



**School of Behavioral Sciences
Counselor Education and Family Studies**

***Clinical Mental Health Counseling
Marriage and Family Counseling***

***2017-18 Annual Report
2016-17 Assessment Cycle Data***

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M.A. in Clinical Mental Health Counseling and Marriage and Family Counseling Comprehensive Program Evaluation

Annual Report on Evaluations, Survey Findings and Recommendations

During the 2016-17 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 and Marriage and Family Counseling programs. The Comprehensive Assessment Plan and the Assessment Matrices for the *Clinical Mental Health Counseling Program Area Student Learning Outcomes* and the *Marriage and Family Counseling Program Area Student Learning Outcomes* provided the procedures that guided the evaluation.

During the assessment process, we evaluated student learning outcomes (SLO's) for the Clinical Mental Health Counseling program area and Marriage and Family Counseling program area across several courses in the curriculum. The assessment rubrics used for SLO evaluation used the wording of the CACREP standards as the criteria for measuring competence for all learning outcomes. Program faculty evaluated each measure used to provide evidence of competence. Once completed, we evaluated the data using the Report Tool and Analytics® data analysis and report functions of LiveText®.

Per our Comprehensive Assessment Plan, we also collected data from four groups of stakeholders: recent graduates, current students, practicum and internship supervisors, and employers of our recent graduates. All stakeholders other than current students used a survey format to provide feedback. We collected data from current student data in focus groups held in April on Assessment Day. All other stakeholders responded using a Likert scale survey instrument. Site-supervisors responded through a course assignment in LiveText. 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). Because we only survey Employers every other year, we did not collect data from this group of stakeholders.

We aggregated and analyzed all results from our assessment data, which then allowed us to use trends in the data to inform program modifications. We provide the analyses, results, and outcomes for each respondent group, and then present an overview of program modifications again in a summary statement. The discussion concludes with an enumeration of recommendations for improvement.

Findings: Student Learning Outcomes

We evaluate students in the program throughout their studies to facilitate their professional growth as well as to insure that program graduates are 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*, the *MAFC 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 CACREP program area and core curricular standards associated with the course and the assignments used to measure the SLO. This provides each course faculty with the SLO's the course assignments address and provide a standard for their assessment for student mastery in the course. The program area, core, and syllabus matrices provide the foundation for our assessment of SLO's.

LiveText® is the assessment management system used to assess and monitor our student learning outcomes (SLO's). This system allows us as a department to identify and provide support to individual students who do not meet the SLO, as well provide evaluative data that can inform program modifications. We use LiveText Field Experience Module® to manage the assessments associated with CMHC 698 Practicum and CMHC 699 Internship, which allows site supervisors to fill out and submit all assessment instruments directly into LiveText.

Because our residential master's students take the core curricular courses together, we conduct assessment of the residential Clinical Mental Health Counseling and Marriage and Family Counseling programs using a common core approach. As such, we aggregate the data generated in our 500 level core curricular courses across program when assessing these courses. However, for the assessment of the program area learning outcomes, we use the *CMHC Program Area Student Learning Outcomes Matrix* and the *MAFC Program Area Student Learning Outcomes Matrix* to evaluate students in their respective programs.

Reassessment: A key aspect of our assessment of Student Learning Outcome assessment is to examine the effectiveness of prior program modifications. Therefore, we re-evaluated courses that we modified for the 2016-17 academic year [2016-17 Annual Report (2015-16 Assessment Cycle)]. The procedure was as followed: Faculty with the appropriate expertise and credentials taught these courses. Upon completion of the semester, the faculty (course instructors, Director, and assessment coordinator) reviewed the students' performance on all 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: 93% to 100% of our CMHC students met or exceeded expectations across all measures of learning.

We only had one to two Marriage and Family Counseling students enrolled in each of the four courses we use to measure the MAFC program learning outcomes. This makes it difficult to obtain meaningful conclusions for our Marriage and Family Counseling students based on the low sample size. Therefore, we also examined the performance of the 4-11 CMHC students taking the courses as electives. Both MAFC students and CMHC students met or exceeded target competencies on all measures.

