

STUDENT HANDBOOK

Fall 2021

Master of Science Degree Program of Study
Clinical Rehabilitation & Mental Health Counseling

*West Virginia University
College of Education and Human Services
Department of Counseling and Learning Sciences
504 Allen Hall
Morgantown, WV 26506*

<https://counseling.wvu.edu/rehab-mh-counseling>

WVU Graduate Professional Catalog is located at
<http://catalog.wvu.edu/graduate/>

A Program of Excellence

OUR MISSION

The Clinical Rehabilitation & Mental Health Counseling graduate education program at West Virginia University forwards the land grant mission of the University by providing a strong practitioner training program focused on the unique needs of diverse communities. We are committed to preparing entry-level rehabilitation and mental health counselors to work competently and ethically within a pluralistic society. Our central organizing approach rests in understanding the unique needs of individuals, couples, families, and groups experiencing disability or other disadvantages across their lifespan in our society, at work, home and play.

Program Objectives

The objectives of our program are linked to our mission statement. They are to provide:

- Educational experiences for every student that facilitates the development of knowledge, skills and beliefs necessary to practice as qualified clinical rehabilitation and mental health counselors in a wide variety of circumstances.
- Learning opportunities to support students' ability to implement culturally responsive and ethically sound clinical rehabilitation and mental health counseling practices.
- Clinical training environments focused on real world expectations and standards of clinical practice.

These objectives are accomplished through classroom and field experiences in (1) individual and group counseling; (2) evaluation and assessment; (3) career choice and placement; (4) knowledge and use of medical and psychosocial information; (4) addressing cultural competencies; and (5) knowledge of clinical rehabilitation and mental health principles and evidence-based or promising practices.

The student experiences skills training in general counseling and vocational counseling, counseling across the lifespan, as well as knowledge of agency functions, case management, and use of community resources. Research skills and the demonstrated ability to function in applied rehabilitation and/or mental health settings is also an integral part of the program. We also focus on specialized issues relative to counseling and case management in the areas of addictions, psychiatric disorders, and couples and families in diverse communities. The clinical experiences of practicum and internship are highly valued in our program. It is our intent that students will combine their beliefs and values with knowledge and skills, working honestly, with integrity, and ethical behavior. We value fairness, respect, and responsiveness in our actions and communications.

Our History and Future

The program of study in which you are participating has a long history reflecting ongoing changes to meet the needs of emerging societal issues as well as evolutionary professional standards. In 2014, WVU approved the establishment of the Clinical Rehabilitation and Mental Health Counseling program. This program will build upon the rehabilitation counselor education program that has been in existence for six decades. The following will give you background on how we have evolved to this point. Be proud to be a part of a long-standing program of excellence.

The Beginning

In August of 1955, the seventh grant for establishing a graduate rehabilitation counselor education program under PL 565 was awarded to WVU. This was in response to The Vocational Rehabilitation Amendments (federal legislation) that established funding sources for college and university training of rehabilitation professionals. William McCauley was then a senior counselor in Morgantown and chaired the organizing committee to start the program. He was hired to coordinate the program and 6 traineeships were provided that first semester in a class of ten.

Mr. McCauley went on to federal employment with the then Health, Education and Welfare Commissioner Mary Switzer and subsequently became Executive Director of the National Rehabilitation Counseling Association. He started a legacy of leadership that has been the hallmark of education at WVU. He also set the tone of public vocational rehabilitation agency- university partnership that exists today.

Our program was housed as an experimental program in an interdepartmental structure in the Graduate School. This meant it was an independent entity with courses contributed by the College of Arts and Sciences, College of Education, School of Social Work and Department of Psychology.

In 1974, we became one of the first programs accredited by the Council on Rehabilitation Education (CORE). Our last accreditation review was completed in 2010 for a term of 8 years.

Building on Our Legacy

Much has changed since those early days of the WVU Interdepartmental Training Program in Rehabilitation Counseling, yet the heart of the training effort remains strong. Our program is now a MS in Clinical Rehabilitation and Mental Health Counseling and is located in the College of Education and Human Services. Our identity has remained distinct and continues to benefit from a wealth of resources in our parent department, Counseling, Rehabilitation Counseling and Counseling Psychology. We share departmental resources with two programs; a master's degree program in counseling (specializing in clinical mental health and school) accredited by the Council on Accreditation of Counseling and Related Programs; and a doctoral program in Counseling Psychology accredited by the American Psychological Association.

In addition, we enjoy the company of other strong research and training resources. Historically these have included the WV Rehabilitation Research and Training Center and the Job Accommodation Network. WVU is also home to a Center for Excellence in Disabilities.

In 2015, our program received the only **Program of Excellence designation** awarded to a master's degree program during a review that is conducted by the WVU Board of Governors. Needless to say, we are proud and humbled – and know that this says as much about the quality of our students and graduates as it does faculty or coursework. Professional degree and certificate programs at West Virginia University are reviewed on a five-year assessment cycle established by the WVU Board of Governors. Each year, approximately one-fifth of all academic programs at WVU are reviewed. The basis of a program review is a self-study performed by an individual unit as part of their ongoing program assessment activities. The "Program of Excellence" designation is based on various attributes, including national recognition, strong curriculum and program assessment, and evidence of success for students receiving degrees from the program.

Education of Today

In 2003, the WVU program initiated an e-campus program of study. The West Virginia Higher Education Planning Commission funded the start up of the effort. That funding allowed us to hire a new faculty member. As we begin to interview students for our 14th cohort of e-campus students, we are proud to recognize that well over 200 new rehabilitation counselors have entered the field through this course of study. They take with them the ability to operate in a new age of technology and strong skills in counseling and case management. As one employer said, "I can't tell the difference between the on campus and e-campus students!"

Where in the United States are our Students and Graduates? In 23 states from Alaska to Florida.



Our Current Program of Study

The CRMHC program was accredited as a dual specialty program in clinical rehabilitation counseling and clinical mental health counseling by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) in July 2017. One of only 23 such programs in the country, the WVU program was awarded full accreditation until 2024.

This means students can report having graduated from a CACREP program with a specialization in Clinical Rehabilitation Counseling and one in Clinical Mental Health Counseling. These distinctions are important in application for certifications, licensure, and for some employment sites.

This is one in a long line of firsts for the program. In August of 1955, one of seven federal grants available for establishing a graduate rehabilitation counselor education program under PL 565 was awarded to WVU. This was in response to the Vocational Rehabilitation Amendments (federal legislation) that established funding sources for college and university training of rehabilitation professionals. The rehabilitation counselor education program started in 1955 with the first students enrolled in January 1956 and the first graduating class in 1957.

In 1974, it was one of first programs accredited by the Council on Rehabilitation Education (CORE). Students admitted Fall 1975 were the first who could report having graduated under the status of CORE accreditation.

PLEASE NOTE: The dual specialization designation will end in 2023. At that time, we will be deciding whether to accredit as a clinical rehabilitation counseling or a clinical mental health counseling program. If you graduate after the decision is made, you may not be dually specialized.

Defining the Counseling Specializations

Counseling

In general, counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. (-20/20 *Consensus Definition of Counseling*. Details in JCD-July 2014 article by David M. Kaplan, Vilia M. Tarvydas & Samuel T. Gladding: *2020: A Vision for the Future of Counseling: The New Consensus Definition of Counseling!*)

See more at: <http://www.counseling.org/knowledge-center/20-20-a-vision-for-the-future-of-counseling/consensus-definition-of-counseling#sthash.0SvvCctH.dpuf>

Clinical and Vocational Rehabilitation Counseling

The Council on Rehabilitation Education states "Rehabilitation Counseling emphasizes empowerment of individuals with disabilities to maximize employability, attain economic self-sufficiency, independence, inclusion, and integration into American society. The philosophical foundation of rehabilitation counseling includes the belief in *advocacy and the rights of people with disabilities*. Rehabilitation counseling emphasizes *integration and inclusion, focusing on assets of people, and assisting in the pursuit of independence*. By moving from a status of dependence to a status of independence, personal adjustment and/or the opportunity to succeed economically, via employment, can be achieved. A rehabilitation counselor is a special type of professional counselor who helps evaluate and coordinate needed services to assist people with disabilities in coping with limitations

caused by such factors as cognitive and learning difficulties, environmental and societal discrimination and barriers, psychological conflict/distress, or loss of physical/functional ability." Found <http://www.core-rehab.org/FAQs> July 2, 2015

Rehabilitation counselors, for example, have begun to determine, coordinate, and arrange for rehabilitation and transition services for children within school systems. In addition, rehabilitation counselors are providing geriatric rehabilitation services to older persons with health problems, and workers injured on the job are increasingly receiving rehabilitation services through private rehabilitation counseling companies and employers' disability management and employee assistance programs. They may also become life-care planners assisting individuals who will experience major long-term disability.

Council on Rehabilitation Education

The demand for rehabilitation counselors nationally exceeds the supply by at least 25% and the number of people needing rehabilitation services will rise as advances in medical technology saves more lives and human services needs more complex. We are also working in a wide variety of locations, from vocational rehabilitation agencies to mental health centers, employee assistance programs, substance abuse treatment centers and so forth. Rehabilitation services are provided to the older person, the child with a learning disability, the factory worker with a cocaine addiction, the inmate in prison, the person with a psychiatric problem, the executive who abuses alcohol, the nurse with back pain, the individual with an amputation, and the person with a head injury (examples only).

Our graduates work for state vocational rehabilitation agencies from Alaska to Florida. Because all state rehabilitation agencies follow the same general procedures for providing services, a rehabilitation counselor has greater geographical mobility and is able to move throughout the United States and its territories with less difficulty finding employment. You will also find rehabilitation counseling graduates working in the Veterans' Administration and Social Security Administration.

The Veterans Affairs Department has reported a need for more sophisticated workforce planning tools to ensure its Vocational Rehabilitation and Employment Program has staff with the skills to address the increasingly complicated needs of veterans returning from Iraq and Afghanistan. A report from the General Accounting Office indicated that "Many [wounded service members] are surviving with multiple serious injuries and illnesses, including amputations, traumatic brain injury, and post-traumatic stress disorder," ...While some service members will be able to remain on active duty, others will need comprehensive services as they transition into civilian life and work." Fifty-four percent of the 57 VR&E offices nationwide told GAO that they didn't have enough counselors to meet demand, and 40 percent said they needed more employment coordinators. Thirty percent of the offices reported counselors' skills only moderately met the needs of the veterans they served, while 30 percent said the same skills gap existed with respect to their employment coordinators.

According to the Commission on Rehabilitation Counselor Accreditation' scope of practice statement "Rehabilitation counseling is a systematic process which assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible

through the application of the counseling process. The counseling process involves communication, goal setting, and beneficial growth or change through self-advocacy, psychological, vocational, social, and behavioral interventions. The specific techniques and modalities utilized within this rehabilitation counseling process may include, but are not limited to:

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

Historically, rehabilitation counselors primarily served working-age adults with disabilities. Today, the need for rehabilitation counseling services extends to persons of all age groups who have disabilities. Rehabilitation counselors also may provide general and specialized counseling to people with disabilities in public human service programs and private practice settings.

Council on Rehabilitation Education

Clinical Mental Health Counseling

According to the Commission on Accreditation of Counseling and Related Education Program (CACREP) Clinical Mental Health Counseling programs prepare graduates to work with clients across a spectrum of mental and emotional disorders, as well as to promote mental health and wellness. Clients may be seen individually, in couples, families, or group settings. Clinical Mental Health Counselors are knowledgeable in the principles and practices of diagnosis, treatment, referral and prevention and often work in interdisciplinary teams with other health professionals (e.g., psychiatrists, social workers, MDs). Employment opportunities may include private practice, community-based mental health centers, hospitals and other treatment centers.

Clinical mental health counseling is a distinct profession with national standards for education, training and clinical practice. Clinical mental health counselors are highly skilled professionals who provide flexible, consumer-oriented therapy. They combine traditional psychotherapy with a practical, problem-solving approach that creates a dynamic and efficient path for change and problem resolution.

Clinical mental health counselors offer a full range of services, including:

- Assessment and diagnosis
- Psychotherapy
- Treatment planning and utilization review
- Brief and solution-focused therapy
- Alcoholism and substance abuse treatment
- Psychoeducational and prevention programs
- Crisis Management

In today's managed care environment, clinical mental health counselors are uniquely qualified to meet the challenges of providing high quality care in a cost-effective manner. CMHCs have a foundational skillset that is distinct from those of other behavioral health disciplines. Their training in addressing the needs of the whole person and in wellness and prevention makes them well situated to lead the effort in integrating health care.

New federal regulations allow qualifying mental health counselors to serve as mental health practitioners, providing services without referral, under the TRICARE program. This is big news, as TRICARE serves between 9 and 10 million service members, retirees, and family members.

Job duties are also expanding in other sectors. Employment of mental health counselors is projected to grow 29 percent from 2012 to 2022, much faster than the average for all occupations. Growth is expected in both occupations as more people have mental health counseling services covered by their insurance policies.

