

**University of Colorado Denver  
School of Education and Human Development**

**M.A. in Counseling:**

**Clinical Mental Health Counseling**

**School Counseling**

**Fall 2022-Summer 2023**

**Program Evaluation Report**

**This report is located on the webpage for the Counseling Program, and is written in accordance with CACREP Standard I.AA. which states that each counseling program “distribute an official report that documents outcomes of the systematic program evaluation, with descriptions of any program modifications, to students currently in the program, program faculty, institutional administrators, personnel in cooperating agencies, and the public.”**

## **Program Overview**

### **Description of Counseling Program**

The University of Colorado Denver, through the School of Education & Human Development, offers Master of Arts programs appropriate for counseling work in clinical mental health settings, school systems, private practice, and business settings. During the 2022-2023 academic year the Counseling Program offered two separate degree tracks: Clinical Mental Health Counseling, and School Counseling. The programs in Clinical Mental Health Counseling, and School Counseling, are accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). CACREP 2016 standards require that programs meet a number of specific learning standards in 8 core areas and additional standards specific to each specialty track. The 63-credit counseling MA also includes field work within the specialty area. Field work is comprised of a one semester 6 credit Practicum during which students provide closely supervised mental health counseling services followed by 6 credits of community-based field work in their specialty area over one or more semesters (Internship). The overall philosophy of the Counseling program is to prepare master's level counselors with academic, professional, and personal credentials to perform effectively in their anticipated work setting. Individual, systems, and integrated training are emphasized with a focus on what research demonstrates as being essential in effective counseling.

This report will address both tracks of the MA program accredited by CACREP: Clinical Mental Health Counseling, and School Counseling. Both of these MA especially tracks lead to licensure by the State of Colorado, which uses the CACREP standards to qualify MA programs. CACREP mandates specific standards for all programs. A complete list of standards can be found in Appendix A, page 18. There are over 200 standards covered across the three MA specialty tracks. The program submits annual reports to CACREP that includes evaluation of learning outcomes as well as other metrics such as job placement rate and student-faculty ratios. All CACREP accredited programs undergo an extensive review process that includes a multiday site visit every 7 years.

During the 2022-23 academic year, the Counseling Program continued operating under 2016 version of the CACREP Standards. Program objectives and learning outcomes have been revised, and data collection related to the 2016 standards is included.

### **Overview of the Comprehensive Assessment Plan**

The Assessment Plan for the Counseling Program at CU Denver aims to help faculty regularly and systematically review student outcomes and program objectives. Assessment of student learning includes a review of (a) students' competence in core and specialized knowledge and skill areas as established by the CACREP 2016 standards and the Counseling Program faculty; (b) students' professional and personal disposition development prior to acceptance to the program, while in the program, and after graduation; and (c) student demonstration of counselor professional identity development. Assessment of program objectives includes the evaluation of program outcomes that faculty established in congruence with the Mission of the Program and the University of Colorado Denver. Figure 1 shows an overview of the components of the Comprehensive Assessment Plan and their relationship to one another. This report focuses on student learning outcomes, but it is important to note other ways in which both students and the program is evaluated due to the range of requirements that exist for licensed counselors nationally and in the State of Colorado

The Mission Statement of the program informs the overall program objectives. The CACREP core curriculum standards and the CACREP student learning outcomes for the specialized program areas of Clinical Mental Health Counseling, and School Counseling also inform the objectives. Both the program curriculum (comprised of all core courses and specialty areas courses) and the admissions process are informed by the mission statement, program objectives, and the CACREP 2016 standards. The program curriculum has been developed to enable students to demonstrate knowledge and skills competence with CACREP standards, to meet program objectives, and fulfill our program mission. The over 200 CACREP standards (Appendix A) are each taught and evaluated in at least one specific assignment, a "signature assignment" in a designated course.

Groups of CACREP standards are combined into Key Performance Indicators, or KPIs. The program has a total of 13 KPIs, each of which is associated with one of four program objectives. A complete list of the KPIs and their CACREP standards and program objectives can be found on the following page. Objectives are written to reflect the outcomes (both program objectives and accreditation standards/KPIs) we aim for in our Counseling Program. The methods of instructional delivery and measurements of Key Performance Indicators (KPIs) are informed by the curriculum, accreditation standards, and common practices for instructional delivery and assessment in counseling programs. Finally, the outcomes that we measure in terms of student learning and program objectives help us to revise all aspects of our assessment plan, from specific course level objectives, to the admissions process, to program objectives, and even our mission statement.

The mission statement of the program and professional expectations related to licensure guide the broad program objectives. Program objectives are reflected and evaluated in Key Performance indicators (KPIs). Each KPI is made up of multiple specific CACREP standards, each of which is taught and evaluated with specific assignments (signature assignments) in designated courses. In addition to detailed learning outcomes tied to CACREP standards, students are evaluated for their professional dispositions and the program is evaluated by community stakeholders, students and alumni.