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 enhancing course learning experiences across the curriculum, general program and course prerequisites, Marriage and Family Counseling course sequencing, and revisions to the learning experiences in the Marriage and Family Counseling specialty courses. As a result, we made the following program modifications in order to refine and strengthen our current core curriculum:

Resultant Program Modifications

I. Cross-Program Modifications:

1. Review of Prerequisites: As part of the 2017-18 assessment, the institution tasked the department with reviewing all course pre-requisites, with the goal of ensuring that we accurately designated all prerequisites, and remove those that were not actually required for success in the program. As a result, we reviewed our admissions requirements. Currently, we required applicants to have six (6) credits of undergraduate psychology, social work, etc., with the conditions that they could complete these prerequisites during the first two semesters of the program. Upon review, we felt that there was no benefit for requiring students who were successfully completing master's courses to go back and take two undergraduate courses. Therefore, we removed the admissions requirement for the six credits of undergraduate social studies. We report the prerequisite modifications made for our CMHC-prefixed courses under the respective program areas below.

II. Marriage and Family Counseling Program Area

1. Addition of CMHC 691 Substance Abuse (*Program Learning Outcome #1*): Virginia now requires that Licensed Marriage and Family Therapist applicants take one course in substance abuse counseling. To meet this requirement, we added CMHC 691 Substance Abuse: Diagnosis, Treatment, and Prevention to the *2018-19 Marriage and Family Counseling Degree Completion Plan*. This will allow our students to meet the Virginia Board of Counseling licensure requirements. The addition of this class does not require a revision of the *Marriage and Family Counseling Student Learning Outcomes Assessment Matrix*.

1. Removal of CMHC 667 Clinical Diagnosis and Treatment Planning (*Program Learning Outcome #1*): The addition of CMHC 691 created a 63 hour program. To bring the required credits back to 60 hours, we removed CMHC 667 Clinical Diagnosis and Treatment Planning as a required course. Removing CMHC 667 from the DCP did not impact the curricular standards for the program because: 1) The course did not meet any of the Marriage, Couples, and Family Counseling curricular standards; 2) We met all required MAFC standards for diagnosis and treatment planning in CMHC 602 Marriage and Family Counseling II; and 3) MAFC students have learning experiences in clinical diagnosis in CMHC 646 and in clinical treatment planning in CMHC 602.

While CMHC 667 gave our students training in clinical mental health counseling diagnosis and treatment planning, it was not directly relevant to the MAFC program as confirmed by the fact that removing it did not change any of the Core Curricular or Program Area Student Learning

Outcomes Matrices presented at the Marriage and Family Counseling program site visit. This made CMHC 667 the logical choice to remove from the curriculum. Should our Marriage and Family Counseling students seek further training in clinical diagnosis and treatment planning, they have the option of taking CMHC 667 as an elective.

3. Review of Prerequisites (*Program Learning Outcome #1, 7*): As part of the 2017-18 assessment, the institution asked departments to review all course pre-requisites. Upon review, we found that course prerequisites and sequencing were creating scheduling problems for Marriage and Family Counseling students as they neared their practicum. We wanted to ensure students whose practicum and internship experiences were focusing on couples and families were prepared with their appropriate coursework. Therefore, we changed the course prerequisites to ensure that our Marriage and Family Counseling students could take CMHC 601 Marriage & Family Counseling I and CMHC 602 Marriage & Family Counseling II prior to practicum.

4. Marriage and Family Counseling Specialty Courses (*Program Learning Outcome #1, 7*): In 2016-17, we offered residential courses that had been previously taught using an intensive (CMHC 602 Marriage and Family Counseling II and CMHC 610 Human Sexuality) or online (CMHC 603 Pre-Marital and Marital Counseling and 620 Counseling Children and Adolescents) format. While students met target competencies, upon review of the course learning activities from 2016-17, the MAFC Program Director determined that revisions in the learning activities in CMHC 620 and CMHC 603 for the 2017-18 academic year would strengthen these courses.

Revisions in the CMHC 603 Pre-Marital and Marital Counseling course centered on the addition of training and certification in evidence-based treatments for marital conflict and dysfunction. Therefore, we integrated experiential components and incorporated relevant training and certification such as *Prepare and Enrich* certification and *Gottman Level 1 Clinical Training: Gottman Method Couples Therapy*. Revisions in the CMHC 620 Counseling Children and Adolescents course centered on increasing experiential and skill-based activities and Parenting the Love and Logic Way™ facilitator training in parenting interventions. These changes ensured that our students completed these courses with meaningful exposure to practical tools that could assist them in conducting effective counseling with children, adolescents, and couples.

