



**University of Massachusetts Boston
College of Education and Human Development
School for Global Inclusion and Social Development
Rehabilitation Counseling**

Rehab 688: Rehabilitation Counseling Practicum

GENERAL INFORMATION:

Instructor:

Email:

Office Hours:

CLASS LOCATION/TIME:

Location: class meets online through Blackboard, once a week for two hours

Dates/Times:

COURSE DESCRIPTION:

The purpose of the practicum is to expose the student to their particular field in counseling through actual placement in a facility where appropriate supervision is provided. Class discussions include a review onsite observations and experiences and discussions of current issues in the field

Technical Requirements: Supervision Assist is required for students in Practicum and Internship. Supervision Assist is comprehensive, HIPPA secure application that universities, supervisors, and students will utilize for documentation and videotaping. Students will receive information for account set up, accompanied by tutorials at the beginning of the semester. Students will need to establish their account before the second class. A headset with microphone is recommended for privacy if needed, while in class.

COURSE OBJECTIVES:

The purpose of this course is:

1. To allow students the opportunity to refine and enhance rehabilitation counseling skills and technical knowledge relating to the direct delivery of services to persons with disabilities in a rehabilitation environment.
2. To provide an opportunity for practical application of classroom instruction.
3. To assist students in further developing skills in planning for more efficient use of time and resources.
4. To develop competencies in addressing important rehabilitation issues related to the counseling relationship.

5. To further develop counseling skills that encourage consumer choice, direction and maximize consumer potential.
6. To provide an opportunity for students to develop positive and effective working relationships with agency supervisor, colleagues, and other cooperating agencies.

REQUIRED TEXTS:

Note Please check with instructor before purchasing the text

American Counseling Association. (2015). ACA Code of Professional Ethics.
<https://www.counseling.org/resources/aca-code-of-ethics.pdf>

Commission on Rehabilitation Counselor Certification. (2017). Code of Professional Ethics.
https://www.crcrcertification.com/filebin/pdf/Final_CRCC_Code_Eff_20170101.pdf

Hodges, S. (2021) The Counseling Practicum and Internship Manual: A Resource for Graduate Counseling Students. (3rd Ed.) Springer Publishing Company, New York

Pipher, M. (2016). Letters to a Young Therapist. (Rev.Ed.). Basic Books, New York.

Ivey, A. E., Ivey, M. B., & Zalaquett, C. P. (2018). intentional interviewing and counseling: facilitating client development in a multicultural society. (9th ed.). Boston, MA: Cengage Learning.

RECOMMENDED TEXTS:

American Psychological Association. (2020). Publication Manual of the American Psychological Association (7th ed.). Washington, DC: American Psychological Association.

American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders, fifth edition, American Psychiatric Association

Baird, Brian N. (2017). The Internship, Practicum and Field Placement Handbook: A guide for
 Sample Syllabus—Detailed Syllabus Provided at Start of the Semester

helping professionals, (7th Ed). London, England: Routedledge Publishing.

COUNCIL FOR ACCREDITATION OF COUNSELING AND RELATED EDUCATIONAL PROGRAMS (CACREP) STANDARDS (2016):

This program is currently accredited by CACREP. It is important to understand the standards we must follow in order to maintain accreditation. These excerpts highlight the requirements of an accredited Rehabilitation Counseling Practicum.

(CACREP) Section 3: Professional Practice

Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community. The following Standards apply to entry-level programs for which accreditation is being sought.

(CACREP) Entry-level professional practice

1. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.
2. Supervision of practicum and internship students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.
3. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum and internship.
4. Students have the opportunity to become familiar with a variety of professional activities and resources, including technological resources, during their practicum and internship.
5. In addition to the development of individual counseling skills, during either the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.

(CACREP) PRACTICUM

1. Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimum of 10 weeks.
2. Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
3. Practicum students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum by: (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.
4. Practicum students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the practicum. Group supervision must be provided by

a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

Student Outcomes/Evaluation:

The Rehabilitation Counseling Program at UMass Boston requires that trainees be assigned a grade at the conclusion of each unit of supervised fieldwork. The assignment of that final grade is the responsibility of the faculty supervisor. The evaluation of the agency supervisor will be sought to assist in the grade determination. Evaluation is a participatory process including the trainee/student, agency supervisor and faculty supervisor. The emphasis is on the trainee's growth toward professional maturity. The evaluation is aimed at determining the trainee's readiness to enter the profession and/or the need for further training.

