



UNION
INSTITUTE & UNIVERSITY

Masters of Arts
Clinical Mental Health Counseling

2021 Annual Systematic Program Evaluation Report

Introduction

As outlined by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP, 2016), this report is written to comply with Section 4: Evaluation in the Program, Standard D. This standard states that “the counselor education program faculty disseminate an annual report that includes, by program level, (1) a summary of the program evaluation results, (2) subsequent program modifications, and (3) any other substantial program changes. The report is published on the program website in an easily accessible location, and students currently in the program, program faculty, institutional administrators, and personnel in cooperating agencies (e.g., employers, site supervisors) are notified that the report is available”.

Additionally, this information will be posted annually on the Clinical Mental Health Counseling program’s website for Union Institute & University to keep all stakeholders and parties up to date on systemic program evaluation.

Overview of Counseling Program

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-CHMC 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 key performance indicators.

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.

Overview of Evaluation

Systemic program evaluation, which is a consistent process for the Clinical Mental Health Counseling program. The counseling program gathers its data from a variety of sources and check points in the program to make sure the program is consistently operating at a high level of training future counselors and future counseling leaders. The data checkpoints include a variety of sources including surveys of students, graduating students, alumni, and clinical supervisors. Also included are anonymously submitted evaluations from students each term of courses and of faculty, licensure rates, feedback from the advisory board and other meetings and interactions with students, supervisors, and employers throughout the academic year. Lastly any other appropriate evaluative data included in evaluating and making changes to enhance the Clinical Mental Health Counseling program.

Program Vital Statistics

During the 2020-2021 academic year, 11 students completed their Master of Arts in Clinical Mental Health Counseling. The pass rates for students who took the NCE and/or NCMHCE credentialing exams, is 100% (9 students have taken the exam). Of those graduating students, 100% completed their degrees in the expected completion time period as discussed in the graduate handbook. The program estimated completion date is 86% overall. Job placement rates immediately after graduation is at 100%. Alumni have secured counseling positions in counseling private practices, community mental health agencies, schools, and counseling private practices. Additionally, 3 alumni from the 2020-2021 graduating class have been accepted and begun doctoral programs in Counselor Education & Supervision.

Orientation Evaluation

Before the fall, winter and summer semesters, students attend a mandatory program orientation meeting for new students. This meeting is an online video that introduces students to faculty, presents an overview of the program, and gives students an informational packet, including a copy of the program handbook. At the conclusion of the orientation, students evaluate the orientation. The survey asks the following questions, which students rated from Strongly Disagree to Strongly Agree (a scale of 1 to 5):

Please rate your agreement with the following statements:		
The orientation provided valuable information regarding the program and my professional options.	n=9	3.56
The orientation was well organized.	n=9	3.22
The orientation helped me feel informed about my choice of academic studies.	n=9	3.33
The individual providing the orientation was warm and enthusiastic.	n=9	3.56
The orientation provided me many opportunities to ask questions and get concerns resolved.	n=9	2.78
The orientation provided useful reference materials.	n=9	3.88
Overall, the orientation met my expectations.	n=9	3.56

We also asked the students for comments (to explain any of their ratings to the above statements).

Comments:

“I wish orientation was synchronous to be able to ask questions while reviewing the video. There was helpful information but I would have likes to ask questions in real time.”

“I liked the handouts. I like being able to plan my program from the beginning of the program.”

“The presenter was very enthusiastic. She made me happy already with attending Union! I love the piece regarding Union Street too!”

