

Master of Science in Mental Health Counseling

**Annual Report
2014-2015 Academic Year
Summer 2015**



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 2014–2015 academic year. Included in this report are the following:

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

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

The Master of Science in Mental Health Counseling (MSMHC) Program is housed in the Viterbo University School of Nursing, Health, and Human Behavior and has been in operation for 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

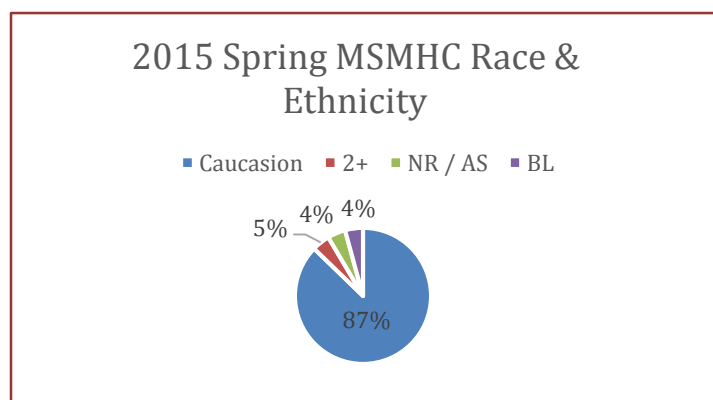
In the winter of 2014-15, 27 interviews conducted 22 applicants were invited into the MSMHC program of those, 20 accepted and were orientated to the MSMHC program. The fifth cohort of students in the Master of Science in Mental Health Counseling program were admitted for the fall of 2015.

Program enrollment remained strong, however, the number of students enrolled in the spring and summer sessions decline as students graduate in December and May.

Student retention has been strong. Cohorts I and II had 90% retention rate at the 5th semester. Cohort III (Fall 2013) retention rate for the 5th term was 76% (close to the actual prediction for retention when the program was first developed). The retention rate is a positive indicator for the MSMHC program; however, this trend has challenged the current faculty teaching ratio (FTE): student ratio of 10:1 required for CACREP accreditation. The faculty student ratio for the 2014–2015 academic year was slightly above the threshold.

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; 87% students are Caucasian, 4% African American, 4% Asian (IN), and 4% Bi-racial as demonstrated in the chart to the right:



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

Cohort I:

- 57.1% of the current students are female, and 42.9% of the current students are males.
- 14.2% of the current students were between the ages of 21–29, 42.9% are between 30 and 39, 42.9% are between the ages of 40–49.
- 90% have graduated.

Cohort II:

- 80% of the current students are female, and 20% of the current students were males.
- 55% of the current students were 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.
- 75% have graduated.

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.
- A small percentage are expected to graduate in December 2015.

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.
- Retention percentage is 81% (2nd term)

Cohort V:

- 85% of the current students are female and 15% of the current students are males.
- 65% of the current students are between the ages of 19–29, 30% are between 30 and 39, 5% are between the ages of 40-49.
- Retention percentage is will be calculated in spring 2016

Table 1: Retention

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

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 2014, Spring and Summer 2015 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. In the 2014-2015 practicum placement was 14 students for COUN 690, counseling placements were 15 students for COUN 695, and advanced internship placement was 21 for COUN 696.

Table 2: Practicum/Internship Placement

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

Program evaluation strategies from students and faculty

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

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

- **Assessment of student learning outcomes**

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

Annual Report 2015

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

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

Assessment of Student Learning Outcomes

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

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

Several course modifications (signature assignments) are in the process of review with the goal to stream line the assessment process. Effort in this area will also allow for synthesizing and clarifying student learning outcomes and course assignments. COUN 550: Career Development and COUN 650: Psychopharmacology for Counselors will be developed into hybrid courses. One third of the material in both courses is content and those component may be better delivered in one third of the course being online.

