DOCTORAL STUDIES STUDENT HANDBOOK

Department of Addictions and Rehabilitation Studies

College of Allied Health Sciences

East Carolina University

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Faculty</td>
<td>3</td>
</tr>
<tr>
<td>Admission Criteria</td>
<td>4</td>
</tr>
<tr>
<td>Application Deadline</td>
<td>4</td>
</tr>
<tr>
<td>Application Process</td>
<td>5</td>
</tr>
<tr>
<td>Programs of Study</td>
<td>5</td>
</tr>
<tr>
<td>Developing a Program of Study</td>
<td>6</td>
</tr>
<tr>
<td>Transfer Credit</td>
<td>6</td>
</tr>
<tr>
<td>Program Enrichment, Professional Portfolios and Associations</td>
<td>6</td>
</tr>
<tr>
<td>Academic Standards</td>
<td>6</td>
</tr>
<tr>
<td>Program Enrichment</td>
<td>6</td>
</tr>
<tr>
<td>Doctoral Fieldwork</td>
<td>7</td>
</tr>
<tr>
<td>Doctoral Comprehensive Exams</td>
<td>8</td>
</tr>
<tr>
<td>Doctoral Dissertation</td>
<td>10</td>
</tr>
<tr>
<td>Doctoral Student Ethics</td>
<td>12</td>
</tr>
<tr>
<td>Scope of Practice</td>
<td>25</td>
</tr>
<tr>
<td>Performance Review</td>
<td>26</td>
</tr>
<tr>
<td>Miscellaneous Procedures</td>
<td>27</td>
</tr>
<tr>
<td>Appendix A1: CACREP Equivalency Form</td>
<td>28</td>
</tr>
<tr>
<td>Appendix A2: Program of Study Form- Rehabilitation and Clinical Counseling Concentration</td>
<td>31</td>
</tr>
<tr>
<td>Appendix A3: Program of Study Form- Rehabilitation Administration Concentration</td>
<td>35</td>
</tr>
<tr>
<td>Appendix B1: Dissertation Proposal Approval Form</td>
<td>39</td>
</tr>
<tr>
<td>Appendix B2: Dissertation Defense Approval Form</td>
<td>41</td>
</tr>
<tr>
<td>Appendix B3: Dissertation outline</td>
<td>43</td>
</tr>
<tr>
<td>Appendix C1: Professional Performance Review Form</td>
<td>46</td>
</tr>
<tr>
<td>Appendix C2: Professional Counselor Development Plan-Student Remediation</td>
<td>49</td>
</tr>
</tbody>
</table>
INTRODUCTION

The mission of the Department of Addictions and Rehabilitation Studies’ doctoral program is to serve as a national and international leader in the education of excellent and responsible rehabilitation and clinical counseling, and administration professionals. The doctoral program is designed to meet the critical need for doctoral prepared rehabilitation and clinical counseling, and administration professionals across the nation. The primary obligations of our program include:

1. Extending the knowledge base of the rehabilitation and clinical counseling, administration profession in a climate of scholarly inquiry.
2. Supporting faculty and students in publishing and/or presenting the results of scholarly inquiry.
3. Preparing students to contribute to the conversations that inform professional practice by generating new knowledge for the profession through dissertation research focusing on areas relevant to rehabilitation and clinical counseling practice, counselor education, clinical supervision, and/or administration.
4. Preparing students to assume positions of leadership in the profession and/or their area(s) of specialization.

This Handbook is written to assist the students in their journey through the doctoral program in the Department of Addictions and Rehabilitation Studies. The procedures within this document are guidelines of the department and the university. We urge you to refer to this handbook as you make progress through the program; however, please remember that this program is dynamic and procedures may be modified by the department as needed. Please refer to the Graduate Catalog of the year you were admitted for specific university requirements. It is important as students that you keep abreast of all changes. If you have any questions concerning the program, please feel free to communicate your questions or concerns to your advisor or the director of the doctoral studies.

Good luck with your studies, and remember to take the time to enjoy the journey and the experience.

FACULTY

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ADMISSION INTO THE PHD PROGRAM

The PhD in Rehabilitation Counseling and Administration is designed for advanced students with interest in the rehabilitation and clinical counseling, and administration. Students are admitted into one of two concentrations: rehabilitation and clinical counseling or rehabilitation administration.

Admission Criteria

Admission to study at the doctoral level requires acceptance by the Graduate School and the department. Department faculty will make a comprehensive review of the each applicant’s qualifications. The following criteria will be considered collectively for admission to the program:

- An earned master's degree (48 s.h. minimum) in rehabilitation counseling or a related field from an accredited university or college.
  - Those applying to the concentration in rehabilitation and clinical counseling must have a master’s from a CACREP accredited program or, demonstrate their master’s curricular experiences were equivalent to CACREP entry level standards sections II and II. The applicant must contact the director of doctoral studies to facilitate this process. Specifically, these curricular experiences will cover the content of the following courses: REHB 6000, 6010, 6050, 6100, 6250, 6300, 6310, 6320, 6350, 6351, 6360, 6370, 6401, 6550, 6991, 6992, 6993, 6994.
  - Those applying to the concentration in rehabilitation administration must have a master’s in rehabilitation or related field. The master’s degree must include curricular experiences covering the content of REHB 6000, 6010, 6050, 6100, 6200, 6300, 6401. Students who have deficits in these content areas will be required to take additional s.h. which will not count toward the degree.
- Earned GPA of 3.5 in all graduate work;
- Minimum scores, as determined by the ECU Graduate School, on the quantitative and verbal tests of the Graduate Record Examination (GRE). The Department also prefers scores at the 50th percentile or higher on the analytical writing section of the GRE. GRE scores must be within the past 5 years;
- Two (2) years of post-masters related professional experience is preferred;
- A personal statement that summarizes in as much detail as possible the reasons for pursuing doctoral study and doctoral research objectives;
- Professional and personal accomplishments;
- 2 Professional references; and
- A personal interview with the faculty.

Application Deadlines:  
February 1st for Fall Admission  
August 1st for Spring Admission
**Application Process**

The ECU application process is designed to be self managed by the applicant. Applicants will need to collect all application materials, including transcripts and recommendations, and send them to the Graduate School.

GRE scores should be sent to the Graduate School directly. Applicants must retake the GRE if their scores are more than five years old. Scores must be received by the Graduate School by the respective deadlines.

Transcripts for all undergraduate and graduate work, resume, personal statement, and the two letters of recommendation should be included with the application packet.

Applicants to the concentration in rehabilitation and clinical counseling who do not possess a master’s degree from a CACREP accredited program must complete a process for determining if the applicants’ master’s curricular experiences were equivalent to CACREP entry level standards sections II and III. This process will be documented using the CACREP Equivalency Form (see Appendix A1). **Students are strongly encouraged to complete this process prior to applying to the program.**

Once the application file is received and completed at the Graduate School, it will be sent to the Department and the faculty will then review all materials and make a recommendation to the Graduate School. The Graduate School will notify all applicants as to whether the application has been accepted or rejected.

**ACCOMMODATIONS FOR PERSONS WITH DISABILITY**

East Carolina University seeks to comply fully with the Americans with Disabilities Act (ADA). Students requesting accommodations based on a disability must be registered with the Department for Disability Support Services located in Slay 138. Phone: (252) 737-1016 (voice/TTY).

**PROGRAMS OF STUDY**

The concentration in rehabilitation and clinical counseling requires a minimum of 61 s.h. Required courses include BIOS 7021, 7022, 3 s.h. of an advanced statistics course approved by the program director, REHB 7340, 7601, 8050, 8210, 8360, 8380, 8420, 8550, 8810 (4 s.h.), 8991, 8992, 8993, 8994, and 9000** (12 s.h. minimum). Students may also elect a specialty area from the list below.

A. Substance Abuse and Clinical Counseling includes 12 s.h. from REHB 6330, 6703, 8710, and an elective approved by the program director.

B. Vocational Evaluation includes 12 s.h. from REHB 6405/6406, 7403, 7404, 8410.

C. Rehabilitation Research includes 12 s.h. from BIOS 5010, 7501, 7560; and other electives in advanced statistics or research approved by the program director.

D. Specialty area to include 12 s.h. chosen by the candidate and approved by the program director.

The concentration in rehabilitation administration requires a minimum of 58 s.h. Required courses include BIOS 7021, 7022, and 6 s.h. of advanced statistics or research approved by the program director; REHB 7601, 8050, 8210, 8420, 8550, 8630, 8810 (4 s.h.), and 9000** (12 s.h. minimum).
This concentration also requires the completion of a 12 s.h. area of focus selected by the candidate and approved by the program director.

