

Campus Health Services (<http://chs.unc.edu>)

Campus Health Services (CHS) (<http://campushealth.unc.edu/>) is a department in the Division of Student Affairs and offers quality medical care to the UNC student community at a very low cost. You may contact them directly at 919-966-2281. CHS offers wellness and preventative care, care for injury, acute or chronic medical conditions, consultation, and medical testing. **Counseling and Wellness Services (CWS)** is a Campus Health Services department in the Division of Student Affairs at UNC-Chapel Hill. Counseling, psychological and prevention services are to assist students with problems they may encounter in their efforts to manage the social, academic, and personal demands accompanying their attendance at a major university. For any questions regarding services or to schedule appointments, please call 919-966-3658. Psychological/counseling services include individual, couples, and group therapy, urgent consultation and crisis intervention, and medication evaluation/management. Their wellness services provide education and health promotion programs in the areas of fitness and nutrition, alcohol and substance use, stress management, and sexual behavior. The CWS staff is comprised of licensed psychologists, psychiatrists, social workers, and health educators as well as administrative support personnel. . <https://campushealth.unc.edu/services/counseling-and-psychological-services>

Campus Recreation

A wide variety of services geared toward physical activity and health are available through this office. Call 919-843-PLAY for more information regarding campus leagues, gyms, pools and other services available.

Computer Labs

Computers are available for student use in the CRMH lab on the ground floor of Bondurant Hall.

There are also a number of computer labs available for students on campus. There are computer workstations and media kitchens (with multi-media resources) located in the HSL. Other campus libraries also have computer labs. Call UNC ITS at 919-962-HELP (4357) for more information on campus computer labs and their locations.

Food

The Beach Café/Food Court is located on the ground floor of the Brinkhouse-Bullet building, directly behind Bondurant Hall, which is opens daily 7:00 – 6:00 p.m. Mon-Fri. It has a full coffee bar (Café Oasis) and several breakfast/lunch counter choices, e.g., Chick-fil-A, as well as cold beverages (bottle and dispenser self-serve) and many packaged cold deli foods a la carte.

The University of North Carolina Hospitals Corner Café is located on the first floor of the Children’s Hospital and offers a hot breakfast from 7:00 – 10:00 a.m. The cafe offers lunch from 10:30 a.m. until 2:00 p.m. They offer burritos, rice & bean bowls, a sandwich bar, and pre-packaged salads as well as coffee, tea, and juices.

The Atrium Café, located in the Michael Hooker building of the School of Public Health, offers freshly made foods from Saladelia, Mediterranean Deli, and Nantucket Café. The hours are 7 a.m.-4 p.m.

Tar Heel Cafe is located on the second floor of the Thurston (“Skipper”) Bowles building located on the corner of Manning Drive and South Columbia Street. Breakfast is served from 7:00 a.m. until 10:30 a.m. Lunch begins at 11:00 a.m. and ends at 4:00 p.m. They have a grill, sandwich station, potato bar and salad bar with Chick-fil-At offering.

Friend’s Café is located at the entrance to the Health Sciences Library (HSL) building. They have a small selection of coffee, hot/cold beverages, a small assortment of Mediterranean Deli sandwiches, muffins, bagels, scones, cakes and other treats. Their hours are Monday-Friday from 7:30am to 5:30pm, Saturday from 1:30pm-5:30pm, and they are closed on Sundays.

Starbucks is located off of the lobby in the NC Cancer Hospital. They serve coffee and espresso beverages, along with teas, pastries, hot breakfast options, sandwiches and Panini’s and more. Starbucks is open 24 hours a day, 7 days a week.

The Learning Center

The Learning Center offers a range of services to help students succeed at Carolina, including peer tutoring, academic coaching, study groups, test prep, and learning disability support. The Academic Success Program for Students with LD/ADHD, a department within the Learning Center, provides academic coaching and support for students with LD/ADHD.

The Learning Center

Suite 0118 and 2109 SASB North, Campus Box # 5135

450 Ridge Road, Chapel Hill NC 27599-5135

Telephone: 919-962-3782 Fax: 919/962-7797

Email: learning_center@unc.edu

<http://learningcenter.unc.edu/>

Academic Success Program for Students with LD/ADHD

Suite 2109 Student Academic Services Building, CB # 3447

Chapel Hill, NC 27599-3447

Telephone: 919-962-7227 Fax: 919-962-3674

Email: <http://www.unc.edu/asp/aspinfo@unc.edu>

Open 8:00 – 5:00, Monday through Friday

Accessibility Resources and Service (ARS)

Provides services and reasonable accommodations to UNC students with disabilities or chronic medical conditions. To be eligible for services, students must provide documentation about a substantial limitation to one or more major life activities, specifically as it applies to meeting the demands of University life, in and/or out of the classroom. In order to become eligible, students must submit documentation to the Accessibility Resources and Service office. ARS states: “Postsecondary institutions are subject to a different legal framework and there is an expectation that you will be much more independent in advocating for the support and accommodations you will need. The following document from the Department of Education will be useful in explaining the key differences between the sectors:- <http://www2.ed.gov/about/offices/list/ocr/transition.html> “

Regarding attendance ARS states: “Accessibility Resources & Service cannot issue official written excuses for absences. We do not determine attendance policies for faculty. We can provide written verification of a medical condition that might cause a student to miss a class. This verification may address the legitimacy of, but not excuse, an absence. However, if class attendance/participation is an essential requirement, reasonable accommodations may not be possible.” For all classes in CRMH attendance is an essential requirement.

Documentation guidelines are posted at the ARS website below:

<https://accessibility.unc.edu/register>

Accessibility Resources and Service

450 Ridge Road, Suite 2126

Campus Box 7214

Chapel Hill, NC 27599

919-962-8300

919-962-7214 (Fax)

[https://accessibility.unc.edu/
accessibility@unc.edu](https://accessibility.unc.edu/accessibility@unc.edu)

Open 8:00 - 5:00, Monday through Friday

Libraries (<http://www.lib.unc.edu/>)

There are two main libraries on campus that our students commonly use: the **Health Sciences Library** (HSL), which is located in front of MacNider Building of the School of Medicine on Columbia Street and **Davis Library**, which is located on main campus behind the Student Union. There are many other departmental and specialty libraries on campus. Students will receive an introduction and orientation to the HSL and other library services at the beginning of their initial semester in the program.

Office of Scholarships and Student Aid (<http://studentaid.unc.edu/>)

111 Pettigrew Hall 919-962-8396

Public Safety Department (<http://www.dps.unc.edu/>)

Security Services Building 919-962-3951 (general information)

In case of emergency, dial 9-1-1.

New Student and Carolina Parent Programs (<http://nscpp.unc.edu/first-year-students>)

Students are advised to go to the Admitted Students webpage for the Graduate School <http://gradschool.unc.edu/admissions/admittedstudents.html>, which provides a guide for getting the ONYEN user name and password created and becoming linked to the various on-campus resources.

Connect Carolina (<https://connectcarolina.unc.edu/>)

Students can access their grades, can register online, and can make changes to their personal information at the Connect Carolina Student Center website. It can be accessed easily from the Connect Carolina.

UNC-ONE Card (<http://www.onecard.unc.edu/>)

The UNC One Card is the official identification card for students, faculty, and staff of The University of North Carolina at Chapel Hill. Every regularly admitted student is required to have a One Card. It will serve as your library and copy card and will allow you access to certain facilities. The UNC One Card also acts as a debit card and allows the cardholder to initiate financial transactions at a number of on-campus and off-campus locations. Contact the UNC One Card Office at 919-962-8024 for information. The UNC One Card Office is attached to the Student Stores.

UNC Writing Center (<http://writingcenter.unc.edu/>)

The Writing Center is a free service available to students, faculty, and staff at UNC-Chapel Hill. Their tutors are friendly graduate students from a variety of academic disciplines who are specially trained in teaching writing. They offer both 45-minute face-to-face sessions and an online tutoring system that allows you to submit writing and receive feedback via the web. Their face-to-face sessions take place on weekdays by appointment from 9 a.m. to 8 p.m. and closes at 4 pm on Fridays. On weekends, the Writing Center is open on Sunday from 5 p.m. until 8 p.m. You can submit a draft to the online tutor at any time, but they can respond only during their normal business hours. Graduate students, faculty, and staff can use Writing Center services once a week. The Writing Center is located in basement of the Student and Academic Services Building (SASB) North at the corner of Ridge Road and Manning Drive. They may be reached at 919-962-7710 for more information.

SECTION II: POLICIES

IMPORTANT: It is the student's responsibility to be aware of, and comply with all regulations, policies, procedures, and deadlines.

STUDENT POLICIES FOR CONDUCT AND PROFESSIONAL DEVELOPMENT

COURSE ATTENDANCE

Attendance, preparation, and punctuality are considered professional behaviors expected of all graduate students. Due to the rigor of the graduate education curriculum in Clinical Rehabilitation and Mental Health Counseling, and the importance of participation in class discussion, you are expected to attend all classes. If you miss two classes, you can earn no higher than a P in the course. If you miss three classes, you can earn no higher than an L. Missing more than 3 classes will result in course failure. Students missing two or more classes due to medical emergency, hospitalization, or family emergency, with appropriate written documentation will be given the option of taking an incomplete in the class and repeating it when it is again offered. Incompletes and retaking certain courses, e.g., Applied Counseling Skills, will prevent students from proceeding further in their Division of Clinical Rehabilitation and Mental Health Counseling course of study.

Please also note that repeated late arrivals or early departures from class are unacceptable and the instructor has discretion on whether it equals an absence. Students must check with their professors about their late arrivals/early departures to see how these have affected the course grade. It is considered professional behavior for a student to be proactive and punctual in communicating with faculty about absences in advance or immediately thereafter if the absence is based on an emergency.

STUDENT CONDUCT

Students must maintain appropriate conduct based on the Council on Rehabilitation Education (CORE) accreditation standards, the Council for Accreditation of Counseling & Related Educational Programs (CACREP) accreditation standards, the Council for Rehabilitation Counselor Certification (CRCC) Code of Ethics, and the American Counseling Association (ACA) Code of Ethics, among fellow students, persons served, and affiliates, faculty and staff of the university. In addition, they are expected to conduct themselves professionally as members of the surrounding community, to proudly represent UNC-Chapel Hill and the CRMH program.

Food and Drink: Food and drinks are permitted in classrooms for students, but only when class is not in progress. Students must recognize this is a privilege and as such it may be retracted at any point if students do not clean up after themselves or in any way abuse this privilege. Students are not permitted to eat in classrooms during class time. It is unprofessional, disrespectful, and distracting to eat while professors and guest speakers are lecturing.

Social Networking and Digital Platforms Policy: The use of personal technology, including but not limited to: social networking, personal email, web surfing, texting, and use of cellular phones is distracting to other students and faculty. It is also considered unprofessional behavior in workplaces. For this reason, as counselors-in-training, CRMH students are prohibited from engaging in the use of technology other than for the express purposes of class as outlined and allowed by faculty. Working on assignments in one class for another class is also not appropriate, as it communicates that the student is not engaged in the material at hand.

Students within the Division of Clinical Rehabilitation and Mental Health Counseling should be mindful of any behavior that might reflect badly on themselves, the Division and its faculty/staff, and/or the University of North Carolina at Chapel Hill. Such behavior includes activities conducted online.

While the DCRMH does not restrict students from using online social network sites and/or digital platforms (examples: Facebook, LinkedIn, MySpace, Instagram, Twitter, Blogging sites), it is important that they be aware that any content they make public via online social networks or digital platforms is expected to follow acceptable professional and social behaviors and also to comply with the UNC Honor Code.

As a student in the DCRMH at the University of North Carolina at Chapel Hill, you are a representative of the University. Please keep the following guidelines in mind as you participate on social networking web sites:

- Be aware that anything posted online is available to anyone in the world. Any text or photo placed online is completely out of your control the moment it is placed online – even if you limit access to the information on the site you are using.
- It is the expectation of the Division of Clinical Rehabilitation and Mental Health Counseling that students refrain from posting information, photos, or other items online that could reflect negatively on themselves, the Division and its faculty/staff, or the University of North Carolina at Chapel Hill.
- It is never a good idea to post your home address, local address, phone number(s), birth date, or other personal information, as well as your whereabouts or your plans. By doing so, you are putting yourself at risk!
- Keep in mind that it is now quite common for potential employers, practicum/internship supervisors, graduate program personnel, and scholarship committees to search these sites to screen candidates and applications.
- It is our policy to maintain professional relationships with all students. Please do not “friend” faculty or staff members within the DCRMH until you graduate from the program.
- The malicious use of online social networks, including derogatory language about any member of the CRMH community; demeaning statements about or threats to any third party; incriminating photos or statements depicting hazing, sexual harassment, vandalism, stalking, underage drinking, illegal drug use, or any other inappropriate behavior, will be subject to disciplinary action under the UNC Student Honor Code.
- Ignorance of these regulations does not excuse students from adhering to them.

Student Interaction: Students’ interactions with faculty and peers as well as other personnel on and off campus are expected to be commensurate with professional behavior.

Areas identified and documented by the faculty as deficient within and outside of coursework are subject to review and remediation if it is found that such conduct would be detrimental to the

student's participation in the field. Specific circumstances for remediation will be considered contextually in partnership between the collective CRMH program faculty, the student's advisor, and the student. If remediation is deemed necessary, processes for student progress as well as appeals will be made readily available to the student. Students wishing to follow the appeals process can begin by making an appointment with the program director.

Student Performance & Remediation

All students must progress and perform satisfactorily in the domains of academic performance, professionalism, counseling skills, and documentation where it is observable, documented, and measured, throughout their time in the CRMH Graduate program. In the unusual situation where a mid-term or end-of-semester evaluation indicates progress-inhibiting performance in the judgment of the collective faculty, the student's advisor and instructor where appropriate, will meet with the student to develop a remediation contract.

Our division has a remediation plan that involves all parties when a student is not performing well in practicum and internship. All students must be performing satisfactorily in clinical placements. In the unusual situation where a mid-term evaluation (or an earlier determination) indicates unsatisfactory performance, the supervisor(s) will meet with the student to develop a remediation contract. Students who need remediation in their clinical training will be required to meet with the clinical site supervisor and faculty clinical supervisor to review the student's performance difficulties and develop an action plan. All parties will collaboratively develop a written corrective action plan for remediation or resolution of issues or problems. The written determination will serve as a contract and include:

- Specific performance issues needing to be addressed
- Concrete steps to address the issues
- Clear plan with actions to identify how these steps will be evaluated
- Clinical practice measures which will be used to determine if effective remediation of the student's performance difficulties has occurred

Following evaluation of the student's progress in the action plan, an additional meeting with the site supervisor and faculty supervisor will occur to determine: if performance is acceptable; if the placement needs to be extended; whether the placement needs to be repeated; or if the placement should be terminated. The student's effort in the remediation plan will be factored into the final grade assigned in the clinical course.

STUDENT REQUESTS FOR ACADEMIC PROGRAM EXCEPTIONS OR MODIFICATIONS

Students are expected to follow these procedures when making special requests for academic program exceptions or modifications, e.g. grade transfers, course waivers, adjustments to requirements, program accommodations, time extensions or leave of absences.

“Leave of Absence” Policies of the UNC Graduate School from the <http://handbook.unc.edu/masters.html> website:

Within the five-year limit, a student in good academic standing may request one leave of absence from graduate study for a definite, stated period of time (up to one year) during which the student does not plan to make academic progress. To be eligible for a leave of absence, a student should not have received an extension of the degree time limit and not have temporary grades of IN or AB on courses taken. A leave of absence between degrees is not allowed.

In advance of the leave period, the student must complete and submit a Request for Leave of Absence Form  to The Graduate School. This form requires approval by the academic program. If The Graduate School approves the leave of absence, the time of that leave will not count against the total time allowed for the degree. Readmission to The Graduate School after an approved leave of absence is generally a formality. Ordinarily, a leave of absence may not be renewed.

Students should be aware that while on leave, they cannot be considered enrolled students and therefore will not have access to campus services and benefits afforded to enrolled students, including eligibility for holding student employment positions (e.g., TA or RA) or student health insurance, among other services.

Students taking advantage of the Parental Leave Policy do not need to file a separate Leave of Absence request. Information about other types of leaves can be found at:
<http://handbook.unc.edu/medical.html>

For other academic program exceptions or modifications, e.g. grade transfers, course waivers, adjustments to requirements, program accommodations, faculty decisions made at a given time regarding the request of a student or class only apply to that specific request and will not have ramifications in any other respect. Students must first discuss their issue with their faculty advisor to determine whether this warrants a program exception or modification. If the advisor believes it is an appropriate request then the student should initiate it in writing. All requests must be submitted in writing to the student's academic advisor (or to the CRMH Division Director in the absence of an advisor) specifically making the formal request for faculty consideration. Students can make a formal written request by e-mail, or letter and are responsible for providing the information needed in order to make the decision. Faculty of the DCRMH will review each request at the first upcoming faculty meeting.

Decisions made by the faculty will be recorded in the faculty minutes of the meeting. A formal reply will be sent within a week following the faculty's decision by either e-mail from the student's advisor or by a letter from the Director to the student.

GRADING

Grades used in the evaluation of the performance of UNC-CH graduate students are as follows:

Letter Grade	Description	Division Numeric Scale
H	Clear Excellence	93-100
P	Entirely Satisfactory	83-92
L	Low Passing	75-82
F	Failed	<75

Late assignments may not be accepted, or will be subject to a loss of points. The grade for any assignment turned in late within one week of the due date will result in a 10% grade drop. (To clarify, any assignment turned in 1 hour to 1 week late will receive a 10% drop.) After one week a 20% drop in grade is assigned. Please submit assignments on time to avoid these penalties.

A grade of L should be cause for concern and every effort should be made by the student to determine and correct any deficiencies in study habits, writing ability, background knowledge, or other contributing factors. A master's student becomes academically ineligible for continued graduate study upon receiving any grade of F or 9 or more credit hours of L.

A grade of P means that the student entirely meets the criteria for graduate level study and practice based on the assignment or coursework completed.

