

2017 Annual Report

The Master of Arts in Clinical Mental Health Counseling (MA-CMHC) program seeks to provide educational opportunities and services to diverse adult populations with distinct and varied needs. Using multiple modalities of education delivery, Union Institute & University actively seeks to identify and reach those underserved by traditional graduate education. The MA-CMHC program yearly completes systematic program evaluation to ensure students are trained competently and ethically for preparation as professional counselors.

Program Mission Statement

The mission of the MA-CMHC program is to educate and train students in preparation to become professional counselors, functioning as competent and ethical practitioners and educators in a variety of clinical, educational, and workplace settings using evidence-based and best practices, who are informed consumers of research. The program specifically emphasizes the importance of multicultural competence and social responsibility in the practice of professional counseling.

Program Philosophy

The program's conceptual framework aligns with the mission of the larger institution in the promotion of high quality, accessible, innovative, brief-residency programs for adult students across the country and even throughout the world. The program subscribes to a practitioner-scholar training model that includes seminal thinking on evidence-based practices and reflects a culture of competence view in which learning and skill acquisition are the products of a sequential, organized, and supervised educational experience that prepares the student for practice as a counseling professional.

The program employs a developmental training approach where expectations of minimum competency increase as students progress through the sequence of coursework, supervised clinical practice, and completion of other requirements including the capstone project. Congruently, students are evaluated and assessed at different stages of their development. Graduates of the program are expected to be able to function as competent and ethical professional counselors, capable of providing mental health services to individuals, groups, and organizations, consistent with the goals as specified below.

Student Learning Goals, Objectives and Competencies

The MA-CMHC program includes a set of goals, objectives, and competencies specific to its training model.

The two primary goals of the program are:

1. Educate and train students in preparation to become licensed professional counselors, functioning as competent and ethical practitioners and educators in a variety of clinical, educational, and workplace settings using evidence-based and best practices, who are informed consumers of research.
2. Foster awareness of one's own position in a global community, understanding issues of social justice and social responsibility to individuals, groups, and communities in order to

competently and respectfully provide services to diverse client populations, as well as to be agents of social change.

The program has designated the following objectives to meet its goals:

1. *Relationship and Reflective Practice*

Students will acquire the knowledge, skills, and attitudes to develop effective, respectful, and caring interpersonal relationships with clients, students, and professionals in a range of settings. They will become self-reflective practitioners, aware of their own biases, limitations and power differentials.

Competencies of Relationship include:

- a. Describe and interpret ethical and legal standards in all aspects of professional activities.
- b. Develop and effectively maintain therapeutic relationships, with a respect for and appreciation of individual and cultural differences.
- c. Establish and maintain effective professional relationships with colleagues, supervisors, members of other disciplines, consumers, and community organizations with a clear understanding of professional boundaries.
- d. Demonstrate a commitment to personal and professional growth engaging in regular self-reflection regarding multiple professional roles and the effective use of supervision.

2. *Research & Evaluation*

Students will develop the knowledge, skills, and attitudes for critical thinking as consumers of research, with the ability to apply research, evaluation, and scholarship to the practice of clinical mental health counseling.

Competencies of Research & Evaluation include:

- a. Critically evaluate research literature and apply it to a broad range of clinical settings.
- b. Demonstrate appropriate levels of knowledge in the broad scientific areas of human behavior, including learning, psychopathology, social bases of behavior, human development, and counseling theories.
- c. Utilize scientific inquiry skills (research methodologies, basic descriptive and inferential statistics, and appraisal approaches) to design and implement a research study and/or evaluate the effectiveness of a program.
- d. Demonstrate competency in scientific inquiry in the process of lifelong learning and service to the profession and community.

3. *Assessment & Diagnosis*

Students will develop the knowledge, skills, and attitudes necessary to perform competently and ethically when using various methods of psychological and educational assessment such as standardized tests and clinical interviewing. They will be able to accurately interpret the results of those assessments and to plan interventions considering the latest evidence-based treatments available. Students will effectively communicate their results and recommendations to both consumers and professionals.

Competencies in Assessment include:

- a. Understand assessment theories and practice and the nature and use of appraisal and diagnostic techniques and other methods of assessment.
- b. Competently and ethically be able to interview clients and select, administer, and score various psychological and educational assessment instruments.
- c. Accurately interpret and integrate assessment findings, taking into consideration the cultural and personal characteristics of the clients.

d. Effectively communicate the results of assessment findings in written and oral form.

4. *Intervention*

Students will develop the knowledge, skills, and attitudes to conceptualize, plan, explain, implement, and evaluate intervention approaches that are appropriate to the clients' needs, taking into account the personal, interpersonal, and cultural contexts, and the current research.

Competencies in Intervention include:

- a. Utilize evidence-based practices in the conceptualization and planning of treatment approaches.
- b. Consider the social and biopsychosocial factors, as well as diverse cultural and personal characteristics, contexts, and settings in treatment planning and intervention.
- c. Demonstrate adequate clinical skills and judgment needed to effectively implement and modify counseling strategies and interventions.
- d. Demonstrate the ability to assess treatment effectiveness, utilizing appropriate client feedback, supervisory input, and outcome measures.
- e. Critically evaluate self in the counselor role.

5. *Education & Consultation*

Students will develop the knowledge, skills, and attitudes to understand and effectively design and implement educational programs and consultations with clients and colleagues.

Competencies in Education & Consultation include:

- a. Demonstrate knowledge of the basic and evolving principles and procedures in consultation with a broad range of individuals, groups, programs, and organizations.
- b. Demonstrate the necessary skills and attitudes to competently provide consultation as a mental health professional.
- c. Demonstrate knowledge of the roles of an educator and consultant as distinguished from other professional roles.

6. *Individual and Cultural Diversity*

Students will develop the knowledge, skills, and attitudes to provide professional services to individuals, groups, and communities from diverse backgrounds and to engage in ongoing critical reflection on issues of race, ethnicity, oppression, power, and privilege in the practice of clinical mental health counseling.