III. Clinical Mental Health Counseling Program Area

1. Review of Prerequisites (*Program Learning Outcome #1, 6*): As part of the 2017-18 assessment, the institution asked departments to review all course pre-requisites. Upon review, we found that course prerequisites and sequencing were creating scheduling problems for Clinical Mental Health Counseling students as they neared their practicum. We wanted to ensure students whose practicum and internship experiences were prepared with their appropriate coursework. Therefore, we changed the course prerequisites to ensure that our Clinical Mental Health Counseling students could take CMHC 646 Psychopathology and CMHC 667 Clinical Diagnosis and Treatment Planning prior to practicum.

Reassessment of Courses Modified for 2016-17

CMHC 698 Practicum (Program Learning Outcome #1, 3, 6): Effective Fall 2015, we moved our practicum course from the third semester (CMHC 598) to the fifth semester (CMHC 698). However, because field placements occurred in the prior semester, as well as the need to accommodate students on older Degree Completion Plans, results reported in the 2015-16 Annual Report reflected students in an early practicum. Therefore, we made the decision to formally assess this modification in the 2016-17 assessment cycle. In reviewing the Fall 2016, Spring 2017, and Summer 2017 student learning outcome results, students met or exceeded all measured learning outcomes. As noted in the Site Supervisor Survey section, our site supervisor evaluations of the program confirmed the effectiveness of this modification.

Two Semesters of CMHC 699 Internship (Program Learning Outcome #1, 3, 6): As of Fall 2016, students in the Clinical Mental Health Counseling program are required to distribute their 600 hours of internship (240 direct /25 individual /25 group supervision /310 related hours) over two semesters of CMHC 699 Internship. However, students who matriculated into the program prior to 2016-17 have DCP's that only require one semester of CMHC 699. Because students on the 2016-17 DCP do not take CMHC 699 until Summer 2018 at the earliest, we will postpone the reevaluation of this modification until the 2018-19 assessment cycle.

Stakeholder Survey Findings and Recommendations

Focus Groups with Current Students

We conducted four focus groups in March 2017 to evaluate student satisfaction with the Clinical Mental Health Counseling and Marriage and Family Counseling programs. Three doctoral students facilitated the groups. We designed our focus group questions to elicit information that relate to the program generally and to the curriculum specifically. 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.

Results:

Students reported feeling overall very satisfied with the curriculum, noting they feel that the program prepares them extremely well as counselors. However, they felt that they would benefit if there were more interactive or experiential experiences throughout the program. In addition to instruction, students wanted to see the department expand their professional development offerings to include certification opportunities as an adjunct to their programs.

Overall, they felt that the faculty were competent, caring, and passionate about their teaching, but at times, there was a lack of availability. Students expressed mixed views on faculty advising, noting that there was an inconsistency in availability and information with some advisors. Students also noted that class discussions and times when faculty tied course content into clinical practice was helpful in assimilating academic knowledge. During the residential focus groups, instructor-specific and advisor-specific feedback emerged (both positive and negative data).

Because this appears to be faculty specific and not systemic, the individual faculty were provided this feedback during the faculty year-end review.

Students reported finding community within their classes as well within their cohorts. They would like to see more of the “cross-cohort” activities, such as the CSI Christmas Party. They felt that the addition of the library annex enhanced their sense of belonging to the institution as well as their connectedness to the program. However, Marriage and Family Counseling students noted that at times, because of their smaller numbers, they felt that they did not have as strong of a sense of community within their program and separate identity within the department.

Students expressed their overall satisfaction with resources and facilities available to the department. They also suggested some potential improvements to the facility, such as upgraded media capabilities and outlets in the desks of all classrooms.

