

Master of Science in Mental Health Counseling

Annual Report
2015-2016 Academic Year
Summer 2016



Dear MSMHC Program Constituents,

This report provides an overview of program activities and program assessment information related to the Master of Science in Mental Health Counseling (MSMHC) Program at Viterbo University during the 2015-2016 academic year. Included in this report are the following:

- Overview of the Master of Science in Clinical Mental Health Counseling Program
- Description of student enrollment, retention, demographic/diversity
- Professional sequence activities: practicum and counseling internship placement(s)
- Summative results of program evaluation strategies from students, faculty, and site supervisors/employers.
- Graduates
- Conclusions and Recommendations

Questions or suggestions related to this report may be directed to the Program Director:
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Overview Master of Science in Mental Health Counseling Program

The Master of Science in Mental Health Counseling (MSMHC) Program is housed in the Viterbo University School of Nursing, Health, and Human Behavior and has been in operation for five years. The program curriculum is designed to meet the Wisconsin standards for licensure as professional counselors and is scheduled to meet the needs of adult working professionals. The program is accredited by CACREP.

Program Mission

The mission of the Viterbo University Master of Science in Mental Health Counseling graduate program is to prepare professional counselors to provide treatment for individuals experiencing a continuum of mental health issues. The program educates counselors who will integrate the values of contemplation, integrity, hospitality, stewardship, and service into their personal and professional lives.

MSMHC Goals

1. Deliver a high quality counselor education for students.
2. Provide graduates with a counseling curriculum that integrates professional ethical standards of practice and contemporary theories and principles of counseling.
3. Ensure that the program remains consistent with the requirements for the State of Wisconsin Licensed Professional Counselor (LPC) and National Certified Counselor credentials.

Program Curriculum

The curriculum for the MSMHC is sixty-credits (60) comprised of core and elective courses. Clinical experiences are integrated into the program in the following areas: individual and group counseling; career and employment counseling; addictions and co-occurring issues; and consultation with universities, community agencies, and schools. Students can graduate with a concentration in a specialty area (i.e., addiction counseling, integrated health and wellness counseling, or child and adolescent counseling).

Clinical Mental Health Counseling Program Learning Outcomes

The objective of the Clinical Mental Health Counseling program is to provide students with both the knowledge and skills for the practice of mental health counseling. The curriculum is designed to meet the disciplinary standards across 11 student learning domains to insure that graduates are competent mental health professionals and meet the necessary licensure requirements of the profession. These domains are:

1. *Professional Orientation*: Students will construct a philosophy of counseling based on the history and future trends of the profession, professional roles and responsibilities, with an emphasis on ethical practice.
2. *Ethics*: Students will generate appropriate ethical responses within the framework of American Counseling Association Ethical Guidelines.
3. *Diversity & Advocacy*: Students will prioritize and respond to all aspects of social and cultural diversity, optimizing human development for clients.
4. *Human Growth & Development*: Students will compare and contrast theories of human development across the life-span and the full continuum of mental health issues to facilitate effective life transitions.
5. *Career and Life Planning*: Students will utilize theories and skills to facilitate client career and life decisions.

6. *Helping Relationships*: Students will demonstrate the foundational framework for establishing a therapeutic alliance with clients.
7. *Counseling Continuum*: Students will be able to work effectively in a variety of modalities (individual, group, family) and to use crisis intervention, brief counseling, and long term mental health approaches with clients.
8. *Group Work*: Students will articulate group theory and assess their ability to deliver effective group therapy with clients.
9. *Research and Evaluation*: Students will utilize relevant research strategies within an evidence-based counseling perspective.
10. *Assessment*: Students will accurately select assessment instruments for client needs and program evaluations.
11. *Diagnosis*: Students will conceptualize and apply relevant diagnostic procedures for clients.

Description of Student Enrollment, Retention, Demographics

In the 2015-16 academic year, 23 interviews conducted 22 applicants were invited into the

Table 1: Retention

MSMHC Retention Rates: F2011-F2015						
	F2011	F2012	F2013	F2014	F2015	Average Retention Rates
2nd Term	100%	100%	86%	81%	85%	90%
3rd Term	95%	95%	81%	81%		88%
4th Term	100%	95%	76%	81%		88%
5th Term	90%	90%	76%	81%		84%
6th Term	85%	80%	62%			76%
7th Term	95%	80%	76%			84%
8th Term	85%	85%	71%			80%
9th Term	95%	90%				93%
10th Term	90%	90%				90%
11th Term	90%	90%				90%
12th Term	95%					95%
13th Term	95%					95%

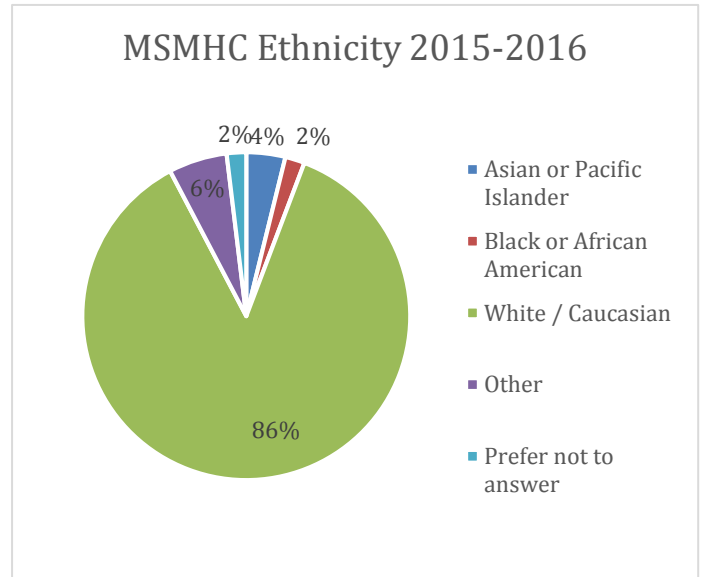
MSMHC program of those, 19 accepted and were orientated to the MSMHC program. Rolling admissions started January of 2016. In the spring semester, 4 students were admitted; in the summer 4 students were admitted; and in fall of 2016 11 will be admitted, bring the total students admitted in the sixth cohort to 19. The 4+2 program was also initiated in spring of 2016, four undergraduate students in good standing enrolled in courses.

