



**Clinical Mental Health Counseling**  
*Program Assessment Report*

**Master of Arts in Counseling**  
**Assessment Cycle Year #2**  
**2015–2016**

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## Systematic Program Assessment in CIU's Clinical Mental Health Counseling Program

The mission of CIU's Clinical Mental Health Counseling program is *to offer professional training in clinical mental health counseling within a biblical worldview in order to provide Christ-like therapeutic relationships for healing and growth*. The overall educational philosophy at CIU is conceptualized as three educational components that provide a wholistic model of education. The first component is academic excellence with a focus on content and may be characterized by educating one's "head." The second component focuses on character and may be characterized by educating one's "heart," the component by which students grow in personal and spiritual maturity. The third component is skill development in which students systematically practice skills related to professional and vocational goals. This component focuses on competence and may be characterized by educating one's "hands."

In accordance with university policy and accreditation standards, CIU's Clinical Mental Health Counseling program engages in systematic program assessment of the programs it offers. Over the course of a three-year cycle, we review the Master of Arts in Counseling program from three perspectives: Professional Identity, Professional Competence and Program Area, and Overall Program Balance.

- Assessment Cycle Year #1: Professional Identity reviews the common core domains set out in CACREP Standard II.G.1-8 (professional identity).
- Assessment Cycle Year #2: Professional Competence and Program Area reviews the domains set out in CACREP Standard III.F-G (professional practice) and CACREP Standard IV.A-L (program area: Clinical Mental Health Counseling).
- Assessment Cycle Year #3: Overall Program Balance reviews the overall program from the perspectives of Academic Excellence ("Head"), Spiritual Life Formation/Religious Development ("Heart"), and Professional Skills Development ("Hands"). These perspectives reflect our corporate educational triad as well as our commitment to developing the whole person.

We have correlated each domain (outcome) in the CACREP Standards under Professional Identity, Professional Competence, and Program Area (Clinical Mental Health Counseling) with a data source (e.g., II.G.1 Professional Orientation and Ethical Practice is correlated with CNS 5330). Each time we offer a course, we collect a signature assignment (data) and store it in an electronic databank. At the appropriate time in the assessment cycle, we draw a random sample of 5-8 assignments for each course from the databank and evaluate them against the pertinent rubric. At least one faculty member who is not responsible for teaching the course reviews and evaluates the sample assignments.

The primary means we use in the process is direct assessment of student learning outcomes (SLOs) based on course work collected each year and evaluated using rubrics designed according to a four-level scale: Unsatisfactory (0), Marginal (1), Satisfactory (2), and Exceptional (3). We consider an outcome to be met successfully when the student work evaluated achieves an average score of 2.25 or better. In reviewing Overall Program Balance, we supplement direct assessment of student assignments by other sources of data such as the Counselor Preparation Comprehensive Exam (CPCE), the Supervisor Survey, the Spiritual Transformation Inventory (STI), the Partners for Change Outcome Management System (PCOMS), and the Professional Performance Review (PPR).

In addition to direct assessment of student learning outcomes, we conduct indirect assessment of the program. Our advisory council meets annually to provide input, and we administer our graduating student and field supervisor surveys annually. We administer our alumni and employer surveys every third year (during Assessment Cycle Year #3). We add the information collected through these indirect means to the results of our direct assessment as we conduct our analysis during a two-day workshop in May or early June.

At the workshop, the entire resident faculty team serves as the assessment committee to review the area designated for that year of the assessment cycle. In addition to reviewing sample assignments and other data identified above, we also consider other input (e.g., feedback from our Advisory Council, information from our graduating student and field supervisor surveys). We analyze the information we have collected, make specific recommendations based on that analysis, and develop plans for implementation and/or remediation. We then draft and distribute an annual report that documents the finding of that year's assessment and describes any modifications to the program. As part of the report, we assign follow-up steps to specific program faculty members for implementation. These faculty members are responsible to document any changes made and report on them to the faculty. Their follow-up reports close the loop on the assessment cycle year.

### Assessment Cycle Year #2

The second year of the three-year assessment cycle focuses on direct assessment of student work in connection with the areas of Professional Competence (CACREP Standard III) and Clinical Mental Health Counseling (CACREP IV). The following table sets out the outcomes we measured and the corresponding data we analyzed during the 2015-2016 academic year.

