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**Standards and Guidelines
for the Accreditation of Educational Programs in
Rehabilitation and Disability Studies**

Standards initially adopted in 201x

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

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

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

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

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Preamble

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

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

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Description of the Profession

40 Educational Programs that prepare rehabilitation generalists focus on the nature, meaning,
41 consequences, and impact of impairment and disability, exploring the environmental, personal,
42 historical, cultural, economic, physiological, socio-political, geo-political dynamics, and continuum of
43 disability from multiple perspectives (health sciences, social sciences, psychology, engineering, and
44 related fields) while preparing the rehabilitation generalist to work in concert with people with disabilities
45 to attain and maintain maximum independence in all aspects of life (physical, mental, social,
46 educational, and vocational).

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I. Sponsorship

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A. Sponsoring Educational Institution

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

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

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B. Consortium Sponsor

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

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C. Responsibilities of Sponsor

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

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II. Program Goals

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A. Program Goals and Outcomes

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

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

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B. Appropriateness of Goals and Learning Domains

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

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

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Advisory committee meetings may include participation by synchronous electronic means.

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C. Minimum Expectations

103 The program must have the following goal defining minimum expectations: “To prepare
104 competent entry-level rehabilitation generalists in the cognitive (knowledge), psychomotor
105 (skills), and affective (behavior) learning domains.”
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107 Programs adopting educational goals beyond entry-level competence must clearly delineate this
108 intent and provide evidence that all students have achieved the basic competencies prior to
109 entry into the field.
110

111 *Nothing in this Standard restricts programs from formulating goals beyond entry-level*
112 *competence.*
113

114 **III. Resources**

115 **A. Type and Amount**

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

124 The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform
125 the functions identified in documented job descriptions and to achieve the program’s stated
126 goals and outcomes.
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128 **1. Program Director**

129 **a. Responsibilities:**

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

- 133 1) coordinating the program, including the organization, administration, continuous
134 review, planning, development and achievement of program’s goals and outcomes;
- 135 2) monitoring qualifications of faculty, including adjuncts, to ensure program needs are
136 being met;
- 137 3) monitoring program performance to ensure accreditation standards are being met;
- 138 4) establishing criteria for sites that provide field experiences for students; and
- 139 5) evaluating field experience sites for appropriateness.
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141 **b. Qualifications**

142 The Program Director must:

- 143 1) possess a Doctorate in rehabilitation or other disability-related disciplines; and
- 144 2) have professional certification or licensure in rehabilitation or other disability-related
145 disciplines.
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147 **2. Faculty / Instructional Staff**

148 **a. Responsibilities**

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150 In each location where students are assigned for didactic or supervised practice, there
151 must be instructional faculty/staff designated to:
152 1) coordinate supervision and provide frequent assessments of the students' progress
153 in achieving acceptable program requirements;
154 2) provide instruction;
155 3) assess students' knowledge and clinical proficiencies;
156 4) stay informed about current developments in the field of rehabilitation; and
157 5) mentor students in the development of effective rehabilitation practice competencies.
158

159 *Evidence of being informed may include one or more of the following as reflected in a*
160 *resume or vita: membership in professional organizations, attendance at conferences,*
161 *publications, continuing education connected with credentialing.*
162

163 **b. Qualifications**

164 The faculty/instructional staff must:

- 165 1) possess a minimum of a graduate degree in rehabilitation or a disability-related
166 disciplines;
- 167 2) be knowledgeable in course content and effective in teaching their assigned
168 subjects, capable through academic preparation, training and experience to teach
169 the courses or topics to which they are assigned; and
- 170 3) have professional certification or licensure in rehabilitation or other disability-related
171 disciplines.
172

173 **3. Coordinator of Experiential Learning**

174 **a. Responsibilities**

175 The Coordinator must be responsible for:

- 176 1) coordinating the experiential learning experience(s) of students at all sites;
- 177 2) maintaining site contracts, scheduling experiential learning experiences, and seeking
178 opportunities for new sites;
- 179 3) conducting site visits;
- 180 4) affirming the effectiveness of the experiences at all sites;
- 181 5) maintaining communication between the program and the On-Site Field Supervisor;
182 and
- 183 6) assisting students to complete a self-assessment of practice competencies at the
184 completion of experiential learning.
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186 *Site visits may be conducted by electronic means.*
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188 **b. Qualifications**

