

Master of Science in Mental Health Counseling

**Annual Report
2016-2017 Academic Year
Summer 2017**



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 2016-2017 academic year. Included in this report are the following:

- Overview of the Master of Science in Clinical Mental Health Counseling Program
 - Mission, goals, curriculum, learning outcomes
- 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 seven 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 The Council for Accreditation of Counseling & Related Educational Programs (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., substance abuse 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 10 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 and Ethics:* 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 within the framework of American Counseling Association Ethical Guidelines.
2. *Diversity & Advocacy:* Students will prioritize and respond to all aspects of social and cultural diversity, optimizing human development with clients.
3. *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.

4. *Career and Life Planning*: Students will utilize theories and skills to facilitate career and life decisions with clients.
5. *Helping Relationships*: Students will demonstrate the foundational framework for establishing a therapeutic alliance with clients.
6. *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.
7. *Group Work*: Students will articulate group theory and assess their ability to deliver effective group therapy with clients.
8. *Research and Evaluation*: Students will utilize relevant research strategies within an evidence-based counseling perspective.
9. *Assessment*: Students will accurately select assessment instruments for client needs and program evaluations.
10. *Diagnosis*: Students will conceptualize and apply relevant diagnostic procedures for clients.

Description of Student Enrollment, Retention, and Demographics: In the 2016-17 academic year, 23 interviews were conducted and 22 applicants were invited into the MSMHC program. Of those, 19 accepted and were oriented to the MSMHC program. Rolling admissions started January of 2016. The retention rate of the MSMHC program continues to be strong for the students admitted. During the fall of 2016, the retention rate was 94%. See table below:

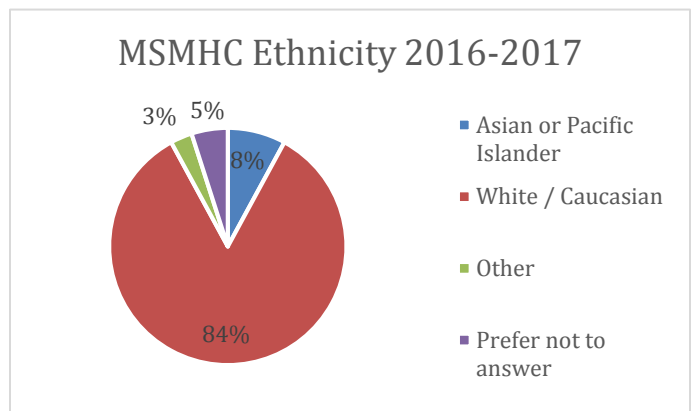
Table 1: Retention

Retention Rates: MSMHC FALL Cohorts 2011-2016						
	2011	2012	2013	2014	2015	2016
2nd Term	100%	100%	81%	77%	85%	94%
3rd Term	95%	95%	76%	77%	85%	
4th Term	100%	95%	71%	77%	80%	
5th Term	90%	90%	67%	77%	80%	
6th Term	85%	80%	57%	73%		
7th Term	95%	90%	67%	73%		
8th Term	85%	90%	67%	73%		
9th Term	95%	90%	62%			
10th Term	90%	90%	67%			
11th Term	90%	90%	67%			
12th Term	95%	90%				
Original	20	20	21	22	20	18
2nd Term	20	20	17	17	17	17
3rd Term	19	19	16	17	17	
4th Term	20	19	15	17	16	
5th Term	18	18	14	17	16	
6th Term	17	16	12	16		
7th Term	19	18	14	16		
8th Term	17	18	14	16		
9th Term	19	18	13			
10th Term	18	18	14			
11th Term	18	18	14			
12th Term	19	18				

Graduate Employment: There were 20 graduates in December of 2016 and May of 2017. 17 (85 %) were employed prior to or within one month of graduation. One (5%) gained employment 3 months post-graduation. One (5%) has obtained part-time employment and the final one (5%) is currently seeking employment.

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; 84% students are Caucasian, 8% Asian, and 3% other as demonstrated in the chart to the right:



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

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% of those retained 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%.
- 100% of those retained 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.
- 95% of those retained 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 73% (8th 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 80%.

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.

Cohort VII:

- Statistics not yet available for fall of 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 robust. Total student placements achieved in the Fall, Spring, and Summer semesters during the 2016-2017 school year were 19 practicum and 45 internship placements. An increase in Counseling Internship placements occurred despite some temporary clinical closures. The current number of possible 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		15 students
Spring 2014	14 students	10 students		24 students
Summer 2014	7 students	8 students		15 students
Fall 2014	6 students	6 students	10 students	26 students
Spring 2015	6 students	6 students	7 students	19 students
Summer 2015	2 students	3 students	4 students	9 students
Fall 2015	6 students	4 students	4 students	14 students
Spring 2016	12 students	5 students	4 students	21 students
Summer 2016	4 students	12 students	3 students	17 students

Fall 2016	4 students	7 students	15 students	26 students
Spring 2017	12 students	4 students	6 students	22 students
Summer 2017	3 students	9 students	4 students	16 students

Program evaluation strategies from students and faculty

Multiple strategies, such as, incorporating feedback from all program stakeholders, are utilized to assess the MSMHC program. Program staff gathers, compiles, and analyzes information about the program from the perspective 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 has 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.