<b>Professional Competence and Program Area (CMHC)</b>	<b>Outcome</b>		<b>Data Source</b>	<b>Data</b>
	III.F	<u>Practicum</u> : Students exhibit the knowledge, attitude, and skill needed to engage in an in-depth supervised field experience.	CNS 6912 Adv. Techniques	Supervisor evaluation
	III.G	<u>Internship</u> : Students will exhibit the professional skills appropriate to the role of a clinical mental health counselor.	CNS 6937-38 Internship	Supervisor evaluation
	IV.A-B	<u>Foundations</u> : Students will exhibit the foundational knowledge and skills needed to function effectively as a clinical mental health counselor.	CNS 5306 Foundations of CMHC	Forum on role of counselors
	IV.C-D	<u>Counseling, Prevention, and Intervention</u> : Students will exhibit the knowledge and skills needed to prevent, diagnose, and treat mental and emotional disorders.	CNS 6937-38 Internship	Case study
	IV.E-F	<u>Diversity and Advocacy</u> : Students will exhibit the knowledge and skills needed to advocate effectively for programs and policies that serve diverse populations.	CNS 5075 Multicultural Counseling	Select culture project
	IV.G-H	<u>Assessment</u> : Students will exhibit the knowledge and skills needed to conduct accurate mental health screenings and assessments in a variety of settings.	CNS 6420 Diagnostics of Psychopathology	Diagnostic vignette
	IV.I-J	<u>Research and Evaluation</u> : Students will exhibit the knowledge and skills needed to collect, analyze, and use data relevant to the practice of clinical mental health counseling.	CNS 5410 Research and Statistics	Article critique
	IV.K-L	<u>Diagnosis</u> : Students will exhibit the knowledge and skills needed to diagnose mental and emotional disorders.	CNS 5420 Psychopathology	Final exam with diagnostic vignette

The results of our analysis are set out in the next section. The rubrics used in the process are included in an appendix.

## Assessment Findings

Outcome III.F – Practicum: Students exhibit the knowledge, attitude, and skill needed to engage in an in-depth supervised field experience.

Supervisor evaluations demonstrated that practicum students are strong in their foundational knowledge (2.72), attitudinal orientation (2.69), and practical skills (2.53). They are well-prepared to begin their internship experience.

Outcome III.G – Internship: Students will exhibit the professional skills appropriate to the role of a clinical mental health counselor.

Supervisor evaluations demonstrated that interns relate well to their clients (2.88), possess strong interview and assessment skills (2.80), establish good working relationships with others (2.91), and understand and respect their clients (2.96). In regard to a specific question raised by an advisory council member, feedback from internship supervisors as a whole affirms that students demonstrate a high level of understanding and respect for their clients, regardless of the worldview or religious orientation of those clients.

Outcome IV.A-B – Foundations: Students will exhibit the foundational knowledge and skills needed to function effectively as a clinical mental health counselor.

This outcome was not assessed. Although pertinent measurement means occur throughout the course, there is not a single assignment that currently allows comprehensive assessment of this outcome. The discussion forum initially identified is weak, and a proposed alternate assignment did not address the outcome well. For these reasons, direct assessment of this outcome was deferred until an appropriate assignment can be designed and incorporated into the course.

Outcome IV.C-D – Counseling, Prevention, and Intervention: Students will exhibit the knowledge and skills needed to prevent, diagnose, and treat mental and emotional disorders.

The assignments reviewed demonstrated that students' diagnostic skills are strong (2.56), while the use of treatment principles and practices was acceptable although not quite as strong (2.00). Strategies for prevention were largely absent (1.31).

Outcome IV.E-F – Diversity and Advocacy: Students will exhibit the knowledge and skills needed to advocate effectively for programs and policies that serve diverse populations.

The assignments reviewed demonstrated that students do an acceptable job of researching cultural history (2.00), interviewing diverse populations (2.21), and formulating strategies and advocacy plans appropriate to a variety of cultures (2.26). One particularly weak student sample tended to lower the overall scores on this outcome.

Outcome IV.G-H – Assessment: Students will exhibit the knowledge and skills needed to conduct accurate mental health screenings and assessments in a variety of settings.

The assignments reviewed demonstrate that students' ability to conceptualize cases is solid (2.35). They possess levels of ability to form diagnoses (2.00) and treatment recommendations (2.07) that are acceptable but slightly below the target level of 2.25.

