M.A. in Clinical Mental Health Counseling
Comprehensive Program Evaluation

Executive Summary Report on Evaluations, Survey Findings and Recommendations

During the 2015-16 academic years, as part of its CACREP assessment process, the Liberty University Department of Counselor Education and Family Studies conducted extensive evaluations of the residential Clinical Mental Health Counseling program. The Comprehensive Assessment Plan and the Assessment Matrix for the Clinical Mental Health Counseling Program Area Student Learning Outcomes provided the procedures that guided the evaluation.

During this process, student learning outcomes (SLO’s) for the Clinical Mental Health Counseling program area were evaluated across several courses in the curriculum. The assessment rubrics used for SLO evaluation used the wording of the CACREP standards being assessed by the assignment or assessment instrument. Each measure used to provide evidence of competence was evaluated by program faculty. Once completed, the data was evaluated using Analytics, the data analysis and report function of LiveText®.

In addition to the program area SLO’s, four groups of stakeholders were asked to provide evaluations of our Clinical Mental Health Counseling program: recent graduates, current students, site-based practicum and internship supervisors, and employers of our recent graduates. All groups other than current students responded using a survey format. Site-supervisors and employers were provided links to the survey through a direct email contact. Alumni responded to counseling-specific questions we added to the end of the annual Liberty University Alumni Survey sent by the Office of Institutional Effectiveness (IE).

Current students met in focus groups to obtain information. The survey forms and focus group questions were designed to address questions that relate to the program generally and to the curriculum. We assessed the following areas: a) quality of preparation in counseling skill and knowledge areas; b) structure and delivery of the curriculum; c) program advising and support; d) quality of the practicum and internship experiences; e) operational structure of the program; and f) suggested program modifications to better meet the needs of various stakeholders, as well as meet the requirements of Virginia state licensure and accrediting bodies.

Alumni respondents were asked to indicate their levels of satisfaction (5: Very Satisfied to 1: Very Dissatisfied) with the areas of the program evaluated. Scores were converted to values associated with the Likert scale, and mean value data calculated in Excel. Site supervisor respondents were asked to indicate their perception of the extent to which our programs prepared our students for their field experiences (4 - Very Prepared to 1 - Very Unprepared or 0: Unable to Evaluate). Their data was aggregated, means calculated, and data analyzed using the report function on LiveText®. The employer respondents were asked to indicate their perception of the extent to which our programs prepared their employees for their current position (6 – Strongly Agree to 1 - Strongly Disagree or 0: N/A) or (5 – Very Satisfied to 1 – Very Dissatisfied or 0: N/A). Their data was aggregated and means reported using the report function on Qualtrics®. All survey forms also included an open invitation “to provide impressions on the major strengths and weaknesses of Liberty University’s Clinical Mental Health Counseling Program.
Survey return rates were mixed with stakeholder samples of 4-8 (graduates), 44 (site supervisors) and 6 (Employers). Despite the small number of respondents in some areas, trends in the data were used to inform program modifications. These trends are noted for the separate respondent groups and then presented again in a summary statement. The discussion concludes with an enumeration of recommendations for improvement.

Findings: Student Learning Outcomes

Clinical Mental Health Counseling

Students in the program are evaluated throughout their studies for their benefit and to insure that program graduates prepared to participate as counseling professionals. This process includes a series of evaluations delineated in the Comprehensive Assessment Plan (CAP). The CAP defines these Gates or benchmarks used to assess CMHC students’ academic and personal development as they progress through the program. In addition, the CMHC Program Area Student Learning Outcomes Matrix and the Core Competencies Student Learning Outcomes Matrix serve as master assessment documents, allowing us to identify every course and assignment where each student learning outcome is measured. Finally, each syllabus contains a CACREP Assessment Matrix outlining the Program and Core SLO’s associated with the course and the assignments used to measure the SLO. This provides each course faculty with the SLO’s that the course assignments address, and provide a focus during their assessment for student mastery in the course. The program area, core, and syllabus matrices provide the foundation for our assessment of SLO’s.

We chose LiveText® to function as the assessment management system used to assess and monitor our student learning outcomes (SLO’s). This system allows us as a department to both identify and provide support to individual students who do not meet the SLO as well provide evaluative data that can inform program modifications. We have been using LiveText® for the assessments associated with CMHC 698 Practicum and CMHC 699 Internship since Spring 2015. We gathered SLO data on our practicum and internship students using the Counselor Competency Scale – Revised (CCS-R). The CCS-R is an assessment instrument designed to measure the counseling skills, behaviors, and dispositions associated with practicum and internship. The site supervisors and faculty supervisors fill out the CCS-R directly into LiveText®. Along with our Case Presentation data, this allows us to easily assess our students’ mastery of multiple II.G.5 and CMHC SLO’s.

