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**Standards and Guidelines
for the Accreditation of Educational Programs in
Inclusive Rehabilitation Sciences**

Standards initially adopted in 201x

**Adopted by the
National Rehabilitation Counseling Association
Committee on Rehabilitation Accreditation
and
Commission on Accreditation of Allied Health Education Programs**

14 The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs
15 upon the recommendation of the Committee on Rehabilitation Accreditation (CoRA).

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17 These accreditation **Standards and Guidelines** are the minimum standards of quality used in
18 accrediting programs that prepare individuals to enter inclusive rehabilitation sciences professions.
19 Standards are the minimum requirements to which an accredited program is held accountable.
20 Guidelines are descriptions, examples, or recommendations that elaborate on the Standards.
21 Guidelines are not required, but can assist with interpretation of the Standards.

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23 Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in
24 narrative form.

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Preamble

28 The Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Committee on
29 Rehabilitation Accreditation (CoRA), and the National Rehabilitation Counseling Association cooperate
30 to establish, maintain and promote appropriate standards of quality for educational programs in
31 inclusive rehabilitation sciences and to provide recognition for educational programs that meet or
32 exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of
33 accredited programs are published for the information of students, employers, educational institutions
34 and agencies, and the public.

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36 These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of
37 inclusive rehabilitation sciences programs. On-site review teams assist in the evaluation of a program's
38 relative compliance with the accreditation Standards.

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Description of the Profession

41
42 Inclusive rehabilitation sciences educational programs that prepare rehabilitation generalists focus on
43 the nature, meaning, consequences, and impact of impairment and disability, while exploring the
44 environmental, personal, vocational, historical, cultural, economic, physiological, socio-political, and
45 geo-political dynamics that affect individuals. Rehabilitation generalists are informed from multiple
46 perspectives (disability studies, rehabilitation counseling, health sciences, social sciences, psychology,
47 rehabilitation engineering, therapeutic recreation, art therapy, physical therapy, occupational therapy,
48 and other related fields). Utilizing these multiple perspectives, rehabilitation generalists are trained to
49 work as part of a team to assist individuals to attain and maintain desired independence and quality of
50 life in all aspects of life (physical, psychological, social, educational, and vocational). Rehabilitation
51 generalists understand that persons with disabilities not only direct the rehabilitation team, but also
52 determine what desired independence and quality of life means for them. Work settings in which
53 graduates may work include independent living centers, workforce centers, social security providers,

54 case management agencies, and other agencies that work with individuals with disabilities. Some
55 graduates may continue in graduate programs in rehabilitation counseling, occupational therapy,
56 physical therapy, speech therapy, mental health counseling, and other related fields.
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59 I. Sponsorship 60

61 A. Sponsoring Educational Institution

62 A sponsoring institution must be at least one of the following:

- 63 1. A post-secondary academic institution accredited by an institutional accrediting agency that
64 is recognized by the U.S. Department of Education, and must be authorized under
65 applicable law or other acceptable authority to provide a post-secondary program, which
66 awards a minimum of a baccalaureate degree at the completion of the program.
67
- 68 2. A foreign post-secondary academic institution acceptable to CAAHEP, which is authorized
69 under applicable law or other acceptable authority to provide a post-secondary program.
70

71 B. Consortium Sponsor

- 72 1. A consortium sponsor is an entity consisting of two or more members that exists for the
73 purpose of operating an educational program. In such instances, at least one of the
74 members of the consortium must meet the requirements of a sponsoring educational
75 institution as described in I.A.
76
- 77 2. The responsibilities of each member of the consortium must be clearly documented in a
78 formal affiliation agreement or memorandum of understanding, which includes governance
79 and lines of authority.
80

81 C. Responsibilities of Sponsor

82 The Sponsor must ensure that the provisions of the above **Standards and Guidelines** are met.
83

84 II. Program Goals 85

86 A. Program Goals and Outcomes 87

88 There must be a written statement of the program's goals and learning domains consistent with
89 and responsive to the demonstrated needs and expectations of the various communities of
90 interest served by the educational program. The communities of interest that are served by the
91 program must include, but are not limited to, students, graduates, health care providers, faculty,
92 sponsor administration, employers, individuals with disabilities, and the public.
93