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 2014–2015 student-completed course evaluations appear below:

Table 3: 2014-2015 Student-completed Course Evaluations Results

	Summer 2014 Core	Summer 2014 Adjunct	Fall 2014 Core	Fall 2014 Adjunct	Spring 2015 Core	Spring 2015 Adjunct
Course-Related Questions (#1-8)	4.4	4.6	4.5	3.9	4.3	4.4
Instruction-Related Questions (#9-20)	4.5	4.7	4.4	4.3	4.4	4.7
Total Mean	4.5	4.6	4.4	4.1	4.4	4.6

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

	Summer Core		Summer Adjunct		Fall Core		Fall Adjunct		Spring Core		Spring Adjunct	
	'13	'14	'13	'14	'13	'14	'13	'14	'14	'15	'14	'15
Course-related questions (# 1–8)	4.7	4.4	4.0	4.6	4.7	4.5	3.9	3.9	4.5	4.3	4.3	4.4
Instruction-related questions (#10–20)	4.9	4.5	4.2	4.7	4.8	4.4	3.8	4.3	4.7	4.4	4.3	4.7
TOTAL Mean	4.8	4.5	4.1	4.6	4.7	4.4	3.9	4.1	4.6	4.4	4.3	4.6

It is noteworthy that the favorable responses for adjunct teaching increased this year. Likely due to mentoring and adjuncts teaching a course for a second time.

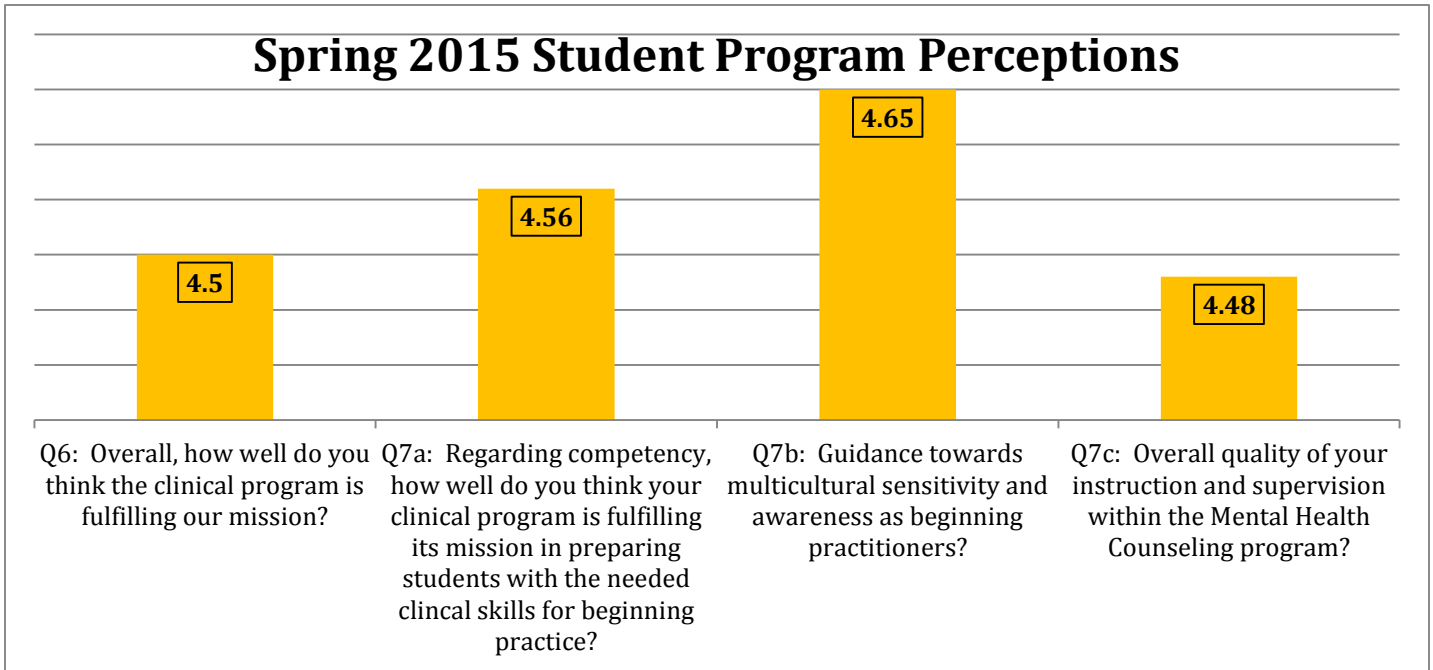
Formative teaching evaluations

This assessment strategy involved the director observing classroom teaching and interactions followed by individual meetings with the instructor to provide feedback. A total of seven observations were conducted during the 2014–2015 academic year. In the observation sessions, all instructors demonstrated competency in the knowledge related to their course. Two of the instructors were provided with formative feedback and directions relative to pacing and timing, specifically recommending longer time be devoted to facilitate student consolidation of knowledge. Two instructors were also encouraged to increase relevant active learning strategies into course instruction. Evaluations are on file in the program director’s office in the faculty files.

