IARP FALL FORUM & SYMPOSIUM 2023

The New 2024 CACREP Curriculum Standards: Significance for Rehabilitation Counseling (RC) and Clinical RC Education Programs

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IARP FALL FORUM & SYMPOSIUM 2020

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Session Objectives

- Describe the eight foundational curriculum areas and the Rehabilitation Counseling and Clinical Rehabilitation Counseling specialized practice areas curriculum.
- Discuss content in the Rehabilitation Counseling curriculum that address vocational rehabilitation forensic competencies.
- Identify strategies to collaborate with educational programs to promote skills and leadership opportunities in forensic vocational rehabilitation for emerging professionals.

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CACREP Mission

The mission of CACREP is to promote the professional competence of counseling and related practitioners through

- the development of preparation standards;
- the encouragement of excellence in program development; and
- the accreditation of professional preparation programs.

CACREP Standards Revision Process

Independent of the board

- Data sources
- Public comment
- Iterative process

Board review and adoption

2024 CACREP Standards

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Highlights of Revisions

Section 1 THE LEARNING ENVIRONMENT

- Resources and structures
- Informed consent – students and faculty
- Professional Counselor identity

Section 2 ACADEMIC QUALITY

- Individual student assessment
- Program effectiveness
- Accountability and continuous improvement

Highlights of Revisions

Section 3 FOUNDATIONAL COUNSELING CURRICULUM
- Knowledge base
- DEI
- Service delivery modalities

Section 4 PROFESSIONAL PRACTICE
- Supervised practice – Practicum & Internship
- Supervisors and supervision

Section 5 SPECIALIZED PRACTICE AREAS (8)
- Specific knowledge base

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Highlights of Revisions

Section 1 THE LEARNING ENVIRONMENT

FACULTY AND STAFF

Y. Core counselor education faculty must have full-time appointment to the counselor education program. Core faculty must meet one of the following qualifications:

1. have an earned doctoral degree in counselor education, preferably from a CACREP-accredited program; **or**
2. have a related doctoral degree and have been employed as a full-time faculty member in a counselor education program for a minimum of one full academic year before July 1, 2013; **or**
3. have been employed as a full-time doctoral-level faculty member in a CORE-accredited master's program prior to July 1, 2017; or
4. have graduated from a rehabilitation doctoral program prior to January 1, 2018.

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Highlights of Revisions

Section 3 FOUNDATIONAL COUNSELING CURRICULUM:

A. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE
B. SOCIAL AND CULTURAL IDENTITIES AND EXPERIENCES
C. LIFESPAN DEVELOPMENT
D. CAREER DEVELOPMENT
E. COUNSELING PRACTICE AND RELATIONSHIPS
F. GROUP COUNSELING AND GROUP WORK
G. ASSESSMENT AND DIAGNOSTIC PROCESSES
H. RESEARCH AND PROGRAM EVALUATION

Highlights of Revisions

Section 3 FOUNDATIONAL COUNSELING CURRICULUM:

A. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

4. the role and process of the professional counselor advocating on behalf of and with individuals receiving counseling services to address systemic, institutional, architectural, attitudinal, disability, and social barriers that impede access, equity, and success

B. SOCIAL AND CULTURAL IDENTITIES AND EXPERIENCES

now contains language regarding cultural identity, diversity, and marginalized populations which are now defined in the glossary to include people with disabilities

Highlights of Revisions

2024 CACREP STANDARDS GLOSSARY

Cultural identity:
A person's intersectional identities that may be defined by but are not limited to the following: age and generational status, disability status, race, ethnicity, gender/gender identity, affective/relational/sexual identity, religion and spirituality, social class, national origin, language, migration status, and veteran status.

Diversity:
All aspects of intersectional and cultural group identity, including age and generational status, disability status, race, ethnicity, gender/gender identity, affective/relational/sexual identity, religion and spirituality, social class, national origin and language, migration status, and veteran status, among others.

Marginalized populations:
Individuals or groups who were historically and/or are currently underserved or experiencing discrimination. Identification may be based on but is not limited to any of the following: age, generational status, body size, disability status, race, ethnicity, gender/gender identity, affective/relational/sexual identity, religion and spirituality, social class, national origin and language, migration status, and veteran status.

Highlights of Revisions

Section 3 FOUNDATIONAL COUNSELING CURRICULUM:

C. LIFESPAN DEVELOPMENT

8. models of psychosocial adjustment and adaptation to illness and disability

D. CAREER DEVELOPMENT

2. approaches for conceptualizing the interrelationships among and between work, socioeconomic standing, wellness, disability, trauma, relationships, and other life roles and factors

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Highlights of Revisions

Section 5

8 Specialized Practice Areas:

A. ADDICTION COUNSELING

B. CAREER COUNSELING

C. CLINICAL MENTAL HEALTH COUNSELING

D. CLINICAL REHABILITATION COUNSELING

E. COLLEGE COUNSELING AND STUDENT AFFAIRS

F. MARRIAGE, COUPLE, AND FAMILY COUNSELING

G. REHABILITATION COUNSELING

H. SCHOOL COUNSELING

Highlights of Revisions

D. Clinical Rehabilitation Counseling

1. effects of the onset, progression, and expected duration of disability on clients' holistic functioning
2. environmental, attitudinal, and individual barriers for people with disabilities
3. impact of disability on sexuality
4. rehabilitation service delivery systems, including housing, independent living, case management, public benefits programs, educational programs, and public/proprietary vocational rehabilitation programs
5. clinical rehabilitation counseling services within the continuum of care, such as inpatient, outpatient, partial hospitalization and aftercare, integrated behavioral healthcare, and the rehabilitation counseling services networks
6. transferable skills, functional assessments, and work-related supports for achieving and maintaining meaningful employment for people with disabilities
7. role of family, social networks, and community in the provision of services for and treatment of people with disabilities
8. assistive technology to reduce or eliminate barriers and functional limitations
9. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management for people with disabilities
10. strategies to advocate for people with disabilities related to accessibility, accommodations, and disability law adherence
11. third-party reimbursement and other practice and management issues in clinical rehabilitation counseling