Student retention has been strong. Cohorts I and II had 90% retention rate at the 5th semester. Cohort III (Fall 2013) retention rate for the 5th term was 76% (close to the actual prediction for retention when the program was first developed). The retention rate for

cohort 4, 5th term was 81%. The retention rate is a positive indicator for the MSMHC program; however, this trend has challenged the current faculty teaching ratio (FTE): student ratio of 10:1 required for CACREP accreditation. The faculty student ratio for the 2015–2016 academic year was slightly above the threshold at 10.1.

Demographic and diversity information is gathered in the initial student application and in the annual program assessment completed by enrolled students.

In terms of ethnicity, the MSMHC students reflect the demographics of the predominantly Caucasian community of La Crosse, Wisconsin; 86% students are Caucasian, 2% African American, and 4% Asian as demonstrated in the chart to the right:



The profile of the student Cohorts enrolled in the MSMHC program includes the following areas:

Cohort I:

- 57.1% of the students were female, and 42.9% of the students were males.
- 14.2% of the students were between the ages of 21–29, 42.9% were between 30 and 39, 42.9% were between the ages of 40–49.
- Retention is 95%.
- 100% have graduated.

Cohort II:

- 80% of the students were female, and 20% of the students were males.
- 55% of the students were between the ages of 21–29, 25% were between 30 and 39, 5% were between the ages of 40–49, and 15% were between the ages of 50–59.
- Retention is 85%.
- 88% have graduated.

Cohort III:

- 94.7% of the students were female, and 5.3% of the students were males.
- 52.6% of the students were between the ages of 21–29, 42.1% are between 30 and 39, 5.3% are between the ages of 40–49.
- 65% have graduated.

Cohort IV:

- 85% of the students were female and 15% of the students were males.
- 55% of the students were between the ages of 21–29, 20% were between 30 and 39, 10% were between the ages of 40–49 and 15% were 50 and above.
- Retention percentage is 90% (2nd term)

Cohort V:

- 85% of the students were female and 15% of the students were male.
- 65% of the students were between the ages of 19–29, 30% were between 30 and 39, 5% were between the ages of 40–49.
- Retention percentage is 85%.

Cohort VI:

- 84% of the students were female and 16% of the students were male.
- 53% of the students were between the ages of 19–29, 47% were between 30 and 39.
- Retention percentage will be calculated in fall 2017.

Professional Sequence Activities

The curriculum of the Master of Science in Mental Health Counseling program incorporates significant experiential learning placements: a practicum experience and internship experiences. Typical students complete the practicum and internship experiences in the final year of the program. Prior to placements, the practicum internship coordinator contacts appropriate organizations, and articulation agreements are developed with those organizations interested in supervising a practicum student. Site supervisors are then selected according to program criteria, and supervisors were provided with introductory information, orientation, and training. During the practicum and internship experience, students are provided extensive supervision from site supervisors and academic supervisors; group supervision is provided weekly in the COUN 690 course.

Practicum and internship placements are steady. Total student placements achieved in the Fall 2015, Spring and Summer 2016 semesters were twenty-two practicum and forty internship placements. An increase in Counseling Internship placements occurred despite some temporary clinical closures. The current number of Practicum Internship Sites is 26.

Table 2: Practicum/Internship Placement

	Practicum COUN 690	Internship COUN 695	Advanced Internship COUN 696
Fall 2013	3 students	12 students	
Spring 2014	14 students	10 students	
Summer 2014	7 students	8 students	
Fall 2014	6 students	6 students	10 students
Spring 2015	6 students	6 students	7 students
Summer 2015	2 students	3 students	4 students
Fall 2015	6 students	4 students	4 students
Spring 2016	12 students	5 students	4 students
Summer 2016	4 students	12 students	3 students

Program evaluation strategies from students and faculty

Multiple strategies, incorporating feedback from all program stakeholders, are utilized to assess the MSMHC program. Program staff gathers, compile, and analyze information about the program from the perspectives of current students, site supervisors, and faculty. Alumni and employer perspectives are incorporated into this process as the number of graduates increases, however, some of the data is limited because not enough time as passed (licensure, salary, etc.).

The purposes of the data collection is to assess program effectiveness and maintain a culture of continuous improvement to the curricular learning experiences of students training to be competent and ethical counseling professionals. A *brief description* of MSMHC program assessment strategies employed by the program appears below:

- **Assessment of student learning outcomes**

All faculty collect results from signature assignments in the required courses. Core faculty assess the assignments to determine if students have demonstrated mastery of specific

program learning outcomes addressed in the assignments. The results of these assessment findings are utilized to make targeted revisions.

- **Student-completed course evaluations** are designed to measure the effectiveness of instructors in delivering the course content and student outcomes. These evaluations are completed at the end of each course.
- **Formative teaching evaluations**
Faculty evaluation also includes teaching observations and follow-up feedback provided by the program director. This assessment strategy involves direct classroom observation, a written synopsis of the strengths and challenges observed, and an individual meeting to provide formative feedback.
- **Student annual program evaluation** is a survey administered to assess the student *perceptions* of the extent to which the program meets its mission and educational outcomes, as well as overall evaluation of faculty performance in various roles. This survey also gathers qualitative responses.
- **Faculty annual program evaluations** are designed to measure the faculty's *perception* of the program effectiveness in meeting its mission and achieving its goals.
- **Practicum and internship site supervisor evaluations** are designed to gather information about supervisor observations and perceptions of student readiness for the counseling responsibilities involved in the practicum experiences. These evaluations are administered during the mid-point and at the conclusion of the practicum experience.
- **Site supervisor program evaluations** are designed to gather information about supervisor observations and perceptions of student readiness for the counseling responsibilities involved in the praxis setting. These evaluations are administered at the conclusion of the practicum/internship experiences.
- **Comprehensive Examination (CPCE)**
The comprehensive examination is a summative evaluation to the core knowledge areas of counseling. All students complete the CPCE, typically in their last semester of enrollment in the MSMHC Program.
- **Alumni surveys** are designed to evaluate student perceptions of their academic preparation for the field of mental health counseling and to monitor job placement and licensure status.
- **Employer surveys** are designed to evaluate employer perceptions of the preparation of MSMHC alum that they employ. The employer survey instrument has been developed and piloted in December of 2014.
- **Advisory Board Surveys** The Advisory Board reviews program and curricular assessments and provide feedback to the MSMHC program. The pilot survey was collected in fall 2014. The *findings* of selected MSMHC program assessment strategies appear below:

Assessment of Student Learning Outcomes

The Comprehensive Assessment Plan for student learning outcomes includes 116 methods designed to measure student achievement of the program learning outcomes in the categories of Professional Identity and Clinical Mental Health Standards. Faculty members analyze student performance on signature assignments and results are presented at Core Faculty meetings. Based on the findings of this process, decisions are made about whether modifications are needed in the curriculum to ensure that students achieve learning outcomes. Through this process, faculty were able to strategically assess signature assignments addressing learning goals and content related to the eight Professional Identity domains and the seven Clinical Mental Health Standards. A summary of the results of this process indicated that in most domains/standards students are performing above competency levels.

Utilizing this process, faculty identifies specific areas for curricular modifications and improvements in the Mental Health Counseling Program curriculum. Core faculty are engaged in course assessment at the end of each semester. The focus for the 2014-2015 course assessment cycle were the areas of research evaluation, assessment, and diagnosis will be made available in the September 30th TracDat Report. TracDat is the Viterbo University repository for the assessment of program and student outcome results.

The Wisconsin Department of Safety and Professional Services made changes for course requirements for Licensure of Professional Counselors. The MSMHC Curriculum made the following changes in order, added the following three courses:

COUN 565: Behavior Disorders, 3 Cr.

This course addresses the concept of abnormal psychology emphasis will be on accurately utilization of the DSM-V diagnostic system (major mental and personality disorders, multiple perspectives of emotional psychological distress, disturbance of behavior, recognition or resilience client strength and social, cultural contexts).

COUN 580: Trauma and Crisis: An Integrated Approach, 3 Cr.

The course addresses the impact of trauma on individuals, families, and communities. Emphasizing the knowledge, skills, and attitudes essentials for mental health counselors, to effectively engage clients. The bio-psycho-social-cultural and spiritual dimensions are integrated into the course. The course also examines the health and wellness components for professionals, and the clients they serve, working in trauma based settings.

COUN 630: Foundations of Clinical Mental Health Counseling, 3 Cr.

This course addresses ‘the history and development of clinical mental health counseling, theories and models related to clinical mental health counseling, principles of clinical mental health counseling, including prevention, intervention, consultation, education, and advocacy, and networks that promote mental health and wellness. Prerequisites: COUN 660

Unfortunately, this will impact the course specialties.

Student-completed course evaluations

Students completed standardized course evaluations at the end of each course (see Appendix A). The course evaluation utilized a 1–5 Likert Scale to measure specific aspects of course content and instructional delivery. The results of the 2015–2016 student-completed course evaluations appear below:

Table 3: 2015-2016 Student-completed Course Evaluations Results

	Summer 2015 Core	Summer 2015 Adjunct	Fall 2015 Core	Fall 2015 Adjunct	Spring 2016 Core	Spring 2016 Adjunct	Core Total	Adjunct Total
Course-Related Questions (#1-8)	5.0	4.6	4.6	4.1	4.5	4.5	4.7	4.4
Instruction-Related Questions (#9-20)	5.0	4.6	4.8	4.2	4.7	4.7	4.8	4.5

Table 4: Comparison between 2013-2014 and 2014-2015 Student-completed Course Evaluation Results

	13-14 Core	13-14 Adjunct	14-15 Core	14-15 Adjunct	15-16 Core	15-16 Adjunct
Course-related questions (# 1–8)	4.6	4.1	4.4	4.3	4.7	4.4
Instruction-related questions (#10–20)	4.8	4.1	4.4	4.6	4.8	4.5

Current students in the program rate the core and adjunct faculty consistently above 4 in course and teaching related questions.

