CACREP Self Study: Program Evaluation

Executive Summary Report on Survey Findings and Recommendations

During the 2013-14 and 2014-2015 academic years, as part of its CACREP Self-Study and accreditation processes, the Liberty University Center for Counseling and Family Studies Program conducted extensive evaluations of the residential program.

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. Current students met in focus groups and informal “town meetings” with the chair to 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. 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). 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 ranging between 19 (graduates) to 27 (site supervisors). Despite the small number of respondents, 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

Survey of Recent Graduates

In 2012-13, surveys were returned by 10 graduates of the residential MA in Professional Counseling program. With respect to the structure and delivery of the curriculum, graduates reported greatest satisfaction with the overall curriculum, faculty mentoring, skills development, clinical supervision, individual counseling, ethics, and group counseling. Graduates were less satisfied with advising, facilities, aspects of practicum and internship field experiences, and student evaluation procedures, with mean values ranging from 3.7 to 3.8 out of 5. In knowledge
and skills areas, students reported being highly satisfied or satisfied in all areas of the eight core curricular areas, with appraisal/testing having the lowest mean score (3.7). Graduates were less satisfied with their knowledge and skills associated with diagnosis, crisis counseling, consultation, case management, professional credentialing/organizations, and advocacy; with mean values ranging from 3.4 to 4.0 out of 5. Most feedback on program strengths centered on positive interactions and support from faculty. Students noted a need for more opportunities to practice clinical skills, including the need for a counseling clinic. CACREP accreditation was also noted as a need.

In 2013-14, surveys were returned by 10 graduates of the residential MA in Professional Counseling program. With respect to the structure and delivery of the curriculum, graduates reported either being satisfied or highly satisfied with all areas measured. The two areas with a mean less than 4.0 were advising and faculty mentoring. In knowledge and skills areas, the results were similar to those obtained the prior year. Students reported being highly satisfied in all areas of the eight core curricular areas. Graduates were less satisfied with their knowledge and skills associated with crisis counseling, consultation, case management, professional credentialing / affiliations, and couples therapy; with mean values ranging from 3.8 to 4.0 out of 5. Most feedback on program strengths centered on positive interactions and support from faculty and quality of the academics. Students also noted a need for more opportunities to practice clinical skills, more practical aspects of practice (billing, etc.), and a counseling clinic.

In summary, program graduates generally provide quite positive evaluations regarding the amount and quality of preparation in the counseling knowledge and skill areas surveyed. However, the graduates’ evaluations point to room for improvement in several areas.

**Resultant Program Modifications:**

Some key areas addressed by alumni in the Fall 2012 and 2013 surveys appeared to center on crisis counseling, counselor identity, professional skills (consultation, case management, advocacy) and couples therapy. We addressed many of these concerns with curricular changes that became effective in the 2013-14 and 2014-15 Graduate School Academic Catalogs.

**Crisis Counseling:** In reviewing the curriculum, we found that our required counseling courses addressed CACREP standards specific to crisis counseling and disaster response across multiple courses through the curriculum rather than in an integrated comprehensive course. However, these standards were covered in one of our elective courses: CMHC 604 Crisis Counseling. To ensure that all CMHC students had a rigorous foundation in crisis counseling, CMHC 604 Crisis Counseling was changed to a required course for students in the Clinical Mental Health Counseling program.

**Counselor Identity and Professional Skills:** In reviewing the curriculum, we found that while these areas were covered in COUN 501 Professional Identity, Function, and Ethics. However, we felt that the course content would be better taught by separating the course content into two separate courses: Orientation to Counselor Professional Identity and Function (CMHC 500) and Legal and Ethical Issues in Counseling (CMHC 501). CMHC 500 allows us to emphasize and
clarify counselor identity (including credentialing/affiliations), advocacy, and function (including career testing and self-reflection to help students explore their decision to be a counselor).

**Consultation, Case Management, Professionalism:** In creating CMHC 501 as a stand-alone ethics course, we have more time in the curriculum to teaching ethics and professionalism. The text we selected for this course covers not only ethics in counseling, but it consultation, case management, supervision, and other areas dealing with counselor professional behaviors.

**Couples Counseling:** We are moving towards offering more of our online or intensive Marriage and Family Therapy specialty courses as residential electives. Students can now take COUN 603 Premarital and Couples Counseling as a residential elective. We are reviewing other residential electives, such as COUN 610 Human Sexuality.

