

Master of Science in Mental Health Counseling

**Annual Report
2013–2014 Academic Year
Summer 2014**



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 2013–2014 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 placement(s)
- Summative results of program evaluation strategies from students and faculty
- Graduates
- Conclusions and Recommendations

Questions or suggestions related to this report may be directed to the Program Director: Debra A. Murray, Psy.D.

Debra A. Murray, Psy.D.
Program Director
MSMHC Core Faculty
Viterbo University
(608) 796-3720
damurray@viterbo.edu

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 three full academic years. The program curriculum is designed to meet the State standards for licensure for professional counselors and is scheduled to meet the needs of adult working professionals.

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, complementary 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

The third cohort of students enrolled in the Master of Science in Mental Health Counseling program in the fall of 2013. As was indicated by the feasibility study conducted during program development, applications (49) exceeded program slots (20) by 100%. Program enrollment remained at full capacity (40 students) throughout the year.

In March of 2014, the applications for the fourth cohort were processed. Forty-six applications were submitted, 24 students were interviewed, 21 offers were made, and one student declined the admission offer. The 20 MSMHC admitted students started classes in August 2014.

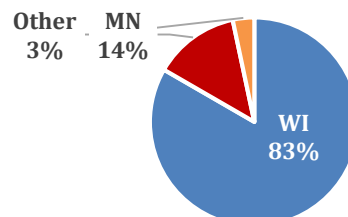
Student retention has been strong (90% retention rate in the 5th semester). The retention rate continues to exceed the initial predictions. Out of the 20 students in each cohort, cohort I lost one student, cohort II lost two students (one was added from the wait-list), cohort III lost three students (two were added from the wait-list). The retention rate is a positive indicator for the MSMHC program; however, this trend has challenged the faculty: student ratio of 10:1 required for CACREP accreditation. The faculty student ratio for the 2013–2014 academic year was 13.9.

Admission/Retention

YEAR	APPLIED	OFFERED	RETAINED TO DATE (July 2014)
2011 Fall	35	21	19
2012 Fall	51	24	18
2013 Fall	49	24 (2)	19
2014 Fall	46	21	19
2015 Fall	20 (to date)		

Demographic and diversity information is gathered in the initial student application and in the annual program assessment completed by enrolled students. The resident states for the MSMHC student are primarily Wisconsin and Minnesota.

Resident state of MSMHC Students



The profile of the current students (n=46) enrolled in the MSMHC program includes the following areas:

Cohort I:

- 57.1% of the current students are female, and 42.9% of the current students are males.
- 14.2% of the current students are between the ages of 21–29, 42.9% are between 30 and 39, 42.9% are between the ages of 40–49.

Cohort II:

- 80% of the current students are female, and 20% of the current students are males.
- 55% of the current students are between the ages of 21–29, 25% are between 30 and 39, 5% are between the ages of 40-49, and 15% are between the ages of 50–59.

Cohort III:

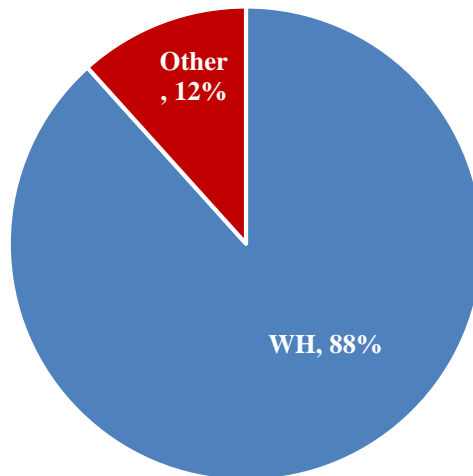
- 94.7% of the current students are female, and 5.3% of the current students are males.
- 52.6% of the current students are between the ages of 21–29, 42.1% are between 30 and 39, 5.3% are between the ages of 40–49.

Cohort IV:

- 85% of the current students are female and 15 % of the current students are males.
- 55% of the current students are between the ages of 21–29, 20% are between 30 and 39, 10% are between the ages of 40-49 and 15% are 50 and above.