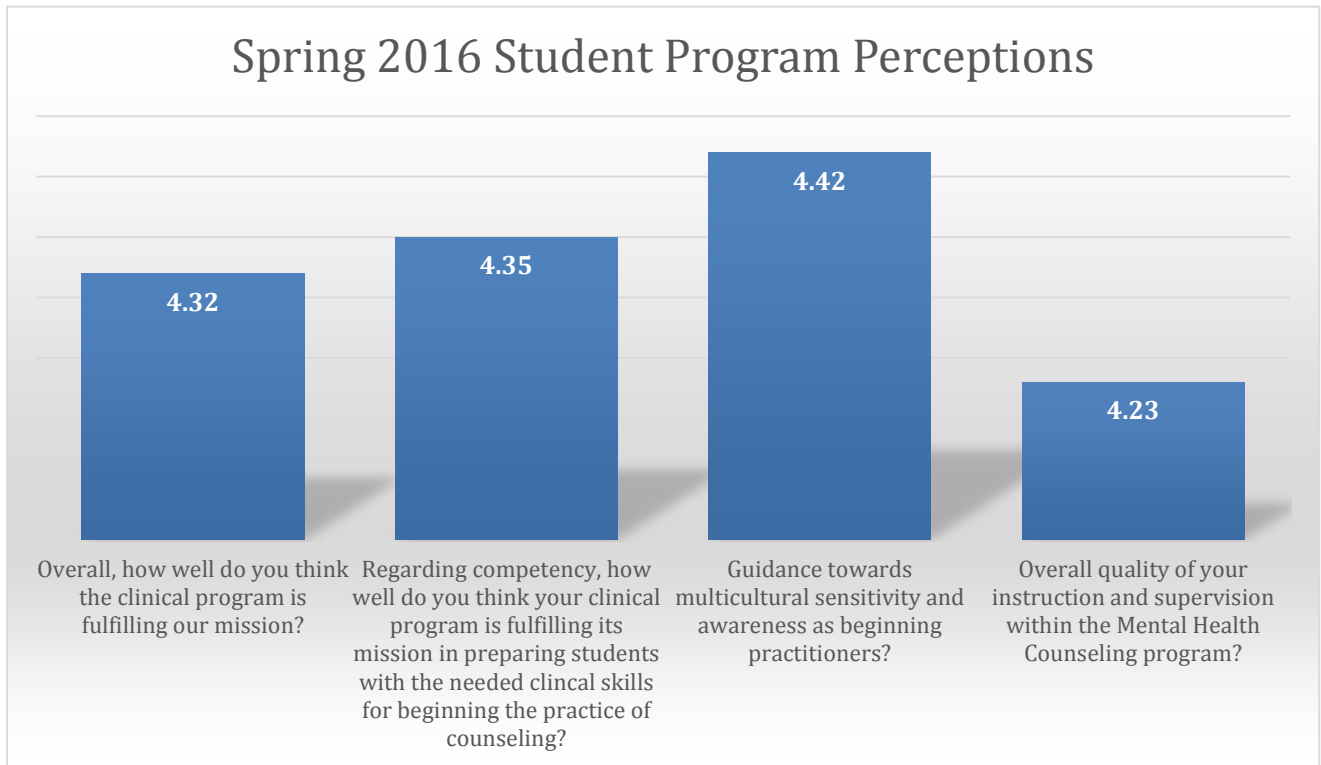
Formative teaching evaluations

This assessment strategy involved the director observing classroom teaching and interactions followed by individual meetings with the instructor to provide feedback. A total of seven observations were conducted during the 2015–2016 academic year. In the observation sessions, all instructors demonstrated competency in the knowledge related to their course. Two of the instructors were provided with formative feedback and directions relative to pacing and timing, specifically recommending longer time be devoted to facilitate student consolidation of knowledge. Two instructors were also encouraged to increase relevant active learning strategies into course instruction. Evaluations are on file in the program director’s office in the faculty files.

Student Annual Program Evaluation

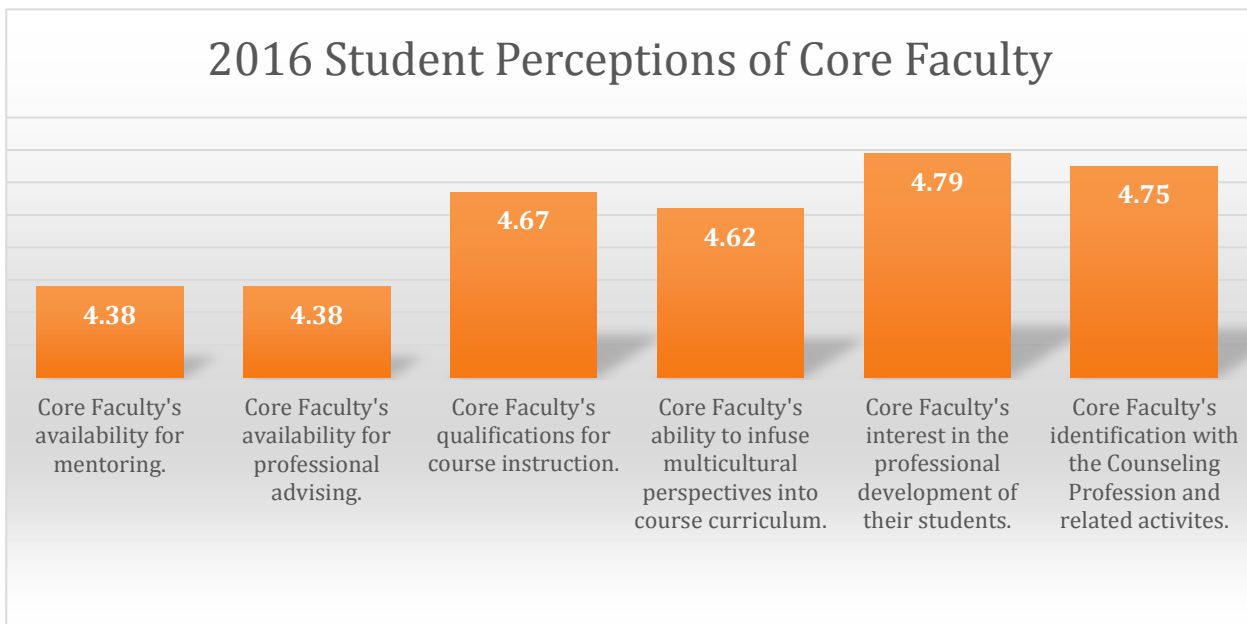
Students are asked to evaluate program effectiveness each spring semester. This assessment involves a standardize survey utilizing a Likert Scale to measure students’ perceptions of the program’s general effectiveness at fulfilling the mission, providing the needed clinical skills, enhancing multicultural sensitivity, and maintaining quality instruction and supervision. The survey also asks student to rate faculty in the areas of advising, qualifications, infusion of multicultural perspectives, interest in professional development of students, and identification with the counseling profession. The survey also includes open-ended questions to facilitate qualitative evaluation. The charts below depict the results from the 2015 annual student program survey distributed to all current MSMHC students each year in the spring:

Table 5



In summary, students rate the program quite high on a 5-point Likert scale. Student perceptions decreased from previous years in MSMHC program is fulfilling its mission (4.32 from 4.5), developing clinical skills (4.35 from 4.56), guidance related to multicultural sensitivity (4.42 from 4.65), and instruction and supervision (4.23 from 4.48).