MSMHC program assessment results for the 2016-2017 Academic Year

Assessment of Student Learning Outcomes

The Comprehensive Assessment Plan for student learning outcomes was rewritten for the 2016-2017 academic year and can be found at: <http://www.viterbo.edu/master-science-mental-health-counseling/program-accreditation>. It includes 55 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 2015-2016 course assessment cycle were the areas of research evaluation, assessment, and diagnosis. These results 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 to stay consistent with Wisconsin Licensure requirements. Three courses were added and taught for the first time in the 2016-2017 academic year:

COUN 565: Behavior Disorders, 3 Cr.

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

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

This course addresses the impact of trauma on individuals, families, and communities. It emphasizes the knowledge, skills, and attitudes essential 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 within trauma-based settings.

COUN 665: Foundations of Clinical Mental Health Counseling, 3 Cr.

This course addresses the history and development of clinical mental health counseling as well as theories, models, and principles related to mental health counseling, including prevention, intervention, consultation, education, and advocacy. Networks that promote mental health and wellness will also be discussed. Prerequisites: COUN 660

Unfortunately, this required COUN 580, Wellness and Spirituality, to be eliminated from the curricula and that COUN 650, Psychopharmacology, became an elective.

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 2016–2017 student-completed course evaluations appear below:

Table 3: 2016-2017 Student-completed Course Evaluations Results

	Summer 2016 Core	Summer 2016 Adjunct	Fall 2016 Core	Fall 2016 Adjunct	Spring 2017 Core	Spring 2017 Adjunct	Core Total	Adjunct Total
Course-Related Questions	4.8	4.7	4.7	4.5	4.6	4.5	4.7	4.6
Instruction-Related Questions	4.9	4.8	4.9	4.6	4.8	4.5	4.9	4.6

Table 4: Comparison of 2013 to 2016 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	4.6	4.1	4.4	4.3	4.7	4.4
Instruction-related questions	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

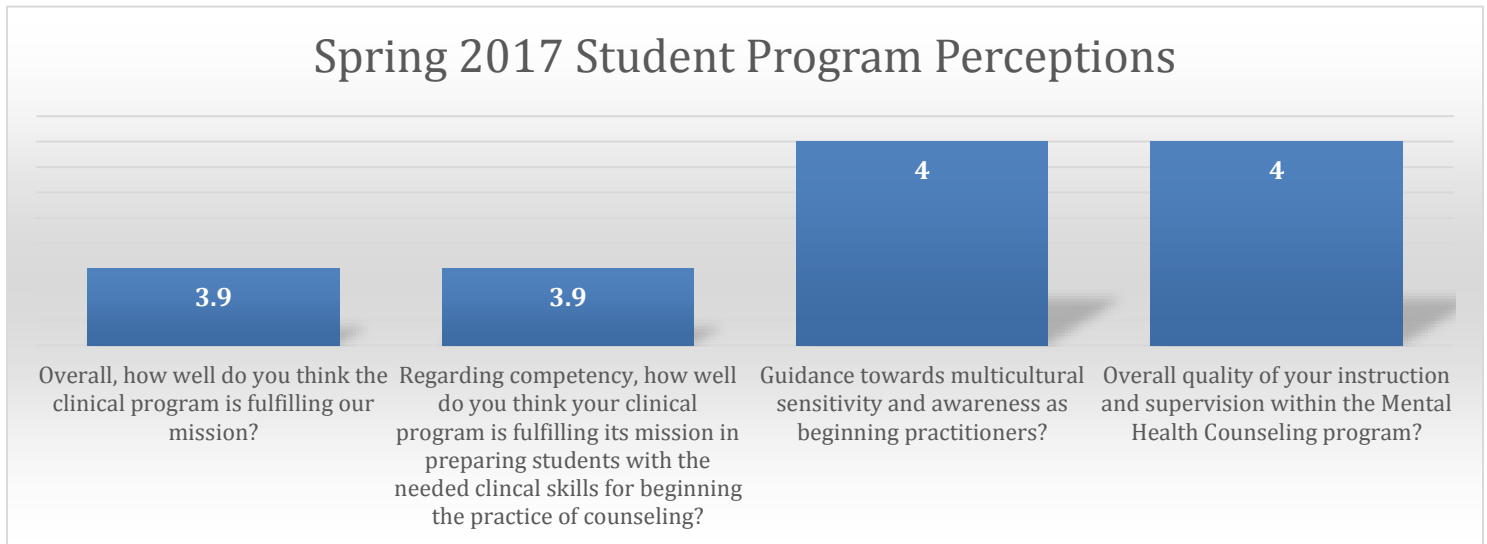
This assessment strategy involved the director observing classroom teaching and interactions followed by individual meetings with the instructor to provide feedback. Nine teaching observations were conducted during the 2016–2017 academic year. In the observation sessions, all instructors demonstrated competency in the knowledge related to their course. Three (all novices) 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. Additionally, several of the instructors were provided, with guidance on signature assignments in relation to collecting TracDat data. 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 evaluate the MSMHC program effectiveness each spring semester. This assessment involves a standardized 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