A grade of H means that the student excels in graduate level study and practice based on going over and above the levels expected of CRMH students on the assignment or coursework completed.

A grade of Incomplete may be given when a student cannot complete a course within the allotted time. An Incomplete will not be given prior to midterm. If a student cannot complete coursework prior to midterm, withdrawal from the course or program is an approved option. After midterm, faculty give an "Incomplete" only in exceptional circumstances such as in the case of illness or death in the family. A delay in finishing a course usually causes an overload of work in subsequent semesters. A graduate student has one calendar year to remove a grade of Incomplete. If an Incomplete is not removed after one year, and an extension has not been granted, the Incomplete automatically becomes an F, thus making the student ineligible to continue in graduate studies.

Additional information on grading is available in the Graduate School Handbook. Students with concerns about grades should first see the instructor. Those who feel that there has been an error in grading can follow the steps described below for grievances and petitions.

GRIEVANCES AND PETITIONS

Reinstatement

The Graduate School Handbook outlines the procedures for petitioning for reinstatement after a student is declared academically ineligible.

Student Grievances

INFORMAL DISPUT RESOLUTION

The Division of Clinical Rehabilitation and Mental Health Counseling is committed to resolving student complaints received about the program, curriculum or other general training-related concerns. If you have a general concern or complaint, you are encouraged to follow the informal dispute resolution steps below to seek resolution. For complaints about grades or petitions for reinstatement following academically ineligible determinations, students should refer to the "Grievances and Petitions" policy contained in the Graduate School Student Handbook available here:

<http://handbook.unc.edu/>

Submitting a Complaint:

Step 1: First try to resolve your complaint informally by **talking with the person most directly connected to your concern**. This person may request that you provide additional documentation, or schedule an appointment to address your concern.

Step 2: If you think your complaint was not properly addressed in Step 1, or if you do not want to directly contact the individual involved, you may submit a complaint to either (1) your advisor or (2) the Division Director. When presenting the complaint, please include (1) your actual complaint (be specific as possible), and (2) the outcome you are seeking. Again, a meeting or additional paperwork may be requested at this point.

You can request an appointment to discuss your problem or submit a letter detailing your concern, which still may entail a subsequent meeting to discuss additional details and/or the resolution. When presenting the complaint, please include (1) your actual complaint (be as specific as possible), and (2) the outcome you are seeking and (3) why the solution from step 1 was not suitable for you. In this step, the person directly involved in your concern and your advisor will together develop a new resolution that will be conveyed to you. Again, you may request this on paper, and agree to it or appeal it.

A resolution will be issued to resolve your complaint. You may request a written document to convey the resolution to you and express your agreement in writing. If for some reason this is not satisfactory for you, please refer to the steps outlined below.

Step 3: If you are not satisfied with the resolution generated in Step 2, you may submit a formal complaint to the **Division Director**. If the complaint involves the Division Director, complaints should be submitted to the SOM Associate Dean. When presenting your complaint, please include (1) your actual complaint (be as specific as possible), (2) the outcome you are seeking, and (3) previous attempts to resolve the complaint and why you think those were not appropriate. The Division Director, or as appropriate, the SOM Associate Dean or their designee, will address the complaint. This may involve additional meeting (s) with the parties involved. A resolution will then be issued.

Step 4: If the problem remains unresolved, the Division Director will refer you to the SOM Associate Dean or their designee to process your complaint.

The University Ombuds Office

In addition to the Division's Informal Dispute Resolution Process, students may also consult with the University Ombuds Office at any time to address matters of concern. The Ombuds Office listens to complaints, provides information, facilitates communication, and helps arrange mediation or conflict resolution between or among members of the University's faculty, staff and Postdocs. Use of the Ombuds Office is voluntary and free. More information about the Ombuds Office and additional resources are available at <http://www.ombuds.unc.edu>. Please note that the Ombuds Office supplements, but does not replace, the University's formal channels of filing a complaint, and does not serve as a place to put the University on notice of claims. So long as there is no imminent risk of serious harm, consultation with the Ombuds Office is confidential.

The University's Equal Opportunity and Compliance Office

Students who believe that they may have been discriminated against or harassed based on their age, color, creed, disability, gender, gender expression, gender identity, genetic information, race, national origin, religion, sex, sexual orientation, or veteran status (their "protected status")

should contact the University's Equal Opportunity and Compliance Office (<http://eoc.unc.edu/about-eoc/>) or the University's Title IX Compliance Coordinator (<http://sexualassaultanddiscriminationpolicy.unc.edu/procedures/title-ix-coordinator/>). Further information about the complaint process and the University's Policy on Prohibited Discrimination, Harassment, and Related Misconduct, including Sexual and Gender-Based Harassment, Sexual Violence, Interpersonal Violence and Stalking (the "Policy") can be found at the following website: <http://sexualassaultanddiscriminationpolicy.unc.edu/>. Retaliation against an individual because of their good faith participation in the reporting, investigation, or adjudication of violations of the Policy is prohibited.

Student Appeal Process

The Graduate School Handbook outlines a multi-step process for student appeals. Briefly, the steps to be followed by the students in the CRMH Division include:

1. Address concerns with the faculty;
2. If concerns are not resolved, lodge an appeal in writing with the CRMH Division Director (or if the CRMH Division Director made the directive being appealed, continue to Step 3);
3. If concerns are not resolved, lodge an appeal in writing with the Chair of the Department of
4. Allied Health Sciences;
5. If concerns are not resolved, lodge an appeal in writing with the Dean of the Graduate School.

For more in-depth information on either the petition or appeal process, refer to the Graduate School Handbook. All students must follow the procedures set forth in the Graduate School Handbook for any grievances or petitions.

COURSE EVALUATION

At the end of each course students evaluate stated learning objectives and instructor effectiveness. Evaluations are given anonymously under a confidential procedure. Each student is encouraged to give his/her opinion about the strengths and concerns of each course. Fair and honest student feedback is an important component of overall curriculum evaluation. Dissatisfaction or frustration with course assignments, related in- and out-of-class activities and grades received should be discussed directly with the instructor during the semester. Personal attacks are not considered professional behavior, and do little to provide information that would be helpful in improving the program. The faculty member and the Division Director read course evaluation forms annually. The division director's course evaluations are reviewed by the Chair of the Department of Allied Health Sciences. Student evaluation is one element of a faculty member's Teaching Portfolio, and summaries of course evaluations are used in decisions regarding the instructor's reappointment and/or promotion.

STUDENT USE OF DIVISION AND UNIVERSITY RESOURCES

Copying and Printing

Students are not permitted to use the DAHS copiers for personal use. Students are responsible for making copies of records (e.g., health insurance, CPR cards) submitted for fieldwork. **Please do not ask office staff or faculty to make exceptions.** Students can make copies using cash in the following locations: Davis Library, Law Library, Undergraduate Library, Health Sciences Library, SILS Library, Wilson Library Annex, Carrington Hall, Sloane Art Library, Carroll Hall, and Philips Hall. Copies are 25 cents per page. Students who are enrolled full-time are provided with an allocation of 400 pages per semester by the UNC One Card office for free printing in University ITS labs. Once the 400 pages are used up, students will be required to add any funds to their OneCards to pay for printing. The rate for printing is 10 cents per page. Currently, there are sixteen ITS labs located on UNC's campus. The list of

their locations can be found at <http://help.unc.edu/help/its-labs-cci-printing-station-locations/> Please contact the UNC One Card Office at 962-1385 if you have further questions regarding usage of your printing allotment. Printers are also available in the CRMH Student Lab. The division will provide limited cartridges and paper as the budget allows.

Lab (G083 Bondurant Hall)

Students are encouraged to use the large conference room in the lab area whenever class is not in session or otherwise booked for meetings/events. The small conference room contains expensive taping equipment; therefore, strict guidelines must be enforced for its use. Students who wish to use the small conference room for taping purposes must use the sign-up sheets posted on the door of the small conference room to reserve the time they need to have available for taping purposes only.

At no time is food or drink permitted in the small conference room or in the supply room where tests are kept. **Eating is permitted only in the large conference room when classes are not in session.** A strict policy of carry-in/carry-out applies to the lab meaning no trash is to be left in any lab rooms as this area is not maintained by housekeeping. A refrigerator has been placed in the lab area for students to use; however, students are responsible for keeping it clean and removing perishable food items before spoilage occurs. Use of the refrigerator is a privilege, which can be withdrawn by the DCRMH at any time. **Important: The last student using any room(s) in the G083 complex is responsible for locking the door(s) when leaving to avoid problems with unauthorized access to (and possibly theft of) any resources located in the lab.**

Supplies and Equipment

Office supplies and equipment are funded at a level to meet the needs of faculty and to enhance the educational process. Students are not permitted to use DCRMH office equipment (examples are printers, computers and telephones) in the office suite without permission from faculty or staff. Students who are employed (Work Study, Graduate or Research Assistants) in the office may use office equipment as assigned for their respective office jobs, not for personal use or classroom assignments. Computers and a printer are available in the DCRMH Lab, located in G083 Bondurant Hall, for students to use during open lab hours (which are posted on the lab door). Students are responsible for providing their own paper and replacing the printer cartridge at their own expense when division supplies are exhausted.

Telephones

Students are not permitted to use Division telephones for personal use.

Student Alcohol Policy

Students and their guests aged 21 or older may possess and consume alcoholic beverages in individual campus residence hall rooms or apartments on campus, but not in common areas of residence halls on campus. Common source containers of alcohol (kegs) are not permitted on the UNC-CH campus. No public possession or consumption of alcohol is allowed at any time. No person, organization, or corporation may sell or indirectly sell any kind of alcoholic beverage on campus. **No alcohol may be served or consumed in any University building or open space** except as provided in the University's Guidelines. (Consult the University Guidelines on Alcohol Use and Possession for clarifications and/or exceptions.)

No Student Activity Fees or other University collected fees shall be used to purchase alcohol for use either on campus or off campus. No other funds of an officially recognized student group deposited or administered through the Student Activities Fund Office (from dues, donations, etc.) may be used to purchase alcohol for use either on campus or off campus.

ADVERSE WEATHER POLICY

The Division of Clinical Rehabilitation and Mental Health Counseling follows the University's adverse weather policy. In the event of severe weather, students have several resources available for learning the current status of the University:

ADVERSE WEATHER HOTLINE: Call 919-843-1234 for a recorded message on the adverse weather status for the University. **WEBSITE:** Adverse weather condition levels can be found on the University homepage at <http://www.unc.edu> **RADIO:** Regarding University operations and Chapel Hill buses, tune into Radio Station WNCN, 1610 am, the Travelers Information System. WUNC (91.5 FM) will also broadcast regular announcements regarding any weather-related closings.

TELEVISION: Most local television stations will report weather-related closings during severe weather events.

Should the University close due to adverse weather; an announcement will be made by the Chancellor or his/her representative. If conditions develop during the work day that require the University to close, the campus will be informed through regular administrative channels.

THE HONOR CODE

Academic work is a joint enterprise involving faculty and students. Both have a fundamental investment in the enterprise and both must share responsibility for ensuring its integrity. In relation to the Honor Code, specific faculty responsibilities parallel student responsibilities. It will be expected that our students especially in their first year, sign a pledge on all graded academic work certifying that no unauthorized assistance has been received or given in the completion of the work. The full text version of the "Instrument of Student Judicial Governance for the University of North Carolina at Chapel Hill" is available on-line at www.unc.edu/student/policies/isjg.

HONOR CODE: STUDENT RESPONSIBILITIES

To conduct all academic work within the letter and spirit of the Honor Code which prohibits the giving or receiving of unauthorized aid in all academic processes.

To consult with faculty and other sources to clarify the meaning of plagiarism: to learn the recognized techniques of proper attribution of sources used in the preparation of written work: and to identify allowable resource materials or aids to be used during examination or in completion of any graded work.

To sign a pledge on all graded academic work certifying that no unauthorized assistance has been received or given in the completion of the work.

To comply with faculty regulations designed to reduce the possibility of cheating - such as removing unauthorized materials or aids from the room and protecting one's own examination paper from view to others.

To maintain the confidentiality of examinations by divulging no information concerning an examination, directly or indirectly, to another student yet to write that same examination.

To report any instance in which reasonable grounds exist to believe that a student has given or received unauthorized aid in graded work. Such report should be made to the Office of the Student Attorney General or the Office of Student Affairs.

To cooperate with the Office of the Student Attorney General and the defense counsel in the investigation and trial of any incident of alleged violation, including the giving of testimony when called upon. Nothing herein shall be construed to contravene a student's rights enumerated in Section V.A.2.b.

of the instrument.

The Honor Code is available in the instrument of Student Judicial Governance, via this link:
<http://studentconduct.unc.edu/sites/studentconduct.unc.edu/files/documents/Instrument.pdf>

HONOR CODE: FACULTY RESPONSIBILITIES

To inform students at the beginning of each course and at other appropriate times that the Honor Code, which prohibits giving or receiving unauthorized aid, is in effect. Where appropriate, a clear definition of plagiarism and a reminder of its consequences should be presented, and the extent of permissible collaboration among students in fulfilling academic requirements should be explained.

To identify clearly in advance of any examination or other graded work the books, notes or other materials or aids which may be used; to inform students that materials or aids other than those identified cannot be used; and to require unauthorized materials or aids to be taken from the room or otherwise made inaccessible before the work is undertaken.

To require each student on all written work to sign a pledge when appropriate, stating that the student has neither given nor received unauthorized aid. Grades or other credit will not be awarded for unpledged work.

To take all reasonable steps consistent with the existing physical classroom conditions - such as requiring students to sit in alternate seats to reduce the possibility of cheating on graded work.

To exercise caution in the preparation, duplication and security of examinations (including make-up examinations) to ensure that students cannot gain improper advance knowledge of exam content.

To avoid, when possible, reuse of instructor-prepared examinations, in whole or in part, unless they are placed on reserve in the Library or otherwise made available to all students.

To exercise proper security in the distribution and collection of examination papers. To be present in the classroom during an examination when the instructor believes that his/her presence is warranted or when circumstances, in his opinion, make his/her presence necessary.

To report to the Office of the Student Attorney General or the Office of Student Affairs any instance in which reasonable grounds exist to believe that a student has given or received unauthorized aid in graded work. When possible, consultation with the student should precede reporting. Private action as a sanction for academic cheating, including the assignment for disciplinary reasons of a failing grade in the course, is inconsistent with faculty policy and shall not be used in lieu of or in addition to a report of the incident.

To cooperate with the Office of the Student Attorney General and the defense counsel in the investigation and trial of any incident of alleged violation, including the giving of testimony when called upon.

The student and faculty responsibilities are not all inclusive. They constitute but the minimum required of members of the faculty and of the student body. Nor are they mutually exclusive. The obligation of a faculty member or a student to uphold the values of academic integrity in this University shall not be lessened or excused by any failure of the other to comply with his or her responsibility.

ACCOMMODATIONS

The University of North Carolina at Chapel Hill is committed to assuring that all programs and facilities of the University are accessible to individuals with disabilities. Every student has the opportunity to voluntarily self-identify with the University as having a disability that substantially limits one or more of the student's major life activities. The form for official self-identification is available on-line through the Office of Accessibility Resources & Service (ARS) at <https://accessibility.unc.edu/register>. ARS will determine if a student is eligible for an accommodation. Accommodations must be requested by a student in a timely manner, which will allow ARS to review documentation, determine eligibility, and establish any accommodations. Please note: **identifying as having a disability to an individual professor, school, department or office other than ARS is NOT considered an official request to the University for accommodation.** Faculty who are contacted by a student identifying with a disability should encourage the student to directly contact ARS. In order to be eligible for accommodations, a student must register with ARS as outlined above and any accommodations must be approved through ARS. Faculty cannot provide accommodations without documentation from ARS. Students who are not seeking a specific accommodation are still encouraged to self-identify with ARS to learn more about available support and resources. More information about ARS is available online at accessibility.unc.edu.

REHABILITATION SERVICES ADMINISTRATION (RSA) SCHOLARS GRANT POLICY

We are currently entering the 3rd year of two, 5-year RSA training grants. Students will be given information about how to apply for these grants at the start of each school year. RSA scholars receive \$5,000/semester for the 4 semesters they are in the program (First Year: Fall, Spring; Second Year: Fall, Spring).

Terms and Conditions of Eligibility for Scholarship Stipend

The following conditions must be met by the scholar in order to be eligible to receive the scholarship stipend: (1) provision of documentation that the applicant is a U.S. citizen and lawful permanent resident of the United States for other than a temporary purpose, (2) expressed interest in a career in clinical practice, administration, supervision, teaching, or research in the vocational rehabilitation, supported employment, or independent living rehabilitation of individuals with disabilities, (3) expectation to maintain or seek employment in a designated State rehabilitation agency or in a nonprofit rehabilitation, professional corporation, professional practice group, or related agency providing services to individuals with disabilities under an agreement with a designated State agency, (4) attendance of the institution for no more than four academic years, and (5) provision of Certification of Eligibility for Federal Assistance.

Pay-back of Service / Repayment of Scholarship Stipend

In order to receive the scholarship stipend the scholar must: (1) maintain employment in a nonprofit rehabilitation agency or related agency or in a State rehabilitation agency or related agency, including a professional corporation or professional practice group through which the individual has a service arrangement with the designated State agency, (2) on a full- or part-time basis, (3) for a period of not less than the full-time equivalent of two years for each year for which assistance of the scholarship stipend was received, and (4) not more than the sum of the number of years required and two additional years.

In the event that the scholar is unable to meet the above requirements, repayment of all or part of any scholarship received, plus interest, is mandatory with a possibility of collection fees. A

scholar enters repayment status on the first day of the first calendar month after the earliest of the following dates: 1) date the scholar informs the Secretary he or she does not plan to fulfill the employment obligation under the agreement; or 2) any date when the scholar's failure to begin or maintain employment makes it impossible for that individual to complete the employment obligation within the determined number of years required.