Student Annual Program Evaluation

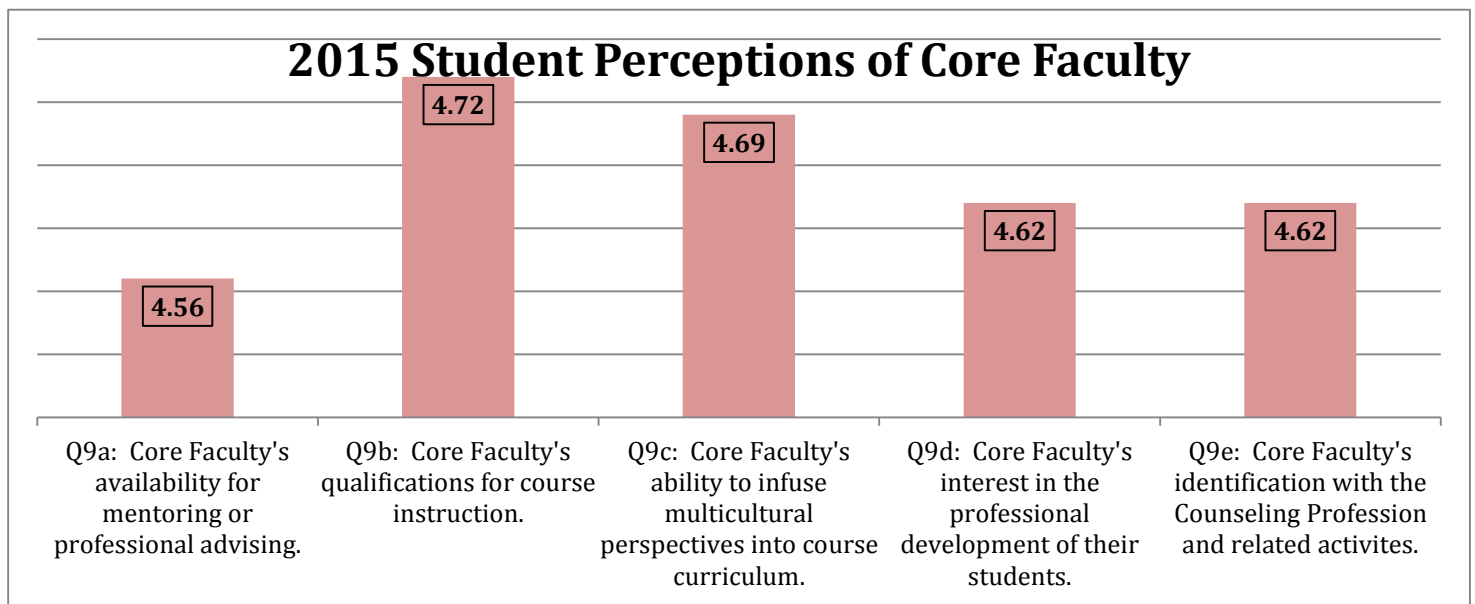
Students are asked to evaluate program effectiveness each spring semester. This assessment involves a standardize survey utilizing a Likert Scale to measure students’ perceptions of the program’s general effectiveness at fulfilling the mission, providing the needed clinical skills, enhancing multicultural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

Table 5



In summary, students rate the program quite high on a 5-point Likert scale. Student perceptions increased from previous years in MSMHC program is fulfilling its mission (4.5 from 4.00), developing clinical skills (4.56 from 4.36), and instruction and supervision (4.48 from 4.34). The exception to this trend was the slight decline of receiving more than adequate guidance related to multicultural sensitivity (4.65 from 4.70).