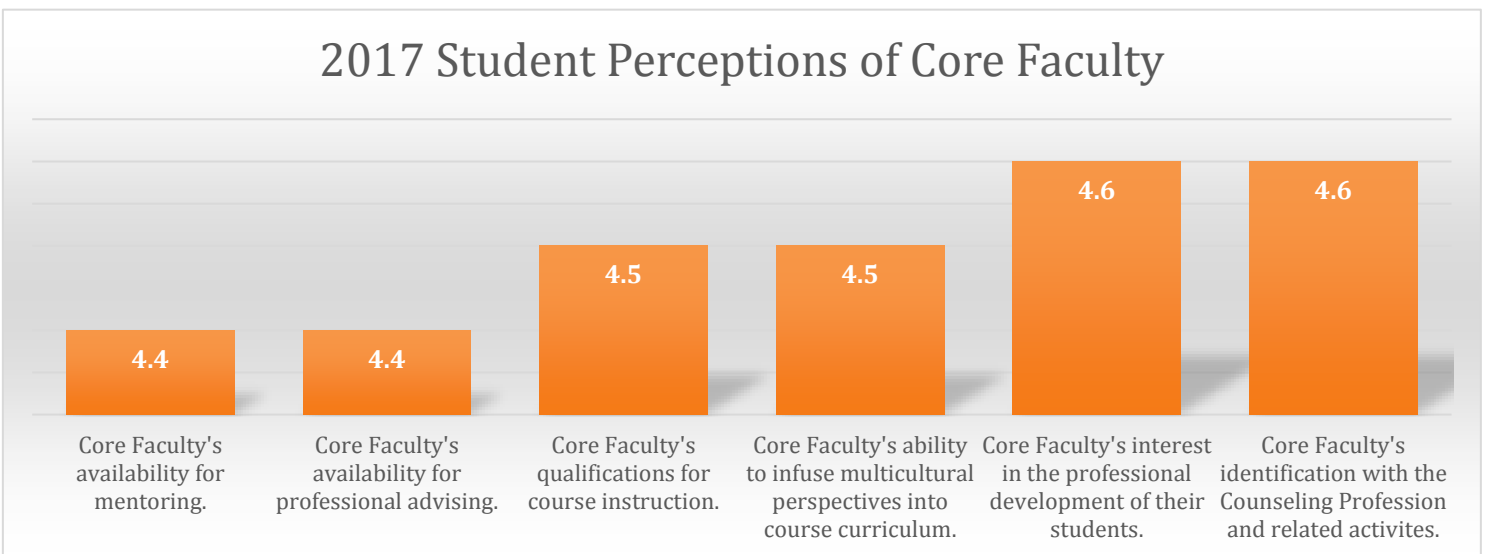
survey also asks students to rate faculty in the areas of advising, qualifications, infusion of multicultural perspectives, interest in professional development of students, and identification with the counseling profession. The survey also includes open-ended questions to facilitate qualitative evaluation. The charts below depict the results from the 2017 annual student program survey distributed to all current MSMHC students each year in the spring:

Table 5



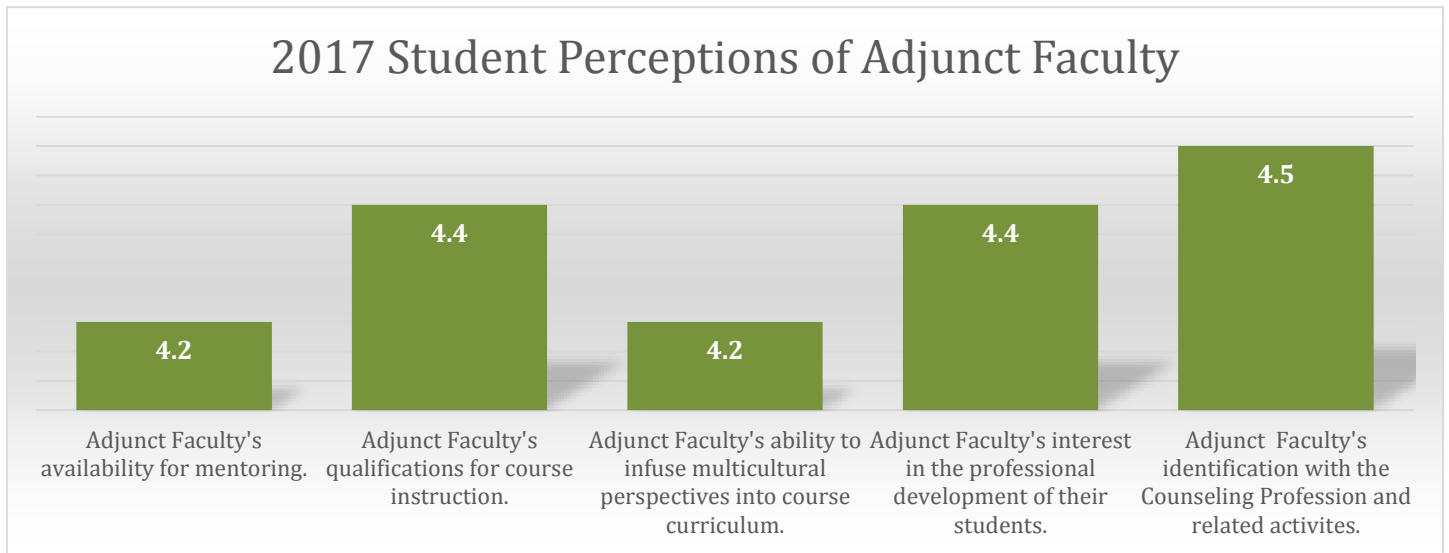
In summary, students rate the program quite high on a 5-point Likert scale (Table 5). Student perceptions decreased from previous years in MSMHC program is fulfilling its mission (3.9 from 4.32), developing clinical skills (3.9 from 4.35), guidance related to multicultural sensitivity (4 from 4.42), and instruction and supervision (4 from 4.23).

