

This report is a brief summary and overview of our ongoing program evaluation efforts and is intended for current students, alumni, site supervisors, employers of alumni and other relevant stakeholders. Each group that has provided essential feedback helps the CMHC faculty to 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, students, and the annual results of the exit exam, the Counselor Preparation Comprehensive Exam (CPCE) which allows for comparison with national data. We also assess Key Performance Indicators (KPIs) embedded across the curriculum that measure essential counseling competencies for entry-level clinical mental health counselors, covering knowledge, skills, and dispositions. Each 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 2018-19

Academic year 2018-19 was another important transition year for the assessment process within the CMHC program, due to several major related initiatives:

- We began the CACREP accreditation cycle (to be completed by 2020), via these actions:
 - Constructed and submitted the CACREP Self Study as the first part of the reaccreditation process (January 2019).
 - Upon receiving a response letter from CACREP to submit an Addendum to our Self Study, the faculty collectively compiled and wrote the Addendum which was submitted back to CACREP in July 2019.
 - Implemented our revised KPIs and associated measures into SOU's TracDat system, tying KPIs to SOU's strategic planning core themes and goals, incorporated CHMC's assessment results into SOU's institution-wide reporting.
- Staffing and assessment & clinical coordination changes:
 - In January 2019, the CMHC Assessment coordination duties shifted from D. Robertson to V. Chang.
 - In January 2019, F. Pierson became the CMHC Clinical Coordinator.
- The Graduate programs at SOU continue to finalize graduate program assessment reporting requirements, processes (SOU TracDat/Improve), and timelines.
- Technology:
 - In addition to implementing the Tevera software, we eliminated the use of cumbersome DVDs for recording practicum client sessions and replaced 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).
- o We continue to learn and train faculty, supervisors and students on the use of Tevera. The software was introduced with the incoming cohort in 2017, and is being rolled out to all internship sites in 2018 as these students begin their internships. Continual training and support is integral to the success of Tevera and its utility for all users.

Despite the many identified strengths of our program, we nonetheless strive for continuous improvement, and in addition to the major projects listed above, the following actions were taken over the last year in response to survey comments and other identified opportunities:

- We simplified the annual surveys conducted with each of our constituencies in order to make them more focused, concise, and shorter to complete.
- We held discussion meetings with our pool of pre-practicum and practicum supervisors to identify ways to better prepare first-year students for clinical work, resulting in some changes to pre-practicum and practica syllabi and procedures.
- We continue to utilize and assess the effectiveness of the Counselor Competency Scale - Revised (CCS-R) which asks supervisors to assess students on the primary skills, behaviors, and dispositions to become an effective professional counselor. The CCS-R is introduced in the 1st term (COUN 502) as both a formative and summative evaluation tool of student skills and dispositions and then used extensively in both individual (COUN 504) and group (COUN 506) practicum classes. Finally, the CCS-R has been implemented across all internship sites in the 2018-19 academic year so that site supervisors are assessing their interns on the same metrics and tool that students have been evaluated with since the beginning of the program.
- Discussions have begun on the opportunity (post reaccreditation and with changes in faculty and upcoming curricular changes, e.g. resuming electives in CMHC) to “redefine” or further identify our program. The discussion turned to how our local/regional stakeholders could have input into this discussion and thus the idea of hosting a CMHC regional stakeholders meeting was born. This will be carried out by the Assessment Coordinator in 2019-2020.
- The incoming Clinical Coordinator devoted considerable time and effort towards learning the program administration components of Tevera and subsequently restarting ongoing and continual efforts to problem solve, organize, and simplify Tevera processes for all users (adjunct, core faculty, and site supervisors, and most importantly, students).

Assessment Results for 2018-2019

Applicants: In 2019 our applicant pool decreased from 68 completed applications to around 40, with 10% (compared to 15% the previous year) of applicants identifying as members of a racial minority. Of applicants accepted into and enrolled in the program's incoming 2019 cohort and identifying their ethnicity, 10% identify as being of a racial minority, which is down significantly from the previous year (24%). Average total GRE score (301) and GPA (3.57) are consistent with previous years' admitted cohorts.

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 85% positive include (some with comparisons to 2017-18 data):

New Students Survey:

- CMHC faculty have encouraged me to join professional mental health organizations – 94% up from 92%
- The application process was managed effectively – 87.5% down from 91.4%
- The acceptance process was managed effectively – 93.75% up from 92.1%
- The CMHC Faculty are helpful to students – 93.75% down from 96.4%
- I have access to the educational resources I need – 100% up from 92.9%
- The CMHC program is meeting my expectations – 87.5% down from 90%
- In general, grading is fair – 100% up from 92.1%
- Workload across courses is appropriate - 93.75%
- CMHC courses are academically challenging - 93.75%
- Class size in content courses (e.g. 571, 570) is conducive to learning – 93.75% up from 92.9%
- Class size in experiential courses (e.g. 502, 504, 506, 510) is conducive to learning – 100% up from 95.7%

Graduating Students:

- The CMHC Faculty are helpful to students - 92.31%
- In general, grading is fair Graduating Students – 91.1%
- The academic advising process meets my needs - 92.31%
- The CMHC Program has met my expectations - 92.31%
- Substantial improvement in Professional Identity - 100%, Helping Relationships - 91.67%
- Improvement (Minor + Substantial) in Human Growth and Development - 100%, Group Counseling - 100%, Social and Cultural Awareness - 91.67%, Career Development - 100%, Research and Program Evaluation - 100%, Clinical Mental Health Counseling - 100%
- There are opportunities for community networking and involvement - 100%
- Field placements matched well with my career goals - 91.67%

Alumni:

- Field placements matched well with my career goals – 100%
- Currently a registered counseling intern working toward state licensure - 100%
- The CMHC faculty were helpful to my professional growth - 100%
- I would recommend this program to other potential students - 100%

Site Supervisors:

- Usefulness of the Internship Fair in getting the word out about your agency – 100%
- Usefulness of the Internship Fair in meeting and selecting next year's intern(s) – 100%
- The SOU CMHC Program internship expectations and requirements are clear to me – 100%
- The SOU clinical coordinator and/or faculty group supervisor are accessible and helpful – 100%
- CMHC Preparation of student interns overall: Adequate - 12.2%, Good - 63.3%, Excellent - 24.5%, Total 100%

Commonly mentioned strengths from qualitative comments:

- Support and mentorship from faculty
- Quality of clinical supervision from adjunct supervisors
- Cohort experience
- Connections to the community
- Personal growth through personal therapy, clinical experiences, supervision.

Exit exam results: Our students once again continued to score significantly above the national average in all eight CACREP core areas and in the overall total score on 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.

Key Performance Indicators (KPI) results: From the period: Fall 2018 through Summer 2019, we assessed 14 KPIs with a total of 37 measures during this time period. (See attached Chart of KPIs and Measures for a brief overview.) Five KPIs are measured twice at different times in the program while nine (9) KPIs are assessed three times. Of those 37 measures, 34 met all target criteria - this means that all eligible students in a class or group met the target criteria. Of the 3 measures where not all students met criteria, 2 measures (one related to KPI 2 and one related to KPI 14) contained lower than expected scores for a couple students on the CCS-R (parts 1 and 2). These individual students were given corrective feedback by supervisors and their skills and dispositions will continue to be monitored by core faculty through the practicum and internship sequences.

The last measure that did not meet the target outcome relates to KPI 7 and the use of the Counseling Activity Self-Efficacy Scale (CASES) as a measure of increased skill development over the course of the program. Students take this survey in Y1 Winter and then Y2 Spring and the aggregate scores (for each cohort) are compared from the 1st administration (baseline) to the 2nd administration. Our target outcome is to see a 30% increase from the baseline scores. For the 2017 cohort, the percentage increases on the CASES were: General Skills (15 items): 24.3%, Specific Tasks (10 items): 23.3% and Challenging Clients (16 items): 31.9%. The overall increase for the weighted means was 26.88%, a bit below our target outcome of 30%. However, these notable improvements in self-efficacy indicate that we are effectively teaching the counseling competencies we intend to teach.

Concerns & Opportunities for Improvement

Useful suggestions for improvements were made in some survey responses, with a few items occurring with greater frequency than others. Some of the suggestions made (particularly those with greater frequency of mention in survey comments) are the subject of action items identified below. Likert scale survey scores normalized to percentage scores with overall mean scores below 70% positive include:

- Substantial improvement in Research and Program Evaluation (Graduating Students – 60%)
- Substantial improvement in Human Growth and Development (Graduating Students - 58.33%)
- Substantial improvement in Social and Cultural Awareness (Graduating Students - 41.67%)
- CMHC courses are academically challenging (Graduating Students – 66.67%)
- I am satisfied with the overall class schedule (Graduating Students - 53.85%)
- The impact of the program on my personal or family life is manageable (Graduating Students - 61.54%)

Items of qualitative feedback occurring with some frequency related to:

- Work-life balance considerations and difficulties

- Inconsistency in student advising and mentoring
- Various curriculum-related specific comments and suggestions, in particular for Multicultural Counseling class and Psychopharmacology and Substance Use Disorders class
- Inconsistency (notable differences) in the workload across different classes of equivalent credits.
- The format and length of the Multicultural Counseling course is too short.
- Similarly, Psychopharmacology and Substance Use Disorders contains too much content within too short of a time period.
- Unexpected differences between practicum supervision and internship supervision.
- Updating some course materials (e.g. videos and textbooks)

Program Changes for AY 2019 - 2020

Taking into account the overall very positive program evaluations and all the assessment data and feedback received balanced against constraints of curriculum requirements, available resources, demands of our upcoming reaccreditation process, and logistical considerations, the CMHC faculty agreed to focus on a few key areas of program improvement for the coming year:

- Complete the CACREP reaccreditation Self Study and continue the reaccreditation process.
- Conduct a new review of potential curriculum changes with a view to addressing specific suggestions, introducing elective, focused population- and intervention-specific short classes, consider more hybrid online/classroom delivery models, possibly combining some existing classes to make room for new classes within the same overall tuition cost structure. Submit catalog/curriculum changes to allow for adding 1-credit elective classes back into the curriculum.
- Continue process of “hybridizing” select courses especially in the 2nd year to allow for more flexibility in internship scheduling and thus contributing to better work/life balance for students.
- Increase the emphasis on expectation-setting regarding time, financial, and emotional commitments involved in the program at the new student orientation session.
- Introduce individual self-care planning in the Summer internship supervision class, with ongoing review throughout the second-year internship through supervision and advising.
- Increase the emphasis with students on the importance and value of 1-on-1 student advising, beyond advising group sessions, especially in the first year of the program.
- Improve the timeliness of assignment of site supervisors in internships in order to allow the creation of internship forms in Tevera as soon as internships begin. Do this by initiating identification of supervisors during the Internship Fair and incorporating it into the standard internship site “match process”.
- Continue to focus on supporting and training site supervisors.
- Intentional preparation of new interns about important differences between practicum and internship supervision and how to best utilize site and campus-based supervision.
- Consider summer term and the scheduling, length, instructors, etc. of the summer courses to address multiple program needs. For example, consider shifting Multicultural to a regular term, analyze summer 510 and make appropriate adjustments to meet the variable start times of internships, and continue to strategize about how best to deliver Psychopharmacology and Substance Use Disorder content.
- Conduct an inaugural CMHC Stakeholder Meeting in AY 2019-20.
- Increase collaboration and sharing of ideas, strategies, feedback, etc. between faculty to increase consistency and linkages between courses and to increase overall quality of student experience.

Lastly and most importantly, the CMHC program is proud to welcome our newest faculty member, Dr. S. Anandavalli, who will contribute immensely to these ongoing quality improvement efforts.

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CMHC Faculty & Staff 2019 – 2020

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Addendum

Chart of KPIs and Measures

KPI # / Subject Area / Type	Measure 1 (course & term)	Measure 2 (course & term)	Measure 3 (course & term)
1. Professional Counseling Orientation and Ethical Practice (knowledge)	Exam in COUN 581 - Y1 Winter	Ethics Case Study in COUN 510 - Y2 Winter	CPCE score in core area - Y2 Spring
2. Professional Counseling Orientation and Ethical Practice (skills)	CCS-R (part 1) in COUN 504 - Y1 Winter	CCS-R (part 1) in COUN 506 - Y1 Winter	CCS-R (part 1) in COUN 510 - Y2 Spring
3. Social and Cultural Diversity (knowledge)	Cultural Awareness Research Paper in COUN 586 - Y1 Summer	Multicultural Case Study in COUN 510 - Y2 Spring	CPCE score in core area - Y2 Spring
4. Human Growth and Development (knowledge)	Theory into Practice Paper in COUN 570 - Y1 Fall	Culminating Activity in COUN 570 - Y1 Fall	CPCE score in core area - Y2 Spring
5. Career Development (knowledge)	Research Paper/Project in COUN 549 - Y2 Winter	Final Exam in COUN 549 - Y2 Winter	CPCE score in core area - Y2 Spring
6. Counseling and Helping Relationships (knowledge)	Case Conceptualization in COUN 571 - Y1 Fall	Final Case Conceptualization in COUN 585 - Y1 Summer	CPCE score in core area - Y2 Spring
7. Counseling and Helping Relationships (skills)	1st Counseling Activity Self-Efficacy Scale (CASES) in COUN 504 - Y1 Winter	2nd CASES in COUN 573 - Y2 Spring	
8. Group Counseling and Group Work (knowledge)	Exam in COUN 574 - Y1 Spring	Exam in COUN 573 - Y2 Spring	CPCE score in core area - Y2 Spring
9. Group Counseling and Group Work (skills)	1st Case Presentation in COUN 506 - Y1 Spring	2nd Case Presentation in COUN 506 - Y1 Spring	
10. Assessment and Testing (knowledge)	Assessment Battery & Report in COUN 521 - Y2 Fall	Final Exam in COUN 521 - Y2 Fall	CPCE score in core area - Y2 Spring
11. Research and Program Evaluation (knowledge)	Research Paper in COUN 542 - Y2 Winter	Article Critique in COUN 542 - Y2 Winter	CPCE score in core area - Y2 Spring
12. Clinical Mental Health Counseling (knowledge)	Group Project in COUN 583 - Y1 Spring	Final Case Presentation in COUN 573 - Y2 Spring	
13. Clinical Mental Health Counseling (skills)	Diagnostic Case Study Assignment in COUN 583 - Y1 Spring	Final Case Presentation in COUN 573 - Y2 Spring	
14. Professional Dispositions (dispositions)	CCS-R (part 2) in COUN 504 - Y1 Winter	CCS-R (part 2) in COUN 510 - Y2 Spring	