In terms of ethnicity, the MSMHC students reflect the demographics of the predominantly Caucasian community of La Crosse, Wisconsin; 89% (56) students are Caucasian, 5% (3) African American, 2% (2) Asian, and 3% (2) Bi-racial as demonstrated in the chart below:

Race/Ethnicity of MSMHC Students



In other areas of diversity, students in the first three cohorts included veterans (13.0%) and individuals diagnosed with a disability (6.5%). One international student and three students born in foreign countries.

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 placement has been robust. Total student placements achieved in the Fall 2013, Spring and Summer 2014 semesters were twenty-four practicum and 29 internship placements. Based on program and assessment findings, it was determined that student learning is better served in differentiating the two internship courses. COUN 696 Advanced Counseling was developed in Spring 2013 and first offered in Fall 2014. The distinction allows for integration of a developmental model of education and supervision.

Practicum/Internship Placement

	Practicum	Internship
Fall 2013	3 students	12 students
Spring 2014	14 students	10 students
Summer 2014	7 students	7 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 will be incorporated into this process as the number of graduates increases, currently the first survey is planned to be implemented in December 2014.

The purposes of this information gathering are 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 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 modified and will be distributed December of 2014 with results available in January 2015.
- **Advisory Board Survey.** The Board of Advisors review program and curricular assessments and provide feedback on the program. The survey will be distributed with the annual report and results will be available January 2015.

The *findings* of selected MSMHC program assessment strategies appear below:

Assessment of Student Learning Outcomes

The Comprehensive Assessment Plan for student learning outcomes includes 117 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. One change was that the requirement of six credits of COUN 695: Counseling Internship was divided into two distinct

courses in order to address the developmental nature of clinical experience. The new course, COUN 696: Advanced Counseling Internship, allows for more in-depth training. A second change was to create COUN 699: Action Research Project to support completion of the students' Action Research Projects. The effectiveness of these two changes will be monitored closely, and results of the modifications 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.

Several course modifications were also initiated following the Core Faculty review of signature assignment results. Those changes included revising the rubric utilized in COUN 640: Bio-Psycho-Social Diagnosis and limiting enrollment in specific classes. The decision was made to limit enrollment in both COUN 695: Counseling Internship & COUN 696: Advanced Counseling Internship to 10 students each semester, as well as limiting enrollment in COUN 675: Techniques of Mental Health Counseling to twelve students per section. These modifications led to changes in the frequency of course scheduling, specifically offering COUN 590: Models of Addiction Counseling and Co-Occurring Disorders Counseling, COUN 650: Psychopharmacology for Counselors, and one extra section of a weekend course annually.

Student-completed course evaluations

Students completed standardized course evaluations at the end of each course (see Appendix 1). The course evaluation utilized a 1–5 Likert Scale to measure specific aspects of course content and instructional delivery. The results of the 2013–2014 student-completed course evaluations appear below:

2013-2014 Student-completed Course Evaluations Results

	Summer 2013 Core	Summer 2013 Adjunct	Fall 2013 Core	Fall 2013 Adjunct	Spring 2014 Core	Spring 2014 Adjunct
Course-related questions (# 1–8)	4.73	4.0	4.66	3.94	4.46	4.29
Instruction-related questions (#10–20)	4.86	4.24	4.8	3.83	4.69	4.28
TOTAL Mean	4.8	4.1	4.7	3.9	4.6	4.3