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 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	Mid	Final
Uses appropriate basic skills such as active listening, reflecting of feelings, clarifying questions, and summarizing.	3.00	3.67
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.	3.00	3.14
Adapts intervention strategies and techniques to address the contextual and cultural needs of clients, be they: individual, couple, family, or group members.	3.14	3.67
Demonstrates knowledge of, and ability to incorporate, relevant and current research literature.	3.00	3.00
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.	3.00	3.14
Demonstrates diagnosis and clinical conceptualization skills congruent with the field of Clinical Mental Health Counseling.	3.28	3.14
Demonstrates knowledge and application of the American Counseling Association (ACA) Code of Ethics.	3.00	3.67
Understands clinical, advocacy, and consultation-related scopes of practice for Clinical Mental Health Counselors.	3.14	3.28
Demonstrates receptiveness to feedback from supervisors and peers, including appropriate engagement of the supervisory process, and incorporates feedback from clients, supervisors, and consultants.	3.43	3.67

Demonstrates an understanding of, and willingness to, respond to limitations and challenges as a counselor.	3.14	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	3.67
What do you feel is this trainee's areas of strength?	Mid: Willingness to learn; rapport building End: Building rapport, documentation	
What aspects of counseling can the trainee focus further on in their training experience?	Mid: SOAP Notes, Professional Disclosure, Boundaries End: Documentation, Case Conceptualization	

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		Internship II		Internship III	
	Mid	Final	Mid	Final	Mid	Final
A. Counseling Knowledge & Process						
Confidentiality	3.25	3.14	3.14	3.38	4.00	4.00
Individual counseling process	3.13	3.00	3.38	3.78	3.00	4.00
Group counseling process	3.00	3.29	3.38	3.25	4.00	4.00

Clinical, advocacy, and consultation related scopes of practice	3.00	3.00	3.13	3.13	3.00	4.00
Apply and adhere to ethical and legal standards	3.33	3.43	3.63	3.63	3.00	3.00
Culturally competent services to individuals, groups and organizations	3.67	3.67	3.00	3.13	3.00	4.00
Expectations and personal process of clinical supervision	3.00	3.33	3.25	3.25	3.00	3.00
B. Counseling & Consulting Skills						
Therapeutic rapport	3.00	3.00	3.25	3.63	4.00	4.00
Confidential boundaries	3.00	3.38	3.00	3.67	4.00	4.00
Basic individual counseling skills	3.00	3.33	3.13	3.25	4.00	4.00
Advanced counseling skills	2.54	3.67	3.00	3.13	3.00	3.00
Problem conceptualization	2.86	3.00	3.00	3.00	3.00	4.00
Theoretical rational and intentionality	3.14	3.67	3.13	3.67	3.00	4.00
Evidence based practices	3.00	3.00	3.13	3.25	3.00	3.00
Consultation and assistance to others	3.14	3.00	3.13	3.25	3.00	4.00
Successful referrals	3.57	3.29	3.5	3.63	3.00	3.00
C. Assessment & Intervention						
Establish counseling/help goals	3.00	3.00	3.00	3.00	3.00	4.00
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	3.00	3.00	3.13	3.00	4.00
Cultural competence in assessment, diagnosis, and treatment	3.57	3.43	3.38	3.38	3.00	3.00
Adapts interventions strategies and techniques	3.00	3.00	3.00	3.00	3.00	4.00
Evidence based practices in technique and intervention selection	3.00	3.00	3.00	3.00	3.00	4.00
Cultural issues and counselor background/worldview	3.00	3.00	3.13	3.13	4.00	4.00
Risk factor and suicide/homicide/violent behavior assessment	3.00	3.00	3.00	3.00	3.00	4.00
Selects and interprets standardized and non-standardized assessment data	2.83	3.00	2.88	3.00	3.00	3.00