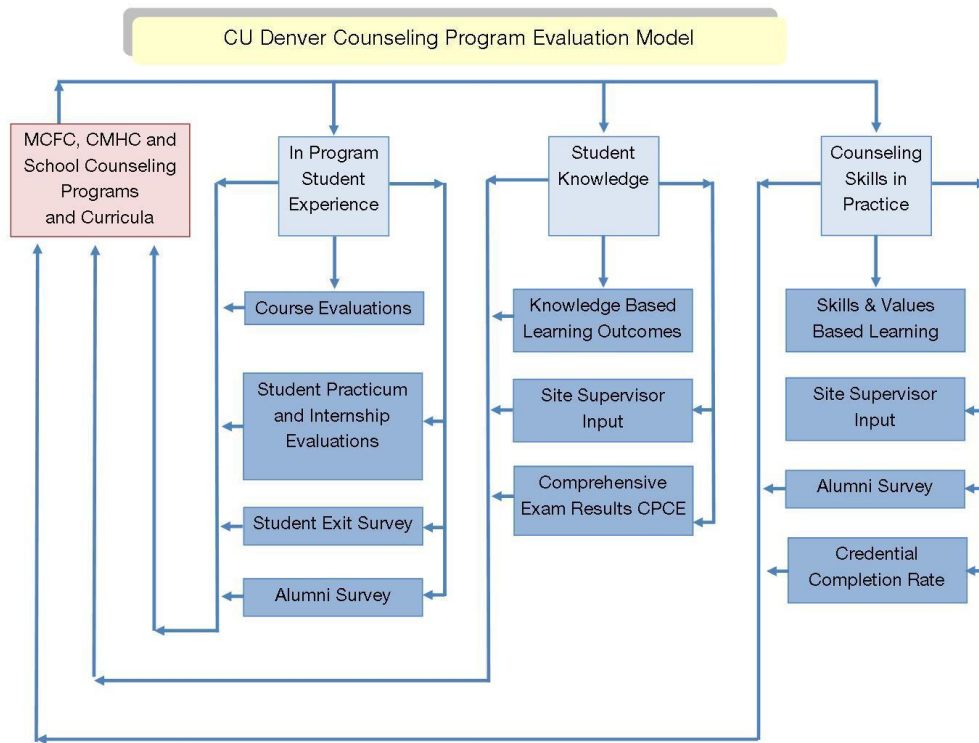


Figure 1: Overview of the Comprehensive Assessment Plan

## 1. Student Learning Outcomes: (Key Performance Indicators (KPIs))

### CACREP Core Standard KPIs

1. Describe the role and process of the professional counselor advocating on behalf of the profession and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients (CACREP II.F.1.d; II.F.1.e). **Program Objective #1**

2. Demonstrate understanding of ethical standards of professional counseling organizations and credentialing bodies and applications of ethical and legal considerations in professional counseling (CACREP II.F.1.i). **Program Objective #2**

3. Demonstrate understanding of theories and models of multicultural counseling, cultural identity development, and social justice and advocacy. (CACREP II.F.2.b, II.F.2.c). **Program Objective #2**

4. Conceptualize systemic and environmental factors that affect human development, functioning, and behavior and apply theories of individual and family development across the lifespan (CACREP II.F.3.a, II.F.3.f). **Program Objective #1**

5. Identify and describe strategies for assessing abilities, interests, values, personality and other factors that contribute to career development and apply methods of identifying and using assessment tools and techniques relevant to career planning and decision-making (CACREP II.F.4.e, II.F.4.i). **Program Objective #2**

6. Apply theories and models of counseling (CACREP II.F.5.a, II.F.5.g). **Program Objective #3**

7. Demonstrate competence in essential interviewing, counseling, and case conceptualization skills (CACREP II.F.5.g) **Program Objective #2**

8. Identify and apply ethical and culturally relevant strategies for designing and facilitating groups (CACREP II.F.6.g). **Program Objective #3**

9. Identify and apply ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results (CACREP II.F.7.m). **Program Objective #4**

10. Articulate the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice (CACREP II.F.8.a). **Program Objective #4**

### Clinical Mental Health Counseling KPI

1. Articulate roles and settings of clinical mental health counselors and apply principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning (CACREP V.C.1.c; V.C.2.a). **Program Objective #3**

### **School Counseling KPI**

1. Articulate roles and settings of school counselors and apply principles and models of school counseling programs and models of P-12 comprehensive career development (CACREP V.G.1.b.; V.G.1.c). **Program Objective #3**

## Philosophy of Assessment in the CU Denver Counseling Program

The faculty is committed to a process of comprehensive program evaluation that is focused on outcomes data, collaborative in nature, and implemented at various points in a student's movement through the program. The assessment plan describes a process in which both summative and formative data is collected and analyzed in order to assess: (a) whether or not the program is meeting its stated objectives; and (b) whether or not students are learning core knowledge and skills of professional counselors for the environments in which they are being prepared to work. The philosophy of our outcomes-based, collaborative, and ongoing assessment plan is evidenced by the following:

1. **Multiple points of measurement:** student readiness and learning are assessed from point of entry into the program through post-graduation.
2. **Multiple evaluators:** students are assessed on their learning outcomes by numerous qualified stakeholders, including core and non-core faculty, site supervisors, and employers; the program is assessed by students, alumni, site supervisors, and internally through a university program review process.
3. **Various instruments of measurement:** students and the program are assessed using various tools that provide direct and indirect measures of outcomes that are both quantitative and qualitative in nature.

## Counseling Program Mission Statement

The mission statement of the Counselling Program guides the program objectives and student learning outcomes for the program.

The Mission of the Counseling program at the University of Colorado Denver is to educate competent counselors who value inclusion and prize diversity such that they are prepared to offer a continuum of mental health services across a variety of settings for the benefit of the community and society.