We were delayed in utilizing LiveText® for managing the assessment our remaining course assignments designated as assessment benchmarks. Therefore, we used Excel to manage the data until LiveText® was fully operational October 2016. During the 2015-16 academic year, our SLO assessment focused mainly on the courses that had undergone significant redesign (2013-14) as a part of the alignment of our courses to the CACREP SLO’s during the accreditation process. Because these courses also contain most of the measures used for the CMHC program area SLO’s, we were confident that our focus was well-placed. The following courses were the main focus of our SLO assessment:

- CMHC 500 Orientation to Counseling Professional Identity and Function
- CMHC 501 Ethical & Legal Issues in Counseling
- CMHC 502 Human Development
• CMHC 505 Counseling Techniques and the Helping Relationship
• CMHC 522 Career Development & Counseling
• CMHC 604 Crisis Counseling
• CMHC 667 Clinical Diagnosis and Treatment Planning
• CMHC 691 Substance Abuse: Diagnosis, Prevention and Treatment

In addition to the practicum and internship, these courses provide multiple markers to measure the CMHC SLO’s across the curriculum as well as five of the eight core curricular areas. Note: We were able to back-load our Spring 15 and the 2015-16 SLO data into LiveText®. This allows us to now track individual and aggregate SLO data collected in 2015-16 more effectively.

For 2014-5 and 2015-16, we used the formal SLO assessment process as outlined by Office of Institutional Effectiveness (IE). The assessment coordinator selected assignments that measure specific learning outcomes in two core courses and CMHC specialty courses in the program. For example, when PLO #4 (ethics) and PLO #6 (diagnosis / treatment planning) were reviewed, the assessment coordinator selected two benchmark assignments, the Ethical Dilemma Project (CMHC 501) and the Diagnosis and Treatment Planning Simulation (CMHC 667). These assignments met multiple CACREP II.G.1 and CMHC SLO’s. Faculty used an assessment rubric to assess mastery of the associated SLOs in these assignments. Data was analyzed in Excel, the findings were reviewed, and potential action plans to improve learning outcomes were determined. This process allowed us to effectively manage our formal SLO assessments until the course assessment component of LiveText® was available for us to use. However, we used LiveText® to collect SLO assessment data for our practicum and internship students.

In addition to the formal SLO assessments for IE, we also re-assessed the other courses where substantive program modifications were made during the 2013-14 alignments of our courses to meet all CACREP core and program area SLO’s. In three courses, we in effect designed new courses with new assignments associated with SLO’s that either had not been met or had been dispersed throughout the curriculum (CMHC 500, 501, and 604). In CMHC 691, we adapted the former doctoral course to a master’s level course. Therefore, we wanted to assess whether these prior program modifications were effective. Finally, in CMHC 502, we sought to strengthen the counselor identity focus for the course. Therefore, we wanted to assess whether these prior program modifications were effective. The procedure was as followed: The course Subject Matter Expert (SME) taught at least one section of these courses. Upon completion of the semester, the faculty (SME’s, other course instructors, and the assessment coordinator) reviewed the students’ performance on new assignments designated to measure multiple SLO’s. After faculty evaluated the effectiveness of these assignments in meeting the SLO’s, an action plan was created as needed to enhance student learning outcomes.

Results: Student Learning Outcomes

Prior to the SLO assessment, we established the following target: 85% of the students will rate a competency level of 3.0 (met) or better benchmarks. In reviewing the findings for our SLO assessments, we exceeded our target for each assignment we assessed: 89% to 100% of our CMHC students met or exceeded expectations across all measures of learning. Although we met the target for our formal and informal assessments, we felt that there were refinements we could
make in the way that we deliver instruction in many of the assessed courses. We focused our program modifications on the core curricular courses. As a result, we made the following program modifications in order to refine and strengthen our current core curriculum:

**Chapter Reading Quizzes:** In our core courses, we select course textbooks that are designed to meet CACREP II.G and CMHC SLO’s. Therefore, many courses use reading quizzes to provide evidence of learning from the textbook. However, because many texts had more chapters than weeks of instruction, we often used multi-chapter quizzes from the text to measure competency in several of the knowledge-based SLO’s. Upon review of the quiz data, we felt that multi-chapter quizzes contained too few items per chapter. In order to ensure that students assimilated the information needed to meet the SLO measured, we modified CMHC 500, CMHC 501, and CMHC 502 to require single chapter quizzes. While students may need to take more than one quiz in a week, we feel that this will help students come to class better prepared to learn as well as provide stronger measures of SLO competency. In addition to these three courses, we requested that course SME’s provide chapter quizzes across our early core curriculum. This program modification is in the process of being implemented in our 500 level courses.