Outcome IV.I-J – Research and Evaluation: Students will exhibit the knowledge and skills needed to collect, analyze, and use data relevant to the practice of clinical mental health counseling.

The assignments reviewed suggest that this area is currently one of the weaker portions of the program. Students are generally able to evaluate research findings (2.05), but they are weak in their ability to apply those findings (1.20), and poor in developing strategies for evaluating counseling outcomes (0.99). The assignments tended to be overly brief, contradictory, and lacking in clear application.

Outcome IV.K-L – Diagnosis: Students will exhibit the knowledge and skills needed to diagnose mental and emotional disorders.

The assignments reviewed demonstrate that students are very strong in their knowledge of DSM (2.48) and nearly as strong in their ability to use DSM effectively as a diagnostic tool (2.37).

Weakness in the area of differential diagnosis (0.99) reflects the fact that the original artifact was not specifically designed to assess that skill.

## **Recommendations and Implementation**

### Recommendation #1

The instructor of **CNS 5306 Foundations of Clinical Mental Health Counseling** should develop a new assignment that allows comprehensive assessment of student progress toward achieving the stated outcome. A rubric should also be developed to assess the new assignment. Dr. Leah Herod, who teaches this course, will be responsible to implement this action and report back at the beginning of the 2017-2018 academic year.

### Recommendation #2

The instructor of **CNS 6937-38 Internship 1 and 2** should revise the guidelines for case studies so that those guidelines address preventing and treating mental and emotional disorders as well as their diagnosis. Dr. Mark Bolte will work with the course instructor to coordinate guidelines between the internship courses and CNS 6420 Diagnostics of Psychopathology so that students are prepared to approach case studies as clinicians who are conceptualizing cases. Dr. Bolte will report back on implementation at the beginning of the 2017-2018 academic year.

### Recommendation #3

The instructor of **CNS 5075 Multicultural Counseling** should revise the rubric for assessing student work to reflect more accurately the structure of the select culture project. Dr. Leah Herod, who teaches this course, will be responsible to implement this action and report back at the beginning of the 2017-2018 academic year.

### Recommendation #4

The instructor of **CNS 6420 Diagnostics of Psychopathology** should revise the rubric for assessing student work to provide more specific guidance on forming both diagnoses and treatment recommendations. Dr. Mark Bolte, who teaches this course, will be responsible to implement this action and report back at the beginning of the 2017-2018 academic year.

### Recommendation #5

The instructor of **CNS 5410 Research, Statistics, and Evaluation** should provide students with a rubric that establishes expectations and a standardized format for preparing article critiques required in the course. The instructor should also develop or identify a different assignment to use as the basis for assessing this outcome and should shape the assignment to address the criteria set out in the assessment rubric. Dr. Larry Wagner will work with the course instructor to implement these actions and will report back at the beginning of the 2017-2018 academic year.

### Recommendation #6

The instructor of **CNS 5420 Psychopathology** should revise the final exam to reflect DSM5 as it becomes the more accepted standard reference work, to include a vignette worksheet that demonstrates the student's differential diagnosis process, and to include at least one example of a co-occurring substance use disorder. Dr. Mark Bolte, who teaches this course, will implement these actions and will report back at the beginning of the 2017-2018 academic year.

### Recommendation #7

All instructors who teach in the program should give attention to requiring students to write professionally, using APA format. The instructor of **CNS 5410 Research, Statistics, and Evaluation** should emphasize the importance of students presenting their findings professionally in all their written work.

## Appendix

### Assessment Rubrics

<b>Master of Arts in Counseling</b>		
<b>Outcome III.F Practicum:</b> Students exhibit the knowledge, attitude, and skill needed to engage in an in-depth supervised field experience.		
<b>Artifact:</b> Supervisor evaluation from CNS 6912 Advanced Techniques and Practicum		
<b>Rating Scale:</b>	Unacceptable (0)      “Poor” Marginal (1)          “Fair” Acceptable (2)        “Good” Exceptional (3)       “Very Good” or “Excellent”	Scores
Demonstrates foundational knowledge of counseling theories, skills, and techniques.		
Demonstrates empathy and appropriately responds to client issues.		
Demonstrates effective skills, techniques, and interventions.		