Resultant Program Modifications

I. Cross-Program Modifications (MAFC and CMHC Programs):

Some key areas we felt needed to be addressed based on the Spring 2017 focus groups centered on the need to explore ways to increase experiential components across the curriculum, incorporate more opportunities for the development of basic skills into courses between 505 and 698, professional development opportunities, address inconsistencies in the advising process, and provide a sense of community/ distinct identity for our marriage and family students. In part, these results provided data to support the following program changes:

1. Experiential Activities and Skills Practice (*Program Learning Outcome #1, 3, 6, 7*).

Based on the feedback provided by our current students, the faculty reviewed all course offerings and added experiential activities and/or role-plays to the following courses:

- CMHC 500 Orientation to Counselor Professional Identity and Function and CMHC 501 Ethical and Legal Issues in Counseling – Career counselor presentation (current/future occupational projections, professionalism), greater emphasis on marriage and family therapists as a distinct professional identity, role-play demonstrations of basic counseling skills.
- CMHC 504 Multicultural Counseling – Faculty dialogue on race; Discussion on the events in Charlottesville
- CMHC 510 Theories of Counseling –Role plays, theory specific techniques/interventions, and review of sessions conducted by theorists were integrated into CMHC 510. CMHC 601 (Marriage & Family Counseling I) students presented and “taught” the Family Systems chapter to the Theories class.
- CMHC 512 Group Counseling – Students attended self-help groups
- CMHC 515 Research & Program Evaluation – Peer consultation on research project; engaging students in taking part in research activities outside of class (VCA, VACES, etc.)
- CMHC 521 Assessment Techniques in Counseling – Family sculpting as an assessment activity; two role plays, Career counselor presentation
- CMHC 601 Marriage & Family Counseling I – Expanded the number of role plays; offered optional certification in SYMBIS (premarital and marital online assessment and intervention program).

- CMHC 604 Crisis Counseling– Used 9 current event crises for assessment and treatment planning activities. Role plays of the debriefing process post-crisis
- CMHC 610 Human Sexuality – Role play of a fictional character; students completed a sexual treatment plan
- CMHC 698 Practicum/699 Internship – Extensive role play activities to help students develop confrontation and immediacy skills, and appropriate interventions to effectively treat the presented client.
- CMHC 699 – Added a mapping activity for case conceptualization

2. Professional Development Activities (*Program Learning Outcome #1, 7*).

In CMHC 603 Pre-Marital and Marital Counseling course, students now receive the *Prepare & Enrich* certification and *Gottman Level 1 Clinical Training: Gottman Method Couples Therapy*. In Spring 2018, we opened the training portion of the course to faculty and interested students who desired to receive certification along with the class. In addition, we now offer *Gottman Level 2 Clinical Training Couples Therapy: Assessment, Interventions, and Co-Morbidities* training for faculty and students who have completed the *Gottman Level 1* training.

3. Faculty Advising (*Program Learning Outcome #1*): To address feedback that program advising at times was inconsistent, both in content and disseminated information, the Program Directors designed a standardized checklist and developed clear expectations for the advising, which was provided to faculty for the Fall orientation. Furthermore, we strengthened our faculty's mentoring of our Marriage and Family Counseling students by specifically placing them with advisors credentialed as an LMFT. Finally, the Directors conducted advising training at the February Faculty meeting, which included reminding faculty of the importance of including MAFC-associated language and examples when interacting with students. We believe that this uniformity in the advising role will help to address student feedback. Given the important role the advisor plays in the professional development of our students, we will continue to monitor student satisfaction with the advising portion of the program.

II. Marriage and Family Counseling Program Area:

1. Build Community and Distinctive Professional Identity (*Program Learning Outcome #1*):

In response to Marriage and Family Counseling students' feedback for a stronger community/distinct identity within the department, the Program Director of the MAFC program instituted the following initiatives:

- Sponsored a breakfast at the start of the Fall 2017 and Spring 2018 semesters for MAFC students as a community building activity.
- MAFC students had opportunities to go on outings and a movie night.
- Held a joint New Student Orientation (Fall 2017 & Spring 2018) with the CMHC Program Director. Each program then had a break-out session for a meeting with each individual program to discuss program-specific content.
- Increased student exposure to both programs in CMHC 500 Orientation to Counselor Professional Identity and Function. The MAFC and CMHC Program Directors re-reviewed the MAFC and CMHC DCP's for our students, which exposed new students to both common core and program area curricula. We believe that this helps to build both a common counselor identity as well as a distinctive program identity. We incorporated this activity as an ongoing activity into the CMHC 500 course syllabus.