**All students must complete doctoral comprehensive exams specific to their concentration, as outlined below, prior to enrolling in REHB 9000.**

**Developing a Program of Study & Transfer Credit**

During the first semester of enrollment, students will meet with their assigned advisor to develop a tentative Program of Study (Appendices A2 or A3). This document plans for the student’s course enrollment. This document will serve as a guide for the student and will be reviewed at least annually by the student and his/her advisor.

As noted above, students accepted into the doctoral program may transfer required courses (or equivalents) that were completed during previous graduate work. Additionally, a maximum of 18 s.h. of doctoral credit (course work taken beyond the master's degree) may be transferred to the degree program. Transfer courses will be accounted for on the respective Program of Study forms (see Appendices A2 or A3).

**Program Enrichment, Professional Portfolios and Associations**

In addition to course requirements, students will have the opportunity to be involved in various clinical, teaching, research, and/or administration learning experiences. These experiences include, but are not limited to, course instruction, data collection/analysis, provision of clinical and/or administrative services, presenting at professional conferences, publishing articles in peer-reviewed journals, and other scholarly activities. Students will develop and maintain a professional portfolio to chronicle these experiences. Support for portfolio development and maintenance will be provided during the required doctoral seminars (i.e., each student is required to complete four s.h. of REHB 8810). Professional portfolio development will also be guided by the work of Cobia et al. (2005; see Counselor Education & Supervision, 44, 242-244).

The Department of Addictions and Rehabilitation Studies believes in being active in and accountable to professional organizations. Thus, students in the rehabilitation and clinical counseling concentration are required to maintain student membership with the American Counseling Association during their time as a doctoral student. Students in the administration concentration are required to maintain student membership in a national professional organization that best fits their training and career interests.

**Academic Standards**

Doctoral students must receive a grade of “B” or better in all courses counted toward the doctoral degree. Courses for which a grade of “C” or lower is obtained must be repeated. A grade of “C” or lower in 7 semester hours or more will result in dismissal from the doctoral program. Additionally, in order to remain in good academic standing, doctoral students must maintain a minimum cumulative GPA of 3.0 once they have a total of 9 credit hours attempted. Total credit hours attempted is the sum of credit hours for all graduate courses in which a graduate student is enrolled as of the tenth day of each semester (the Official University Enrollment Report Date or “Census Date”). Courses with a grade of “I” (incomplete) or dropped after census date are included in the calculation of credit hours attempted. Students, who fail to remain in good academic standing in accordance with the above, will be automatically placed on academic probation by the Graduate
School, during which time they will have an opportunity to correct their academic deficiencies. The probationary period will last for the term(s) in which the next nine credit hours are attempted. Enrollment in the Graduate School will be automatically terminated for students who fail to correct their academic deficiencies by the end of the probationary period. Doctoral students will not be allowed to take classes once it becomes mathematically impossible to achieve an overall cumulative GPA of 3.00 by the end of the remaining probationary period.

Students may appeal dismissal decisions by following the process outlined in the Graduate School Appeals Procedure

**DOCTORAL FIELDWORK**

**Advanced Practicum**

Students completing the Rehabilitation and Clinical Counseling concentration are required to complete 3 credit hours of Advanced Practicum.

For Advanced Practicum, students are required to participate in a supervised doctoral-level practicum of a minimum of 100 hours in counseling, of which 40 hours must be in direct service with clients. Requirements for Advanced Practicum will follow those detailed in Practicum Manual of the program most appropriate to the students Advanced Practicum site, with the following exceptions:

- a. Advanced Practicum students may NOT be supervised by other doctoral students.
- b. Advanced Practicum students will attend a Practicum Seminar to receive the required group supervision from the faculty assigned to the Practicum Seminar. Moreover, this faculty will provide the required individual or triadic supervision, unless the individual/triadic supervision is being provided by a qualified site supervisor who is not a student in the doctoral program. If the latter is the case, then the site supervisor must work in bi-weekly consultation with the faculty assigned to the Practicum Seminar.
- c. Advanced Practicum students may NOT attend the same Practicum Seminar in which masters students they a providing individual or triadic supervision are attending.

**Advanced Internship**

Students completing the Rehabilitation and Clinical Counseling concentration are required to complete 12 credit hours of Advanced Internship.

For Advanced Internship, students are required to complete doctoral-level counseling internships totaling a minimum of 600 clock hours. The 600 hours may include supervised experiences in counselor education and supervision (e.g., clinical practice, research, teaching). The internship includes most of the activities of a regularly employed professional in the setting. The 600 hours may be allocated at the discretion of the students’ Advisor and the student on the basis of experience and training.
DOCTORAL COMPREHENSIVE EXAMS

Following completion of required course work and prior to admission to Candidacy for the PhD, students must pass written comprehensive exams (Comps) intended to test fundamental knowledge in three areas:

1. Core Content: Ethics, Medical and Psychosocial Issues, Pedagogy, Administration, Multiculturalism
3. Concentration:
   a. Rehabilitation and Clinical Counseling: Clinical Supervision, Advanced Counseling Theories.
   b. Administration: Program Design and Evaluation

Comprehensive Exams Procedure

The process for completing Comps involves several policies and procedures:

1. Comps are offered twice a year: during the time after Spring and before Summer Semesters (semester break), and during the time after Fall and before Spring Semesters (holiday break).
2. Students who believe they are ready to take Comps, typically after their second year in the program, need to petition (in writing) their advisor that they wish to take Comps.
   a. A petition should include a cover letter stating why the student believes s/he is ready for Comps and a current Professional Portfolio highlighting his/her accomplishments since entering the program.
3. The student’s advisor, in conjunction with the doctoral program director, will then facilitate:
   a. The dates, times, and locations of Comps;
   b. The questions for students taking Comps; and
   c. The readers and evaluators of students’ answers to the questions (e.g., Doctoral Faculty and doctoral course instructors). NOTE: The Advisor can solicit pertinent faculty inside and outside the department to write questions, and read and evaluate students’ answers to the questions.
4. Comps will be spread across three consecutive days. Each day, students will have eight hours to answer two questions.
   a. Day 1 will consist of students answering two Core Content questions.
   b. Day 2 will consist of students answering two Research/Statistics questions.
   c. Day 3 will consist of student answering two Concentration/Specialization questions.
   d. Comps will be proctored by a designated department staff.
   e. Students’ answers must be typed on a computer and saved on removable drives. Students will be provided access to a computer and space in which they can complete the examination.
   f. Specific accommodations will be provided if approved by the Department for Disability Support Services (Telephone number: 252-737-1016) according to University guidelines.
   g. Students are not permitted to refer to notes, literature, etc. during the exams.
5. Departmental support staff will then electronically store, copy and distribute students’ answers to the designated readers/evaluators.
6. Two faculty members will read and evaluate answers as pass or fail.

Version August 2012
a. If one faculty member rates an answer as fail, then a third faculty will evaluate the answer.
7. Once all faculty have turned in their ratings, the student’s advisor, in conjunction with the program director, will review ratings and make recommendations.
   a. For a recommendation for Doctoral Candidacy, a student must receive a passing score on answers to all questions.
      i. An answer must receive at least two pass ratings to be considered a passing score.
      ii. An answer that receives two fail ratings will be considered a failing score.
   b. For a recommendation for Re-write, a student must receive a failing score on one or more of his/her answers.
      i. Students who receive a failing score on an answer(s) will re-write their answer(s) under the same conditions specified under #4 above, within four weeks of the Advisor’s recommendation.
      ii. During re-writes, students will receive a different set of questions than their initial attempt.
      iii. Re-written answers will be rated by the same faculty and evaluated using the same system.
   c. For a recommendation for Retake, a student must receive a failing score on one or more of his/her re-written answers.
      i. Students who receive a failing score on a re-written answer(s) will have to retake the area of Comps they failed when Comps are offered again.
      ii. Before students can retake Comps, they must develop and complete a remediation plan. Students will develop their remediation plans with their Advisors. A remediation plan can include additional course work as well as other specific activities geared toward passing Comps.
      iii. During retakes, students will receive a different set of questions than their previous attempts.
   d. For a recommendation of Program Termination, a student must receive a failing score on one or more of his/her retaken answers.
      i. Students who receive a failing score on a retaken answer(s) will be terminated from the doctoral studies program.
8. Students will be made aware of the recommendation by their Advisor.
9. For students who successfully complete Comps, the Program Director will forward a written recommendation to the Dean of the Graduate School that the student be accepted into Doctoral Candidacy, and thus, allowed to proceed with his/her Dissertation.
DOCTORAL DISSERTATION

After passing Comps, the Doctoral Candidate must initiate the development of an appropriate dissertation research project. The dissertation must reflect independent, scholarly research that will contribute significant new knowledge to the Candidate's area of concentration. The guidelines for completion of the doctoral dissertation described herein are in accordance with the regulations of the Department of Addictions and Rehabilitation Studies and the general requirements of the Graduate School found in the East Carolina University Graduate School.