Intake interview, mental status exam, biopsychosocial history	2.83	3.00	3.00	3.13	4.00	4.00
Screens for addiction and co-occurring disorders	3.00	3.00	3.00	3.13	3.00	4.00
Advocacy	3.00	3.00	3.25	3.50	3.00	3.00
D. Diagnosis						
Diagnostic tools	2.86	3.00	3.13	3.25	3.00	3.00
Differentiates between diagnosis and developmentally appropriate	2.83	2.86	3.06	3.38	3.00	4.00
Recommended evidence based treatment for specific diagnosis	3.14	3.67	3.25	4.00	3.00	3.00
E. Counseling Groups						
Assessment of client's appropriateness for group counseling	3.17	3.17	3.38	3.38	3.00	3.00
Plan and design group	2.67	3.00	2.88	3.13	3.00	4.00
Group facilitation or co-facilitation	3.17	3.33	3.38	3.38	3.00	3.00
Skillful in group counseling skills	2.83	3.00	2.88	3.00	3.00	3.00
Group process and ethical considerations	3.00	3.00	3.13	3.13	4.00	4.00
F. Professional Behavior and Self Awareness						
Professional communication and rapport w/clients	3.50	3.43	3.50	3.50	4.00	4.00
Professional communication and rapport w/ clinical supervisor	3.43	3.29	3.25	3.25	4.00	4.00
Professional communication and rapport with other organization staff	3.29	3.14	3.38	3.38	3.00	4.00
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	4.00	4.00	4.00
Seeks consultation	3.43	3.29	3.25	3.13	3.00	4.00
Recognizes own limitations	3.29	3.14	3.25	3.38	4.00	4.00
Appropriate stress management and self-care	3.29	3.57	3.63	3.63	4.00	4.00
Completes case notes, reports etc.	3.14	3.00	3.13	3.25	3.00	3.00

G. Overall Rating of Intern						
Overall performance of intern	3.00	3.57	3.33	4.00	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 Knowledge & Process, and Counseling & Consulting Skills. Whereas, they are rated weakest in the areas of Counseling Groups, Diagnosis (in Internship I) and some areas of Assessment.

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. For questions 1-6, a Likert scale of 1-5 is used to rate each area (5 – Strongly Agree, 4 - Agree, 3 Neutral, 2 – Disagree, and 1 strongly disagree).

The table below outlines questions on the faculty course evaluations.

Questions asked on Faculty Course Evaluations
The syllabus set clear expectations.
Textbooks, online resources, and/or other instructional materials were useful.
Assignments and discussion boards were engaging and clear.
The instructor was knowledgeable about the course topics and materials.
The instructor integrated theory with real-world applications.
The instructor provided constructive feedback.
The instructor provided feedback on my work.
The instructor responded promptly to my requests for information/assistance,
Would you take another course with this instructor?
What improvements would you suggest for this course?

Overall, the response rate was between 45.68% for the 2020-2021 school year. The response rate range for courses was from 11% to 100%. However, many course the range averaged to 31% of students responding. There was a low response rate for course evaluations in the Clinical Mental Health Counseling program for the 2020-21 school year. Most courses averaged 30-31% of students responding. It should be noted that all students reported they would take another course with their instructors. However, there was consistency in the evaluations with students receiving feedback from assignments at the 2 week marker.

Qualitative feedback included the follow statements:

- “No improvements, excellent course.”
- “I would like to share that meeting weekly, really raised my level of understanding and practice to whole new level in this program. I know it may not be possible for all classes, but the impact of this and other classes in this program that have more frequent opportunities to gather for live instruction, really rise to the top for me.”
- “I loved working with Professor Morrissey for Internship, and now, Internship II as well. She has been profoundly inspirational, and I'm happy we can turn to her for support from our site, even outside of our weekly sessions and discussions.”
- “Thank you! Timely feedback is so important to good learning and Dr. B provided this consistently! Unfortunately, timely feedback has been a major deficit in this program in many other classes.”
- “I think, it's very thoughtful when the professor posts encouraging messages throughout the term.”
- “I recommend either a newer text or reading material based in articles and journals.”
- “Assignments felt purposeful and helpful. I am grateful that this class truly helped me understand how to set the stage for my capstone.”