94 Program-specific statements of goals and learning domains provide the basis for program
95 planning, implementation, and evaluation. Such goals and learning domains must be
96 compatible with the mission of the sponsoring institution(s), the expectations of the communities
97 of interest, and nationally accepted standards of roles and functions. Goals and learning
98 domains are based upon the substantiated needs of health care providers and employers, and
99 the educational needs of the students served by the educational program.
100

101 B. Appropriateness of Goals and Learning Domains

102 The program must regularly assess its goals and learning domains. Program personnel must
103 identify and respond to changes in the needs and/or expectations of its communities of interest.
104

105 An advisory committee, which is representative of at least each of the communities of interest
106 named in these **Standards**, must be designated and charged with the responsibility of meeting
107 at least annually, to assist program and sponsor personnel in formulating and periodically
108 revising appropriate goals and learning domains, monitoring needs and expectations, and
109 ensuring program responsiveness to change.
110

111 *Advisory committee meetings may include participation by synchronous electronic means.*
112

113 **C. Minimum Expectations**

114 The program must have the following goal defining minimum expectations: “To prepare
115 competent entry-level rehabilitation generalists in the cognitive (knowledge), psychomotor
116 (skills), and affective (behavior) learning domains.”
117

118 Programs adopting educational goals beyond entry-level competence must clearly delineate this
119 intent and provide evidence that all students have achieved the basic competencies prior to
120 entry into the field.
121

122 *Nothing in this Standard restricts programs from formulating goals beyond entry-level*
123 *competence.*
124

125 **III. Resources**

126 **A. Type and Amount**

127 Program resources must be sufficient to ensure the achievement of the program’s goals and
128 outcomes. Resources must include, but are not limited to: faculty; clerical and support staff;
129 curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical
130 affiliates; equipment; supplies; computer resources; instructional reference materials, and
131 faculty/staff continuing education.
132
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134 **B. Personnel**

135 The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform
136 the functions identified in documented job descriptions and to achieve the program’s stated
137 goals and outcomes.
138

139 **1. Program Director**

140 **a. Responsibilities:**

141 The Program Director must be responsible for all aspects of the program, including, but
142 not limited to:

- 143 1) coordinating the program, including the organization, administration, continuous
144 review, planning, development and achievement of program’s goals and outcomes;
- 145 2) monitoring qualifications of faculty, including adjuncts, to ensure program needs are
146 being met;
- 147 3) monitoring program performance to ensure accreditation standards are being met;
- 148 4) establishing criteria for sites that provide field experiences for students; and
- 149 5) evaluating field experience sites for appropriateness.
150

151 **b. Qualifications**

152 The Program Director must:

- 153 1) possess a Doctorate in rehabilitation or other disability-related disciplines; and
154

- 155 2) have professional certification or licensure in rehabilitation or other disability-related
156 disciplines.

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2. Faculty / Instructional Staff

a. Responsibilities

- 161 In each location where students are assigned for didactic or supervised practice, there
162 must be instructional faculty/staff designated to:
- 163 1) coordinate supervision and provide frequent assessments of the students' progress
164 in achieving acceptable program requirements;
 - 165 2) provide instruction;
 - 166 3) assess students' knowledge and clinical proficiencies;
 - 167 4) stay informed about current developments in the field of rehabilitation; and
 - 168 5) mentor students in the development of effective rehabilitation practice competencies.
169

170 *Evidence of being informed may include one or more of the following as reflected in a*
171 *resume or vita: membership in professional organizations, attendance at conferences,*
172 *publications, continuing education connected with credentialing.*
173

174

b. Qualifications

- 175 The faculty/instructional staff must:
- 176 1) possess a minimum of a graduate degree in rehabilitation or a disability-related
177 disciplines;
 - 178 2) be knowledgeable in course content and effective in teaching their assigned
179 subjects, capable through academic preparation, training and experience to teach
180 the courses or topics to which they are assigned; and
 - 181 3) have professional certification or licensure in rehabilitation or other disability-related
182 disciplines.
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185