**Focus Groups/Town Hall Meetings with Current Students**

Twenty-two students participated in the four Spring 2013 focus groups. Students reported feeling overall very satisfied with the curriculum as a whole, but suggested restructuring prerequisites classes (e.g., theories before techniques). They also felt that while the program prepares them extremely well for actual counseling and are confident that they can discuss the subject matter with counseling students from other programs and professionals. 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 earlier in the program as well as professional development. They felt that the faculty are competent, caring, and passionate about their teaching. When asked about advising, students felt a general dissatisfaction, feeling that faculty was available if needed, but they wanted a more proactive approach, including advisors “reaching out” early in their programs, help with planning courses and navigating internships, and being contacted form of the process or advising.

Current student evaluations of the practicum and internship program component were mixed. Overall, students appeared satisfied with field sites, quality of supervision by site supervisors, and over-all satisfaction with the internship program received the most positive evaluations. However, students noted less satisfaction with assistance in obtaining a site, availability of information on prospective sites, a lack of personal contact with clinical staff, and placement procedures.

In regards to our move to the Carter Building, students found the facilities to be adequate, particularly ease of parking. Because this is an auxiliary campus, students wanted to see more services available, including printers, computers, and counseling lab to schedule their practice sessions for techniques classes. They also wanted to have a stronger sense of community within the student body. Noting the varying life stages (jobs, families, etc.) of graduate students, they wanted more “intentional community” created. The idea of students mentoring new students, departmental social events, and relationships with faculty were discussed. They enjoyed using the student lounge, and would like to see a more “coffee house” set up that facilitated group interactions as well as food services and other campus amenities available. Overwhelmingly, students expressed a desire for CACREP accreditation. Their main concerns were 1) being at a
disadvantage in the job market, including the VA/TriCare; 2) having the quality of the program “discounted” by not having CACREP; and 3) deterring new students from entering the program. In addition to the focus groups, at least twice a year, the Department Chair, Dr. Myers, visits multiple classrooms using a “Town Hall” format. Students can discuss their experiences, such as effectiveness of the registration/admissions/advising processes as well as any suggestions or concerns. In the meetings held February and September 2014, students conveyed an overall excitement for the program. However, they voiced concerns about the difficulty finding practicum and internship sites, challenges with transportation from main campus, availability of early morning and summer courses, and lack of food services in our current building.

Resultant Program Modifications:

Some key areas addressed by students in the Spring 2012 focus groups and subsequent town meetings appeared to center on the importance of CACREP accreditation, proactive faculty advising, navigating their field experience, a stronger sense of intentional community, facilities, and logistical concerns. In part, these results provided data to support program changes.

CACREP: The department began an exploratory self-study in January 2013. When presenting the initial results to the administration in May 2013, we used the results of the student focus groups to support the important to students for seeking CACREP accreditation. Administration gave the provisional approval to conduct the self-study May 2013 and final approval to pursue accreditation November 2013. After the self-study was submitted February 2014, we announced our intention to seek CACREP accreditation to students during a mandatory meeting of all residential students. The students broke out into applause at the announcement.

Faculty Advising: Students were assigned faculty advisors, but advising interactions were typically conducted on an as needed basis initiated by the student. In response to student feedback, we implemented a proactive system of faculty advising in Fall 2013. All faculty advisors sent their advisees an email to reach out and invited them to set up a time to meet and discuss their programs. Advisors were given an advising checklist, which included contacting students, setting up appointments, explaining the program changes (Gates), and answering any concerns. We set up an advising page in SharePoint to document all advising activities. To meet CACREP standards, in 2014, we required rather than encouraged all CMHC students to meet with their advisors during their first semester in the program.

Clinical Director/Field Experiences: Responding to residential students’ request for face-to-face contact with the clinical staff, the Director of Residential Clinical Field Experiences, Dr. Melvin Pride, is the first point of contact for students requiring assistance in obtaining a site or navigating the field placement procedures. He has designated office hours for field experience questions and concerns. In addition, recognizing the difficulties that students face in securing sites, Dr. Pride has been visiting local clinical sites in order to build relationships, to secure more sites for potential placements for our students, and to assist our site supervisors. Finally, to orient students to the upcoming process of securing a practicum and/or internship site, Dr. Pride oversees classroom presentations that provide students with information on the practicum and internship and opportunities to address questions and concerns. Overall, we feel that the
accessibility of the Clinical Director has been very beneficial in providing a supportive environment for the students.

**Course Offerings:** In response to students’ requests for early morning and summer courses, we now offer courses at 8:00 as well as three summer courses (CMHC 598, 667, and 699). We will review core courses for potential courses that we can offer in a summer format as well as explore the possibility of offering evening courses.

**Support Facilities:** The University provided funding to enhance the learning environment. The major expenditure was the addition of three individual counseling rooms and one small group counseling room. Cameras were purchased for use during their practice sessions for techniques classes as well as providing four computers in the student lounge. As of Fall 2013, the Graduate Writing Center set up an auxiliary office in our department, providing full time assistance for our students. Every Monday afternoon, a librarian specializing in graduate research is available in the student lounge to assist students as they conduct scholarly research for their papers. Plans have been approved for a designated food and study area on the second floor to give students access to library services. Finally, to provide students with access to services on the main campus easily, the university began a shuttle service that takes students and staff to and from main campus once an hour.