<http://www.bls.gov/ooh/community-and-social-service/mental-health-counselors-and-marriage-and-family-therapists.htm>

Counselors typically earn less than psychiatrists or psychologists do, but that's one thing that makes them attractive to insurance companies. The average mental health counseling salary was \$42,590 in 2010. 80% made between \$24,840 and \$65,660.

Faculty and Staff

We have four full time faculty teaching in our program and one very dedicated staff person. One person serves as the overall coordinator and another is a clinical coordinator, in charge of organizing your practicum and internship experiences. The ratio of faculty to students is approximately 1:12 and every student is assigned a faculty advisor.

Program Coordinator

George Mamboleo, PhD, CRC is Associate Professor and Coordinator of the program. He joined the faculty at WVU in 2013 after teaching at Alabama A & M University. Dr. Mamboleo received his doctorate in Rehabilitation from the University of Arizona. His undergraduate degree is in Sociology with a minor in Linguistics from the University of Nairobi, Kenya. He has a postgraduate diploma in Health Care Management. He earned a Masters in Rehabilitation Counseling from Bowling Green State University, OH where he was recognized by Who's Who Among Students in American Universities & Colleges in 2004. He has a wide variety of academic and professional experiences both in USA and his country of origin Kenya. He is actively involved in teaching, research and student advising. His research focus is rehabilitation outcomes for individuals with disability and includes: (a) the intersection between chronic disabilities and employment and health outcomes for individuals with disabilities; (b) attitudes/perceptions toward individuals with disabilities and their inclusion in the society; (c) accommodations and/or access issues for individuals with disabilities; (d) international rehabilitation issues; (e) veterans' rehabilitation.

Examples of Dr. Mamboleo's research is evidenced in the following:

- Mamboleo, G., Dong, S., Anderson, S., & Molder, A. (2020). Accommodation experience: Challenges and facilitators of requesting accommodations among college students with disabilities. *Journal of Vocational Rehabilitation, 53*(1), 43–54. <https://doi-org.www.libproxy.wvu.edu/10.3233/JVR-201084>
- Blake, J., Leppma, M., Mamboleo, G., Nauser, J., O'Toole, H., & Chan, F. (2020). Attachment and hope as a framework for improving depression outcomes for trauma patients. *Journal of Applied Rehabilitation Counseling, 51*(2), 94–114. <https://doi.org/10.1891/JARC-D-19-00005>
- Mamboleo, G., Dong, S., & Connor, F. (2019). Factors associated with disability self-disclosure to their professors among college students with disabilities. *Career Development and Transition for Exceptional Individuals, 43*(2), 78–88. <https://doi.org/10.1177%2F2165143419893360>
- Diallo, A., Braitewaite, J., Mamboleo, G., Tiwari, A., & Sharma, M. (2019.). Improving Latino/a American students' attitudes toward persons with disabilities and use of live theater- CORRIGENDUM. *The Australian Journal of Rehabilitation Counselling, 25*(01), 25-35. doi:10.1017/jrc.2019.9

Presentations at national conferences include:

- Dong, S. & Mamboleo, G. (July 19, 2019). (Concurrent Session). Workplace Accommodation Readiness between College Graduates and High School Graduates: Implications for Various Stakeholders. 2019 National Association Multicultural Rehabilitation Concerns (NAMRC) 26th Annual Training Conference, Atlanta, GA.
- Mamboleo, G. & Dong, S. (July, 13, 2018). (Concurrent Session). Factors influencing disability self-disclosure among post-secondary education students with

disabilities. National Association Multicultural Rehabilitation Concerns Conference (NAMRC). Las Vegas, NV.

Blake, J., Mamboleo, G. (2018). *A Delphi Study on Counseling Competencies for Veteran Rehabilitation: Final Findings*. Symposium Presented at National Council on Rehabilitation Education Spring Conference. Anaheim, VA.

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Margaret K. Glenn, Ed.D., CRC is a Professor in the program. Dr. Glenn received her doctorate in Counseling from The George Washington University. She has focused her energies on the new and emerging issues confronting the field of vocational rehabilitation, particularly state agencies. She has published and presented on the subject of vocational rehabilitation and substance abuse, preparing rehabilitation counselors to serve people living with HIV or AIDS, and problem gambling among people with disabilities. Her current research focuses on service dogs in the workplace. Dr. Glenn has extensive experience as principal investigator and director on numerous federal grants and contracts. In 2012, she was awarded a Switzer Distinguished Rehabilitation Research Fellowship from the U.S. National Institute on Disability and Rehabilitation Research. She was the 2014 recipient of the WVU College of Education and Human Services' Outstanding Researcher of the Year Award.

Dr. Glenn served as President of the National Council on Rehabilitation Education (NCRE) in 2002-03. She is a past chair of the NCRE Research, Conference, Communications, and the Professional Standards Committees. She served as Secretary of the American Rehabilitation Counseling Association from 2000-2002 and was an Editorial board member of the *Journal of Counseling and Development*. She assisted in the founding of the WV Council on Problem Gambling where she served as President. She is certified as a health coach through the Institute for Integrative Nutrition and as a Primordial Sound Meditation Instructor through the Chopra Center.

Her past experience includes eleven years of employment as a rehabilitation counselor and supervisor with the Virginia Department of Rehabilitative Services. Dr. Glenn also served as Coordinator of Homeless Services for a local substance abuse agency in Northern Virginia. While employed at Educational Services, Inc. in Washington, DC, she directed a national training program targeting rehabilitation specialists and a national Resource Center on Substance Abuse Prevention and Disability, designed a national alcohol and drug communications campaign for runaway and homeless girls, and directed the grant peer review contract for the U.S. Office of Special Education and Rehabilitation Services.

External Funding and Research

Federal Grant: US Office of Special Education and Rehabilitation Services, Rehabilitation Services Administration. Long Term Training –Rehabilitation Counseling Master’s Program. Awarded 2015. Funding level: \$999,998. Length: 5 years

State Grant: WV Department of Health and Human Resources funded WVU Medicine, State Targeted Response to the Opioid Crisis Reallocation. Projects include funding for the development of (1) online continuing education for counselors in (a) Work and Recovery, (b) Compassion and Complementary Recovery Practices, and (c) Trauma Informed Care and Trauma Specific Interventions; (2) conference presentations; and (3) scholarships for clinical practice in OUD/SUD treatment programs. Awarded \$233,000 for 2019.

Received funding to award scholarships and stipends to support pilot placement of CRMHC or Counseling WV-resident graduate students in clinical sites in spoke settings of the COAT model or in other SUD treatment settings. Awarded 2019. Funding level: \$55,200 year one and year two.

Year two projects include funding for the development of (1) online continuing education for counselors in (a) Medication Assisted Treatment & Effective Behavioral Therapies, (b) Complementary and Integrative Health: Mind Body part 2. Yoga and expressive therapies. (c) Trauma Informed Care and Trauma Specific Interventions for Special Populations to include: Women, Veterans, and Adolescents, (d) Addressing the Needs of People with Sensory Disabilities in S/OD Treatment to include: Deaf and hard of hearing; Blindness and visual impairment, and (e) Retrofitting SAMHSA Training Materials in group counseling and supervision of SUD counselors; (2) conference presentations; and (3) scholarships for clinical practice in S/OD treatment programs. Awarded \$246,032.59 for 2020.

Federal Grant: Principal Investigator - Office of Special Education and Rehabilitation Services, Rehabilitation Services Administration. RSA Innovative Training Program. Innovative Pre-Employment Transition Services (Pre-ETS) Training Program for Vocational Rehabilitation Counselors. The 5-year project involves online courses, 360 environment and social virtual reality trainings, and use of virtual simulation to develop their skills. A series of online modules will address knowledge, attitude, and confidence. Each module will be accompanied by an in-person training workshop. One will provide training in group work with adolescents with disabilities and the other will address engaging employers in providing work-based experiences for these youth. These workshops will include options for (1) traditional student-to-student role playing and (2) the innovative use of virtual simulation. Awarded \$ 2,170,524.00 with \$ 247,271.00 cost share, total funding \$2,417,795.00.

Examples of Dr. Glenn's research agenda include:

- Glenn, M., Shahan, K., Foreman, A., Meade, B.J., Wirth, O., & Thorne, K. (2017). Legislation and other legal issues relevant in choosing to partner with a service dog in the workplace, *Journal of Rehabilitation*, 83(2), 17-26.
- Glenn, M. (2015). Stakeholder perceptions of the need for research on elements of service dog partnerships in the workplace, *Rehabilitation Research, Policy, and Education* 29(4), 1-16.
- Glenn, M., Leppma, M., & Thorne, K. (2015). Clinical supervisors' perceptions of counselor characteristics associated with effective and well-balanced practices. *Journal of Applied Rehabilitation Counseling*, 46 (4), 29-36.

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Regina Burgess, CRC, LPC is a Teaching Instructor in the program. She is a graduate of the WVU Rehabilitation Counselor Education program and has worked in the private rehabilitation and mental health sector in West Virginia and Pennsylvania. Ms. Burgess is a Certified Rehabilitation Counselor and Licensed Professional Counselor. She is a member of ACA and ARCA. She has completed coursework in Educational Leadership. She also coordinates the undergraduate minor in Human Services offered through the department.

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Elisabeth Simpson, PhD, CRC is a Teaching Assistant Professor. She joined the faculty at WVU in 2018. Prior to this, she taught at Fort Valley State University (2017 - 2018) and was a Lead Consultant the Job Accommodation Network from 2010 to 2017. She was also a Disability Vocational Case Manager with CIGNA Group Insurance from 2009-10. Dr. Simpson received her doctorate in Counselor Education & Supervision from Duquesne University in 2017.

Federal Grant: Office of Special Education and Rehabilitation Services, Rehabilitation Services Administration. Co-PI for RSA Innovative Training Program. Innovative Pre-Employment Transition Services (Pre-ETS) Training Program for Vocational Rehabilitation Counselors. A series of online modules will address knowledge, attitude, and confidence. Each module will be accompanied by an in-person training workshop. One will provide training in group work with adolescents with disabilities and the other will address engaging employers in providing work-based experiences for these youth. These workshops will include options for (1) traditional student-to-student role playing and (2) the innovative use of virtual simulation. Awarded \$ 2,170,524.00 with \$ 247,271.00 cost share, total funding \$2,417,795.00

Examples of her research related publications:

Das, B., Farrel, I., Vashisht, K., Gantt, A., Simpson, E., & Johnson, A. (2020). How do we teach social justice in the United States? A cross-disciplinary synthesis of social justice andragogy [Manuscript submitted for publication].

Simpson, E.B., Loy, B. & Hartnett, H. P. (2017). Exploring the costs of providing assistive technology as a reasonable accommodation. *Journal of Applied Rehabilitation Counseling*, 48(2), 26-31. doi: 10.1891/0047-2220.48.2.26

Simpson, E.B., & Varela, A. (2014). Foundations of group work: Multiculturalism, social justice, and ethics. In W.J. Casile (Ed), *Group work leadership instructor's manual*. Thousand Oaks, CA: Sage Publications, Inc.

Presentations:

Glenn, M. Simpson, E., Dower, J. & Arthurs, C. (2020, August). *Ethical considerations working with vulnerable populations in rural areas*. West Virginia Licensed Professional Counselors Association Spring Conference, Morgantown, WV.

Glenn, M. & Simpson, E. (2019, April). *Employment as a Pillar of Recovery*. West Virginia Licensed Professional Counselors Association Spring Conference, Charleston, WV.

Simpson, E. (2017-2019). *The ADA and the Interactive Process*. Georgia ADA Conference, Atlanta, GA.

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Staff

Donna Staggs. Serving as Program Assistant, Donna has been with West Virginia University for thirty-three years and with us for three. Initially employed by the University Affiliated Center for Developmental Disabilities (UACDD), Donna has been with our college since May 1994 – between the Departments of Curriculum & Instruction and Special Education. Donna received her Bachelor of Multidisciplinary Studies degree from West Virginia University in May 2017. Donna received the 2002 third quarter College of Human Resources & Education Classified Staff Award.

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Expectations of the Program of Study

Objectives

The objectives of our program are linked to our mission statement. They are to provide:

- Educational experiences for every student that facilitates the development of knowledge, skills and beliefs necessary to practice as a qualified clinical rehabilitation and mental health counselor.
- Learning opportunities to supports students' ability to implement culturally responsive and ethically sound clinical rehabilitation and mental health counseling practices.
- Clinical training environments that are focused on real world expectations.

Evaluation Structure

There are specific knowledge, skills and perception standards expected of those pursuing and engaged in counseling. In order to ensure that we are providing you with the support and training you need to succeed and to graduate counselors who will operate at the highest levels of competencies, we have created a structure for evaluation of your progress.

Traditionally, the primary assessment in education has been grades and your grade point average. We do have a standard of grading but we are going beyond them to follow the standards being promoted in the counseling education arena. The following is a summary of what you will be reviewing in this section.