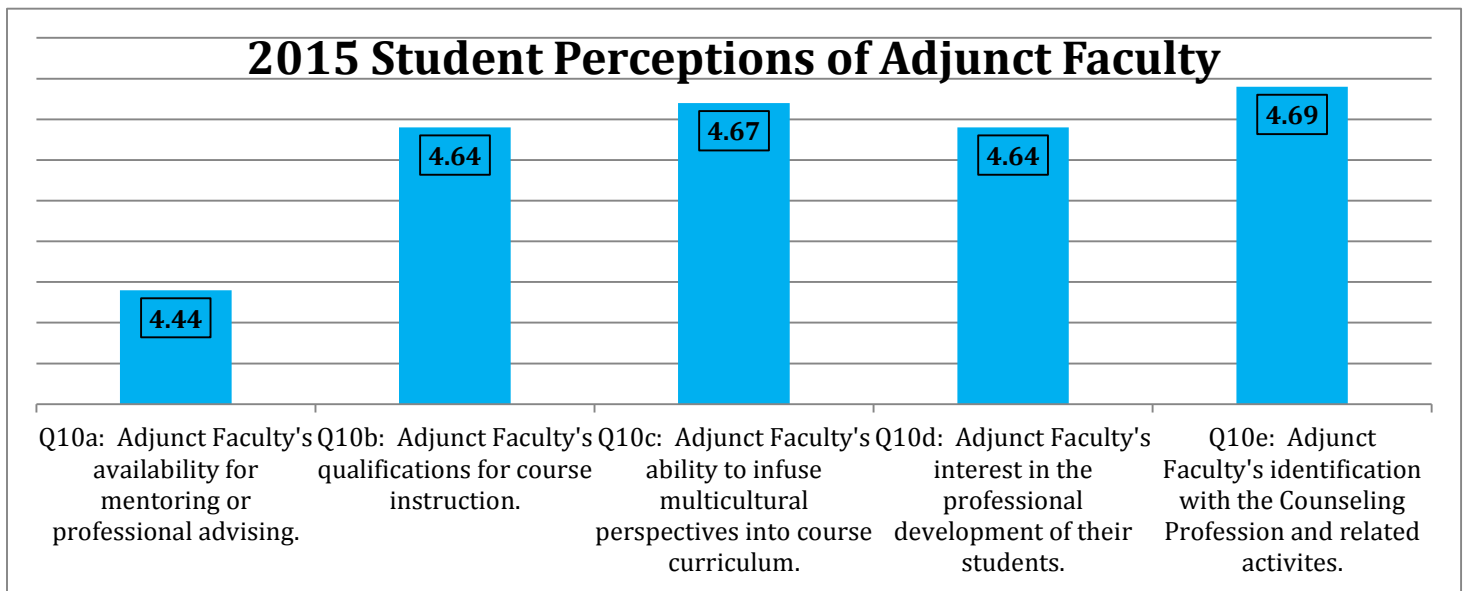
Table 6



The average of students' ratings for core faculty in all categories were above 4 on a 5-point Likert scale. Students perceptions increased from previous years in the areas of core faculty are engaged in advising (4.56 from 4.48), are qualified for course instruction (4.72 from 4.55), infuse multicultural perspectives (4.69 from 4.45), and express interest in professional development of

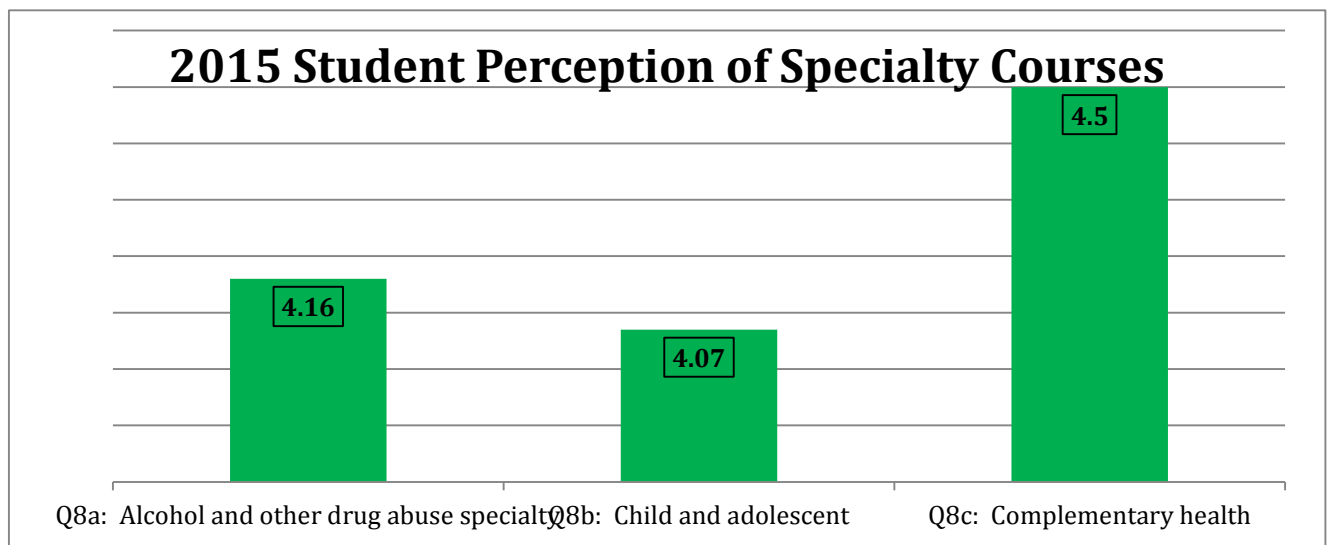
their students (4.62 from 4.57). The exception was the slight decline in being able to demonstrate a clear identification with the counseling profession (4.62 from 4.75).