**Cohort Model:** To support students’ desire to have a stronger sense of community within the student body, we have attempted to create an environment that is conducive to relationship building. Because some students are part time and others are full time, we are not able to have a true cohort model. However, through the Gates, we redesigned the course sequences in a way that will help students to have multiple courses together. We provided a student lounge with couches, group work areas, and coffee shop tables, as well as several seating areas in the hallways. In January, work will begin on a small food court (Starbucks, Grab and Go, etc.) for students to meet and dine together. We believe that these changes will help facilitate the development of a stronger sense of community for our students. Moving forward, we plan to institute a Chi Sigma Iota chapter to Liberty University.

**Survey of Practicum and Internship Site Supervisors**

Twenty-seven surveys were returned by on-site practicum and internship supervisors. Overall, on-site supervisors appear to be satisfied with respect to the way we prepare our students to begin the field experience component of counselor training. Most favorable preparedness ratings were given in the areas of professional ethics, identity, accountability/feedback, and integration of personal values in counseling. Supervisors felt our students were adequately prepared were in the knowledge and skills of the overall core content areas. Preparedness in the areas of research and data analysis were rated less favorably.

Overall, on-site supervisors of our practicum students and interns are generally positive in their evaluations. They consider our preparation program to be effective in developing in our students the counseling skills that are required to be successful in the field experience component of the program. However, there is much room for improvement as we strive for our students to be well
prepared for their clinical experiences. They also found our students willing to learn and receive feedback. At the same time, they noted the lack of on-going communication between supervising faculty and on-site supervisors. They point specifically to the need for faculty supervisors. They also noted that our students did not always understand how to count hours towards licensure and licensure requirements. Looking at these data and the graduate survey data reported earlier, it is clear that graduates and on-site supervisors share this perception and propose similar recommendations for improvement.

**Phone Surveys with Practicum and Internship Site Supervisors**

In correspondence with the Clinical Director Summer 2014, students seeking a practicum site reported facing challenges in securing a site. The main barriers to placement appeared to be the break between practicum and internship as well as the place where the practicum was taken in the course sequence. Based on this feedback, in Fall 2014, the Clinical Director oversaw a systematic contacting via telephone of our current and potential site supervisors. The purpose was to obtain information from site supervisors regarding barriers that we could address, how we can better meet their needs, and suggestions to improve the process of practicum placements.

Twelve supervisors participated in the interview. Overall, supervisors noted that they wanted at least a two-semester commitment for a field placement, providing stability when placing in our interns. They also felt that it not beneficial for them to work with our practicum students, and then wait until the end of the program for students to return to their site. Site supervisors were also hesitant to have practicum students work with clients as this came early in their programs.

**Program Modifications:**

Some key areas addressed by site supervisors in the 2014 surveys appeared to center on the need for greater faculty involvement in the supervision, student awareness of credentialing, and the place in the program for our practicum.

**Faculty Supervision:** In Spring 2014, we modified our supervision model to include face to face faculty supervision for our students in their field experiences. In addition, faculty supervisors will ensure that supervisors are provided with a carefully written articulation of the program’s expectations and requirements with respect to campus-field experience, dissemination of pertinent information at the beginning of the semester, regular contact between faculty and site supervisors and through more regular site visits, telephone conferencing, and email contacts.

**Supervision Training:** Based on supervisors feedback (and to meet CACREP standards), the clinical director ensures that our supervisors are trained in both the program policies as well as oversee supervision training of our site supervisors. We also became certified by NBCC as a Continuing Education provider. This allows us to provide our supervisors with opportunities to earn Continuing Education units in supervision. In August 2014, we held our first Site Supervisor Appreciation Luncheon. Supervisors in attendance earned one CE unit.
Placement of the Practicum: Based on feedback given by sites and site supervisors, along with observations of the faculty, it was evident that our change to an early practicum experience was not producing the desired results. As a result, we passed legislation in November 2014 to make two changes in the practicum. Students will now take the practicum the semester prior to their internship. To reflect the later placement of the practicum in the course sequence, we changed the course number from CMHC 598 to CMHC 698. We believe that moving the practicum back to where it was originally in the curriculum will enhance our students’ field experiences.

Survey of Employers of Recent Graduates

Employers of recent graduates were sent a survey on Nov. 3, 2014. We are in the process of collecting data. However, while the sample size is very small, preliminary results are overall positive. One employer suggested that we offer more electives that would train our students who work with adolescents and/or children. Given that many of our students begin their careers working in the Children and Families branches of community service boards, we believe that offering these types of course work is an area that we can investigate further.