**Exams:** When examining SLO assessment data, we found that most of the emerging / did not meet competencies that were reported across the curriculum were in the quizzes, almost exclusively in CMHC 522. Because the students involved were typically high performing, further inquiry found that these students would occasionally “sacrifice” a few quiz grade points when other assignments were due. To find alternative means of measuring the competencies found in the quizzes, we added three major exams to the course. Students who did not meet competencies in the quizzes can be assessed using the exams if the results of the quizzes and exams are incongruent. This will ensure that we are measuring SLO’s found in the course.

**Placement of Writing Assignments in the Entry Coursework:** The instructors of the entry level courses (CMHC 500, 501, and 502) consulted with the program director when patterns of writing deficiencies emerged in the Spring 2015 CMHC 501 course. However, they were not apparent in the other two entry-level courses. Review of the curriculum found that there were no writing assignments within the first four weeks in CMHC 500 or 502. As a result, we were not able to identify and remediate students who exhibited below master level writing skills in these courses. The course SME’s for CMHC 500 and 502 added written components to assignments and/or re-arranged others to ensure that writing assignments occurred earlier in the semester. Subsequent meetings with course instructors found that this modification allowed them to provide formative feedback earlier in the semester.

**Counselor Competency Scale – Revised as a Measure of Early Skills:** The CCS-R is an assessment instrument designed to measure the II.G.5 SLO’s in practicum and internship. In Fall 2014, we designed a modified version of the CCS-R to use as a measure of the II.G.5 SLO’s in our CMHC 505 Counseling Techniques and the Helping Relationship course. Faculty use this weekly throughout the course as a means of providing formative feedback. If a student does not meet a SLO competency, the course instruction will work with the student to help them meet these competencies. The CCS-R is filled out as a final evaluation of each student in the course. If a student does not meet the competencies, they cannot pass the class. The CCS-R is placed in the
students’ permanent file. We found that the use of the CCS-R in both formative and summative feedback has resulted in a high pass rate for the course.

**Two Semesters of CMHC 699 Internship:** Our students were required to take a minimum of one semester of CMHC 699. In order to pass the class, students must log the following distribution of hours: (240 direct /25 individual /25 group supervision /310 related hours). However, while SLO assessment found that our internship students meet or exceed competency in the multiple SLO’s measured in internship, we felt that students would benefit by requiring them a second semester of internship. This would give them additional time grow and develop professional skills, behaviors, and dispositions. To address this, we passed legislation requiring students to take two semesters of CMHC 699 Internship, effective 2016-17. During the first semester, students must complete 300 hours of logged activities, with the following distribution per semester: 120 direct /12.5 individual /12.5 group supervision /155 related hours. Students can use additional Related Activities if they are not able to meet the 120 hours of direct hours for the first semester only. During the second semester, students complete the remaining 300 hours. Second semester, students must meet the 240/25/25/310 hours distribution. Students who do not have this distribution will receive an “I” grade for the second semester and will take a third semester of internship. We believe that this modification gives our students the opportunity to develop their professional skills, behaviors, and dispositions over a longer period of time.

**Stakeholder Survey Findings and Recommendations**

**Survey of Recent Graduates**

In 2015-16, alumni surveys were returned by 8 graduates of the residential MA in Clinical Mental Health Counseling program. With respect to the structure and delivery of the curriculum, graduates reported greatest satisfaction (mean values ranging from 4.4 – 4.9 out of 5) with the overall curriculum and instructional effectiveness; faculty competence, availability, and support; practicum and internship field experiences and supervision; student evaluation procedures; and resources. Graduates were less satisfied with advising, faculty mentoring, and facilities, with mean values ranging from 3.6 to 3.8 out of 5.

Overall, our graduates were very positive in their perceptions of their perceived competency in the knowledge and skill areas of the program. Most of our recent graduates reported feeling very competent or competent in their knowledge of the eight core curricular areas. One to two graduates reported feeling slightly competent in their skills in appraisal and testing, research and statistics, and career; with mean scores of 3.5 to 3.8. Very few graduates felt slightly competent with their knowledge associated with theory, consultation, case management, and professional affiliations, with mean values ranging from 3.8 to 3.9 out of five.