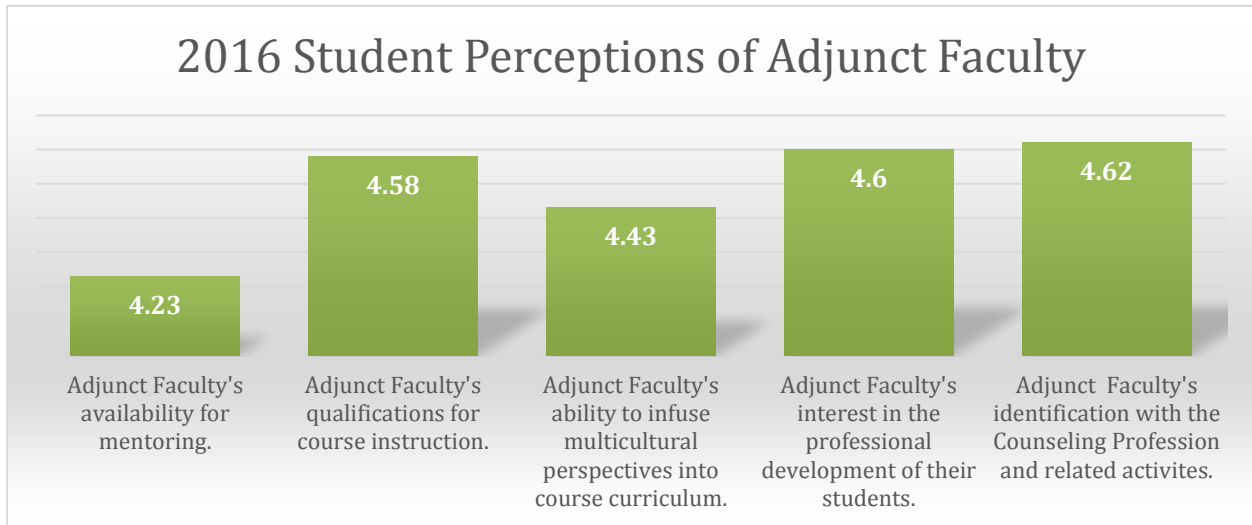
Table 6



The average of students' ratings for core faculty in all categories were above 4 on a 5-point Likert scale. Students perceptions increased from previous years in the areas of core faculty are

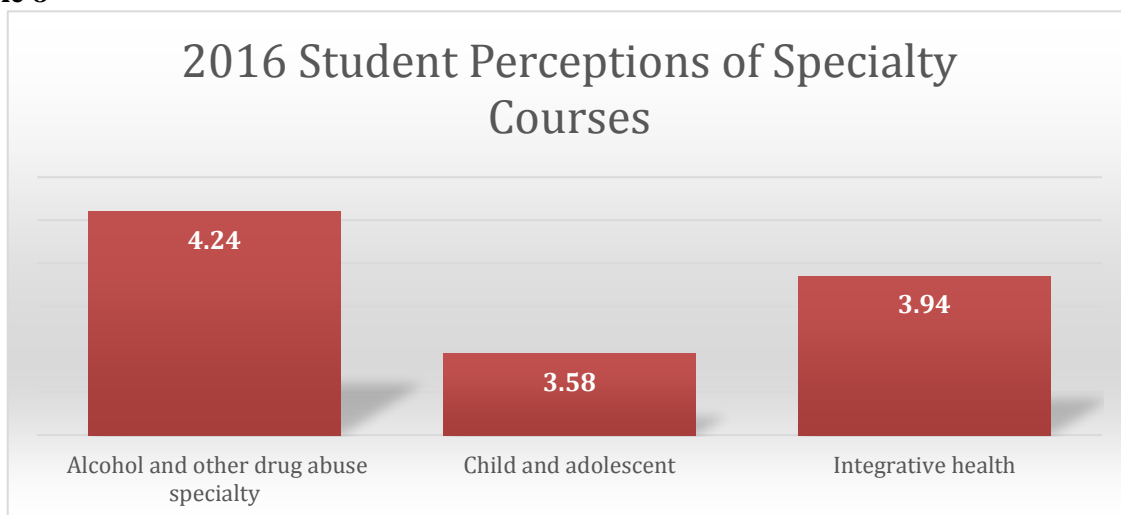
available for mentoring (4.38 not previously measured), express interest in professional development of their students (4.79 from 4.62), being able to demonstrate a clear identification with the counseling profession (4.75 from 4.62). The exceptions were the slight decline in are available for advising (4.38 from 4.56), are qualified for course instruction (4.67 from 4.72), infuse multicultural perspectives (4.62 from 4.69).

Table 7



Students rated the adjunct faculty above 4 on a 5-point Likert scale in all areas. Their perceptions decreased from previous years in all areas: view the adjunct faculty as available for mentoring (4.23 from 4.44) and qualified for course instructions (4.58 from 4.64). Student perceptions rated the adjunct faculty members' infusion of multicultural perspectives (4.43 from 4.67), interest in the professional development of their students (4.6 from 4.64), and identification with the counseling profession (4.62 from 4.69).

Table 8



Students perceptions increased from previous years in their specific ratings for specific specialties were alcohol and other drug abuse (4.24 from 4.16), and decreased in child and adolescent (3.58 from 4.07), and integrative health (3.94 from 4.5).

Summary of the Student Program Evaluation. Students currently enrolled in the MSMHC program indicate overall positive perceptions of the MSMHC Program, core and adjunct faculty, with all areas endorsed at 4 or above. Students indicate that the program is fulfilling its mission, that they are developing the needed clinical skills and multi-cultural sensitivity, and that all faculty identify with the counseling profession. The student perceptions of the specialty courses continue to vacillate (Child and adolescent 3.58, Integrative health 3.94). The exception is the alcohol and drug abuse specialty (4.24) which continues to be highly endorsed.