3. Coordinator of Experiential Learning

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a. Responsibilities

- 188 The Coordinator must be responsible for:
- 189 1) coordinating the experiential learning experience(s) of students at all sites;
 - 190 2) maintaining site contracts, scheduling experiential learning experiences, and seeking
191 opportunities for new sites;
 - 192 3) conducting site visits;
 - 193 4) affirming the effectiveness of the experiences at all sites;
 - 194 5) maintaining communication between the program and the On-Site Field Supervisor;
195 and
 - 196 6) assisting students to complete a self-assessment of practice competencies at the
197 completion of experiential learning.
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b. Qualifications

The Coordinator of Experiential Learning Experiences must possess:

- 204 1) a minimum of a Master's degree in a rehabilitation related field; and
205 2) certification or licensure in a rehabilitation related field.

206
207 *Existing faculty may also serve as the Coordinator of Experiential Learning provided*
208 *qualifications of both positions are met.*
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210 **4. On-Site Field Experience Supervisor**

211 **a. Responsibilities**

212 In each experiential learning site where students are assigned, there must be a
213 designated On-Site Field Experience Supervisor that is responsible for:

- 214
215
216 1) providing day to day supervision of students;
217 2) coordinating instruction and learning experiences provided at the site;
218 3) providing instruction to students as appropriate;
219 4) assessing and documenting students' knowledge and clinical proficiencies; and
220 5) maintaining communication with the Coordinator of Learning Experiences and the
221 program director.

222 **b. Qualifications**

223 The On-Site Field Experience Supervisor must:

- 224 1) possess a minimum of a Bachelor's degree in a rehabilitation related field; and
225 2) have a minimum of one year of experience in a rehabilitation related field.
226

227 **C. Curriculum**

228 The curriculum must ensure the achievement of program goals and learning domains.
229 Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities.
230 Instruction must be based on clearly written course syllabi that include course description,
231 course objectives, methods of evaluation, topic outline, and competencies required for
232 graduation.
233

234
235 The program must demonstrate by comparison that the curriculum offered meets or exceeds the
236 curriculum specified in Appendix B of these **Standards**.
237

238 **D. Resource Assessment**

239 The program must, at least annually, assess the appropriateness and effectiveness of the
240 resources described in these **Standards**. The results of the resource assessment must be the
241 basis for ongoing planning and appropriate change. An action plan must be developed when
242 deficiencies are identified in the program resources. Implementation of the action plan must be
243 documented, and results measured by ongoing resource assessment.

244 **IV. Student and Graduate Evaluation/Assessment**

245 **A. Student Evaluation**

246 **1. Frequency and purpose**

247 Evaluation of students must be conducted on a recurrent basis and with sufficient
248 frequency to provide both the students and program faculty with valid and timely indications
249 of the students' progress toward and achievement of the competencies and learning
250 domains stated in the curriculum.
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2. Documentation

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

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B. Outcomes

1. Outcomes Assessment

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The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

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Outcomes assessments must include but are not limited to: programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

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“Positive placement” means that the graduate is employed full- or part-time in the profession or in a related field; continuing their education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

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2. Outcomes Reporting

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The program must annually submit to the Committee on Rehabilitation Accreditation the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

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Programs not meeting the established thresholds must begin a dialogue with the Committee on Rehabilitation Accreditation to develop an appropriate plan of action to respond to the identified shortcomings.

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V. Fair Practices

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A. Publications and Disclosure

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1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.

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2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

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3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.

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4. The sponsor must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates (e.g. through a website or electronic or printed documents).

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards

The health and safety of clients/consumers, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/CoRA in a timely manner. Additional substantive changes to be reported to CoRA within the time limits prescribed include:

1. change to different department or college within sponsor;
2. deletion or addition of courses; and
3. increase or decrease in program funding.