CPCE

Students takes the Counselor Preparation Comprehensive Examination (CPCE) during their final terms within the program. The CPCE is designed to assess counseling students' knowledge in eight core knowledge areas. The core areas 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 7 students take the CPCE exam during the Summer 2020 academic year. Administration of the CPCE is typically held at in person residency and modifications had to be made due to residency being held online during the COVID pandemic.

Core Area	UIU Mean	National Mean
Human Growth and Development	9.9	9.7
Social and Cultural Diversity	11.87	11.7
Helping Relationships	11.89	11.2
Group Work	10.67	9.9
Career Development	9.3	9.8
Assessment	7.5	7.3
Research and Program evaluation	7.1	7.3
Professional Orientation and Ethical Practice	9.4	8.6

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 helping relationships, professional orientation & ethical practice, and group work. Whereas the weakest areas of overall student knowledge are in the areas of career development, and research and program evaluation.

Current Graduating Student Exit Survey Responses

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. 5 students completed the Graduate Student Survey. Of the 5 students who completed the Graduate Student Survey, 2 students identified themselves as a racial/cultural/ethnic minority and one identified themselves as having a disability. Of students completing the exit survey, 100% 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

3.80	3.40	3.40	3.60	3.00	3.80	3.50
Section C: Student Faculty Relations 1-5 Scale (1= inadequate, 2=below expectations, 3=average/adequate, 4=above expectations)						
Advisement	Respect Cultural/Individual Diversity	Respect Personal/professional Boundaries	Assistance Specialty area of interest	Mentoring	Oral & Written Communication	Assistance Internship/Practicum Sites
3.60	3.80	3.80	3.60	3.60	3.20	3.40

Overall graduates are rating both program quality and faculty relations quite high. The exception of this is the area of Education & Consultation and Oral & Written Communication of faculty. Although rated as “average”, Oral & Written Communication has been highlighted in faculty evaluations and during informal feedback with the program directors regarding specific courses.

Alumni Survey Responses

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.

A total of 65 students were sent the alumni survey. Alumni from Spring 2013-2014 to Summer 2020-2021 were sent the survey electronically. A total of 17 alumni responded to the survey. Respondents included graduates who had graduated between 2016 and 2021.

Out of the alumni respondents 16 out of 17 respondents were currently employed. Employment included community mental health agencies, counseling private practice, school systems, correctional facilities, and general hospitals.

All respondents that were employed stated they were in professions or the counseling field that utilized their clinical mental health counseling training and education.

Examples of the occupational titles include:

- Elementary Guidance Counselor

- Clinical Mental Health Counselor
- Affiliate faculty in Psychology Program
- Adjunct faculty in Clinical Mental Health Counseling program
- Counseling Private Practice Owner
- Licensed Professional Counselor
- Licensed Mental Health Counselor
- Group Therapist
- Director of Disability Services

The majority of respondents were licensed in 7 states (n=11). The alumni were certified in their respective specialization areas (e.g., Licensed Mental Health Counselor, Licensed Professional Counselor and/or as Nationally Certified Counselors).

When asked about program objectives and goals, the results were positive.

Relationship: 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. (Scale 1-5, 1= Poor/Inadequate Preparation, 2= Acceptable Preparation, 3= Good Preparation, 4= Excellent/Superior Preparation)		
	Participants	Average rating
Describe and interpret ethical and legal standards in all aspects of professional activities.	n=17	3.47
Develop and effectively maintain therapeutic relationships, with a respect and appreciation of individual and cultural differences.	n=17	3.71
Establish and maintain effective professional relationships with colleagues, supervisors, members of other disciplines, consumers, and community organizations with a clear understanding of professional boundaries.	n=17	3.18
Demonstrate a commitment to personal and professional growth engaging in regular self reflection regarding my multiple professional roles including the effective use of supervision.	n=17	3.76
Research & Evaluation: Students will develop the knowledge, skills and attitudes for critical thinking as consumers of research, with the ability to apply research and scholarship to the practice of Clinical Mental Health Counseling.		