The Counseling Program faculty strives to train counselors:

1. Who are adept at providing high quality, contextually appropriate counseling and consultation services to individuals, couples, families and systems.
2. Who welcome and support diversity, including race, ethnicity, sexual orientation, spirituality, gender, age, ability and socioeconomic status among the faculty, peers, and clientele; who advocate on behalf of marginalized individuals and groups; and who are open to challenging the dominant paradigm by adopting multiple perspectives with the goal of becoming culturally responsive.
3. Who embody integrity and culturally sensitive ethics in their professional practice.
4. Who are committed to lifelong learning, self-care, and professional development; and who advocate on behalf of their professional identity as counselors.

## 2. Matrix of Learning Experiences

The current learning outcomes of the Counseling Program are reflected in the core requirements as dictated by national accreditation standards and State of Colorado licensure requirements. Through coursework, practicum, internship, and successful completion of the comprehensive examination, students are expected to satisfy overall program objectives and specific course objectives.

Program assessments are based on to the program objectives listed below. These program objectives inform student-learning outcomes, which are measured by key performance indicators (KPIs) at various points in the program. Learning goals based on CACREP standards are addressed in courses throughout the program (A full list of CACREP standards and the courses in which they are formally evaluated can be found in Appendix A).

Groups of CACREP standards and their associated evaluations are used to address the KPIs which are tied to the programs mission and broad learning goals. In addition to being assessed in course work throughout the program, learning goals based on CACREP standards are also evaluated through the comprehensive exam and through internship during the students' final semester or semesters in the program. KPIs contain one or more CACREP standards and are evaluated one or more times during the program.

Counseling program students in the three CACREP accredited degree tracks take the national Counselor Preparation Comprehensive Exam (CPCE) administered by the Center for Credentialing and Education (CCE). The eight sections of the CPCE exam address the eight core areas of CACREP standards. Students complete and internship of 600 hours at the end of their program of study. The internship can take between one and three semesters, depending on the amount of direct client hours students obtain in any given semester. During internship, students are evaluated by on site supervisors and University supervisors in a range of performance areas related to learning objectives.

	<b>CACREP Standard and Course #1 in which it is formally evaluated</b>	<b>CACREP Standard and Course #2 in which it is formally evaluated</b>	<b>CACREP Standards addressed in Practicum and/or Internship</b>
<b>Outcome 1 KPI 1</b>	II.F.1.d COUN 5330		Yes
<b>Outcome 2 KPI 2</b>	II.F.1.i COUN 5330		Yes
<b>Outcome 3 KPI 3</b>	II.F.2.b COUN 5330	II.F.2.c COUN 5810	Yes
<b>Outcome 4</b>	II.F.3.a	II.F.3.f	Yes



<b>KPI 4</b>	COUN 5150	EDHD 6200	
<b>Outcome 5 KPI 5</b>	II.F.4.e COUN 5400	II.F.4.i COUN 5400	Yes
<b>Outcome 6 KPI 6</b>	II.F.5.a, COUN 5010	II.F.5.g COUN 5100	Yes
<b>Outcome 7 KPI 7</b>	II.F.5.g COUN 5100		Yes
<b>Outcome 8 KPI 8</b>	II.F.6.g COUN 5110		Yes
<b>Outcome 9 KPI 9</b>	II.F.7.m COUN 6250		Yes
<b>Outcome 10 KPI 10</b>	II.F.8.a RSEM 5120		Yes
<b>Outcome 11 Mental Health Specialty Track KPI MHC1</b>	V.C.1.c; COUN 5280	V.C.2.a COUN 5820	Yes
<b>Outcome 12 School Track KPI SC1</b>	V.G.1.b.; COUN 5815 COUN 6230	V.G.1.c; COUN 6230	Yes
			Yes

### 3. Description of Assessment Approaches

As the counseling program has transitioned to the 2016 CACREP standards, each standard was assigned to at least one class in which student learning of that standard would be formally evaluated. The forms of the evaluation vary with class and include a range of traditional academic evaluation methods including quizzes, major exams (i.e. midterm, final), papers, and in class presentations. Each CACREP standard has a designated signature assignment. The results of each student's signature assignments are compiled and LiveText and reviewed in aggregate to assess how well students are meeting the learning goals through their coursework.

Assessment of students is carried out through multiple pathways at multiple points in the program.

- 1) Each CACREP standard has one or more signature assignments. Student performance on signature assignments is recorded in LiveText at the mid-point and end of each semester. Student performance on signature assignments is aggregated. Aggregated performance

data is used to evaluate Student Performance on KPs and CACREP standards (see “CACREP standards” Below).

- 2) Following completion of the majority of their classes, students take a comprehensive exam, the CPCE Exam. Results of the CPCE exams are reviewed on an ongoing basis (see “CACREP standards” Below).
- 3) Students professional dispositions are evaluated by all faculty annually. Professional dispositions are non-academic personal characteristics that are associated with the ability to effectively deliver counseling and therapy services.