Table 6



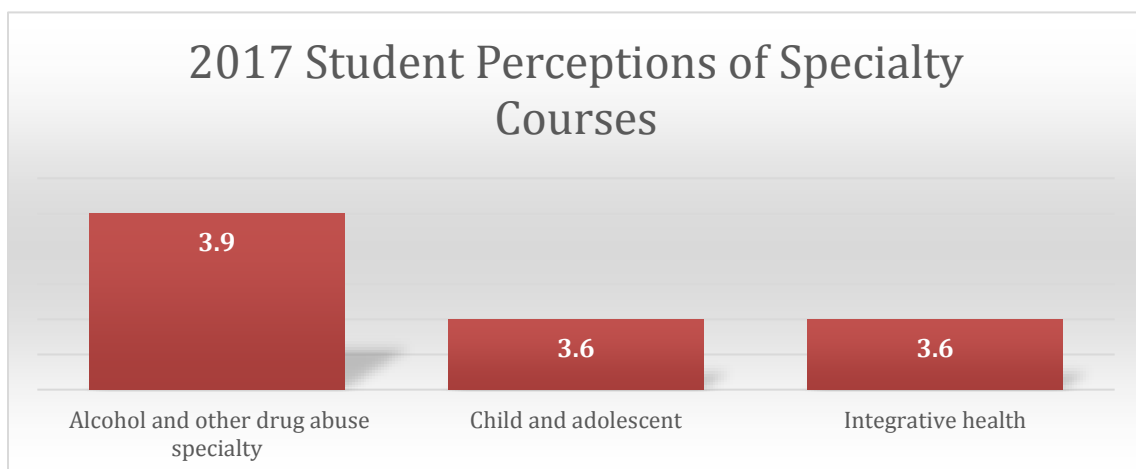
The average student ratings for core faculty in all categories were above 4 on a 5-point Likert scale (table 6). Students perceptions increased from previous years in the areas of ‘core faculty are available for mentoring’ (4.4 from 4.38) and ‘are available for advising’ (4.4 from 4.38), and decreased in ‘are qualified for course instruction’ (4.5 from 4.67), ‘infuse multicultural perspectives’ (4.5 from 4.62), ‘express interest in professional development of their students’ (4.6 from 4.79), and ‘being able to demonstrate a clear identification with the counseling profession’ (4.6 from 4.75).

Table 7



Students rated the adjunct faculty above 4 on a 5-point Likert scale in all areas (table 7). Their perceptions decreased from previous years in all areas: ‘view the adjunct faculty as available for mentoring’ (still 4.2) and ‘qualified for course instruction’ (4.4 from 4.58). Student perceptions rated the adjunct faculty members ‘infusion of multicultural perspectives’ (4.2 from 4.43), ‘interest in the professional development of their students’ (4.4 from 4.6), and ‘identification with the counseling profession’ (4.5 from 4.62).

Table 8



Students perceptions increased from previous years in their ratings for specific specialties, child and adolescent (3.6 from 3.58), and decreased in alcohol and other drug abuse (3.9 from 4.24) as well as integrative health (3.6 from 3.94) (table 8).

Summary of the Student Program Evaluation: Students currently enrolled in the MSMHC program indicated an overall positive perception of the MSMHC Program, as well as core and adjunct faculty, with all areas endorsed at a four or above. Students indicated that the program is in service to 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 3.6, Integrative health 3.6) and alcohol and drug abuse specialty (3.9).

PERCEIVED AREAS OF STRENGTH

Quality of the Faculty

- Faculty are experienced clinicians
- Faculty integrate a comprehensive teaching approach to counseling
- Faculty are effective at group and individual processing

"I feel the MSMHC Core faculty do an excellent job teaching, offering professional experience and insight into the field of mental health."

Quality of Faculty Supervision and Advising

- Quantity and quality of supervision
- Timely feedback
- Mentoring
- Availability for advising

"I enjoy hearing personal stories about cases or clients that have offered great learning opportunities or a lesson that we can take and learn from in our work with clients. I also greatly enjoyed how open staff were to allowing us to speak to them and be advised and mentored throughout the program."

Quality of the Instruction

- Practice counseling sessions
- Hands-on learning and instruction
- Supervision
- Peer feedback
- Videotaped sessions
- Role plays
- Integrating speakers and fieldwork experiences into the coursework

"I truly appreciate the diverse backgrounds of education and experience with the instructors and the different ways everyone approaches the material which helps me look at things in different ways."

PERCEIVED AREAS OF IMPROVEMENT

Adjunct Faculty

- Although students recognized that adjunct faculty experienced a learning curve in developing competence in the classroom, they expressed concern with the overuse of traditional lectures and power points as well as inconsistency among syllabi expectations.

“The level of ability to educate students varies too much among the adjunct faculty.”

Personal Wellness

- Students identified the impact of the program on areas of personal life and the struggle in the balancing of multiple roles while meeting the demands of the program and curricular schedule.
- A few response expressed interest in having an additional weeknight for courses (this question will be posed to students in the 2016-2017 academic year).