Deferral or Exception to Performance or Repayment

To obtain a deferral or exception to performance or repayment under a scholarship agreement, a scholar shall provide the following: 1) Written application. A written application must be made to the Secretary to request a deferral or an exception to performance or the repayment of a scholarship; and 2) Documentation: a) Documentation must be provided to substantiate the grounds for a deferral or exception; b) Documentation necessary to substantiate an exception under Sec. 386.41(a)(1) or a deferral under Sec. 386.41(b)(5) must include a sworn affidavit from a qualified physician or other evidence of disability satisfactory to the Secretary ; or c) Documentation to substantiate an exception under Sec. 386.41(a)(2) must include a death certificate or other evidence conclusive under State law.

SECTION III - ACADEMIC ADVISING

Academic Advising

Graduate education in Clinical Rehabilitation and Mental Health Counseling is a combination of academic preparation, skill development, and personal growth. To aid you in this process and to guide you through the University system, a faculty member will be assigned as your primary advisor. The faculty advisor will approve your academic program and help you plan any supplemental experiences necessary for your development as a clinical rehabilitation and mental health counselor. The advisor will be able to answer your questions regarding the curriculum, provide you with feedback about your progress, and facilitate your entry into your career as a clinical rehabilitation or mental health counselor. Your faculty advisor must serve as the Committee Chair of your master's paper, project, or thesis. You choose the faculty member who will serve as your reader. You can designate someone outside the program, who may be a specialist in the topic area you choose, as a Reader only.

Each faculty member has special areas of interest, expertise, and work experiences. The faculty can provide you with different points of view regarding the rehabilitation of people with disabilities. Take the opportunity to get to know your faculty advisor as well as the other members of the faculty. It is your responsibility to schedule advising appointments with your Advisor.

To assure an equitable workload for faculty and accessible advisors for students, the following procedure will be used:

1. The Division Director will meet with faculty to discuss incoming students' interests and assign students to academic advisors. A list of academic advisees will be distributed during Student Orientation. The assigned faculty member becomes the student's academic advisor.
2. Students and academic advisors will meet as often as is necessary to assure a sound course of study. Frequency and methods of contact will be determined mutually by the student and faculty. The academic advisor will document as appropriate. Academic or professional problems that could contribute to dismissal are reported to and discussed with the academic advisor. Any such information is documented by the advisor. All students are reviewed prior to registering for the following semester.
3. The academic advisor is responsible for providing general advice on academic affairs. The academic advisor's duties do not include medical or psychiatric counseling of students. A student in distress will be referred to confidential personal counseling through UNC Counseling and Wellness Services (<http://campushealth.unc.edu/services/counseling-and-psychological-services>), particularly if issues pose a barrier to student safety or progression through the program. Faculty may decide to meet with advisees on an "as needed" basis and when appropriate, e.g., helping the advisee to decide on the specialization or assisting in making a formal request. CRMH faculty will maintain an open-door policy for advisement. Students are responsible for maintaining proactive communication with faculty advisors.
4. As previously stated, the academic advisor is also the Committee Chair for the Master's paper, project or thesis. All questions related to research should be directed to the Committee Chair. All questions regarding specific courses or course requirements should first be directed to the instructor of the course. Only when the academic advisor is also the instructor of the course, should the advisor serve in a simultaneous role.
5. Students may change advisors no more than two times while enrolled in the program. Students

may change faculty advisors in the following manner:

- The student requesting a change of faculty advisor shall obtain permission from his/her current advisor as well as from the preferred advisor.
- The student shall provide a written statement to both parties explaining the reasons for the change. Written requests will remain in the student's file.
- Both faculty members must agree to the change.
- Faculty advisement loads will be taken into consideration. Therefore, every effort will be made to maintain an equitable distribution of students among advising faculty.
- Faculty will determine new advisors as appropriate.

6. Student-faculty contact will be documented as necessary. All registration, records of course work, and other student program material will be documented as well as student performance reviews.

STUDENT REVIEW (per semester)

At regularly scheduled biweekly faculty meetings, time is set aside for faculty to discuss student performance in the program. The faculty may schedule a meeting as appropriate with advisees to review performance with specific students. Should specific action steps be recommended, the advisor will adequately document the meeting for the student's file. The student may address any concerns he/she may have with his/her Advisor or with the Division Director. During field placement courses, evaluation will be informed by site reviews. Forms used by site supervisors to evaluate students can be obtained in the respective manual for the appropriate clinical component (for more information see SECTION VI: CLINICAL EDUCATION component of this handbook.)

Students are responsible for tracking their progress throughout the program and scheduling advising meetings as necessary. For instance if a student feels he/she is at risk for exceeding the allowed number of "L's," it is the student's responsibility to meet with the instructor and the advisor. In addition, students should check their transcripts regularly to make sure any incomplete grades or other grade-related issues are rectified. When a student's performance is below average, faculty may take steps to advise the student into a reduced load, e.g., part time.

End of First Semester Review

After the first semester, students will be provided a form they will complete, summarizing their course grades, strengths, areas for improvement, and expectations for remediation where necessary. Faculty will then collectively review these student-completed sheets and with input from all faculty develop a comprehensive review of each student's performance and provide students the results.

End of Year Review

At the conclusion of the first year, students will complete the self-evaluation form again to report on their course grades, strengths, areas for improvement, and expectations for remediation where necessary. Faculty will collectively review comprehensive student performance and provide students feedback. This more comprehensive review will determine whether students may pursue clinical fieldwork and provide important feedback on professional development.

REGISTRATION (<http://my.unc.edu/>)

Students will be registered for Fall classes their first semester by the Division Program Assistant. For all other semesters, the student will be responsible for his or her own registration (except part-time students or when classes have been blocked by the DCRMH) after referring to the CRMH course curriculum and/or consulting with the advisor as questions arise. There will be some courses in your clinical education sequence, which require that the Division enroll students such as Practicum and

Internship as students must be first assigned to specific sections in these courses. If for some reason you are unable to register yourself, you can contact the Program Assistant who will try to help you determine what the problem is and provide direction on how to correct the problem.

Pre-registration dates, times, and course offerings can be obtained from the UNC Registrar's site (<http://registrar.unc.edu/index.htm/>) throughout the year. Adding or Dropping a Course is another function that is handled through telephonic/on-line communication. It may be necessary to process "paper drop/add" forms which can be secured from either the CRMH Program Assistant and/or the Registrar's office.

Loss of registration during a clinical class can result in losing a clinical placement. Should a student be dropped from a clinical course, for any reason, the student is responsible for addressing consequences.

SECTION IV: CURRICULUM

COURSE OF STUDY- Class of 2017

The curriculum of the Division of Clinical Rehabilitation and Mental Health Counseling contains a total of 62 credit hours for the PD and DD tracks: 47 semester hours of academic work and 15 semester hours of clinical experience*. A total of 65 credit hours are required for the Dual track students: 50 semester hours of academic work and 15 semester hours of clinical experience. A full-time student may require at least two calendar years of continuous enrollment; and part-time students may require up to four calendar years. * **Field-based placement plus classroom-based and individualized supervision**

The University of North Carolina at Chapel Hill -- Department of Allied Health Sciences Division of Clinical Rehabilitation and Mental Health Counseling -- Curriculum Class of 2017

Fall Semester Year One (15 Credit Hours)		
Course #	Credit Hrs	Course Name
CRMH 700	3	<p style="text-align: center;">Foundations of Clinical Rehabilitation & Mental Health Counseling</p> <p>Introduction to the history, philosophy, and profession of rehabilitation counseling. Students will obtain an overview of the field, its consumers, and methods of service delivery.</p>
CRMH 710	3	<p style="text-align: center;">A Multicultural Perspective of Developmental Counseling through the Lifespan</p> <p>Developmental theories and counseling through the lifespan will be covered with overall themes of positive development, resiliency, and healthy life transitions of persons with disabilities.</p>
CRMH 712	3	<p style="text-align: center;">Fundamentals of Clinical Rehabilitation & Mental Health Counseling Diagnosis & Practice with People with Psychiatric & Developmental Disabilities</p> <p>Introduction to diagnosing persons with psychiatric and developmental disabilities. Focus is on best practice treatment and the vocational, social and familial implications of living with a DSM diagnosis.</p>
CRMH 800	3	<p style="text-align: center;">Clinical Rehabilitation & Mental Health Counseling Research & Program Evaluation</p> <p>Research methods, evidence-based practice and ethical, legal, and cultural issues related to research and evaluation. Covers basic statistics, library research for rehabilitation related information, proposal development and grant writing.</p>
CRMH 814	3	<p style="text-align: center;">Introduction to Clinical Rehabilitation & Mental Health Counseling with People with Developmental & Psychiatric Disabilities</p> <p>Historical perspective, description, diagnoses, classification, etiology, myths and stereotypes, patterns of functioning, recovery, current best practices with focus on CRMH service delivery and community support; day-in-the-life component included.</p>
Spring Semester Year One (14 Credit Hours)		
CRMH 702	3	<p style="text-align: center;">Theories of Counseling</p> <p>Introduction to the traditional theories of individual and family counseling. Emphasis on application of theories with persons with disabilities, ethics and multicultural awareness.</p>
CRMH 704	3	<p style="text-align: center;">Medical & Psychosocial Aspects of Disabilities</p> <p>Overview of medical, psychological, social, and vocational aspects of disabilities with focus on functional implications of disability in all areas of life. Includes overview of human body systems, medical terminology, and assistive technology.</p>
CRMH 708	3	<p style="text-align: center;">Career Development & Employment: Counseling Persons with Disabilities</p> <p>This course will cover career development and counseling with emphasis on community integration in vocational and leisure pursuits of persons with disabilities, particularly those with mental illness and developmental disabilities.</p>

CRMH 806	5	Applied Counseling Skills in Clinical Rehabilitation & Mental Health Counseling Designed to teach foundational counseling skills that will enable students to begin counseling. Focus on counseling individuals with mental illness and developmental disabilities. Includes ethics and multicultural awareness.
First Summer Session Year One (3 Credit Hours)		
CRMH 817 (online)	3 (PD+ Dual Track)	Substance Abuse & Addiction in Clinical Rehabilitation & Mental Health Counseling Course provides an overview of drugs of abuse/addiction in the context of rehabilitation counseling. Additionally, theories of addiction, prevention, rehabilitation strategies, and research within a multicultural context are included.
Second Summer Sessions Year One (3 Credits Hours)		
*CRMH 718 (online)	3	Counseling with Individuals with Substance Abuse and Co-Occurring Disorders Introduces occurrence of psychiatric conditions co-occurrence of substance abuse +/or developmental disabilities, examining history including traditional recovery models, contradictory practices, bio-physiological effects and shift from separate to parallel to integrated treatment approaches.
First or Second Summer Session Year One (2+ Credit Hours)		
Required Elective/ CRMH 817	3 (DD)	DD Track: Elective taken <u>outside</u> the Division – see guidelines in Student Handbook <u>OR</u> Substance Abuse & Addiction in Clinical Rehabilitation & Mental Health Counseling

Fall Semester Year Two (14 Credit Hours)		
CRMH 706	3	Tests & Measurement in Clinical Rehabilitation & Mental Health Counseling This course is an overview of the selection, administration, accommodations/bias, limitations, and interpretation of major assessment tools. Emphasis on persons with psychiatric or developmental disabilities.
CRMH 714	3	Principles of Group Counseling in Clinical Rehabilitation & Mental Health Counseling Strategies and techniques in developing and implementing groups in counseling. Attention to group counseling with persons with disabilities, specifically those with psychiatric and developmental disabilities.
**CRMH 802	5	Practicum in Clinical Rehabilitation & Mental Health Counseling Provides students the opportunity to apply knowledge and counseling skills in a clinical setting and move to a more advanced level of counseling skill. Includes clinical training in assessing lethality, identifying and reporting abuse, counselor safety, Rehabilitation Counseling ethics, and HIPAA review
CRMH 816 <u>AND/OR</u> *818 (online)	3	Evidence-Based Counseling Practices with People with Developmental Disabilities (DD Track) Prepares students for CRMH practice with persons with DD; covers a wide range of intervention and coordination strategies focusing on achievement of a participatory, person-centered, independent, productive community life. <u>AND/OR</u> Evidence-Based Counseling Practices with People with Psychiatric Disabilities (PD Track) Prepares students for CRMH practice with persons with psychiatric conditions; covers evidence-based practice and coordination strategies focusing on support of recovery, achievement of healthy, independent and productive community life. *Dual Track students are required to take both of these courses

Spring Semester Year Two (13 Credit Hours)		
**CRMH 810	10	Internship in Clinical Rehabilitation & Mental Health Counseling Direct experience with clients/patients in either PD or DD settings.
CRMH 992 or 993	3	Master's Paper/Project in Clinical Rehabilitation & Mental Health Counseling (CRMH 992) OR Thesis (CRMH 993 - See requirements in Student Handbook or Grad School Record). Individual research supervised by a faculty, to explore area of interest in a research paper, program development, or professional project/ Individual research supervised by a faculty member in a special field of study.
Total Credit Hours = 62 PD and DD, 65 Dual Track		
Other courses - optional		
CRMH 890	3	Special Topics in Clinical Rehabilitation & Mental Health Counseling Faculty mentored independent study to pursue specific interests and topics.

SPECIALTY TRACK REQUIREMENTS- CLASS OF 2017

By the end of fall semester of the first year, full time students must identify the specialty track for their continuation of study (Note: Part time students must declare a specialization by the end of spring semester in their second year). Students select either the Mental Health Counseling--Developmental Disabilities (DD) track or Mental Health Counseling—Psychiatric Disabilities (PD) track or the Dual Track (both PD and DD). Track requirements include:

- Master's Paper, Project or Thesis related to the population (Dual track students need to include both populations in their paper)
- CRMH 816 (DD) OR CRMH 818 (PD), either of the advanced practices courses (Dual track students need to take both of these courses)
- CRMH 817 (PD and Dual Track)
- Elective course or CRMH 817 (DD track only)
- Internship with the population: CRMH 810 for Internship (See Section VI of the Handbook)

Elective Course for DD track:

Students who elect to take an elective must speak with Dr. Mark Klinger to obtain guidance on potential courses suitable for electives. If students wish to explore possible course options on campus or through other graduate-level university programs, students must gain approval from Dr. Klinger **prior to enrolling in the course.** To gain approval students must:

1. Contact the course instructor and obtain a copy of the course syllabus
2. Provide verification that it is a graduate level course
3. Complete a brief rationale describing how this elective course will further knowledge and skill in DD practice as a clinical rehabilitation/mental health counselor
4. Submit all documents listed above to the advisor or Dr. Klinger **prior** to enrolling in the course and await approval.

Although it is suggested that this course be taken during the summer session following year one, with approval, this course can be taken at any time during the student's program.

Curriculum Overview for the Class of 2017

PD TRACK	DD TRACK	PD+DD TRACK
700: Foundations of CRMH	700: Foundations of CRMH	700: Foundations of CRMH
702: Theories of Counseling	702: Theories of Counseling	702: Theories of Counseling
704: Medical & Psychosocial Aspects of Disabilities	704: Medical & Psychosocial Aspects of Disabilities	704: Medical & Psychosocial Aspects of Disabilities
706: Tests and Measurements in CRMH	706: Tests and Measurements in CRMH	706: Tests and Measurements in CRMH
708: Career Development & Employment: Counseling Persons with Disabilities	708: Career Development & Employment: Counseling Persons with Disabilities	708: Career Development & Employment: Counseling Persons with Disabilities
710: A Multicultural Perspective of Developmental Counseling through the Lifespan	710: A Multicultural Perspective of Developmental Counseling through the Lifespan	710: A Multicultural Perspective of Developmental Counseling through the Lifespan
712: Fundamentals of CRMH: Diagnosis & Practice with People with Mental Illness & Developmental Disabilities	712: Fundamentals of CRMH: Diagnosis & Practice with People with Mental Illness & Developmental Disabilities	712: Fundamentals of CRMH: Diagnosis & Practice with People with Mental Illness & Developmental Disabilities
714: Principles of Group Counseling in CRMH	714: Principles of Group Counseling in CRMH	714: Principles of Group Counseling in CRMH
718: Counseling with Individuals with Substance Abuse and Co-Occurring Disorders	718: Counseling with Individuals with Substance Abuse and Co-Occurring Disorders	718: Counseling with Individuals with Substance Abuse and Co-Occurring Disorders
800: CRMH Research & Program Evaluation	800: CRMH Research & Program Evaluation	800: CRMH Research & Program Evaluation
802: Practicum in CRMH	802: Practicum in CRMH	802: Practicum in CRMH
806: Applied Counseling Skills in CRMH	806: Applied Counseling Skills in CRMH	806: Applied Counseling Skills in CRMH
810: Internship in CRMH	810: Internship in CRMH	810: Internship in CRMH
814: Introduction to CRMH with People with Psychiatric Disabilities & Developmental Disabilities	814: Introduction to CRMH with People with Psychiatric Disabilities & Developmental Disabilities	814: Introduction to CRMH with People with Psychiatric Disabilities & Developmental Disabilities
	816: Evidence-Based Counseling Practices with People with Developmental Disabilities	816: Evidence-Based Counseling Practices with People with Developmental Disabilities
818: Evidence-Based Counseling Practices with People with Psychiatric Disabilities		818: Evidence-Based Counseling Practices with People with Psychiatric Disabilities
817: Substance Abuse and Addiction in CRMH		817: Substance Abuse and Addiction in CRMH
992 or 993: Master's Paper or Project in CRMH or Thesis	992 or 993: Master's Paper or Project in CRMH or Thesis	992 or 993: Master's Paper or Project in CRMH or Thesis
	Required Elective or CRMH 817: Substance Abuse and Addiction in CRMH	
Total Credit Hours: 62	Total Credit Hours: 62	Total Credit Hours: 65

COURSE OF STUDY- Class of 2018

The curriculum of the Division of Clinical Rehabilitation and Mental Health Counseling contains a total of 62 credit hours for the PD and DD tracks: 47 semester hours of academic work and 15 semester hours of clinical experience*. A total of 65 credit hours are required for the Dual track students: 50 semester hours of academic work and 15 semester hours of clinical experience. A full-time student may require at least two calendar years of continuous enrollment; and part-time students may require up to four calendar years.