#### 4. Assessments of Learning Outcomes

<b>Program Outcome and Associated KPI</b>	<b>Course 1 Assessment</b>	<b>Course 2 Assessment</b>	<b>Primary Comprehensive Exam (CPCE Exam) Section Assessment</b>	<b>Practicum and/or Internship Assessment</b>
<b>Outcome 1 KPI 1</b>	II.F.1.d COUN 5330 Professional Orientation Exam	II.F.1.e COUN 5810 Cultural Interview Assignment	<b>Section 2:</b> Social Cultural Foundations	Formal Case Presentation Supervisor Evaluations Professional Development Paper
<b>Outcome 2 KPI 2</b>	COUN 5330 Case Study Presentation		<b>Section 8:</b> Professional Orientation and Ethics	Formal Case Presentation Supervisor Evaluations
<b>Outcome 3 KPI 3</b>	II.F.2.b COUN 5810 Quizzes Cultural Identity Paper	II.F.2.c COUN 5810 Cultural Identity Paper	<b>Section 3:</b> Helping Relationships	Formal Case Presentation Supervisor Evaluations
<b>Outcome 4 KPI 4</b>	II.F.3.a COUN 5150 Quizzes	II.F.3.f EDHD 6200 Child Observation Papers, Service Learning Project	<b>Section 1:</b> Human Development <b>Section 2:</b> Social Cultural Foundations	Formal Case Presentation
<b>Outcome 5 KPI 5</b>	COUN 5400 Career Construction Paper	COUN 5400 Career Construction Paper	<b>Section 5:</b> Career Development	Formal Case Presentation

<b>Outcome 6 KPI 6</b>	II.F.5.a, COUN 5010 Theory Paper, Midterm Exam, Final Exam Weekly Quizzes	II.F.5.g COUN 5100 Clinic observation critique papers (2) Counseling skills self- evaluation paper, and the Case Conceptualizatio n Critique paper	<b>Section 3:</b> Helping Relationships	Formal Case Presentation
<b>Outcome 7 KPI 7</b>	II.F.5.g COUN 5100 Clinic observation critique papers (2) Counseling skills self- evaluation paper, and the Case Conceptualizatio n Critique paper		<b>Section 3:</b> Helping Relationships	Formal Case Presentation Supervisor evaluations
<b>Outcome 8 KPI 8</b>	COUN 5110 Quizzes		<b>Section 4:</b> Group Work	Supervisor evaluations
<b>Outcome 9 KPI 9</b>	COUN 6250 Case Study Paper		<b>Section 6:</b> Appraisal	Formal Case Presentation Supervisor evaluations
<b>Outcome 10 KPI 10</b>	II.F.8.a RSEM 5120 Research and Evaluation Project		<b>Section 7:</b> Research and Program Evaluation	Professional Development Paper
<b>Outcome 11 Mental Health Specialty Track KPI MHC1</b>	V.C.1.c; COUN 5280 Treatment Plan Paper Case Study	V.C.2.a COUN 5820 Treatment Plan Paper Case Study	n/a	Formal Case Presentation Supervisor evaluations
<b>Outcome 12 School Track KPI SC1</b>	V.G.1.b COUN 5815 COUN 6230	V.G.1.c COUN 6230	n/a	Formal Case Presentation Supervisor evaluations

--	--	--	--	--

## 5. Schedule of Assessments

In order to meet CACREP accreditation standards, the program is required to submit an annual report to CACREP that includes evaluation of student learning as well as information from community stakeholders and program data including things such as student demographic, full and part time faculty qualifications, and student – faculty ratios.

Each month, during the regular bi-monthly Counseling Program meetings the program evaluates aggregate student performance related to a specific CACREP Core area. Each area includes multiple standards, usually 6-12, and each standard has a signature assignment. For each standard, the program reviews the aggregate data for the signature assignments associated with the specific core area and the comprehensive exam results associated with that core area. The review of student performance in each CACREP core standard areas occurs during the program's regular bi-monthly meetings on the following schedule:

### Counseling Program Outcome Data Review Calendar

<u>Month</u>	<u>Data to Review</u>	<b>Lead Presenters</b>
<b>August</b>	<b>HLC Report/Comps Practicum/Internship</b>	<b>Lead: All tracks</b>
<b>September</b>	<b><u>KPI 1 &amp; 2</u> 1. Professional Orientation and Ethical Practice</b>	<b>Lead: CMH track</b>
<b>October</b>	<b><u>KPI 3</u> 2. Social and Cultural Diversity AND <u>**School track specific standards</u></b>	<b>Lead: School track</b>
<b>November</b>	<b><u>KPI 4</u> 3. Human Growth and Development</b>	<b>Lead: CMH track</b>
<b>December</b>	<b><u>KPI 5</u> 4. Career Development AND <u>**Clinical Mental Health specific standards</u></b>	<b>Lead: CMH track</b>
<b>January</b>	<b><u>KPI 6 &amp; 7</u></b>	<b>Lead: All tracks</b>

	<b>5. Counseling and Helping Relationships</b>	
<b>February</b>	<b><u>KPI 8</u></b> <b>6. Group Counseling and Group Work AND</b> <b><u>**School Counseling KPI 1</u></b>	<b>Lead: School track</b>
<b>March</b>	<b><u>KPI 9</u></b> <b>7. Assessment/Testing AND</b> <b><u>**Clinical Mental Health Counseling KPI 1</u></b>	<b>Lead: CMH track</b>
<b>April</b>	<b><u>KPI 10</u></b> <b>8. Research &amp; Program Evaluation AND</b> _____ _____	<b>Lead: School track</b>
<b>May</b>	<b>Comps/NCE/Graduation Surveys</b>	<b>All tracks</b>

### Signature Assignments

Program objectives are assessed throughout the curriculum through the use of Signature Assignments that evaluate student learning for specific CACREP standards. Students submit these assignments to LiveText and the assignments are evaluated by faculty. Rubrics are used to manage this process. Once assessments are completed, outcome data may be viewed at the students and program levels. Aggregate reports of Key Performance Indicators related to each program objective are generated by the Assessment Office and shared with faculty.