“Learning takes place really late at night or at the end of a weekend course is very difficult. It would be nice to have some alternative opportunities for those that have a hard time with that type of schedule.”

Fieldwork

- Students identified a need for more variety for practicum and internship placements.
- *“...variety both before and during practicum in preparing for ‘real clients’ other than the ‘safe Viterbo’ environment....These would be great opportunities to expand learning experiences discussed from other sites during group supervision”*

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 utilized a Likert scale with a 1–5 range scale with 1 being least effective and 5 being highly effective. The average scores indicated responses above 4 for all items. A total of 9 out of 10 (90%) core and adjunct faculty completed the survey in the SP17 Survey

Qualitative responses submitted by the MSMHC faculty in 2016–2017 reflected program strengths (quality of the faculty, quality of supervision and advising, and quality of instruction) as well as thematic areas of improvement (adjunct faculty instruction, personal wellness, fieldwork options, and licensure preparation). The results of the analysis are listed below.

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?	4.7
3. Regarding multicultural sensitivity, how well do you think your clinical program is fulfilling the school mission?	4.3
4. Within the course(s) you teach, indicate how effectively and intentionally you facilitate classroom discussions regarding diverse perspectives and experiences.	4.4
5. Within the course(s) you teach, indicate how well you feel you are preparing students for the work force as beginning practitioners.	4.8

6. Rate the quality of support you receive from the Viterbo University MSMHC to fulfill your faculty role and responsibilities.	4.5
7. Rate the quality of training and resources you receive to fulfill your faculty role and responsibilities.	4.5
8. Rate the quality of direction you receive from the MSMHC Program regarding your teaching/learning practices.	4.7

PERCEIVED STRENGTH

Support and Guidance

- Faculty endorsed that the direction they received is timely and supportive, and that Dr. Murray is responsive to faculty and program needs.
- “The MSMHC program is dedicated to model professionalism and critical thinking. There is excellent support and expectations are clearly communicated.”*

PERCEIVED AREA FOR IMPROVEMENT

Increased Program Support

- 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.
- “...Increased administrative assistance, further, a full time administrative assistant, as well as striving to be commensurate with other Universities would continue the professional development aspect of the MSMHC.”*

PROGRAM STRENGTHS

In reference to multiple data points and program evaluation strategies, current program strengths include:

Practicum and Internship

Students appear to be performing well in a diverse set of practicum and internship placements. Practicum supervisors rated all students at competency or above. Furthermore, practicum sites with core faculty serving as site supervisors have expanded to include the agencies of Coulee Council on Addictions and the Salvation Army.

Diversity and Community Action

Students have demonstrated a desire to work with low income, underserved, regional populations. This is not only represented in their practicum and internship placements, but also within service trips to the Pine Ridge Reservation. In collaboration with Gundersen Lutheran’s Global Partners program, students are provided immersion experiences to assist with melding the multicultural and social justice theory with relevant and “on the ground training” by MHC faculty. Students also utilized the required 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 Elementary school, promoting resilience and social skill development.

Quality of Faculty Instruction and Mentoring

From multiple points of reference, faculty are viewed as knowledgeable, accessible, and supportive to the needs of students while modeling the characteristics of the profession and providing relevant training opportunities (e.g. counseling labs). Program improvement and growth is directly correlated to the quality of the faculty who implement the curriculum, provide student evaluations, and engage in service to the program, university, and their profession. This is especially true in the field of counselor education where there is an obligation to not only the quality of their instruction and supervision with students, but also as gate-keepers for the profession and welfare of the public.

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 student’s 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 supervisor’s student evaluations for the Counseling Practicum and Internship courses to address developmental skills, knowledge, and attitudes.

Counselor Preparation 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). Table 13 below summarizes student performance on the CPCE examination for 2016-2017 and table 14 illustrates the CPCE Averages (2013 through Spring 2017)

Table 13: Counselor Preparation Comprehensive Examination (CPCE) 2016-2017

Viterbo University Scores 2016-2017		
	Viterbo Mean	National Mean
Human Growth and Development	10.88	10.33
Social and Cultural Diversity	11.25	9.84
Helping Relationships	12.71	11.40
Group Work	13.04	11.74
Career Development	10.17	10.31
Assessment	11.42	9.95
Research & Program Evaluation	11.79	10.57
Professional Orientation and Ethical Practice	12.09	11.23

Table 14 Averages (2013 through Spring 2017)

Viterbo University Scores	Viterbo 2013-14 Mean	National Mean	Viterbo 2014-15 Mean	National Mean	Viterbo 2015-16 Mean	National Mean	Viterbo 2016-17 Mean	National Mean
Human Growth and Development	11.94	9.80	10.53	10.28	10.94	9.83	10.88	10.33
Social and Cultural Diversity	11.59	10.51	11.03	10.7	10.82	9.00	11.25	9.84
Helping Relationships	13.09	10.07	11.11	10.84	10.88	11.45	12.71	11.40
Group Work	13.47	12.45	12.79	11.76	11.07	11.00	13.04	11.74
Career Development	10.93	10.39	9.35	10.16	6.63	8.44	10.17	10.31
Assessment	11.32	10.52	10.89	9.76	10.94	11.04	11.42	9.95
Research & Program Evaluation	12.58	10.71	11.08	10.57	10.06	10.81	11.79	10.57
Professional Orientation and Ethical Practice	12.44	10.66	12.50	12.35	10.69	12.29	12.09	11.23