* Field-based placement plus classroom-based and individualized supervision

**The University of North Carolina at Chapel Hill -- Department of Allied Health Sciences
Division of Clinical Rehabilitation and Mental Health Counseling -- Curriculum Class of 2018**

Fall Semester Year One (15 Credit Hours)		
Course #	Credit Hrs	Course Name
CRMH 700	3	Foundations of Clinical Rehabilitation & Mental Health Counseling Introduction to the history, philosophy, and profession of rehabilitation counseling. Students will obtain an overview of the field, it's consumers, and methods of service delivery.
CRMH 710	3	A Multicultural Perspective of Developmental Counseling through the Lifespan Developmental theories and counseling through the lifespan will be covered with overall themes of positive development, resiliency, and healthy life transitions of persons with disabilities.
CRMH 712	3	Fundamentals of Clinical Rehabilitation & Mental Health Counseling Diagnosis & Practice with People with Psychiatric & Developmental Disabilities Introduction to diagnosing persons with psychiatric and developmental disabilities. Focus is on best practice treatment and the vocational, social and familial implications of living with a DSM diagnosis.
CRMH 800	3	Clinical Rehabilitation & Mental Health Counseling Research & Program Evaluation Research methods, evidence-based practice and ethical, legal, and cultural issues related to research and evaluation. Covers basic statistics, library research for rehabilitation related information, proposal development and grant writing.
CRMH 814	3	Introduction to Clinical Rehabilitation & Mental Health with People with Developmental Disabilities & Psychiatric Disabilities Historical perspective, description, diagnoses, classification, etiology, myths and stereotypes, patterns of functioning, recovery, current best practices with focus on CRMH service delivery and community support; day-in-the-life component included.
Spring Semester Year One (14 Credit Hours)		
CRMH 702	3	Theories of Counseling Introduction to the traditional theories of individual and family counseling. Emphasis on application of theories with persons with disabilities, ethics and multicultural awareness.
CRMH 704	3	Medical & Psychosocial Aspects of Disabilities Overview of medical, psychological, social, and vocational aspects of disabilities with focus on functional implications of disability in all areas of life. Includes overview of human body systems, medical terminology, and assistive technology.
CRMH 708	3	Career Development & Employment: Counseling Persons with Disabilities This course will cover career development and counseling with emphasis on community integration in vocational and leisure pursuits of persons with disabilities, particularly those with mental illness and developmental disabilities.

CRMH 806	5	Applied Counseling Skills in Clinical Rehabilitation & Mental Health Counseling Designed to teach foundational counseling skills that will enable students to begin counseling. Focus on counseling individuals with mental illness and developmental disabilities. Includes ethics and multicultural awareness.
First Summer Session Year One (3 Credit Hours)		
CRMH 817 (online)	3 (PD+ Dual Track)	Marriage, Couple, and Family Counseling in Clinical Rehabilitation & Mental Health Practice Prepares students for clinical rehabilitation and mental health counseling with families of persons with psychiatric and developmental disabilities. Family and couples counseling theory, research, and practice will be covered.
Second Summer Sessions Year One (3 Credits Hours)		
*CRMH 718 (online)	3	Counseling with Individuals with Substance Abuse and Co-Occurring Disorders Introduces occurrence of psychiatric conditions co-occurrence of substance abuse +/-or developmental disabilities, examining history including traditional recovery models, contradictory practices, bio-physiological effects and shift from separate to parallel to integrated treatment approaches.
First or Second Summer Session Year One (2+ Credit Hours)		
Required Elective OR CRMH 822	3 (DD)	DD Track: Elective taken <u>outside</u> the Division – see guidelines in Student Handbook OR Marriage, Couple, and Family Counseling in Clinical Rehabilitation & Mental Health Practice
Fall Semester Year Two(14 Credit Hours)		
CRMH 706	3	Tests & Measurement in Clinical Rehabilitation & Mental Health Counseling This course is an overview of the selection, administration, accommodations/bias, limitations, and interpretation of major assessment tools. Emphasis on persons with psychiatric or developmental disabilities.
CRMH 714	3	Principles of Group Counseling in Clinical Rehabilitation & Mental Health Counseling Strategies and techniques in developing and implementing groups in counseling. Attention to group counseling with persons with disabilities, specifically those with psychiatric and developmental disabilities.
CRMH 802	5	Practicum in Clinical Rehabilitation & Mental Health Counseling Provides students the opportunity to apply knowledge and counseling skills in a clinical setting and move to a more advanced level of counseling skill. Includes clinical training in assessing lethality, identifying and reporting abuse, counselor safety, Rehabilitation Counseling ethics, and HIPAA review
CRMH 816 <u>AND/OR</u> *818 (online)	3	Evidence-Based Counseling Practices with People with Developmental Disabilities (DD Track) Prepares students for CRMH practice with persons with DD; covers a wide range of intervention and coordination strategies focusing on achievement of a participatory, person-centered, independent, productive community life. AND/OR Evidence-Based Counseling Practices with People with Psychiatric Disabilities (PD Track) Prepares students for CRMH practice with persons with psychiatric conditions; covers evidence-based practice and coordination strategies focusing on support of recovery, achievement of healthy, independent and productive community life.
Spring Semester Year Two (13 Credit Hours)		
CRMH 810	10	Internship in Clinical Rehabilitation & Mental Health Counseling Direct experience with clients/patients in either PD or DD settings.
CRMH	3	Master's Paper/Project in Clinical Rehabilitation & Mental Health

992 <u>or</u> 993		Counseling (CRMH 992) OR Thesis (CRMH 993 - See requirements in Student Handbook or Grad School Record). Individual research supervised by a faculty, to explore area of interest in a research paper, program development, or professional project/ Individual research supervised by a faculty member in a special field of study.
Total Credit Hours = 62 PD and DD, 65 Dual Track		
Other courses – optional		
CRMH 804	3	Special Topics in Clinical Rehabilitation & Mental Health Counseling Faculty mentored independent study to pursue specific interests and topics.

*Dual Track students are required to take both of these courses

SPECIALTY TRACK REQUIREMENTS- CLASS OF 2018

By the end of fall semester of the first year, full time students must identify the specialty track for their continuation of study (Note: Part time students must declare a specialization by the end of spring semester in their second year). Students select either the Mental Health Counseling--Developmental Disabilities (DD) track or Mental Health Counseling—Psychiatric Disabilities (PD) track or the Dual Track (both PD and DD). Track requirements include:

- Master’s Paper, Project or Thesis related to the population (Dual track students need to include both populations in their paper)
- CRMH 816 (DD) OR CRMH 818 (PD), either of the advanced practices courses (Dual track students need to take both of these courses)
- CRMH 822 (PD and Dual Track)
- Elective course or CRMH 822 (DD track only)
- Internship with the population: CRMH 810 for Internship (See Section VI of the Handbook)

Elective Course for DD track:

Students who elect to take an elective must speak with Dr. Mark Klinger to obtain guidance on potential courses suitable for electives. If students wish to explore possible course options on campus or through other graduate-level university programs, students must gain approval from Dr. Klinger **prior to enrolling in the course.** To gain approval students must:

5. Contact the course instructor and obtain a copy of the course syllabus
6. Provide verification that it is a graduate level course
7. Complete a brief rationale describing how this elective course will further knowledge and skill in DD practice as a rehabilitation counselor
8. Submit all documents listed above to the advisor or Dr. Klinger **prior** to enrolling in the course and await approval.

Although it is suggested that this course be taken during the summer session following year one, with approval, this course can be taken at any time during the student’s program.

Curriculum Overview for the Class of 2018

PD TRACK	DD TRACK	PD+DD TRACK
700: Foundations of CRMH	700: Foundations of CRMH	700: Foundations of CRMH
702: Theories of Counseling	702: Theories of Counseling	702: Theories of Counseling
704: Medical & Psychosocial Aspects of Disabilities	704: Medical & Psychosocial Aspects of Disabilities	704: Medical & Psychosocial Aspects of Disabilities
706: Tests and Measurements in CRMH	706: Tests and Measurements in CRMH	706: Tests and Measurements in CRMH
708: Career Development & Employment: Counseling Persons with Disabilities	708: Career Development & Employment: Counseling Persons with Disabilities	708: Career Development & Employment: Counseling Persons with Disabilities
710: A Multicultural Perspective of Developmental Counseling through the Lifespan	710: A Multicultural Perspective of Developmental Counseling through the Lifespan	710: A Multicultural Perspective of Developmental Counseling through the Lifespan
712: Fundamentals of CRMH: Diagnosis & Practice with People with Mental Illness & Developmental Disabilities	712: Fundamentals of CRMH: Diagnosis & Practice with People with Mental Illness & Developmental Disabilities	712: Fundamentals of CRMH: Diagnosis & Practice with People with Mental Illness & Developmental Disabilities
714: Principles of Group Counseling in CRMH	714: Principles of Group Counseling in CRMH	714: Principles of Group Counseling in CRMH
718: Counseling with Individuals with Substance Abuse & Co-Occurring Disorders	718: Counseling with Individuals with Substance Abuse & Co-Occurring Disorders	718: Counseling with Individuals with Substance Abuse & Co-Occurring Disorders
800: CRMH Research & Program Evaluation	800: CRMH Research & Program Evaluation	800: CRMH Research & Program Evaluation
802: Practicum in CRMH	802: Practicum in CRMH	802: Practicum in CRMH
806: Applied Counseling Skills in CRMH	806: Applied Counseling Skills in CRMH	806: Applied Counseling Skills in CRMH
810: Internship in CRMH	810: Internship in CRMH	810: Internship in CRMH
814: Introduction to CRMH with People with Psychiatric Disabilities & Developmental Disabilities	814: Introduction to CRMH with People with Psychiatric Disabilities & Developmental Disabilities	814: Introduction to CRMH with People with Psychiatric Disabilities & Developmental Disabilities
	816: Evidence-Based Counseling Practices with People with Developmental Disabilities	816: Evidence-Based Counseling Practices with People with Developmental Disabilities
818: Evidence-Based Counseling Practices with People with Psychiatric Disabilities		818: Evidence-Based Counseling Practices with People with Psychiatric Disabilities
822: Marriage, Couple, and Family Counseling in Clinical Rehabilitation & Mental Health Practice		822: Marriage, Couple, and Family Counseling in Clinical Rehabilitation & Mental Health Practice
992 or 993: Master's Paper or Project in CRMH or Thesis	992 or 993: Master's Paper or Project in CRMH or Thesis	992 or 993: Master's Paper or Project in CRMH or Thesis
	Required Elective or CRMH 822: Marriage, Couple, and Family Counseling in Clinical Rehabilitation & Mental Health Practice	
Total Credit Hours: 62	Total Credit Hours: 62	Total Credit Hours: 65

SECTION V: MASTER'S PAPER/PROJECT ALTERNATIVE, or THESIS

Note: Part-time students are not scheduled for their Master's paper until they have reached spring semester of their second year. They follow the schedule for the class in which they have enrolled in CRMH 800 and again for CRMH 992 in the following fall.

Please see the appropriate schedule for either the 1st or 2nd year class. In both cases, students are strongly encouraged to complete their Master's paper **prior** to these deadlines.

2015-2017 Deadline Dates for 2nd year students

December 1, 2015 – Literature review and methodology sections due to CRMH 800 Instructor. (12-15 pages. **Proposal should not exceed 15 pages.**)

January 22, 2016 –First draft of your proposal, including Literature Review & Methodology (12-15 pages) sections, is due to your Research Chair. This will give you and your Chair time to revise the proposal as needed before the final draft of the proposal is due to your committee on April 15, 2016. *Please note that some students will need to complete many drafts of the proposal with his/her Chair before a final proposal is created depending on the writing ability of the student. Students may be encouraged to seek assistance at the UNC Writing Center.*

April 15, 2016– FINAL COPY of your proposal is due to your Chair & Reader. *Readers should not be sent copies until your Chair approves a final copy of the proposal.* Specific requirements related to number of pages, and inclusion of research questions and a Methodology section must be met before a proposal meeting can be scheduled. You **MUST** give the final copy of your proposal to your Chair and Reader at least one week before your formal proposal meeting. This is so they will have time to thoroughly review your proposal before the meeting.

April 22, 2016 -Last day for formal proposal meeting with Research Chair and Reader; Last day of classes.

January 27, 2017 - First draft of the final paper due to Research Chair. (32-35 page range. **Final paper project should not exceed 35 pages.**)

March 10, 2017 - Second draft of the paper due to Research Chair.

April 14, 2017 - Final draft of the paper due to Research Chair. Deadline for scheduling defense date with research Chair & Reader.

April 21, 2017 - Last day for paper defense. *Missing this deadline will cause your final grade to drop by a letter grade.*

2016-2018 Deadline Dates for 1st year students

December 1, 2016 – Literature review and methodology sections due to CRMH 800 Instructor. (12-15 pages. **Proposal should not exceed 15 pages.**)

January 20, 2017 –First draft of your proposal, including Literature Review & Methodology (12-15 pages) sections, is due to your Research Chair. This will give you and your Chair time to revise the proposal as needed before the final draft of the proposal is due to your committee on April 15, 2017. *Please note that some students will need to complete many drafts of the proposal with his/her Chair before a final proposal is created depending on the writing ability of the student. Students may be encouraged to seek assistance at the UNC Writing Center.*

April 14, 2017– FINAL COPY of your proposal is due to your Chair & Reader. *Readers should not be sent copies until your Chair approves a final copy of the proposal.* Specific requirements related to number of pages, and inclusion of research questions and a Methodology section must be met before a proposal meeting can be scheduled. You **MUST** give the final copy of your

proposal to your Chair and Reader at least one week before your formal proposal meeting. This is so they will have time to thoroughly review your proposal before the meeting.

April 21, 2017 - Last day for formal proposal meeting with Research Chair and Reader; Last day of classes.

January 26, 2018 - First draft of the final paper due to Research Chair. (32-35 page range. **Final paper project should not exceed 35 pages unless given permission by your chair.**)

March 9, 2018 - Second draft of the paper due to Research Chair.

April 14, 2018 - Final draft of the paper due to Research Chair. Deadline for scheduling defense date with research Chair & Reader.

April 20, 2018 - Last day for paper defense. *Missing this deadline will cause your final grade to drop by a letter grade.*

RESEARCH PAPER/PROJECT/THESIS GUIDELINES

Please note that faculty will not review more than three drafts of proposals and final papers. *It is the student's responsibility* to make sure that the paper is defended by the appropriate deadline. **The first draft of the final research paper/project must include a full results and discussion sections and must be within the page range requirement.**

Research Chairs need time to read through student drafts of papers. Please do not expect a one-day turnaround on a paper draft. **Faculty will need a week or more to read through and edit a paper,** so you need to factor faculty turnaround time into your plans for completing your paper on time.

Remember that after your Research Chair indicates that your final draft is ready to be given to your reader, **your Reader needs to have the paper for at least one week before the proposal meeting and final defense can be scheduled.** You need to factor that week into your plans so that you can complete your paper on time.

It is your responsibility to schedule time with your Research Chair and your Reader for your proposal meeting and final defense. Do not leave this important task to the last minute because you risk missing the deadline if faculty is not available. **Please note that your grade will automatically drop by a letter grade if you miss the deadline for either your proposal meeting or the final paper defense.** *No presentations will be scheduled over the winter holiday or over Summer terms (after deadlines).* If 2nd year students miss the spring semester deadline for paper defense, the defense can be scheduled when the fall semester begins. Such a delay may also extend the 992 or 993 course, potentially putting you into your 3rd year. Please note that extending the paper/project/thesis requirement may delay completion of other requirements and hinder completing clinical education on time. You bear full responsibility for additional costs due to such delays until you graduate. If you must defend your final paper in the fall semester of your 3rd year, and you have completed all of your courses, you will be able to graduate in December (this will occur later for part-time students who can extend their program in a similar way).

Guidelines for Your Paper/Project PROPOSAL Meeting

- 1) The presentation should be approximately 20-25 minutes, so be succinct! This is a professional presentation, please dress appropriately and professionally, as you would if you were presenting at a conference.
- 2) For the proposal presentation:
 - a. Explain the purpose of your paper/project and why you chose this topic.

- b. You must have a power point or Prezi presentation. Include a series of slides that describe the findings from your literature review. Model it after your paper, but be succinct.
 - c. State your research questions and why you chose them.
 - d. Describe your methodology. How do you intend to answer your research questions?
 - e. Provide a slide or 2 on implications for clinical rehabilitation and mental health counselors: Why is this important for CRMH counselors to know? If doing a project, how/when might they use the project/manual/tool?
 - f. Proposal presentation should include NO MORE THAN 15 slides
- 3) It is your responsibility to contact your Chair and reader to set up a date/time for your proposal meeting. Please be mindful that faculty schedules are very tight so you may need to be flexible. Getting things done early will ensure that you do not miss the final deadline!
 - a. Once the date/time is set, contact the DCRMH Admin to schedule the lab or another room for the presentation.
 - 4) Provide hard copies of your PP presentation to both your Chair and reader at the actual presentation.
 - 5) **Thinking Ahead:** When your final paper/project is complete and approved you will be required to provide the DCRMH with both an electronic and hard copy. If you are doing a *project*, it is strongly suggested that you begin working on getting that together ahead of time.

Guidelines for Your Paper/Project DEFENSE Meeting

- 1) For the defense presentation:
 - a. Provide 1-2 slides recapping your topic/research questions and why you chose it/them.
 - b. Talk about your methodology and research questions (1-2 slides).
 - c. Go over the findings section by section, explaining what the research says and answering your individual research questions. (If a project, go over the project results/go through it section by section, and back it up with the literature).
 - d. One slide on the limitations of the study/problem you faced/what needs to be done next.
 - e. Provide a slide or 2 on implications for CRMH counselors and how/when to use the project/manual/tool.
 - f. The presentation should be approximately 25-30 minutes, be succinct!
 - g. Paper/project Defense presentation should include NO MORE THAN 20 slides
- 2) It is your responsibility to contact your Chair and reader to set up a date/time for your proposal meeting. Please be mindful that faculty schedules are very tight so you may need to be flexible. Getting things done early will ensure that you do not miss the final deadline!
 - a. Once the date/time is set, sign up for the time in the lab or another room for the presentation.
- 3) Provide hard copies of your PP presentation to both your Chair and reader at the actual presentation.
- 4) Students must provide the DCRMH with both an electronic and hard copy of their final paper/project that has been defended, revised and approved by their Chair and reader. Both electronic and hard copies (the hard copy must include the signatures of the Chair and reader) should be submitted to your Chair.