- Invited faculty who are licensed as Marriage and Family Therapists to speak to the CMHC 500 and CMHC 501 classes
- Conducted a systematic review of the 500-level courses, and incorporated more systemic examples and language into these core curricular courses.

Survey of Recent Alumni

In October 2016, the Office of Institutional Effectiveness sent out an Alumni Survey to all Liberty University alumni who graduated one, five, or 10 years from the current academic year. In addition to the institution-specific questions, recent graduates from the *Marriage and Family Counseling* and *Clinical Mental Health Counseling Program* were also asked to respond to departmental questions. For the program-specific questions, our alumni were asked to indicate their levels of satisfaction (4: *Very Satisfied* to 1: *Very Dissatisfied*) in each area of the program evaluated, or their perceived competence (4: *Feel Very Competent* to 1: *Do not Feel Competent*) in a broad scope of knowledge and skills. The university used Qualtrics® to collect and analyze the results. We downloaded the data from Qualtrics®. The aggregate data raw scores (# respondents per ranking) were converted to the Likert scale values, and mean Likert scores calculated in Excel.

Results: Alumni Survey

Marriage and Family Counseling:

In 2016-17, the two alumni of the MA in Marriage and Family Counseling program did not respond to the survey request. Therefore, we were not able to use data from this program to inform program modifications.

Clinical Mental Health Counseling Program

In 2016-17, 13 alumni of the MA in Clinical Mental Health Counseling program responded to the survey request. Overall, our graduates were positive about the program. With respect to the structure and delivery of the curriculum, graduates reported greatest satisfaction with the overall curriculum, academic knowledge received, faculty competence, availability, supervision expertise, and resources, with mean values ranging from 3.5 to 3.6 out of 4. They were satisfied with faculty assistance in skills development and mentoring, instructional effectiveness, practicum and internship field experiences, and course evaluation procedures (3.2-3.3). They were less satisfied with academic advisement (2.5) and facilities (2.9).

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 (3.4-3.8). Two graduates reported not feeling competent in their knowledge of research and statistics, and career (2.7-2.8 of 4). Graduates felt moderately competent to competent in their knowledge of counseling theories, crisis counseling, consultation, leadership and advocacy, and professional affiliations (3.1-3.2 of 4). Finally, graduates reported feeling moderately competent with their knowledge associated with clinical diagnosis, process of obtaining professional credentials, and case management (2.7-2.8 of 4).

Graduates reported feeling competent or very competent in skills associated with individual and group counseling (3.4-3.2 of 4). Graduates felt moderately competent to competent in multicultural counseling, assessment, diagnosis, treatment planning, and crisis counseling skills (3.1 to 3.2 out of 4). Finally, graduates reported feeling slightly to moderately competent with the skills associated with marriage and family counseling and consultation (2.6-2.8). We are not surprised by results as the courses associated with marriage and family-specific skills are not required on the CMHC degree completion plan.

Written feedback on program strengths centered on positive interactions and support from faculty and accreditation. Students noted a desire for more rigor in the curriculum and concerns about teaching styles in the classroom. The instructor-specific feedback (both positive and negative data) appears to be faculty specific and not systemic. Therefore, when it was easy to identify the individual faculty, we provided this feedback during the faculty year-end review.

In summary, program graduates generally provided positive evaluations regarding the overall curriculum as well as the amount and quality of preparation in the counseling knowledge and skill areas surveyed. However, they were less positive with advising (2.5) and facilities (2.9), which was consistent with the data collected from our current students.

Resultant Program Modifications:

Some key areas addressed by alumni in the Fall 2016 Alumni Survey centered on faculty advising and faculty-specific feedback. We addressed our modifications to improve our system of advising in the prior section (Current Students), while we responded to faculty-specific feedback within the faculty assessment process.

Reassessment of Prior Modifications (2016-17 Report)

Marriage and Family Counseling: The program modifications implemented during 2016-17 centered on the CACREP accreditation of the Marriage and Family Counseling program. To this end, we offered the four residential Marriage and Family Counseling courses created during the last assessment cycle: (CMHC 602 Marriage and Family Counseling II; CMHC 603 Premarital and Couples Counseling; CMHC 610 Human Sexuality; and CMHC 620 Counseling Children and Adolescents and their Families). We designed these courses to meet the curricular standards for the Marriage and Family Counseling program area. The Marriage and Family Counseling program received an eight year accreditation in January 2017.