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

351 **CURRICULUM REQUIREMENTS FOR EDUCATIONAL PROGRAMS IN INCLUSIVE**
 352 **REHABILITATION SCIENCES**

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1. Pre-Experiential Learning Requirements

355

a. Understanding the Lived Experience of Individuals with Disabilities and/or Impairment

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The curriculum must provide students with the opportunity to be exposed to a wide-range of lived experiences of disability and impairment. Each topic area below represents areas in which students must demonstrate knowledge through activities such as case studies (real and simulated), reflection papers, exams, panel discussions, experiential learning, and in class discussions.

360

1) Philosophy, social policy and legislation in rehabilitation

362

Students will demonstrate knowledge of:

363

a) Community social policies and laws

364

b) State social policies and laws

365

c) National social policy and laws

366

d) Global social policy and laws

367

368

2) Lifespan and human development

369

Students will demonstrate knowledge of:

370

a) Varying types of disabilities that are likely to occur from birth to age 12

371

b) Varying types of disabilities that are likely to occur from age 13 to age 22

372

c) Varying types of disabilities that may affect individuals age 23 and above

373

d) Effects of chronic or acquired disability for an individual over the course of their lifespan

374

375

3) Disability

376

Students will demonstrate knowledge of:

377

a) Disability, Impairment, Impairment Effects, and Societally and Environmentally Imposed Barriers

378

b) International Classification of Functioning, Disability and Health (ICF)

379

c) International Classification of Diseases (ICD)

380

d) Diagnostic and Statistical Manual (DSM)

381

e) Common conditions: cardiovascular disease, diabetes, cancer, pulmonary disease, sensory loss, traumatic brain injury, stroke, neurological disorders, spinal cord injuries, muscular dystrophy, multiple sclerosis, chemical addictions, learning disabilities, amputation, mental illnesses, intellectual disabilities, and autism with an emphasis on the following:

386

i. Prevalence

387

ii. Etiology

388

iii. Diagnostic criteria

389

iv. Pathology and symptomatology

390

v. Recommended treatment strategies

391

vi. Prognosis

392

vii. Word root, prefixes, and suffixes used in medical and psychiatric vocabulary.

393

f) The reasons why items b-e are used in the rehabilitation field as well as the potential use of these to label and contribute to ableism

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396

- 397 4) Factors that Impact Daily Life
398 Students will demonstrate knowledge of:
399 a) How disability may impact psychological and social functioning
400 b) How disability affects family and significant others
401 c) How culture impacts the understanding and meaning of disability, treatment, and efficacy of
402 treatment methods
403 d) How disability may impact recreational activities
404 e) Inclusion and the impact it has on an individual's life
405 f) Societal and environmental barriers and how adaptation may mitigate such barriers
406 g) Intersectionality: Impact of factors such as gender, race, sexuality, socioeconomic status
407 and culture
408 h) Bio-psychosocial impact of impairment and disability on the person's health status, self-
409 concept, quality of life and functional independence in life activities
- 410 5) Vocational aspects of disability
411 Students will demonstrate knowledge of:
412 a) Programs that assist with successful job or school placement
413 b) Transitional services
414 c) Natural and contracted support systems (i.e. job coach)
- 416 6) Theoretical models of Rehabilitation
417 Students will demonstrate knowledge of:
418 a) Holistic approaches to rehabilitation, including the Biopsychosocial Model
419 b) International rehabilitation models, including globalization, and their impact on the
420 rehabilitation process
421
- 422 7) Independent Living (IL)
423 Students will demonstrate knowledge of:
424 a) History of the IL movement
425 b) Legal mandate(s) of independent living
426 c) Facilities utilized in the delivery of IL services
427 d) Eligibility determination procedures
428
- 429 8) Vulnerability, crisis and trauma
430 Students will demonstrate knowledge of:
431 a) Vulnerabilities and immunities that affect successful functioning during and after crisis and
432 trauma
433
- 434 9) Financial literacy and management
435 Students will demonstrate knowledge of:
436 a) Financial literacy and management strategies
437
- 438 10) Resources
439 Students will demonstrate knowledge of:
440 a) Training, financial, vocational, psychological, recreational, medical, and assistive technology
441 resources that may assist individuals with disabilities
442