189 The Coordinator of Experiential Learning Experiences must possess:

- 190 1) a minimum of a Master's degree in a rehabilitation related field; and
- 191 2) certification or licensure in a rehabilitation related field.
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193 *Existing faculty may also serve as the Coordinator of Experiential Learning provided*
194 *qualifications of both positions are met.*
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4. On-Site Field Experience Supervisor

a. Responsibilities

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

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

b. Qualifications

The On-Site Field Experience Supervisor must:

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

C. Curriculum

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

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

D. Resource Assessment

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

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and purpose

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

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

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.

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.

“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.

2. Outcomes Reporting

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.

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.

V. Fair Practices

A. Publications and Disclosure

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

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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.

**CURRICULUM REQUIREMENTS FOR EDUCATIONAL PROGRAMS IN
REHABILITATION/DISABILITY STUDIES**

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1. Pre-Experiential Learning Requirements

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

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, and in class discussions.

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1) Philosophy, social policy and legislation in rehabilitation

Students will demonstrate knowledge of:

- a) Community social policies and laws.
- b) State social policies and laws.
- c) National social policy and laws.
- d) Global social policy and laws.

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2) Lifespan and human development

Students will demonstrate knowledge of:

- a) Varying types of disabilities that are likely to occur from birth to age 12.
- b) Varying types of disabilities that are likely to occur from age 13 to age 22.
- c) Varying types of disabilities that may affect individuals age 23 and above.
- d) Effects of chronic or acquired disability for an individual over the course of their lifespan.

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3) Disability

Students will demonstrate knowledge of:

- a) Disability, Impairment and Handicap
- b) International Classification of Functioning, Disability and Health (ICF)
- c) International Classification of Diseases (ICD)
- d) Diagnostic and Statistical Manual (DSM)
- e) Common disabling 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:
 - i. Prevalence
 - ii. Etiology
 - iii. Diagnostic criteria
 - iv. Pathology and symptomatology
 - v. Recommended treatment strategies
 - vi. Prognosis
 - vii. Word root, prefixes, and suffixes used in medical and psychiatric vocabulary.

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4) Factors that Impact Daily Life

Students will demonstrate knowledge of:

- 386 a) How disability may impact psychological and social functioning.
387 b) How disability affects family and significant others.
388 c) How culture impacts the understanding and meaning of disability, treatment, and efficacy of
389 treatment methods.
390 d) How disability may impact recreational activities.
391 e) Inclusion and the impact it has on an individual's life.
392 f) Societal and environmental barriers and how adaptation may mitigate such barriers.
393 g) Intersectionality: Impact of factors such as gender, race, sexuality, socioeconomic status
394 and culture.
395 h) Bio-psychosocial impact of impairment and disability on the person's health status, self-
396 concept, quality of life and functional independence in life activities.

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398 5) Vocational aspects of disability

399 Students will demonstrate knowledge of:

- 400 a) Programs that assist with successful job or school placement,
401 b) Transitional services.
402 c) Natural and contracted support systems (i.e. job coach).

403
404 6) Theoretical models of Rehabilitation

405 Students will demonstrate knowledge of:

- 406 a) Holistic approaches to rehabilitation.
407 b) International rehabilitation models, including globalization, and their impact on the
408 rehabilitation process.

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410 7) Independent Living (IL)

411 Students will demonstrate knowledge of:

- 412 a) History of the IL movement.
413 b) Legal mandate(s) of independent living.
414 c) Facilities utilized in the delivery of IL services.
415 d) Eligibility determination procedures.

416
417 8) Vulnerability, crisis and trauma

418 Students will demonstrate knowledge of:

- 419 a) Vulnerabilities and immunities that affect successful functioning during and after crisis and
420 trauma.

421
422 9) Financial literacy and management

423 Students will demonstrate knowledge of:

- 424 a) Financial literacy and management strategies.

