



# Clinical Mental Health Counseling Annual Program Assessment Report

October 13, 2017

This report is a brief summary of our on-going program evaluation efforts and is intended for current students, alumni, site supervisors and employers of alumni. Each group provided essential feedback that helped us better understand our successes and areas needing improvement. We thank you for your candid responses and many suggestions. We hope that this report will also be useful to applicants, faculty, staff, administrators, and the general public.

*The CMHC Faculty*

## **The Assessment Process**

Each year we survey New Students, Graduating Students, Alumni, Site Supervisors, and Employers of our graduates. We analyze characteristics of applicants and results of the exit exam (CPCE). We also assess Student Learning Outcomes (SLOs) that measure essential counseling competencies for entry-level clinical mental health counselors. In the fall, CMHC Faculty review these program assessment data to determine what we are doing well and where there are opportunities for improvement. We identify changes to make with curriculum, staffing, policy, and procedures and establish a timeline for the changes.

## **Important Changes Implemented in 2016-17**

The following actions were taken over the last year in response to survey comments and other identified opportunities:

- We further streamlined and reduced the complexity of record keeping forms within COUN 502 to focus on the counseling process, basic counseling skills and essential documentation, while ensuring continuation of meeting all CACREP requirements for this foundation element of training.
- Each advisor met with their advisees as a group in the first half of each term in order to communicate upcoming expectations in the program.
- We explored the possibility of streamlining processes, reducing paperwork, and improving program reporting through the use of technology, and we selected some solutions for implementation. See "*Program Changes 2017-18*" below for more information.
- We began redesigning the Student Learning Objectives which determine portions of our assessment process in order to simplify and to comply with CACREP's new 2016 Standards. See "*Program Changes 2017-18*" below for more information.
- We expanded the Summer Substance Abuse/Co-occurring Disorders class by integrating the Psychopharmacology class, reducing the Spring term student load - a source of student comments in the past.
- We conducted an extensive review of the entire CMHC program curriculum to introduce increased creativity and personalization within the boundaries of our accreditation

requirements. This item addressed numerous feedback comments. Important changes were made. The adjusted curriculum is in effect with this year's incoming cohort.

- We delivered a 40-hour community-based Clinical Supervision training program, allowing local clinicians to further develop their clinical supervision skills and to become eligible as registered Supervisors with the state licensing board.
- We revised and refined the Practicum and Internship Manual to be consistent with the changes of forms and processes, and further evolved it into a more flexible, online document.

## **Assessment Results 2017**

**Applicants:** In 2017 our applicant pool increased this year to 60 completed applications; 22% of those declaring ethnicity identified as being members of a racial minority, which is a slight increase from last year. Of applicants accepted into the program and identifying their ethnicity, 29% identify as being of a racial minority, which is a significant increase over the previous year. GRE and GPA are, on average, fairly consistent with previous years.

### **Program strengths**

Many program strengths were identified by survey respondents (new, graduating and former students, as well as site supervisors and employers). Scores across the board were consistently high. To highlight just a few, Likert scale survey scores normalized to percentage scores with overall mean scores equal to/greater than 90% positive include:

- CMHC faculty are helpful to students (New students – 93.1% positive)
- I would recommend this program to other potential students (New students – 91.9%)
- In general, course syllabi adequately describe grading criteria (New students – 90.7%, Graduating students – 91.1%)
- In general, grading is fair (New students – 90.0%)
- Class sizes in content courses is conducive to learning (New students – 91.4%)
- Class sizes in experiential courses is conducive to learning (New students – 90.0%)
- Graduating students also rated their skills/learning improvement as “substantial” in over 90% of responses in: Professional identity, Helping relationship, Human growth and development, Group Counseling, Social & Cultural Awareness, and Career Development
- Field placements matched well with my career goals (Alumni – 95.9%)
- The internship Fair was useful in getting word out about my agency (Site supervisors – 93.4%)
- The SOU CMHC program internship expectations and requirements are clear to me (Site Supervisors – 92.1%)
- The student evaluation procedures are appropriate and manageable (Site supervisors – 90.9%)
- CMHC program preparation of student interns in the role and function of mental health counselors (Site supervisors – 91.0%)
- NOTE: Multiple items rated above 90% positive in the Employer survey are not included in this report due to low sample size.

**Exit exam results:** Our students once again continued to score significantly above the national average in all eight CACREP sub-areas and in overall total score of the Counselor Preparation Comprehensive Exam (CPCE). We also provide the opportunity for our graduating students to take the National Counselor Examination (NCE) required for licensure. In this examination, our students also scored above the national average compared against every demographic group

(CACREP, non-CACREP schools, and Professionals) in every subject area. Thus, our students demonstrate a strong basic fund of knowledge in the counseling field in comparison to a national sample of masters and doctoral level students and professionals.

SLO results: We assessed 100% of 128 Student Learning Outcomes for all students in the program, for a total of over 3,300 individual data points. Of those, 97% reached criteria – this means that students achieved a passing grade on the assignment that measured the particular competency. When students did not meet criteria at the time of assessment, most were due to Incompletes at the end of the class, and were subsequently remedied. In a few cases an individual assignment did not meet the criterion but the students achieved an adequate overall B+ grade to pass the class. Finally, in one case a student dropped out. The SLO results indicate that we are effectively teaching the counseling competencies we intend to teach.

#### Concerns & Opportunities for improvement

A few useful suggestions for small improvements were made in some survey responses, but no particular suggestion occurred with any frequency. Some the suggestions made are the subject of action items identified below. Likert scale survey scores normalized to percentage scores with overall mean scores below 70% positive include:

- I am satisfied with the overall class schedule (Graduating students – 61.3% positive)
- The impact of the program on my personal or family life is manageable (Graduating students - 64.6%)
- The workload across courses is appropriate (Graduating students – 66.0%)

#### Program Changes 2017-18

Academic year 2017-18 is an important transition year for the assessment process within the CMHC program, due to several major related initiatives:

- In preparation for our next CACREP accreditation cycle (to be completed by 2020), we will be focused on the following initiatives:
  - Begin the CACREP “Self Study” process which is a prerequisite for applying for renewed accreditation;
  - Implement revised Key Performance Indicators (KPIs) into our class syllabi and evaluation forms;
  - Implement the Clinical Training Manager software platform to reflect revised forms, to automate the workflow associated with those forms, and to allow for consolidated reporting of student and program performance.
- Technology: In addition to implementing the Clinical Training Manager software, we are eliminating the use of cumbersome DVDs for recording practicum client sessions and replacing them with direct loading and encryption of session recordings to a secure server, which also allows for anytime, anywhere review of sessions by authorized personnel (i.e. the student and their supervisor).

Despite the many identified strengths of our program, we nonetheless strive for continuous improvement, and in addition to the major projects listed above, we plan on making the following changes in the current academic year:

- We will simplify the annual surveys conducted with each of our constituencies in order to make them more focused, concise, and shorter to complete.
- We have initiated discussions with our pool of pre-practicum and practicum supervisors to identify ways to better prepare first-year students for clinical work.

- We will initiate a form of “focus group” project with current students to better understand concerns related to course workloads and work-life balance.
- Through a revised program assessment process being implemented this year, we will increase our focus on the dispositional aspects of counselor clinical training: the dominant qualities and behaviors appropriate to becoming an effective professional counselor.

Dominick Robertson holds the position of Assessment Coordinator. Please address comments about our assessment efforts to him.

**CMHC Faculty & Staff 2017 – 2018**

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