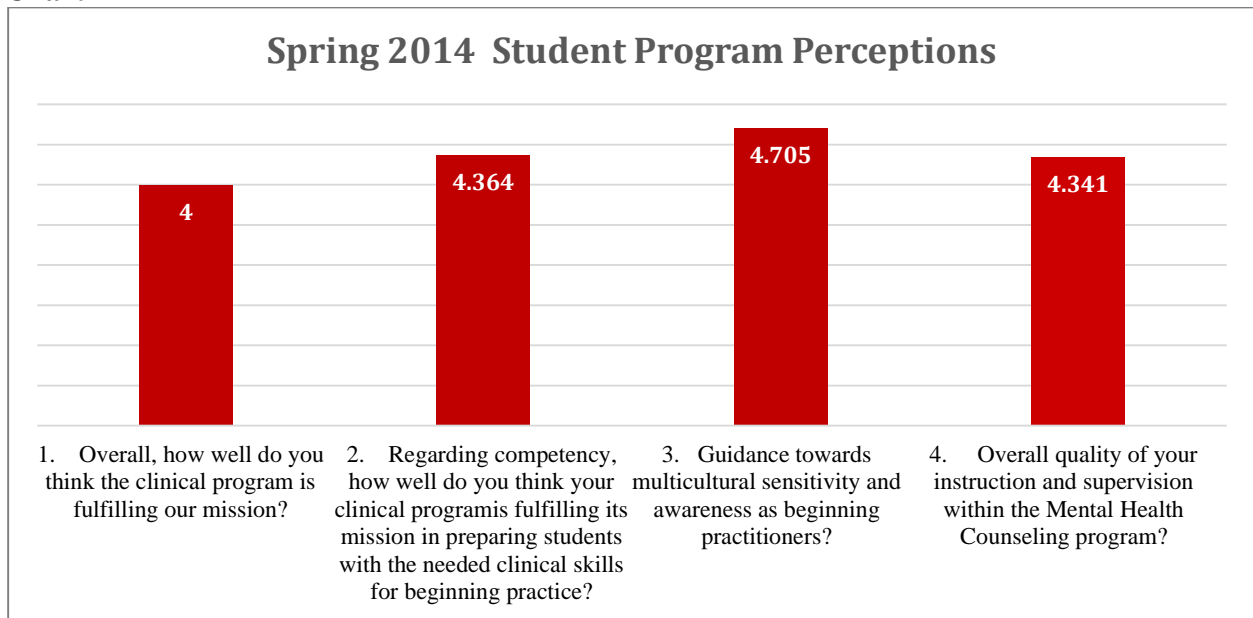
Formative teaching evaluations

This assessment strategy involved the director observing classroom teaching and interactions followed by individual meetings with the instructor to provide feedback. A total of four observations were conducted during the 2013–2014 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

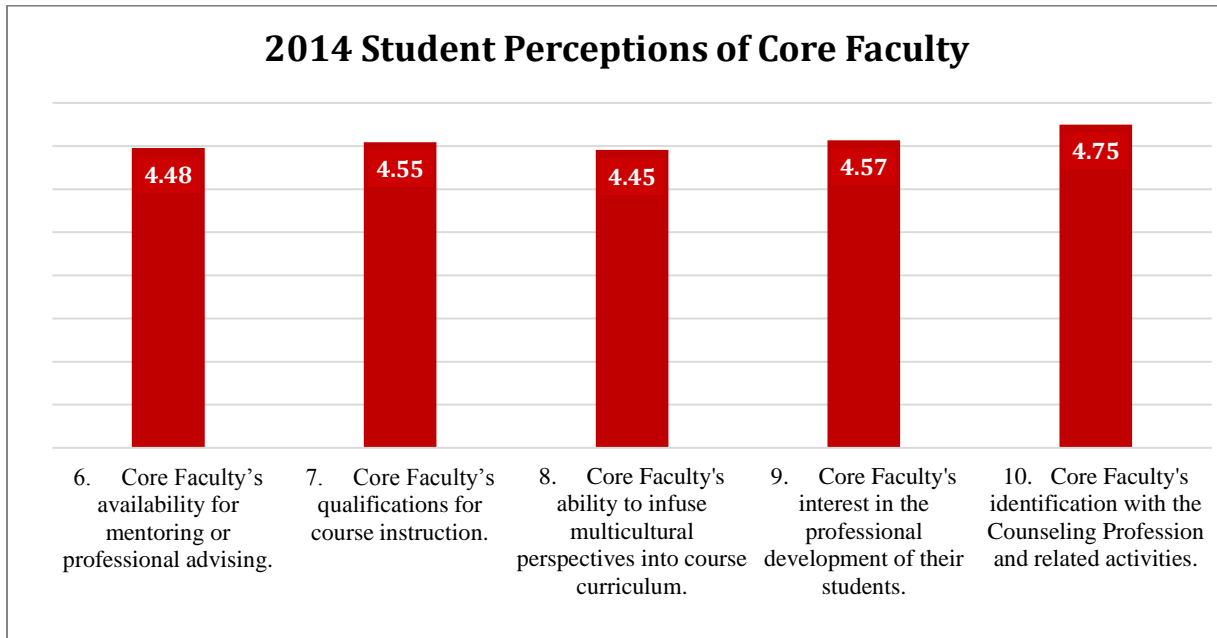
Students are asked to evaluate program effectiveness each spring semester. This assessment involves a standardized survey utilizing a Likert Scale to measure students' perceptions of the program's general effectiveness at fulfilling the mission, providing the needed clinical skills, enhancing multicultural 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 2014 annual student program survey distributed to all current MSMHC students each year in the spring:

Chart 1



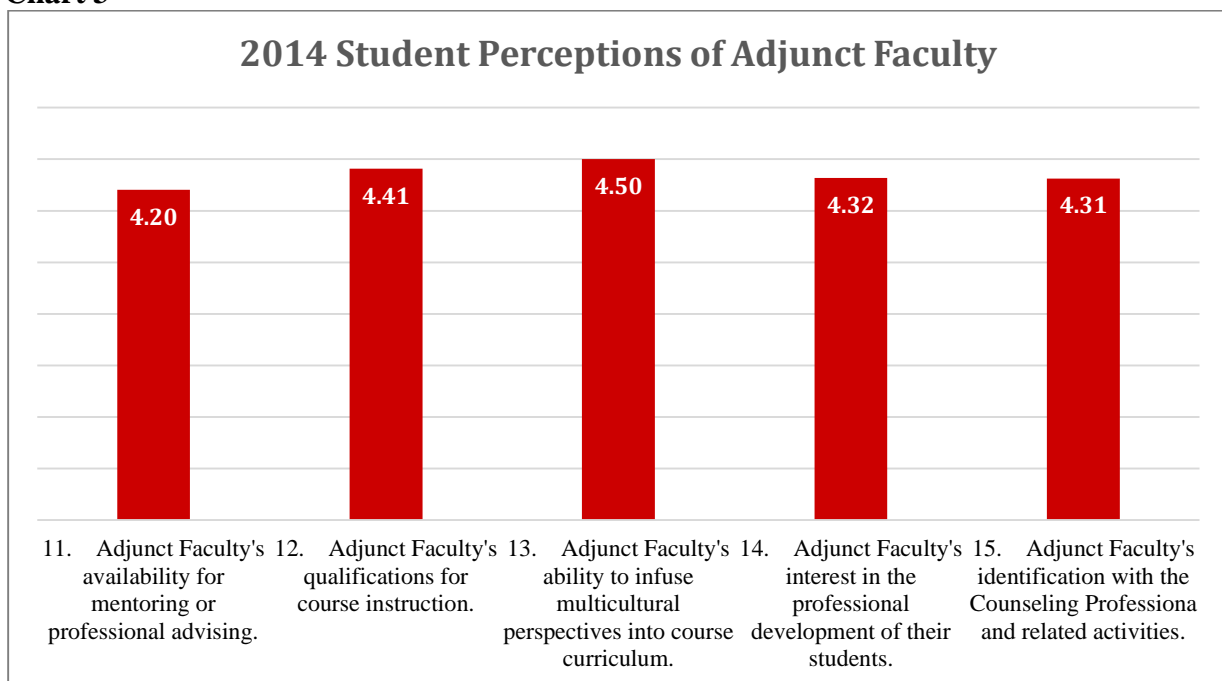
In summary, students rate the program quite high on a 5-point Likert scale. Students endorsed that the MSMHC program is fulfilling its mission (4.00). They also endorsed that they feel prepared at developing their clinical skills (4.36) and that they are receiving more than adequate guidance related to multicultural sensitivity (4.70) and instruction and supervision (4.34).