<b>Master of Arts in Counseling</b>		
<b>Outcome III.G. Internship:</b> Students will exhibit the professional skills appropriate to the role of a clinical mental health counselor.		
<b>Artifact:</b> Supervisor evaluation from CNS 6937-38 Internship		
<b>Rating scale:</b>		Scores
Unacceptable (0)	“Poor”	
Marginal (1)	“Fair”	
Acceptable (2)	“Good”	
Exceptional (3)	“Very Good” or “Excellent”	
Demonstrates an ability to foster rapport and maintain healthy working alliances with clients.		
Demonstrates appropriate interviewing and assessment skills.		
Demonstrates an ability to establish working relationships with staff and co-workers.		
Demonstrates an understanding and respect for clients in light of their unique cultural and/or spiritual beliefs and practices, especially clients who adhere to a Christian worldview.		



<b>Master of Arts in Counseling</b>	
<b>Outcome IV.C-D <u>Counseling, Prevention, and Intervention</u>:</b> Students will exhibit the knowledge and skills needed to prevent, diagnose, and treat mental and emotional disorders.	
<b>Artifact:</b> Case study from CNS 6937-38 Internships 1 & 2	
<b>Rating scale:</b> Unacceptable (0) Marginal (1) Acceptable (2) Exceptional (3)	Scores
Demonstrates an ability to prevent emotional disorders and promote optimal human development through application of wellness strategies, use of available social support networks, and community systems.	
Demonstrates an ability to use the principles and practices of diagnosis of mental and emotional disorders in counseling.	
Demonstrates an ability to use appropriate principles and practices in treating mental and emotional disorders in counseling.	

<b>Master of Arts in Counseling</b>	
<b>Outcome IV. E-F. Diversity and Advocacy:</b> Students will exhibit the knowledge and skills needed to advocate effectively for programs and policies that serve diverse populations.	
<b>Artifact:</b> Select culture project from CNS 5075 Multicultural	
<b>Rating scale:</b> Unacceptable (0) Marginal (1) Acceptable (2) Exceptional (3)	Scores
Researches a particular culture and presents unique factors that contribute to their world view (Past section)	
Integrates information from literary research and interviews of people from a select culture to derive cultural principles (Present Section)	
Articulates a strategy for working with a select culture in a counseling setting, to include the adaptation of counseling strategies and advocacy appropriate to the culture. (Future section)	

<b>Masters of Arts in Counseling</b>	
<b>Outcome IV.G-H Assessment:</b> Students will exhibit the knowledge and skills needed to conduct accurate mental health screenings and assessments in a variety of settings.	
<b>Artifact:</b> Diagnostic Vignette from CNS 6420 Diagnostics of Psychopathology	
<b>Rating scale:</b> Unacceptable (0) Marginal (1) Acceptable (2) Exceptional (3)	Scores
Demonstrates an ability to form accurate mental health diagnoses. (Part I: Diagnostic Impressions)	
Demonstrates competency in case conceptualization using a biological-psychological-social-spiritual model. (Part II: Case Conceptualization)	
Demonstrates an ability to form appropriate treatment recommendations that include referrals for medication. (Part III: Treatment Recommendation)	

<b>Masters of Arts in Counseling</b>	
IV. I-J <u>Research and Evaluation</u> : Students will exhibit the knowledge and skills needed to collect, analyze, and use data relevant to the practice of clinical mental health counseling.	
<b>Artifact</b> : Article Critique from CNS 5410 Research and Statistics	
<b>Rating scale:</b> Unacceptable (0) Marginal (1) Acceptable (2) Exceptional (3)	Scores
Demonstrates an understanding of how to evaluate research relevant to the practice of clinical mental health counseling.	
Demonstrates the ability to apply relevant research findings that inform the practice of clinical mental health counseling.	
Demonstrates knowledge of evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.	

<b>Masters of Arts in Counseling</b>	
<b>Outcome IV.K-L <u>Diagnosis</u>:</b> Students will exhibit the knowledge and skills needed to diagnose mental and emotional disorders	
<b>Artifact:</b> Final exam with diagnostic vignette from CNS 5420 Psychopathology	
<b>Rating scale:</b> Unacceptable (0) Marginal (1) Acceptable (2) Exceptional (3)	Scores
Demonstrates knowledge of the current edition of the DSM as a diagnostic tool (Sections I-III)	
Demonstrates appropriate use of the current edition of the DSM as a diagnostic tool (Section IV: Case Studies)	
Demonstrates skill in differential diagnosis, especially when presented with co-occurring substance use disorders.	