Doctoral Dissertation Procedures

Completing a doctoral dissertation involves several steps:

1. The Doctoral Candidate will form a Dissertation Committee that consists of at least four or a maximum of five members. Two members must be Department of Addictions and Rehabilitation Studies’ faculty and at least one member must be from outside of the department. All members must have graduate faculty status with East Carolina University.
   a. The Committee Chair for Doctoral Candidates in the Rehabilitation and Clinical Counseling Concentration must be a faculty in the Department of Addictions and Rehabilitation Studies.
   b. The Committee Chair for Doctoral Candidates in the Rehabilitation Administration can be from another ECU department. Such Committee Chairs must be approved by the Program Director prior to committee formulation.
2. Under the direction of their Dissertation Committee Chair and counsel of the Dissertation Committee, Doctoral Candidates will develop a Dissertation Proposal. The proposal will consist of a standard first three chapters containing the elements listed in Appendix B3.
   a. The basic format of the Dissertation Manuscript will follow the East Carolina University guidelines.
   b. Tables, figures, references, and others aspects not specified by ECU should follow the most current edition of the American Psychological Association Publication Manual.
3. When the Dissertation Proposal is sufficiently developed, the Dissertation Chair will coordinate a date/time for Doctoral Candidates to make their Oral Dissertation Proposal to their Dissertation Committee. This meeting should be open to students and other interested university guests.
   a. Doctoral Candidates must distribute copies of the Dissertation Proposal to their Dissertation Committee members at least 5 business days prior to the meeting.
   b. Doctoral Candidates will have a maximum of 30 minutes to make their Oral Dissertation Proposal. Candidates may use PowerPoint or other presentation aids.
4. For a Dissertation Proposal to be approved, the Dissertation Committee must agree that the research proposal is satisfactory, with only one dissenting vote allowed. Approvals will be documented using the Dissertation Proposal Approval form (see Appendix B1).
5. With Doctoral Committee approval and modifications made, Doctoral Candidates may proceed, under the direction of their Dissertation Committee Chair, to obtain necessary Institutional Review Board (IRB) approvals.
6. Upon IRB approval, Doctoral Candidates may conduct their studies under the direction of their Dissertation Committee Chair and counsel of the Dissertation Committee.
7. Upon completion of the study, Doctoral Candidates will develop a Dissertation Manuscript under the direction of their Dissertation Committee Chair.

Version August 2012
8. When the Dissertation Manuscript is sufficiently developed, including the elements of chapters 4 and 5 (see Appendix B3), the Dissertation Chair will coordinate a date/time for Doctoral Candidates to make their Oral Dissertation Defense to their Dissertation Committee.
   a. Doctoral Candidates will make their Oral Dissertation Defense to their Dissertation Committee at a meeting that is open to students and other interested university guests.
   b. Public announcement of Dissertation Defense must be made to the university community.
      ii. Doctoral Candidates must comply with submission deadlines and publication dates for these publications in order that the announcement of the Oral Dissertation Defense appears at least two weeks prior to the defense.
      iii. Public defense of the dissertation cannot occur without published announcements of the title, date, place, time and name of the defender.
   c. Doctoral Candidates must distribute copies of their Dissertation Manuscripts to Dissertation Committee members at least 5 business days prior to the meeting.
   d. Doctoral Candidates will have a maximum of 30 minutes to make their Oral Dissertation Defense. Candidates may use PowerPoint or other presentation aids.
9. For a Dissertation Defense to be successful, the Dissertation Committee must agree that the research is satisfactory. Successful Dissertation Defenses will be documented using the Dissertation Defense Approval form (see Appendix B2).
   a. A Doctoral Candidate may attempt to defend a dissertation no more than twice.
   b. Two unsuccessful defenses will result in termination from the doctoral studies program.
10. Upon a successful Dissertation Defense, the Dissertation Committee will recommend that the Departmental Chairperson recommend to the Dean of the Graduate School that the Doctoral Candidate be awarded the PhD in Rehabilitation Counseling and Administration.
11. Upon making modifications, outlined by the Dissertation Committee, to the Dissertation Manuscript, Doctoral Candidates will proceed to submit an original copy of the Dissertation Manuscript, prepared with the required format to the Dean of the Graduate School.
   a. This document must contain original copies of the Dissertation Proposal and Defense Approval Forms as well as a copy of any approval letters from the IRB.
   b. This document must be delivered by the deadlines set by the ECU Graduate School.
12. After approval by the Dean of the Graduate School, additional copies of the Dissertation Manuscript may be prepared according to ECU Graduate School guidelines.
PROFESSIONAL EXPECTATIONS

Doctoral Student Ethics

Doctoral students will be expected to adhere to all rules, regulations, and policies contained with the East Carolina University Student Handbook (see www.ecu.edu/studenthandbook) as well as the School of Allied Health Sciences Code of Conduct (see http://www.ecu.edu/cs-dhs/ah/studentresources.cfm).

Additionally, doctoral students will have the opportunity to engage in research and teaching. When engaging in these activities, students will be expected to conduct themselves in a professional manner, exhibiting a deep commitment and concern for their research subjects and/or students. Below are excerpts from relevant professional codes of ethics that should serve as a guide to doctoral students who engage in research and/or teaching:

EXCERPTS FROM THE CODE OF PROFESSIONAL ETHICS FOR REHABILITATION COUNSELORS
(For a complete copy of this code, see http://www.crccertification.com/pages/30code.html)

F.3. RESEARCH AND TRAINING

a. DATA DISGUISE REQUIRED. Use of data derived from counseling relationships for purposes of training, research, or publication will be confined to content that is disguised to ensure the anonymity of the individuals involved.

b. AGREEMENT FOR IDENTIFICATION. Identification of a client in a presentation or publication will be permissible only when the client has agreed in writing to its presentation or publication.

SECTION G: TEACHING, TRAINING, AND SUPERVISION

G.1. REHABILITATION COUNSELOR EDUCATORS AND TRAINERS

a. RELATIONSHIP BOUNDARIES WITH STUDENTS AND SUPERVISEES. Rehabilitation counselors will clearly define and maintain ethical, professional, and social relationship boundaries with their students and supervisees. They will be aware of the differential in power that exists and the student or supervisee's possible incomprehension of that power differential. Rehabilitation counselors will explain to students and supervisees the potential for the relationship to become exploitive.

b. SEXUAL RELATIONSHIPS. Rehabilitation counselors will not engage in sexual relationships with students or supervisees and will not subject them to sexual harassment.

c. SUPERVISION PREPARATION. Rehabilitation counselors will supervise only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Rehabilitation counselors who are doctoral students serving as practicum or internship supervisors will be adequately prepared and supervised by the training program.

d. RESPONSIBILITY FOR SERVICES TO CLIENTS. Rehabilitation counselors who supervise the rehabilitation counseling services of others will perform direct supervision.
sufficient to ensure that rehabilitation counseling services provided to clients are adequate and do not cause harm to the client.

e. ENDORSEMENT. Rehabilitation counselors will not endorse students or supervisees for certification, licensure, employment, or completion of an academic or training program if they believe students or supervisees are not qualified for the endorsement. Rehabilitation counselors will take reasonable steps to assist students or supervisees who are not qualified for endorsement to become qualified.

G.2. REHABILITATION COUNSELOR EDUCATION AND TRAINING PROGRAMS

a. ORIENTATION. Prior to admission, rehabilitation counselor educators will orient prospective students to the counselor education or training program’s expectations, including but not limited to the following: (1) the type and level of skill acquisition required for successful completion of the training, (2) subject matter to be covered, (3) basis for evaluation, (4) training components that encourage self-growth or self-disclosure as part of the training process, (5) the type of supervision settings and requirements of the sites for required clinical field experiences, (6) student evaluation and dismissal policies and procedures, and (7) up-to-date employment prospects for graduates.

b. EVALUATION. Rehabilitation counselor educators will clearly state, in advance of training, to students and internship supervisees, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and experiential components. Rehabilitation counselor educators will provide students and internship supervisees with periodic performance appraisal and evaluation feedback throughout the training program.

c. TEACHING ETHICS. Rehabilitation counselor educators will teach students and internship supervisees the ethical responsibilities and standards of the profession and the students’ and supervisees' professional ethical responsibilities.

d. PEER RELATIONSHIPS. When students are assigned to lead counseling groups or provide clinical supervision for their peers, rehabilitation counselor educators will take steps to ensure that students placed in these roles do not have personal or adverse relationships with peers and that they understand they have the same ethical obligations as counselor educators, trainers, and supervisors. Rehabilitation counselor educators will make every effort to ensure that the rights of peers are not compromised when students are assigned to lead counseling groups or provide clinical supervision.

e. VARIED THEORETICAL POSITIONS. Rehabilitation counselor educators will present varied theoretical positions so that students may make comparisons and have opportunities to develop their own positions. Rehabilitation counselor educators will provide information concerning the scientific bases of professional practice.

f. FIELD PLACEMENTS. Rehabilitation counselor educators will develop clear policies within their training program regarding field placement and other clinical experiences. Rehabilitation counselor educators will provide clearly stated roles and responsibilities for the student and the site supervisor. Rehabilitation counselor educators will confirm that site supervisors will be qualified to provide supervision and are informed of their professional and ethical responsibilities in this role. Rehabilitation counselor educators will not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student placement.

g. DIVERSITY IN PROGRAMS. Rehabilitation counselor educators will respond to their Version August 2012
institution and program's recruitment and retention needs for training program administrators, faculty, and students with diverse backgrounds and special needs.