- **Grade Point Average.** You must have a 3.0 GPA to graduate from the program. Each course is designed to meet specific knowledge and skill areas. If you are not achieving proficiency in any assignment, you will be expected to remediate that assignment. Your grade will not change but you must show competency in all standards and that minimum is a grade of B or achievement of 80% correct. Any course in which you have received a grade of C will require remediation. A grade of D

or F requires review by the full faculty to determine the most appropriate course of action, which may mean termination from the program.

- **Learning Outcome Portfolio.** You will maintain a professional portfolio for review by faculty and members of our advisory group. There are ten items or artifacts that correspond with specific skill areas that are defined by CACREP in for the specializations of Clinical Rehabilitation Counseling and Clinical Mental Health Counseling. You must achieve proficient in all of these artifacts to graduate.
- **Clinical Reviews.** Your clinical experiences are evaluated by your site supervisors and instructors. These are done at the midpoint and final week of the semester. The evaluations focus on your ability to undertake the role and function of a rehabilitation counselor, specifically the skill areas that are outlined in the skill areas of the standards for the specializations of Clinical Rehabilitation Counseling and Clinical Mental Health Counseling. They build upon the acquisition of knowledge in these areas. Again, you should receive proficient evaluations at a minimum to graduate.
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- **Professional Disposition and Behaviors Reviews.** Each semester, program faculty members, as well as adjuncts and other department faculty teaching counseling courses, evaluate all CRMHC students in their courses using *The Counseling Competencies Scale—Revised*© (CCS-R) is an empirically tested assessment instrument designed to measure counselor competencies in the domains of (a) counseling skills and therapeutic relationships and (b) professional dispositions and behaviors, which aligns with CACREP Standards. Students must achieve proficiency in each area prior to graduation.

This is a progressive process. You will be undertaking coursework that contains processes for gaining knowledge and skills as well as challenging perceptions that have been determined to be essential for a practicing counselor, particular one working in rehabilitation and/or mental health counseling. During each semester you are being evaluated on your grades, professional disposition and the artifacts you have submitted for the key performance indicators associated with the core standards for counseling as well as those for the specializations of clinical rehabilitation counseling and clinical mental health counseling. As you enter preparation for the first clinical experience, practicum, the members of the faculty will assess each of these areas to determine that you are meeting the standards at the proficient or proficient/emerging (80%) level. You will also participate in the CPCE on the eight core standards common to all counselors. If you are in need of additional attention in specific areas, those will be developed with your practicum instructor and advisor.

Once you have completed the practicum, your progress in each of the above areas will be reviewed once again as well as the clinical assessments. If those are at the proficient level, you will move into the internship experience, your culminating clinical experience. Prior to graduation, the faculty members will review all the evaluation components as part of the approval for graduation.

Please keep in mind that the members of your faculty are committed to your success and recognize some people may need extra time to achieve the standards of the counseling field. If progress continues to be insufficient, we will meet with you to discuss a plan of action.

Knowledge Areas and Outcomes

We operate as an educational program accredited by the Council on Accreditation of Counseling and Related Education Programs (CACREP). As such, we address the specific knowledge and outcome expectations. We are now attending to the both the criteria for Clinical Rehabilitation Counseling criteria and the Clinical Mental Health Counseling programming set forth by CACREP.

There are **eight common core areas** that represent the foundational knowledge required of *all* entry-level counselor education graduates.

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, avocational, 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 nonstandardized 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.

Clinical Rehabilitation Counseling

Students who are preparing to work as rehabilitation counselors will demonstrate the professional knowledge, skills, and practices necessary to address a wide variety of circumstances within the rehabilitation counseling context. Disability, as used below,

includes physical, psychiatric, addiction, sensory, and developmental impairments. 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 rehabilitation counseling.
2. Understands ethical and legal considerations specifically related to the practice of rehabilitation counseling.
3. Understands the roles and functions of rehabilitation counselors in various practice settings and the importance of relationships between counselors and other professionals (e.g., medical and allied health professionals), including interdisciplinary treatment teams.
4. Understands the implications of environmental, attitudinal, and individual barriers for people with disabilities.
5. Knows the professional organizations, preparation standards, and credentials relevant to the practice of rehabilitation counseling.
6. Understands a variety of models and theories related to rehabilitation counseling.
7. Understands methods, models, and principles of clinical supervision.
8. Is aware of professional issues that affect rehabilitation counselors (e.g., independent provider status, expert witness status, forensic rehabilitation, access to and practice privileges within managed care systems).
9. Understands a wide range of rehabilitation service delivery systems (e.g., housing, independent living, case management, public benefits programs, educational programs, public/proprietary vocational rehabilitation programs).
10. Understands the management of rehabilitation services and programs, including areas such as administration, finance, benefit systems, and accountability.
11. Understands the impact of crises, disasters, and other trauma-causing events on people with disabilities.
12. Understands the operation of an emergency management system within rehabilitation agencies and in the community.

B. Skills and Practices

1. Demonstrates the ability to apply and adhere to ethical and legal standards in rehabilitation counseling.
2. Applies knowledge of disability policy, financing, and regulatory processes to improve service delivery opportunities in rehabilitation counseling.
3. Demonstrates an integrated personal theory of rehabilitation counseling.

Medical and Psychosocial Aspects of Disability

C. Knowledge

1. Understands how disability affects the human body, including relevant medical terminology.
2. Understands the onset, progression, expected duration, and functional limitations specific to the client's disability from a holistic perspective (i.e., physical, spiritual, sexual, vocational, social, relational, and recreational).
3. Understands how assistive technology can reduce or eliminate barriers and functional limitations.
4. Knows relevant social science theory that addresses psychosocial aspects of disability.

D. Skills and Practices

1. Applies the principles and practices of rehabilitation counseling concerning issues such as etiology, diagnosis, treatment, and referral for clients with disabilities, including clients with co-occurring disabilities.
2. Demonstrates appropriate use of assistive technology principles to enhance client quality of life.

Counseling, Prevention and Intervention

E. Knowledge

1. Describes the principles of rehabilitation, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote wellness in a multicultural society.
2. Knows the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help).
3. Understands the range of rehabilitation service delivery—such as inpatient, outpatient, community-based care—and the rehabilitation counseling services network.
4. Understands the principles of crisis intervention for people with disabilities during crises, disasters, and other trauma-causing events.
5. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.
6. Recognizes the importance of family, social networks, and community in the provision of services for and treatment of people with disabilities.
7. Understands professional issues relevant to the practice of rehabilitation counseling.

F. Skills and Practices

1. Uses disability-related principles and practices of diagnosis, treatment, referral, and wellness to initiate, maintain, and terminate counseling.
2. Applies multicultural competencies to rehabilitation counseling.
3. Applies effective strategies to promote client understanding of and access to a variety of community-based resources.
4. Demonstrates the ability to use procedures for assessing dangerousness and developing a safety plan.
5. Applies current record-keeping standards related to rehabilitation counseling.
6. Demonstrates the ability to recognize his or her own limitations as a rehabilitation counselor and to seek supervision or refer clients when appropriate.

Diversity, Advocacy and Accommodation

G. Knowledge

1. Understands how living in a multicultural society affects clients seeking rehabilitation counseling services.
2. Understands the implications of concepts such as internalized oppression and institutional racism, as well as the historical and current political climate regarding immigration and socioeconomic status for people with disabilities.
3. Understands the effects of discrimination—such as handicapism, ableism, racism, sexism—and power, privilege, and oppression on one's own life and career and those of clients.

4. Understands current literature that outlines approaches, strategies, and techniques shown to be effective when working with specific populations of clients with disabilities.
5. 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 rehabilitation counseling.
6. Knows public policies on the local, state, and national levels that affect the quality and accessibility of rehabilitation services.

H. Skills and Practices

1. Maintains information regarding community resources to make appropriate referrals for clients with disabilities.
2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients with disabilities.
3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for people with disabilities.
4. Consults with and educates employers, educators, and families regarding accessibility, ADA compliance, and accommodations.
5. Provides community education to increase awareness and understanding of rehabilitation counseling and disability culture.

Assessment and Diagnosis

I. Knowledge

1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of wellness and pathology leading to diagnoses and appropriate counseling treatment plans.
2. Understands various models and approaches to clinical evaluation and their appropriate uses with clients with disabilities, including diagnostic interviews, mental status examinations, symptom inventories, psychoeducational and personality assessments, career assessments, and assessment for assistive technology needs.
3. Understands basic classifications, indications, and contraindications of commonly prescribed 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 that are psychometrically appropriate for people with disabilities.
5. Knows the principles of the diagnostic process, including differential diagnosis, and the use of diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD).
6. Understands the established diagnostic criteria and describes treatment modalities and placement criteria within the continuum of care.
7. Knows the effect of co-occurring disabilities on the client and family.
8. Understands the relevance and potential biases of commonly used diagnostic and assessment tools with multicultural populations.
9. Understands appropriate use of diagnosis during a crisis, disaster, or other trauma causing event.

J. 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 intake interviews, mental status evaluations, biopsychosocial histories, and assessments for treatment planning.
 3. Screens for danger to self and/or others, as well as co-occurring disabilities (e.g., intellectual disability and major depression; addiction and Hepatitis C).
 4. Demonstrates ability to conduct work-related assessments (e.g., job analysis, work site modification, transferrable skills analysis, job readiness, work hardening).
 5. Demonstrates appropriate use of diagnostic tools, including the current editions of the DSM and ICD, to describe the symptoms and clinical presentation of clients with disabilities.
 6. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.

Research and Evaluation

K. Knowledge

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

L. Skills and Practices

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

Career and Vocational

M. Knowledge

1. Understands career theory and labor market information for people with disabilities across the lifespan.
2. Knows the importance of career exploration and use of job placement strategies for people with disabilities.
3. Knows the importance of transferable skills and functional assessments in achieving successful employment and retention for people with disabilities.
4. Understands work-related supports to help people with disabilities obtain and maintain employment.

N. Skills and Practices

1. Applies career theory and labor market information when working with people with disabilities across the lifespan.
2. Demonstrates skill in conducting career exploration and job placement for people with disabilities.
3. Applies transferable skills and functional assessments based on client work history to obtain and maintain successful employment.

Clinical Mental Health Counseling

Students who are preparing to specialize as clinical mental health counselors will demonstrate the knowledge and skills necessary to address a wide variety of circumstances within the context of clinical mental health counseling.

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*.
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.



Course of Study

Graduates of this program at WVU who started their course of study on or after Fall 2015 will be awarded a Master of Science degree in Clinical Rehabilitation & Mental Health Counseling after successful completion of the required 63 credit hours of coursework. The courses required in the program meet the requirements set forth by CACREP for Clinical Rehabilitation Counseling and follow the CACREP standards for Clinical Mental Health Counseling. Students can undertake to complete their coursework either full- or part-time. Through the e-campus program, they can also take some courses on campus.

E-Campus Program

Our program provides our students with all the benefits of a traditional classroom – based learning online. You receive faculty-delivered instruction via the Internet. We know online learning is most effective when delivered by teachers experienced in their subject matter. So we strive to make sure our full-time faculty members teach the vast majority of your classes. In the last few years, only one or two courses a year have been taught by adjunct faculty but rest assured, they are qualified to do the job.

The courses are delivered in an asynchronous format, which means we use the time-delayed capabilities of the Internet. Asynchronous courses are still instructor-facilitated but are not conducted in real time, which means that students and teacher can engage in course-related activities at their convenience rather than during specifically coordinated class sessions. In asynchronous courses, learning does not need to be scheduled in the same way as synchronous learning, allowing students and instructors the benefits of anytime, anywhere learning.

Each course is delivered in weekly modules (think classroom lecture). Each module contains text-based lectures, videos and audio recordings. You communicate via e-mail, threaded discussions, news groups and file attachments. All assignments are submitted within the online system.

WVU uses a web-based course management system called WVU eCampus. You can access this through your MIX system or ecampus.wvu.edu

Mountaineer Information Xpress, or MIX, is a web platform for WVU students and faculty. It provides e-mail addresses for all students, serves as a centralized location to register online for classes, check grades, find out about current campus events, chat online with classmates, and receive targeted messages. It is accessible from anywhere a user happens to be, at any time of the day or night. Students can access MIX through the web at <http://www.mix.wvu.edu>. For additional information on MIX, visit <http://www.mix.wvu.edu> and review frequently asked questions.

Advising and Registration

The advisor is the student's primary source of registration information, general program information, specific information about the rehabilitation profession, and selection of any desired elective courses. The advisor should be used regularly as a resource, and in the event that a student's interests develop along the lines of a faculty member other than his/her advisor, the student may request an advisor change. The student should contact the

program coordinator concerning an advisor change, as appropriate forms must be completed and both the old and new advisors must approve the change.

Students must meet with their advisors every semester to develop and/or review their program of study.

Registration is usually processed two months before the start of the next semester, resulting in all registration activities, following the initial processing with the advisor. Registration for the first semester of the program is usually completed in June/July by group mail and with initial advisement sessions on campus, during the first few days of classes to clarify concerns, meet advisors, etc. Students normally are notified of acceptance from March to early. They are asked to notify the program coordinator within 15-30 days regarding their intent to accept their admittance to the program.