Qualitative responses submitted by the MSMHC students in 2015–2016 reflected program strengths in the areas of core faculty, experiential learning, and faculty supervision and advising. Students were particularly satisfied with the counseling knowledge and skills modeled by course faculty. In the qualitative section of the survey, students commented favorably in the areas of faculty instruction, faculty supervision and advising, and experiential learning, as summarized in the chart below:

FACULTY INSTRUCTION	FACULTY SUPERVISION AND ADVISING	EXPERIENTIAL LEARNING
<ul style="list-style-type: none"> • Faculty are experienced clinicians • Faculty integrate a comprehensive teaching approach to counseling • Faculty are effective at group and individual processing 	<p>Numerous positive responses were noted related to the following issues:</p> <ul style="list-style-type: none"> • Quantity and quality of supervision • Timely feedback • Mentoring • Availability for advising 	<p>Numerous comments reflected positively on the experiential learning incorporated in to courses. Specific mention was made about the following activities:</p> <ul style="list-style-type: none"> • Practice counseling sessions • The hands-on learning and instruction • Supervision • Peer feedback • Videotaped sessions • Role plays • Integrating speakers and fieldwork experiences into the coursework

These qualitative responses also indicated needs for program improvements in the areas of consistent practices relative to grading and assessment. Students also identified their perception of challenges:

COURSE WORK AND SCHEDULING	Preparation for Licensing
<ul style="list-style-type: none"> • Students recognized that adjunct faculty experienced a learning curve in developing competence in the classroom. • Students dislike standard lecture and overuse of PowerPoints. • Syllabi being incorrect or inconsistent. • Students identified a need for more variety for practicum and internship placements. • Students identified personal challenges, such as stress overload and the balance of multiple roles. 	<ul style="list-style-type: none"> • A couple of students expressed interest in having an additional week night for courses (this question will be posed to students in the 2015-2016 academic year). • Students expressed concern about the quizzes and wondering if they reflect the domains for licensure.

Faculty Annual Program Evaluations

Faculty annual program surveys are designed to measure the faculty's *perception* of the program effectiveness in meeting its mission and achieving its goals. The survey questions utilize a Likert scale with a 1–5 range scale, 1 being least effective and 5 being highly effective. The average scores indicated responses above 4 for all items.

Table 9

1. Overall, how well do you think the MSMHC is fulfilling its mission?	4.6
2. Overall, how well do you think the MSMHC clinical program is fulfilling the MSMHC Program goals?	4.6
3. Regarding multicultural sensitivity, how well do you think your clinical program is fulfilling the school mission?	4.20
4. Within the course(s) you teach, indicate how effectively and intentionally you facilitate classroom discussions regarding diverse perspectives and experiences.	4.20
5. Within the course(s) you teach, indicate how well you feel you are preparing students for the work force as beginning practitioners.	4.60
6. Rate the quality of support you receive from the Viterbo University MSMHC to fulfill your faculty role and responsibilities.	4.20
7. Rate the quality of training and resources you receive to fulfill your faculty role and responsibilities.	3.90
8. Rate the quality of direction you receive from the MSMHC Program regarding your teaching/learning practices.	4.50

In the qualitative section of the faculty survey, there were four general questions related to the overall experience as a faculty member in the MSMHC program at Viterbo University. Overall faculty indicate a positive experience with the program. Faculty also indicate that their needs are being met, however 40% discussed the need for a full time administrative assistant. An additional full time faculty was identified as important. Reviewing pay rates for adjunct faculty to be more consistent with other CACREP accredited programs was mentioned. Faculty endorsed that the direction they received is timely and supportive, and also that Dr. Murray is responsive to faculty and program needs.

Practicum and internship site supervisor evaluations

Site supervisors evaluate students in practicum/internship at mid-semester and the end of the semester on eighteen clinical skill areas. These evaluations have consistently been in the 4–5 range on a 1–5 Likert scale. The Core faculty are generally satisfied with the students' preparation and performance in clinical placement. Although areas for improvement continue to be basic clinical skills relative to assessment, diagnosis, and record keeping management. To examine details, see Appendix B. Core faculty plan to modify the site supervisors' student evaluations for the Counseling practicum and internship courses to address developmental skills, knowledge and attitudes.

Comprehensive Examination (CPCE)

The comprehensive examination is a summative evaluation to the core knowledge areas of counseling. It is an essential benchmark to the preparation and readiness of students to graduate with an advanced degree in Counseling. Beginning fall 2013, the Clinical Mental Health Counseling program at Viterbo University requires students to complete the Counselor

Preparation Comprehensive Examination (CPCE) published by the Center for Credentialing and Education, a corporate affiliate of the National Board of Certified Counselors. It is a multiple choice examination to assess student comprehension in the eight knowledge areas of counseling as approved by the Committee for the Accreditation of Counseling and Related Educational Programs (CACREP). The chart below summarizes student performance on this examination.

Table 13: Counselor Preparation Comprehensive Examination (CPCE) 2015-2016

Viterbo University Scores (2015-2016)		
	Viterbo Mean	National Mean
Human Growth and Development	10.94	9.83
Social and Cultural Diversity	10.82	9.00
Helping Relationships	10.88	11.45
Group Work	11.07	11.00
Career Development	6.63	8.44
Assessment	10.94	11.04
Research & Program Evaluation	10.06	10.81
Professional Orientation and Ethical Practice	10.69	12.29

Table 14

Viterbo University Scores	Viterbo 2013-14 Mean	National Average	Viterbo 2014-15 Mean	National Average
Human Growth and Development	11.94	9.80	10.53	10.28
Social and Cultural Diversity	11.59	10.51	11.03	10.7
Helping Relationships	13.09	10.07	11.11	10.84
Group Work	13.47	12.45	12.79	11.76
Career Development	10.93	10.39	9.35	10.16
Assessment	11.32	10.52	10.89	9.76
Research & Program Evaluation	12.58	10.71	11.08	10.57
Professional Orientation and Ethical Practice	12.44	10.66	12.50	12.35

Generally MSMHC perform above the national mean on the CPCE standard assessment. There was a slight decline in this year's scores. The students do perform a bit lower on Helping Relationships, Career Development, Assessment, Research & Program Evaluation, and Professional Orientation and Ethical Practice. There are several possibilities that might account for this decline: the students in this cohort were heard to say "this is just a practice test, doesn't make a difference," another possibility is that there were more new instructors teaching in this time frame, or it could simply be an anomaly. In an effort to address the career counseling a career counselor began teaching the career development course. However, it will be one year before those students actually take the CPCE. The assessment course, COUN 695, will be reviewed in terms of content and active learning strategies.

