



Clinical Counseling Program
Program Assessment Report

Master of Arts in Counseling
Assessment Cycle Year #3
2016–2017

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Systematic Program Assessment in CIU's Clinical Counseling Program

The mission of CIU's Clinical 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 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 #3

The third year of the three-year assessment cycle focuses on 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. The following table sets out the outcomes we measured and the corresponding data we analyzed during the 2016-2017 academic year.

Assessment Cycle	Outcome		Data Source	Data
Year #3 Overall Program Balance	Head	Students will demonstrate mastery of the foundational knowledge in the field of clinical mental health counseling	CPCE	Exam score
		Students will demonstrate proficiency in culturally-sensitive critical thinking skills in the field of mental health from a bio-psycho-social-spiritual framework.	CNS 5420 Psychopathology CNS 6430 Assessment	Diagnostic vignettes
		Students will demonstrate mastery of the biblical design for their relationship with creation, each other, and God.	CNS 5342 Fdn. of Marriage & Family Couns.	Final Exam
	Heart	Students will demonstrate consistency in individual and corporate spiritual practices.	CNS 5001 Orientation	Chapel participation report
		Students will demonstrate growth in a Christian community of redemptive relationships.	CNS 5313 Pers. & Spir. Dev. CNS 6430 Assessment	Spiritual Transformation Inventory
		Students will demonstrate service that responds to spiritual hunger and human suffering.	CNS 5305 Applied Biblical Fdn. on Couns.	Contextualization paper
	Hands	Students will demonstrate proficiency in applying academic knowledge and spiritual transformation processes to clinical mental health practice	CNS 6912 Adv. Techniques CNS 6937-38 Internship	PCOMS
		Students will demonstrate competence in effective interpersonal skills for clinical practice and with professional colleagues.	CNS 5001 Orientation CNS 6937-38 Internship	PPR Supervisor evaluation
		Students will demonstrate competence in ethical, moral, and culturally-sensitive care.	CNS 6937-38 Internship	Supervisor evaluation

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 Head 1: Students will demonstrate mastery of the foundational knowledge in the field of clinical mental health counseling.

Results from student groups who took the CPCE exam in 2015, 2016, and 2017 demonstrate that the annual average of program students (3.0) exceeded that of the “All Score” aggregate of the national norms for this three-year period.

Outcome Head 2: Students will demonstrate proficiency in culturally-sensitive critical thinking skills in the field of mental health from a bio-psycho-social-spiritual framework

Student scores were strong in demonstrating ability to render a diagnosis using DSM-5 (2.8), demonstrating psychological conceptualization (2.8), demonstrating a biological conceptualization (2.6), and demonstrating a systemic/social conceptualization (2.8). Student scores were acceptable but weaker in demonstrating a spiritual conceptualization (2.3). The culturally-sensitive component of the outcome is not as clear in the assignment or rubric as it might be.

Outcome Head 3: Students will demonstrate mastery of the biblical design for their relationship with creation, each other, and God.

Assessment of a random sample of eight final exams from CNS 5342 Foundations of Marriage and Family Counseling, reveals that students demonstrate a clear mastery of knowledge regarding the biblical design for their relation with creation (3.0), their relationship with each other (3.0), and their relationship with God (3.0).

Outcome Heart 1: Students will demonstrate consistency in individual and corporate spiritual practices.

Data from Spring 2017 on chapel attendance (2.9) and chapel responses (2.9) indicate that students are continuing to make this outcome an important component of their individual and corporate spiritual practice.

Outcome Heart 2: Students will demonstrate growth in a Christian community of redemptive relationships.

In the three years of requiring pre- and post- self-assessment of the student’s spiritual formation, there has been 100% participation in this process, as reflected in self-reported compliance with this requirement.

Outcome Heart 3: Students will demonstrate service that responds to spiritual hunger and human suffering.

This outcome was not assessed. Review of the outcome and assignment data found no correlation between the outcome and the assignment identified to assess the outcome. See Recommendation #4.

Outcome Hands 1: Students will demonstrate proficiency in applying academic knowledge and spiritual transformation processes to clinical mental health practice.

Assessment of seven randomly-selected PCOMS reports shows that all students (a) were rated “above average” compared to the norm group on the Relative Session Effect Size measure, (b) were rated positively on the Change Index measure, (c) were rated “above average” on the relative effect size measure, and (d) scored well above the clinical cut-off score on the ORS (26.95) and SRS (36) tracking measures. These ratings indicate that students are performing above expectations in their relationship with clients. Since according to the MyOutcomes research, a positive trend upward during the first six sessions is a good predictor of success, it is worth noting that two students had some degree of decline at this point. Because the overall ratings are so positive, this dip may be attributed to factors outside of therapy, but it is worth monitoring for future students.