Transfer of Coursework

A student may wish to transfer a graduate level course from another institution into the program. Credit earned at other institutions of higher education can **ONLY** be credited toward graduate degrees at WVU if the institution is accredited at the graduate level. The **coursework cannot be older than eight (8) years when a person graduates from our program** (example, if you are graduating in 2022, a course taken in September of 2013 in another program will not be credited for graduation).

The maximum transfer credit permitted is 18 semester hours in a degree program requiring 42 or more semester hours. The student must fill out the *Transient Application for Graduate Studies* form that is available from office staff in 504 Allen Hall. In order to evaluate the course transfer, the student must provide a course syllabus, course description and official transcript showing the awarded grade. The student's advisor and program coordinator will evaluate the course for an equivalent WVU course. Both the advisor and the department chair must sign the form for official approval.

Note: In accordance with CACREP guidance statements regarding transfer of credits, To safeguard against potential threats to ethical practice and clinical competencies, transfer students complete all clinical courses, where counseling skills, client interaction, and clinical competencies are supervised and evaluated, within the CACREP-accredited program from which they plan to graduate. At WVU, this is the list of courses that are required: COUN 501 Counseling Theories and Techniques I, COUN 606 Counseling Theories and Techniques II, COUN 609 Group Counseling Theories and Techniques, REHB 672 Practicum, and REHB 675 Internship.

It should also be noted that while enrolled in the degree program at WVU **students should not take a course at another institution unless approved by their advisor and program coordinator in advance.** This approval must be in writing. Students will need to submit a course description and syllabus for approval consideration. This policy ensures students do not take a course that will not count for an equivalent WVU course in this program.

Tracking Learning Outcomes

Your assessment as a student will include addressing key learning outcomes across time during your course of study. This is a collection of experience-based materials and reflective information associated with the various dimensions of your clinical preparatory work, philosophy, abilities and perceptions. It is more than a collection of your course syllabi and your resume but will include those. You will address your clinical preparation as it relates to both rehabilitation counseling and mental health counseling. The portfolio will be created online through Tevera, the system allows you to maintain it post-graduation.

The development of this body of information begins as the graduate student enters the program and continues throughout his/her program of study. A session will be held between graduate students and their advisors during their first semester of coursework to review the portfolio process. The advisor is responsible for tracking the developmental process and providing feedback. The full faculty will annually review your progress using this assessment tool, among others.

Learning Outcomes

Course grades are global assessments of student learning and may not provide sufficient data regarding student learning across the myriad of learning outcome standards that are considered essential for preparation of students to enter the counseling profession. Our accrediting body, the Council for Accreditation of Counseling and Related Education Programs (CACREP) requires that faculty members evaluate student progress across time in the eight core standards for all counseling professions, as well as in the specialization areas of clinical rehabilitation counseling and clinical mental health counseling.

The following is an explanation of those standards, as well as the process we are using to capture information of student learning outcomes on key performance indicators.

Methodology. We are using a sampling approach to evaluate progress of key performance indicators of student learning outcomes in each of the eight core areas and in the respective specialty areas associated with this degree program, clinical rehabilitation counseling and clinical mental health counseling. The key performance indicators will measure a sampling of individual and collective student learning conducted via multiple measures and over multiple points in time. The key performance indicators were chosen by members of the CRMHC faculty and reflect areas of performance in each category that reflect the intent of the WVU program to include demonstration of:

1. The ability to conceptualize, articulate and exhibit a personal approach to ethics in counseling that is in keeping with the expectations of the standards set forth in the most current versions of Professional Ethical Standards of the American Counseling Association and the Commission of Rehabilitation Counselor Certification.
2. Self-awareness in the advocacy of programing that promotes optimal wellness and growth of the human spirit, mind or body
3. An understanding of and ability to communicate theories of individual development and transitions across the lifespan.
4. The appropriate use of knowledge and skills in implementing career development and decision-making models.
5. The appropriate use of knowledge and skills in theories and techniques of counseling.

6. An ability to facilitate a group counseling session that shows evidence of a knowledge of theories and methods of group counseling, matching promising or evidenced based interventions with specific populations, and measuring effectiveness.
7. An understanding of the concepts of assessment techniques through an analysis of the appropriate use of an instrument.
8. An ability to design an ethically and culturally relevant program evaluation and reporting strategy.
9. The ability to research, analyze and develop a case study that shows proficiency in applying the principles and practices of rehabilitation counseling; demonstrating appropriate use of assistive technology and job accommodation principles; and demonstrating appropriate use of diagnostic materials.
10. The ability to research, analyze and develop a case study that shows proficiency in applying 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.

The **Learning Outcome Portfolio** is outlined below with the associated CACREP standard; objective of the assessment; associated specific standard in that category that was chosen to be assessed as a performance indicator of student learning; the assignments chosen to assess the performance across two checkpoints; and the course in which the assignment is located.

1. Professional Foundation and Ethical Practice

Objective. The student will demonstrate the ability to conceptualize, articulate and exhibit a personal approach to ethics in counseling that is in keeping with the expectations of the standards set forth in the most current versions of Professional Ethical Standards of the American Counseling Association and the Commission of Rehabilitation Counselor Certification. Core Standard 2.G.1.j. *Ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling.*

CHECKPOINT #1 Assignment: Personal Ethics in Counseling. COUN 664 Ethics in Counseling

CHECKPOINT #2 Assignment: Ethical Practice in Clinical Experience. REHB 675 Clinical Experience/Internship

2. Social and Cultural Diversity

Objective. The student will demonstrate self-awareness in the advocacy of programing that promotes optimal wellness and growth of the human spirit, mind or body. Core Standard 2.G.2.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.*

CHECKPOINT #1 Assignment: Advocating for Change. COUN 634 Cultural Issues in Counseling

CHECKPOINT #2 Assignment: Advocacy Presentation for Mental Health/Wellness for People with Disabilities. REHB 672 Counseling Practicum

3. Human Growth and Development

Objective. The student will demonstrate an understanding of and ability to communicate theories of individual development and transitions across the lifespan. Core Standard 2.G.3.a. Theories of individual and family development and transitions across the lifespan.

CHECKPOINT #1 Assignment: Interviewing Person with a Disability in a Developmental Stage. REHB 612 Disability Across the Lifespan

CHECKPOINT #2 Assignment: Educational Presentation for Mental Health/Wellness for People with Disabilities. REHB 672 Counseling Practicum

4. Career Counseling

Objective. The student will demonstrate appropriate use of knowledge and skills in implementing career development and decision-making models. Core Standard 2.G.4.a. *Career development theories and decision-making models.*

CHECKPOINT #1 Assignment: Personal Theoretical Approach to Career Counseling Practice. COUN 620 Career Counseling and Job Development

CHECKPOINT #2 Assignment: Counseling Skills Practice: Career Counseling. REHB 672 Counseling Practicum

5. Helping Relationships

Objective. The student will demonstrate appropriate use of knowledge and skills in theories and techniques of counseling. Core Standard 2.G.5.c. *Essential interviewing and counseling skills.*

CHECKPOINT #1 Assignment: Counseling Techniques and Microskills. COUN 501 Counseling Theories and Techniques 1

CHECKPOINT #2 Assignment: Counseling Skills Video Sessions. REHB 672 Clinical Practice

6. Group Work

Objective. The student will demonstrate an ability to facilitate group counseling sessions that shows evidence of a knowledge of theories and methods of group counseling, matching promising or evidenced based interventions with specific populations, and measuring effectiveness. Core Standard 2.G.6.a. *Principles of group dynamics, including group process components, developmental stage theories, group members' roles and behaviors, and therapeutic factors of group work.*

CHECKPOINT #1 Assignment: Small group facilitation and participation. On Campus Group Facilitation and Growth Group. COUN 609 Group Counseling Theories and Techniques

CHECKPOINT #2 Assignment: Group Facilitation in Clinical Experience. REHB 675 Clinical Practice

7. Assessment

Objective. The student will show evidence of understanding the concepts of assessment techniques through an analysis of the appropriate use of an instrument. Core Standard 2.G.7.b. *Basic concepts of standardized and nonstandardized 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.*

CHECKPOINT #1 Assignment: Instrument Critique. COUN 505 Theory and Practice of Human Appraisal

CHECKPOINT #2 Assignment: Mental Health Case Study Conceptualization/ Assessment Choices. 665 Diagnosis and Treatment Planning

8. Program Evaluation

Objective. The student will proficiently demonstrate an ability to design an ethically and culturally relevant program evaluation and reporting strategy. Core 2.G.8.f. *Ethical and culturally relevant strategies for interpreting and reporting the results of research and/or program studies.*

CHECKPOINT #1 Assignment: Program Evaluation of a clinical counseling program. REHB 680 Research Seminar

CHECKPOINT #2 Assignment: Proposal for a Mental Health/Wellness Group Counseling Intervention for People with Disabilities/ Evaluation Component. 609 Group Counseling Theories and Techniques

CRC) Clinical Rehabilitation Counseling Specialization

Objective. The student is able to research, analyze and develop a case study that shows proficiency in applying the principles and practices of rehabilitation counseling; demonstrating appropriate use of assistive technology and job accommodation principles; and demonstrating appropriate use of diagnostic materials. CRC D. 1. *Applies the principles and practices of rehabilitation counseling concerning issues such as etiology, diagnosis, treatment, and referral for clients with disabilities, including clients with co-occurring disabilities.*

CHECKPOINT #1 Assignment: Rehabilitation Medical Case Study. REHB 610 Medical Aspects of Rehabilitation

CHECKPOINT #2 Assignment: Rehabilitation Services Case Study. REHB 624 Rehabilitation Client Services

CMHC) Clinical Mental Health Counseling Specialization

Objective. The student is able to research, analyze and develop a case study that shows proficiency in applying 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. CMHC G.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.*

CHECKPOINT #1 Assignment: Mental Health Case Study. COUN 665 Diagnosis and Treatment Planning

CHECKPOINT #2 Assignment: Mental Health Case Presentation. REHB 675 Clinical Practice

Clinical Reviews

You will receive another handbook that addresses the clinical experiences within our program; those include the practicum and internship. These are essential culminating experiences and are a part of the review process for our program. Proficiency is the minimum standard.

Professional Disposition Review

Each semester, program faculty members, as well as adjuncts and other department faculty teaching counseling courses, evaluate all CRMHC students in their courses using the *The Counseling Competencies Scale—Revised*© assessment in a new online format in Tevera.

The Counseling Competencies Scale—Revised© (CCS-R) is an empirically tested assessment instrument designed to measure counselor competencies in the domains of (a) counseling skills and therapeutic relationships and (b) professional dispositions and behaviors, which aligns with CACREP (2016) Standards.

The CCS-R© is offered as an option to your Tevera membership and is required for our program. Journal articles associated with validity of the assessment instrument include:

Lambie, G. W., & *Ascher, D. L. (2016). A qualitative evaluation of the Counseling Competencies Scale with clinical supervisors and their supervisees. *The Clinical Supervisor*, 35(1), 98-116.

Swank, J. M., & Lambie, G. W. (2016). Development of the Research Competencies Scale. *Measurement and Evaluation in Counseling and Development*, 49(2), 91-108.

Swank, J. M., & Lambie, G. W. (2012). The assessment of CACREP core curricular areas and students learning outcomes using the Counseling Competencies Scale. *Counseling Outcomes Research and Evaluation*, 3(2), 116-127.

In the case that a student is deemed to be in need of intervention, the program faculty members meet together to develop a program of remediation or a therapeutic referral plan for the student. This plan is then presented to the student in a private meeting.

Program Resources

Counseling Labs

The Department maintains *Counseling Lab* rooms for use by students and faculty. They are located in 609B, 609C and 609G Allen Hall. Each room is equipped with audio and video recording equipment. Students can use these to practice counseling and other skills and record them for review and critique. In addition, we have a large flat screen monitor mounted in our library in 502 Allen Hall. Faculty and students can observe and record activities in the counseling labs. All three rooms can be recorded from that site and observers can switch between rooms for real time observations. We can even interact via ear buds. These means you can be in one of the labs, wearing an ear bud, role-playing and the faculty member observing you can make real time comments to you regarding the direction of your work. Your recordings can be watched on this equipment as well as the equipment can function as a DVD player.

We are currently expanding the use of this equipment to allow Internet access for the 502 Allen Hall monitor. Videocam equipment will also be installed to expand our ability to videoconference in our own space. The room currently has a conference table and white board.

Teaching and Learning Technology Center

The *Teaching and Learning Technology Center* (TLTC) offers a wide variety of learning and instructional resources to our college's faculty and staff. The center offers a variety of audio-visual and visual equipment for learning and instructional purposes. In addition to the resources provided by the TLTC, Verizon donated funds for facilities and equipment for interactive video-conferencing, taping of classes and computers for classroom use. We also have access to staff committed to the e-Campus initiatives.

Wireless technology permits full Internet, E-mail, and local server access to students at all WVU graduate program locations. This supports active participation during class as we master technology for success in our work. Further, the wireless technology offers a reception range that permits connectivity from outside the classroom walls. This range permits student access to server software and the Internet even when the classroom is otherwise occupied.