Alumni surveys

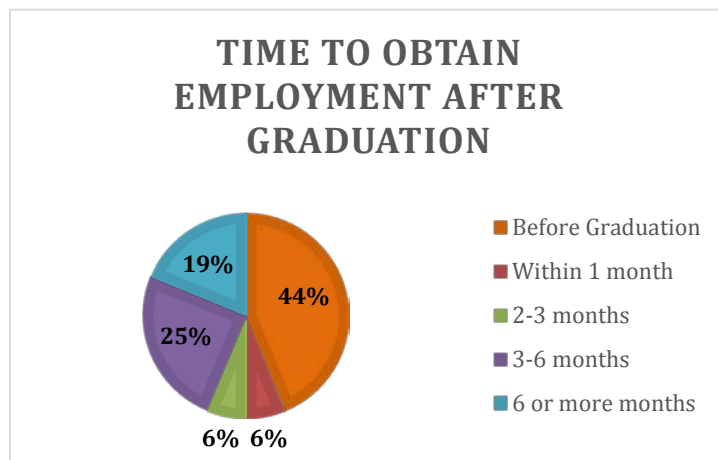
The alumni survey collects the perceptions of the previous students of the MSMHC program. The alumni survey was first deployed in the spring of 2014 following the first graduation of MSMHC students. The pilot measured student perceptions relative to their preparation for working as professional counselors. The survey utilized a Likert scale of 1–5. This is the third deployment of this survey and was sent to the 41 students that have graduated from the program. 23 alumni responded yielding it a 56% return rate. The averages of all items were rated above 4.

The alumni survey was modified to capture other important areas such as licensure, employment, and salary range for alumni. This instrument was deployed in June of 2016 with results below:

The students graduating from the MSMHC are experiencing robust employment as indicated in the table, approximately 44% are hired prior to graduation, 12.5% within three months, 25% by 6 months post-graduation, 80% are employed in field within 6 months of graduation, and 100% of graduated seeking employment are hired in the first year.

Table 15

Time to Obtain Employment After Graduation	
Before Graduation	43.75%
Within 1 month	6.25%
2-3 months	6.25%
3-6 months	25.00%
6 or more months	18.75%



Graduates of the MSMHC program at Viterbo University highly endorse questions relative to their satisfaction in preparation to become a licensed professional counselor. On a likert scale ranging from 1 to 5, all responses fell within 4.05 to 4.81 range. See details in Table 16.

Table 16: Alumni Survey Summer 2016

Rating	How adequately did the counseling program prepare you?
4.48	Overall, how well do you think your clinical program fulfilled its mission?
4.33	Regarding competency, how well did the MSMHC program prepare you with the needed clinical skills and knowledge for entering the field?
4.24	How well do you think the MSMHC program prepared you to be an effective leader and social change agent?
4.81	How well do you think the MSMHC program prepared you to be an ethical counselor?
4.05	As an adult learner, how well did the MSMHC program value and support your personal and professional wellness while in the program?
4.57	How well did the MSMHC program prepare you with multicultural sensitivity and awareness as you began your practice as a mental health counselor?
4.43	How would you rate your preparation as a mental health counselor?

4.48	What was your overall satisfaction with the teaching quality and instruction by core faculty?
4.14	What was your overall satisfaction with the teaching quality by adjunct faculty?
4.05	What was your overall satisfaction with the rigor of the MSMHC program?
4.43	How do you rate the faculty's availability for mentoring or professional advising while in the program?
4.43	How do you rate the faculty's qualifications for course instruction?
4.52	How do you rate the faculty's ability to infuse multicultural perspectives into course curriculum?
4.62	How do you rate the faculty's interest in the professional development of their students?
4.57	Overall how do you rate the MSMHC program?

Employer surveys

Employer Surveys will be completed at the end of every other year. The next scheduled survey will be initiated in December 2016.

Program Challenges from Previous Year

A number of program challenges identified through multiple assessment strategies in the 2015-2016 academic year included the following:

- Additional Administrative Assistance is needed.
- Rolling admission was implemented in the spring of 2016 and appears to be working well in distributing work load for core faculty members and increased acceptance rates of the most qualified students.
- Another initiative implemented in the Spring of 2016 was the 4+2 Program, allowing high achieving undergraduates to take one to three courses when room is available.
- MSMHC program continues to make progress in attracting diverse students.
- As a result of assessments, the assessment plan, syllabi, and rubrics are continually reviewed and revised.

Program strengths identified through multiple assessment strategies in 2016 include the following:

- Robust recruitment, retention.
- Students appear to be performing well in a diverse set of practicum and internship placements.
- Practicum supervisors rated all students at competency or above.
- Instructors are rated above average, and they clearly identify with the counseling profession.
- MSMHC Students are highly motivated to work with low income underserved population in the La Crosse community.
- Community involvement: Practicum sites with core faculty serving as site supervisors have been implemented at Coulee Council and Salvation Army.
- The MSMHC program has partnered with Global Partners allowing students to experience service trips at Pine Ridge. To date, there have been 5 trips, which allowed 17 students to participate a cultural immersion experience.

- Counseling/Interviewing labs promote active-learning and are essential to the teaching practices to this program.
- MSMHC Students are able to use Action Research Projects to advocate for the mental health needs in the community. For example, two students developed a six-week program for third and fourth graders at Hamilton school, promoting resilience and social skill development.
- Current employment of MSMHC graduates is robust. Currently many students (44%) are hired before graduation, and within six months 80% have been hired.

Program challenges identified through multiple assessment strategies in 2016

- Part time administrative assistant continues to be problematic due to the level of management required for this program.
- Course assignments and quizzes are identified as student challenges. The goal is to insure that faculty provide rational and connection of course content to the profession of counseling. Continue to stream line assessment and signature assignments to clarify the learning outcomes.

Conclusions and Recommendations

- The MSMHC program is performing well based upon multiple assessment strategies. There are several areas to attend to in the areas of assessment and diagnosis, practicum and internship, and clarity in course assignments.
- If the program initiates expansion activities the development of additional practicum and internship sites is crucial.