Graduates were satisfied or very satisfied with their skills associated with diagnosis, treatment planning, crisis counseling, and individual and group counseling, with mean values ranging from 4.4 to 4.6 out of 5. They were slightly less satisfied with their skills in appraisal (4.0) and consultation (3.9). Other areas noted by students centered on their skills associated with the marriage and family counseling and school counseling (3.1 – 3.9). This was to be expected as the courses associated with these skills are not required on the CMHC degree completion plan.
Most written feedback on program strengths centered on positive interactions and support from faculty, the integration of faith into the curriculum, and their field experiences. Students noted a need for more opportunities to gain clinical experience (QMHC), expansion of topics (diversity, and ethics) and teaching styles in the classroom. Practical feedback included issues with being on an off-campus site and a request for night classes.

In summary, program graduates generally provide quite positive evaluations regarding the overall curriculum as well as the amount and quality of preparation in the counseling knowledge and skill areas surveyed. While most graduates (75-88%) were satisfied with their competence in research and appraisal, we will focus on these two core areas. Additionally, while some areas noted in the 2014 Executive Summary continue to have room for growth, we believe that the program modifications referenced in the 2014 Executive Summary have and will continue to positively impact our students’ competencies. This will be addressed in the Evaluation of Prior Program Modifications section.

**Resultant Program Modifications:**

Some key areas addressed by alumni in the 2014 and 2015 survey appeared to center on professional skills (consultation, case management, affiliation) and marriage and family counseling. We address marriage and family counseling concerns with curricular changes that became effective in the 2015-16 and 2016-17 Graduate School Academic Catalogs.

**Marriage and Family Counseling:** Once the CMHC program received CACREP accreditation, we made the decision to pursue CACREP accreditation for the residential M.A. in Marriage and Family Counseling program. For 2015-16, we legislated the creation of four Marriage and Family Counseling specialty courses that once were only available in the intensive or online formats. This allows us to provide these courses not only to MAFC students, but also as residential electives for Clinical Mental Health Counseling students. Along with CMHC 603 Premarital and Couples Counseling; CMHC students desiring more skills in marriage and family counseling can take CMHC 602 Marriage and Family Counseling II; CMHC 610 Human Sexuality; and CMHC 620 Counseling Children and Adolescents and their Families as a residential elective.

**Professional Skills Reinforced in Practicum:** In the area of professional skills, program modifications instituted to address these issues in the prior assessment cycle were made in courses that students take in the first semester of the program, CMHC 500 Orientation to Counselor Professional Identity and Function and CMHC 501 Legal and Ethical Issues in Counseling. While we still assess the SLO’s of current students in these courses, the results of the alumni surveys suggested that our students would benefit by reinforcing professional development skills systematically in the practicum. This resulted in the adoption of a text for Practicum and Internship Spring 2016 that discusses the areas of consultation, case management, professional development as well as assessment, diagnosis, treatment planning, and other clinical skills needed for competent ethical practice. The text content guides discussions during faculty supervision, but in Spring 2017, students will take reading quizzes to measure learning of the text content. This will provide us with another measure of learning at the end of their programs.
Focus Groups/Town Hall Meetings with Current Students

Three focus groups were conducted in April 2015 to evaluate the student satisfaction with the Clinical Mental Health Counseling Program. The areas of focus included academic knowledge, faculty assistance in skill development, faculty subject area competence, faculty accessibility, faculty mentoring, advising, facilities and resources, opportunities for professional development, and overall sense of support and connectedness to the program.

Students reported feeling overall very satisfied with the curriculum, noting that the program prepares them extremely well as counselors and are confident that they can discuss the subject matter with counseling students from other programs and professionals in the field. They do not feel as well prepared for the logistics of becoming a licensed counselor upon graduating and would like more opportunities for more “hands on” experiences, especially early in the program as well as more professional development. They felt that the faculty were competent, caring, and passionate about their teaching. Students felt that faculty advising was available if needed, but they wanted a more proactive approach, including advisors “reaching out” with ongoing help. They also expressed a desire for mentorship opportunities. Students also reported that interaction and discussion in the classroom as helpful in assimilating academic knowledge, noting the courses where faculty tied course content into clinical practice. They reported finding community within their classes as well as external activities, such as bible studies at professors’ homes, identifying the sense of community as an enhancement in their connectedness to the program.