A sample of how signature assignments are used to evaluate KPIs can be found in Appendix B.

### Comprehensive Exams

Comprehensive exam data is aggregated as students take the CPCE exam throughout the year. Student performance on the CPCE exam is evaluated to look for areas of relative strength and weakness within the program and also how University of Colorado Denver Students are performing relative to the national sample. For example, the lowest score area in 2019 was appraisal (10.7875) and the highest score area was human development (11.7925). Because of issues with sample size and data availability, we are not able to conduct valid means comparison tests, however we do compare program to national means in each core area. These were also the

highest and lowest score areas nationally. An example of CPCE data that would be discussed appears below:

Year to Date Data 2023		Total Students 38			Point differenc e (Nat'l m) - (Prog m)	Point differenc e as percent of std dev
	national m	national standar d dv	progra m m	program standar d dv		
Human Development	11.4545	2.46364	11.7925	1.7275	0.33795	13.72%
Soc/Cul. Foundations	9.76364	2.25455	11.15	1.8825	1.38636	61.49%
Helping Relationships	9.49091	2.43636	11	6.21	1.50909	61.94%
Group Work	10.9	2.42727	11.6225	3.55	0.7225	29.77%
Career/life style	10.2909	2.34545	11.4975	1.83	1.20659	51.44%
Appraisal	9.41818	2.31818	10.7875	1.8675	1.36932	59.07%
Research/Prog. Eval	9.99091	2.48182	10.935	1.3375	0.94409	38.04%
Professional Orien/Ethics	10.7273	2.24545	11.7175	1.5375	0.99023	44.10%
<b>TOTALS</b>	<b>82.0364</b>	<b>18.9727</b>	<b>90.5025</b>	<b>19.9425</b>	<b>8.46614</b>	<b>44.62%</b>

In addition to evaluating student learning, the program has additional forms of program assessment that include assessments by students and community stakeholders.

### Student Assessments

Students have multiple opportunities to provide feedback to the faculty and staff of the program. Mechanisms for feedback include Faculty Course Questionnaires (FCQs), regular attendance at faculty meetings by elected Student Representatives whose duties include serving as a content for student feedback. There are regular large meetings of students and faculty including the Practicum Town Hall, and Annual Advising Night. Students also complete an Assessment of Clinical Experiences at the end of their internship.

### Student Representatives

Each academic year, six students (two from each specialty track) are elected by their peers to serve as student representatives. These student representatives conduct a survey with students from time to time, and also maintain an electronic Dropbox for students to submit anonymous feedback about their program experiences. Furthermore, the student representatives attend one faculty meeting per semester, in order to convey feedback to faculty in a direct manner. One focus of these meetings is to receive specific feedback from students regarding the

mission and objectives defined by the program. Feedback from these meetings is used to make adjustments to these areas as needed. Minutes from these meetings are stored in the SEHD Q drive. This information is incorporated into the Annual Program Evaluation Report submitted to CACREP.

### **Practicum Town Halls & Annual Advising Night Feedback**

Each semester during Practicum, students engage with faculty and clinic staff for a Town Hall. This meeting allows the practicum community to discuss what is working, and what needs fixing, related to the clinical experience at the Student and Community Counseling Center. There is also a box at the clinic that allows students to submit anonymous feedback at any time. These concerns are discussed in real time, recorded in the meeting minutes, and discussed at clinic/faculty staff meetings.

Also, each November, the faculty conduct one mandatory “Advising Night” with students. This occurs the same night as the annual Internship Fair. Students are divided (by program) into two groups: those with fewer than 30 credits completed, and those with more than 30 credits completed. Faculty run these sessions, and spend the time: reminding students of program procedures and policies, of upcoming important dates, and of the importance of professionalism. During these sessions, student have time to ask questions, and faculty make note of the main student concerns and questions, for later discussion at faculty meetings.

### **Community Assessments**

#### **Graduate, Employer and Site Supervisor Program Surveys**

Each year, the Counseling Program distributes surveys to Graduates, Employers and Individual Supervisors who provide supervision to students during internship. Program Surveys to its constituents. Results from these surveys are integrated into the Annual Program Evaluation Report.

#### **Advisory Board**

The Counseling Program Advisory Board is comprised of professional with clinical, academic and administrative backgrounds in the counseling profession. The Advisory Board meets annually in the Fall semester to discuss the quality of services offered by the Counseling Program and to make recommendations to the program faculty for changes that would better meet the needs of the counseling profession in the community.

One focus of the Advisory Board is to receive feedback from professionals in the community regarding the mission and objectives defined by the program. Feedback from these meetings is used to make adjustments to these areas as needed. Minutes from Advisory Board meetings are stored in the SEHD Q drive and this information is incorporated into the Annual Program Evaluation Report.