WVUOnline

WVUOnline facilitates the distance education at WVU. They provide seamless access to academic courses, lifelong learning opportunities, student services, and library materials through a personalized yet convenient process. This service includes on-line registration and cashiering as well as on-line multi-media, and/or technology enhanced courses.
<http://online.wvu.edu>

Library Services

Supporting the work of students and faculty are the *WVU Libraries*, serving as the: Major information resource center for the State of WV; Statewide regional depository for Federal government information for printed and electronic information (GPO Access); WV arm of the National Library of Medicine Network; Home for more than 4.5 million archives documenting the history and culture of the people of WV and Appalachia; etc. The ten separate libraries contain 900,000 monographs, annually subscribe to 134 state and national newspapers and 11,925 serials, and hold more than 4.5 million archival documents and 2.7 million microform documents. These invaluable resources and the accompanying services that the WVU Libraries provide must be preserved and made easily available to students and citizens of the state via new and renovated facilities and emerging technologies.

<http://www.libraries.wvu.edu/>

It is the mission of WVU Libraries to ensure that the library services provided to distance education students are held to the same high standards as those services provided to local students.

Distance education students can access all of the WVU Libraries resources electronically which includes an extensive online full journal article database. Students can also order print books and/or journal articles from the library and they will be sent to the student free of charge. In addition, a librarian is added to each online course to help access scholarly publications and answer questions.

Student Support Services

Student support services include Students and Technology Achieving Results (STAR), which is a real-time, on-line, interactive student information system. Students can register and find out the status of courses and grades online. This site also allows for online billing. The Mountaineer Information Xpress, or MIX, is a Web platform for WVU students and faculty. It will provide new e-mail addresses for all students, serve as a centralized location to register online for classes, check grades, find out about current campus events, chat online with their classmates, and receive messages targeted directly to them. The MIX is a digital tool to make communication easier for all members of the WVU community - both faculty and students. It is accessible from anywhere a user happens to be, at any time of the day or night. MIX is powered by Campus Pipeline software. <http://star.wvu.edu>

Free Software

All current WVU employees, students and emeritus faculty can download Microsoft Office for their personally-owned computers through the University's Office 365 license. The software can be installed on as many as five computers and five mobile devices. Students: Please note that you'll have to add @mail.wvu.edu to your username to install and activate. (MIX addresses won't work) When you leave WVU, the software will cease to function, and you will have to purchase a license. Available through

<http://it.wvu.edu/services/office365/proplus>

Diversity Efforts

We are committed to creating a diverse learning environment for our students and recruiting people from diverse backgrounds into our program of study.

Diversity Initiative

WVU has made a commitment to this effort in the development of WVUOne <http://onewvu.wvu.edu/>

Two of the many members of this initiative include:

- The *Center for Black Culture and Research* established in 1987, the mission of the CBC & R is six fold, to: Provide critical support to WVU Students, particularly African American students and students of color with issues concerning recruitment and retention; Provide the university community with cultural and social events that are unique to the African World experience; Provide a forum for the study, research and examination of African people and societies; Provide an educational, social and cultural support system for African and African American Students, faculty, staff, and community members; Support the development of the state of West Virginia through education, extension and public service activities and; Serve as an intellectual source for the study and research of African and African American culture and life. For more information, visit <http://cbc.wvu.edu/mission>
- The *Office of Multicultural Programs*. Our commitment to diversity and multiculturalism is written in the WVU Division of Student Affairs Mountaineer Creed. It is our goal to serve diverse students on campus in every way possible, and to educate the University community about multiculturalism, diversity, and tolerance to cultivate a spirit of respect toward the world and its cultures and to enhance understanding and appreciation of different cultures, their history, traditions, and current events, which is accomplished through an array of multicultural programming aimed at the broad community. All 50 states and more than 90 countries around the world are represented on the WVU campus. Their mission is to affirm the inclusion of diverse populations in the University community; and to attain understanding, tolerance, and acceptance of diversity and multiculturalism within the University community. Should you have any questions or concerns, contact James Johnson via email at James.Johnson@mail.wvu.edu or call 304.293.0890 & visit http://studentlife.wvu.edu/office_of_multicultural_programs

In order to ensure our commitment to this initiative is regularly updated, we will be following the work done by *WVU's Diversity Dimension – Foundations of Excellence* program. This department wide group will be charged with assessing to what extent our department's students experience diverse ideas, cultures, and world views in preparation for their becoming productive members of pluralistic communities. At a minimum, we are investigating the following three performance indicators: (1) To what degree does the institution assure that students experience diverse ideas and world-views? (2) To what degree does the institution structure opportunity for students to interact with individuals from backgrounds and cultures different from their own? (3) To what degree does the institution convey to students the standards of behavior it expects for participants in an open and civil campus community? This will be done through surveys and focus groups conducted by external individuals.

People with Disabilities

Rehabilitation counseling is unique among the helping professions in its focus on advocacy. This includes advocating for people with disabilities to enter the rehabilitation counseling profession. It is our belief that personal experience coupled with education and training produces a synergistic effect that results in people with disabilities receiving the most competent services. We have prioritized recruitment of students with disabilities in our efforts to obtain scholarships and other funding opportunities.

We also work closely with the WVU Office of Access Services to ensure our students with disabilities receive the appropriate accommodations, ensuring access to both our on and e-campus courses. WVU offers a variety of adaptive resources within academic computer labs and libraries. Adaptive Technology Centers are located in Evansdale Library, Health Sciences Library and Wise Library and the White Hall Computer Lab. Such programs include but are not limited to: Zoom text, Jaws for Windows, Kurzweil 1000 & 3000, CCTV readers, and Tape recorders. In addition, the College of Education and Human Services operates the same equipment.

Rural/Frontier Community

One of the many diverse population groups served by both the VR and mental health systems is people living in rural and frontier areas. Anecdotal reports from supervisors and administrators express the difficulty of locating qualified counselors to serve areas where the challenges to service delivery are often the hardest to overcome. About 25% of our country is considered rural (US Census 2000) and frontier counties comprise about 56% of the land area in the US. Approximately 9 million people live in these frontier counties (US Census, 2000). WVU is located in RSA's Region III, a region of our country with a large population of people living in rural areas. WV is the only state designated both 100% rural and Appalachian. It also contains counties designated frontier states. We are part of the larger culture that starts in the state of New York and end in the flatlands of Alabama (Bauer & Growick, 2003).

The combination of having a disability and living in rural Appalachia produces a double bias (Herbert & Cheatham, 1998). The bias and discrimination that exists for this population led to the inclusion of Appalachia American in the Rehabilitation Cultural Diversity Initiative. This effort was prioritized as part of the work outlined for public vocational rehabilitation in the 1992 Amendments of the Rehabilitation Act of 1973.

What we know is rural and remote areas require rehabilitation service delivery personnel who: (1) understand the culture of these environments that focuses on pride, heritage, strict family values, and extended families (Bauer & Growick, 2003). The best understanding comes from those who have grown up in those cultures; (2) are creative in their problem solving, using alternative methods to deliver services, and (3) operate as community-based counselors who understand the capacity, resources and infrastructure of those communities to create opportunities for individuals with disabilities (Bauer & Growick, 2003). These individuals rely less on formal service delivery systems to support the efforts of consumers and more on their ability to mobilize community support (i.e., working with faith communities, etc.) mainly because they find themselves faced with doing their work with fewer structured resources.

The issues related to serving the mental health needs are no less complex as 60% of those living in rural America live in areas where there is a shortage of mental health professionals. According to WICHE's Rural Mental Health: Challenges and Opportunities Caring for the Country the following factors are particular challenges to the provision of mental health services in rural communities:

- **Accessibility** - rural residents often travel long distances to receive services, are less likely to be insured for mental health services, and less likely to recognize the illness
- **Availability** – Chronic shortages of mental health professionals exist and mental health providers are more likely to live in urban centers
- **Acceptability** – the stigma of needing or receiving mental healthcare and the fewer choices of trained professionals who work in rural areas create barriers to care

Counselors oriented to the rural/frontier perspective operate from a context of (1) cultural understanding (or identification) is essential to success; (2) developing relationships with community gatekeepers and families to gain trust and acceptance; and (3) looking toward the traditions of the community to support efforts of consumers. In all this, they are a unique segment of our pluralistic society and we are striving to make sure they have access to information and experiences that will shape their qualifications to serve people with disabilities in our world as it exists. To accomplish this, we must ensure they experience diverse ideas, cultures, and worldviews. An e-Campus program that attracts a wide variety of students from across the country can accomplish this like no other. We focus much of our efforts in recruiting in rural and frontier areas.

Veterans

The CRMHC program is returning to its roots in its recruitment efforts. As we recruit students for our graduate program, we are reminded of our history and the important part we continue to play in the lives of Veterans returning from foreign wars. The profession started in 1920 as a response to the number of returning veterans who were navigating a new world in their families and communities as a person with a disability.

Today, the need is even greater. The Veterans Affairs Department has reported a need for more sophisticated workforce planning tools to ensure its Vocational Rehabilitation and Employment Program has staff with the skills to address the increasingly complicated needs of veterans returning from Iraq and Afghanistan. We are gearing up to meet that need in our on and e-campus programs of study. The faculty members are working with representatives of the VA centers in West Virginia to enhance the curriculum and create a track that will focus on the needs of this group.

West Virginia University offers many specific programs and opportunities for the veteran who chooses to enroll on our campus. These have been established and continue to be enhanced in recognition of the contributions that veterans have made in service to our country and that they continue to make as members of the WVU Mountaineer family.

During the Spring 2009 semester WVU's Faculty Senate voted to make Veterans Day a "Day of Concern". This designation gives our veterans/military students the option to miss classes on Veterans Day to participate in events and ceremonies.

The student organization, *Veterans of WVU*, gives our veterans and those still serving a venue to come together to socialize, have a stronger voice on campus, and to participate in civic outreach. Since their inception they have sent care packages to marines/soldiers in Iraq, raised and donated money to "Canines for Combat Vets", sponsored a blood drive in conjunction with WVU ROTC that yielded approximately 60 units, and sponsored a letter to vets drive with WVU's Student Government Organization and the Veterans Committee. In fall of 2008 they became members of Student Veterans of America, a national student veterans group.

The *Director of Veterans Affairs* position acts as a liaison between students, campus departments, the VA and other government and outside agencies. Students can work with the Veterans Advocate to get questions and issues resolved. The Veterans Advocate can also assist with initiating the Montgomery GI Bill, calls to, and returns from active duty. The Veterans Advocate is a one-stop-shop for our veterans/military students. The Veterans Advocate is also responsible for developing, implementing, and maintaining the veterans programs on campus.

In accordance with the "Veteran Friendly" designation, WVU faculty may allow students who are members of the US Armed Forces (including the National Guard and Active Reserve) to make up tests and assignments that are missed during a semester if the student is officially called up for military service requirements for a limited period; and if the delayed coursework completion will not irreversibly impact the students' ability to appropriately master the required subject matter. Absence due to required military obligation should not exceed a cumulative amount of three weeks, and the students should follow the appropriate protocol as presented below. A more complete set of guidelines and procedures can be found in your student handbook.

Student Retention

Students must review the graduate school catalog for conditions of retention. Additional conditions unique to the Clinical Rehabilitation and Mental Health Counseling program are:

- (1) Students must conduct themselves in an ethical and professional fashion at all times. Dismissal from the program may be recommended if, in the opinion of the program faculty, the student is found to lack qualities that are desirable in a counselor, or if the student engages in improper behavior. This decision may be appealed to University grievance procedures.
- (2) If a student receives **a grade of C or lower, in a core course, that student's performance will be reviewed by the program faculty. It is the student's responsibility to bring the issue to the attention of his/her advisor immediately.** The faculty, in consultation with the instructor, will require the student to demonstrate skill or knowledge competencies at a level equivalent to a grade of B for that course. If the grade is a C, there will be a remediation activity; for a grade of D, the student will retake the course unless their GPA is too low to continue in the program; if the grade is an F, the student will be removed from the program. The university places graduate students on Academic Probation when their GPA falls below a 2.8. These decisions may be appealed via University grievance procedures.
- (3) Students must adhere to the rules of the University in relation to Academic Rights and Responsibilities found in the *WVU Student Handbook – The Mountie*. Section 3.5.2.6 provides details regarding the charges and the appeals process for issues related to Academic Dishonesty. We require students complete a plagiarism test with a minimum grade of 80 prior to entering the program. You should also review *Plagiarism: What It is and How to Recognize and Avoid It* <http://www.indiana.edu/~wts/wts/plagiarism.html#original>
- (4) Practicum and internship: A student must have a GPA of 3.0 or higher and have completed all required coursework satisfactorily prior to taking practicum and internship. Faculty and field supervisors will determine if the completion of field experiences is satisfactory. Where performance is unsatisfactory, the student will be required to repeat the practicum or internship (not necessarily in the same semester) or have it extended until competence is achieved. Participation in agency functions, including all professional conduct requirements of that agency, as well as counseling and other skills, is evaluated

by faculty and site supervisors. Note: if you are required to remediate the internship experience and your progress was deemed unsatisfactory, you are required to complete the 600 hours.