Students expressed high satisfaction with resources and facilities available to the department, particularly Library Research Liaison Randy Miller’s presentation and weekly consultation time in the student lounge. Students expressed an interest in learning the process of research and dissemination of findings, as well as wanting greater communication of faculty research areas and increased communication concerning opportunities to participate on a research team and other professional development opportunities. They also requested increased communication for registration openings and course information. Finally, the students noted that because we are not housed on main campus, they do not have the ability to attend convocation. They asked about the possibility of having convocation live-streamed at the Carter Building.

Resultant Program Modifications:

Some key areas addressed by students in the Spring 2015 focus groups and subsequent town meetings appeared to center on the importance of proactive faculty advising, research team opportunities and information on logistics, facilities, and communication. In part, these results provided data to support program changes.

Course Sequencing of Students’ Program: Although there is a suggested course sequence provided for the CMHC DCP, occasionally, students would not maintain the required sequence of courses through their program. This would result in students requesting prerequisite overrides in order to maintain the number of courses required for full time status or financial aid. Because of the developmental nature of our course sequencing, this year, we focused on simplifying the recommended course sequencing. The following modifications were made:
Because CMHC 503 is taken in the third semester, we changed the course number of CMHC 503 to CMHC 515. We then classified our courses into three clusters: We designated *Early Core Courses* as those numbered 500-510 and *Advanced Core Courses* as 512-522. *Counseling Specialty Courses* are the 600-level courses. The coursework in each cluster must be completed before a student can proceed into the next cluster of coursework. We changed the prerequisites of several courses to match their cluster. These changes were designed to help students prioritize their schedule, ensuring that they complete the foundational core curricular courses (500-level) prior to enrolling in the counseling specialty courses (600-level). The DCP is also now organized by these clusters, which will help students conceptualize the course sequencing. We believe that these changes help students to pace themselves as they progress through the program.

**Faculty Advising:** The system of program advising received mixed evaluations from graduates of the program and current students. While students noted that overall, their interactions and availability of the faculty were strengths of the program; some students felt that they wanted more proactive interactions with faculty advisors. During the residential focus groups and graduate exit interview luncheon, instructor-specific feedback emerged (both positive and negative data). Because this appears to be advisor specific and not systemic, the advisors were provided feedback during the faculty year-end review. Anecdotal data suggests that this is working, given the marked reduction of students contacting the program director.

In addition, to engage students in ongoing oversight of their programs, as of Spring 2016, faculty meet with students to address issues with scheduling and to evaluate any requests for prerequisite overrides. Once the advisor approves the override, the request is then sent to the Program Support Coordinator, who is designated as a representative of the Director to the Registrar. The PSC reviews the requests, and if it is on the list of pre-approves overrides, he sends it to the Registrar. For other cases, the Director is contacted either by the advisor or PSC for approval. This system both engages the student in the advising process, but streamlines the process for both the program director and students. We will continue to monitor student satisfaction with the advising portion of the program.

**Chi Sigma Iota:** In Fall 2015, the Rho Eta Chapter of Chi Sigma Iota was established at Liberty University. The chapter held its first induction ceremony April, 2016. The leadership of CSI has made it a priority to help develop the professional development and research skills of students. They hold a series of Coffee Talk meetings, where faculty are invited to present on a variety of topics. Topics included Preparing for a Doctoral Program and Completing Proposals for Professional Presentations, and Social Justice and Racial Reconciliation.

**Convocation:** Responding to residential students’ request to attend Convocation, as of Fall 2016, we are able to live-stream Convocation into the student lounge every Wednesday.

**Support Facilities:** The University provided funding to enhance the learning environment. The major expenditure was the addition of a Library Annex at Carter. As of Fall 2016, students have access to a wide range of counseling-related resources, a full time Library staff, and availability of the Library Research Liaison, who specializes in graduate research on Monday afternoon. The Graduate Writing Center continues to maintain an auxiliary office in our department, providing full time assistance for our students.
Survey of Practicum and Internship Site Supervisors

As of Spring 2015, the Supervisor surveys are embedded as an assignment into the Field Experience Module (LiveText®), which we use to manage evaluation rubrics for practicum and internship. Site supervisors are asked to submit the survey along with their final evaluation of the student. Participation is voluntary, and the results cannot be viewed by faculty or students.

Data was collected for Spring-2015 and the 2015-16 academic year. Survey information from the Fall 2014 term was reported in the prior Executive Summary. Because some students are at two sites with an additional supervisor, the number of surveys can exceed the course enrollment.