443 **b. Service Delivery Systems and Community Integration**
444

- 445 The curriculum must provide students with exposure to rehabilitation and related systems,
446 resources, and professionals in their local communities and internationally. Each topic area below
447 represents areas in which students must demonstrate knowledge through activities such as case
448 studies (real and simulated), reflection papers, exams, and in class discussions.
449
- 450 1) Local, National, Regional and International Trends (e.g., legislation, demographics, workforce)
451 Students will demonstrate knowledge of:
 - 452 a) Local, regional, and international trends affecting rehabilitation service delivery systems and
453 community integration
 - 454 2) Vocational Rehabilitation Systems
455 Students will demonstrate knowledge of:
 - 456 a) The history and services of the state-public VR program
 - 457 b) Community-based rehabilitation facilities and the services they provide
 - 458 c) For-profit rehabilitation services and concepts
 - 459 d) Employer-based insurance programs and their importance for individuals with disabilities
460
 - 461 3) Centers for Independent Living (CIL)
462 Students will demonstrate knowledge of:
 - 463 a) Centers for Independent Living and the services provided
 - 464 4) Wellness and Illness Prevention Programs
465 Students will demonstrate knowledge of:
 - 466 a) How wellness and illness prevention programs can be utilized as part of the rehabilitation
467 process
 - 468 5) Community-Based Rehabilitation Programs
469 Students will demonstrate knowledge of:
 - 470 a) Supported and transitional employment models and services
 - 471 b) Residential services that range from intense supports to independent living
 - 472 c) Community support programs
 - 473 d) Developmental and intellectual disability support centers
474
 - 475 6) Government-sponsored Disability Insurance and Benefits Programs
476 Students will demonstrate knowledge of:
 - 477 a) Government-sponsored disability insurance and benefits programs
 - 478 7) Medical and Allied Health Supports
479 Students will demonstrate knowledge of:
 - 480 a) the role of the team of and their contributions to the rehabilitation process
 - 481 b) the role of the person with the disability as the director of the team
482
 - 483 8) Veterans and Military Vocational and Benefits programs
484 Students will demonstrate knowledge of:
 - 485 a) Veterans and military vocational and benefits programs, and how to access services
486
 - 487 9) Assistive Technology and Rehabilitation Engineering
488 Students will demonstrate knowledge of:
489

- 490 a) AE and RE equipment and services
491
492 10) Emergency Preparedness Strategies and Systems
493 Students will demonstrate knowledge of:
494 a) Available services and the gaps in services and systems
495

- 496 11) Tribal Vocational Rehabilitation System/American Indian Vocational Rehabilitation Services
497 Students will demonstrate knowledge of:
498 a) Services available for these populations
499

500 **c. Career and Job Development**

501 The curriculum must provide students the opportunity to demonstrate knowledge and skills relevant
502 to meaningful and productive lives of individuals with disabilities and/or rehabilitation needs, and
503 develop skills necessary to provide educational and vocational guidance services. Each topic area
504 below represents areas in which students must demonstrate knowledge and skills through activities
505 such as case studies (real and simulated), reflection papers, exams, and in class discussions.
506

- 507 1) Job and Labor Market
508 Students will demonstrate skills in:
509 a) Conducting a job analysis
510 b) Conducting a labor market analysis
511
512 2) Job Placement
513 Students will demonstrate knowledge of:
514 a) Transferable skills
515 b) Issues connected with workplace and disability, including but not be limited to attitudinal
516 and environmental barriers, health concerns, and reasonable accommodation
517 c) Employer responsibilities for reasonable accommodations
518
519 3) Job Development
520 Students will demonstrate knowledge of:
521 a) Network development
522 i. how to develop an employer network
523 ii. how to develop a service provider network
524 b) Acquisition of paid and non-paid internships and the advantages and disadvantages of each
525
526 4) Employment preparedness
527 Students will demonstrate knowledge of:
528 a) Career assessments and methods to determine appropriateness of assessments for
529 consumers/clients
530 b) Job seeking skills
531 c) Self-promotion strategies in the job-seeking process
532 d) Importance of reliable transportation in the job seeking and maintenance process
533
534 Students will demonstrate skills in:
535 e) Resume development
536 f) Interviews