Chart 2



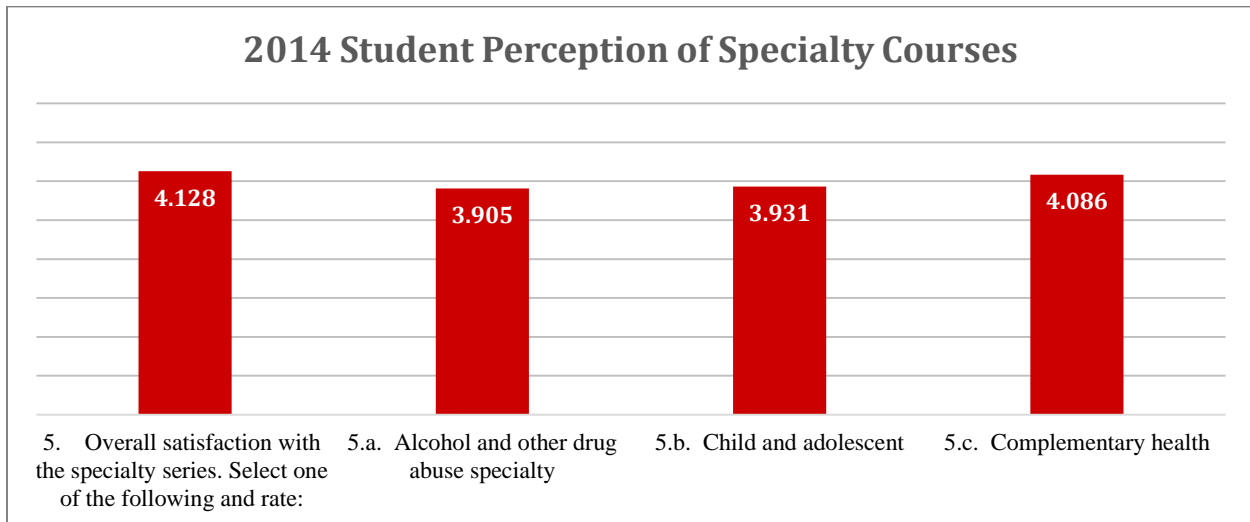
The average of students' ratings for core faculty in all categories were above 4 on a 5-point Likert scale. Students endorse that the core faculty are engaged in advising (4.48), are qualified for course instruction (4.55), infuse multicultural perspectives (4.45), express interest in professional development of their students (4.57), and demonstrate a clear identification with the counseling profession (4.75).

Chart 3



Students rated the adjunct faculty above 4 on a 5-point Likert scale in all areas. They view the adjunct faculty as available for mentoring (4.20) and qualified for course instructions (4.41). Student perceptions rated the adjunct faculty members' infusion of multicultural perspectives (4.50), interest in the professional development of their students (4.32), and identification with the counseling profession (4.31).

Chart 4



Students expressed overall satisfaction with the specialty courses (4.128). Specific ratings for specific specialties were alcohol and other drug abuse (3.905), child and adolescent (3.931), and complementary health (4.086)

Summary of the Student Program Evaluation. Student perceptions of the MSMHC Program, core and adjunct faculty, remain strong 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 range from 3.9 to 4.1. There was some indication that students are interested in expansions of speciality offerings, such as aging and/or evidence-based theory courses.

Qualitative responses submitted by the MSMHC students in 2013–2014 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 • Relationships with cohort members 	<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 • Peer feedback • Videotaped sessions • Role plays • Lab projects

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	STRESS MANAGEMENT
<ul style="list-style-type: none"> • Students recognized that adjunct faculty experienced a learning curve in developing competence in the classroom. • Students also identified the shifting of course assignments and schedules as the assessment plan was aligned and refined. • Students expressed a desire for more specialty offerings, such as ACT, DBT, and aging issues. • Students identified a need for additional child and adolescent practicum/internship sites. 	<ul style="list-style-type: none"> • Students identified personal challenges, such as stress overload and the balance of multiple roles. • Students requested more opportunities to develop self-care strategies.

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.

1. Overall, how well do you think the MSMHC is fulfilling its mission?	4.8
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 the clinical program is fulfilling the program mission?	4.3
4. Within the course(s) you teach, indicate how effectively and intentionally you facilitate classroom discussions regarding diverse perspectives and experiences.	4.6
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 Program to fulfill your faculty role and responsibilities.	4.1
7. Rate the quality of training and resources you received to fulfill your faculty role and responsibilities.	4.1
8. Rate the quality of direction you receive from the MSMHC Program regarding your teaching/learning practices.	4.6

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. An area for improvement is clinical skill area 4 “establish DSM diagnosis where evaluation have generally been in the 3-4 range. 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.