- (5) The program uses two codes of ethics as guidelines for conduct. One is the *Code of Ethics for Rehabilitation Counselors* published by the Commission on Rehabilitation Counselor Certification found at <https://www.crccertification.com/cve-cwa-ccaa-code-of-ethics> The other is the *American Counseling Association Code of Ethics* (2014) found at <http://www.counseling.org/resources/aca-code-of-ethics.pdf> Students may also be dismissed from the program if they violate rules or practices of the institution where they are assigned practicum or internship as well as in the classroom or related activities. If the student is given the opportunity to complete another clinical experience, none of the previous site hours will be counted toward the total required for graduation.
- (6) At any point in the program, instructors can submit a student *Counseling Competencies Scale—Revised*© (CCS-R) assessment to the full program faculty. Four categories are reviewed including, professional responsibility, competence, comportment and integrity. If determined to be necessary, the issues will be discussed with the student and a remediation plan will be initiated. If deemed to be operating at an insufficient fitness level, students can be asked to leave the program.

Note: Tevera is partnering with the University of Central Florida and Glenn Lambie, Ph.D. to integrate and deliver *The Counseling Competencies Scale—Revised*© (CCS-R) assessment in a new online format, helping counseling programs measure key competencies aligned CACREP

Accessibility Services

Students are personally responsible for applying in a timely manner to the WVU Office of Accessibility Services (OAS) regarding their need for accommodations upon admission to WVU and/or acceptance into a WVU Online & Extended Campus class. Students must contact OAS at the beginning of each semester to arrange for academic accommodations. Students requesting accommodations must submit an application and contact our office to speak with an Accessibility Specialist.

The OAS Accessibility Specialist, in conjunction with the student, develops accommodations specific to both the student's needs and appropriate documentation. Planning and implementation of accommodations may take time; therefore, you should contact the WVU Office of Accessibility Services or WVU Online & Extended Campus as soon as possible.

- All students requesting disability related accommodations must complete an online application for the Office of Accessibility Services.
- Provide appropriate documentation of your disability that meets WVU documentation by faxing them to OAS at (304) 293-3861 or bring documentation with you at the time of your appointment with an Accessibility Specialist.
- An email authorizing specific accommodations will be sent by your OAS Accessibility Specialist to your professors MIX email account and a contact in the WVU Online & Extended Campus Office.
- You must contact each of your instructors by telephone or email to discuss the implementation of each accommodation.
- Disability related reasonable accommodations are provided under appropriate circumstances on an individual basis based upon appropriate documentation of a disability and significant impairment to functioning and adherence to all WVU policies

and procedures.

If you experience problems with receiving accommodations, you should first discuss it with your instructor or WVU Online & Extended Campus. If you are unable to resolve the situation, you should contact your OAS Accessibility Specialist. If you feel that you are not being appropriately accommodated, you may file a complaint with the Division of Diversity, Equity and Inclusion at (304) 293-5600. For more information, please contact:

WVU Online & Extended Campus

150 Clay Street P.O. Box 6800 Morgantown, WV 26506-6800
304-293-2834 or 1-800-253-2762
Fax: 304-293-4899
online.wvu.edu

WVU Office of Accessibility Services

B20 Stewart Hall, P.O. Box 6423 Morgantown, WV 26506-6423
Phone: (304) 293-6700 FAX: (304) 293-3861
<http://accessibilityservices.wvu.edu> access2@mail.wvu.edu

Impaired Student Policy

It is recognized everyone can encounter personal problems that can interfere with work performance. It is, therefore, the purpose of this procedure to outline steps that can be taken in order to assist a person whose performance may be impacted by problems caused through alcohol or substance abuse or other addictions, emotional distress, mental and/or emotional problems, mental illness or other reasons.

This policy may be enacted when it is believed that the functioning of a student is impaired due to substance dependence or abuse, mental health condition, emotional problems, or other circumstances that cause the student to be unable to properly perform his/her tasks and responsibilities.

Impaired Student Procedures

If it is believed that the student is unable to function appropriately and as prescribed in our written code of ethics, he/she will be referred by the Coordinator to an agency or individual for an assessment. The substance of the assessment process is strictly confidential. However, as it is necessary for the Coordinator to have knowledge of any recommendations of the assessment facility, the student will need to sign a release of information form so these recommendations may be released to the program coordinator.

The cost of the evaluation and any treatment recommended by the evaluating facility will be borne by the student. It is the responsibility of the student to follow the recommendations of the assessment. The recommendations may include but are not limited to:

- Treatment for substance use or mental health disorder/issues at a center that is agreed upon by both the student and the Coordinator.
- A medical examination by a competent health care professional.

- Counseling for personal, emotional or marital problems.

If the recommendations are not followed, the student may be dismissed from the program. It is possible that the recommendations of the evaluation and/or treatment program would be that the student be given a leave of absence. It is also possible that the Department or Program believes it is best for the individual to be placed on an involuntary leave of absence. In either case, the leave of absence could be for a period of time of up to two (2) years. If this leave of absence would result in a period of time greater than what is customarily allowed to complete a program, the student may petition for an extension of time.

It is the concern of the Program, as well as the Department, that services provided by counselors-in-training be of the highest caliber. Therefore, because of ethical considerations, it may be appropriate to prohibit a student from participating in any and all practica until acceptance into the practicum is petitioned by the student. The coordinator may seek the advice of the faculty, the department chair and the professional treatment individual working with the student before such permission is given. The purpose of the petition is to allow the student to demonstrate his/her ability to participate in a practicum in an appropriate and ethical manner.

The student has the right to appeal decisions that are made during the process. If the student disagrees with the treatment recommendations of the evaluation facility, he or she may seek out another evaluation from a different facility. The cost is paid for by the student. In addition, in order for an evaluation as accurate and complete as possible, release forms need to be signed so that any/all individuals who are providing an evaluation will have access to the same information upon which to base their evaluation.

If there are conflicting recommendations, the coordinator of the program may request that the student seek a third evaluation. If the student believes that all of the facts were not brought forth during the evaluation, he/she may seek a hearing with the Coordinator. The coordinator may invite to the hearing people who are able to help in the examination of the situation. Among those invited could be the student's advisor, the practicum instructor, faculty members who are knowledgeable in the area of substance abuse, a representative of the assessment facility, fellow students, and others who would be beneficial to the process. The student would be allowed to invite whomever he/she would wish.

The student also has the right to appeal any decision to dismiss him/her from the program within 14 days of the decision. In order to protect the rights of the student, this information is considered confidential and may not be released outside of the department or to the assessment and/or referral agencies without written permission signed by the student and witnessed by another.

If, after following the steps outlined above, a reoccurrence of the behavior happens within 12 months, the student is dismissed from the program.

Other Academic Policies

Professional Recommendations or Endorsements by Faculty

During your course of study or after, you may call upon members of the faculty to provide a professional recommendation. This could be for a job, furthering your education, or certification/licensure. We are often called upon in background checks. Students completing the program in good standing may expect to be endorsed by the program faculty for purposes of appropriate certification, license or other credentials. Please note that we may use data from your professional portfolio reviews, competency assessments, as well as class participation, and related accomplishments.

The members of the faculty will only provide employment endorsement consistent with a graduate's program track and field placement experience. A graduate who has completed internship in the areas of clinical rehabilitation and clinical mental health counseling will not be endorsed for a counseling position in an unrelated area such as school counseling or psychologist. We can also only make recommendations based on the coursework required in the program during your participation.

At times credentialing requires an applicant to have an endorsement by a site supervisor as well as program approval. Assistance is provided in locating field supervisors through the program office.

Communication

You will receive an email account at WVU. It will be a MIX account that is accessible through your e-campus site. Make sure you review this account regularly as this is the only method for communicating with students outside of the e-campus "classrooms."

Faculty and staff have been directed to follow University policy and **ONLY** use student MIX accounts to communicate academic information with students. **BE SURE TO CHECK YOUR EMAIL weekly.**

Expected Technical Competence

The instructors who design the courses are responsible for pedagogical strategies and the design of the materials in the courses. As they provide instruction, they are accountable for having the knowledge and developing effective strategies for delivering that knowledge and skill development.

Our students, as online learners, are in charge of selecting learning strategies appropriate to their goals and preferences. Do you prefer to read the lectures or listen? Do you review the material more than once, taking notes as you go along? You will need to find your resources to complete the assignments, using those provided by the instructor and university but also locating other resources on your own.

You also are required to build up social interaction in your community, among your fellow students and with the instructor to build on what you are learning. You have to manage your own learning, there may be no specific time to be in class so you must implement time management strategies. We expect students to be online interacting in discussion sessions throughout the course of each class period or module that lasts one week.

Students must also exhibit digital competency, the ability to locate, select and evaluate online information – as well as be able to utilize software, hardware and communication tools. You will be communicating virtually, which is different than the way we often communicate in our familiar face-to-face world.

Our students report rich interactions with their peer and we find responses are often more thoughtful because you have time to contemplate your response to an instructor or student. Consider this an opportunity to develop your critical thinking and communication skills – crafting thoughtful arguments and well-researched responses. It provides you a way of developing the intellectual component of your interactions with others.

Incomplete Grades

The following is a statement directly from the University policy. Of particular interest is the sentence - *Please note that the policy is that the coursework should be completed within the following semester.* An instructor must award a grade at the end of the extended semester that is based on the amount and quality of work completed at that time.

A grade of I (Incomplete) is a temporary grade assignment used when unforeseen, non-academic circumstances arise that prohibit students from completing the last course assignments or examinations at the end of the semester. The grade of Incomplete is typically assigned because of an excused absence from the final examination, or because assignments are unavoidably incomplete, as determined by the instructor.

Generally, the student will have been active in the course up until the last day of the 13th week of classes and earned at least a D- to be eligible to request an incomplete.

- An instructor may not assign a grade of I without the student's agreement and an **Incomplete Contract**. If a student has not requested an Incomplete, or the request for an Incomplete grade has been denied, the instructor should assign the grade earned in the course.
- Within the Incomplete Contract, the instructor is required to indicate a grade earned for the course assuming no additional work will be completed. Should the signed contract not be fulfilled, the instructor must either submit a grade of F or the grade indicated in the contract.
- If the student is unable to complete the work during the following term for non-academic reasons, the term of the contract may be extended with permission of the Dean. Additionally, the term of the contract can be extended if the instructor is not available or a portion of the course, for some legitimate reason, cannot be completed within the original time frame.
- An Incomplete grade not changed by the end of the next regular term; (fall and spring semesters) will be replaced with a grade of IF, and the class must be retaken to satisfy degree requirements as necessary. Under legitimate, extraordinary circumstances, with supporting documentation and the approval of the Dean, an instructor can submit a grade change for an IF within five years of when the course was taken.
- All grades of I must either be resolved or replaced with an IF in order to graduate from West Virginia University.

An Incomplete Contract and directions are located at <https://undergraduate.wvu.edu/strategies/academic-policy-committee/forms>

Course Remediation

It is expected that students will attain grades of "A" or "B" in their coursework.

A grade of "C" or lower means you have not achieved mastery of the coursework.

Any grade of "C" requires remediation of the coursework. We include specific assignments in this category because it is essential that you show mastery of all elements of your course of study. So the instructor will assign you a remediation task for ANY assignment in which you receive a grade of C or lower.

The instructor of record, in consultation with the entire program faculty, will determine an appropriate process for remediation. It may mean identifying problem areas of learning and requiring additional coursework or it may mean you audit the course when it is offered next. Any grade of "D" requires that you retake the course.

A grade of "F" means you will be removed from the program; any circumstances to be considered for an exception will be reviewed by the members of the faculty. If the course is a requirement for any additional coursework, you will not be able to proceed until the requirement is completed. In addition, the University has set a minimum GPA expectation for graduation at 3.0.

Grievance Procedures

It is expected that students will try to resolve disagreements or problems with the individuals involved (other students, faculty, staff or administration). If this is not successful, the advisor should be consulted for advice and/or possible mediation. If this process proves unsatisfactory, students have the option to present concerns to the Program Coordinator who will then attempt to advise, mediate and/or solve the concern.

Contact information: Dr. George Mamboleo, 504 D Allen Hall, Morgantown, WV 26506; 304.293.2276; email George.Mamboleo@mail.wvu.edu

If satisfaction is not achieved, the department chair is the next point of contact. In this case, Dr. Amy Root is the departmental chairperson. He can be reached at amy.kennedy@mail.wvu.edu or call 304. 293-0380.

Students may then petition the department chair in writing to form an Appeals Committee that consists of three faculty members. If the student desires to appeal further, they may then petition in writing to the Dean of the College of Education and Human Services, West Virginia University, 802 Allen Hall, Morgantown, WV 26506.

The WVU Graduate Catalog provides time requirements for completing these activities. <http://catalog.wvu.edu/graduate/>

Graduation Requirements

Once you have completed coursework and are in your internship semester, it's time to start thinking about graduation. There are a few items for you to remember and they are listed below for you.