425
426 10) Resources

427 Students will demonstrate knowledge of:

- 428 a) training, financial, vocational, psychological, recreational, medical, and assistive technology
429 resources that may assist individuals with disabilities.

430
431 **b. Service Delivery Systems and Community Integration**

432 The curriculum must provide students with exposure to rehabilitation and related systems,
433 resources, and professionals in their local communities and internationally. Each topic area below

- 434 represents areas in which students must demonstrate knowledge through activities such as case
435 studies (real and simulated), reflection papers, exams, and in class discussions.
436
- 437 1) Local, National, Regional and International Trends (e.g., legislation, demographics, workforce)
438 Students will demonstrate knowledge of:
 - 439 a) Local, regional, and international trends affecting rehabilitation service delivery systems and
440 community integration.
 - 441 2) Vocational Rehabilitation Systems
442 Students will demonstrate knowledge of:
 - 443 a) The history and services of the state-public VR program.
 - 444 b) Community-based rehabilitation facilities and the services they provide.
 - 445 c) For-profit rehabilitation services and concepts.
 - 446 d) Employer-based insurance programs and their importance for individuals with disabilities.
447
 - 448 3) Centers for Independent Living (CIL)
449 Students will demonstrate knowledge of:
 - 450 a) Centers for Independent Living and the services provided.
 - 451 4) Wellness and Illness Prevention Programs
452 Students will demonstrate knowledge of:
 - 453 a) how wellness and illness prevention programs can be utilized as part of the rehabilitation
454 process.
 - 455 5) Community-Based Rehabilitation Programs
456 Students will demonstrate knowledge of:
 - 457 a) Supported and transitional employment models and services.
 - 458 b) Residential services that range from intense supports to independent living.
 - 459 c) Community support programs.
 - 460 d) Developmental and intellectual disability support centers.
461
 - 462 6) Government-sponsored Disability Insurance and Benefits Programs
463 Students will demonstrate knowledge of:
 - 464 a) Government-sponsored disability insurance and benefits programs.
465
 - 466 7) Medical and Allied Health Supports
467 Students will demonstrate knowledge of:
 - 468 a) the role of the team of and their contributions to the rehabilitation process.
469
 - 470 8) Veterans and Military Vocational and Benefits programs
471 Students will demonstrate knowledge of:
 - 472 a) Veterans and military vocational and benefits programs, and how to access services.
473
 - 474 9) Assistive Technology and Rehabilitation Engineering
475 Students will demonstrate knowledge of:
 - 476 a) AE and RE equipment and services.
477

- 478 10) Emergency Preparedness Strategies and Systems
479 Students will demonstrate knowledge of:
480 a) Available services and the gaps in services and systems.
481
482 11) Tribal Vocational Rehabilitation System/American Indian Vocational Rehabilitation Services
483 Students will demonstrate knowledge of:
484 a) Services available for these populations.

485
486 **c. Career and Job Development**

487 The curriculum must provide students the opportunity to demonstrate knowledge and skills relevant
488 to meaningful and productive lives of individuals with disabilities and/or rehabilitation needs, and
489 develop skills necessary to provide educational and vocational guidance services. Each topic area
490 below represents areas in which students must demonstrate knowledge and skills through activities
491 such as case studies (real and simulated), reflection papers, exams, and in class discussions.
492

493 1) Job and Labor Market

494 Students will demonstrate skills in:

- 495 a) Conducting a job analysis.
496 b) Conducting a labor market analysis.

497
498 2) Job Placement

499 Students will demonstrate knowledge of:

- 500 a) Transferable skills
501 b) Issues connected with workplace and disability, including but not be limited to: attitudinal
502 and environmental barriers, health concerns, and reasonable accommodations.
503 c) Employer responsibilities for reasonable accommodations.
504

505 3) Job Development

506 Students will demonstrate knowledge of:

- 507 a) Network development
508 i. How to develop an employer network.
509 ii. How to develop a service provider network.
510 b) Acquisition of paid and non-paid internships and the advantages and disadvantages of
511 each.