Clinical Mental Health Counseling: The program modifications implemented during 2016-17 centered on increasing the availability of courses focusing on marriage and family counseling skills to our residential Clinical Mental Health Counseling students. Therefore, we encouraged our CMHC students to take at least one of the aforementioned MAFC specialty courses as an elective. For the 2016-17 academic year, approximately 15 CMHC students enrolled in one or more of the MAFC specialty courses. Therefore, some clinical students have taken advantage of the opportunity to gain additional training in marriage and family counseling skills.

Survey of Practicum and Internship Site Supervisors

We embed the Supervisor Survey as an assignment in the Field Experience Module of LiveText®, the data management system we use for the evaluation rubrics in practicum and internship. We invite site supervisors to submit the survey along with their final evaluation of the student. Participation is voluntary, and neither faculty nor students can view the results.

In the survey, site supervisor respondents provide us with 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*). There were three sections of the survey: Professional Dispositions, Knowledge of Core Counseling Competencies, and Core Counseling Skills. We used the LiveText® rubric report to aggregate and analyze the data. Because some students are at two sites with an additional supervisor, or some supervisors supervise more than one student, the number of surveys may not match the course enrollment.

Clinical Mental Health Counseling Program:

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

Practicum: Fall 16 (N=6/6); Spring 17 (N=14/14); Summer 17 (N=6/11)

Internship: Fall 16 (N=12/17); Spring 17 (N=11/12); Summer 17 (N=16/16)

Marriage and Family Counseling Program:

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

Practicum: Fall 16 (N=0/0); Spring 17 (N=2/2); Summer 17 (N=0/0)

Internship: Fall 16 (N=0/0); Spring 17 (N=0/0); Summer 17 (N=2/2)

Note: Because of the low number of *Marriage and Family Counseling* students in practicum or internship, we aggregated the data from all supervisors of our residential students enrolled in a field experience and report the results across both programs.

Results: Site Supervisor Survey

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: 3.8 – 3.9). Supervisors also felt we produced students who were prepared to well-prepared in the knowledge (Rubric 2: 3.5 – 3.8) and skills (Rubric 3: 3.5 – 3.7) in the core content areas.

Internship

Overall, on-site supervisors are positive in their evaluations of how we prepare our internship 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 the program produced students who were prepared to well-prepared in knowledge (3.4 – 3.8) and skills (3.4 – 3.8) in the core content areas.

Program Modifications:

Given the results of the survey, and our upcoming alignment of the current Clinical Mental Health Counseling and Marriage and Family Counseling program to the CACREP 2016 standards, we did not feel that there was a need to make substantive program modifications to our practicum or internship courses at this time. We will continue to monitor our students' performance in their field experiences and make any changes deemed necessary should the need arise.

Reassessment Results of Prior Modifications:

CMHC 698 Practicum (Program Learning Outcome #1, 3, 6): As noted in the Student Learning Outcomes data, we moved our practicum course from the third semester (CMHC 598) to the fifth semester (CMHC 698) in Fall 2015. However, because we had students who were still taking an early practicum in the last assessment cycle, we made the decision to formally assess this modification in the 2016-17 assessment cycle. In reviewing the Fall 2016, Spring 2017, and Summer 2017 results, site supervisors indicated that our program strongly prepared our students for their field experiences. We met or exceeded all measured dispositions, knowledge, and skill areas measured by the supervisor survey.

Survey of Employers of Recent Graduates

In surveying the employers of recent graduates, we email employers a Qualtrics® link to the survey. The items are rated using a 5 point Likert Scale, with responses ranging from Strongly Agree to Strongly Disagree. Employers are asked their perceptions with respect to our graduates' knowledge and skills in the core curricular areas, general counseling skills, diagnosis and treatment planning, crisis intervention, substance abuse counseling, and other professional skills (consultation, case management, and advocacy). Additionally, we ask employers to evaluate our program 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

Results:

As noted in the Comprehensive Assessment Plan, we have a three year cycle for the collection of data from the employers of our graduates. We sent out our last Employee Survey in February 2016, and we will send out the next survey in February 2019.