G.3. STUDENTS AND SUPERVISEES

a. LIMITATIONS. Rehabilitation counselors, through ongoing evaluation and appraisal, will be aware of the academic and personal limitations of students and supervisees that might impede performance. Rehabilitation counselors will assist students and supervisees in securing remedial assistance when needed, and will dismiss students or supervisees who are unable to provide competent service due to academic or personal limitations. Rehabilitation counselors will seek professional consultation and document their decision to dismiss or to refer students or supervisees for assistance. Rehabilitation counselors will advise students and supervisees of appeals processes as appropriate.

b. SELF-GROWTH EXPERIENCES. Rehabilitation counselor educators, when designing training groups or other experiences conducted by the rehabilitation counselor educators themselves, will inform students of the potential risks of self-disclosure. Rehabilitation counselor educators will respect the privacy of students by not requiring self-disclosure that could reasonably be expected to be harmful and student evaluation criteria will not include the level of the student’s self-disclosure.

c. COUNSELING FOR STUDENTS AND SUPERVISEES. If students or supervisees request counseling, supervisors or rehabilitation counselor educators will provide them with acceptable referrals. Supervisors or rehabilitation counselor educators will not serve as rehabilitation counselors to students or supervisees over whom they hold administrative, teaching, or evaluative roles unless this is a brief role associated with a training experience.

d. CLIENTS OF STUDENTS AND SUPERVISEES. Rehabilitation counselors will make every effort to ensure that clients are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Clients will receive professional disclosure information and will be informed of the limits of confidentiality. Client permission will be obtained in order for the students and supervisees to use any information concerning the counseling relationship in the training process.

e. PROFESSIONAL DEVELOPMENT. Rehabilitation counselors who employ or supervise individuals will provide appropriate working conditions, timely evaluations, constructive consultations, and suitable opportunities for experience and training.

SECTION H: RESEARCH AND PUBLICATION

H.1. RESEARCH RESPONSIBILITIES

a. USE OF HUMAN PARTICIPANTS. Rehabilitation counselors will plan, design, conduct, and report research in a manner that reflects cultural sensitivity, is culturally appropriate, and is consistent with pertinent ethical principles, federal and state/provincial laws, host institutional regulations, and scientific standards governing research with human participants.

b. DEVIATION FROM STANDARD PRACTICES. Rehabilitation counselors will seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard acceptable practices.
c. PRECAUTIONS TO AVOID INJURY. Rehabilitation counselors who conduct research with human participants will be responsible for the participants’ welfare throughout the research and will take reasonable precautions to avoid causing injurious psychological, physical, or social effects to their participants.

d. PRINCIPAL RESEARCHER RESPONSIBILITY. While ultimate responsibility for ethical research practice lies with the principal researcher, rehabilitation counselors involved in the research activities will share ethical obligations and bear full responsibility for their own actions.

e. MINIMAL INTERFERENCE. Rehabilitation counselors will take precautions to avoid causing disruptions in participants’ lives due to participation in research.

f. DIVERSITY. Rehabilitation counselors will be sensitive to diversity and research issues with culturally diverse populations and they will seek consultation when appropriate.

H.2. INFORMED CONSENT

a. TOPICS DISCLOSED. In obtaining informed consent for research, rehabilitation counselors will use language that is understandable to research participants and that (1) accurately explains the purpose and procedures to be followed; (2) identifies any procedures that are experimental or relatively untried; (3) describes the attendant discomforts and risks; (4) describes the benefits or changes in individuals or organizations that might reasonably be expected; (5) discloses appropriate alternative procedures that would be advantageous for participants; (6) offers to answer any inquiries concerning the procedures; (7) describes any limitations of confidentiality; and (8) instructs that participants are free to withdraw their consent and to discontinue participation in the project at any time.

b. DECEPTION. Rehabilitation counselors will not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. When the methodological requirements of a study necessitate concealment or deception, the investigator will be required to explain clearly the reasons for this action as soon as possible.

c. VOLUNTARY PARTICIPATION. Participation in research is typically voluntary and without any penalty for refusal to participate. Involuntary participation will be appropriate only when it can be demonstrated that participation will have no harmful effects on participants and is essential to the investigation.

d. CONFIDENTIALITY OF INFORMATION. Information obtained about research participants during the course of an investigation will be confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, will be explained to participants as a part of the procedure for obtaining informed consent.

e. PERSONS INCAPABLE OF GIVING INFORMED CONSENT. When a person is incapable of giving informed consent, rehabilitation counselors will provide an appropriate explanation, obtain agreement for participation, and obtain appropriate consent from a legally authorized person.

f. COMMITMENTS TO PARTICIPANTS. Rehabilitation counselors will take reasonable measures to honor all commitments to research participants.

g. EXPLANATIONS AFTER DATA COLLECTION. After data are collected, rehabilitation
counselors will provide participants with full clarification of the nature of the study to remove any misconceptions. Where scientific or human values justify delaying or withholding information, rehabilitation counselors will take reasonable measures to avoid causing harm.

h. AGREEMENTS TO COOPERATE. Rehabilitation counselors who agree to cooperate with another individual in research or publication will incur an obligation to cooperate as agreed.

i. INFORMED CONSENT FOR SPONSORS. In the pursuit of research, rehabilitation counselors will give sponsors, institutions, and publication channels the same opportunity for giving informed consent that they accord to individual research participants. Rehabilitation counselors will be aware of their obligation to future researchers and will ensure that host institutions are given feedback information and proper acknowledgment.

H.3. REPORTING RESULTS

a. INFORMATION AFFECTING OUTCOME. When reporting research results, rehabilitation counselors will explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data.

b. ACCURATE RESULTS. Rehabilitation counselors will plan, conduct, and report research accurately and in a manner that minimizes the possibility that results will be misleading. They will provide thorough discussions of the limitations of their data and alternative hypotheses. Rehabilitation counselors will not engage in fraudulent research, distort data, misrepresent data, or deliberately bias their results.

c. OBLIGATION TO REPORT UNFAVORABLE RESULTS. Rehabilitation counselors will make available the results of any research judged to be of professional value even if the results reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests.

d. IDENTITY OF PARTICIPANTS. Rehabilitation counselors who supply data, aid in the research of another person, report research results, or make original data available will take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise.

e. REPLICATION STUDIES. Rehabilitation counselors will be obligated to make sufficient original research data available to qualified professionals who may wish to replicate the study.
H.4. PUBLICATION

a. RECOGNITION OF OTHERS. When conducting and reporting research, rehabilitation counselors will be familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

b. CONTRIBUTORS. Rehabilitation counselors will give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor will be listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

c. STUDENT RESEARCH. For an article that is substantially based on a student’s dissertation or thesis, the student will be listed as the principal author.

d. DUPLICATE SUBMISSION. Rehabilitation counselors will submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work will not be submitted for publication without acknowledgment and permission from the previous publication.

e. PROFESSIONAL REVIEW. Rehabilitation counselors who review material submitted for publication, research, or other scholarly purposes will respect the confidentiality and proprietary rights of those who submitted it.
EXCERPTS FROM THE AMERICAN COUNSELING ASSOCIATION’S CODE OF ETHICS
(For a complete copy of this code, see http://www.counseling.org/Publications/)

F.6. Responsibilities of Counselor Educators
F.6.a. Counselor Educators
Counselor educators who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students and supervisees aware of their responsibilities. Counselor educators conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior. (See C.1., C.2.a., C.2.c.)

F.6.b. Infusing Multicultural Issues/Diversity
Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors.

F.6.c. Integration of Study and Practice
Counselor educators establish education and training programs that integrate academic study and supervised practice.

F.6.d. Teaching Ethics
Counselor educators make students and supervisees aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators infuse ethical considerations throughout the curriculum. (See C.1.)