First, you will need to have successfully completed all coursework for the program as outlined in your handbook. There are also the requirements associated with *Counseling Competencies Scale—Revised*© (CCS-R) assessment and professional portfolio reviews.

Master's Degree Time Limit

Master's degree students are permitted to continue in a program for a maximum of eight years following their term of admission to the program. Students who have been inactive for two or more years or who exceed eight years following their term of admission are required to apply for readmission to the University and their graduate program.

Graduate course work used to meet degree requirements must be satisfactorily completed within a period of eight years immediately preceding the conferring of the degree. Courses completed in the same term as degree conferral (fall, spring, summer) eight years previously are considered to fall within the 8-year limit. A course completed more than eight years prior to the term of degree conferral must be revalidated if it is to be used toward meeting degree requirements. Revalidation can be accomplished through the following procedure:

- The current instructor of the course determines the method used to revalidate the course. The student may, for example, be required to complete specific activities (such as repeating all or some of the course or completing a set of readings). The instructor then assesses the student's knowledge of course material (through such means as a written or oral examination, a paper, a project, or some other assessment) and determines if the student's knowledge is adequate to justify revalidation of the course.
- The instructor submits a description of the revalidation method and results of the assessment to the college or school dean or designee.
- The college or school dean or designee submits a letter describing the revalidation process and supporting the revalidation to the Associate Provost for Graduate Academic Affairs.
- The Associate Provost informs the Office of the Registrar that the course has been revalidated.

Application for Graduation

At the time of registration for the enrollment period in which all degree requirements are expected to be met, or at the latest within two weeks after such registration, each candidate is to submit an Application for Graduation online through your MIX account. You must complete a Request to Graduate form that you will receive from the department. The candidate must complete all requirements at least one week before the end of that enrollment period. If the degree is not actually earned during that term, the student must submit a new Application for Graduation when registering for the term in which completion is again anticipated.

Colleges and schools are responsible for seeing that master's and doctoral students meet the minimum requirements of the University as well as any additional college or school requirements. Deans' offices are responsible for maintaining all student records necessary to certify students for graduation. Attendance at the spring commencement is voluntary. Anyone not planning to attend should leave a complete mailing address with the Office of Admissions and Records so that the diploma can be mailed.

You have to be enrolled in at least one credit hour during the semester you graduate IF you are completing coursework or other requirements of the program, to include completing tasks for courses in which you received an Incomplete grade. If you have completed ALL requirements during the previous semester but were unable to graduate, then you do not have to be enrolled in a course.

Summary of WVU's Master's Degree Requirements

1. Shortly after admission to the program (usually within the first nine- to 12-semester hours of coursework), the advisor and the student produce a Plan of Study.
2. The student completes requisite coursework and other program requirements.
3. The student confers with the advisor to see if all requirements can be met by the end of the semester in which he or she plans to graduate. This should be done no later than the beginning of the final semester. Verify you have been registered for at least one credit hour for the semester.
4. The student registers for at least one credit hour. *No one may graduate who is not registered as a student during the term of graduation.*
5. Student applies online for Graduation through MIX account by the deadline provided by the department via email. Paper applications are no longer accepted.

Professional Advancement Following Graduation

A Master's Degree in Clinical Rehabilitation and Mental Health Counseling is considered to be a resilient degree, providing background for work in agencies and treatment centers, as well in private practice. While intense in its coverage of material related to professional counseling, the degree is considered to be just the beginning of lifelong professional development.

Continuing education following graduation is essential in order to remain up-to-date with counseling theories and techniques, complementary practices and to stay relevant to the concerns of clients. As such, participation in professional associations, continuing education and even further graduate study is encouraged.

Professional Credentialing

Rehabilitation Counselor Certification

Graduates of our CRMHC program are eligible to take the examination for certification as rehabilitation counselors (CRC). It is highly recommended that students apply for certification. This must be done approximately five months prior to any one of the three exam dates offered each year.

Information and application forms for certification are available from:
Commission on Rehabilitation Counselor Certification <http://www.crccertification.com>
1699 E. Woodfield Road Suite 300
Schaumburg, IL 60173
Phone: 847-944-1325
Fax: 847-944-1346 Email: info@crccertification.com

National Board for Certified Counselors

There is another certification examination that may be required for licensure in your state. Please check with your licensing board. NBCC's examinations are used both for state licensure and national certification, which are different types of credentials with different purposes. Their website is <http://www.nbcc.org/exam>

Professional Counselor Licensure

Program graduates are typically eligible to apply for licensure as a professional counselor in West Virginia and other states which license counselors, following 2 years of professional experience or 3,000 hours. Students should check with the Licensure Boards of the states of interest in order to determine the eligibility requirements of the particular state. Some states require specific coursework not required in the WVU program. Students interested in licensure in those states should plan their program of study accordingly.

Please note: **In WV, the directions on the website have indicated applicants take the NBCC exam yet the licensing regulations include the CRCC exam as a qualifying exam.** Please check with your state licensing board.

It is the students' responsibility to investigate requirements of any licensing board prior to starting our program and work with their advisors to create a specific plan to meet the expectations.

The address of the licensing board in West Virginia is:
West Virginia Board of Examiners in Counseling
815 Quarrier Street, Suite 212, Charleston, West Virginia 25301
Toll-Free:(800) 520-3852 Charleston Area:(304) 558-5494 Fax:(304) 558-5496
<http://www.wvbec.org/>

If you are interested in licensure in another state, visit <http://www.nbcc.org/directory/Default.aspx> for information on requirements. Expectations for each state are different. Please let us know early so we can help you design both your coursework and the practicum/internship experiences to meet the educational requirements of the state licensing board.

NOTE: The Tevera system will maintain the information about licensure for you as part of your membership.

Professional Associations

Many individuals find involvement in professional associations help them in their development and job search. There are many state and national associations available to rehabilitation and mental health counselors. Below is a listing of some of these:

American Counseling Association (ACA) is a not-for-profit, professional and educational organization that is dedicated to the growth and enhancement of the counseling profession. Founded in 1952, ACA is the world's largest association exclusively representing professional counselors in various practice settings. ACA has been instrumental in setting professional and ethical standards for the counseling profession. The association has made considerable strides in accreditation, licensure, and national certification. ACA has 56 chartered branches in the U.S., Europe, and Latin America. There are 17 chartered divisions, one of these is the American Rehabilitation Counseling Association. <http://www.counseling.org/>

Student Membership. ACA Master's Level students receive liability insurance coverage as part their membership. For just over half the price of full professional membership, students gain access to all of the career and professional resources available to practicing counselors, helping you prepare for your counseling career. To aid your coursework, ACA provides 24-hour electronic access to our journal, literature, and other research resources. ACA is here to help you prepare for the next chapter in your professional career.

Student Membership- Individuals who are enrolled at least half-time in a college or university program. See more at:

<http://www.counseling.org/membership/aca-and-you/students>

The American Rehabilitation Counseling Association (ARCA) is an organization of rehabilitation counseling practitioners, educators, and students who are concerned with improving the lives of people with disabilities. Its mission is to enhance the development of people with disabilities throughout their life span and to promote excellence in the rehabilitation counseling profession. ARCA's goal is to provide the type of leadership that encourages excellence in the areas of rehabilitation counseling practice, research, consultation, and professional development. It is affiliated with the American Counseling Association. There are no state chapters. <http://www.arcaweb.org/>

Benefits of Membership

- *Rehabilitation Counseling Bulletin*, a quarterly scholarly publication.
- A quarterly newsletter highlighting legislative and professional activities.
- Opportunities for professional growth and leadership.
- Special publications on current professional concerns.
- Access to professional liability insurance.
- Accredited continuing education opportunities for CRC's
- Opportunities for student members to network join student associations, scholarly competitions, serve on professional committees.
- Listserv alerting rehabilitation counselors to legislative actions and ARCA activities.

Student membership: Application Brochure: <http://www.arcaweb.org/wp-content/uploads/ARCA-2014Brochure.pdf>

The American Mental Health Counselors Association (AMHCA) is the professional membership organization that represents the clinical mental health counseling profession. Clinical membership in AMHCA requires a master's degree in counseling or a closely related mental health field and adherence to AMHCA's National Standards for Clinical Practice. Rapid changes in the health care marketplace make it more necessary than ever for AMHCA members to make their voices known to this Congress. Through a set group of standards and ethics for mental health counselors, AMHCA is dedicated to training and cultivating excellent practitioners. We want to break through walls of stigma and show how excellent mental health counselors change lives and improve mental health. AMHCA offers many different ways for counselors to improve their excellence in any field they work in.
<http://www.amhca.org/?page=facts>

Student Membership: <http://www.amhca.org/?page=studentbenefits>

Benefits

FREE Liability Insurance

Access to the Journal of Mental Health Counseling

The Advocate Magazine

Access to AMHCA Communities and Blogs

Access to all AMHCA webinars

AMHCA White Papers and Emerging Clinical Practice Briefs

Connect with others in the Graduate Student Community *Coming soon!*

Special pricing for the Annual Conference

Connect with the Graduate Student Committee and student activities

Student Resources

Chance to apply for student scholarships and awards.

International Association of Rehabilitation Professionals (IARP). IARP unites rehabilitation professionals across North America and beyond to promote the availability of effective, interdisciplinary services for persons with disabilities. IARP serves a diverse membership practicing in the fields of long term disability and disability management consulting, case management and managed care, forensics and expert testimony, life care planning, and Americans with Disabilities Act (ADA) consulting. West Virginia and Virginia have combined as one state chapter of IARP. <http://www.rehabpro.org/>

Student Membership includes all the benefits of Associate Membership in IARP PLUS membership in IARP's Special Interest Sections!

National Rehabilitation Association (NRA). Not long after Congress passed the National Rehabilitation Act of 1920, NRA began its commitment to individuals with disabilities. As the oldest and strongest advocate for the rights of individuals with disabilities, their mission is to provide advocacy, awareness and career advancement for professionals in the fields of rehabilitation. Membership in special interest divisions is an option. Membership in NRA also includes membership in individuals' home state.
<http://nationalrehab.org/>

Student membership: A graduate student must be enrolled in a minimum of six semester hours or equivalent. In order to receive the student rate, status must be verified by a major professor. As a student, you will receive the *Rehabilitation Journal*, containing scholarly articles, Contemporary Rehab, a newsletter from the NRA connecting members with state of the art practices and happenings in the field of rehab and Washington Wires.

National Rehabilitation Counseling Association (NRCA). NRCA is a professional association which began in 1958 and is a division of NRA. NRCA represents professionals in the field of rehabilitation counseling in a wide variety of work settings. Includes *Journal of Applied Rehabilitation Counseling* <http://nrca-net.org/>

Student membership: Enrolled full or part-time at an accredited institution in a curriculum leading to a Master's degree in Rehabilitation Counseling, Rehabilitation Psychology, or related field.

National Clearinghouse on Rehabilitation Training Materials (NCRTM). More information on rehabilitation associations and organizations is located on the web site of NCRTM. They host the Rehabilitation Recruitment Center, a unique resource of job listings in the public rehabilitation program. The service is free to public rehabilitation agencies, educational institutions with accredited rehabilitation programs, and individuals seeking employment in public rehabilitation.
<http://www.ncrtm.org/>

The Association of Addiction Professionals (NAADAC) represents the professional interests of more than 85,000 addiction counselors, educators and other addiction-focused health care professionals in the United States, Canada and abroad. NAADAC's members are addiction counselors, educators and other addiction-focused health care professionals, who specialize in addiction prevention, treatment, recovery support and education. An important part of the healthcare continuum, NAADAC members and its 47 state affiliates work to create healthier individuals, families and communities through prevention, intervention, quality treatment and recovery support.

Student Membership: Open to those individuals currently enrolled in a college/university or state government approved training facility with a minimum of three credit hours in addiction studies and students involved in a full or part-time internship are also eligible for student membership. Student members must not be currently licensed or certified as an addiction professional or practicing as an addiction professional.

<http://www.naadac.org>

Resources for Job Searches

There are a number of ways to locate employment as a clinical rehabilitation and/or mental health counselor. *A Facebook group has been designated for the WVU Rehabilitation Counselor Education Program* (name will be updated as soon as I figure out how). On it employers and students post information, including job announcements. We also keep you updated on upcoming events.