Program Modification:

Because we have such low return rates, we are going to change our method of collecting data. Rather than soliciting email addresses from program alumni and sending a survey link directly to employers per our assessment plan, we will follow the Ph.D. program's method of surveying employers. We will ask alumni to forward the employer survey link to their employer. Given the return rates from the doctoral program's initial sample, we believe that this will increase the return rate for our master's programs.

Synopsis of Major Program Modifications

Amount and Quality of our Counselor Preparation Program (Program Learning Outcome #1, 6, 7): Overall, we made several “tweaks” to our courses, with the principle goal of maintaining or increasing the number of experiential activities and/or role-plays in each course. This resulted in the addition of one or more new activities in 12 of our courses. To enhance students’ professional development, we added *Parenting the Love and Logic Way™* facilitator training SYMBIS certification, *Prepare & Enrich* certification, and *Gottman Level 1 Clinical Training: Gottman Method Couples Therapy* into three courses, which we also made available to interested faculty and students not enrolled in the courses. Finally, we provided our students with meaningful exposure to practical tools and evidence-based treatments that will assist them in conducting effective counseling diverse populations across the lifespan.

Marriage and Family Counseling (Program Learning Outcome #1): We revised the curriculum in response to the new Virginia Board of Counseling requirement that Licensed Marriage and Family Therapist applicants take one course in substance abuse counseling. To meet this requirement, we added CMHC 691 Substance Abuse and removed CMHC 667 Clinical Diagnosis and Treatment Planning from the *Marriage and Family Counseling Degree Completion Plan*. Removing CMHC 667 from the DCP did not impact the curricular standards for the program as the course did not meet any of the Marriage, Couples, and Family Counseling curricular standards, and MAFC students have learning experiences in clinical diagnosis in CMHC 646 and in clinical treatment planning in CMHC 602. Students desiring advanced training can take CMHC 667 independently.

Marriage and Family Counseling Professional Identity (Program Learning Outcome #1, 7): In response to Marriage and Family Counseling students’ feedback for a stronger community/distinct identity within the department, the Program Director of the MAFC program instituted the community-building activities designed to build relationships within the programs. We also exposed new students to both common core and program area curricula, which helps to build both a common counselor identity as well as a distinctive program identity. Finally, we incorporated more systemic examples and language into our core curricular courses

Course Prerequisites and Sequencing of Students’ Program (Program Learning Outcome #6, 7): We changed select course prerequisites and sequencing were creating to reduce the scheduling problems experienced by our Marriage and Family Counseling and Clinical Mental Health Counseling students as they neared their practicum. We wanted to ensure students whose practicum and internship experiences were prepared with their appropriate coursework. Thus, we changed the course prerequisites to ensure that our 1) Marriage and Family Counseling students could take CMHC 601 Marriage & Family Counseling I and CMHC 602 Marriage & Family Counseling II and 2) Clinical Mental Health Counseling students could take CMHC 646 Psychopathology and CMHC 667 Clinical Diagnosis and Treatment Planning earlier in the program. This allows our students to complete these key courses prior to practicum.

Quality and Efficiency of Practicum and Internship Experiences (Program Learning Outcome #6, 7): Evaluations by program graduates for current students clearly indicate that they see practicum and internship experiences as important components of their professional

development. Alumni and Current students also perceive their placement sites and on-site supervision to be of high quality. Site-supervisors positive in their evaluations of how we prepare our internship student. To further enhance our students' field experiences, we added several experiential activities and role plays to faculty supervision groups. These changes will help students to further develop their professional skills, behaviors, and dispositions.

Program Advising and Support: In response to student feedback, we implemented a more standardized system of faculty advising for 2017-18. In addition to helping new students set up a course of study, faculty have an advising checklist to ensure that there is a consistency in the information disseminated by faculty advisors as well as establishing clear expectations about the level of interaction of advisors and students throughout the program, with particular. Finally, we strengthened our faculty's mentoring of our Marriage and Family Counseling students.

Support Facilities: The University provides funding to enhance the learning environment. The Library Annex at Carter continues to be a center for building a community of learners. 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. The Graduate Writing Center continues to maintain an auxiliary office in our department, providing full time assistance for our students. Finally, Liberty University Career Center provides our students with an onsite career counselor once a week. This gives our students access to counselor-specific career counseling services. Page: 15

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 and marriage and family counselors. Again, we thank each of you.