COURSE REQUIREMENTS:

1. Completion of 100 TOTAL clock hours at practicum site over the course of the semester and prior to starting the internship. At least 40 clock hours must be direct service to people with disabilities.
2. Completion of weekly journal reflecting on practicum activities and integrating course content. Journals will be submitted via the Blackboard journal function on a weekly basis and due prior to the start of class for that week.
3. Weekly Seminar attendance, case presentation, case conceptualizations and participation.
4. Completion and interaction in discussion board posts based on the assigned reading.
5. 2 Videotaped counseling sessions recorded using Supervision Assist, critical analysis report, transcription, and SOAP notes (x2).
6. Presentation on current events, its impact on consumer and the systems and agencies that serve them, individual counseling, cultural and ethical implications.
7. The fieldwork experience should provide the agency supervisor, faculty supervisor, and the student/trainee the opportunity to evaluate performance and competency attainment with respect to the following competency areas outlined in their chosen track, below:

CACREP STANDARDS FOR CLINICAL REHABILITATION COUNSELING TRACK

CLINICAL REHABILITATION COUNSELING

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

1. FOUNDATIONS

- a) history and development of rehabilitation counseling
- b) theories and models related to rehabilitation counseling
- c) social science theory that addresses psychosocial aspects of disability

- d) principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
- e) neurobiological and medical foundation and etiology of addiction and co-occurring disorders
- f) etiology and effects of disabilities and terminology relevant to clinical rehabilitation counseling
- g) screening and assessment instruments that are reliable and valid for individuals with disabilities

2. CONTEXTUAL DIMENSIONS

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

- u) record keeping, third party reimbursement, and other practice and management issues in rehabilitation counseling
- v) professional organizations, preparation standards, and credentials relevant to the practice of clinical rehabilitation counseling
- w) legal and ethical considerations specific to clinical rehabilitation counseling

3. PRACTICE

- a) diagnostic interviews, mental status examinations, symptom inventories, psychoeducational and personality assessments, biopsychosocial histories, assessments for treatment planning, and assessments for assistive technology needs
- b) career- and work-related assessments, including job analysis, work site modification, transferrable skills analysis, job readiness, and work hardening
- c) strategies to advocate for persons with disabilities
- d) strategies for interfacing with medical and allied health professionals, including interdisciplinary treatment teams
- e) strategies to consult with and educate employers, educators, and families regarding

CACREP STANDARDS FOR REHABILITATION COUNSELING TRACK

REHABILITATION COUNSELING

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

1. FOUNDATIONS

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

2. CONTEXTUAL DIMENSIONS

- a) professional rehabilitation counseling scope of practice, roles, and settings
 - b) medical and psychosocial aspects of disability, including attention to coexisting conditions
 - c) individual response to disability, including the role of families, communities, and other social networks
 - d) information about the existence, onset, degree, progression, and impact of an individual's disability, and an understanding of diagnostic systems including the International Classification of Functioning, Disability and Health (ICF), International Classification of Diseases (ICD), and Diagnostic and Statistical Manual of Mental Disorders (DSM)
 - e) impact of psychosocial influences, cultural beliefs and values, diversity and social justice issues, poverty, and health disparities, with implications for employment and quality of life for individuals with disabilities
 - f) impact of socioeconomic trends, public policies, stigma, access, and attitudinal barriers as they relate to disability
 - g) awareness and understanding of the impact of crisis, trauma, and disaster on individuals with disabilities, as well as the disability-related implications for emergency management preparation
 - h) impact of disability on human sexuality
 - i) awareness of rehabilitation counseling specialty area services and practices, as well as specialized services for specific disability populations
 - j) knowledge of organizational settings related to rehabilitation counseling services at the federal, tribal, state, and local levels
 - k) education and employment trends, labor market information, and resources about careers and the
 - l) world of work, as they apply to individuals with disabilities
 - m) Social Security benefits, workers' compensation insurance, long-term disability insurance, veterans' benefits, and other benefit systems that are used by individuals with disabilities
 - n) Individual needs for assistive technology and rehabilitation services
 - o) advocacy on behalf of individuals with disabilities and the profession as related to disability and disability legislation

 - p) federal, tribal, state, and local legislation, regulations, and policies relevant to individuals with disabilities
 - q) professional organizations, preparation standards, and credentials relevant to the practice of rehabilitation counseling
 - r) legal and ethical aspects of rehabilitation counseling, including ethical decision-making models
 - s) administration and management of rehabilitation counseling practice, including coordination of services, payment for services, and record keeping
- 3. PRACTICE**
- a) evaluation of feasibility for services and case management strategies that facilitate rehabilitation and independent living planning
 - b) informal and formal assessment of the needs and adaptive, functional, and transferable skills of individuals with disabilities
 - c) evaluation and application of assistive technology with an emphasis on individualized assessment and planning

- d) understanding and use of resources for research and evidence-based practices applicable to rehabilitation counseling
- e) strategies to enhance coping and adjustment to disability
- f) techniques to promote self-advocacy skills of individuals with disabilities to maximize empowerment and decision-making throughout the rehabilitation process
- g) strategies to facilitate successful rehabilitation goals across the lifespan
- h) career development and employment models and strategies to facilitate recruitment, inclusion, and retention of individuals with disabilities in the work place
- i) strategies to analyze work activity and labor market data and trends, to facilitate the match between an individual with a disability and targeted jobs
- j) advocacy for the full integration and inclusion of individuals with disabilities, including strategies to reduce attitudinal and environmental barriers
- k) assisting individuals with disabilities to obtain knowledge of and access to community and technology services and resources
- l) consultation with medical/health professionals or interdisciplinary teams regarding the physical/mental/cognitive diagnoses, prognoses, interventions, or permanent functional limitations or restrictions of individuals with disabilities
- m. consultation and collaboration with employers regarding the legal rights and benefits of hiring individuals with disabilities, including accommodations, universal design, and workplace disability prevention