The following number of supervisors participated in the site supervisor survey:

Practicum: Spring 15 (N=19/25); Fall 15 (N=10/10); Spring 16 (N=11/11); Summer 16 (N=8/10)
Internship: Spring 15 (N=26/33); Fall 15 (N=31/35); Spring 16 (N=26/52); Summer 16 (N=41/44)

Practicum
Overall, on-site supervisors are positive in their evaluations of how we prepare our practicum students for the field experience component of counselor training. Site supervisors indicated that our program was effective in producing students who were well-prepared in the areas of professional ethics, identity, professional behaviors and dispositions (Rubric 1: 3.7 – 4.0). Supervisors also felt we produced student who were adequately to well-prepared in the skills (Rubric 2: 3.1 – 3.7) and knowledge (Rubric 3: 3.1 – 3.7) in the core content areas. Preparedness in the areas of research, assessment, career, and human development continued to be rated less favorably. While the overall results are favorable, there continues to be room for improvement as we strive for our students to be well prepared for their clinical experiences.

In reviewing the results, the supervisor ratings are consistent with the early placement of CMHC 598. Students who follow the suggested course sequence take the coursework for three of these competencies after taking the practicum. Because the change in practicum did not begin until Fall 2015, and field placements occur in the prior semester, the Spring 2015 and Fall 2015 results reflect students in an early practicum. Therefore, the current results support the rationale for moving the practicum later in the program as well as provide a preliminary assessment of the effectiveness of this program modification (see next section). However, we do not presume that this is the main reason for scores. Therefore, we have implemented and will suggest further program modifications so we can continually be more effective in producing students who hold the knowledge and skills needed for ethical, competent practice. This will be discussed further in the curricular program modifications in the Student Learning Outcome section.

Internship
Overall, on-site supervisors are positive in their evaluations of how we prepare our practicum students for the field experience component of counselor training. Site supervisors indicated that our program was effective in producing students who were well-prepared in the areas of professional ethics, identity, professional behaviors and dispositions (Average of means: 3.8 – 3.9). Supervisors also felt we produced student who were adequately to well-prepared in the skills (3.5 – 3.6) and knowledge (3.5 – 3.7) in the core content areas. Some areas noted in the practicum were also seen in the internship. The areas of consultation, appraisal, and human
development are areas where more supervisors gave an adequate preparation rating when compared to well-prepared. While the overall results are favorable, there continues to be room for improvement, particularly in the areas of appraisal and human development as we strive for our students to be well prepared for their clinical experiences.

**Program Modifications**

**Grading Method:** Prior to Spring 2016, we used a letter grade for the final grading method for CMHC 698 and CMHC 699. Because these courses rely on competency-based clinical evaluations from site supervisors and faculty, the final grade should ultimately to reflect whether the student met or did not meet the expected competencies expected to pass these courses. We believe that this focus on competencies will improve the evaluation of the student as it removes the complication of determining a letter grade for an evaluation. To this end, we submitted a Graduate Administrative Council Recommendation Fall 2015. Effective Spring 2016, the grading method was changed to Pass / No Pass (P / NP) for CMHC 698 and CMHC 699. To receive a passing grade, the student must meet all competencies on the Counselor Competency Scale – Revised as evaluated by faculty and the site supervisor, as well as submit all videos, written assignments, and other course requirements.

**Survey of Employers of Recent Graduates**

In Fall 2015, employee surveys were returned by 6 employers of graduates of the residential MA in Clinical Mental Health Counseling program. A 5 point Likert Scale was used, with responses ranging from Strongly Agree to Strongly Disagree. Overall, employers reported agreement to strong agreement with respect to our graduates’ knowledge and skills in the core curricular areas, diagnosis and treatment planning, crisis intervention, substance abuse counseling, and other professional skills (consultation, case management, and advocacy). Five employers were very satisfied with our graduates’ general counseling skills, while one expressed dissatisfaction. In regard to counselor disposition, employers reported agreement to strong agreement with respect to our graduates’ levels of professional and ethical behavior, responsiveness to supervision and feedback, cultural sensitivity, relational skills, professional development, and self-awareness.