(Scale 1-5, 1= Poor/Inadequate Preparation, 2= Acceptable Preparation, 3= Good Preparation, 4= Excellent/Superior Preparation)		
Critically evaluate research literature and apply it to a broad range of clinical settings.	n=17	3.41
Demonstrate appropriate levels of knowledge in the broad scientific areas of psychology, including: learning; psychopathology; social bases of behavior; human development; and counseling theories.	n=17	3.27
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.	n=17	2.82
Demonstrate competency in scientific inquiry in the progress of my lifelong learning and service to the profession and community.	n=17	3.18
Assessment: Students will develop the knowledge, skills and attitudes necessary to perform competently and ethically when using various methods of psychological assessment such as psychological tests and 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. (Scale 1-5, 1= Poor/Inadequate Preparation, 2= Acceptable Preparation, 3= Good Preparation, 4= Excellent/Superior Preparation)		
Understand assessment theories and practice, and the nature and use of appraisal and diagnostic techniques and other methods of assessment.	n=17	3.53
Competently and ethically, be able to interview clients and select, administer and score various psychological assessment instruments.	n=17	3.27
Accurately interpret and integrate assessment findings, taking into consideration the cultural and personal characteristics of the clients.	n=17	3.11
Effectively communicate the results of assessment findings in written and oral form.	n=17	3.41

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. (Scale 1-5, 1= Poor/Inadequate Preparation, 2= Acceptable Preparation, 3= Good Preparation, 4= Excellent/Superior Preparation)		
Utilize evidence-based practices in the conceptualization and planning of treatment approaches.	n=17	3.47
Consider the social and biopsychosocial factors, as well as diverse cultural and personal characteristics, contexts and settings in treatment planning and intervention.	n=17	3.53
Demonstrate adequate clinical skills and judgment needed to effectively implement and modify counseling strategies and interventions.	n=17	3.11
Demonstrate the ability to assess treatment effectiveness , utilizing appropriate client feedback, supervisor input, and outcome and satisfaction measures.	n=17	3.00
Critically evaluate myself in the counselor role.	n=17	3.71
Education & Consultation: Students will develop the knowledge, skills and attitudes to understand and effectively design and implement educational programs and consultations. (Scale 1-5, 1= Poor/Inadequate Preparation, 2= Acceptable Preparation, 3= Good Preparation, 4= Excellent/Superior Preparation)		
Demonstrate my knowledge of the basic and evolving principles and procedures in psychological consultation with a broad range of individuals, groups, programs and organizations.	n=17	3.47
Demonstrate the necessary skills and attitudes to competently provide consultation as a mental health professional.	n=17	3.82
Demonstrate my knowledge of the roles of an educator and consultant as distinguished from other professional roles.	n=17	3.47
Social Justice and Individual and Cultural Diversity: Students will develop the knowledge, skills and attitudes to provide professional services to organizations and individuals that include diverse backgrounds, and to conduct the practice of Clinical Mental Health Counseling in the service of social justice. (Scale 1-5, 1= Poor/Inadequate Preparation, 2= Acceptable Preparation, 3= Good Preparation, 4= Excellent/Superior Preparation)		
Be aware of and monitor the influence of my cultural and personal background in all areas of professional practice.	n=16	3.93

Be aware, knowledgeable, respectful and appreciative of diverse racial, cultural and ethnic minority groups.	n=16	3.88
Develop and provide culturally competent services to individuals, groups and organizations; seeking appropriate consultation when relevant.	n=16	3.68
Routinely identify issues of social injustice in my professional practice.	n=16	3.68
Actively engage in addressing issues of social injustice in professional activities.	n=16	3.75
Recognize the importance of multicultural competence as a lifelong learning process for myself as a professional counselor.	n=16	3.75

When asked regarding comparison to other mental health counselors, alumni rated themselves as better prepared than others or equally prepared compared to others, with the majority reporting bettered prepared than others (n=12).