FINAL EVALUATION FOR THE SEMESTER WILL BE BASED ON:

1) Evaluation from the agency supervisor

2) Evaluation from the faculty supervisor, which will be based on the following elements:

- a. 1. Evaluation of weekly reflective journal entry x11 (3 points each)
= 33 points (13.2% of total grade)
- b. 2. Participation and work in weekly practicum seminar sessions x 12 (5 pts/week)
= 60 points (24% of total grade)
- c. 3. Discussion Board x11 (3 points each) = 33 points (13.2% of total grade)
- d. Presentation on current events, systems and consumer impact, ethical and cultural considerations.
=33 points(13.2% of total grade)
- e. Videotape Counseling Sessions, Critical Analysis Report, Transcription, SOAP Notes (x2)
= 66 points (26.4% of total grade)

- f. Timely Submission of Practicum documentation =25 points (10% of final grade)
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Total Possible Points

=250 points

3) Student/trainee self evaluation

The self-evaluation tool is located in Supervision Assist, and must be submitted with other practicum documentation before a grade will be assigned.

UMass Boston Graduate Grading Policy		
Letter	Percentage	Quality points
A	93-100%	4.00
A-	90-92%	3.75
B+	87-89%	3.25
B	83-86%	3.00
B-	80-82%	2.75
C+	77-79%	2.25
C	73-76%	2.00
F	0-72%	0.0
INC	Given under very restricted terms and only when satisfactory work has been accomplished in majority of coursework. Contract of completion terms is required.	N/A
IF	Received for failure to comply with contracted completion terms.	N/A
W	Received if withdrawal occurs before the withdrawal deadline.	N/A
AU	Audit (only permitted on space-available basis)	N/A

NA	Not Attending (student appeared on roster, but never attended class. Student is still responsible for tuition and fee charges unless withdrawal form is submitted before deadline. NA has no effect on cumulative GPA.)	N/A
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Accommodations:

UMass Boston is committed to creating learning environments that are inclusive and accessible. If you have a personal circumstance that will impact your learning and performance in this class, please let me know as soon as possible, so we can discuss the best ways to meet your needs and the requirements of the course. If you have a documented disability, or would like guidance about navigating support services, contact the Ross Center for Disability Services by email (ross.center@umb.edu), phone (617-287-7430), or in person (Campus Center, UL Room 211). To receive accommodations, students must be registered with the Ross Center and must request accommodations each semester that they are in attendance at UMass Boston. For more information visit: www.rosscenter.umb.edu. Please note that the Ross Center will provide a letter for your instructor with information about your accommodation only and not about your specific disability.

Academic Integrity and Student Code of Conduct

Education at UMass Boston is sustained by academic integrity. Academic integrity requires that all members of the campus community are honest, trustworthy, responsible, respectful, and fair in academic work at the university. As part of being educated here, students learn, exercise, increase, and uphold academic integrity. Academic integrity is essential within all classrooms, in the many spaces where academic work is carried out by all members of the UMass Boston community, and in our local and global communities where the value of this education fulfills its role as a public good. Students are expected to adhere to the Student Code of Conduct, including policies about academic integrity, delineated in the University of Massachusetts Boston Graduate Studies Bulletin, Undergraduate Catalog, and relevant program student handbook(s), linked at www.umb.edu/academics/academic_integrity.

Health, Wellbeing, and Success

UMass Boston is a vibrant, multi-cultural, and inclusive institution committed to ensuring that all members of our diverse campus community are able to thrive and succeed. The university provides a wide variety of resources to support students' overall success.

- Are you in emotional distress? Call 617.287.5690 to speak with a licensed clinician 24/7 who can offer support, crisis recommendations, and assistance with finding resources.
- Have a campus question or issue? Use [Current Students - UMass Boston \(umb.edu\)](http://www.umb.edu)
- Want advice in navigating a university or life situation? Contact the Dean of Students Office at www.umb.edu/deanofstudents.

Mission of the School for Global Inclusion and Social Development: The School for Global Inclusion and Social Development supports inclusive communities, addresses the interrelationship of health, wellness, and social and economic development, and serves as a catalyst to social development at the local, regional, national and international levels. The School is committed to developing future leaders able to address issues of equality of opportunity and enhanced quality of life for all. Central to the School is an understanding of how leadership must be sensitive to contextual and cultural variances and of its potential to bring about positive change. Through transdisciplinary graduate studies, applied and translational research, systemic development, innovation, and dissemination of knowledge and information, the School for Global Inclusion and Social Development embraces its commitment to students, faculty and the community at large.