Research paper/project/thesis

The successful completion and defense of a master's thesis, paper, or project is required as partial fulfillment of the requirements for graduation. The development of a master's thesis, paper, or project idea usually begins in the fall of the first year once the student has selected a specialty track. The student discusses his/her ideas with their Advisor prior to beginning writing the proposal. The student's academic advisor will be the Committee Chair and a Reader must be chosen at the discretion of the student. There is an option for adding an additional Reader. The research course (CRMH 800), in the fall

semester Year 1, introduces research design, methodology, and proposal development. The introduction portion of the proposal is developed in CRMH 800 under the guidance of the CRMH 800 course instructor. The formal paper, project or Thesis will be developed under the guidance of the student's Committee Chair. Both a formal proposal meeting and a final defense with the Committee Chair, reader(s), and the student are required for all three. During both meetings, the student will use a multimedia slide presentation to propose and defend his or her paper, project or Thesis. **Clean copies of all papers must be submitted in electronic form (photo of project) to the Chair of the student's committee chair after completion of the student's successful defense in order for students to graduate.**

The *master's thesis* is an in-depth research project within the specialty track directed by a research committee that includes three graduate faculty, two of whom must be members of the DCRMH faculty. The Graduate School will accept only theses produced according to the standards in the Graduate School's *Thesis and Dissertation Guide*. Theses must be prepared in a form consistent with approved methods of scholarly writing and research. If a student chooses to do a master's thesis, they are required to adhere to the Graduate School thesis requirements, timelines and guidelines. Final defense meeting is with all committee members. Please see the following link for additional information on the Thesis option: <http://gradschool.unc.edu/etdguide/>

The **master's paper* is an in-depth analysis or review of a problem that deals with a relevant issue within the specialty track. The Master's Paper option does not require the student to collect data, but rather is an extensive review of the literature to answer specific research questions. The Master's Paper must be successfully defended by April 21, 2017 for 2nd year students and the April 20, 2018 for 1st year students.

The **master's project* is a specific activity related to the specialty track (e.g., further specialized training, implementing a program or a survey, creating a treatment manual) and then presented in a final written report. For a project, the research Committee Chair and reader(s) have to meet with the student for a proposal meeting. The student's advisor will be their Committee Chair and a Reader must be chosen after consultation with the Committee Chair. The proposal needs to be reviewed by the Committee. The final version of the project needs both the Committee Chair's and reader's approval. Master's Projects must be successfully defended by April 21, 2017 for 2nd year students and the April 20, 2018 for 1st year students.

Please make sure that you sign up for the correct course! Paper and projects are CRMH 992; Theses are CRMH 993.

GRADED CRITERIA FOR ALL MASTER'S PAPERS, PROJECTS, & THESES

All Master's papers, projects, and theses will be in APA style and will follow the APA format of a paper. Papers must at a minimum include the following sections:

- Title Page
- Abstract
- Introduction (culminating in a research question)
- Methods
- Results
- Discussion
- Reference List

The APA style manual will be a critical resource as you write your paper. Know it thoroughly. In the Introduction/Literature review section, all the major journals in Rehabilitation Counseling and Mental Health Counseling should be reviewed. These include but are not limited to: Journal of Rehabilitation; Journal of Vocational Rehabilitation; Journal of Applied Rehabilitation Counseling (JARC); Rehabilitation Counseling Bulletin; Journal of Mental Health Counseling; Journal of Multicultural Counseling and Development; and Journal of Creativity in Mental Health. Other journals appropriate for the topic of the paper should also be reviewed as appropriate.

The body of the paper proposal should be 12-15 pages in length with a minimum of 30 references. (Title page, Abstract and References do not count toward the 12-15 page length criteria.) Proposals should not exceed 15 pages. All proposals must include: 1) an abstract; 2) the introduction (at the beginning of literature review); 3) the methods including the research question(s); and references.

***The final paper should be 32-35 pages in length (Title page, Abstract and References do not count toward the 32-35 page length criteria.) (Note: For Master's Projects, the length of the project may vary dependent on the type of project being completed and will be determined at the discretion of the Committee Chair). Papers can be somewhat longer with permission of the chair**

Your grade for the Paper, Project, or Thesis will be based on:

Content/Quality

- Content and the quality of your writing (Journal quality writing is expected, including proper paper structure, organization and flow, and correct spelling, grammar, and punctuation, etc.)
- The degree to which APA style is met throughout the paper
- The soundness of your research question, conceptualization of a research plan, and the degree to which you successfully answer your research question

Deadlines

- The extent to which you meet the assigned deadlines throughout the course of both the proposal and defense portions of the research project.

Presentation

- Professional attire
- Clear, logical power point presentation
- Ability to answer questions about your paper, project or thesis

As your Chair will only review your proposal and final paper drafts a maximum of three times prior to being sent to your reader, use their comments wisely to maximize their input and the quality of your paper.

Grading Rubric for the Master's Paper, Project & Thesis

	Poor	Good	Excellent
<p>Introduction</p> <ul style="list-style-type: none"> • Orientation to topic • Problem Statement 	<p>Little reference to the topic, audience, or relevance to Rehabilitation Counseling. Relevance to problem statement and research questions.</p>	<p>Problem or topic is addressed but lacks a compelling rationale for purpose of research.</p>	<p>Topic clearly outlined and the introduction lays the groundwork for the direction of the paper.</p>
<p>Body</p> <ul style="list-style-type: none"> • Structure of Results • Synthesis of literature 	<p>Content loosely related to research questions. Excessive quoting of material and other research. Seminal research missing.</p>	<p>Pertinent content included but depth and detail could be stronger. The significance to Rehabilitation Counseling is evident. Answers research questions.</p>	<p>Appropriate content is covered in depth with no redundancy. Appropriate use of citations. Fully answers research questions.</p>
<p>Conclusions</p> <ul style="list-style-type: none"> • Discussion • Conclusions • Research Implications 	<p>Little or no indication of synthesis of information. Little or no indication of recommendations to Rehabilitation Counseling.</p>	<p>Analysis and synthesis of ideas is clear. But some conclusions are not supported by the literature review. Implications for Rehabilitation Counseling are discussed.</p>	<p>Succinct and precise conclusions based on the review of the literature are made. Insight into the topic are appropriate. Conclusions and implications for future research and practice are strongly supported.</p>
<p>Grammar and Style</p> <ul style="list-style-type: none"> • Clarity of writing • Mechanics • APA Style 	<p>Writing is difficult for reader to understand expression of ideas. Paper contains spelling, grammatical, and punctuation errors. In-text citations are not correct and do not match the reference list.</p>	<p>Writing is clear, but meaning is sometimes obscure. Paragraph or sentence structure is not strong. References within the body of the paper correspond to reference list. Some formatting problems exist or some components are missing.</p>	<p>Writing is clear, sophisticated, and engaging. Appropriate content is covered in depth without being redundant. Use of citations is appropriate, and the significance of quotes is apparent.</p>
<p>Presentation</p> <ul style="list-style-type: none"> • Slides • Mastery of Topic 	<p>Nonprofessional appearance and presentation manner. Poor slide quality,</p>	<p>Professional appearance. Clear presentation with occasional difficulty.</p>	<p>Professional appearance. Succinct and clear delivery of material. Answers to</p>

<ul style="list-style-type: none"> • Answering Questions • Professional Appearance 	<p>difficult to follow, or unclear (ex. Reading from notes; too much information on slides; lack of references; difficult to read, etc.).</p>	<p>Knows material but does not demonstrate mastery of topic. Able to answer most questions from committee. Slides adequately cover material.</p>	<p>questions reflect mastery of topic. Easily answers questions from committee. Professional slides.</p>
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SECTION VI: CLINICAL EDUCATION

Students will receive both Practicum and Internship Handbooks, which are separate from this Student Handbook detailing specific information about clinical education requirements and assessment prior to their Practicum and Internship experiences.

Description of Clinical Experiences

The clinical portion of the graduate program in Clinical Rehabilitation and Mental Health Counseling consists of dyadic/experiential and clinical course work. (Please consult curriculum on pages 23-25 for sequence of coursework.)

Didactic/Experiential Coursework

CRMH 806: Applied Counseling Skills in Clinical Rehabilitation and Mental Health Counseling

This course blends didactic and laboratory instruction in order to bridge the gap between counseling theory and the application of counseling principles. Students will be presented counseling techniques and skills necessary to function as a professional rehabilitation counselor in the didactic portion of the course. The laboratory experience is designed to enhance interviewing skills and case conceptualization abilities that will prepare the student for practicum experience. Students will be expected to responsibly use video recording equipment for taping simulated situations, which will then be reviewed with the course instructor and the class. **Pre-requisite for this course is successful completion of CRMH 702: Theories of Counseling and CRMH 712: Diagnosis & Practice with passing grades of “P” or better; failure to do so will prevent students from proceeding in the program. Students must complete CRMH 806: Applied Counseling Skills with at least a grade of “P” in order to enroll in CRMH 802: Practicum.**

CRMH 714: Principles of Group Counseling in Clinical Rehabilitation and Mental Health Counseling

This course helps students learn strategies and techniques for developing and implementing groups in counseling. Attention is given to group counseling with persons with disabilities, specifically those with developmental and psychiatric disabilities. As part of the course, students will have the opportunity to learn about group process and procedures by leading the class through group activity as well as observing outside groups in various agencies and leading the class through small group exercises. **Pre-requisite for this course is successful completion of CRMH 702: Theories of Counseling, CRMH 712: Diagnosis & Practice, & CRMH 806 Applied Counseling Skills with passing grades of “P” or better; failure to do so will prevent students from proceeding in the program. CRMH 714: Group Counseling is a prerequisite for enrolling in CRMH 810: Internship. Students must complete CRMH 714: Group Counseling with at least a grade of “P” in order to enroll in CRMH 810: Internship.**

Clinical Coursework

Note: Students are required to complete clinical courses uninterrupted as scheduled. Once clinical experiences have begun, students **must continue uninterrupted on schedule in sequence, until the full course of activities is completed.** In the case of personal hardship, which may preclude a student from continuing the clinical experience, a written request to withdraw from the experience must be submitted to faculty. If faculty agrees to grant the student request, a letter must also be sent by the student to the site supervisor. The Clinical Instructor at the time will also contact the site supervisor to discuss

the student's discontinuation of the clinical experience. If the student's request is approved by faculty, the student must repeat the clinical sequence the next time it is offered.

Note: Students are required to supply their own digital recorder to be used during their Practicum/Internship experiences.

CRMH 802 - Practicum in Clinical Rehabilitation and Mental Health Counseling

Practicum provides Rehabilitation Counseling students with the opportunity to apply counseling theory and skills learned in prerequisite courses to a real world, clinical setting, and equips students with opportunities to participate in other related rehabilitation activities at the facility. In addition, students are taught to utilize sound clinical judgment by applying ethical decision making principles. Practicum facilitates development of basic rehabilitation counseling skills and prepares students for more advanced practice in their internship experience. The following topics will be covered in the didactic portion of practicum class: crisis intervention; assessing lethality; scope of practice and ethical standards for rehabilitation counselors; professionalization; review of HIPPA guidelines; an introduction to potential practicum sites, and practicum guidelines. In order to successfully complete Practicum, students must reach a level of competency in counseling as determined by the faculty supervisor and site supervisor, and have had sufficient counseling experience so that all supervisors can document justifications for student advancement to more independent counseling functions in Clinical Internship. The Practicum experience consists of 8 hours per week at the practicum site for 15 weeks, with a minimum of 100 hours of clinical practicum experience in total. Students are expected to complete the full uninterrupted 16 weeks of Practicum. At least 40 hours of this time must be spent in direct client service as defined in the Practicum Manual. Within the Clinical Rehabilitation and Mental Health Counseling program, the individual supervision of five students shall be considered to be equivalent to the teaching of one course for practicum and internship. Within the Clinical Rehabilitation and Mental Health Counseling program, practicum experiences shall include an average of one (1) hour per week of individual and/or triadic **and** 1½ hours per week of group (with no more than **ten** students/group) supervision by a program faculty member or qualified individual working in cooperation with a program faculty member. Students will also receive (1) hour of individual supervision at the practicum site from a faculty approved site supervisor.

Due to the developmental nature of practicum, students are expected to regularly work 8 hours per week in order to meet the practicum hour requirement (in certain instances students may be encouraged to participate in educational experiences that may contribute to their clinical development at the site). The faculty supervisor will determine whether more than 8 hours in a given week will be counted toward fulfilling the practicum hour requirement. Failure to obtain 40 hours of direct client service or failure to attain a minimum of 100 hours may result in the need to extend Practicum until the full complement of direct client service hours is obtained. Even if the minimum number of required hours is completed early in the semester, the student must remain at the practicum site until the end of the semester. The designated site supervisor must have at least a Master's Degree in Rehabilitation Counseling (CRC preferred) or in another credentialed counseling-related field (LPC preferred). Only faculty pre-approved Practicum sites may be utilized. All Practicum placements must be within an hour and a half of traveling time from campus unless preapproved by the faculty. **Practicum is a prerequisite to entering the Internship in Rehabilitation Counseling. Students must complete Practicum with at least a grade of "P" in order to enroll in Internship. Failure to reach a minimum level of competence in the estimate of faculty and/or site supervisor may result in extending practicum, repeating practicum, or failing practicum.**

CRMH 810: Internship in Clinical Rehabilitation and Mental Health Counseling

Internship is a full-time clinical experience consisting of 40 hours per week for 16 weeks at a faculty-approved site consistent with the student's chosen specialty track – DD, PD, or Dual track. Internship is designed to provide opportunities for students to refine their Rehabilitation Counseling skills and to prepare students for successful entry level employment as a Master's level Rehabilitation Counselor. During Internship, in addition to further counseling experiences, students will also participate in service delivery such as case management, community re-entry, vocational placement, and administrative activities. During Internship students are required to complete the full 15 weeks, uninterrupted, and to have a minimum of 600 hours of applied experience in an agency pre-approved by the rehabilitation-counseling faculty. At least 240 hours in internship must consist of direct service to consumers. Failure to attain direct client service hours or failure to attain the minimum internship hours may necessitate extension of the internship experience beyond the 15 weeks, and potentially postpone a student's graduation from the program. Students are required to have at least one hour per week of supervision on site by a designated, faculty approved site supervisor. The designated site supervisor must have at least a Master's Degree in Rehabilitation Counseling (CRC preferred) or in another credentialed counseling-related field. Students are expected to attend a scheduled seminar and participate in group supervision on campus with rehabilitation counseling faculty. All internship placements must be within an hour and a half of traveling time from campus unless preapproved by the faculty. **Students must complete all the requirements for Internship with a "P" or better in order to qualify for graduation from the Clinical Rehabilitation and Mental Health Counseling Program. Students who fail to reach a satisfactory level of competence in the estimation of the faculty and/or site supervisor will, depending on the seriousness of the deficit, extend internship, repeat internship, or in the most severe cases, be dismissed from the program. Students should adhere to the course syllabus for a complete listing of all requirements.**

REQUIREMENTS FOR CLINICAL EXPERIENCE

CRMH Program Requirements for Clinical Education

1. All practicum or internship sites must be pre-approved by faculty.
Sites Approved by Faculty for Practicum or Internship Must:
 - a. Serve persons with disability. Internship sites must serve individuals with a developmental or psychiatric disability or both.
 - b. Have at least one person at the site with at least a master's Degree in Rehabilitation Counseling (CRC preferred) or other counseling field (LPC) who is willing to provide one hour per week of one-to-one supervision with the student.
 - c. Have a signed and fully executed Affiliation Agreement between the School of Medicine and the agency.
 - d. Be recognized by state or federal licensure or accreditation by the accrediting body appropriate to that agency.
 - e. Be able to provide the student with a representative sample of the agency's client population for counseling.
 - f. Allow students to tape the counseling session (or an approved alternative).
2. First and second year students must meet the following University and Allied Health Sciences Department requirements to participate in clinical training:
 - Enrollment in personal health and accident insurance
 - Immunization record as well as any other specific health record required by the clinical site
 - Results of Tuberculosis Test
 - Current CPR certification
 - Record of Hepatitis B series (or Waiver as appropriate)

- Completion of OSHA Training including blood borne pathogens and Tuberculosis/General Infection
 - Completion of HIPAA Training
 - Results of Drug Tests and fingerprinting (If required by Clinical Site)
 - Results of current Criminal background check*
3. Paid tuition receipt for CRMH 802: Practicum and for CRMH 810: Internship. Students cannot participate in any fieldwork related activity unless registration is complete with tuition and other requirements in place, with the student's name appearing on the class roster. The Clinical Coordinator will verify registration prior to the student's clinical start date. A delay in beginning practicum or internship will delay graduation.

For the 2016/2017 academic year:

The Class of 2017 will continue to use their online profile to manage their clinical education requirement updates and complete the Criminal Background Check. The online portal is now called **CastleBranch**, not Certified Background. The class of 2017 entering practicum during the fall of 2016 must have their profiles updated and the Criminal Background Check completed by August 22, 2016.

Certified changed their name to CastleBranch and students may follow this link:

<https://portal.castlebranch.com/UE11>

The code for CRMH criminal background check is: **UE17bg**

Failure to complete all clinical education requirements may create a delay in beginning practicum. Contact Dr. Schmidt with any issues that may delay practicum.

If you have difficulty with CastleBranch, contact Kayla Gardner who helps us manage the clinical education requirements. *Do not contact CRMH faculty should you have problems with the program.* We do not maintain the database or software.