F.6.e. Peer Relationships
Counselor educators make every effort to ensure that the rights of peers are not compromised when students or supervisees lead counseling groups or provide clinical supervision. Counselor educators take steps to ensure that students and supervisees understand they have the same ethical obligations as counselor educators, trainers, and supervisors.

F.6.f. Innovative Theories and Techniques
When counselor educators teach counseling techniques/procedures that are innovative, without an empirical foundation, or without a well-grounded theoretical foundation, they define the counseling techniques/procedures as “unproven” or “developing” and explain to students the potential risks and ethical considerations of using such techniques/procedures.

F.6.g. Field Placements
Counselor educators develop clear policies within their training programs regarding field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision and inform site supervisors of their professional and ethical responsibilities in this role.

F.6.h. Professional Disclosure
Before initiating counseling services, counselors-in-training disclose their status as students and explain how this status affects the limits of confidentiality. Counselor educators ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process. (See A.2.b.)

F.7. Student Welfare
F.7.b. Self-Growth Experiences
Version August 2012
Counselor education programs delineate requirements for self-disclosure or self-growth experiences in their admission and program materials. Counselor educators use professional judgment when designing training experiences they conduct that require student and supervisee self-growth or self-disclosure. Students and supervisees are made aware of the ramifications their self-disclosure may have when counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not depend on the student’s level of self-disclosure. Counselor educators may require trainees to seek professional help to address any personal concerns that may be affecting their competency.

F.8. Student Responsibilities

F.8.a. Standards for Students
Counselors-in-training have a responsibility to understand and follow the ACA Code of Ethics and adhere to applicable laws, regulatory policies, and rules and policies governing professional staff behavior at the agency or placement setting. Students have the same obligation to clients as those required of professional counselors. (See C.1., H.1.)

F.8.b. Impairment
Counselors-in-training refrain from offering or providing counseling services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and notify their program supervisors when they are aware that they are unable to effectively provide services. In addition, they seek appropriate professional services for themselves to remediate the problems that are interfering with their ability to provide services to others. (See A.1., C.2.d., C.2.g.)

F.9. Evaluation and Remediation of Students

F.9.a. Evaluation
Counselors clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students and evaluation feedback throughout the training program.

F.9.b. Limitations
Counselor educators, throughout ongoing evaluation and appraisal, are aware of and address the inability of some students to achieve counseling competencies that might impede performance. Counselor educators 1. assist students in securing remedial assistance when needed, 2. seek professional consultation and document their decision to dismiss or refer students for assistance, and 3. ensure that students have recourse in a timely manner to address decisions to require them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures. (See C.2.g.)

F.9.c. Counseling for Students
If students request counseling or if counseling services are required as part of a remediation process, counselor educators provide acceptable referrals.

F.10. Roles and Relationships Between Counselor Educators and Students

F.10.a. Sexual or Romantic Relationships
Sexual or romantic interactions or relationships with current students are prohibited.

F.10.b. Sexual Harassment
Counselor educators do not condone or subject students to sexual harassment. (See C.6.a.)

F.10.c. Relationships With Former Students
Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members foster open discussions with former students when considering...
engaging in a social, sexual, or other intimate relationship. Faculty members discuss with the former student how their former relationship may affect the change in relationship.

**F.10.d. Nonprofessional Relationships**
Counselor educators avoid nonprofessional or ongoing professional relationships with students in which there is a risk of potential harm to the student or that may compromise the training experience or grades assigned. In addition, counselor educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisee placement.

**F.10.e. Counseling Services**
Counselor educators do not serve as counselors to current students unless this is a brief role associated with a training experience.

**F.10.f. Potentially Beneficial Relationships**
Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counselor educators engage in open discussions with students when they consider entering into relationships with students outside of their roles as teachers and supervisors. They discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time-limited and initiated with student consent.

**F.11. Multicultural/Diversity Competence in Counselor Education and Training Programs**

**F.11.a. Faculty Diversity**
Counselor educators are committed to recruiting and retaining a diverse faculty.

**F.11.b. Student Diversity**
Counselor educators actively attempt to recruit and retain a diverse student body. Counselor educators demonstrate commitment to multicultural/diversity competence by recognizing and valuing diverse cultures and types of abilities students bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance.

**F.11.c. Multicultural/Diversity Competence**
Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice. Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent various cultural perspectives.

**Section G Research and Publication Introduction**
Counselors who conduct research are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to a healthy and more just society. Counselors support efforts of researchers by participating fully and willingly whenever possible. Counselors minimize bias and respect diversity in designing and implementing research programs.

**G.1. Research Responsibilities**

**G.1.a. Use of Human Research Participants**
Version August 2012
Counselors plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research with human research participants.

G.1.b. Deviation From Standard Practice
Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard or acceptable practices.

G.1.c. Independent Researchers
When independent researchers do not have access to an Institutional Review Board (IRB), they should consult with researchers who are familiar with IRB procedures to provide appropriate safeguards.

G.1.d. Precautions to Avoid Injury
Counselors who conduct research with human participants are responsible for the welfare of participants throughout the research process and should take reasonable precautions to avoid causing injurious psychological, emotional, physical, or social effects to participants.

G.1.e. Principal Researcher Responsibility
The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and responsibility for their own actions.

G.1.f. Minimal Interference
Counselors take reasonable precautions to avoid causing disruptions in the lives of research participants that could be caused by their involvement in research.

G.1.g. Multicultural/Diversity Considerations in Research
When appropriate to research goals, counselors are sensitive to incorporating research procedures that take into account cultural considerations. They seek consultation when appropriate.

G.2. Rights of Research Participants
(See A.2, A.7.)

G.2.a. Informed Consent in Research
Individuals have the right to consent to become research participants. In seeking consent, counselors use language that 1. accurately explains the purpose and procedures to be followed, 2. identifies any procedures that are experimental or relatively untried, 3. describes any attendant discomforts and risks, 4. describes any benefits or changes in individuals or organizations that might be reasonably expected, 5. discloses appropriate alternative procedures that would be advantageous for participants, 6. offers to answer any inquiries concerning the procedures, 7. describes any limitations on confidentiality, 8. describes the format and potential target audiences for the dissemination of research findings, and 9. instructs participants that they are free to withdraw their consent and to discontinue participation in the project at any time without penalty.

G.2.b. Deception
Counselors do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. If such deception has the potential to cause physical or emotional harm to research participants, the research is not conducted, regardless of prospective value. When the methodological requirements of a study necessitate concealment or deception, the investigator explains the reasons for this action as soon as possible during the debriefing.

G.2.c. Student/Supervisee Participation
Researchers who involve students or supervisees in research make clear to them that the decision regarding whether or not to participate in research activities does not affect one’s academic standing or supervisory relationship. Students or supervisees who choose not to participate in educational research are provided with an appropriate alternative to fulfill their academic or clinical requirements.

Version August 2012
G.2.d. Client Participation
Counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether or not to participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

G.2.e. Confidentiality of Information
Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent.

G.2.f. Persons Not Capable of Giving Informed Consent
When a person is not capable of giving informed consent, counselors provide an appropriate explanation to, obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.

G.2.g. Commitments to Participants
Counselors take reasonable measures to honor all commitments to research participants. (See A.2.c.)

G.2.h. Explanations After Data Collection
After data are collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions participants might have regarding the research. Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

G.2.i. Informing Sponsors
Counselors inform sponsors, institutions, and publication channels regarding research procedures and outcomes. Counselors ensure that appropriate bodies and authorities are given pertinent information and acknowledgement.

G.2.j. Disposal of Research Documents and Records
Within a reasonable period of time following the completion of a research project or study, counselors take steps to destroy records or documents (audio, video, digital, and written) containing confidential data or information that identifies research participants. When records are of an artistic nature, researchers obtain participant consent with regard to handling of such records or documents. (See B.4.a, B.4.g.)

G.3. Relationships With Research Participants (When Research Involves Intensive or Extended Interactions)

G.3.a. Nonprofessional Relationships
Nonprofessional relationships with research participants should be avoided.

G.3.b. Relationships With Research Participants
Sexual or romantic counselor–research participant interactions or relationships with current research participants are prohibited.

G.3.c. Sexual Harassment and Research Participants
Researchers do not condone or subject research participants to sexual harassment.

G.3.d. Potentially Beneficial Interactions
When a nonprofessional interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with appropriate consent of the research...
participant. Where unintentional harm occurs to the research participant due to the nonprofessional interaction, the researcher must show evidence of an attempt to remedy such harm.

G.4. Reporting Results
G.4.a. Accurate Results
Counselors plan, conduct, and report research accurately. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data. They describe the extent to which results are applicable for diverse populations.