## 6. Results

A detailed Matrix of the KPI evaluations data can be seen in Appendix B. The data in **Appendix B** represents the data as it was collected during the transition to a new set of standards so there are some missing data points. The program has now established data collection assignments for all CACREP standards and the data set will continue to grow. Data for the CPCE exam is visible in the schedule of assessments section, and is also below:

Year to Date Data  
2023

	Total Students 38				Point differenc e (Nat'l m) - (Prog m)	Point differenc e as percent of std dev
	national m	national standar d dv	progra m m	program standar d dv		
Human Development	11.4545	2.46364	11.7925	1.7275	0.33795	13.72%
Soc/Cul. Foundations	9.76364	2.25455	11.15	1.8825	1.38636	61.49%
Helping Relationships	9.49091	2.43636	11	6.21	1.50909	61.94%
Group Work	10.9	2.42727	11.6225	3.55	0.7225	29.77%
Career/life style	10.2909	2.34545	11.4975	1.83	1.20659	51.44%
Appraisal	9.41818	2.31818	10.7875	1.8675	1.36932	59.07%
Research/Prog. Eval	9.99091	2.48182	10.935	1.3375	0.94409	38.04%
Professional Orien/Ethics	10.7273	2.24545	11.7175	1.5375	0.99023	44.10%
<b>TOTALS</b>	<b>82.0364</b>	<b>18.9727</b>	<b>90.5025</b>	<b>19.9425</b>	<b>8.46614</b>	<b>44.62%</b>

## 7. Program Modifications

During the 2022-23 academic year, program modifications based on evaluation of aggregate signature assignments, CPCE exam data, alumni and stake holder surveys was minimal.

During the 2019-20 year, the program instituted a position of elected student representatives. These were paused during Covid but have resumed. These representatives are elected by their peers. One of their functions is to gather student feedback and share it with the full faculty. Based on the feedback from students through the program representatives, the program increased its focus on the impacts of trauma. A new class COUN 6200, Trauma Informed Care for Diverse Populations and Co-Occurring Disorders was added, and two existing classes, COUN 6250, Mental Health Diagnosis, and COUN 5280, Addictions Counseling, were enhanced to highlight the treatment of trauma more clearly.

The program also updated its “Professional Dispositions” evaluation criteria in LiveText. Each year, all students are reviewed to ensure their fitness as a licensed practitioner. Faculty as a group discuss the observed performance of all students in areas related to professional and personal development.

Lastly, based on feedback from students, the program updated some of the materials used in the admission interview process to better reflect the program’s goals. Videos that are used as the basis for discussion questions during the interviews were changed.

## **Appendix A CACREP Standards**

The Following tables show each CACAREP Standard and the class is which it is evaluated. Standards are often taught in more than one class, but each standard has one class in which it is formally evaluated for program evaluation

The tables show the general or “core” areas and each track specific specialty area, and an indicator of which course is designated for formally evaluating that standard





1.h	current labor market information relevant to opportunities for practice within the counseling profession	X				
1.i	ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling		X	X	X	
1.j	technology's impact on the counseling profession				X	
1.k	strategies for personal and professional self-evaluation and implications for practice	X		X	X	
1.l	self-care strategies appropriate to the counselor role	X		X		
1.m	the role of counseling supervision in the profession			X		
<b>2</b>	<b>SOCIAL AND CULTURAL DIVERSITY Objectives 1, 2, 3, 4</b>					
2.a	multicultural and pluralistic characteristics within and among diverse groups nationally and internationally	X				X
2.b	theories and models of multicultural counseling, cultural identity development, and social justice and advocacy			X		X
2.c	multicultural counseling competencies			X		X
2.d	the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others		X			X
2.e	the effects of power and privilege for counselors and clients		X			X
2.f	help-seeking behaviors of diverse clients					X
2.g	the impact of spiritual beliefs on clients' and counselors' worldviews					X
2.h	strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination					X
<b>3</b>	<b>HUMAN GROWTH AND DEVELOPMENT Objectives 1, 2</b>					
3.a	theories of individual and family development across the lifespan		X			X
3.b	theories of learning					X
3.c	theories of normal and abnormal personality development					X
3.d	theories and etiology of addictions and addictive behaviors					X X
3.e	biological, neurological, and physiological factors that affect human development, functioning, and behavior				X	X
3.f	systemic and environmental factors that affect human development, functioning, and behavior				X	X
3.g	effects of crisis, disasters, and trauma on diverse individuals across the lifespan				X	
3.h	a general framework for understanding differing abilities and strategies for differentiated interventions				X	

3.i	ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan			X			
<b>4</b>	<b>CAREER DEVELOPMENT Objective 4</b>						
4.a	theories and models of career development, counseling, and decision making				X		
4.b	approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other life roles and factors				X		X
4.c	processes for identifying and using career, avocational, educational, occupational and labor market information resources, technology, and information systems				X		
4.d	approaches for assessing the conditions of the work environment on clients' life experiences				X		
4.e	strategies for assessing abilities, interests, values, personality and other factors that contribute to career development				X		
4.f	strategies for career development program planning, organization, implementation, administration, and evaluation				X		
4.g	strategies for advocating for diverse clients' career and educational development and employment opportunities in a global economy				X		
4.h	strategies for facilitating client skill development for career, educational, and life- work planning and management				X		
4.i	methods of identifying and using assessment tools and techniques relevant to career planning and decision making				X		
4.j	ethical and culturally relevant strategies for addressing career development				X		
<b>5</b>	<b>COUNSELING IN HELPING RELATIONSHIPS Objectives 1,3, 4</b>						
5.a	theories and models of counseling	X		X			
5.b	a systems approach to conceptualizing clients			X			X
5.c	theories, models, and strategies for understanding and practicing consultation			X			
5.d	ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships	X			X		
5.e	the impact of technology on the counseling process			X			
5.f	counselor characteristics and behaviors that influence the counseling process	X					
5.g	essential interviewing, counseling, and case conceptualization skills	X					
5.h	developmentally relevant counseling treatment or intervention plans					X	X
5.i	development of measurable outcomes for clients					X	X