Outcome Hands 2: Students will demonstrate competence in effective interpersonal skills for clinical practice and with professional colleagues.

The supervisor evaluations reviewed were especially strong (2.94) in students responding appropriately to feedback, critique, and suggestions. Students were very strong (2.88) in their ability to foster rapport and maintain healthy working alliances with clients. Students were very strong (2.88) in establishing a working relationship with staff and co-workers.

Based on data from the Fall 2016 review, students scored in the satisfactory range for all eleven domains of the PPR, with average scores ranging from 2.25 (awareness of impact on others) to 2.75 (six domains).

Outcome Hands 3: Students will demonstrate competence in ethical, moral, and culturally-sensitive care.

The evaluations reviewed were very strong (2.88) in students understanding and respecting the client in light of their unique cultural and/or spiritual beliefs and practices. Students were especially strong (2.94) in showing respect and sensitivity to client diversity. Students were very strong (2.88) in acknowledging their limitations and willingness to seek external support.

Recommendations and Implementation

Recommendation #1

Program faculty should examine results from the specific domain areas of the **CPCE Exam** in order to identify trends that might suggest program improvement in that domain. Dr. John Harvey, program dean, will ensure that this recommendation is implemented in the third year of the next assessment cycle.

Recommendation #2

The instructor of **CNS 6420 Diagnostics of Psychopathology** should add a checklist of culturally-relevant background information as part of the guidelines for the vignette and should adjust the rubric to include an appraisal of student's recognition of any relevant cultural issues that might be included in the vignette. Dr. Mark Bolte, who teaches CNS 6420 will be responsible to implement this action and will report back at the beginning of the 2018-2019 academic year.

Recommendation #3

Although cumulative data on the **Spiritual Transformation Inventory** has been gathered yearly, these reports have not been available until recently. Review of this cumulative data, to include comparison of pre and post outcomes should be incorporated more intentionally into the three-year assessment plan. The instructor of **CNS 6430 Assessment** should add to the course assignments a paper that requires students to reflect and apply their personal pre- and post-STI results. This paper will require students to summarize areas of development and areas for additional growth. Dr. Mark Bolte, who teaches CNS 6430 will be responsible to implement this action and will report back at the beginning of the 2018-2019 academic year.

Recommendation #4

The program faculty should remove **Outcome Heart 3** from the list of third year outcomes. The essence of the outcome is addressed in the Spiritual Transformation Inventory and, more broadly, throughout the curriculum as a result of curriculum revision that took place after the original outcome was drafted. The faculty will give consideration to the question of whether this outcome should hold separate place in the overall assessment plan.

Appendix

Assessment Rubrics

Master of Arts in Counseling					
Outcome: Head 1 - Students will demonstrate mastery of the foundational knowledge in the field of clinical mental health counseling					
Artifact: CPCE exams					
Criterion	Unacceptable (0)	Marginal (1)	Acceptable (2)	Exceptional (3)	Scores
Average exam scores are within one standard deviation of the aggregate national norm.	The annual average of program students will be below 1.5 SD of the “All Score” aggregate of the national norm	The annual average of program students will be within 1.5 SD of the “All Score” aggregate of the national norm	The annual average of program students will be within 1 SD of the “All Score” aggregate of the national norm	The annual average of program students will exceed that of the “All Score” aggregate of the national norm	

Master of Arts in Counseling

Outcome: Head 2 – Students will demonstrate proficiency in culturally-sensitive critical thinking skills in the field of mental health from a bio-psycho-social-spiritual framework.