Kayla Gardner
 Clinical Education Assistant
 Office of Student Services
 Department of Allied Health Sciences
kayla_gardner@med.unc.edu

The Class of 2018 will use a designated Sakai site managed by the division's Clinical Coordinator to enter and maintain all required clinical education documents while enrolled in the program. The student will use their Onyen and password for access. The Clinical Coordinator will send directions for using the site.

Also, the Class of 2018 will complete the Criminal Background Check which is purchased through CastleBranch. Directions for purchasing this and completing the process will be included in the directions from the Clinical Coordinator. Students may access CastleBranch with this link:

<https://portal.castlebranch.com/UE11>

The code for CRMH background is: **UE17bg**

Kayla Gardner, Clinical Education Assistant, is available to guide you in the use of CastleBranch.

Kayla Gardner
Clinical Education Assistant
Office of Student Services
Department of Allied Health Sciences
kayla_gardner@med.unc.edu

The deadline for completing your information in Sakai and the background check is August 26th. Failure to complete all documentation may result in suspending attendance until all information is completed. Contact Dr. Schmidt with any difficulties that may cause delays.

Do not contact CRMH faculty should you have problems with the program. We do not maintain the database or software.

***Please be aware that a positive criminal background check may preclude you from participation in the clinical portion of the program. Please note you must complete the clinical components of the program in order to graduate. Students, who are concerned about this should contact their academic advisor immediately.**

Students in the second year of the program who are in clinical training are also responsible for assuring that all clinical requirements remain in good standing and are current through the completion of internship in the spring. The Clinical Coordinator must have documentation reflecting the year-long certification by January 8, 2017 or internship may be delayed, thus possibly delaying graduation.

Note: When entering the program, even if certification or other requirements are not up for renewal, it is the student's responsibility to renew requirements to meet 1) the August deadline in order to remain within the CRMH course schedule and prevent any delays for entering Practicum and 2) assure that all clinical requirements are current through Internship ending in the spring. Students who withdraw from clinical experiences are responsible for renewing these requirements. All requirements must be updated and valid before students will be allowed to return to the clinical experience. It is the student's responsibility to check with the selected Practicum/Internship site to determine if additional requirements or documentation are required.

PROCESS FOR SELECTING CLINICAL SITES

Student placements at clinical sites are determined by several factors.

- Placement at the site is determined by the availability of an opening at the site
- A fully executed Affiliation Agreement (See Appendix E) between the site and the University
- Willingness of an individual at the site with at least a Master's Degree or higher in Rehabilitation Counseling (CRC preferred) or closely related counseling profession (LPC) to accept a practicum or internship student and to provide one hour of face to face supervision per week
- Specific interests and career goals of the student in collaboration and discussion with his or her academic advisor
- Students' professional presentation, as well as skill and ability

- Final decisions on placement sites will be made based upon site availability and/or willingness to participate and/or by the faculty's judgment and documentation of the student's ability to perform the various tasks, duties, and demands at each site
- The faculty advisor and/or Clinical Coordinator will share information with the site supervisor regarding the student's strengths, limitations, and any accommodations that may be required prior to the final decision regarding a student's placement
- Even the best efforts to secure a placement site cannot account for all the possible factors, which might influence securing a clinical site in a timely manner. The Division cannot guarantee a clinical site for every student as a successful placement depends on certain factors that are beyond our control.

Note: New clinical sites are considered for approval by the faculty. In order for a prospective clinical site to be considered that is not on the approved list, faculty must have developed the placement and secured the signed affiliate agreement before a student can consider using the site. Developing a prospective placement site does not guarantee a clinical site will meet the approval criteria, only faculty can make that determination.

Practicum

1. During the Spring Semester Year 1, students will receive an electronic list of all current clinical sites from the Clinical Coordinator to review before the Practicum Meeting with the Clinical Coordinator.
2. After reviewing sites, students must discuss preferences with their Faculty Advisor. **Under no circumstances are students permitted to contact prospective placement sites directly.**
3. Before March 1, the Clinical Coordinator will meet with first year students to discuss clinical site availabilities, review students' areas of training interests, and disseminate the "Practicum Request Form." Students must meet with their advisors to complete the form and receive signatures. The form is given to the Clinical Coordinator.
4. Faculty, as a whole, will review student requests and make preliminary placement decisions. The final decision will be based on:
 - a. Site availability
 - b. Number of students choosing a particular site
 - c. Student performance in Lab Class
 - d. Faculty judgment regarding which site will best meet individual student needs.
5. The Clinical Coordinator or a designee will contact each site to confirm the sites availability and willingness to participate.
6. Once this confirmation has been obtained, the Clinical Coordinator will notify each student of their potential placement site.
7. Once students receive confirmation, they should update their resume and have it reviewed by the Clinical Coordinator. Then students contact their assigned site and arrange an interview. Students should view the interview in the same way as they would if they were interviewing for a job at the site. **Individual sites have the right to make the final determination regarding whether the student will be able to do and continue his or her Practicum at the site.**

The Clinical Coordinator or faculty advisor will notify the student of final placement once confirmation from the site is received.

Internship

Prior to entering Internship, students must have successfully completed all didactic/experiential course work, successfully completed CRMH 714: Group Counseling and CRMH 802: Practicum with a “P” or better, and be recommended through faculty progress review.

All sites must be pre-approved by faculty and meet the criteria for faculty approved sites as described above. In addition, Internship sites must serve the population that is consistent with the student’s chosen specialty of DD or PD, or both (Dual Track) and meet RSA criteria for internship placement (if applicable).

1. Students should begin exploring specific interests for Internship with their Faculty Advisor and the Clinical Coordinator by mid-September. **Under no circumstances should a student contact a site directly.**
2. By the fourth Friday of fall semester, students should submit an Internship request form to the faculty advisor and identify their interests.
3. All Internship sites must be sites that have been pre-approved by Faculty.
4. Faculty as a whole will review student requests and make preliminary placement decisions. Although the student’s first choice will be considered as much as possible, the final decision will be based on:
 - a) Site availability
 - b) Number of students choosing a particular site
 - c) Student performance in practicum
 - d) Faculty judgment and documentation regarding which site will best meet individual student needs, and whether the student is likely to meet the site’s expectations.
5. The Clinical Coordinator or a designee will contact each site to confirm site availability and willingness to participate.
6. Once this confirmation has been obtained, the faculty Clinical Coordinator will notify each student of his or her potential placement site.
7. When students receive confirmation, they should contact their assigned sites, send their resume, and arrange an interview. Students should regard the interview as an interview for a job at the site.
8. The Clinical Coordinator will notify each student of final placement once confirmation from the site is received. If the student’s first interview is not successful, then the student will be notified by the Clinical Coordinator and the process described above will be repeated.
9. Verification to confirm the intern placement with a site is then made by the Division.
10. Verification that Allied Health has an active formal affiliation to cover the placement is confirmed. If the affiliation nears expiration, a new one will be developed in advance of the student’s beginning a placement there.

Students who are interested in pursuing professional credentials other than CRC or LPC should check specific requirements for the credential prior to assignment to an Internship site. It is the student’s responsibility to inform faculty of supervision and field experience requirements for the credential to determine whether a placement may be used to address the requirement.

Internship placements cannot be split between two sites unless preauthorized by the Division in order to obtain appropriately credentialed supervisors as related to specializations.

Student Performance & Remediation in Practicum/Internship

All students must perform satisfactorily in both their clinical placements. In the unusual situation where a mid-term evaluation indicates unsatisfactory performance, the supervisor(s) will meet with the student to develop a remediation contract. Students requiring remediation in their clinical training will be required to meet with the site supervisor and faculty supervisor to review the student's performance difficulties and develop an action plan. All parties will collaboratively develop a written corrective action plan for remediation or resolution of issues or problems. The written determination will serve as a contract and include:

- * Specific performance issues needing to be addressed
- * Concrete steps to address the issues
- * Clear plan with actions to identify how these steps will be evaluated
- * Clinical practice measures which will be used to determine if effective remediation of the student's performance difficulties has occurred

Following evaluation of the student's progress in the action plan, an additional meeting with the site supervisor and faculty supervisor will occur to determine: if performance is acceptable; if the placement needs to be extended; whether the placement needs to be repeated; or if the placement should be terminated. The student's effort in the remediation plan will be factored into the final grade assigned in the clinical course.

Completion of Clinical Requirements and Extensions of Clinical Training

All students are expected to finish their clinical requirements for Practicum and Internship on schedule within the semester of their original placement(s). It is the determination of the Faculty supervisor in conjunction with the site supervisor's evaluation as to whether or not the student has successfully met the clinical training requirements in either of these courses based on the observed performance and professional conduct of the student. The Clinical Coordinator will meet with the student and/or the site supervisor to discuss the recommendations. If all parties deem that the completion of the clinical training requirements is unsatisfactory, a student may need to complete additional hours on site and, in effect, extend their clinical placement(s). The final decision will be made by the faculty supervisor and site supervisor. A remediation plan will be developed that explicitly outlines the extended training plan, performance expectations and professional conduct of the student, and an anticipated completion date of the clinical coursework. The student will officially be finished once the specified extension and performance/behavior requirements are accomplished during this period. Under no circumstances will students be permitted to continue in clinical placements after their requirements have been met. Students must terminate all their clinical client relationships in an ethically appropriate manner as part of their completion of clinical training. Under the new curriculum, failure to complete all the requirements of practicum and receive a grade for the class at the end of the fall semester, will result in an inability to continue on into internship and consequently delay finishing your program/graduating on time. Such is the case for completing internship, including fulfilling documentation requirements that will delay grading and finishing the program on schedule.

SECTION VII: GRADUATION REQUIREMENTS

The requirements for graduation in the Clinical Rehabilitation and Mental Health Counseling academic program, for the Class of 2017 and Class of 2018 are listed in this section of the handbook. Any discrepancies between the Division brochure or website, Graduate School Record or other printed documents are a result of the production timetables of those documents. Students should refer to the Graduate School's Handbook for details on graduation procedures. A Master's of Science degree in Clinical Rehabilitation and Mental Health Counseling will be conferred upon those members of the Class of 2017 and Class of 2018 who successfully complete the following:

1. All required courses prescribed for the degree by the graduate catalog, including Practicum and Internship
2. Completion of Research Paper, Project or Thesis
3. Master's Comprehensive Examination: Oral Defense of the Research Paper, Project/Thesis

Graduation Application

In order to be eligible to graduate at the desired commencement, the student must submit an **"Application for Graduation"** to the Graduate School. **To apply for graduation:** Complete the Graduation check-out page in ConnectCarolina's Self Service area: Log in to <http://connectcarolina.unc.edu/> → Connect Carolina → In your Student Center, under the "Academic" tab, choose "Apply for Graduation" in the drop-down box, and then click the double arrows.

In addition the Division must submit 3 forms (2 related to your Master's paper, project or thesis and 1 indicating that you have completed all the requirements for graduation.) Please print off copies of the 2 forms related to your Master's paper, project or thesis and bring these with you to your proposal and defense meetings. After your final defense, give these to your Chair so that they can be taken to the graduate school. These 3 forms can be found at the end of the student handbook (pgs. 57-59).

This link provides information on important graduate school deadlines:
<http://gradschool.unc.edu/academics/resources/graddeadlines.html>

Students who choose the thesis option must follow the Graduate School's timelines and procedures for submitting their work. Graduation timelines are published on the University Registrar's Calendar found at:
http://registrar.unc.edu/AcademicServices/Graduation/CCM3_032306

A Master's degree candidate at UNC-CH has 5 calendar years starting with the date of initial registration to complete the degree requirements. Most full-time Clinical Rehabilitation and Mental Health Counseling students complete graduation requirements by the end of the second spring semester, two calendar years after beginning the program.

SECTION VIII: PROFESSIONAL CREDENTIALS

Graduates of the Clinical Rehabilitation and Mental Health Counseling may be eligible to obtain various credentials. Credentialing processes are governed by independent credentialing boards, therefore; the Division of Clinical Rehabilitation and Mental Health Counseling cannot guarantee eligibility for any credential to its graduates. Each board has specific requirements regarding reporting of legal/criminal history and other personal information that may affect your eligibility. Please contact the respective board with questions about eligibility.

Certified Rehabilitation Counselor (CRC)

The CRC credential is administered by the Commission on Rehabilitation Counselor Certification (CRCC), the oldest credentialing agency in the Rehabilitation and Counseling fields. The CRCC is accredited by the National Commission for Certifying Agencies (NCCA). The CRC credential is based on uniform, national standards for education and experience and documents that individuals have met minimum criteria for acceptable standards of practice. Such certification shows that the clinical rehabilitation counselor has the knowledge base necessary for success in the field. Students are eligible to sit for the CRC certification examination in the spring semester of their second year in the CRMH program. If interested in this credential, it is strongly recommended that students consider taking the examination during the spring or summer of the second year, or shortly after completion of the master's program. The CRC examination is offered in computer-based format three times per year. Students interested in taking the examination should initiate contact with the Commission on Rehabilitation Counselor Certification in the fall semester of their second year, to ensure that they do not miss the examination registration deadlines. For more information regarding the CRC, please go to: <http://www.crccertification.com/>

North Carolina Licensed Professional Counselor

Licensed Professional Counselor (LPC) is a state-issued professional credential. The purpose of the LPC is to ensure that counselors have an established knowledge base and skills important for providing appropriate counseling services. LPC's are permitted to practice counseling independently and are able to receive payment through many 3rd party insurers. In addition to successful completion of an approved master's degree, persons seeking the LPC must pass a comprehensive exam (North Carolina accepts the CRC exam for licensure) and obtain a determined number of post-masters hours of practice under the supervision of an approved professional.

For information about obtaining the LPC in North Carolina, please visit the North Carolina Board of Licensed Professional Counselors at: <http://www.ncblpc.org/>

For each of these licenses, knowledge of what CACREP and/or CORE standards are addressed by each class is often necessary. Each syllabus offers information regarding what standards is addressed. You will find this in each course syllabus included in a chart provided under the objectives. All of the CORE and CACREP standards are located in the end of this handbook starting on page 58. These standards can be used to identify each standard that corresponds to the objectives on each syllabus.

SECTION IX: PROFESSIONAL & COMMUNITY ORGANIZATIONS

As a Clinical Rehabilitation and Mental Health Counseling student, you are entering a professional field. One important aspect of a profession is participation in professional organizations. The two major organizations for Clinical Rehabilitation and Mental Health Counseling are the American Mental Health Counselors Association (AMHCA), American Rehabilitation Counseling Association (ARCA), which fits under the umbrella of the American Counseling Association (ACA) and the National Rehabilitation Counseling Association (NRCA), which was formerly a Division of the National Rehabilitation Association (NRA).

You are encouraged to join professional organizations as they provide avenues for networking; up-to-date information regarding the field, research, and ethical guidelines for best practice. You are encouraged to attend professional conferences. In addition, there are community groups and organizations that can use your skills as well as provide you an opportunity to develop new ones. While your studies should be your first priority, some involvement with the community can certainly supplement your professional growth.

Additionally, you are encouraged to attend local and national rehabilitation counseling related conferences, meetings, seminars, workshops, etc. Our students have presented at the NCRCA/VEWAA state conference, the NCRA conference, ACA and the NCRE/RSA meeting. You will find that conferences provide you with an opportunity to connect with professionals in the field and learn about the newest research. Should you wish to participate in a conference, the faculty is more than willing to assist you and guide you with the process. Funding for presenting at a conference may be available.

American Mental Health Counselors Association:
675 North Washington Street, Suite 470
Alexandria, VA 22314
Phone: 800-326-2642
<http://www.amhca.org/>

American Rehabilitation Counseling Association (membership through ACA)
<http://www.arcaweb.org/>

National Rehabilitation Counseling Association
P.O. Box 4480
Manassas, VA 20108
Phone: 703-361-2077
Fax: 703-361-2489
<http://nrca-net.org>

National Council on Rehabilitation Education
5005 N. Maple Avenue, M/S ED3
Fresno, CA 93740
Phone: 559-906-0787
<https://ncre.org/>

Other professional organizations in which rehabilitation counselors may become involved include:

American Counseling Association (ACA)
5999 Stevenson Avenue
Alexandria, VA 22304
<http://www.counseling.org>

National Rehabilitation Association
<http://www.nationalrehab.org/cwt/external/wcpages/index.aspx>
American Mental Health Counselors Association
801 N. Fairfax Street Suite 304
Alexandria, VA 22314
800-326-2642 | 703-548-6002
<http://www.amhca.org/>

American Psychological Association
1200 - 17th Street, N.W.
Washington, DC 20036
<http://www.apa.org>

North Carolina Psychological Association
1004 Dresser Court
Raleigh, NC 27609
Telephone: 919-872-1005
<https://ncpsychology.org/>

Licensed Professional Counselors Association of North Carolina (LPCANC)
PO Box 6059
Raleigh, NC 27628
<http://www.lpcanc.org>

United States Psychosocial Rehabilitation Association/USPRA
601 North Hammonds Ferry Rd, Suite A
Linthicum, MD 21090
T: 410.789.7054
F: 410.789.7675
E: info@uspra.org
<http://www.uspra.org>

North Carolina Counseling Association
PO Box 3159
Durham, NC 27715
888-308-6222
<http://nccounselingassociation.org/>

Association for Persons in Supported Employment/APSE
1627 Monument Avenue Richmond, VA 23220
Phone: 804.278.9187
Fax: 804.278.9377
<http://www.apse.org/>

American Association on Intellectual and Developmental Disability
444 North Capitol Street
Washington, DC 20001-1512
Phone: 202/387-1968
Fax: 202/387-2193
<http://www.aamr.org/index.shtml>

United Cerebral Palsy
1660 L Street, NW, Suite 700
Washington, DC 20036
Phone: 202/776-0406
Fax: 202/776-0414
<http://ucp.org/>

The ARC
116 L Street NW, Suite 701
Washington, DC 20036
Phone: 202/783-2229
Fax: 202/783-8250
www.thearc.org

The Association for the Severely Handicapped (TASH)
1025 Vermont Ave., NW, Suite 300
Washington, DC 20005
Phone: 202/540-9020
Fax: 202/504-9019
www.tash.org

TASH supports the inclusion and full participation of children and adults with disabilities as determined by personalized visions of quality of life.



THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
 The Graduate School
MASTER'S COMPREHENSIVE EXAM or APPROVED SUBSTITUTE REPORT

Student's Name _____ P ID# _____
 Department/Curriculum/School: _____

PART I: REPORT OF WRITTEN EXAMINATION or APPROVED SUBSTITUTE

On behalf of a majority of the examining committee, I certify that the above named student:

successfully passed the requirement _____
 failed to pass the requirement _____ *signature of committee chair* _____ *date*

Check here if student previously failed this requirement. Date(s): _____

By initialing, the committee chair certifies that this student was registered as required during the term this work was completed.

PART II: REPORT OF ORAL EXAMINATION or APPROVED SUBSTITUTE

On behalf of a majority of the examining committee, I certify that the above named student:

successfully passed the requirement _____
 failed to pass the requirement _____ *signature of committee chair* _____ *date*

Check here if student previously failed this requirement. Date(s): _____

By initialing, the committee chair certifies that this student was registered as required during the term this work was completed.

PART III: REPORT OF THE FINAL ORAL EXAMINATION (defense of thesis)

A majority of the committee for the above named student has judged the thesis defense to be:

acceptable _____
 unacceptable _____ *signature of committee chair* _____ *date*

Committee member signature/date	Pass/Fail	Committee member signature/date	Pass/Fail
_____	_____	_____	_____
_____	_____	_____	_____

Check here if student previously failed exam. Date(s): _____

By initialing, the committee chair certifies that this student was registered as required during the term this work was completed.

PART IV: REPORT OF THE FINAL THESIS (can be completed at the same time as Part III as appropriate)

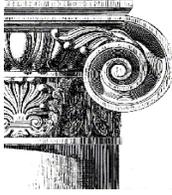
A majority of the committee for the above named student has judged the thesis to be:

acceptable _____
 unacceptable _____ *signature of committee chair* _____ *date*

Committee member signature/date	Pass/Fail	Committee member signature/date	Pass/Fail
_____	_____	_____	_____
_____	_____	_____	_____

By initialing, the committee chair certifies that the required edits were made and the final document is approved for electronic submission.

- Submit to the Graduate School after all activities have been successfully completed
- Keep copies for your files



THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
The Graduate School

REPORT OF APPROVED SUBSTITUTE FOR A MASTER'S THESIS

Student's Name _____ PID# _____
Department/Curriculum/School: _____

This student has successfully completed a project or course as a thesis substitute in partial fulfillment of the requirements for the master's degree.

Project/course title/number and description:

Date work submitted: _____

I certify that this student was registered as required during the term(s) this work was completed.

signature of committee/department chair *date*

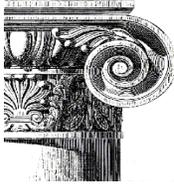
This report is required in all instances where a formal thesis is not submitted. Where approved substitute is a course in progress, please indicate the number of that course and "in progress" on the date submitted line.

Substitute must be on record has having been reviewed & approved by the Graduate School.

Submit copies 1 and 2 to the Graduate School. Keep copy 3 for your departmental file.

NOTE: Student must be registered as required during the term(s) this work was completed.

revised 6-2001



THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
The Graduate School

PROGRAM CERTIFICATION OF DEGREE REQUIREMENTS FORM

Student's Name _____ PID# _____
Student's Email Address _____
Major: _____ Degree Intent: _____

Together with university and Graduate School requirements, all program-level requirements for a graduate degree must be satisfied and properly documented before The Graduate School can complete degree clearance.

By approving this form, the graduate program is certifying that the student has met all program requirements for degree clearance. Such requirements may include specific coursework, foreign language certification, or any other requirements tracked at the degree program level.

Approved: _____ <i>Director of Graduate Studies</i> <i>Date</i>	Not approved: _____ <i>Director of Graduate Studies</i> <i>Date</i>
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Please submit this form to The Graduate School for processing and inclusion in the student record when all program requirements are completed. It should only be submitted once.

Degree requirements tracked at the university and Graduate School level, such as exam results and thesis/substitute or dissertation defenses, should continue to be submitted on appropriate forms.

Graduate School Graduation Tracking Action: _____

Updated: 1/2013

CACREP and CORE Standards

CACREP

The general CACREP standards are as follows:

G. Common core curricular experiences and demonstrated knowledge in each of the eight common core curricular areas are required of all students in the program.

1. PROFESSIONAL ORIENTATION AND ETHICAL PRACTICE—studies that provide an understanding of all of the following aspects of professional functioning:
 - a. history and philosophy of the counseling profession;
 - b. professional roles, functions, and relationships with other human service providers, including strategies for interagency/interorganization collaboration and communications;
 - c. counselors' roles and responsibilities as members of an interdisciplinary emergency management response team during a local, regional, or national crisis, disaster or other trauma-causing event;
 - d. self-care strategies appropriate to the counselor role;
 - e. counseling supervision models, practices, and processes;
 - f. professional organizations, including membership benefits, activities, services to members, and current issues;
 - g. professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;
 - h. the role and process of the professional counselor advocating on behalf of the profession;
 - i. advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and
 - j. ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling.

2. SOCIAL AND CULTURAL DIVERSITY—studies that provide an understanding of the cultural context of relationships, issues, and trends in a multicultural society, including all of the following:
 - a. multicultural and pluralistic trends, including characteristics and concerns within and among diverse groups nationally and internationally;
 - b. attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities designed to foster students' understanding of self and culturally diverse clients;
 - c. theories of multicultural counseling, identity development, and social justice;
 - d. individual, couple, family, group, and community strategies for working with and advocating for diverse populations, including multicultural competencies;
 - e. counselors' roles in developing cultural self-awareness, promoting cultural social justice, advocacy and conflict resolution, and other culturally supported behaviors that promote optimal wellness and growth of the human spirit, mind, or body; and

f. counselors' roles in eliminating biases, prejudices, and processes of intentional and unintentional oppression and discrimination.

3. HUMAN GROWTH AND DEVELOPMENT—studies that provide an understanding of the nature and needs of persons at all developmental levels and in multicultural contexts, including all of the following:

- a. theories of individual and family development and transitions across the life span;
- b. theories of learning and personality development, including current understandings about neurobiological behavior;
- c. effects of crises, disasters, and other trauma-causing events on persons of all ages;
- d. theories and models of individual, cultural, couple, family, and community resilience;
- e. a general framework for understanding exceptional abilities and strategies for differentiated interventions;
- f. human behavior, including an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior;
- g. theories and etiology of addictions and addictive behaviors, including strategies for prevention, intervention, and treatment; and
- h. theories for facilitating optimal development and wellness over the life span.

4. CAREER DEVELOPMENT—studies that provide an understanding of career development and related life factors, including all of the following:

- a. career development theories and decision-making models;
- b. career, a vocational, educational, occupational and labor market information resources, and career information systems;
- c. career development program planning, organization, implementation, administration, and evaluation;
- d. interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development;
- e. career and educational planning, placement, follow-up, and evaluation;
- f. assessment instruments and techniques relevant to career planning and decision making; and
- g. career counseling processes, techniques, and resources, including those applicable to specific populations in a global economy.

5. HELPING RELATIONSHIPS—studies that provide an understanding of the counseling process in a multicultural society, including all of the following:

- a. an orientation to wellness and prevention as desired counseling goals;
- b. counselor characteristics and behaviors that influence helping processes;
- c. essential interviewing and counseling skills;
- d. counseling theories that provide the student with models to conceptualize client presentation and that help the student select appropriate counseling interventions. Students will be exposed to models of counseling that are consistent with current professional research and practice in the field so they begin to develop a personal model of counseling;

- e. a systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions;
- f. a general framework for understanding and practicing consultation; and
- g. crisis intervention and suicide prevention models, including the use of psychological first aid strategies.

6. **GROUP WORK**—studies that provide both theoretical and experiential understandings of group purpose, development, dynamics, theories, methods, skills, and other group approaches in a multicultural society, including all of the following:

- a. principles of group dynamics, including group process components, developmental stage theories, group members' roles and behaviors, and therapeutic factors of group work;
- b. group leadership or facilitation styles and approaches, including characteristics of various types of group leaders and leadership styles;
- c. theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature;
- d. group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and methods of evaluation of effectiveness; and
- e. 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**—studies that provide an understanding of individual and group approaches to assessment and evaluation in a multicultural society, including all of the following:

- a. historical perspectives concerning the nature and meaning of assessment;
- b. basic concepts of standardized and non-standardized testing and other assessment techniques, including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, psychological testing, and behavioral observations;
- c. statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations;
- d. reliability (i.e., theory of measurement error, models of reliability, and the use of reliability information);
- e. validity (i.e., evidence of validity, types of validity, and the relationship between reliability and validity);
- f. social and cultural factors related to the assessment and evaluation of individuals, groups, and specific populations; and
- g. ethical strategies for selecting, administering, and interpreting assessment and evaluation instruments and techniques in counseling.

8. **RESEARCH AND PROGRAM EVALUATION**—studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following:

- a. the importance of research in advancing the counseling profession;

- b. research methods such as qualitative, quantitative, single-case designs, action research, and outcome-based research;
- c. statistical methods used in conducting research and program evaluation;
- d. principles, models, and applications of needs assessment, program evaluation, and the use of findings to effect program modifications;
- e. the use of research to inform evidence-based practice; and
- f. ethical and culturally relevant strategies for interpreting and reporting the results of research and/or program evaluation studies.

The CACREP Standards for Clinical Mental Health Counseling (CMHC) are as follows:

CLINICAL MENTAL HEALTH COUNSELING

Students who are preparing to work as clinical mental health counselors will demonstrate the professional knowledge, skills, and practices necessary to address a wide variety of circumstances within the clinical mental health counseling context. In addition to the common core curricular experiences outlined in Section II.G, programs must provide evidence that student learning has occurred in the following domains:

FOUNDATIONS

A. Knowledge

1. Understands the history, philosophy, and trends in clinical mental health counseling.
2. Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling.
3. Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams.
4. Knows the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling.
5. Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision.
6. Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.
7. Is aware of professional issues that affect clinical mental health counselors (e.g., core provider status, expert witness status, access to and practice privileges within managed care systems).
8. Understands the management of mental health services and programs, including areas such as administration, finance, and accountability.
9. Understands the impact of crises, disasters, and other trauma-causing events on people.
10. Understands the operation of an emergency management system within clinical mental health agencies and in the community.

B. Skills and Practices

1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.

2. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.

COUNSELING, PREVENTION, AND INTERVENTION

C. Knowledge

1. Describes the principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society.
2. Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.
3. Knows the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help).
4. Knows the disease concept and etiology of addiction and co-occurring disorders.
5. Understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.
6. Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.
7. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.
8. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.
9. Understands professional issues relevant to the practice of clinical mental health counseling.

D. Skills and Practices

1. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.
2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.
3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.
4. Applies effective strategies to promote client understanding of and access to a variety of community resources.
5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.
6. Demonstrates the ability to use procedures for assessing and managing suicide risk.
7. Applies current record-keeping standards related to clinical mental health counseling.
8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.
9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.

DIVERSITY AND ADVOCACY

E. Knowledge

1. Understands how living in a multicultural society affects clients who are seeking clinical mental health counseling services.
2. Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one's own life and career and those of the client.
3. Understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders.
4. Understands effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling.
5. Understands the implications of concepts such as internalized oppression and institutional racism, as well as the historical and current political climate regarding immigration, poverty, and welfare.
6. Knows public policies on the local, state, and national levels that affect the quality and accessibility of mental health services.

F. Skills and Practices

1. Maintains information regarding community resources to make appropriate referrals.
2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.
3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.

ASSESSMENT

G. Knowledge

1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.
2. Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.
3. Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified.
4. Identifies standard screening and assessment instruments for substance use disorders and process addictions.

H. Skills and Practices

1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.

2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.
3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.
4. Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

RESEARCH AND EVALUATION

I. Knowledge

1. Understands how to critically evaluate research relevant to the practice of clinical mental health counseling.
2. Knows models of program evaluation for clinical mental health programs.
3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.

J. Skills and Practices

1. Applies relevant research findings to inform the practice of clinical mental health counseling.
2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.
3. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.

DIAGNOSIS

K. Knowledge

1. Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.
2. Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.
3. Knows the impact of co-occurring substance use disorders on medical and psychological disorders.
4. Understands the relevance and potential biases of commonly used diagnostic tools with multicultural populations.
5. Understands appropriate use of diagnosis during a crisis, disaster, or other trauma causing event.

L. Skills and Practices

1. Demonstrates appropriate use of diagnostic tools, including the current edition of the *DSM*, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.
2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.

3. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.

CORE

The CORE Standards are listed below:

Knowledge domains:

C.1.1 Rehabilitation counseling scope of practice

C.1.1.a. Explain professional roles, purposes, and relationships of other human service and counseling/psychological providers.

C.1.1.b. Articulate the principles of independence, inclusion, choice and self determination, empowerment, access, and respect for individual differences.

C.1.2 History, systems, and philosophy of rehabilitation

C.1.2.a. Integrate into one's practice, the history and philosophy of rehabilitation, as well as the laws affecting individuals with disabilities.

C.1.2.b. Describe, in general, the organizational structure of the rehabilitation, education, and healthcare systems, including public, private-for-profit, and not-for-profit service settings.

C.1.2.c. Explain the role and values of independent living philosophy for individuals with a disability.

C.1.3 Legislation related to people with disabilities

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

C.1.4 Ethics

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

C.1.5 Professional credentialing, certification, licensure and accreditation

C.1.5.a. Explain differences between certification, licensure, and accreditation.

C.1.6 Informed consumer choice and consumer empowerment

C.1.6.a. Integrate into practice an awareness of societal issues, trends, public policies, and developments, as they relate to rehabilitation.

C.1.6.b. Articulate the value of consumer empowerment, choice, and personal responsibility in the rehabilitation process.

C.1.7 Public policies, attitudinal barriers, and accessibility²⁶

C.1.7.a. Assist employers to identify, modify, or eliminate architectural, procedural, and/or attitudinal barriers.

C.1.8 Advocacy

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

C.2 PSYCHOSOCIAL ASPECTS OF DISABILITY AND CULTURAL DIVERSITY

Each knowledge domain is followed by Student Learning Outcomes (SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

Knowledge domains:

C.2.1 Sociological dynamics related to self-advocacy, environmental influences, and attitude formation

C.2.1.a. Identify and articulate an understanding of the social, economic, and environmental forces that may present barriers to a consumer's rehabilitation.

C.2.1.b. Identify strategies to reduce attitudinal barriers affecting people with disabilities.

C.2.2 Psychological dynamics related to self-identity, growth, and adjustment

C.2.2.a. Identify strategies for self-awareness and self-development that will promote coping and adjustment to disability.

C.2.2.b. Identify and demonstrate an understanding of stereotypical views toward individuals with a disability and the negative effects of these views on successful completion of the rehabilitation outcomes.

C.2.2.c. Explain adjustment stages and developmental issues that influence adjustment to disability.

C.2.3 Implications of cultural and individual diversity including cultural, disability, gender, sexual orientation, and aging issues

C.2.3.a. Provide rehabilitation counseling services in a manner that reflects an understanding of psychosocial influences, cultural beliefs and values, and diversity issues that may affect the rehabilitation process.

C.2.3.b. Identify the influences of cultural, gender, sexual orientation, aging, and disability differences and integrate this knowledge into practice.

C.2.3.c. Articulate an understanding of the role of ethnic/racial and other diversity characteristics such as spirituality and religion, and socio-economic status in groups, family, and society.

C.3 HUMAN GROWTH AND DEVELOPMENT

Each knowledge domain is followed by Student Learning Outcomes(SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

Knowledge domains:

C.3.1 Human growth and development across the life span

C.3.1.a. Articulate a working knowledge of human development and the needs of individuals with disabilities across the life span.

C.3.1.b. Describe and implement approaches that enhance personal development, decision-making abilities, personal responsibility, and quality of life of individuals with a disability.

C.3.2 Individual and family response to disability

C.3.2.a. Assist the development of transition strategies to successfully complete the rehabilitation process.

C.3.2.b. Recognize the influence of family as individuals with disabilities grow and learn.

C.3.2.c. Demonstrate counselor sensitivity to stressors and the role of positive attitudes in responding to coping barriers and challenges.

C.3.3 Theories of personality development

C.3.3.a. Describe and explain established theories of personality development.

- C.3.3.b. Identify developmental concepts and processes related to personality development and apply them to rehabilitation counseling practice.
- C.3.4 Human sexuality and disability
 - C.3.4.a. Identify impact that different disabilities can have on human sexuality.
 - C.3.4.b. Discuss sexuality issues with individuals with a disability as part of the rehabilitation process.
- C.3.5 Learning styles and strategies
 - C.3.5.a. Develop rehabilitation plans that address individual learning styles and strengths of individuals with a disability.

C.4 EMPLOYMENT AND CAREER DEVELOPMENT

Each knowledge domain is followed by Student Learning Outcomes (SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

Knowledge domains:

- C.4.1 Disability benefits systems including workers' compensation, long-term disability, and social security.
 - C.4.1.a. Demonstrate understanding of various public and private disability benefits systems and the influence on rehabilitation, independent living, and employment.
 - C.4.1.b. Explain the requirements of benefits available to people with disabilities through systems such as workers' compensation, long-term disability insurance, and social security.
- C.4.2 Job analysis, transferable skills analysis, work site modification and restructuring
 - C.4.2.a. Utilize job and task analyses methodology to determine essential functions of jobs for employment planning and placement, worksite modifications, or job restructuring.
 - C.4.2.b. Apply the techniques of job modification/restructuring and the use of assistive devices to facilitate placement of people with disabilities.
 - C.4.2.c. Apply transferable skills analysis methodology to identify alternative vocational and occupational options given the work history and residual functional capacities of individuals with a disability.
- C.4.3 Career counseling, career exploration, and vocational planning
 - C.4.3.a. Provide career counseling utilizing appropriate approaches and techniques.
 - C.4.3.b. Utilize career/occupational materials to assist the individual with a disability in vocational planning.
 - C.4.3.c. Facilitate involvement in vocational planning and career exploration.
- C.4.4 Job readiness development
 - C.4.4.a. Assess an individual's (who lives with disability) readiness for gainful employment and assist individuals with a disability in increasing this readiness.
- C.4.5 Employer consultation and disability prevention
 - C.4.5.a. Provide prospective employers with appropriate consultation information to facilitate prevention of disability in the workplace and minimize risk factors for 29 employees and employers.
 - C.4.5.b. Consult with employers regarding accessibility and issues related to ADA compliance.