Competencies of Social Justice & Individual and Cultural Diversity include:

- a. Be aware of and monitor the influence of own cultural and personal background in all areas of professional practice.
- b. Be aware, knowledgeable, respectful, and appreciative of the experiences of diverse racial, cultural, and ethnic minority groups.
- c. Develop and provide culturally competent services to individuals, groups, and organizations, seeking appropriate consultation when relevant.
- d. Routinely identify issues of social injustice in own professional practice.
- e. Actively engage in addressing issues of social injustice in professional activities.
- f. Recognize the importance of multicultural competence as a lifelong learning process for self as a professional counselor.

The program evaluation plan for the MA-CMAC program is structured revolved around three areas: twelve evaluations of students within the program, six evaluations of the program within the program, and four evaluations of the program and students from external sources.

Internal Evaluation of Students	Internal Program Evaluation of Programs	External Evaluation of Program and Students
<ul style="list-style-type: none"> - Review of Application - Applicant Interview - SMART Assessment - Course Grades - LiveText SLO - Dispositions - Progress Review - Comprehensive Review Part I - Comprehensive Review Part II - Capstone Paper/Presentation - Student Final Self-Evaluation of Growth - Graduate Student Survey 	<ul style="list-style-type: none"> - Orientation Evaluations - Residency Evaluations - Course Evaluations - Site Supervisor Evaluations - Final Student Evaluation of the Program - Annual Faculty Evaluations 	<ul style="list-style-type: none"> - Mid-Practicum/Internship Evaluations of Students by Clinical Supervisor - End of Semester Evaluation of Students by Clinical Supervisor - Alumni Survey - CPCE

Using the three categories of evaluations (internal student, internal program and faculty, and external student and program) as a template, we aligned our program goals and objectives, and competencies to the 23 different assessments we conduct during the program cycle.

	Program Goals 1 & 2																								
	Obj. 1				Obj. 2				Obj. 3				Obj. 4					Obj. 5			Obj. 6				
	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	e	a	b	c	a	b	c	d	e
	Internal Evaluation of Students																								
Review of Application		X	X																						
Applicant Interview		X	X																						
SMART Assessment																									
Grades	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Live Text SLO	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dispositions	X	X	X	X																					
Progress Review	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Comprehensive Review Part I	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Comprehensive Review Part II	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Capstone Paper/Presentation					X	X	X	X									X	X	X						
Student Final Self-Evaluation of Growth	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	Internal Program Evaluation																								
Orientation Evaluations																									
Residency Evaluations																									
Course																									

Summary of Program Evaluation Results

Review of Applicants

During our application review process, we are focused on selecting students who have the capacity and interest to achieve success in meeting the mission, goals, objectives and learning competencies of both the university and program. To actively recruit and select the best applicants, the CMHC program assesses students specifically in the areas of helping dispositions, advocacy dispositions, self-awareness, diversity awareness and interpersonal skills. These areas both highlight our university and program values, and relate directly to our programs goals, objective and learning competencies. Specifically, students are assessed on a rubric that measures helping dispositions, advocacy awareness, self-awareness, diversity awareness, interpersonal skills and social justice awareness.

To help us capture a snapshot of our typical student, we examined the variables of age, race and ethnicity, and gender. Nineteen new students enrolled in classes during the fall, winter and spring/summer trimesters of the 2016-2017 academic year. The age range of accepted students was 25-68 with a mean age of 48 years. The reported race/ethnicity of these students was two Hispanic (11%), 8 Black/African American (42%), 6 White (31%), and three students who did not specify (16%). Additionally, the gender distribution is 4 or 21% male and 15 or 79% female.

Course Grades

All coursework in the CMHC program is evaluated and assigned either a letter grade (required, core courses and electives) or pass/fail (clinical experience courses) as an assessment of student completion and knowledge of course material. Students earn grades on an “A” (excellent), “B” (good), “C” (marginal) and “F” (failing) scale. An “I” (incomplete) is given under special circumstances outlined by university policy. Both individual course grades and overall GPA are monitored to ensure the students are meeting the academic progress expected by the MA-CMHC program. Grades are systematically reviewed by the program director and student advisors at the end of each semester, and by the core faculty during each semester as part of the progress review process.

Student Learning Outcomes (Live Text)

The MA-CMHC program implemented the Live Text program during the 2016/2017 academic year. Currently, Live Text is being used to assess student learning outcomes for the Core (required) courses. Figure 7 outlines what common core standard is assessed in each of the 17 courses. A four-point rubric (4=advanced, 3=proficient, 2=developing, 1=unacceptable) is used to assess the identified assignment and student’s overall performance/competency in the target common core standard of the course. Depending on the course and assignment more than one common core standard may be assessed in one course.

#	Common Core Standard	501	502	504	505	506	507	508	509	510	511	513	516	519	521	531	542	543
1	Professional Orientation and Ethical Practice	x=2.67	x=3.00	x=3.00	X	X	x=3.00	X	x=2.75	x=3.00	x=3.00	X	X	X	X	X	X	X
2	Social and Cultural Diversity	x=3.00	x=3.00	x=3.00	X	X	x=3.00	X	x=2.5	x=2.33	x=3.00	X	X	X	X	X	X	X
3	Human Growth and Development		x=3.00			X											X	X
4	Career Development										x=2.65						X	X

5	Counseling & Helping Relationships	x=3.11	x=3.00	x=3.11					x=2.81						X	X	X	X
6	Group Work						x=3.38									X	X	X
7	Assessment		x=3.00					X		x=2.00				X		X	X	X
8	Research and Program Evaluation											X		X	X	X	X	X
	CMHC Standard	501	502	504	505	506	507	508	509	510	511	513	516	519	521	531	542	543
1	Foundations	x=2.67				X	x=3.00	X	x=3.00					X		X	X	X
2	Contextual Dimensions	x=2.83	x=3.00	x=3.00	X	X	x=3.00	X	x=2.63	x=2.44	x=3.00	X	X	X	X	X	X	X
3	Practice		x=3.00				x=3.00		x=2.75					X		X	X	X

Student Professional Dispositions

Student professional dispositions are currently assessed as part of the Comprehensive Review Part I & II and by the internship clinical site supervisor 2x per semester. Additionally, as a part of the year's assessment review process, we have decided to add disposition assessments following all residency experiences. We decided to add the additional assessment of professional dispositions so as not to wait until a student is two or more semesters into the program before gaining an understanding of their strengths and weaknesses in this area.