G.4.b. Obligation to Report Unfavorable Results
Counselors report the results of any research of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

G.4.c. Reporting Errors
If counselors discover significant errors in their published research, they take reasonable steps to correct such errors in a correction erratum, or through other appropriate publication means.

G.4.d. Identity of Participants
Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise. In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data is adapted/changed to protect the identity and welfare of all parties and that discussion of results does not cause harm to participants.

G.4.e. Replication Studies
Counselors are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

G.5. Publication
G.5.a. Recognizing Contributions
When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

G.5.b. Plagiarism
Counselors do not plagiarize, that is, they do not present another person’s work as their own work.

G.5.c. Review/Republication of Data or Ideas
Counselors fully acknowledge and make editorial reviewers aware of prior publication of ideas or data where such ideas or data are submitted for review or publication.

G.5.d. Contributors
Counselors give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

G.5.e. Agreement of Contributors
Counselors who conduct joint research with colleagues or students/supervisees establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgement that will be received.

G.5.f. Student Research
For articles that are substantially based on students course papers, projects, dissertations or theses, and on which students have been the primary contributors, they are listed as principal authors.

G.5.g. Duplicate Submission
Version August 2012
Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work are not submitted for publication without acknowledgment and permission from the previous publication.

**G.5.h. Professional Review**
Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Counselors use care to make publication decisions based on valid and defensible standards. Counselors review article submissions in a timely manner and based on their scope and competency in research methodologies. Counselors who serve as reviewers at the request of editors or publishers make every effort to only review materials that are within their scope of competency and use care to avoid personal biases.
Scope of Practice for PhD in Rehabilitation Counseling and Administration

Students who complete all program requirements and receive a PhD in Rehabilitation Counseling and Administration will be well suited for a variety of academic and administrative positions in both the private and public sectors of the rehabilitation field.

Generally, the scope of practice students completing the Rehabilitation and Clinical Counseling concentration is consistent with the principles, philosophies, ethics, and competencies within the Rehabilitation Counseling field, as a specialty within the greater counseling field. Specifically, these students will be well suited for research and teaching positions in settings such as Rehabilitation Counselor Training programs, Regional Rehabilitation Continuing Education Programs, Rehabilitation Research and Training Centers, and, depending on area of focus, Counselor Education programs (e.g., clinical mental health counseling programs), Substance Abuse Counselor Training programs, and Vocational Evaluation programs. Additionally, these students will be well prepared to work as clinical supervisors in various settings such as rehabilitation, substance abuse, vocational evaluation, and/or mental health counseling agencies. Graduates will be eligible to teach in CORE accredited university programs. Note: The Doctoral Program is pursuing accreditation from CACREP, so graduates from this concentration will be eligible to teach in CACREP accredited counselor training programs.

Students completing the Rehabilitation Administration concentration will be well suited for upper level administrative posts or research and teaching positions in settings such as Rehabilitation Science programs, Rehabilitation Policy programs, state or private vocational rehabilitation or human services departments or agencies, and other programs in allied health and rehabilitation research centers. Graduates will be eligible to teach in CORE accredited university programs.
PERFORMANCE EVALUATION

As educators of counselors and administrators, department faculty expect prospective educators to be concerned about other people, to be stable and psychologically well adjusted (personally and professionally), to be effective in interpersonal relationships, and to be able to receive and give constructive feedback. Further, students are expected to behave generally in a manner that demonstrates fitness for a professional role in counseling or administration. Finally, students are expected to be committed to continued personal growth and professional development and to demonstrate that a commitment through self-reflection and responsiveness to supervision in all activities related to their degree program. The faculty believes that it is ethically imperative that counselors and administrators and educators be willing to do in their own lives what they ask their clients and students to do in theirs.

For the reasons cited above, the faculty will regularly monitor not only students’ academic progress but also those personal characteristics which will affect their performance in the field. The purpose of this monitoring process is to ensure that all graduates of the Department of Addictions and Rehabilitation Studies possess those characteristics sufficiently that they do not interfere with their professionalism or helping capacity.

Students are reviewed at the conclusion of each semester by all faculty involved in the students’ matriculation (e.g., advisor, course instructors, fieldwork mentors/supervisors) according to their compliance with the following Professional Performance Standards:

1. Academics (e.g. grades)
2. Clinical Skills
3. Ability to connect and develop therapeutic alliance with clients
4. Personal and Interpersonal Behavior
5. Openness to new ideas
6. Flexibility
7. Cooperativeness with others
8. Willingness to accept and use feedback
9. Awareness of own impact on others
10. Ability to deal with conflict
11. Ability to accept personal responsibility
12. Ability to express feelings effectively and appropriately
13. Attention to ethical and legal considerations

Using the “Professional Performance Review” form (see Appendix C1), each standard is rated on a 1 (unacceptable) to 4 (excellent) scale. Students receiving a rating of 1 on any of the Non-academic Professional Performance Standards will be considered deficient in professional performance and subject to the following remediation procedure:

1. The student will be presented with a copy of the “Professional Counselor Development Plan – Student Remediation” form(s) on which are listed the deficient rating(s), the respective professor’s explanation for the ratings, and any remedial actions recommended by the faculty (see Appendix C2). The student and the professor(s) will meet to discuss the Professional performance concerns and to implement recommended remedial actions. A copy of the completed Professional Performance Review form(s) will be given to the student and his/her Advisor.

2. If a student receives more than one deficient Professional Performance Review form during his/her program of study or otherwise fails to show reasonable progress in correcting

Version August 2012
deficiencies previously cited, the faculty may recommend either his/her discontinuation in the program or further remedial action. In either event, the student will be required to meet with his or her Advisor and the faculty member(s) issuing the deficiencies to discuss the professional performance concerns and the recommended responsive actions to be taken. A copy of the completed Professional Performance Review form(s) will be given to the student and his/her Advisor.

3. Faculty may conduct a Professional Performance Review at any time for students who knowingly engage in illegal or unethical activities or for students whose professional performance is deemed to present an immediate threat to the well being of others. In such cases, the faculty may recommend either discontinuation in the Department of Addictions and Rehabilitation Studies or remedial action for the student. In either event, the student will be required to meet with his or her Advisor and the faculty member(s) issuing the deficiencies to discuss the professional performance concerns and the recommended responsive actions to be taken. A copy of the completed Professional Performance Review form(s) will be given to the student and his/her Advisor.

All Faculty recommendations for denial of a student’s continuance in the Department of Addictions and Rehabilitation Studies will be decided by the departmental chair and forwarded to the Dean of the College of Allied Health Sciences.

DOCTORAL STUDIES: MISCELLANEOUS POLICIES

Time Limits for Completion of Degree Requirements

A doctoral degree program must be completed before the end of the ten calendar years following initial enrollment. A student must attain candidacy for the degree within six calendar years. With endorsement of the student's Advisor, Dissertation Committee, and Departmental Chairperson, a student may request one extension of not more than two semesters, summers included.

Termination or Continuance of Graduate Study

In addition to the expectations for successful performance of course work described in the previous paragraph, good academic standing requires satisfactory progress in the overall graduate program. The students’ advisor or graduate advisory committees may render judgments as to whether satisfactory progress is being made toward the degree, taking into account all aspects of academic performance and promise, not necessarily course work alone. A positive judgment is required to remain in good academic standing. For students involved in research-oriented programs, the student’s department and individual advisory committee are responsible for evaluating the student’s skills with respect to performing quality research. Failure to meet programmatic/departmental standards may result in program termination.
APPENDIX A1

CACREP Equivalency Form
CACREP Equivalency Form

Student Name: ____________________________ Application Date: __________
Masters Degree: ________________ Year Completed: ______ Institution: ________________

Applicants to the concentration in rehabilitation and clinical counseling whose master’s is not from a CACREP accredited program must provide evidence that their master’s curricular experiences were equivalent to CACREP entry level standards (Section II and III).