- C.4.6 Workplace culture and environment
 - C.4.6.a. Describe employer practices that affect the employment or return to work of individuals with disabilities and utilize that understanding to facilitate successful employment.
- C.4.7 Work conditioning/work hardening
 - C.4.7.a. Identify work conditioning or work hardening strategies and resources as part of the rehabilitation process.
- C.4.8 Vocational consultation and job placement strategies
 - C.4.8.a. Conduct and utilize labor market analyses and apply labor market information to the needs of individuals with a disability.
 - C.4.8.b. Identify transferable skills by analyzing the consumer's work history and functional assets and limitations and utilize these skills to achieve successful job placement.
 - C.4.8.c. Utilize appropriate job placement strategies (client-centered, place then train, etc.) to facilitate employment of people with disabilities.
- C.4.9 Career development theories
 - C.4.9.a. Apply career development theories as they relate to an individual with a disability.
- C4.10 Supported employment, job coaching, and natural supports
 - C.4.10.a. Effectively use employment supports to enhance successful employment.
 - C.4.10.b. Assist individuals with a disability with developing skills and strategies on the job.
- C.4.11 Assistive technology
 - C.4.11.a. Identify and describe assistive technology resources available to individuals with a disability for independent living and employment.

C.5 COUNSELING APPROACHES AND PRINCIPLES

Each knowledge domain is followed by Student Learning Outcomes(SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

Knowledge domains:

- C.5.1 Individual counseling and personality theory
 - C.5.1.a. Communicate a basic understanding of established counseling theories and their relationship to personality theory.
 - C.5.1.b. Articulate a personal philosophy of rehabilitation counseling based on an established counseling theory.
- C.5.2 Mental health counseling
 - C.5.2.a. Recognize individuals with a disability who demonstrate psychological or mental health related problems and make appropriate referrals.
 - C.5.2.b. Analyze diagnostic and assessment information (e.g., vocational and educational tests, records and psychological and medical data) and communicate this information to the consumer.
 - C.5.2.c. Explain and utilize standard diagnostic classification systems for mental health conditions within the limits of the role and responsibilities of the rehabilitation counselor.

- C.5.3 Counseling skills and techniques development
 - C.5.3.a. Develop and maintain confidential counseling relationships with individuals with a disability using established skills and techniques.
 - C.5.3.b. Establish, in collaboration with the consumer, individual counseling goals and objectives.
 - C.5.3.c. Apply basic counseling and interviewing skills.
 - C.5.3.d. Employ consultation skills with and on behalf of the consumer.
- C.5.4 Gender issues in counseling
 - C.5.4.a. Counsel individuals with a disability who face lifestyle choices that may involve gender or multicultural issues.
 - C.5.4.b. Identify gender differences that can affect the rehabilitation counseling and planning processes.³¹
- C.5.5 Conflict resolution and negotiation strategies
 - C.5.5.a. Assist individuals with a disability in developing skills needed to effectively respond to conflict and negotiation in support of their interests.
- C.5.6 Individual, group, and family crisis response
 - C.5.6.a. Recognize and communicate a basic understanding of how to assess individuals, groups, and families who exhibit suicide ideation, psychological and/or emotional crisis.
- C.5.7 Termination of counseling relationships
 - C.5.7.a. Facilitate counseling relationships with individuals with a disability in a manner that is constructive to their independence.
 - C.5.7.b. Develop a plan of action in collaboration with the consumer for strategies and actions anticipating the termination of the counseling process.
- C.5.8 Individual empowerment and rights
 - C.5.8.a. Promote ethical decision-making and personal responsibility that is consistent with an individual's culture, values and beliefs.
- C.5.9 Boundaries of confidentiality
 - C.5.9.a. Explain the legal limits of confidentiality for rehabilitation counselors for the state in which they practice counseling.
 - C.5.9.b. Identify established rehabilitation counseling ethical standards for confidentiality and apply them to actual case situations.
- C.5.10 Ethics in the counseling relationship
 - C.5.10.a. Explain the practical implications of the CRCC Code of Ethics as part of the rehabilitation counseling process.
 - C.5.10.b. Confirm competency in applying an established ethical decision-making process to rehabilitation counseling case situations.
- C.5.11 Counselor Supervision
 - C.5.11.a. Explain the purpose, roles, and need for counselor supervision in order to enhance the professional development, clinical accountability, and gate-keeping function for the welfare of individuals with a disability.

C.6 GROUP WORK AND FAMILY DYNAMICS

Each knowledge domain is followed by Student Learning Outcomes(SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

Knowledge domains:

C.6.1 Group Dynamics and Counseling Theory

C.6.1.a. Apply theories and principles of group counseling when working with persons with disabilities.

C.6.2 Group leadership styles and techniques

C.6.2.a. Demonstrate effective group leadership skills.

C.6.3 Family dynamics and counseling theory

C.6.3.a. Apply an understanding of family systems and the impact of the family on the rehabilitation process.

C.6.4 Family support interventions

C.6.4.a. Use counseling techniques to support the individual's family/significant others, including advocates.

C.6.4.b. Facilitate the group processes with individual's family/significant others, including advocates to support the rehabilitation goals.

C.6.5 Ethical and legal issues impacting individuals and families

C.6.5.a. Apply ethical and legal issues to the group counseling process and work with families.

C.6.5.b. Know the ethical implications of work in group settings with racial/ethnic, cultural, and other diversity characteristics/issues when working with people with disabilities.

C.7 ASSESSMENT

Each knowledge domain is followed by Student Learning Outcomes(SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

Knowledge domains:

C.7.1 Role of assessment

C.7.1.a. Explain purpose of assessment in rehabilitation process.

C.7.1.b. Use assessment information to determine eligibility and to develop plans for services.

C.7.2 Assessment resources and methods

C.7.2.a. Identify assessment resources and methods appropriate to meet the needs of individuals with a disability.

C.7.2.b. Describe resources to assist rehabilitation counselors in identifying appropriate test instruments and other assessment methods.

C.7.2.c. Describe computer-based assessments for rehabilitation and employment planning.

C.7.3 Individual involvement in assessment planning

C.7.3.a. Facilitate individual involvement in evaluating the feasibility of rehabilitation or independent living objectives and planning.

C.7.3.b. Utilize assessment as an ongoing process in establishing individual rapport, rehabilitation service planning, objectives and goals.

C.7.3.c. Evaluate the individual's capabilities to engage in informed choice and to make decisions.

C.7.4 Measurement and statistical concepts

- C.7.4.a. Describe basic measurement concepts and associated statistical terms.
- C.7.4.b. Comprehend the validity, reliability, and appropriateness of assessment instruments.
- C.7.5 Selecting and administering the appropriate assessment methods
 - C.7.5.a. Explain differences in assessment methods and testing instruments (i.e., aptitude, intelligence, interest, achievement, vocational evaluation, situational assessment).
 - C.7.5.b. Apply assessment methods to evaluate a consumer's vocational, independent living and transferable skills.
- C.7.6 Ethical, legal, and cultural implications in assessment
 - C.7.6.a. Know the legal, ethical, and cultural implications of assessment for rehabilitation services.
 - C.7.6.b. Consider cultural influences when planning assessment.
 - C.7.6.c. Analyze implications of testing norms related to the culture of an individual.

C.8 RESEARCH AND PROGRAM EVALUATION

Each knowledge domain is followed by Student Learning Outcomes(SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

Knowledge domains:

- C.8.1 Basic statistics and psychometric concepts
 - C.8.1.a. Understand research methodology and relevant statistics.
- C.8.2 Basic research methods
 - C.8.2.a. Interpret quantitative and qualitative research articles in rehabilitation and related fields.
 - C.8.2.b. Apply research literature to practice (e.g., to choose appropriate interventions, to plan assessments).
- C.8.3 Effectiveness of rehabilitation counseling services.
 - C.8.3.a. Develop and implement meaningful program evaluation.
 - C.8.3.b. Provide a rationale for the importance of research activities and the improvement of rehabilitation services.
- C.8.4 Ethical, legal, and cultural issues related to research and program evaluation.
 - C.8.4.a. Apply knowledge of ethical, legal, and cultural issues in research and evaluation to rehabilitation counseling practice.

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

Each knowledge domain is followed by Student Learning Outcomes(SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

Knowledge domains:

- C.9.1 The human body system
 - C.9.1.a. Explain basic medical aspects related to human body system and disabilities.
- C.9.2 Medical terminology and diagnosis
 - C.9.2.a. Demonstrate an understanding of fundamental medical terminology.
 - C.9.2.b. Demonstrate an understanding of the diagnostic process used by medical and other health professions.

- C.9.3 Physical, psychiatric, cognitive, sensory and developmental disabilities
 - C.9.3.a. Utilize existing or acquired information about the existence, onset, severity, progression, and expected duration of an individual's disability.
 - C.9.3.b. Articulate the functional limitations of disabilities.
 - C.9.3.c. Apply working knowledge of the impact of disability on the individual, the family, and the environment.
 - C.9.3.d. Explain the implications of co-occurring disabilities.
- C.9.4 Assistive technology
 - C.9.4.a. Determine the need for assistive technology and the appropriate intervention resources.
 - C.9.4.b. Support the evaluation of assistive technology needs as they relate to rehabilitation services.
- C.9.5 Environmental implications for disability
 - C.9.5.a. Evaluate the influences and implications of the environment on disability.
- C.9.6 Classification and evaluation of function
 - C.9.6.a. Demonstrate familiarity with the use of functional classification such as the International Classification of Function.
 - C.9.6.b. Consult with medical/health professionals regarding prognosis, prevention and wellness strategies for individuals with a disability

C.10 REHABILITATION SERVICES, CASE MANAGEMENT, AND RELATED SERVICES

Each knowledge domain is followed by Student Learning Outcomes(SLOs). Each SLO is prefaced by the phrase: As demonstrated by the ability to:

Knowledge domains:

- C.10.1 Vocational rehabilitation
 - C.10.1.a. Describe the systems used to provide vocational rehabilitation services to people with disabilities including the state/federal vocational rehabilitation program in the United States, private rehabilitation, and community-based rehabilitation programs.
 - C.10.1.b. Identify and plan for the provision of vocational rehabilitation services with individuals with a disability.
 - C.10.1.c. Provide information to prospective employers about the benefits of hiring people with disabilities.
- C.10.2 Case and caseload management
 - C.10.2.a. Evaluate the need for and utilize case and caseload management services.
 - C.10.2.b. Apply principles of caseload management, including case recording and documentation.
 - C.10.2.c. Identify rehabilitation case management strategies that are evidence-based.
 - C.10.2.d. Establish follow-up and/or follow-along procedures to maximize an individual's independent functioning through the provision of post-employment services
- C.10.3 Independent living
 - C.10.3.a. Identify and plan for the provision of independent living service alternatives with individuals with a disability.
- C.10.4 School to work transition services

- C.10.4.a. Develop knowledge of transition services that facilitate an individual's movement from school to work.
- C.10.5 Disability management
 - C.10.5.a. Describe employer-based disability management concepts, programs, and practices.
- C.10.6 Forensic rehabilitation and vocational expert practices
 - C.10.6.a. Describe the purpose of forensic rehabilitation, vocational expert practice, and the reasons for referral of individuals for services.
- C.10.7 Substance abuse treatment and rehabilitation
 - C.10.7.a. Describe different recovery models that apply to substance abuse treatment and rehabilitation.
 - C.10.7.b. Identify and recommend treatment options that facilitate recovery and successful rehabilitation outcomes.
- C.10.8 Psychiatric rehabilitation
 - C.10.8.a. Identify and recommend treatment options that facilitate recovery and successful rehabilitation outcomes.
- C.10.9 Wellness and illness prevention concepts
 - C.10.9.a. Promote constructive lifestyle choices that support positive health and prevents illness or disability.
- C.10.10 Community Resources
 - C.10.10.a. Work with community agencies to advocate for the integration and inclusion of individuals with disabilities within the community.
 - C.10.10.b. Identify the benefits of rehabilitation services to potential individuals with a disability, employers, and the general public.
- C.10.11 Community-based rehabilitation and service coordination
 - C.10.11.a. Assist individuals with a disability to access and utilize services available in the community.
 - C.10.11.b. Collaborate with advocates and other service providers involved with the individual and/or the family.
- C.10.12 Life care planning
 - C.10.12.a. Describe the purposes of life-care planning and utilize life-care planning services as appropriate.
- C.10.13 Insurance programs and social security
 - C.10.13.a. Demonstrate knowledge of disability insurance options and social security programs.
 - C.10.13.b. Explain the functions of workers' compensation, disability benefits systems, and disability management systems.
- C.10.14 Programs for specialty populations
 - C.10.14.a. Describe programs of services for specialty populations including but not limited to: spinal cord injury, traumatic brain injury intellectual disabilities sensory disability, correctional and veterans.
- C.10.15 Current technology and rehabilitation counseling
 - C.10.15.a. Explain and plan for the appropriate use of assistive technology including computer-related resources.

C.10.15.b. Utilize internet and other technology to assist in the effective delivery of services.

C.10.15.c. Assist individuals with a disability in developing strategies to request appropriate accommodation.

C.10.15.d. Assess individual needs for rehabilitation engineering services.

SECTION D: Clinical Experience

D.1 Students shall have a minimum of 100 hours of supervised rehabilitation counseling Practicum experience with at least 40 hours of direct service to people with disabilities (not role-playing clients). Practicum students shall have experiences that increase their awareness and understanding of the differences in values, beliefs, and behaviors of individuals who are different from themselves.

D.1.1 The practicum shall include instructional experiences (audio-video tapes and individual and group interaction) dealing with rehabilitation counseling concerns, and clinical experiences (on or off-campus) that facilitate the development of basic rehabilitation counseling skills. During the practicum, students will conduct interviews that will be reviewed by a supervisor. If practicum experiences are provided off-campus, there will be direct and periodic communication throughout the semester between the site supervisor and the faculty (e.g., site visits, conference calls, video-conferencing, electronic communication). Practicum activities shall be documented in logs, progress reviews, and summaries. The program faculty member responsible for practicum supervision must be a CRC.

D.1.2 Written expectations, procedures, and policies for practicum will be distributed to students and supervisors. This will include the policy that the practicum is a prerequisite to the supervised rehabilitation counseling clinical internship experience.

D.1.3 Practicum experiences shall include an average of one (1) hour per week of individual and 1½ hours per week of group (with no more than ten students/group) supervision by a program faculty member or qualified individual working in cooperation with a program faculty member.

D.1.4 When using distance education modalities, practicum supervision may be provided using a variety of methods such as video conferencing, teleconferencing, real time video contact, or others, as appropriate.

D.1.5 In states that have specific practicum supervision requirements for counselor licensure, the program shall make the required supervision experiences consistent with the licensure requirements available to those students desiring to qualify for licensure.

D.1.6 There shall be a written progress review of the performance/counseling skills of all students enrolled in a practicum.

D.1.7 There shall be a written procedure for responding to students who do not demonstrate satisfactory practicum knowledge or clinical skills.

D.1.8 The individual supervision of five students shall be considered to be equivalent to the teaching of one course.

D.2 Students shall have supervised rehabilitation counseling internship activities that include a minimum of 600 hours of applied experience in an agency/program, with at least 240 hours of direct service to individuals with disabilities.³⁹

D.2.1 The internship activities shall include the following:

D.2.1.a. Orientation to program components, policies and procedures, introduction to staff and their role and function, identification of the expectations for interns, confidentiality and due process procedures, risk assessment, and the Code of Professional Ethics for Rehabilitation Counselors;

D.2.1.b. Observation of all aspects of the delivery of rehabilitation counseling services, as practiced by the agency or organization, including diverse populations;

D.2.1.c. Work assignments, performing the tasks required of an employed rehabilitation counselor at the agency or organization; and

D.2.1.d. Reporting, including all required academic reports as well as logs, weekly progress reviews, and summaries of activities.

D.2.2 Written expectations, procedures, and policies for the internship activities shall be contained in a manual or other appropriate document(s) and distributed to students and supervisors.

D.2.3 For the internship, an on-site supervisor must be assigned to provide weekly supervision throughout the internship experience.

D.2.4 The internship shall include an evaluation of student performance, including self evaluation by the student, the field site supervisor, and the faculty supervisor.

D.2.5 The RCE Program shall use internship experience sites that provide rehabilitation counseling services to individuals with disabilities appropriate to the mission of the program.

D.2.6 Internship students shall have experiences that increase their awareness and understanding of differences in values, beliefs and behaviors of persons who are different from themselves. Internship shall promote cultural competence, foster personal growth, and assist students in recognizing the myriad of counseling approaches and rehabilitation issues that affect service delivery.

D.3 Internship experiences shall include an average of one (1) hour per week of individual or 1½ hours per week of group (with no more than ten students/group) supervision by a program faculty member who is a CRC or qualified individual working in cooperation with a program faculty member who is a CRC.

D.3.1 When using distance education modalities, supervision may be provided using a variety of methods such as video conferencing, teleconferencing, real time video contact, or others as appropriate.

D.3.2 In states that have specific supervision requirements for counselor licensure, the program shall make the required supervision experiences consistent with the state licensure requirements and available to those students desiring to qualify for licensure.

D.3.3 There shall be a progress review of all students enrolled in an internship.

D.3.4 There shall be a written procedure for responding to students who do not demonstrate satisfactory internship knowledge or clinical skills.

D.3.5 The individual supervision of five students shall be considered equivalent to the teaching of one course due to the intensive, one-on-one instruction and the ongoing evaluation necessary in internship.