5.j	evidence-based counseling strategies and techniques for prevention and intervention			X		
5.k	strategies to promote client understanding of and access to a variety of community- based resources				X	X
5.l	suicide prevention models and strategies	X				
5.m	crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid	X				
5.n	processes for aiding students in developing a personal model of counseling	X				
<b>6</b>	<b>GROUP COUNSELING AND GROUP WORK</b>					
	<b>Objectives 1, 2, 3, 4</b>					
6.a	theoretical foundations of group counseling and group work		X			
6.b	dynamics associated with group process and development		X			
6.c	therapeutic factors and how they contribute to group effectiveness		X			
6.d	characteristics and functions of effective group leaders		X			
6.e	approaches to group formation, including recruiting, screening, and selecting members		X			
6.f	types of groups and other considerations that affect conducting groups in varied settings		X			
6.g	ethical and culturally relevant strategies for designing and facilitating groups		X			
6.h	direct experiences in which students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term		X			
<b>7</b>	<b>ASSESSMENT AND TESTING Objective 4</b>					
7.a	historical perspectives concerning the nature and meaning of assessment and testing in counseling			X		
7.b	methods of effectively preparing for and conducting initial assessment meetings			X		
7.c	procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide	X				X
7.d	procedures for identifying trauma and abuse and for reporting abuse					X
7.e	use of assessments for diagnostic and intervention planning purposes				X	
7.f	basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments			X	X	
7.g	statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations			X		
7.h	reliability and validity in the use of assessments			X		
7.i	use of assessments relevant to academic/educational, career, personal, and social development			X		



7.j	use of environmental assessments and systematic behavioral observations							X	X
7.k	use of symptom checklists, and personality and psychological testing							X	
7.l	use of assessment results to diagnose developmental, behavioral, and mental disorders								X
7.m	ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results							X	X
<b>8</b>	<b>RESEARCH AND PROGRAM EVALUATION</b>								
	<b>Objective 4</b>								
8.a	the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice								X
8.b	identification of evidence-based counseling practices								X
8.c	needs assessments							X	
8.d	development of outcome measures for counseling programs								X
8.e	evaluation of counseling interventions and programs								X
8.f	qualitative, quantitative, and mixed research methods								X
8.g	designs used in research and program evaluation								X
8.h	statistical methods used in conducting research and program evaluation								X
8.i	analysis and use of data in counseling								X
8.j	ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation								X

Course Name	Course Number													
	Techniques in Counseling COUN 5100	Counseling Grief and Loss COUN 5120	Techniques in Family Therapy COUN 5160	Addictions Counseling COUN 5280	Strategies in Agency Counseling COUN 5820	Advanced Multicultural Counseling COUN 6810	Gender & Sexual Orientation COUN 5835	Spiritual Dimensions of Counseling COUN 6100	Advanced Theories & Techniques of Counseling COUN 7100	Mental Health Diagnosis COUN 6250	Counseling Issues and Ethics COUN 5330	Practicum COUN 5910	internship COUN 5930	
<b>5.C CLINICAL MENTAL HEALTH COUNSELING</b>														
<b>1 FOUNDATIONS Goal 2, 4</b>														
1.a history and development of clinical mental health counseling					X									
1.b theories and models related to clinical mental health counseling		X			X									
1.c principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning				X										
1.d neurobiological and medical foundation and etiology of addiction and co-occurring disorders				X						X				
1.e psychological tests and assessments specific to clinical mental health counseling										X				
<b>2 CONTEXTUAL DIMENSIONS Goal 1, 2, 3</b>														
2.a roles and settings of clinical mental health counselors					X									
2.b etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders					X									
2.c mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks				X	X									
2.d diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of										X				

	Mental Disorders (DSM) and the International Classification of Diseases (ICD)								
2.e	potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders			X					X
2.f	impact of crisis and trauma on individuals with mental health diagnoses	X					X	X	
2.g	impact of biological and neurological mechanisms on mental health				X				
2.h	classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation				X				
2.i	legislation and government policy relevant to clinical mental health counseling				X		X		
2.j	cultural factors relevant to clinical mental health counseling	X	X			X			X
2.k	professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling				X				
2.l	legal and ethical considerations specific to clinical mental health counseling							X	X
2.m	record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling				X			X	
<b>3</b>	<b>PRACTICE Goal 1, 2, 3, 4</b>								
3.a	intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management								X
3.b	techniques and interventions for prevention and treatment of a broad range of mental health issues		X		X			X	
3.c	strategies for interfacing with the legal system regarding court-referred clients				X				
3.d	strategies for interfacing with integrated behavioral health care professionals	X			X				
3.e	strategies to advocate for persons with mental health issues					X		X	