Goals for the 2016–2017 year

1. Synchronize Wisconsin Department of Safety and Professional Services education requirements with those of CACREP.
2. Expansion of practicum and internship sites.
3. More opportunities for students to integrate and provide health-wellness activities on campus. Examples: Depression week screening, career counseling, group for students in recovery.
4. Develop procedures packet for graduating students outlining steps and processes required for obtaining licensure.
5. Offer a training institute or continuing education opportunities to support site supervisors and alumni of the program.
6. Develop strategies to maintain strong relationship with Alumni.
7. Conduct feasibility study on expansion options emphasizing Marriage and Family Therapy. If the feasibility study is favorable develop a timeline to implement the program.

Appendix A Standard Course Evaluations

Course—questions

1	The syllabus clearly communicated outcomes, requirements and evaluation methods
2	Course workload was appropriate to optimize learning
3	The instructional materials (texts, handouts, visuals) were appropriate and helpful.
4	The course design caused me to think in depth about this subject.
5	The content of the assignments contributed to my understanding of the subject.
6	The expectations and methods of evaluation were fair and clearly delineated.
7	Sufficient learning occurred in this course.
8	Overall, the course achieved its stated learning outcomes.
9	The instructor demonstrated knowledge of the subject matter.

Instructions—questions

10	The instructor conducted class in an organized and clear manner.
11	The instructor cared about my learning.
12	The instructor was well prepared for each class sessions.
13	The instructor communicated clearly and effectively.
14	The instructor used the allotted time appropriately.
15	The textbook and other resource materials were used effectively.
16	I had opportunities to ask questions in and out of class.
17	The instructor provided useful and timely feedback.
18	The instructor responded appropriately to student questions and comments.
19	The difficulty level and pace of this course was just about right to optimize learning.
20	Overall, I rate this instructor as an effective teacher.

Appendix B
Site supervisor Evaluations

Site Supervisor Evaluations SU15, F15, SP16	COUN 690		COUN 695		COUN 696	
	AVG		AVG		AVG	
	Mid	End	Mid	End	Mid	End
1. Establish client contact, scheduling, fees, and determination of who should attend initial session.	3.8	3.9	3	4.5	3.8	3.8
2. Explain client rights, billing process, and obtain informed consent for treatment.	3.6	3.9	3.5	4	4.2	4.2
3. Establish and maintain productive therapeutic alliance.	3.7	4.1	3.3	3.8	4.3	4.4
4. Establish DSM diagnosis; include client strengths. CMHC D.1, CMHC L.1, CMHC L.2	3.1	3.3	2.7	3.6	3.8	3.8
5. Utilize psychometric tools to assist assessment as needed. CMHC D.1, CMHC H.1	3.3	3.6	3.7	3.9	3.7	3.8
6. Match the needs of the client with an appropriate therapeutic approach. CMHC D.1, CMHC D.5, CMHC K.2	3.3	3.7	3.0	3.6	4.2	4.2
7. Continually evaluate progress toward goals. Modify treatment plan accordingly. CMHC D.1, CMHC K.2	3.3	3.6	3.3	3.7	3.9	4.3
8. Manage risks, crises and emergencies. Establish safety plans. Report/protect as warranted. CMHC K.5, CMHC L.3	3.5	3.9	3.5	3.5	4.0	4.2
9. Develop termination and aftercare plans. CMHC F.1	3.3	3.9	3.5	3.7	3.8	4.0
10. Complete all required case documentation in a timely manner. CMHC D.7	3.9	4.4	4.5	3.9	4.8	4.6
11. Maintain professional relations with all personnel at off-campus clinical sites. Network with involved stakeholders as appropriate (extended family; other professionals, etc.). CMHC D.4, CMHC F.1, CMHC F.2	4.2	4.3	3.9	4.1	4.7	4.6
12. Utilize required supervision and collegial consultation off-campus clinical sites. CMHC A.8	3.9	4.2	4.3	4.3	4.6	4.5
13. Attend to personal issues that affect the therapist's ability to conduct ethical, effective therapy. CMHC D.9	4.0	4.2	3.9	3.9	4.4	4.5
14. Attend to dynamics of power, privilege and difference in client lives. CMHC D.2, CMHC D.5, CMHC F.3	3.6	3.9	3.4	3.5	4.3	4.3
15. Respond appropriately to the client's culture and ethnicity. CMHC D.2, CMHC D.5, CMHC F.3	3.9	4.5	3.7	3.5	4.3	4.4
16. Integrate supervisor/team communications into treatment. CMHC D.9	3.9	4.2	3.9	4.2	4.4	4.5
17. Practice according to American Counseling Association (ACA) Code of Ethics, WI law and professional standards of practice. CMHC A.7	4.3	4.5	4.3	4.3	4.6	4.7
18. Work with supervisors and program director to document required client contact and supervision hours, and clinical competence.	4.0	4.2	4.3	4.4	4.6	4.5

Appendix C Retention Rates

MSMHC Retention Rates: F2011-F2015						
	F2011	F2012	F2013	F2014	F2015	Average Retention Rates
2nd Term	100%	100%	86%	81%	85%	90%
3rd Term	95%	95%	81%	81%		88%
4th Term	100%	95%	76%	81%		88%
5th Term	90%	90%	76%	81%		84%
6th Term	85%	80%	62%			76%
7th Term	95%	80%	76%			84%
8th Term	85%	85%	71%			80%
9th Term	95%	90%				93%
10th Term	90%	90%				90%
11th Term	90%	90%				90%
12th Term	95%					95%
13th Term	95%					95%
<i>Original</i>	20	20	21	21	20	
2nd Term	20	20	18	17	17	
3rd Term	19	19	17	17		
4th Term	20	19	16	17		
5th Term	18	18	16	17		
6th Term	17	16	13			
7th Term	19	16	16			
8th Term	17	17	15			
9th Term	19	18				
10th Term	18	18				
11th Term	18	18				
12th Term	19					
13th Term	19					