Table 14 Cumulative CPCE Averages (2013 through Spring 2017)

Viterbo University Scores	Viterbo Mean	National Average over the same years
Human Growth and Development	11.07	10.06
Social and Cultural Diversity	11.17	10.01
Helping Relationships	11.95	10.94
Group Work	12.59	11.74
Career Development	9.27	9.83
Assessment	11.14	10.32
Research & Program Evaluation	11.38	10.67
Professional Orientation and Ethical Practice	11.93	11.63

Generally MSMHC students perform above the national mean on the CPCE standard assessment. There was an increase in this year's scores. The students do perform a bit lower in Career Development, however the difference is now at .56, so progress is being made. In an effort to address the deficit on the Career Development portion of the CPE, a career counselor began teaching the career development course and progress is occurring.

Alumni surveys

The MSMHC program assessment was rewritten for the 2016-2017 academic year. One of the decisions made was that the alumni survey will be implemented every other year. The next

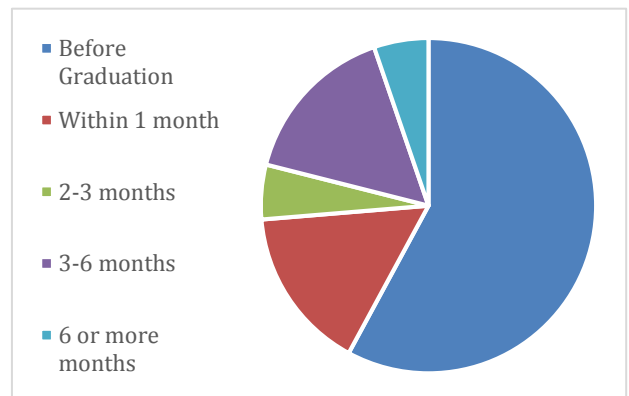
deployment will be spring of 2018. Below you will find the results from the 2016 alumni survey.

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 on the Likert scale. The alumni survey was modified to capture other important areas such as licensure, employment, and salary range for alumni.

The students graduating from the MSMHC are experiencing robust employment as indicated in the table below. Approximately 55% are hired prior to graduation, 15% within one month, 5% within 3 months, 15% by 6 months' post-graduation, 95% are employed in field within 6 months of graduation, and 100% of graduates seeking employment are hired in the first year.

Table 15

Time to Obtain Employment After Graduation	
Before Graduation	55%
Within 1 month	15%
2-3 months	5%
3-6 months	15%
6 or more months	5%



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

Question	Rating
How adequately did the counseling program prepare you?	
Overall, how well do you think your clinical program fulfilled its mission?	4.48
Regarding competency, how well did the MSMHC program prepare you with the needed clinical skills and knowledge for entering the field?	4.33
How well do you think the MSMHC program prepared you to be an effective leader and social change agent?	4.24
How well do you think the MSMHC program prepared you to be an ethical counselor?	4.81

As an adult learner, how well did the MSMHC program value and support your personal and professional wellness while in the program?	4.05
How well did the MSMHC program prepare you with multicultural sensitivity and awareness as you began your practice as a mental health counselor?	4.57
How would you rate your preparation as a mental health counselor?	4.43
What was your overall satisfaction with the teaching quality and instruction by core faculty?	4.48
What was your overall satisfaction with the teaching quality by adjunct faculty?	4.14
What was your overall satisfaction with the rigor of the MSMHC program?	4.05
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?	4.43
How do you rate the faculty's ability to infuse multicultural perspectives into course curriculum?	4.52
How do you rate the faculty's interest in the professional development of their students?	4.62
Overall how do you rate the MSMHC program?	4.57

Employer and Site Supervisor Surveys

Employer Surveys are completed at the end of every other year. The next scheduled employer survey will be conducted in December 2018.

MSMHC Site supervisor survey

5 = excellent; 4 = very good; 3 = good; 2 = fair; 1 = poor; 0 = unable to judge

Knowledge Base

<u>4.5</u> Theories of Counseling	<u>4.0</u> Counseling for Individuals with Special Needs
<u>4.3</u> Human Growth and Development	<u>2.0</u> Play Therapy
<u>4.3</u> Group Counseling	<u>4.0</u> Standardized Psychological Testing
<u>4.6</u> Career and Lifestyle Counseling	<u>3.4</u> Diagnosis
<u>4.1</u> Crisis Intervention and Counseling	<u>4.4</u> Consultation Case Management
<u>4.4</u> Substance Abuse Counseling	<u>4.3</u> Ethical and Legal Issues
<u>3.9</u> Multicultural Counseling	<u>4.1</u> Program Evaluation and Research Design

Demonstrated Skills

<u>4.4</u> Case Conceptualization	<u>4.0</u> Counseling for Persons with Special Needs
<u>4.1</u> Treatment Planning	<u>3.5</u> Child and Adolescent Counseling Skills
<u>4.4</u> Case Management Skills	<u>3.0</u> Play Therapy Skills
<u>4.6</u> Individual Counseling Skills	<u>3.9</u> Crisis Counseling Skills
<u>4.4</u> Group Counseling Skills	<u>4.4</u> Substance Abuse Counseling Skills
<u>4.3</u> Career and Lifestyle Counseling Skills	<u>4.1</u> Assessment Skills
<u>3.7</u> Multicultural Counseling Skills	<u>3.7</u> Diagnostic Skills
	<u>4.2</u> Consultation Skills