Site Supervisor Program Evaluations

In winter of 2014, site supervisor program evaluations will be distributed and the results will be available in January 2015.

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.

Counselor Preparation Comprehensive Examination (CPCE)

	Viterbo University Scores (Fall, 2013)		Viterbo University Scores (Spring 2014)	
	Viterbo Mean	National Mean	Viterbo Mean	National Mean
Human Growth and Development	13.33	9.74	10.44	9.85
Social and Cultural Diversity	12.00	10.43	11.22	10.58
Helping Relationships	14.00	10.10	10.56	10.04
Group Work	14.67	12.37	13.33	12.52
Career Development	12.67	10.23	9.78	10.54
Assessment	13.00	10.42	11.11	10.62
Research & Program Evaluation	14.33	10.61	11.44	10.81
Professional Orientation and Ethical Practice	12.33	10.66	11.78	10.65

Alumni surveys

Introduction sentence/paragraph explaining pilot nature, limited number, and survey of alumni perceptions, Likert, and average results. 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. 100% of the graduate students responded, however the n was 3. The averages of all items were rated above 4 with the exception of the question related to organizations, fiscal and legal issues, and other administrative services (3.6). The alumni survey is being modified to capture other important areas such as licensure, employment, and salary range for alumni. This instrument will be deployed in December of 2014 with results available in January 2015.

Alumni Survey Spring 2014 Table number should change

Rating	How adequately did the counseling program prepare you?
4.3	Interviewing and counseling skills, including developing goals, counseling interventions, and consultation.
4.3	Ethical and legal issues in counseling and awareness of how their own perspectives may affect the counseling relationship.
4.3	Ability to conduct individual and group assessment and evaluation, standardized and non-standardized testing.
4.6	Understanding of statistical concepts, multicultural issues in assessment, bio psychosocial assessment, case conceptualization, and principles of diagnosis.
4.3	Research methods, statistical analyses, needs assessment, and program evaluation, including qualitative and quantitative methods, technology uses, and ethical and legal issues.
4.3	Impact of culture, ethnicity, nationality, race, age, gender, sexual orientation, and other factors on an individual, family, or group.
4.3	Theories of learning, personality development, and strategies for helping individuals throughout the lifespan as related to adaptive and maladaptive individual and family development, developmental crises, disability, psychopathology, and theories of individual and family development.
4.3	Career development theories, decision making models, vocational & occupational information, gender issues, and assessment, as well as basic career development program planning, organization, implementation, administration, and evaluation.
5	Group theory and experiential understanding of group development, dynamics, leadership styles, and group counseling methods.
4.3	History and philosophy of counseling, including professional roles, professional organizations, credentialing, and ACA ethical standards.
3.6	Understanding of organizations, fiscal and legal issues, collaboration with other professionals, strategies for community needs assessment, principles of community interventions and outreach, typical characteristics of individuals and communities served by institutions, and agencies that offer community counseling services.
5	Clinical skills through internship experience(s).

Employer surveys

Employer surveys have been developed and will be distributed in December 2014 with results available in January 2015.

Program Challenges from Previous Year

A number of program challenges identified through multiple assessment strategies in the 2013–2014 academic year were reviewed by the MSMHC Advisory Board, comprised of regional mental health professionals. Those challenges included the following:

- The practice of rolling admissions was discussed with the Advisory Board. Advantages of the rolling admission process were identified, and the Advisory Board supported the admission change. Rolling admission was implemented in the fall of 2013 and appears to be working well in distributing work load for core faculty members and increased acceptance rates of the most qualified students.
- The need to increase recruitment of diverse students. An additional faculty member will be serving on the Graduate Council Recruitment Committee to initiate collaboration with community organizations such as Hmong, Ho-Chunk, and Hispanic.
- Another challenge identified was a desire for smaller class sizes and courses offered more frequently. Following assessment of program and course learning outcomes, the following recommendations were made:
 - The internship courses will cap enrollment at 10.
 - The Counseling Skills and Techniques class will cap enrollment at 12 and two sections will be offered each year
 - The Models of Addiction course, COUN 590, will be offered two times per year.
 - An additional foundations class (determined by enrollment) will be offered per year.
- As a result of assessments comments, the assessment plan, syllabi, and rubrics were revised significantly.
- A ten-hour group requirement based upon student course evaluations was synchronized with the COUN 680: Group Counseling course in fall of 2013
- Orientation content was revised to more explicitly explain program content and time commitments.