- 537 5) Professional Etiquettes
538 Students will demonstrate knowledge of:
539 a) Life skills and how they contribute to job seeking and employment maintenance
540 b) Self-care strategies and avoidance of burnout
- 541 6) Customer service communication
542 Students will demonstrate skills in:
543 a) Effective communication with clients/consumers, employers, evaluators, and co-workers
544
- 545 7) Quality assurance and follow-up
546 Students will demonstrate knowledge of:
547 a) The concepts of quality assurance and follow-up, and how they contribute to the
548 rehabilitation process
- 549
- 550 8) Advocacy and negotiation
551 Students will demonstrate knowledge of:
552 a) The concepts of advocacy and negotiation in the employment process
553
- 554 9) Employment incentives
555 Students will demonstrate knowledge of:
556 a) Employment incentives
557
- 558 10) Budgeting
559 Students will demonstrate knowledge of:
560 a) Case load budgeting in order to meet client/consumer needs
- 561
- 562 11) Careers and credentials
563 Students will demonstrate knowledge of:
564 a) Careers in rehabilitation and related fields and credentials connected with each

565
566 **d. Relational and Professional Communication**

567 The curriculum must provide students the opportunity to learn skills necessary in developing,
568 maintaining and discontinuing helping relationships in ways that empower people with disabilities.
569 Effective rehabilitation includes collaborative relationships and networking with other professionals
570 and significant others throughout the rehabilitation process. Each topic area below represents areas
571 in which students must demonstrate knowledge and skills through activities such as case studies
572 (real and simulated), reflection papers, exams, and in class discussions.

- 573
- 574 1) Practice skills
575 Students will demonstrate skills in:
576 a) Interviewing techniques:
577 i. active listening
578 ii. encouraging body language
579 iii. use of open and closed ended questions
580 iv. use of paraphrasing
581 v. use of encouragement
582

- 583 b) Professionalism, including but not limited to work ethic, dress, and respect for others
584 c) Verbal and written communication skills through case notes, progress notes, demonstrations
585 of effective case conferences, and effective interviewing techniques
586

587 Students will demonstrate knowledge of:

- 588 d) Importance of interpersonal skills that may include active listening, flexibility, appropriate use
589 of humor, and patience
590 e) Vulnerable populations, mandatory reporting law, and the mandatory reporting process
591 f) Strengths-oriented approaches and positive psychology strategies
592 g) Self-sufficiency and self-determination
593

594 2) Individual and group leadership/helping techniques

595 Students will demonstrate skill in:

- 596 a) Applying techniques in these areas
597

598 3) Case Management

599 Students will demonstrate knowledge of:

- 600 a) Elements and principles of case management.
601 b) Ethical issues that may occur in case management settings, including but not limited to:
602 i. boundary issues
603 ii. confidentiality
604 iii. privacy
605 iv. allocation of resources
606 c) Client/consumer discharge
607 d) Steps involved in the discharge process
608 e) Case management models and advantages and disadvantages of each
609

610 Students will demonstrate skills in:

- 611 f) Critical thinking and Problem-Solving Skills by following a case from intake to discharge
612 g) Seeking appropriate referrals, framing referral questions and follow-up with provider and
613 client/consumer
614

615 4) Multi-disciplinary teams

616 Students will demonstrate knowledge of:

- 617 a) The team in the rehabilitation process
618

619 5) Person-centered planning

620 Students will demonstrate knowledge of:

- 621 a) Person-centered planning
622

623 6) Working Alliance

624 Students will demonstrate knowledge of:

- 625 a) How to develop an alliance and why it is important
626

627 7) Technology

628 Students will demonstrate knowledge of:

- 629 a) Technology used by rehabilitation generalists and how technology can be an advantage or
630 disadvantage, including but not limited to, computers, tablet, phones, and agency software
631
- 632 8) Service-Efficacy, Evidence-based Practices, and Research Knowledge
633 Students will demonstrate knowledge of:
634 a) Evidence-based practices
635 b) Research resources
- 636 Students will demonstrate skills in:
637 c) Evaluation of services to clients/consumers, case load management, and agency/program
638 evaluation
639 d) Designing a research study
640 e) Data interpretation and utilization

641
642 **e. Advocacy and Informed Choice**

643 The curriculum must provide students with the opportunity to develop knowledge regarding
644 oppressive and discriminatory behaviors that individuals with disabilities may experience. Students
645 must be exposed to and develop knowledge of historical, current and pending legislation, and have
646 the opportunity to develop advocacy skills for systemic change. Each topic area below represents
647 areas in which students must demonstrate knowledge and skills through activities such as case
648 studies (real and simulated), reflection papers, exams, and in class discussions.