Characteristics as an Employee

4.7 Ethical/Legal Behavior

4.8 Productivity

4.5 Client Advocacy

4.2 Leadership Skills

4.4 Overall Assessment of Competence

4.8 Professional Behavior and Demeanor

4.6 Responsiveness to Supervision and Feedback

4.1 Multicultural and Gender Sensitivity

4.6 Relationships with Other Employees

4.7 General Work Attitude/Enthusiasm

4.8 Dependability/Conscientiousness/
Responsibility

Discussion of Results

In an effort to continuously meet the highest standards within the field of Counselor Education in training competent and ethical counseling professionals, the Mental Health Counseling (MHC) Program at Viterbo University conducts annual assessments from all relevant stakeholders (e.g. students, alumni, faculty, and staff) to measure program quality and effectiveness. These measures provide critical data that help to guide the direction of our program and aid in improving and accounting for program effectiveness. This is especially pertinent in the ever-changing and dynamic profession of counseling.

The following is an abbreviated summary of overall program strengths and challenges. In response to this data, initial recommendations and goals for the upcoming academic year are highlighted. During the fall semester (2017) all stakeholders will be provided a chance to review the results of the program evaluation. Given the need to be in service to the mission of the university, the purpose of the MHC program, and the accreditation standards of the counseling profession (CACREP), the goals may be refined to better reflect the experience of all members of the MHC community.

Program Challenges and Accomplishments from Previous Year

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.

Program strengths identified through multiple assessment strategies in the 2016/2017 Academic year included the following:

- Robust recruitment and 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 the Boys and Girls Club 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, were updated summer of 2017.
- 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 95% have been hired.

Program Accomplishments 2017

1. A feasibility study was conducted on expansion options resulting in the Ed. D. Program
2. Completed proposal for a Counselor Education Doctoral Program, approved through Viterbo University channels and draft completed for Higher Learning commission.
3. Worked with Graduate chair Sara Cook and grant writer Deena Murphy and submitted a HRSA grant.
4. Refined the MSMHC assessment plan. The assessment plan, syllabi, and rubrics were reviewed and revised in the spring and summer of 2017.
5. Synchronized Wisconsin Department of Safety and Professional Services education requirements with those of CACREP.
6. Develop procedures packet for graduating students outlining steps and processes required for obtaining licensure.
7. Modified the site supervisor evaluations

Program challenges identified through multiple assessment strategies in 2017

An ongoing challenge for the MHC program is the lack of full-time administrative assistance to support not only the current needs of the department, but also in preparation for program expansion (Ed. D. in Counselor Education and Supervision). A part time administrative assistant continues to be problematic due to the level of management required for this program.

Additional challenges include the mentoring and support of adjunct faculty as well as providing support for all faculty to utilize “best practices” in counselor education and supervision. This is reflective of upcoming goals related to refining student assessment procedures, student learning outcomes, and course competencies (e.g. signature assignments).

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 2017–2018 academic year

1. Expansion of practicum and internship sites.
2. More opportunities for students to integrate and provide health-wellness activities on campus. Examples: Depression week screening, career counseling, group for students in recovery.
3. Offer a training institute or continuing education opportunities to support site supervisors and alumni of the program.
4. Develop strategies to maintain strong relationship with Alumni.

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 SU 16, F16	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.	4.3	4.0	3.6	4.1	4.0	4.5
2. Explain client rights, billing process, and obtain informed consent for treatment.	N/A	4.0	3.7	3.8	4.6	4.5
3. Establish and maintain productive therapeutic alliance.	3.4	4.3	3.8	4.3	4.3	4.6
4. Establish DSM diagnosis; include client strengths. CMHC D.1, CMHC L.1, CMHC L.2	3.7	4.0	3.3	3.7	3.8	3.6
5. Utilize psychometric tools to assist assessment as needed. CMHC D.1, CMHC H.1	4.0	4.0	3.3	3.6	3.9	3.9
6. Match the needs of the client with an appropriate therapeutic approach. CMHC D.1, CMHC D.5, CMHC K.2	3.7	4.2	3.7	3.9	4.2	4.5
7. Continually evaluate progress toward goals. Modify treatment plan accordingly. CMHC D.1, CMHC K.2	3.3	3.7	3.9	4.0	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	3.8	3.6	4.0	3.8	4.3
9. Develop termination and aftercare plans. CMHC F.1	N/A	4.0	4.1	3.7	3.4	3.5
10. Complete all required case documentation in a timely manner. CMHC D.7	3.7	4.4	3.7	4.1	4.0	4.3
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	3.9	4.4	4.0	4.1	4.2	4.9
12. Utilize required supervision and collegial consultation off-campus clinical sites. CMHC A.8	4.4	4.3	4.1	4.4	4.2	4.9
13. Attend to personal issues that affect the therapist's ability to conduct ethical, effective therapy. CMHC D.9	3.7	3.9	3.9	3.9	3.8	4.3
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	3.7	3.7	4.0	4.5
15. Respond appropriately to the client's culture and ethnicity. CMHC D.2, CMHC D.5, CMHC F.3	3.6	4.3	3.7	3.9	3.8	4.2
16. Integrate supervisor/team communications into treatment. CMHC D.9	3.7	4.6	4.0	4.4	4.4	3.8
17. Practice according to American Counseling Association (ACA) Code of Ethics, WI law and professional standards of practice. CMHC A.7	3.9	4.6	4.2	4.5	4.2	4.9
18. Work with supervisors and program director to document required client contact and supervision hours, and clinical competence.	3.7	4.5	4.1	4.6	4.3	4.7