Progress Review

Every semester the core faculty meet to discuss each student within the CMHC program. During the meeting faculty review students' growth and development in the areas of knowledge, skills and professional dispositions. Specifically, faculty reviews each students' academic performance (grades, SLO), professional dispositions assessed by core faculty during courses and residency, and skills development assessed by performance in skill-based courses, at residency and during the clinical experience. Students are also informally evaluated on their interpersonal and intrapersonal skills through interactions with faculty, staff, and other students. If for any reason there are concerns regarding a student's performance, the student will receive written notification, and if needed, a student review will be scheduled.

Comprehensive Review Part I (Pre-Practicum) & Part II (Post-Practicum)

The Comprehensive Review part I is completed after the student has successfully completed 18-30 credit hours and before the practicum experience. The Comprehensive Review Part II is completed after the internship experience. At both points of evaluation, the academic advisors review their advisees' overall programs and progress toward degree and competency requirements. The purposes of the comprehensive reviews are as follows:

- Individual Student Level
 - Identify areas of strength and weakness and assist students in resolving potential problems in academic or clinical performance, and interpersonal, professional, and ethical behaviors.
 - Provide feedback to the student regarding progress toward the MA-CMHC degree in relation to the stated goals, objectives and competencies of the MA-CMHC program.
 - Assess readiness for practicum and internship.
- Program Level

- aggregated data from the comprehensive reviews is used to assess student progress and program weaknesses

The comprehensive review assessment form is a 35 item assessment that measures students' knowledge, skills, and professional dispositions on a four-point rating scale (1=Unacceptable, 2=Emerging, 3=Expected, 4=Exceeds Expected). This assessment is broken down into seven areas of evaluation including the program's six objectives, the associated competencies, and professional dispositions. The table below is a summary and comparison of Part I & Part II aggregated comprehensive exam data for the 2016/2017 Academic Year.

		COMP I	COMP II
Relationship & Reflective Practice	a. Describes and demonstrates an understanding of ethical and legal standards for clinical practice.	3.2	3.4
	b. Through written and verbal communications, shows respect for and appreciation of individual and cultural differences.	3.6	3.4
	c. Demonstrates effective professional communication with colleagues, supervisors, professors, and fellow students.	3.4	3.6
	d. Demonstrates commitment to personal and professional growth engaging in regular self-reflection regarding professional education and learning.	3.6	3.6
Research & Evaluation	a. Critically evaluates research literature and demonstrates an understanding of how to apply this knowledge to clinical practice.	3.6	3.4
	b. Demonstrates appropriate levels of knowledge in the broad scientific areas of human behavior, including foundations of behavior, psychopathology, human development, appraisal, and counseling theories.	3.2	3.1
	c. Demonstrates basic scientific inquiry skills (research methodologies, basic descriptive and inferential statistics, and appraisal approaches) in conducting research and/or evaluating the effectiveness of a program.	3.2	3.1
	d. Demonstrates competency in scientific inquiry in the process of lifelong learning and service to the profession and community.	3.4	3.4
Assessment & Diagnosis	a. Understands assessment theory and practice, and the nature and use of appraisal and diagnostic techniques, and other methods of assessment.	3.2	3.4
	b. Demonstrates an understanding of the administration and scoring of various psychological and educational assessment instruments.	3.0	3.1
	c. Understands the interpretation and proper use of test results, and the importance of taking into consideration the cultural and personal characteristics of the clients.	3.0	3.1
	d. Understands how to properly describe test results and communicate the assessment findings in written and verbal form.	3.0	3.3
Intervention	a. Demonstrates knowledge of evidence-based practices in the conceptualization and planning of treatment approaches.	3.0	3.4
	b. Considers the social and biopsychosocial factors, as well as diverse cultural and personal characteristics, contexts and settings in treatment planning and interventions.	3.6	3.3

	c. Demonstrates an understanding of the clinical skills and judgment needed to effectively implement and modify counseling strategies and interventions.	3.2	3.1
	d. Demonstrates the knowledge of how to assess treatment effectiveness, involving appropriate client feedback, supervisory input, and outcome measures.	3.0	3.1
	e. Shows awareness of personal strengths and challenges for counseling practice.	3.6	3.7
Education & Consultation	a. Demonstrates knowledge of the basic and evolving principles and procedures in consultation with a broad range of individuals, groups, programs and organizations.	3.0	3.4
	b. Demonstrates the necessary skills and attitudes to competently provide consultation as a counseling professional.	3.0	3.3
	c. Demonstrates knowledge of the roles of an educator and consultant as distinguished from other professional roles.	3.0	3.3
Individual & Cultural Diversity	a. Is aware of and monitors the influence of own cultural and personal background in all areas of professional practice.	4.0	3.6
	b. Is aware, knowledgeable, respectful and appreciative of the experiences of diverse racial, cultural and ethnic minority groups.	4.0	3.4
	c. Develops and provides culturally competent services to individuals, groups, and organizations, seeking appropriate consultation when relevant.	3.0	3.3
	d. Routinely identifies issues of social injustice in professional activities.	4.0	3.3
	e. Actively engages in addressing issues of social injustice in professional activities.	3.6	3.3
	f. Recognizes the importance of multicultural competence as a lifelong learning process for self as a professional counselor.	4.0	3.6
Professional Dispositions	Commitment to Graduate Studies. Demonstrates perseverance in the completion of program requirements.	3.8	4.0
	Willingness to Learn and Grow. Demonstrates openness to critique and integrates feedback in an effort to develop.	3.8	4.0
	Integrity. Demonstrates truthfulness to oneself and others.	4.0	4.0
	Civility. Demonstrates the ability to honor, value and positively regard oneself and others.	4.0	4.0
	Responsibility. Acts independently and demonstrates accountability, reliability and sound judgment.	3.6	4.0
	Professionalism. Demonstrates situationally appropriate attitude and behavior.	3.8	4.0
	Social and Emotional Maturity. Demonstrates self-confidence and empathy and the ability to develop meaningful relationships with others.	3.8	4.0
	Attendance at Residencies. Present at weekend residencies during terms of enrollment.	3.4	4.0
	Engagement in Residencies. Engages fully in scheduled program activities at weekend residencies during terms of enrollment.	3.6	4.0