- 649
- 650 1) Discrimination against people with disabilities
651 Students will demonstrate knowledge of:
652 a) History of disability discrimination
653 b) Disability-related Legislation, including, but not limited to The Civil Rights Act, the Americans
654 with Disabilities Act, The Rehabilitation Acts, IDEA and Section 504
655 c) Disability Identity Terminology Preferences: Varied disability identity terminology
656 preferences, and how these are dependent on current events, disability groups, lobbying,
657 and educational systems
- 658
- 659 2) Advocacy and Civil Rights of Persons with Disabilities
660 Students will demonstrate knowledge of:
661 a) The role of the Independent Living Movement in Civil Rights
662 b) Legal rights of patients, students and consumers
663 c) Advocacy groups and organizations
664 d) World Health Organization (WHO), Disability Rights International, the Convention on the
665 Rights of Persons with Disabilities and other international rights platforms

666
667 **f. Professionalism and Ethical Practices**

668 Students will demonstrate the knowledge and competencies needed to uphold the tenets of ethical
669 professional practice. Each topic area below represents areas in which students must demonstrate
670 knowledge through activities such as case studies (real and simulated), reflection papers, exams,
671 and in class discussions.

- 672
- 673 1) Ethical principles and concepts
674 Students will demonstrate knowledge of:
675 a) Health Insurance Portability and Accountability Act (HIPAA) Regulations and Family
676 Educational Rights and Privacy Act (FERPA)

- 677 b) Difference between law and ethics and what to do when laws and ethics appear to conflict
678 c) Aspirational and Mandatory ethics
679 d) Ethical principles of autonomy, beneficence, non-maleficence, justice, veracity, and fidelity
680 e) Ethical concerns for rehabilitation generalists including:
681 i. confidentiality and exceptions to confidentiality
682 ii. privacy
683 iii. duty to warn
684 iv. transference and counter-transference
685 v. values conflicts
686 vi. adherence to standards of professional practice
687 vii. choice of treatment
688 viii. adequacy of treatment
689 ix. cultural and ethnic factors that influence treatment
690 x. professional boundaries
691 xi. mandatory reporting
692 f) Release of information process
693 g) Cultural sensitivity and competency and why it is important in delivery of services
694

695 Students will demonstrate skills in:

- 696 h) Solving ethical dilemmas through live or simulated case studies
697 i) Designing and explaining informed consent
698 j) Self-evaluation of ethical behaviors
699

700 2) Ethical Codes and Decision-Making Models

701 Students will demonstrate knowledge of:

- 702 a) Rehabilitation related Codes of Ethics such as Rehabilitation Practitioner/Generalist
703 Guidelines, Commission on Rehabilitation Counselor Certification and/or applicable codes of
704 ethics

705

7062. **Experiential Learning**

707 Experiential Learning must provide students with opportunities to practice and integrate the
708 knowledge and skills necessary to develop entry- level proficiency and professional behavior as a
709 Rehabilitation Generalist. Experiential Learning can be completed through one or more of the
710 following:

- 711 1) rehabilitation-related employment that must be completed while enrolled in the program
712 2) volunteer hours
713 3) service-learning hours
714 4) practicum or field work hours
715 5) internship

716 *350 hours is a recommended guideline for the minimum number of hours that should be completed.*

717

718 *The length of experiential learning experiences should be consistent with the objectives and*
719 *competency outcomes of the curriculum requirements. Competency should be assessed at the*
720 *beginning and end of the experience. Student performance should be assessed at the mid-term and*
721 *end of the experience.*