Overall, employers were very positive in their perceptions of our graduates. They provided open ended feedback, including requiring two semesters of internship, and placing more emphasis on diagnosis, treatment planning, theory conceptualization, substance abuse, and cultural diversity (including spirituality). The employer feedback helped inform program modifications instituted for the 2016-17 DCP requiring students to take two semesters of internship. Other curricular modifications were supported by the feedback included curricular changes in the practicum and internship designed to increase students diagnostic, treatment planning, case conceptualization, and substance abuse training. These are addressed under the Field Experiences section. Other areas were more specific to their practice (private practice, autism, pastoral counseling), but are areas that students could be provided with resources for additional training should they pursue this arena to practice.
Evaluation of Select Prior Program Modifications

There were several program modifications made as a result of the assessment collected from our comprehensive program evaluation reported in November, 2014. As a part of the current program evaluation, we evaluated the effectiveness of key program modifications that were implemented during the 2014-15 academic year. Below is a summary of our reassessment of those program modifications outlined in the 2014 Executive Summary using the current assessment data collected in 2015-16.

Curricular Experiences (Alumni Surveys):

Some key areas addressed by alumni in the 2014 and 2015 survey were addressed with curricular changes that became effective in the 2013-14 and 2014-15 Graduate School Academic Catalogs. During the 2015-16 and 2016-17 academic years, we have been evaluating the effectiveness of these changes based on student learning outcomes and alumni data. Assessment using student learning outcomes was reported in the SLO section of the Executive Summary.

Crisis Counseling: In evaluating the effectiveness of adding crisis and disaster as a required course was supported by the 2015 Alumni Survey data. In prior alumni surveys, students tended to express lower satisfaction in their perceived competence in crisis counseling and interventions. Recent graduates reported higher levels of competence, with one graduate feeling slightly competence. SLO data also supports the effectiveness of the course.

Counselor Identity and Professional Skills: The professional identity, function and ethics course was divided into two courses: CMHC 500 (Orientation to Professional Identity and Function) and CMHC 501 (Legal and Ethical Issues in Counseling). CMHC 500 was designed to emphasize and clarify areas such as counselor identity, credentialing, professional affiliations, and advocacy for students. The alumni and SLO assessment data supports the effectiveness of this program modification. In interviewing our residential and online students, the presence of a strong counselor identity was identified by the CACREP site team as a strength of the program. In addition, most of our recent graduates reported feeling moderately to very competent to very competent in professional affiliation and advocacy.

Consultation, Case Management, Professionalism: When we designed CMHC 501 as a stand-alone ethics course, we wanted to not only emphasize ethics in the area of counseling, but also in ancillary competencies, such as consultation, case management, supervision, and other areas dealing with counselor professional behaviors. The SLO and alumni assessment data supports the effectiveness of this program modification. In evaluating data from the alumni survey, many of our recent graduates reported feeling moderately to very competent in professional skills, such as consultation and case management. Some of the graduates took the older version of the course, so this may account for students reporting feeling slightly competent.

Marriage and Family Counseling: In the 2014 Executive Summary, we noted our intention to review the possibility of adding residential Marriage and Family Counseling courses to the program. As noted by one employer, because many of our students begin their careers working in the Children and Families branches of community service boards, they would benefit from these courses. We believe that current assessment data (Alumni and Employer Surveys), our
students interest in dual licensure (LPC, LMFT), as well as the decision to pursue CACREP accreditation for the residential Marriage and Family Counseling program supported offering MAFC course work. In addition to CMHC 603 Premarital and Couples Counseling, we added residential versions of the following marriage and family counseling courses to our program: CMHC 602 Marriage and Family Counseling II; CMHC 610 Human Sexuality; and CMHC 620 Counseling Children and Adolescents and their Families to the 2015-16 Graduate Catalog.

Field Experiences (Site Supervisor Evaluation):

Placement of Practicum: As noted in the 2014-15 Executive Summary, based on faculty observations, supervisor feedback, and the CACREP site team recommendation (Nov. 2014), we passed legislation to change the suggested course sequence of the practicum back to the semester prior to internship, noting this as a program modification in the 2014 Executive Summary. Students entering the program in Fall 2015 now must take CMHC 698 Practicum the semester prior to their internship (5th semester) rather than the third semester. As a result, students in practicum have completed course work in the core competencies as well as Psychopathology and Diagnosis and Treatment Planning. We felt that this would strengthen our students’ skill and knowledge base across the core competencies as they entered practicum.

The SLO data and feedback from site supervisors support the effectiveness of this program change. This can be seen in progressive increase across semesters in the number of supervisors who indicated that the department was producing well-prepared students compared to those who felt that we adequately prepared students in the areas the students’ knowledge and skills in the core competencies, more of our supervisors. In Spring 2015, 66% of the categories had more ratings of adequate as compared to well-prepared. In Summer 2016, only 33% of the categories had more ratings of adequate. While this shift is encouraging, we believe that upcoming program modifications will continue to help us to be more effective in our training of clinicians.