The comprehensive exam data reveals that overall we assess our students at the expected or exceeds expected in all areas of the Comprehensive Review Part I & II. Additionally, overall the data shows

development in all assessment areas, except Research and Evaluation, and Individual & Cultural Diversity, when comparing Part I and Part II. The MA-CMHC students are rated highest in the areas of Relationship and Reflective Practice, Individual and Cultural Diversity, and Professional Dispositions. Whereas, they are rated weakest in the areas Assessment and Diagnosis, and Education and Consultation.

Mid-Practicum/Internship and End of Semester Clinical Evaluation (Site Supervisor)

One of the critical areas where external evaluation of students is completed is during the clinical experience. Clinical counseling site supervisors are asked to assess students at the trimester mid-term and trimester end. The evaluation form for the practicum experience is more general, focusing on students' application of basic skills. By comparison, the evaluation form for the internship experience is more detailed; it more specifically measures both depth and breadth of interns' knowledge and skill in all seven domains: counseling knowledge process, counseling and consulting skills, assessment and intervention, diagnosis, counseling groups, and professional behavior and self-awareness.

The ranking of clinical student interns (both practicum and internship) is based upon actual observation and reports from staff, clients, families, etc. The scale is a four-point scale; each point represents the interns' competency level.

- 1 - The counseling intern's competence demonstrates significant and serious errors in judgment, skills, ethical/legal or conceptual knowledge and skills. The student does not demonstrate an emerging level of competence and skill development is doubtful.
- 2 - The counseling intern's competence is currently considered below average, but supervision and experience are expected to develop the skill. Close supervision is required.
- 3 - The counseling intern's competence is at an average level expected at this stage of training.
- 4 - The counseling intern's competence is assessed to be above average expected at this stage of training. Demonstration of both proficiency and a high degree of expertness in is shown in this skill.

PRACTICUM	Mean Score Faculty	
	Mid	Final
Uses appropriate basic skills such as active listening, reflecting of feelings, clarifying questions, and summarizing.	3.14	3.14
Counsels clients utilizing accepted theoretical perspectives, biopsychosocially-oriented case conceptualization and practice, and an awareness of evidence-based practice across all stages of the counseling process.	3	3.14
Adapts intervention strategies and techniques to address the contextual and cultural needs of clients, be they: individual, couple, family, or group members.	3	3.14
Demonstrates knowledge of, and ability to incorporate, relevant and current research literature.	3	3
Demonstrates an ability to utilize, as needed: prevention, assessment, intervention, and referral—including the use of harm-sensitive assessments for suicide/violence and addiction, and targeted referral strategies to professionals or resources to promote client well-being.	3	3.14
Demonstrates diagnosis and clinical conceptualization skills congruent with the field of Clinical Mental Health Counseling.	3.14	3.14
Demonstrates knowledge and application of the American Counseling Association (ACA) Code of Ethics.	3.14	3.28
Understands clinical, advocacy, and consultation-related scopes of	3.14	3.28

practice for Clinical Mental Health Counselors.		
Demonstrates receptiveness to feedback from supervisors and peers, including appropriate engagement of the supervisory process, and incorporates feedback from clients, supervisors, and consultants.	3.29	3.43
Demonstrates an understanding of, and willingness to, respond to limitations and challenges as a counselor.	3.29	3.43
Actively reflects on strengths and engages relevant resources to support continued growth.	3.29	3.43
Exhibits awareness of, and responsiveness to, potential relational impact upon clients, peers, staff, consultees, and supervisors.	3.29	3.43
What do you feel is this trainee's areas of strength?	Mid: Relationship, building rapport, identification of clients' needs End: Relationships, Building rapport, timely completion of paperwork, self-reflection	
What aspects of counseling can the trainee focus further on in their training experience?	Mid: Diagnosis, Boundaries End: Intake, focused processing, confidence	

When looking at the overall practicum data, we see a developmental/growth trend between the mid-trimester evaluation and the end of semester evaluation. Students are rated between 3 (the counseling intern's competence is at an average level expected at this stage of training) and 4 (the counseling intern's competence is assessed to be above average expected at this stage of training) in all areas of evaluation. Demonstration of both proficiency and a high degree of expertness in is shown in this skill).