Table 7



Students rated the adjunct faculty above 4 on a 5-point Likert scale in all areas. Their perceptions increased from previous years in all areas: view the adjunct faculty as available for mentoring (4.44 from 4.20) and qualified for course instructions (4.64 from 4.41). Student perceptions rated the adjunct faculty members' infusion of multicultural perspectives (4.67 from 4.50), interest in the professional development of their students (4.64 from 4.32), and identification with the counseling profession (4.69 from 4.31).

Table 8



Students perceptions increased from previous years in their specific ratings for specific specialties were alcohol and other drug abuse (4.16 from 3.91), child and adolescent (4.07 from 3.93), and complementary health (4.5 from 4.09).

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 made definite improvement in all specialty areas and now range from 4.07 to 4.5 compared to previously at 3.9 to 4.1. There was some indication that students are interested in expansions of specialty offerings, such as aging evidence-based theory courses and professional development.

Qualitative responses submitted by the MSMHC students in 2014–2015 reflected program strengths in the areas of core faculty, experiential learning, and faculty supervision and advising. Students were particularly satisfied with the counseling knowledge and skills modeled by course faculty. In the qualitative section of the survey, students commented favorably in the areas of faculty instruction, faculty supervision and advising, and experiential learning, as summarized in the chart below:

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

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

COURSE WORK AND SCHEDULING	Preparation for Licensing
<ul style="list-style-type: none"> • Students recognized that adjunct faculty experienced a learning curve in developing competence in the classroom. • Students also identified the shifting of course assignments and schedules as the assessment plan was aligned and refined in preparation for the CACREP visit. • Students expressed concern about the quizzes and wondering if they reflect the domains for licensure. • Students identified a need for more variety for practicum and internship placements. 	<ul style="list-style-type: none"> • Students identified personal challenges, such as stress overload and the balance of multiple roles. • A couple of students expressed interest in having an additional week night for courses (this question will be posed to students in the 2015-2016 academic year).

Faculty Annual Program Evaluations

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

Table 9

1. Overall, how well do you think the MSMHC is fulfilling its mission?	4.3
2. Regarding competency, how well do you think your clinical program is fulfilling its mission in preparing students with the needed clinical skills for beginning practice?	4.3
3. Guidance towards multicultural sensitivity and awareness as beginning practitioners?	4.3
4. Overall quality of program and student learning outcomes?	4.3
5. Quality of program assessment plan?	4.5
6. Overall quality of program and student learning outcomes?.	4.5

Practicum and internship site supervisor evaluations

Site supervisors evaluate students in practicum/internship at mid-semester and the end of the semester on eighteen clinical skill areas. These evaluations have consistently been in the 4–5 range on a 1–5 Likert scale. The Core faculty are generally satisfied with the students' preparation and performance in clinical placement. Although areas for improvement continue to be basic clinical skills relative to assessment and diagnosis. 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.

Supervisor and Employer Evaluation Evaluations

In winter of 2014, site supervisor program evaluations were distributed and selected results include.