The following are aspects of the program's strengths that were notes from Alumni that were especially effective while in the program:

- “The faculty makeup with critical to preparing me. All of our professors worked in the field concurrently so we were taught cutting edge information and had updates regarding changes currently in the field”.
- "The flexibility of professors was extremely valuable. Going through the program during a pandemic isn't something anyone wants to go through, but my professors when life happened in the program was invaluable.”
- “The advisement by Dr. Brown Beatty and Internship supervision by Becky Morrissey.”
- “The knowledge and community built. Our residency experience was second to none! I wish I could travel back just for that opportunity.”
- “I felt better prepared than other interns at my internship site but that even continued in the field. I felt like Union really gave us the upper hand.”
- “I'm grateful Dr. Brown Beatty told me to get training while in the program to start my private practice. Within one year following the program I had a private practice and am not looking to open a group practice in the next 3 months.”
- “Chi Sigma Iota gave me a change to really learn leadership in the counseling field. It has prepared me for the counseling organization and committees I am on.”
- "Residency! Great works, great food and great relationship building. Also Dr. Boyd really gave me the foundation to implement spirituality into my work with clients.”

Subsequent Program Modifications

Connection and Communication - In order to build connection and increase communication outside of class and residency, faculty will host staggered “coffee time” and “skill Sessions” every semester. These sessions will be voluntary and will fluctuate in scheduling.

Increase Clinical Training Sites – The Clinical Mental Health Counseling program continues to grow with more potential students and current students being interested in counseling private practice as a career goal. The program will continue to add sites and require audio or video recording at all sites. Sites for selection and partnership will be increased with private practice, especially as we have a growing number of alumni who have offered their private practice sites as potential sites.

Increased Access to Counseling Support Services – Effective July 2, 2021, Union Institute & University implemented a free resource for free mental health telehealth service for all students, including the Clinical Mental Health Counseling students. Counseling services for enrolled students has now been shifted to The Virtual Care Group which connects students with licensed counseling professionals in their states. All costs are covered by Union in this student assistance program. Information can be found more here: <https://www.thevirtualcaregroup.com/union/>

Faculty Training - Pedagogical meetings have been set up to provide the CMHC faculty opportunities to discuss and develop their teaching practices and styles as counselor educators. Addressed in this will be the updated development of rubrics to increase grading turnaround time and feedback for students. The standard policy of grading within 7 days post the assignment due date has been adapted to address feedback turnaround time concerns.

Orientation – Members of the admissions committee will be working to restructure the orientation into the program. Orientation was completed asynchronous and from feedback incoming students would likely benefit from a synchronous session. Both options will be offered to make sure to cater to the availability of our working adult population and online university environment.

Substantial Program Changes

Faculty Changes - For Fall 2021, full-time faculty member Dr. Melissa Naslund has switched over to an affiliate faculty role. Dr. Becky Morrissey is now the full-time Core Faculty member. Dr. Becky Morrissey earned her Ph.D. in Counselor Education and Supervision from Capella University. Dr. Morrissey is a licensed professional clinical counselor in the state of Ohio. She has previously been with Union for 8 years prior to joining the CMHC program full-time.

Residency Changes - During the COVID pandemic, the CMHC residency for Fall 2020 and Spring 2021 terms, was hosted online via Zoom. The same content and objectives were completed in the virtual residency as in person residency. Consultation will be done with the advisory board, student surveys, CACREP board, and CDC guidelines on whether the CMHC should look at holding residency virtual for Spring 2022 or returning to in person. Consideration of the adoption of both virtual and in person residency will be discussed with stakeholders in Fall of 2021.

CACREP Accreditation Application - The program completed the interim report seeking continued CACREP accreditation. This included the institutional responses submitted to the board, and updating of the website with current vital statistics. A decision will be made in January 2022 by the board regarding accreditation approval or denial.

Contact for CMHC Program Accreditation & Evaluation Reports

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