INTERNSHIP	Internship I n=7		Internship II n=8		Internship III n=3	
	Mid	Final	Mid	Final	Mid	Final
A. Counseling Knowledge & Process						
Confidentiality	3.14	3.14	3.25	3.38	3.67	3.67
Individual counseling process	3.07	3.00	3.25	3.38	4	4.00
Group counseling process	3.29	3.29	3.38	3.25	3.67	3.67
Clinical, advocacy, and consultation related scopes of practice	3.00	3.00	3.13	3.13	3.33	3.33
Apply and adhere to ethical and legal standards	3.14	3.43	3.63	3.63	3.67	3.67
Culturally competent services to individuals, groups and organizations	3.14	3.14	3.00	3.13	3.67	4.00
Expectations and personal process of clinical supervision	3.29	3.14	3.25	3.25	3.00	3.67
B. Counseling & Consulting Skills						
Therapeutic rapport	3.00	3.00	3.25	3.25	4.00	4.00
Confidential boundaries	3.14	3.43	3.00	3.38	3.67	3.67
Basic individual counseling skills	3.00	3.29	3.13	3.25	4.00	4.00
Advanced counseling skills	2.86	3.00	3.00	3.13	3.33	3.33
Problem conceptualization	2.86	3.14	3.00	3.00	3.33	4.00
Theoretical rational and intentionality	3.14	3.00	3.13	3.13	3.33	3.33
Evidence based practices	3.00	3.00	3.13	3.13	3.67	3.67
Consultation and assistance to others	3.14	3.00	3.13	3.25	3.67	4.00
Successful referrals	3.57	3.29	3.5	3.63	3.67	3.67
C. Assessment & Intervention						
Establish counseling/help goals	3.00	3.00	3.00	3.00	3.67	3.67
Conceptualization and formulation of clinical hypothesis	2.86	2.86	2.88	3.00	3.00	3.00
Flexible application of counseling modalities	2.86	2.86	3.00	3.13	3.33	3.33

Cultural competence in assessment, diagnosis, and treatment	3.57	3.43	3.38	3.38	3.67	3.67
Adapts interventions strategies and techniques	3.00	3.00	3.00	3.00	3.67	3.67
Evidence based practices in technique and intervention selection	3.00	3.00	3.00	3.00	3.67	4.00
Cultural issues and counselor background/worldview	3.00	3.00	3.13	3.13	3.67	3.67
Risk factor and suicide/homicide/violent behavior assessment	3.00	3.00	3.00	3.00	3.67	3.67
Selects and interprets standardized and non-standardized assessment data	2.83	3.00	2.88	3.00	3.33	3.33
Intake interview, mental status exam, biopsychosocial history	2.83	3.00	3.00	3.13	3.67	4.00
Screens for addiction and co-occurring disorders	3.00	3.00	3.00	3.13	3.00	3.33
Advocacy	3.00	3.00	3.25	3.50	3.67	3.67
D. Diagnosis						
Diagnostic tools	3.00	3.00	3.13	3.25	3.00	3.00
Differentiates between diagnosis and developmentally appropriate	2.83	2.86	3.06	3.38	3.33	4.00
Recommended evidence based treatment for specific diagnosis	3.14	3.00	3.25	3.25	3.33	3.33
E. Counseling Groups						
Assessment of client's appropriateness for group counseling	3.17	3.17	3.38	3.38	3.33	3.67
Plan and design group	2.67	3.00	2.88	3.13	3.67	3.67
Group facilitation or co-facilitation	3.17	3.33	3.38	3.38	3.67	4.00
Skillful in group counseling skills	2.83	3.00	2.88	3.00	3.67	3.67
Group process and ethical considerations	3.00	3.00	3.13	3.13	3.67	3.67
F. Professional Behavior and Self Awareness						
Professional communication and rapport w/clients	3.50	3.43	3.50	3.50	3.67	4.00
Professional communication and rapport w/ clinical supervisor	3.43	3.29	3.25	3.25	3.67	3.67
Professional communication and rapport with other organization staff	3.29	3.14	3.38	3.38	3.67	3.67
Open and receptive to feedback	3.57	3.29	3.25	3.25	4.00	4.00
Dresses appropriately	3.14	3.43	3.50	3.50	4.00	4.00
Seeks consultation	3.43	3.29	3.25	3.13	3.67	4.00
Recognizes own limitations	3.29	3.14	3.25	3.38	3.67	3.67
Appropriate stress management and self-care	3.29	3.57	3.63	3.63	3.67	3.67
Completes case notes, reports etc.	3.14	3.00	3.13	3.25	3.33	3.33
G. Overall Rating of Intern						
Overall performance of intern	3.00	3.14	3.13	3.50	3.67	4.00

The Internship Assessment data indicate that overall students continue to grow in all domain areas. Supervisors rate students the highest in the areas of Counseling and Consulting Skills, and Professional Behavior and Self Awareness. Whereas, they are rated weakest in the areas of Diagnosis, specifically diagnostic tools, conceptualization and hypothesis testing, evidence-based treatments, and areas of assessment at the end of internship II when most students complete internship.

CPCE Exam

Every student takes the Counselor Preparation Comprehensive Examination (CPCE) during his or her final semester. The CPCE is designed to assess counseling students' knowledge in eight core knowledge areas. Although the categories have slightly different titles, they closely correspond to the eight Core Areas of Knowledge identified by CACREP. The CPCE categories are professional orientation and ethics, social and cultural foundations, human growth and development, career and life development, helping relationships, group work, appraisal, and research and program evaluation.

The MA-CMHC program had nine students take the CPCE exam during the 2016/2017 academic year.

Core Area	UIU Mean	National Mean	Difference
Human growth and development	11.44	10.64	0.80
Social and cultural foundations	11.67	10.58	1.09
Helping relationships	11.89	11.69	0.20
Group work	11.67	11.31	0.36
Career and life development	9.22	9.15	0.07
Appraisal	10.44	9.15	1.29

Research and program evaluation	10.67	10.56	0.11
Professional orientation and ethics	11.44	10.56	0.88
Total	88.44	85.01	3.43

After reviewing the data and comparing it with national means for each category, it is evident that overall our students are performing slightly above the national average. The strongest areas of overall knowledge are appraisal, and social and cultural foundations. Whereas the weakest areas of overall student knowledge are in the areas of career and life development, and research and program evaluation.