Table 10

Knowledge Base	
Theories of Counseling	4
Human Growth and Development	4
Group Counseling	3.67
Career and Lifestyle Counseling	4
Crisis Intervention and Counseling	4.5
Substance Abuse Counseling	4.5
Multicultural Counseling	4
Counseling for Individuals with Special Needs	5
Standardized Psychological Testing	3
Diagnosis	3.5
Consultation Case Management	4.5
Ethical and Legal Issues	4.33
Program Evaluation and Research Design	4

Table 11

Demonstrated Skills	
Case Conceptualization	4
Treatment Planning	3.33
Case Management Skills	3.67
Individual Counseling Skills	3.67
Group Counseling Skills	3.67
Career and Lifestyle Counseling Skills	4
Multicultural Counseling Skills	5
Counseling for Persons with Special Needs	5
Child and Adolescent Counseling Skills	3
Crisis Counseling Skills	4
Substance Abuse Counseling Skills	4.5
Assessment Skills	3.67
Diagnostic Skills	4
Consultation Skills	4

Table 12

Characteristics as an Employee	
Ethical/Legal Behavior	4.33
Productivity	4
Client Advocacy	4
Leadership Skills	4
Overall Assessment of Competence	4
Professional Behavior and Demeanor	4
Responsiveness to Supervision and Feedback	4.67
Multicultural and Gender Sensitivity	4
Relationships with Other Employees	4
General Work Attitude/Enthusiasm	4.67
Dependability/Conscientiousness/Responsibility	4.67

Comprehensive Examination (CPCE)

The comprehensive examination is a summative evaluation to the core knowledge areas of counseling. It is an essential benchmark to the preparation and readiness of students to graduate with an advanced degree in Counseling. Beginning fall 2013, the Clinical Mental Health Counseling program at Viterbo University requires students to complete the Counselor Preparation Comprehensive Examination (CPCE) published by the Center for Credentialing and Education, a corporate affiliate of the National Board of Certified Counselors. It is a multiple choice examination to assess student comprehension in the eight knowledge areas of counseling as approved by the Committee for the Accreditation of Counseling and Related Educational Programs (CACREP). The chart below summarizes student performance on this examination.

Table 13: Counselor Preparation Comprehensive Examination (CPCE) 2014-2015

	Viterbo University Scores (Fall, 2014)		Viterbo University Scores (Spring 2015)	
	Viterbo Mean	National Mean	Viterbo Mean	National Mean
Human Growth and Development	10.55	10.25	10.625	10.30
Social and Cultural Diversity	11.18	10.68	10.835	10.72
Helping Relationships	12.18	10.83	11.665	10.84
Group Work	12.27	11.73	12.25	11.78
Career Development	9.18	10.11	8.915	10.21
Assessment	9.64	9.73	10.665	9.78
Research & Program Evaluation	10.82	10.53	10.71	10.60
Professional Orientation and Ethical Practice	12.55	12.32	13.21	12.38

Table 14

Viterbo University Scores	Fall		Spring	
	Viterbo 2013 Mean	Viterbo 2014 Mean	Viterbo 2014 Mean	Viterbo 2015 Mean
Human Growth and Development	13.33	10.55	10.44	10.625
Social and Cultural Diversity	12.00	11.18	11.22	10.835
Helping Relationships	14.00	12.18	10.56	11.665
Group Work	14.67	12.27	13.33	12.25
Career Development	12.67	9.18	9.78	8.915
Assessment	13.00	9.64	11.11	10.665
Research & Program Evaluation	14.33	10.82	11.44	10.71
Professional Orientation and Ethical Practice	12.33	12.55	11.78	13.21

Generally MSMHC perform above the national mean on the CPCE standard assessment. The student do perform a bit low on career development and assessment. In an effort to address the career counseling a career counselor began teaching the career development course. However, it will be two years before those students actually take the CPCE. The assessment course, COUN 695, will be reviewed in terms of content and active learning strategies.

Alumni surveys

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 was modified to capture other important areas such as licensure, employment, and salary range for alumni. This instrument was deployed in December of 2014 with results are as follows:

Table 15

Time to Obtain Employment After Graduation	
Within 1 month	55.56
2-3 months	11.11
3-6 months	11.11
6 or more months	22.22

Table 16: Alumni Survey Spring 2015

Rating	How adequately did the counseling program prepare you?
4.3	Interviewing and counseling skills, including developing goals, counseling interventions, and consultation.
4.5	Ethical and legal issues in counseling and awareness of how their own perspectives may affect the counseling relationship.
4.0	Ability to conduct individual and group assessment and evaluation, standardized and non-standardized testing.
4.2	Understanding of statistical concepts, multicultural issues in assessment, bio psychosocial assessment, case conceptualization, and principles of diagnosis.
4.1	Research methods, statistical analyses, needs assessment, and program evaluation, including qualitative and quantitative methods, technology uses, and ethical and legal issues.
4.4	Impact of culture, ethnicity, nationality, race, age, gender, sexual orientation, and other factors on an individual, family, or group.
4.5	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.
4.4	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.
4.5	Group theory and experiential understanding of group development, dynamics, leadership styles, and group counseling methods.
4.1	History and philosophy of counseling, including professional roles, professional organizations, credentialing, and ACA ethical standards.
4.1	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.
4.6	Clinical skills through internship experience(s).