In addition:

- National Rehabilitation Information Center: Employment
<http://www.naric.com/?q=en/content/employment-0>
- Openings within the Veterans' Administration can be found at <http://www.va.gov/jobs/> and other federal job openings are maintained at <http://www.usajobs.gov/> and <http://www.fedworld.gov/jobs/jobsearch.html>
- The American Counseling Association maintains a Career Center at http://www.counseling.org/AM/Template.cfm?Section=CAREER_CENTER
- [Myplan.com](http://www.myplan.com) Accounts are free and provide you with access to dozens of additional features, including a free career assessment test, the CareerMatch™ system, discussion forums, online communities, and the portfolio manager.
- In addition, we maintain a listing of job openings on our department web site http://www.cehs.wvu.edu/crc/career_opportunities.html



ATTACHMENTS

Plan of Study Options Fall Cohort

Plan of Study Options Spring Cohort

WVU M.S. Clinical Rehabilitation and Mental Health Counseling

Program of Study: Full time Fall Cohort

PRINT STUDENT NAME: _____

Semester	Course	Credit Hours
Fall 1	16 weeks	
REHB 600	Introduction to Rehabilitation & Mental Health Counseling	3
REHB 610	Medical Aspects of Rehabilitation	3
REHB 680	Research Seminar	3
COUN 501	Counseling Theories & Techniques I (immersion week)	3
Spring 1	16 weeks	
REHB 612	Disability Across the Lifespan (Human Development)	3
REHB 620	Career Development and Job Placement	3
COUN 505	Theory and Practice of Human Appraisal	3
COUN 606	Counseling Theories & Techniques II	3
Summer 1	6 weeks/6weeks	
COUN 634	Cultural Issues in Counseling	3
COUN 668	Crisis, Trauma and Grief Counseling	3
	12 weeks	
COUN 640	Addictions Counseling	3
COUN 645	Couples and Family Counseling	3
Fall 2	16 weeks	
COUN 664	Ethical Issues in Counseling	3
REHB 624	Rehabilitation Client Services	3
COUN 665	Diagnosis and Treatment in Mental Health	3
REHB 672	Counseling Practicum (150 site hours)	3
Spring 2	16 weeks	
COUN 609	Group Counseling Theories and Techniques (immersion week)	3
REHB 675	Clinical Practice/Internship (300/300 site hours)	12

Please note: Enrolling in four courses in a summer session is beyond practical for anyone working a full-time job or otherwise committed for significant hours during a week. For a student to engage in 4 courses in the shorter week sessions, there must be time each week for 16 hours of class engagement and 32-48 hours for assignments/testing for a total commitment of 48-64 hours. And that goes on for 12 weeks with only one week of rest before the fall semester starts. More options are on page 2, along with additional signature lines.

Student please initial here to indicate you have read the above material: _____
Signature page and optional course delivery is on page 2.

I have elected to pursue this full-time plan of study, in consultation with my advisor.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Students may consider enrolling in only 2 courses in the first summer and add two courses in the summer after internship. This reduces the workload stressors as well. Options are:

Option 1

Summer 1	6 weeks/6 weeks	
COUN 634	Cultural Issues in Counseling	3
COUN 669	Crisis, Trauma and Grief Counseling	3
Summer 2	12 weeks	
COUN 640	Addictions Counseling	3
COUN 645	Couples and Family Counseling	3

Option 2 if you are planning a substance use disorder treatment program for an internship site

Summer 1	6 weeks/12 weeks	
COUN 634	Cultural Issues in Counseling	3
COUN 640	Addictions Counseling	3
Summer 2	12 weeks/6 weeks	
COUN 668	Crisis, Trauma and Grief Counseling	3
COUN 645	Couples and Family Counseling	3

I have elected to pursue the full-time plan of study as modified in (circle one) **Option 1** or **Option 2** in consultation with my advisor.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

WVU M.S. Clinical Rehabilitation and Mental Health Counseling

Program of Study: Part time 3 years Fall Cohort

PRINT STUDENT NAME: _____

Semester	Course	Credit Hours
Fall 1	16 weeks	
REHB 600	Introduction to Rehabilitation & Mental Health Counseling	3
REHB 610	Medical Aspects of Rehabilitation	3
COUN 501	Counseling Theories & Techniques I (immersion week)	3
Spring 1	16 weeks	
REHB 612	Disability Across the Lifespan (Human Development)	3
REHB 620	Career Development and Job Placement	3
COUN 606	Counseling Theories & Techniques II	3
Summer 1	6 weeks/6 weeks	
COUN 634	Cultural Issues in Counseling	3
COUN 668	Crisis, Trauma and Grief Counseling	3
Fall 2	16 weeks	
COUN 664	Ethical Issues in Counseling	3
REHB 624	Rehabilitation Client Services	3
REHB 680	Research Seminar	3
Spring 2	16 weeks	
COUN 609	Group Counseling Theories and Techniques (immersion week)	3
COUN 505	Theory and Practice of Human Appraisal	3
Summer 2	12 weeks	
COUN 640	Addictions Counseling	3
COUN 645	Couples and Family Counseling	3
Fall 3	16 weeks	
COUN 665	Diagnosis and Treatment in Mental Health	3
REHB 672	Counseling Practicum (150 site hours)	3
Spring 3	16 weeks	
REHB 675	Clinical Practice/Internship (300/300 site hours)	12
		63 credit hours

NOTE: Immersion weeks are mandatory and must be attended DURING the semester in which a student has enrolled in the associated course.

I have elected to pursue the 3-year part time plan of study in consultation with my advisor.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

WVU M.S. Clinical Rehabilitation and Mental Health Counseling

Program of Study: Part time 4 years

PRINT STUDENT NAME: _____

Semester	Course	Credit Hours
Fall 1	16 weeks	
REHB 600	Introduction to Rehabilitation & Mental Health Counseling	3
COUN 501	Counseling Theories & Techniques I (immersion week)	3
Spring 1	16 weeks	
REHB 612	Disability Across the Lifespan (Human Development)	3
COUN 606	Counseling Theories & Techniques II	3
Summer 1	6 weeks/6 weeks across the 12 week summer schedule	
COUN 634	Cultural Issues in Counseling	3
COUN 669	Crisis, Trauma and Grief Counseling	3
Fall 2	16 weeks	
REHB 610	Medical Aspects of Rehabilitation	3
REHB 680	Research Seminar	3
Spring 2	16 weeks	
REHB 620	Career Development and Job Placement	3
COUN 505	Theory and Practice of Human Appraisal	3
Summer 2	12 weeks	
COUN 640	Addictions Counseling	3
Fall 3	16 weeks	
COUN 664	Ethical Issues in Counseling	3
REHB 624	Rehabilitation Client Services	3
Spring 3	16 weeks	
COUN 609	Group Counseling Theories and Techniques (immersion week)	3
Summer 2	12 weeks	
COUN 645	Couples and Family Counseling	3
Fall 4	16 weeks	
COUN 665	Diagnosis and Treatment in Mental Health	3
REHB 672	Counseling Practicum (150 site hours)	3
Spring 4	16 weeks	
REHB 675	Clinical Practice/Internship (300/300 site hours)	12
		63 credit hours

NOTE: Immersion weeks are mandatory and must be attended DURING the enrolled course semester. Student initial here that you read the above material: _____
Signature page follows.

I have elected to pursue the 4-year part time plan of study in consultation with my advisor.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Modifications to Plan of Study

You may be interested in modifying the plan of study in consultation with your advisor. The following courses are often considered for changes due to primary interest as a counselor, work schedules or other planned events. These must be done with your advisor to ensure you meet all prerequisite course requirements (such as COUN 501 Counseling Theories and Techniques 1) and are in alignment with our comprehensive assessment plan.

Summer courses – you can modify these four courses with the exception that Cultural issues in Counseling must be in the first summer you enroll in classes. The spring cohort model also has the option for you to enroll in REHB 620 Career Development and Job Placement in the summer.

Changes: _____

Fall and Spring Courses – for instance, depending on the type of site you choose for your Counseling Practicum, you may want to switch the timing of **REHB 624 Rehabilitation Client Services** and **COUN 665 Diagnosis and Treatment in Mental Health**.

Changes: _____

I have elected to pursue the 4-year part time plan of study with modifications as listed, in consultation with my advisor.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

WVU M.S. Clinical Rehabilitation and Mental Health Counseling

Program of Study: Full time 2-year Spring Cohort

PRINT STUDENT NAME: _____

Semester	Course	Credit Hours
Spring 1	16 weeks	
REHB 600	Introduction to Rehabilitation & Mental Health Counseling	3
REHB 612	Disability Across the Lifespan (Human Development)	3
COUN 501	Counseling Theories & Techniques I (immersion week)	3
COUN 505	Theory and Practice of Human Appraisal	3
Summer 1	12 weeks/6weeks	
REHB 620	Career Development and Job Placement	3
COUN 634	Cultural Issues in Counseling	3
Fall 1	16 weeks	
REHB 610	Medical Aspects of Rehabilitation	3
REHB 680	Research Seminar	3
COUN 606	Counseling Theories & Techniques II	3
COUN 664	Ethical Issues in Counseling	3
Spring 2	16 weeks	
REHB 624	Rehabilitation Client Services	3
COUN 665	Diagnosis and Treatment in Mental Health	3
REHB 672	Counseling Practicum (150 site hours)	3
COUN 609	Group Counseling Theories and Techniques (immersion week)	3
Summer 2	12 weeks/6 weeks	
COUN 640	Addictions Counseling	3
COUN 668	Crisis, Trauma and Grief Counseling	3
Fall 2	16 weeks	
REHB 675	Clinical Practice/Internship (300/300 site hours)	12
COUN 645	Couples and Family Counseling	3
TOTAL		63

More options are on page 2, along with additional signature lines.

I have elected to pursue this full-time plan of study, in consultation with my advisor.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

If you are planning to select a site that provides addiction and recovery counseling for your Counseling Practicum experience, you may need to enroll in Addictions Counseling in the first semester.

Option 2

Summer 1	6 weeks/12 weeks	
COUN 634	Cultural Issues in Counseling	3
REHB 620	Career Development and Job Placement	3
COUN 640	Addictions Counseling	3
Summer 2	12 weeks	
Summer 2	6 weeks	
COUN 668	Crisis, Trauma and Grief Counseling	3

I have elected to pursue the full-time plan of study as modified in **Option 2**, in consultation with my advisor.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

WVU M.S. Clinical Rehabilitation and Mental Health Counseling

Program of Study: Part time 2.5-year Spring Cohort

PRINT STUDENT NAME: _____

Semester	Course	Credit Hours
Spring 1	16 weeks	
REHB 600	Introduction to Rehabilitation & Mental Health Counseling	3
COUN 501	Counseling Theories & Techniques I (immersion week)	3
REHB 612	Disability Across the Lifespan (Human Development)	3
Summer 1	12 weeks/6weeks	
REHB 620	Career Development and Job Placement	3
COUN 634	Cultural Issues in Counseling	3
Fall 1	16 weeks	
REHB 610	Medical Aspects of Rehabilitation	3
COUN 606	Counseling Theories & Techniques II	3
REHB 680	Research Seminar	3
Spring 2	16 weeks	
COUN 505	Theory and Practice of Human Appraisal	3
REHB 624	Rehabilitation Client Services	3
COUN 665	Diagnosis and Treatment in Mental Health	3
Summer 2	12 weeks/6 weeks	
COUN 640	Addictions Counseling	3
COUN 668	Crisis, Trauma and Grief Counseling	3
Fall 2	16 weeks	
REHB 672	Counseling Practicum (150 site hours)	3
COUN 645	Couples and Family Counseling	3
COUN 664	Ethical Issues in Counseling	3
Spring 3	16 weeks	
REHB 675	Clinical Practice/Internship (300/300 site hours)	12
COUN 609	Group Counseling Theories and Techniques (immersion week)	3
TOTAL		63

I have elected to pursue this part-time plan of study, in consultation with my advisor.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

WVU M.S. Clinical Rehabilitation and Mental Health Counseling

Program of Study: Part time 2.5-year Spring Cohort

Print Student Name: _____

Semester	Course	Credit Hours
Spring 1	16 weeks	
REHB 600	Introduction to Rehabilitation & Mental Health Counseling	3
COUN 501	Counseling Theories & Techniques I (immersion week)	3
Summer 1	12 weeks/6weeks	
REHB 620	Career Development and Job Placement	3
COUN 634	Cultural Issues in Counseling (first half)	3
Fall 1	16 weeks	
REHB 610	Medical Aspects of Rehabilitation	3
COUN 606	Counseling Theories & Techniques II	3
Spring 2	16 weeks	
REHB 612	Disability Across the Lifespan (Human Development)	3
COUN 505	Theory and Practice of Human Appraisal	3
Summer 2	6 weeks (2nd half)	
COUN 668	Crisis, Trauma and Grief Counseling	3
Fall 2	16 weeks	
REHB 680	Research Seminar	3
COUN 664	Ethical Issues in Counseling	3
Spring 3	16 weeks	
REHB 624	Rehabilitation Client Services	3
COUN 665	Diagnosis and Treatment in Mental Health	3
Summer 3	12 weeks	
COUN 640	Addictions Counseling	3
Fall 3	16 weeks	
REHB 672	Counseling Practicum (150 site hours)	3
COUN 645	Couples and Family Counseling	3
Spring 4	16 weeks	
REHB 675	Clinical Practice/Internship (300/300 site hours)	12
COUN 609	Group Counseling Theories and Techniques (immersion week)	3
TOTAL		63

Modifications to delivery can be made on page 2 – in consultation with advisor.

I have elected to pursue this part-time plan of study, in consultation with my advisor.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Modifications to Schedule

I have elected to pursue this part-time plan of study with the following modification made in consultation with my advisor.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____