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<th>CACREP Section II (REHB Equivalent)</th>
<th>Proposed Equivalent</th>
<th>Equivalent Approved/Not Approved Rationale</th>
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<td>Human Growth &amp; Development (REHB 6000)</td>
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<td>Professional Orientation and Ethical Practice (REHB 6010)</td>
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<td><strong>Supervisor Qualifications</strong></td>
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<tr>
<td>A. Program faculty</td>
<td></td>
<td></td>
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<tr>
<td>1. doctoral degree in counseling</td>
<td></td>
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<tr>
<td>2. relevant experience and credentials</td>
<td></td>
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</tr>
<tr>
<td>3. relevant supervision training/experience</td>
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<tr>
<td>B. Students as supervisor</td>
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<tr>
<td>1. master’s with CACREP practicum and internship</td>
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<tr>
<td>2. Completed or completing preparation in counseling supervision</td>
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<tr>
<td>3. Supervised by a program faculty with a faculty-student ratio not exceeding 1:6</td>
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<td>C. Site supervisors</td>
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<tr>
<td>1. master’s in counseling, with appropriate credentials</td>
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<tr>
<td>2. minimum of two years pertinent experience in the program the student is enrolled</td>
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<tr>
<td>3. knowledge of the program’s expectations, requirements,</td>
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<td>4. relevant training in counseling supervision</td>
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<td><strong>Practicum (REHB 6360)</strong></td>
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<tr>
<td>1. 40 clock hours direct service</td>
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<tr>
<td>2. 1 hour, on average, of weekly supervision</td>
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<tr>
<td>3. 1.5 hours, on average, of weekly group supervision (if provided by site supervisor, then bi-weekly consultation with faculty required)</td>
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<tr>
<td>4. use of audio/video recordings in supervision</td>
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<tr>
<td>5. evaluation of performance throughout practicum and formal evaluation at end of practicum.</td>
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<tr>
<td><strong>Internship (REHB 6991, 6992, 6993, 6994)</strong></td>
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<tr>
<td>1. At least 240 clock hours of direct service, including experience leading groups</td>
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<td>2. 1 hour, on average, weekly supervision</td>
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<tr>
<td>3. 1.5 hours, on average, weekly of group supervision performed by a program faculty member</td>
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<tr>
<td>4. variety of professional activities and resources in addition to direct service</td>
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<tr>
<td>5. use of audio/video recordings in supervision</td>
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<tr>
<td>6. evaluation of performance throughout practicum and formal evaluation at end of practicum.</td>
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APPENDIX A2

PROGRAM OF STUDY FORM:
REHABILITATION AND CLINICAL COUNSELING CONCENTRATION
### Course Planning for the PhD

**Rehabilitation and Clinical Counseling Concentration**

This form should be completed throughout the student’s matriculation in conjunction with their advisor. The form must be completed in its entirety, including signatures prior to the student’s graduation. Students in the Rehabilitation and Clinical Counseling concentration must have successfully completed a Masters from a CACREP accredited program or have had their Masters curricular experiences deemed CACREP equivalent using the process noted above (see pages 4-5 and Appendix A1). A maximum of 18 s.h. of doctoral credit (course work taken beyond the master's degree) may be transferred to the degree program. Equivalency transfer of elective credits will be determined by the advisor. Equivalency transfer of credits for required courses will be determined by the faculty member who instructs the course for which the equivalency transfer is being requested. For transfer of credits for required courses, the student must provide the instructor(s) with a copy of the syllabi, course description(s), etc. of the course(s) they believe is equivalent to the course for which they are requesting transfer credit.

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<th>Required Masters Level Courses</th>
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**Total Credit Hours Completed for Required Masters Level**

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32
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<th>Semester/Year Actually Completed</th>
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Total Credit Hours Completed for Required Doctoral Level
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<th>Electives</th>
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Total Credit Hours Completed for Electives

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**Total Required Masters Level Credit Hours (48 minimum):** ____  
**Total Required Doctoral Level Credit Hours (61 minimum):** ____

**Total Elective Credit Hours:** ____

**Grand Total of Credit Hours Completed (109 minimum):** ____

- **Date Entered into Candidacy:** _/_/_/
- **Date Dissertation Proposal Approved:** _/_/_/
- **Date Dissertation Defense Approved:** _/_/_/

Signatures should be obtained after all requirements are completed and prior to graduation.

Student ___________________________ _/__/_

Dissertation Chair ___________________________ _/__/_

Director of Doctoral Program ___________________________ _/__/_

Department Chair ___________________________ _/__/_.

34
APPENDIX A3

PROGRAM OF STUDY FORM: REHABILITATION ADMINISTRATION CONCENTRATION
This form should be completed throughout the student’s matriculation in conjunction with their advisor. The form must be completed in its entirety, including signatures, prior to the student’s graduation. The student may transfer required master’s level courses and a maximum of 18 s.h. of doctoral credit (course work taken beyond the master’s degree) to the degree program. Equivalency transfer of elective credits will be determined by the advisor. Equivalency transfer of credits for required courses will be determined by the faculty member who instructs the course for which the equivalency transfer is being requested. For transfer of credits for required courses, the student must provide the instructor(s) with a copy of the syllabi, course description(s), etc. of the course(s) they believe is equivalent to the course for which they are requesting transfer credit.

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Total Credit Hours Completed for Required Masters Level
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Total Credit Hours Completed for Required Doctoral Level
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Total Required Doctoral Level Credit Hours (58 minimum): ____

Grand Total of Credit Hours Completed (106 minimum): ____

Date Entered into Candidacy: _ / _ / _
Date Dissertation Proposal Approved: _ / _ / _
Date Dissertation Defense Approved: _ / _ / _

Signatures should be obtained *after* all requirements are completed and *prior* to graduation.

__________________________________________  _ / _ / _
Student

__________________________________________  _ / _ / _
Dissertation Chair

__________________________________________  _ / _ / _
Director of Doctoral Program

__________________________________________  _ / _ / _
Department Chair
APPENDIX B1

DISSERTATION PROPOSAL APPROVAL FORM
Date

The research associated with the dissertation proposal prepared under my supervision by

________________________________________________________________________________________

entitled

________________________________________________________________________________________

________________________________________________________________________________________

has been approved for completion.

____________________________________
Dissertation Chair

Signature

Approval Concurred in

1. __________________________
   Committee Member          Signature/Date

2. __________________________
   Committee Member          Signature/Date

3. __________________________
   Committee Member          Signature/Date

4. __________________________
   Committee Member          Signature/Date
APPENDIX B2

DISSERTATION DEFENSE APPROVAL FORM
Date

I hereby recommend that the dissertation prepared under my supervision by

______________________________________

entitled

________________________________________________________________________________________

________________________________________________________________________________________

be accepted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Rehabilitation Counseling and Administration.

Dissertation Chair

Signature/Date

Approval Concurred by

1. ____________________________
   Committee Member
   Signature/Date

2. ____________________________
   Committee Member
   Signature/Date

3. ____________________________
   Committee Member
   Signature/Date

4. ____________________________
   Committee Member
   Signature/Date

Chair Department of Addictions and Rehabilitation Studies

Signature/Date

ECU Dean of Graduate Studies

Signature/Date
APPENDIX B3

DISSERTATION OUTLINE
# PhD in Rehabilitation and Clinical Counseling and Administration
## Dissertation Outline

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<th>Chapter Components</th>
<th>Explanation</th>
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<td>1. Narrative outline of what is covered in chapter</td>
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<tr>
<td></td>
<td>2. Background of the study</td>
<td>2. General social problem and consequences (e.g., incidence, cost)</td>
</tr>
<tr>
<td></td>
<td>3. Problem statement</td>
<td>3. Specific problem or knowledge gap study will address</td>
</tr>
<tr>
<td></td>
<td>4. Study justification</td>
<td>4. Arguments for why study should be done</td>
</tr>
<tr>
<td></td>
<td>5. Research questions/hypotheses</td>
<td>5. Should contain clearly identified variables</td>
</tr>
<tr>
<td></td>
<td>6. Study significance</td>
<td>6. How study will advance the relevant field and help address social problem</td>
</tr>
<tr>
<td></td>
<td>7. Definition of terms</td>
<td>7. Operational definitions of variables and key concepts</td>
</tr>
<tr>
<td></td>
<td>8. Chapter summary</td>
<td>8. Narrative summary of above</td>
</tr>
<tr>
<td><strong>Chapter 2: Literature Review</strong></td>
<td>1. Introduction to the chapter</td>
<td>1. Narrative outline of what is covered in chapter</td>
</tr>
<tr>
<td></td>
<td>2. Review of relevant theory</td>
<td>2. Review theory pertaining to variables being examined</td>
</tr>
<tr>
<td></td>
<td>3. Review of relevant empirical research on above theory</td>
<td>3. Review empirical research on variables being examined</td>
</tr>
<tr>
<td></td>
<td>4. Review of similar studies</td>
<td>4. Comprehensively review the findings of similar studies</td>
</tr>
<tr>
<td></td>
<td>5. Conclusions from reviews</td>
<td>5. Draw conclusions, from above reviews, about gap in knowledge. These conclusion should point directly to doing current study</td>
</tr>
<tr>
<td><strong>Chapter 3: Methodology</strong></td>
<td>1. Introduction to the chapter</td>
<td>1. Narrative outline of what is covered in chapter</td>
</tr>
<tr>
<td></td>
<td>2. Research questions/hypotheses</td>
<td>2. Restated from chapter 1</td>
</tr>
<tr>
<td></td>
<td>3. Research design</td>
<td>3. Description and justification for how design will appropriately answer research questions/address hypotheses</td>
</tr>
<tr>
<td></td>
<td>4. Population</td>
<td>4. Describe population being studied and sampled</td>
</tr>
<tr>
<td></td>
<td>5. Sample &amp; Sampling</td>
<td>5. Describe justification for sample size (e.g., power analysis) and how sample will be selected, recruited, and/or assigned</td>
</tr>
<tr>
<td></td>
<td>6. Instrumentation</td>
<td>6. Comprehensively describe instruments to be used, their development, psychometric properties, administration, and scoring</td>
</tr>
<tr>
<td></td>
<td>7. Procedures</td>
<td>7. Detail procedures for how data will be collected, stored, and managed (e.g., data security)</td>
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<tr>
<td></td>
<td>8. Statistical analyses</td>
<td>8. Describe and justify statistical analyses to be used for answering research questions/addressing hypotheses</td>
</tr>
<tr>
<td></td>
<td>9. Ethical considerations</td>
<td>9. Describe issues pertaining to human subjects and risk for ethical violations and how these issues will be addressed</td>
</tr>
<tr>
<td>Chapter 4: Results</td>
<td>1. Introduction to the chapter</td>
<td>1. Narrative outline of what is covered in chapter</td>
</tr>
<tr>
<td></td>
<td>2. Descriptive data</td>
<td>2. Reports of response rate, sample demographics, descriptive statistics for all variables, and statistical assumptions</td>
</tr>
<tr>
<td></td>
<td>3. Data analyses for research questions/hypotheses</td>
<td>3. Statistical results for each research question/hypothesis</td>
</tr>
</tbody>
</table>