Program strengths identified through multiple assessment strategies in 2014 include 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.
- Counseling/Interviewing labs (active-learning).
- MSMHC Students are highly motivated to work with low income underserved population in the La Crosse community.
- MSMHC Students are able to use Action Research Projects to advocate for the mental health needs in the community.

Program challenges identified through multiple assessment strategies in 2014

- Faculty teaching loads.
- Administrative Assistance.

Conclusions and Recommendations

- The 2013–2014 assessment results illustrated a number of program strengths and challenges.

Goals for the 2014–2015 year

1. Enhance Site Supervision training.
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 a retreat for students.

In the 2014–15 Annual Report, alumni and employer perspectives will be incorporated into this process. The purpose of this information gathering 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.

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	COUN 690 Fl 2013		COUN 690 Sp 2014		COUN 695 Fl 2013		COUN 695 Sp 2014	
	AVG		AVG		AVG		AVG	
	Mid	End	Mid	End	Mid	End	Mid	End
Cohort I								
1. Establish client contact, scheduling, fees, and determination of who should attend initial session.	5.0	5.0	4.5	4.5	3.0	3.8	4.4	3.8
2. Explain client rights, billing process, and obtain informed consent for treatment.	N/A	4.0	3.0	4.5	3.0	4.0	4.0	3.8
3. Establish and maintain productive therapeutic alliance.	4.7	4.3	4.3	4.6	4.0	4.4	4.7	4.7
4. Establish DSM diagnosis; include client strengths. CMHC D.1, CMHC L.1, CMHC L.2	3.0	3.0	N/A	4.2	3.3	3.6	4.0	4.4
5. Utilize psychometric tools to assist assessment as needed. CMHC D.1, CMHC H.1	N/A	N/A	N/A	4.0	3.0	2.7	3.5	4.0
6. Match the needs of the client with an appropriate therapeutic approach. CMHC D.1, CMHC D.5, CMHC K.2	4.7	3.7	4.2	4.3	3.3	3.8	4.2	4.2
7. Continually evaluate progress toward goals. Modify treatment plan accordingly. CMHC D.1, CMHC K.2	4.7	4.0	4.7	4.5	3.3	4.2	4.3	4.2
8. Manage risks, crises and emergencies. Establish safety plans. Report/protect as warranted. CMHC K.5, CMHC L.3	4.7	4.7	4.6	4.7	3.8	4.5	4.6	4.8
9. Develop termination and aftercare plans. CMHC F.1	3.5	4.0	N/A	4.5		3.4	4.3	4.0
10. Complete all required case documentation in a timely manner.	4.7	4.5	4.6	4.7	4.0	3.3	4.7	4.5
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	4.7	4.7	4.5	4.9	4.0	4.4	4.7	4.8
12. Utilize required supervision and collegial consultation off-campus clinical sites. CMHC A.8	5.0	4.3	4.5	5	4.0	4.6	4.4	4.5
13. Attend to personal issues that affect the therapist's ability to conduct ethical, effective therapy. CMHC D.9	5.0	4.3	5	5	4.3	4.1	4.5	4.3
14. Attend to dynamics of power, privilege and difference in client lives. CMHC D.2, CMHC D.5, CMHC F.3	4.7	4.3	4.3	4.7	3.8	3.7	4.6	4.2
15. Respond appropriately to the client's culture and ethnicity. CMHC D.2, CMHC D.5, CMHC F.3	4.3	4.0	N/A	4.5	3.8	4.1	4.0	4.3
16. Integrate supervisor/team communications into treatment. CMHC D.9	5.0	4.3	4.7	4.9	4.0	4.3	4.5	4.7
17. Practice according to American Counseling Association (ACA) Code of Ethics, WI law and professional standards of practice. CMHC A.7	5.0	4.3	4.5	5	3.8	4.1	4.5	4.7
18. Work with supervisors and program director to document required client contact and supervision hours, and clinical competence.	4.3	4.3	4.7	5	4.3	4.4	4.8	4.7