Artifact: Vignette #2 from CNS 6420 Diagnostics in Psychopathology

Criterion	Unacceptable (0)	Marginal (1)	Acceptable (2)	Exceptional (3)	Scores
Demonstrates ability to render a diagnosis using the DSM-5	Major errors in diagnostic accuracy	Some errors in diagnostic accuracy, while maintaining a general diagnostic fit categorically	Accurate diagnostic work with minor errors in use of coding nomenclature	No errors in diagnostic accuracy and use of coding nomenclature	
Demonstrates a psychological conceptualization using the Integrative Psychotherapy model	Overall, lacking in usefulness.	Minimally useful or insufficiently informed insights. Clarity and/or depth is clearly lacking.	Useful and informed insights, but lacking in either some clarity or depth	Offers a clear and insightful hypothesis concerning the interrelationship of the clients inner and outer worlds	
Demonstrates a biological conceptualization	Overall, lacking in usefulness.	Minimally useful or insufficiently informed insights. Clarity and/or depth is clearly lacking	Useful and informed insights, but lacking in either clarity or depth	Offers clear insights or explanations regarding the clinical role of biological factors	
Demonstrates a systemic/social conceptualization	Overall, lacking in usefulness.	Minimally useful or insufficiently informed insights. Clarity and/or depth is clearly lacking	Useful and informed insights, but lacking in either clarity or depth	Offers clear insights or explanations regarding the clinical role of systems or social factors	
Demonstrates a spiritual conceptualization	Overall, lacking in usefulness.	Minimally useful or insufficiently informed insights. Clarity and/or depth is clearly lacking	Useful and informed insights, but lacking in either clarity or depth	Offers clear insights or explanations regarding the clinical role of spiritual factors	

Master of Arts in Counseling

Outcome: Head 3 – Students will demonstrate mastery of the biblical design for their relationship with creation, each other, and God.

Artifact: Final exam from CNS 5342

Criterion	Unacceptable (0) 0 pts	Marginal (1) 1-3 pts	Acceptable (2) 4-7 pts	Exceptional (3) 8-10 pts	Scores
Relationship with Creation (Question #1)					
Relationship with Each Other (Questions #4-9)					
Relationship with God (Questions #1, 3, 4, 5, 8)					

Master of Arts in Counseling

Outcome: Heart 1 – Students will demonstrate consistency in individual and corporate spiritual practices.

Artifact: Chapel participation and response report

Indicator	None (0)	Some (1)	Most (2)	All (3)	Average
Attendance					
Responses					

Masters of Arts in Counseling

Outcome: Heart 2 – Students will demonstrate growth in a Christian community of redemptive relationships.

Artifact: Spiritual Transformation Inventory

Criterion	Unacceptable (0)	Marginal (1)	Acceptable (2)	Exceptional (3)	Scores
At least 80% of students participate in a pre/post assessment of their personal spiritual formation using the Spiritual Formation Inventory (STI)	<65% student participation in the pre/post STI assessment.	65-79% student participation in the pre/post STI assessment.	80—95% student participation in the pre/post STI assessment.	>95% student participation in the pre/post STI assessment.	

Outcome: Hands 1 – Students will demonstrate proficiency in applying academic knowledge and spiritual transformation processes to clinical mental health practice.

Artifact: PCOMS reports

Indicator	Negative	Zero	Positive	Evaluation
Relative Session Effect Size (ORS)				
Change Index (ORS)		n/a		
Relative Effect Size (ORS)				
	Score: 0-15	Score: 16-24	Score: 25+	
ORS Tracking				
	Score: 0-20	Score: 21-35	Score: 36+	
SRS Tracking				

Masters of Arts in Counseling

Outcome: Hands 2 – Students will demonstrate competence in effective interpersonal skills for clinical practice and with professional colleagues.

Artifact: Supervisor evaluation

Survey Question	Unacceptable (0)	Marginal (1)	Acceptable (2)	Exceptional (3)	Scores
#9 – Responds appropriately to feedback, critique, and suggestions.					
#10 – Ability to foster rapport and maintain healthy working alliances with clients.					
#15 – Establishes a working relationship with staff and co-workers.					

Artifact: Professional Performance Review

Domain	Infrequently (1)	Frequently (2)	Consistently (3)	Average
Openness to new ideas				
Flexibility				
Cooperativeness with others				
Accept and use feedback				
Awareness of impact on others				
Ability to deal with conflict				
Accept personal responsibility				
Express feelings				
Ethical and legal considerations				
Initiative and motivation				
Spiritual development				

Masters of Arts in Counseling

Outcome: Hands 3 – Students will demonstrate competence in ethical, moral, and culturally-sensitive care.

Artifact: Supervisor evaluation

Survey Question	Unacceptable (0)	Marginal (1)	Acceptable (2)	Exceptional (3)	Scores
#3 – Understands and respects the client in light of their unique cultural and/or spiritual beliefs and practices.					
#7 – Shows respect and sensitivity to client diversity.					
#8 – Acknowledges limitations and willing to seek external support.					