Supervision Training: As a certified NBCC Continuing Education provider, we continue to provide our supervisors with opportunities to earn Continuing Education units in a variety of areas, including supervision, diagnosis and treatment of sexual addictions, complex trauma, and the DSM-5. At least once a semester, we hold our Site Supervisor Appreciation Luncheon. Supervisors in attendance can earn a CE unit. Based on supervisors’ feedback on the CE forms, they find the time spent with faculty as well as the CE units beneficial. We plan to continue in this investment in our site supervisors.

Synopsis of Major Program Modifications

Amount and Quality of our Counselor Preparation Program: Modifications were made in the course content were based on the re-assessment of the modifications made to our early core courses during the last assessment cycle. Overall, we made several “tweaks” to our early core courses, including shifting from multi-chapter to single chapter reading quizzes, placing writing assignments within the first three weeks of the three entry courses, and added exams as in CMHC 522 as a secondary measure of the knowledge SLO’s. We also are adding reading quizzes to our practicum course as an additional measure of learning. Finally, we will continue to use the CCS-R for both formative and summary feedback to students in our initial skills course:
CMHC 505. However, the final version of the CCS-R will now be entered into LiveText rather than into their permanent file.

**Quality and Efficiency of Practicum and Internship Experiences**: Evaluations by program graduates for current students clearly indicate that they see practicum and internship experiences as important components of their professional development. Overall, our placement sites and on-site supervision are perceived to be of high quality. However, while students are able to complete their internship experience in one semester, we felt that our students would benefit by requiring them a second semester of internship. Therefore, students are now required to take two semesters of CMHC 699 Internship, effective 2016-17. We believe that this modification gives our students the opportunity to develop their professional skills, behaviors, and dispositions over a longer period of time. In addition, because many sites want a two semester commitment, this will help our students obtain sites. In addition, we changed the grading system for practicum and internship to a Pass/No Pass system. This will help students to focus on meeting competencies versus earning a letter grade.

**Program Advising and Support**: In response to student feedback, we implemented a more proactive system of faculty advising for Spring 2016. In addition to helping new students set up a course of study for the early and advanced core courses (Gate 2), faculty will be more involved throughout the program. For example, to ensure that students follow the recommended course sequence, we now require students to meet with faculty advisors prior to requesting prerequisite overrides from the program director. This will allow advisors to help students follow the proper course sequencing and navigate issues arising from schedule conflicts. Anecdotal data suggests that this is effective, given the marked reduction of students bypassing the advisor and contacting the program director for override requests.

**Course Sequencing of Students’ Program**: We organized the 2015-16 DCP into three clusters: We designated *Early Core Courses* as those numbered 500-510 and *Advanced Core Courses* as 512-522. *Counseling Specialty Courses* are the 600-level courses. The coursework in each cluster must be completed before a student can proceed into the next cluster of coursework. These changes were designed to help students prioritize their schedule, ensuring that they complete the foundational core curricular courses (500-level) prior to enrolling in the counseling specialty courses (600-level). We believe that these changes help students to pace themselves as they progress through the program.

**Marriage and Family Counseling**: We added three residential Marriage and Family Counseling courses that once were only available in the intensive or online formats. This allows us to offer these courses not only to MAFC students, but also as residential electives for Clinical Mental Health Counseling students. We are reviewing other residential electives, such as CMHC 630 Gerontology, which is currently only available online.

**Student Life**: In Fall 2015, the Rho Eta Chapter of Chi Sigma Iota was established at Liberty University. The chapter held its first induction ceremony April, 2016. Currently, membership is limited to students in the residential CMHC and MAFC programs and the Ph.D. in Counselor Education and Supervisions. The leadership of CSI has made it a priority to help develop the professional development and research skills of students.
Support Facilities: The University provided funding to enhance the learning environment. The major expenditure was the addition of a Library Annex at Carter. As of Fall 2016, students have access to a wide range of counseling-related resources, a full time Library staff, and availability of the Library Research Liaison, who specializes in graduate research on Monday afternoon. The Graduate Writing Center continues to maintain an auxiliary office in our department, providing full time assistance for our students.

Acknowledgements

We would like to extend our appreciation to the current students, alumni, site-supervisors, and employers who completed and returned surveys. You took the task seriously and provided invaluable feedback that is used to help shape our program. In keeping with CACREP requirements, we will conduct similar surveys on a regular basis. We hope that in the future, you will be equally generous in your forthrightness and commitment to assist us in our task of educating clinical mental health counselors. Again, we thank each of you.