Employer surveys

Employer surveys have been developed and were distributed in December 2014 with results below:

Program Challenges from Previous Year

A number of program challenges identified through multiple assessment strategies in the 2014–2015 academic year included the following:

- Rolling admission was implemented in the fall of 2014 and appears to be working well in distributing work load for core faculty members and increased acceptance rates of the most qualified students.
- MSMHC program continues to make progress in attracting diverse students.
- As a result of assessments, the assessment plan, syllabi, and rubrics are continually reviewed and revised.

Program strengths identified through multiple assessment strategies in 2015 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 2015

- Administrative Assistance.
- Course assignments and quizzes are identified as student challenges. The goal is to insure that faculty provide rational and connection of course content to the profession of counseling. Continue to stream line assessment and signature assignments to clarify the learning outcomes.

Conclusions and Recommendations

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

Goals for the 2015–2016 year

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

Appendix A Standard Course Evaluations

Course—questions

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

Instructions—questions

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

Appendix B
Site supervisor Evaluations

Site Supervisor Evaluations Su15, F14, SP15	COUN 690		COUN 695		COUN 696	
	AVG		AVG		AVG	
	Mid	End	Mid	End	Mid	End
1. Establish client contact, scheduling, fees, and determination of who should attend initial session.	3.5	4	4.4	4.3	4.4	4.6
2. Explain client rights, billing process, and obtain informed consent for treatment.	4	4.4	4.3	4.1	4.3	4.5
3. Establish and maintain productive therapeutic alliance.	3.6	4.1	4.6	4.7	4.4	4.8
4. Establish DSM diagnosis; include client strengths. CMHC D.1, CMHC L.1, CMHC L.2	3.3	3.7	4	4.2	4	4.2
5. Utilize psychometric tools to assist assessment as needed. CMHC D.1, CMHC H.1	3	3.5	4.3	4.4	3.8	4.2
6. Match the needs of the client with an appropriate therapeutic approach. CMHC D.1, CMHC D.5, CMHC K.2	3.6	4	4.2	4.6	4.1	4.5
7. Continually evaluate progress toward goals. Modify treatment plan accordingly. CMHC D.1, CMHC K.2	3.7	4.3	4.1	4	4	4.4
8. Manage risks, crises and emergencies. Establish safety plans. Report/protect as warranted. CMHC K.5, CMHC L.3	3.3	3.7	4.1	4.3	4.1	4.5
9. Develop termination and aftercare plans. CMHC F.1	3	4.2	3.8	3.9	3.8	4.3
10. Complete all required case documentation in a timely manner. CMHC D.7	4.3	4.4	4.7	4.7	4.6	4.6
11. Maintain professional relations with all personnel at off-campus clinical sites. Network with involved stakeholders as appropriate (extended family; other professionals, etc.). CMHC D.4, CMHC F.1, CMHC F.2	4.6	4.5	4.7	4.8	4.7	4.8
12. Utilize required supervision and collegial consultation off-campus clinical sites. CMHC A.8	4.3	4.4	4.8	4.7	4.7	4.8
13. Attend to personal issues that affect the therapist's ability to conduct ethical, effective therapy. CMHC D.9	4.0	4.2	4.8	4.9	4.6	4.8
14. Attend to dynamics of power, privilege and difference in client lives. CMHC D.2, CMHC D.5, CMHC F.3	3.6	4	4.4	4.3	4.2	4.6
15. Respond appropriately to the client's culture and ethnicity. CMHC D.2, CMHC D.5, CMHC F.3	3.7	4	4.1	4.3	4.4	4.6
16. Integrate supervisor/team communications into treatment. CMHC D.9	4.0	4.1	4.6	4.9	4.7	4.8
17. Practice according to American Counseling Association (ACA) Code of Ethics, WI law and professional standards of practice. CMHC A.7	4.4	4.5	4.6	4.7	4.7	4.7
18. Work with supervisors and program director to document required client contact and supervision hours, and clinical competence.	4.4	4.6	4.6	4.9	4.6	4.8

**Appendix C
Retention Rates**

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