Synopsis of Major Program Modifications

Amount and Quality of Preparation in Counseling Skill Areas

Modifications were made in the areas of concern addressed by our students mainly centered on diagnosis, crisis counseling, consultation, case management, professional credentialing and affiliations, and advocacy. Traditionally, our course that addresses diagnosis was been taught in an intensive format. To provide more practice time, students will take CMHC 667 Diagnosis and Treatment Planning as a full semester course. In addition, we covered the content specific to the CACREP crisis counseling standards in various courses in the curriculum. To ensure that we provide students with a comprehensive knowledge and skills in crisis counseling, we made additional program changes. First, CMHC 604 Crisis Counseling became a required course. In addition, the CMHC 604 course underwent an extensive course redesign to ensure that it met not only all of the CACREP crisis counseling standards but also provided students with a solid understanding of the knowledge and skills needed to diagnose and treat individuals in active crisis. Finally, we took the content normally taught in our introductory course, COUN 501 Professional Identity, Ethics, and Function, and created two separate courses. In CMHC 500, Orientation to Counselor Professional Identity and Function, we added content to ensure that students are oriented to professional credentialing, organizations/affiliations, and advocacy. In CMHC 501 Ethical and Legal Issues in Counseling, students are exposed to consultation and case management. This is also stressed in CMHC 667.
Program Advising and Support

The system of program advising received mixed evaluations from graduates of the program and current students. While students noted that their interactions and availability of the faculty were strengths of the program, they also felt that there was a lack of definition in faculty advising. To address concerns, starting Fall 2013, faculty systematically contacted their advisees, introducing themselves and requesting to set up a meeting to discuss the changes in the curriculum made in the 2013-14 DCP, namely, the implementation of the gate system. In Fall 2014, students are required to meet with their faculty advisor within the first semester in the program. This will both meet CACREP standards regarding advising as well as ensure that there is greater accuracy and consistency in the dissemination of information regarding changes in the program and professional development. This dissemination of information is also achieved by revisions in the electronic program information available on the website. The proactive implementation of advising and updating of manuals are good examples of modifications guided by data collected from current students and graduates.

Quality and Efficiency of Practicum and Internship Experiences

Evaluations by program graduates and 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. To address the concerns expressed by our students and graduates, we have made several changes in our field experiences. Most notably, the position of Clinical Director was created in Spring, 2014, and is currently held by Dr. Melvin Pride. In addition to their faculty advisors, students now have a faculty member that is designate point of contact to help them navigate the process of securing and completing the field studies. The clinical director is proactively going to key classes in order to provide information to students about the field experiences. The clinical director continues to meet with various clinical sites in order to increase the number of potential locations for our students. However, the placement process still needs to operate more smoothly. Because of the greater involvement by campus faculty in the on-site activities of practicum students and interns, the administration created a gate coordinator position. This individual provides logistical support for the clinical director and coordinates the placement approval process.

Supervisors’ concerns are being addressed through the implementation of weekly faculty group supervision for all practicum students and interns. While this has been provided in the past, the faculty supervision is now required of all CMHC students. This involvement of program faculty in the clinical professional development of the students will allow the faculty to take on a more proactive mentorship of students during their field experiences. In addition, faculty supervisors will ensure that supervisors are provided with a carefully written articulation of the program’s expectations and requirements with respect to campus-field experience, dissemination of pertinent information at the beginning of the semester, regular contact between faculty and site supervisors and through more regular site visits, telephone conferencing, and email contacts. Finally, the clinical director will ensure that our supervisors are trained in both the program policies as well as oversee supervision training of our site supervisors.
Structure and Delivery of the Curriculum

With respect to structure and delivery of the curriculum, graduates and current students are equally positive in their evaluations and faculty are regarded as competent, committed, and caring. However, there is room for improvement in scheduling. One modification made based on the current students focus groups was to add 8:00-10:30 am courses. In addition to now offering practicum and internships as of the summer 2014 term, we will add CMHC 667 as a summer course in 2015. This will allow students to progress through the clinical courses. One recommendation is to offer more courses in the evening to meet the needs of students who work or are at a clinical site during the day.

Facilities and Physical Properties of the Carter Building

Noting the need for clinical practice labs, in 2013-14, the University funded the construction of three individual counseling rooms and one group counseling room for the Center for Counseling and Family Studies. Students can reserve these facilities for practicing skills/taping as part of their skills courses. To address the transportation issues described by the students, the university provided a shuttle between main campus and the Carter Building hourly. In addition, plans are being made for a library facility as well as a food court at the facility. These chances have or will address most student concerns from being on an auxiliary campus.

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.