Internal/External Program Evaluation of Students Review Summary

Through the thirteen internal and external evaluation opportunities, the MA-CMHC faculty are able to assess students systematically throughout the program. This systematic assessment allows for early identification of individual student needs and struggles, along with the ability to better understand our students' strength in the areas of knowledge, skills across the eight core areas and students personal and professional growth/development (dispositions).

Strengths

- *Quality Students from Target Population* – Union Institute and University strives to recruit, admit and serve professionals who would like to advance their career through education. We offer flexibility through the online format and strive to assist students to add and expand the expertise they walk into our university already possessing. Additionally, UIU is committed to attracting and servicing a diverse student population.
- *Improvement Focused* – Throughout the student evaluation data it was obvious that UIU students are striving for excellence and working to improve their knowledge and skill. Overall an upward trend was seen when comparing earlier evaluations to later evaluations.
- *Open and Receptive to Feedback* – Although connected to the idea of improvement focused, it is important to highlight that our students are consistently rated above average in this area by both internal and external evaluators.
- *Professional Dispositions* – Students were rated highly in both internal and external evaluations of student professional dispositions.
- *Strong Overall Knowledge and Skills* – UIU students are being evaluated both internally and externally at an average or above average rating. When compared nationally our students are performing above the mean in all assessment areas.

Areas to Grow

- *Knowledge to Practice/Application* – UIU students are showing a disconnect between the knowledge they have developed and the application of this knowledge in their clinical experience courses.
- *Reviewing and Applying Research* – Initially students are rated strong in this area, however their scores decrease between the Comprehensive Review I and the clinical experience assessments. This decrease might be due to the application of these skills during the clinical experiences and capstone, where if weaknesses are present are more likely to be highlighted and evident.
- *Appraisal/Assessment* – *UIU students demonstrate an above average knowledge of assessment when compared to the national average, however when evaluated in their clinical experiences this area is one of their weakest.*

Course Evaluations

Students are provided an opportunity to evaluate every course they are enrolled in for that semester. Evaluations take place at the end of the semester, and the results are provided to both the instructor and the program director. The evaluation asks students questions in the following domains: academic content, quality of instruction, the timeframe of feedback, course interaction, and requirements of course. The scales for each domain differs slightly and are indicated on the table.

The table below outlines how students rated courses and faculty.

Course Evaluations 2016/2017 (mean score of 32 courses)	
Academic Content Scale 0-4 (1=Strongly Disagree, 2=Disagree, 3=Agree, 4=Strongly Agree)	
Q2 – Expectations of students	3.64
Q3 – There was clear relationship between learning activities/ assignments and learning outcomes.	3.67
Q4 – This course had a balance of current and classic materials.	3.63
Q5 – Textbook(s) and other instructional materials were informative.	3.72
Q6 – Readings, discussions and other learning activities clearly addressed the integration of theory and practice.	3.68
Q7 – Presentations by the instructor were thorough, clear, and informative.	3.60
Q8 – I learned a lot from this course.	3.69
Q9 – The course’s learning environment was positive and effective.	3.57
Q10 – The instructor treated students respectfully, even when a student was in disagreement.	3.75
Q11 – Students treated one another respectfully, even when they disagreed.	3.67
Q12 – The threaded discussions were substantive and informative.	3.51
Q13 – The course gave appropriate attention to issues of social justice.	3.68
Q14 – The course gave appropriate attention to issues of cultural diversity.	3.71
Quality of Instruction Scale 0-4 (1=Poor, 2=Adequate, 3=Good, 4=Excellent)	
Q15 – Instructor’s knowledge of course topic and materials	3.81
Q16 – Instructor’s group facilitation skills on CampusWeb	3.78
Q17 – Instructor’s group facilitation skills face-to-face	3.67
Q18 – Instructor’s responsiveness to you	3.66
Q19 – Instructor’s interpersonal communication	3.72
Q20 – Quality of instructor’s feedback	3.69
Timeframe of feedback Scale 0-4 (1=>2weeks, 2=8-14 days, 3=4-7 days, 4=3 days or less)	
Q21 – Typical timeframe for feedback from instructor on your assignments	3.63
Course Interaction Scale 0-5 (1=significantly less, 2=less, 3=about the same, 4=greater, 5=significantly greater)	
Q22 – The amount of interaction with other students	3.26
Q23 – The amount of interaction with the instructor	3.50
Q24 – The quality of interaction with other students	3.26
Q25 – The quality of interaction with the instructor	3.66
Requirements of the Course Scale 0-3 (1=Excessive, 2=Appropriate for the course, 3=Less than appropriate)	
Q26 – Reading assignments	1.98
Q27 – Written assignments	1.97
Q28 – Class participation	1.99
What advice would you give to a student taking this course in a future term?	
<ul style="list-style-type: none"> Brown Beatty is a wonderful facilitator of the internship program. She is highly experienced in guiding students through the process of becoming competent counselors, and imparts a great 	

<p>sense of calmness to what can sometimes be an overwhelming experience. We all love her, and she is an asset to UIU.</p> <ul style="list-style-type: none"> • Great course. I enjoyed the assignment of having to go out and observe actual group work. I think that was the best learning for me. So really get involved in that assignment it has a huge benefit if you apply yourself. • This course opened my eyes to the ability to see myself for who I was and showed me that I was ready for this experience. I was able to apply my learning from previous classes and until this course it all came together. I did not understand much of what I had learned until now for some reason everything clicked for me. The live sessions made a difference for me. I also liked the format of the quizzes although they were very uncomfortable but they really made me think and apply my learning. Great class. • This course helped me look at how I want to apply my learning and where I want to take it next. It allowed me to think ahead and prepare myself for what's to come and how I see myself getting there. I learned it is not as easy as I thought but with hard work and dedication we can achieve it and it is needed.
What suggestions can you provide the instructor on how to strengthen this course?
<ul style="list-style-type: none"> • Your attentiveness and support during the webinars is exceptional and wonderful. My suggestion for the course would be to start the class rolling on the clinical consultation paper early on and review parts of it regularly at the beginning (or end) of the webinar. I think 5-10 minutes devoted to reviewing the many topics included in the consultation paper would be helpful. Students could take notes to later include in their final consult paper. • I suggest that with a final exam there be a study guide given to help students focus on the appropriate information. Definitely for new students who may not be familiar with the instructor teaching style. • I don't want the course to end, sad to say. I feel like there is so much more that we need to cover. I think there should be a part two to this course because it seems like we learned all of this and just dropping it at the door, now I want to discuss the learning a little more. Great class.