Site Supervisor Evaluations COUN 690 Spring 2017

	Mid	End
	AVG	
Arrives on time and is prepared	5	5
Dresses professionally according to agency standards	5	5
Interacts professionally with clients	5	5
Interacts professionally with staff	5	5
Prepared for client sessions	5	5
Prepared for supervision meetings	5	5
Follows through with supervisor feedback and instruction	5	5
Interacts appropriately with peers in group supervision	n/a	5
Completes all documentation accurately and in a timely manner CMHC D.7	4.6	4.6
Demonstrates ability to establish rapport with clients	4.6	5
Demonstrates ability to establish strategies and intervention to facilitate client change	4.6	5
Opening Session CMHC D.5	5	4.6
Closing Session CMHC D.5	n/a	4.6
Termination of Treatment CMHC D.5	n/a	4.5
Managing Crisis Response CMHC D.5	n/a	4.5
Practices according to the current ACA Code of Ethics CMHC B.1	5	5
Practices according to WI legal statutes CMHC B.1	5	5
Is aware of and utilizes agency safety plans as needed	4.75	4.8
Attends to cultural concerns and applies multicultural competencies	4.6	4.8
Demonstrates knowledge of in-house referrals	5	5
Demonstrates knowledge of community referral sources CMHC D.4	4.2	4.75
Demonstrates ability to appropriately advocate for client	4.4	4.5
Utilize psychometric tools to assist assessment as needed.	4.4	4.6

Site Supervisor Evaluations SP17	COUN 695		COUN 696	
	Mid	End	Mid	End
	AVG		AVG	
Arrives on time and is prepared	3.8	4.3	4.5	4.7
Dresses professionally according to agency standards	5.0	4.5	5.0	4.7
Interacts professionally with clients	3.8	4.3	4.5	4.5
Interacts professionally with staff	3.5	4.0	4.7	4.7
Prepared for client sessions	3.3	4.0	4.5	4.7
Prepared for supervision meetings	3.5	4.3	4.7	4.7
Follows through with supervisor feedback and instruction	3.3	4.0	4.3	4.5
Interacts appropriately with peers in group supervision	3.3	4.3	3.7	4.2
Completes all documentation accurately and in a timely manner CMHC D.7	3.3	3.8	4.2	4.8
Practices according to the current ACA Code of Ethics CMHC A.7, B.1	3.8	4.3	4.7	4.7
Practices according to WI legal statutes CMHC B.1	3.5	4.3	4.6	4.6
Is aware of and utilizes agency safety plans as needed	3.5	4.3	4.1	4.3
Attends to cultural concerns and applies multicultural competencies	3.5	4.0	3.7	4.3
Applies knowledge of public mental health policy, financing, and regulatory process to improve service delivery opportunities in clinical mental health counseling CMHC B.2	3.3	4.0	4.3	4.3
Demonstrates knowledge of models, methods, and principles of program development and service delivery CMHC C.3	3.3	4.0	4.5	4.6
Demonstrates ability to establish rapport with clients	3.5	4.0	4.3	4.4
Demonstrates ability to establish strategies and intervention to facilitate client change	3.0	4.0	4.1	4.3
Opening Session CMHC D.5	3.3	4.0	4.2	4.3
Closing Session CMHC D.5	4.0	4.0	3.6	4.6
Termination of Treatment CMHC D.5	4.0	4.0	3.6	4.6
Managing Crisis Response CMHC D.5	3.3	3.7	3.8	4.6
Demonstrates the ability to use procedures for assessing and managing suicide risk CMHC D.6	3.3	4.3	3.8	3.9
Demonstrates ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations CMHC A.3, F.3	3.0	3.8	3.8	4.3
Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols CMHC H.1	3.0	3.5	4.2	4.1
conducting an intake interview CMHC H.2	3.3	3.5	4.2	4.5
a mental status evaluation CMHC H.2	3.3	3.5	4.3	4.3
a biopsychosocial history CMHC H.2	3.0	4.0	4.0	4.5
a mental health history CMHC H.2	3.0	4.0	4.0	4.5
a psychological assessment for treatment planning CMHC H.2	3.3	4.0	3.6	4.3
caseload management CMHC H.2	3.3	3.8	4.3	4.3
Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders CMHC H.3	3.5	4.0	4.2	4.3
Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care. CMHC H.4	3.8	4.0	4.3	4.2
Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments CMHC L.1	3.3	3.8	3.8	4.3
Demonstrates ability to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals CMHC L.2	3.3	3.5	3.8	4.2
Demonstrates knowledge of in-house referrals	3.5	3.7	4.3	4.3
Demonstrates knowledge of community referral sources CMHC D.4	3.5	3.7	4.2	4.2
Maintains information regarding community resources to make appropriate referrals CMHC F.1	3.5	3.8	4.2	4.2
Demonstrates ability to appropriately advocate for client	4.0	4.3	4.6	4.5
Utilize psychometric tools to assist assessment as needed.	3.8	3.7	4.0	4.2