512 4) Employment preparedness

513 Students will demonstrate knowledge of:

- 514 a) Career assessments and methods to determine appropriateness of assessments for
515 consumers/clients.
516 b) Job seeking skills.
517 c) Self-promotion strategies in the job-seeking process.
518 d) Importance of reliable transportation in the job seeking and maintenance process.
519

520 Students will demonstrate skills in:

- 521 e) Resume development.
522 f) Interviews
523

524 5) Professional Etiquettes

525 Students will demonstrate knowledge of:

- 526 a) Life skills and how they contribute to job seeking and employment maintenance.
527 b) Self-care strategies and avoidance of burnout.
- 528 6) Customer service communication
529 Students will demonstrate skills in:
530 a) Effective communication with clients/consumers, employers, evaluators, and co-workers.
531
- 532 7) Quality assurance and follow-up
533 Students will demonstrate knowledge of:
534 a) The concepts of quality assurance and follow-up, and how they contribute to the
535 rehabilitation process.
- 536 8) Advocacy and negotiation
537 Students will demonstrate knowledge of:
538 a) The concepts of advocacy and negotiation in the employment process.
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- 541 9) Employment incentives
542 Students will demonstrate knowledge of:
543 a) Employment incentives.
544
- 545 10) Budgeting
546 Students will demonstrate knowledge of:
547 a) Case load budgeting in order to meet client/consumer needs.
- 548 11) Careers and credentials
549 Students will demonstrate knowledge of:
550 a) careers in rehabilitation and related fields and credentials connected with each.
551

552

553 **d. Interpersonal and Professional Communication**

554 The curriculum must provide students the opportunity to learn skills necessary in developing,
555 maintaining and discontinuing helping relationships in ways that empower people with disabilities.
556 Effective rehabilitation includes collaborative relationships and networking with other professionals
557 and significant others throughout the rehabilitation process. Each topic area below represents areas
558 in which students must demonstrate knowledge and skills through activities such as case studies
559 (real and simulated), reflection papers, exams, and in class discussions.
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560

561 1) Practice skills

562 Students will demonstrate skills in:

- 563 a) Counseling techniques:
564 i. active listening
565 ii. encouraging body language
566 iii. use of open and closed ended questions
567 iv. use of paraphrasing
568 v. use of encouragement
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- 570 b) Professionalism, including but not limited to work ethic, dress, and respect for others.

571 c) Verbal and written communication skills through case notes, progress notes, demonstrations
572 of effective case conferences, and effective counseling techniques.
573

574 Students will demonstrate knowledge of:

- 575 d) Importance of interpersonal skills that may include active listening, flexibility, appropriate use
- 576 of humor, and patience.
- 577 e) Vulnerable populations, mandatory reporting law, and the mandatory reporting process.
- 578 f) Strengths-oriented approaches and positive psychology strategies.
- 579 g) Self-sufficiency and self-determination.
- 580

581 2) Individual and group leadership/helping techniques

582 Students will demonstrate skill in:

- 583 a) Applying techniques in these areas.
- 584

585 3) Case Management

586 Students will demonstrate knowledge of:

- 587 a) Elements and principles of case management.
- 588 b) Ethical issues that may occur in case management settings. This must include, but is not
- 589 limited to:
 - 590 i. boundary issues
 - 591 ii. confidentiality
 - 592 iii. privacy
 - 593 iv. allocation of resources

- 594 c) Client/consumer discharge.
- 595 d) Steps involved in the discharge process.
- 596 e) Case management models and advantages and disadvantages of each.
- 597

598 Students will demonstrate skills in:

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

602

603 4) Multi-disciplinary teams

604 Students will demonstrate knowledge of:

- 605 a) The team in the rehabilitation process.
- 606

607 5) Person-centered planning

608 Students will demonstrate knowledge of:

- 609 a) Person-centered planning.
- 610

611 6) Working Alliance

612 Students will demonstrate knowledge of:

- 613 a) How to develop an alliance and why it is important.
- 614

615 7) Technology

616 Students will demonstrate knowledge of:

- 617 a) Technology used by rehabilitation generalists and how technology can be an advantage or
618 disadvantage, including but not limited to, computers, tablet, phones, and agency software.
619
- 620 8) Service-Efficacy, Evidence-based Practices, and Research Knowledge
621 Students will demonstrate knowledge of:
622 a) Evidence-based practices.
623 b) Research resources.
- 624 Students will demonstrate skills in:
625 c) Evaluation of services to clients/consumers, case load management, and agency/program
626 evaluation.
627 d) Designing a research study.
628 e) Data interpretation and utilization.