Overall, students scored all five domains of the course evaluation positively. In the academic content domain, students rated the quality of the content of the course, respectful course environment and focus on social justice and diversity issues very positively. The domains that tended to have lower rated items were the course interaction and requirements of course domains. The data suggests that students would like more interaction with other students and fewer course requirements. They rated, however, the quality of the forum discussions a bit lower than other aspects of the academic content domain.

Student Site Supervisor Evaluations

Students also provide feedback about their experiences with their site supervisors. Students answer 26 questions about their site supervisor to assess the following: supervisory skills, intervention skills, consultation skills, commitment to ethics, overall rating of ability, and recommended. Questions are scored on a 5-point Likert scale (1= lacks proficiency, 2=below average, 3=average, 4=above average, 5=expert).

Evaluation of the Site Supervisor n=26	Overall Mean
Supervisory Skills	4.07
Intervention Skills	4.26
Consultation Skills	4.14
Commitment to Ethics	4.5
Overall Rating	4.32
Recommend	91% yes

Students reported having positive overall experiences with their site supervisors and rated them above average in all areas of the evaluation. Although there was little variability between the responses within each domain, the lowest scored domains were supervisory skills and consultation skills.

Final Evaluation of the Program

The final evaluation of the program is the student’s opportunity to comment on the strengths and weaknesses of the program as the student has experienced it, and to present suggestions for ways in which the program can be improved. The program evaluations are regularly reviewed by program directors and faculty with an eye toward addressing program weaknesses. Students’ qualitative constructive comments help to adapt and strengthen the program in significant ways. A selection of students’ comments highlighting the overall themes of the feedback as listed below.

Strengths:

- “...the residencies, they have improved greatly. They are so much more engaging and directly relatable to the helping and business of clinical counseling.”
- “Residencies allowed for networking and forming friendships.”
- “coursework very thorough.”
- “I was supported and encouraged by all staff.”
- “The residencies really enhanced learning.”

Weaknesses:

- “The one major weakness of the classes at were the forums.”
- “It seems to me that the program is not as strong in its facilitation of learning-enhancing discussions.”
- “not enough communication.”
- “faculty attitudes to students in terms of workloads, communication, etc. could be wildly different.”

Themes from this academic year’s assessment focused on course content, increased quality of residency, connection, communication, and change. Students reported course content and quality and the increased quality of residency as strengths of the program. They also highlighted that when they felt supported the support, mainly supervision of clinical experience, was of high quality. However, students’ comments highlighted a few weakness. These weaknesses focused on feeling disconnected, especially when it came to forums. They stated that they would like to see communication that is more consistent coming from the program, specifically about changes that are taking place. It is also important to note that the feedback was very inconsistent, for example, some students felt very supported and gave positive feedback regarding communication and the online feedback, whereas, others were not happy with the amount and quality of communication.

Graduate Student Survey

The graduate student survey is a comprehensive survey that looks at graduate demographics, internship details (including after internship job placement), licensure, and program evaluation (including student/faculty relations). The program evaluation asks students to rate how well they think the program has prepared them academically in six core areas; Relationship, Research & Evaluation, Assessment, Intervention, Education & Consultation, and Social Justice & Individual and Cultural Diversity. Twelve students completed the Graduate Student Survey. On average the students took 9 trimesters to complete the MA-CMHC program. Of the twelve students who completed the Graduate Student Survey, one student identified him or herself as a racial/cultural/ethnic minority and one identified him or herself as disabled. Additionally, 50% of the graduates were offered and accepted a position at their internship site.

Section B: Program Evaluation 1-4 Scale (1=poor/inadequate, 2=acceptable, 3=good, 4=excellent/superior)						
Relationship	Research & Evaluation	Assessment	Intervention	Education & Consultation	Social Justice & Individual and Cultural Diversity	Average

3.75	3.32	3.54	3.73	3.43	3.74	3.58
Section C: Student Faculty Relations 1-5 Scale (1=very poor, 2=poor, 3=average, 4=good, 5=excellent)						
Advisement	Respect Cultural/Individual Diversity	Respect Personal/professional Boundaries	Assistance Specialty area of interest	Mentoring	Oral & Written Communication	Assistance Internship/Practicum Sites
4.07	4.50	4.57	4.28	4.67	4.17	3.07

Overall graduates are rating both program quality and faculty relations quite high. The exception of this is the area of Assistance Internship/Practicum Sites. This weakness, although still rated as “average”, has been highlighted by students in both program evaluation surveys and during informal feedback.

Alumni Survey

The Alumni Survey is used to better understand our graduates’ experiences of the university, program and career preparation after entering the counseling profession. The Alumni Survey asks participants questions about graduation year, continuing education, institutional outcomes, general satisfaction and professional advancement.

Respondents to the survey included 9 graduates who had graduated between 2010 and 2013. When asked about extending their education beyond the MA-CMHC degree 55% expressed interest in continuing their education and all nine respondents reported they would return to UI&U for additional education. When asked about institutional outcomes, general satisfaction, and professional advancement the results were positive (see figure 15). However, the issue of licensure and practice in the area of counseling was highlighted when only 44% of the students reported having obtained or applied for a license to practice after graduation.