Highlights of Revisions

G. Rehabilitation Counseling

1. individual response to disability, including the role of families, communities, and other social networks
2. strategies to enhance adjustment and adaptation to disability
3. effects of socioeconomic trends, public policies, stigma, access, and attitudinal barriers as they relate to disability
4. principles of independent living, self-determination, and informed choice
5. rehabilitation counseling services and organizational settings, including independent living, community rehabilitation, and public/proprietary vocational rehabilitation programs
6. benefit systems used by individuals with disabilities, including but not limited to Social Security, governmental monetary assistance, workers' compensation insurance, long-term disability insurance, and veterans' benefits
7. classification, terminology, etiology, functional capacity, and prognosis of disabilities
8. career- and work-related assessments, including job analysis, worksite modification, transferable skills analysis, job readiness, and work hardening
9. evaluation and application of assistive technology with an emphasis on individualized assessment and planning
10. career development and employment models and strategies for achieving and maintaining meaningful employment for people with disabilities
11. strategies to analyze work activity and labor market data and trends to facilitate the match between an individual with a disability and targeted jobs
12. case management strategies that facilitate rehabilitation and independent living planning
13. consultation and collaboration with employers regarding the legal rights and benefits of hiring individuals with disabilities, including Americans with Disabilities Act adherence, accommodations, universal design, and workplace disability prevention
14. strategies to promote self-advocacy skills of individuals with disabilities
15. facilitating client knowledge of and access to community and technology services and resources
16. strategies to advocate on behalf of people with disabilities as related to disability and disability legislation

Curriculum and Competencies

Traditionally, Graduation from a Master's Level Rehabilitation Counselor Program and the Certified Rehabilitation Counselor (CRC) Credential Have Been a Primary Path to Entry-Level Work in Private Rehabilitation

CRC Education Requirements:

1. Graduation from a master's-level rehabilitation counseling or clinical rehabilitation program accredited by CACREP

OR

2. Graduation from a master's level rehabilitation counseling or clinical rehabilitation counseling program that is not or was not accredited by CACREP or CORE

OR

3. Graduation from a master's or doctoral program in a related field of study with course content that emphasizes rehabilitation, counseling, disability, therapy, health, employment, wellness, or human development

Curriculum and Competencies

CRC Education Requirements Continued

Graduates must submit evidence of having taken or taught courses that include the following body of knowledge:

- Professional Orientation and Ethics in Rehabilitation Counseling
- Medical and Psychosocial Aspects of Disabilities
- Assessment
- Career Development Theories and Job Development Placement Techniques
- Case Management and Community Partnerships
- Theories and Techniques of Counseling
- Research, Methodology, and Performance Management

For more details, visit the CRC Certification Guide at https://crccertification.com/wp-content/uploads/2021/01/CRCCertificationGuide-2021.pdf
Rehabilitation Counselor Scope of Practice at https://crccertification.com/scope-of-practice/
and CRC Knowledge Domains at https://crccertification.com/get-certified/crc-exam-overview/

Curriculum and Competencies

Content in CACREP-accredited Clinical Rehabilitation Counseling & Rehabilitation Counseling curriculum that address vocational rehabilitation forensic competencies:

D.4: rehabilitation service delivery systems
D.6: transferable skills, functional assessments
D.9: biopsychosocial history, assessment, treatment planning, caseload management
D.11: third-party reimbursement

G.6: benefit systems (e.g., SSA, VA, Workers Comp, Long Term Disability)
G.8: job analysis, worksite modification, transferable skills analysis, job readiness, work hardening
G.9: evaluation, assessment, and planning
G.11: labor market data
G.13: legal rights under the ADA, accommodations, Universal Design, disability prevention

Collaborative Strategies with Education Programs

Strategies to collaborate with educational programs to promote skills and leadership opportunities in forensic vocational rehabilitation for emerging professionals

Educate faculty and students on opportunities in private rehab and offer to teach forensic competencies:

- benefit systems (e.g., SSA, VA, Workers Comp, Long Term Disability)
- job analysis, worksite modification, transferable skills analysis, job readiness, work hardening
- evaluation, assessment, and life care planning
- labor market data

Challenges for Supervisors in Private Rehab

- CACREP Section 4
  - student recordings with clients (4.c)
  - Leading or co-leading groups (4.e)
  - Training in Supervision (4.p.4)
  - 40% of experience be direct client contact (4.R, 4.V)

Student Development into Private Rehab

"Students aren't ready for this work!" - Private Rehab Practitioner

- Students build foundational skills in programs, not specialty skills
- Universities accredit in specialty areas (rehab or clinical rehab)
- Many private rehab practices are very advanced and students are not ready

What can the field do?

- Provide developmentally appropriate experiences
- Get supervisory training… and let local schools know you have it
- Become familiar with the skills needed to do your work and tell local faculty about that… in a way that helps them follow accreditation guidelines.

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Q & A

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