| Chapter 5: Discussion | 1. Introduction to the chapter | 1. Narrative outline of what is covered in chapter |
| | 2. Summary of the study | 2. Concise review of study’s variables, participants, and data collection |
| | 3. Interpretation of results | 3. Sequentially interpret all results (response rate, sample demos, and statistical analyses for each research question/hypothesis) based on comparison to studies reviewed in chapter 2 |
| | 4. Study limitations | 4. State how research design, sampling, and/or instrumentation limits the interpretation and generalizability of the results |
| | 5. Implications of findings for future research, practice, and/or administration | 5. State how results MAY impact practitioners and/or administrators, and what future research should address |
| | 6. Conclusion | 6. Draw conclusions from results that address problem statement and study significance as described in chapter 1 |

| Appendices | 1. References |  |
| | 2. Study timeline |  |
| | 3. Intervention protocols |  |
| | 4. Instruments |  |
| | 5. Informed consent |  |
| | 6. Copy of IRB approval |  |
| | 7. Copy of signed proposal approval |  |
| | 8. Copy of signed defense approval |  |
APPENDIX C1

PROFESSIONAL PERFORMANCE REVIEW FORM
## PROFESSIONAL PERFORMANCE REVIEW FORM

**Student Name ________________________ Faculty Advisor ____________ Semester ______**

Students are reviewed at the conclusion of each semester by all Department of Addictions and Rehabilitation Studies faculty according to their compliance with the following Professional Performance Standards:

<table>
<thead>
<tr>
<th>Category</th>
<th>Deferred</th>
<th>1 Unacceptable</th>
<th>2 Acceptable</th>
<th>3 Good</th>
<th>4 Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Academic Performance</td>
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<td>2. Clinical Skills</td>
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<td>3. Ability to connect and develop therapeutic alliance with clients</td>
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<td>4. Professional and Interpersonal Behavior</td>
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<td>5. Openness to new ideas</td>
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<td>6. Flexibility</td>
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<td>7. Cooperativeness with others</td>
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<tr>
<td></td>
<td>1 Poor</td>
<td>2 Unacceptable</td>
<td>3 Acceptable</td>
<td>4 Good</td>
<td>5 Excellent</td>
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<td>8. Willingness to accept and use feedback</td>
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<td>9. Awareness of own impact on others</td>
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<td>10. Ability to deal with conflict</td>
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<td>11. Ability to accept personal responsibility</td>
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<td>12. Ability to express feelings effectively/appropriately</td>
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<tr>
<td>13. Attention to ethical and legal considerations</td>
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</tbody>
</table>

Comments (use back of sheet if needed):
APPENDIX C2

Professional Counselor Development Plan – Student Remediation
Professional Counselor Development Plan – Student Remediation

Student Name: ________________________________ Date _______________

For you to continue to progress toward receiving your PhD from the Department of Addictions and Rehabilitation Studies at East Carolina University, the Rehabilitation faculty is collectively requiring that you engage in the following behaviors that relate to the competencies addressed within our program’s retention procedure.

**Competency Area A: Professional Responsibility**

1. Demonstrate the ability to accurately reflect back to the faculty or supervisor any suggestions or directives given by them.
2. Inquire about faculty or supervisor-generated directives that are unclear and obtain from them clarifications needed to successfully apply directives.
3. Demonstrate openness to your faculty or clinical supervisors’ feedback, as evidenced by following all of your faculty or clinical supervisors’ directives.
4. Apply all faculty or supervisor directives in counseling sessions.
5. Demonstrate an ability to recognize personal limitations and take appropriate steps toward increased education, consultation, and/or referral.

**Competency Area B: Therapeutic Skills and Abilities**

When counseling clients, the student will:

1. Demonstrate an ability to use empathic reflection of feelings.
2. Demonstrate an ability to focus sessions on client-generated concerns.
3. Demonstrate listening skills by paraphrasing the content of clients’ messages.
4. Demonstrate an ability to appropriately pace a session.
5. Demonstrate the appropriate use of clinical immediacy/here-and-now statements.
6. Demonstrate an understanding of clients’ concerns/issues.
7. Facilitate the client’s movement toward reaching his or her goals.
8. Use summarizing skills at the beginning and end of all sessions.
9. Demonstrate an ability to connect with and develop a therapeutic relationship/alliance with clients.

To successfully engage in the aforementioned behaviors, the student will be required to successfully complete an individualized remediation plan that includes the following checked items:

1. ____Attend counseling sessions with a licensed mental health professional to improve interpersonal dynamics that relate to the counseling and supervision process as mentioned previously in this document (e.g., the ability to empathize and develop a therapeutic relationship with clients) and the student’s ability to comprehend, accept, incorporate, and apply faculty and supervisor feedback in clinical practice. A letter from the mental health professional indicating that you have successfully addressed the aforementioned issues in counseling will be required before you can reenroll in future departmental courses. Please present this letter to the department chair within 2 weeks of attempting to register for any REHB courses including the practicum and internship.

2. ____If the student deficiency was of an ethical nature the student may be required to attend 6 hours’ worth of supervision-related workshops that are preapproved by the department chair before reenrolling in the practicum or internship courses. Please present proof of having completed these workshops to the department chair within 2 weeks of attempting to register for the practicum course.

3. ____Write a 10-page (double-spaced, American Psychological Association style) essay, which applies the supervision information you learned in your remediation workshops to the supervision or related conflicts you were confronted with in practicum, internship or other courses. In your essay, you should especially focus on
issues related to accepting faculty and supervisor feedback. The faculty will evaluate this statement, and you will not be able to register for future departmental courses, including practicum and internship, until the faculty is satisfied that you can adequately understand feedback within the faculty and supervision relationship as described in this document. Please present this essay to the department chair within 2 weeks of attempting to register for departmental courses, including the practicum and internship courses.

4. ___Meet with faculty advisor every 4 weeks to discuss progress and concerns related to achieving these goals and to receive feedback about your progress toward these goals.

5. ___Be allowed to have a different practicum course instructor/supervisor from your original practicum instructor/supervisor.

6. ___Successfully complete (earn an A or B grade) in advanced practicum. You cannot register for REHB courses until you have successfully completed the first, second, and third requirements in this section. Any grade of C or lower in advanced practicum will result in your automatic and permanent removal from the counseling program. Consistent with our program policy, you will only have one more opportunity to successfully complete practicum or internship if you have already failed once.

7. ___Other:
________________________
________________________
________________________
________________________

I understand and agree to the conditions of this document. Any breach of this agreement constitutes grounds for being removed from the counseling program. I understand that I can appeal this plan prior to signing the agreement/plan. I understand and agree to all of the conditions of this document. If I do not follow through on completing all of the tasks outlined in this contract with 1 year, I understand that I will be terminated from the Department of Addictions and Rehabilitation Studies. I also understand the program’s retention policy and am clear that there are certain behaviors that, if violated, will supersede this agreement and may result in immediate removal from the program (e.g., ethics violations).

_______________________                 __________________________________________
Date                                           Student
_______________________                  _______________________________________________
Date                                           Faculty Representative