629
630 **e. Advocacy and Self-Determination**

631 Undergraduate Rehabilitation Education students will have developed a working knowledge of the
632 oppressive and discriminatory behaviors that individuals with historical, current, and pending
633 legislation and identify successful ways to advocate for change. Each topic area below represents
634 areas in which students must demonstrate knowledge through activities such as case studies (real
635 and simulated), reflection papers, exams, and in class discussions.
636

637 1) Discrimination against people with disabilities

638 Students will demonstrate knowledge of:

- 639 a) History of disability discrimination.
640 b) Disability-related Legislation. This should include, but it not limited to: The Civil Rights Act,
641 the Americans with Disabilities Act, The Rehabilitation Acts, IDEA and Section 504.
642 c) Disability Identity Terminology Preferences: Varied disability identity terminology
643 preferences, and how these are dependent on current events, disability groups, lobbying,
644 and educational systems.
645

646 2) Advocacy and Civil Rights of Persons with Disabilities

647 Students will demonstrate knowledge of:

- 648 a) Legal rights of patients, students and consumers.
649 b) Advocacy groups and organizations.
650 c) World Health Organization (WHO), Disability Rights International, the Convention on the
651 Rights of Persons with Disabilities and other international rights platforms.
652

653 **f. Ethics and Professional Practices**

654 Students will demonstrate the knowledge and competencies needed to uphold the tenets of ethical
655 professional practice. Each topic area below represents areas in which students must demonstrate
656 knowledge through activities such as case studies (real and simulated), reflection papers, exams,
657 and in class discussions.
658

659 1) Ethical principles and concepts

660 Students will demonstrate knowledge of:

- 661 a) Health Insurance Portability and Accountability Act (HIPAA) Regulations and Family
662 Educational Rights and Privacy Act (FERPA)
663 b) Difference between law and ethics and what to do when laws and ethics appear to conflict.
664 c) Aspirational and Mandatory ethics.

- 665 d) Ethical principles of autonomy, beneficence, non-maleficence, justice, and fidelity.
666 e) Ethical concerns for rehabilitation generalists including:
- 667 i. confidentiality and exceptions to confidentiality
 - 668 ii. privacy
 - 669 iii. duty to warn
 - 670 iv. transference and counter-transference
 - 671 v. values conflicts
 - 672 vi. adherence to standards of professional practice
 - 673 vii. choice of treatment
 - 674 viii. adequacy of treatment
 - 675 ix. cultural and ethnic factors that influence treatment
 - 676 x. professional boundaries
 - 677 xi. mandatory reporting
- 678 f) Release of information process.
679 g) Cultural sensitivity and competency and why it is important in delivery of services.

680 Students will demonstrate skills in:

- 682 h) Solving ethical dilemmas through live or simulated case studies
- 683 i) Designing and explaining informed consent
- 684 j) Self-evaluation of ethical behaviors.

686 2) Ethical Codes and Decision-Making Models

687 Students will demonstrate knowledge of:

- 688 a) Rehabilitation related Codes of Ethics such as Rehabilitation Practitioner/Generalist
- 689 Guidelines, Commission on Rehabilitation Counselor Certification and/or applicable codes of
- 690 ethics.

691 6922. **Experiential Learning**

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

- 697 1) rehabilitation-related employment that must be completed while enrolled in the program
- 698 2) volunteer hours
- 699 3) service-learning hours
- 700 4) practicum or field work hours
- 701 5) internship

702 *350 hours is a recommended guideline for the minimum number of hours that should be completed.*

703
704 *The length of experiential learning experiences should be consistent with the objectives and*
705 *competency outcomes of the curriculum requirements. Competency should be assessed at the*
706 *beginning and end of the experience. Student performance should be assessed at the mid-term and*
707 *end of the experience.*