Institutional Outcomes (Scale 1-5, 1=significant help, 2=some help, 3=little help, 4=no help, 5=not applicable)		
	Participants	Average rating
Communicate more effectively	n=9	2.00
Think more critically and creatively	n=9	1.44
Recognize broader social and global perspectives	n=9	2.11
Better understand professional and/or ethical responsibilities	n=9	1.44
Become more knowledgeable in my field	n=9	1.00
Apply knowledge to practical applications	n=9	1.11
Work in a multicultural society	n=9	1.78
General Satisfaction (Scale 1-5, 1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5=strongly agree)		
Was an important personal goal	n=8	4.37
Made my family proud of me	n=8	4.00
Set a positive example for my children	n=8	4.13
Increased my self confidence	n=8	4.13
Opened doors for me	n=8	4.13
Improved my future	n=8	4.00
Empowered me to serve others and contribute to society	n=8	3.88
Professional Advancement		
Received a promotion	n=9	38%

Found a more satisfying job	n=9	38%
Moved from a non-professional to professional position	n=9	25%
Moved to a management position	n=9	0%
Found a better paying job	n=9	38%
Changed careers	n=9	75%
Started my own business	n=9	13%
Start teaching college courses	n=9	0%

Program Modifications

This year a synopsis of the results was presented and reviewed by the MA-CMHC Core Faculty. The Core Faculty, which includes the program director, discussed the highlighted weaknesses and have put together an action plan for the 2017/2018 academic year.

1. *Connection and Communication*- In order to build connection and increase communication outside of class and residency faculty will host “coffee time” and “skill Sessions” every semester. These sessions will be voluntary and will fluctuate scheduling.
2. *Case Conceptualization, Diagnosis, and Interventions* –Faculty will infuse more practice based assignments to course that include or directly instruct on areas of case conceptualization, diagnosis and evidence-based treatments. Residencies will also incorporate more presentations and trainings in these areas.
3. *Knowledge to Practice* – MA-CMHC students are performing well both in courses and on the CPCE exam, however it appears that this knowledge is not always easily applied to the clinical experience courses or rated as high by cite supervisors. The MA-CMHC program is going to focus on offering more opportunities for students to apply their knowledge and receive feedback. These opportunities will take place both in the “skills sessions” mentioned above and during residency.
4. *Advising*- It has been the practice of the program to shift students between advisors when changes are needed in advising load or staffing. This practice seems to have impacted the students’ perceptions of support. The program has decided that suggestions for new advisor assignments will be requested before from the affected student prior to any advisor changes.
5. *Assessment Improvements* – Program evaluation is an ever-evolving process. This year it has become clear that a few changes need to be made in the evaluation process. 1) Disposition and skills need to be assessed earlier and more frequently, 2) The Alumni Survey needs to be completed annually and more program specific questions need to be added to the survey to provide more specific data for program improvement, and 3) the MA-CMHC Advisory Board needs to be refreshed and bi-annual meetings need to be scheduled to ensure the program is getting consistent and accurate feedback from outside professionals who are passionate about seeing our program thrive.
6. *Alumni Survey Response Rate*- Although this number was unexpectedly low it has highlighted the need to conduct this specific assessment more often and adopt practices that continue to engage UI&U alumni with the university and program. UI&U has already began the process of being able to invite UI&U Alumni to campus for CEU eligible trainings.
7. *Graduation to Licensure* – The MA-CHMC faculty would like to see a high transition rate between graduation and working as a licensed professional in the field. This goal has been high on the program director’s priorities for the last couple of years. Some of the continued efforts in this area surround building a stronger counselor identity in our students through participation in regional, state, and national professional counseling organizations and conferences. The MA-CHMC faculty have seen an increase in student participation in Chi Sigma Iota and an increase in student attendance at conferences. Data will continue to be collected to see if these efforts are effective in increasing this transition rate.

Substantial Program Changes

1. *CACREP Accreditation Application* - The program completed the process for application for CACREP accreditation. This included the self-study, site visit and institutional responses submitted to the board. A decision will be made in January 2018 by the board regarding accreditation approval or denial.
2. *Faculty Changes* - Dr. Brown Beatty was promoted and named the Director of the Master of Arts in Clinical Mental Health Counseling program. Dr. Brown Beatty previously served as a Core Faculty member with the MA-CMHC program at Union and has been with the university for the past 4 years. Dr. Melissa Naslund was promoted from affiliate faculty to a core faculty member during the 2016-2017 academic school year. Dr. Naslund also serves as the Assessment Coordinator for the program. Dr. Covia Boyd joined the program as the third core faculty member. Drs. Brown Beatty, Naslund, and Boyd all come from CACREP accredited Counselor Education & Supervision doctoral programs.
3. *Residency Updates* – The program has combined the Vermont and Cincinnati residencies in October 2017. All enrolled students and full-time/ part-time faculty came to the university headquarters in Cincinnati, Ohio for residency workshops for 5 days. The program will now host 2 residencies per year (5 days each) .
4. *Chi Sigma Iota* – Union Institute & University’s Upsilon Iota Upsilon chapter of Chi Sigma Iota Counseling honor society conducted its first initiation ceremony during the March 2017 residency in Cincinnati, Ohio. The chapter officers led a professional presentation and social justice / advocacy awareness project at the CMHC residency in October 2017. Additionally, their poster presentation proposal has been accepted for the American Counseling Association’s national conference in April 2018.

Conclusion

The Clinical Mental Health Counseling program at Union Institute & University is highly committed to the academic, professional and professional growth of students who attend and graduate from our program. Our students are described as advanced, zealous for counseling advocacy and actively engaged in social justice efforts when compared to other counseling students. Our students have been licensed as professional counselors and employed at counseling agencies, private practices, crisis services/hospitals and schools. The dynamic faculty contributes to the success of both our program and our students. Their investment in the teaching, residencies, and personal commitment to the growth students is often noted in evaluations. Academically, the program is robust and appropriately preparing students for becoming professional counselors as evidenced by internal and external assessments/tests.