Course Name		Developing & Implementing School Counseling Programs	Introduction to School Counseling	Practicum in School Counseling	School Based Developmental Counseling and Prevention	Internship	Practicum
		COUN 5425	COUN 5815	COUN 5915	COUN 6230	COUN 5930	COUN 5910
<b>5.G</b>	<b>SCHOOL COUNSELING</b>						
<b>1</b>	<b>FOUNDATIONS Goal 1, 2, 4</b>						
1.a	history and development of school counseling		X				
1.b	models of school counseling programs		X				
1.c	models of P-12 comprehensive career development				X		
1.d	models of school-based collaboration and consultation		X				
1.e	assessments specific to P-12 education		X				
<b>2</b>	<b>CONTEXTUAL DIMENSIONS Goal 2, 4</b>						
2.a	school counselor roles as leaders, advocates, and systems change agents in P-12 schools		X				
2.b	school counselor roles in consultation with families, P-12 and postsecondary school personnel, and community agencies		X				
2.c	school counselor roles in relation to college and career readiness				X		
2.d	school counselor roles in school leadership and multidisciplinary teams	X					
2.e	school counselor roles and responsibilities in relation to the school emergency management plans, and crises, disasters, and trauma		X				

2.f	competencies to advocate for school counseling roles	X			
2.g	characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders				X
2.h	common medications that affect learning, behavior, and mood in children and adolescents				X
2.i	signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs				X
2.j	qualities and styles of effective leadership in schools	X			
2.k	community resources and referral sources	X			
2.l	professional organizations, preparation standards, and credentials relevant to the practice of school counseling		X		
2.m	legislation and government policy relevant to school counseling		X		
2.n	legal and ethical considerations specific to school counseling		X		
<b>3</b>	<b>PRACTICE Goal 1, 2,3, 4</b>				
3.a	development of school counseling program mission statements and objectives	X			
3.b	design and evaluation of school counseling programs	X			
3.c	core curriculum design, lesson plan development, classroom management strategies, and differentiated instructional strategies				X
3.d	interventions to promote academic development			X	
3.e	use of developmentally appropriate career counseling interventions and assessments			X	
3.f	techniques of personal/social counseling in school settings				X
3.g	strategies to facilitate school and postsecondary transitions	X			
3.h	skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement				X
3.i	approaches to increase promotion and graduation rates	X	X		
3.j	interventions to promote college and career readiness			X	
3.k	strategies to promote equity in student achievement and college access	X			
3.l	techniques to foster collaboration and teamwork within schools				X
3.m	strategies for implementing and coordinating peer intervention programs		X		
3.n	use of accountability data to inform decision making		X		

3.0 use of data to advocate for programs and students X X



Appendix B  
Key Performance Indicators (KPIs) And Associated CACREP Standards

Standard	Course Code	Rubric Title	Performance Criteria	Dist ingu ishe d	Profic ient	Basic	Unsatis factory	not ass essed	<b>Grand Total</b>
				Stu dent Cou nt	Stu dent Cou nt	Stu dent Cou nt	Stu dent Cou nt	Stu dent Cou nt	Stu dent Cou nt
CE-KPI-1	COUN5810	COUN 5810: Cultural Interview Assignment	Interviewee Information: Cultural identity Cultural context Socialization Privilege/Oppression	20	-	-	-	-	<b>20</b>
			Cultural customs in the family, relationship to identified ethnicity and culture	20	-	-	-	-	<b>20</b>
			Roles of family members and interviewee's role, identification with ethnic culture, or dominant culture norms	20	-	-	-	-	<b>20</b>
			Languages spoken	20	-	-	-	-	<b>20</b>
			Religion/Spirituality information; exploration of similarity/dissimilarity with ethnic/cultural group	20	-	-	-	-	<b>20</b>
			Career/work information Work important/unimportant	20	-	-	-	-	<b>20</b>
			Relationship with family members, partner, parents, children, siblings, grandparents, etc.	20	-	-	-	-	<b>20</b>
			Power structure in family of origin, and current family unit	20	-	-	-	-	<b>20</b>
			Decision-making at the family level and the community?	20	-	-	-	-	<b>20</b>
			Interviewee's awareness of sociopolitical history of own cultural group	20	-	-	-	-	<b>20</b>

			Interviewer: was broaching done	20	-	-	-	-	<b>20</b>
			Interviewer: What made you decide to interview this person?	20	-	-	-	-	<b>20</b>
			Interviewer: What did you know about this interviewee's culture, context, etc.?	20	-	-	-	-	<b>20</b>
			Interviewer: Describe your comfort level during the interview	20	-	-	-	-	<b>20</b>
			Interviewer: Did you notice and similarities or differences in the categories you explored?	20	-	-	-	-	<b>20</b>
			Interviewer: What you do differently and what will you do the same?	20	-	-	-	-	<b>20</b>
			Interviewer: What did this assignment mean to you? How will it help you as a professional counselor?	20	-	-	-	-	<b>20</b>
CE-KPI-2	COUN5330	COUN 5330 Group Case Study/Presentation	Discussion of your own feelings and reactions as if you were the counselor in this scenario.	-	17	-	-	-	<b>17</b>
			Identify the key legal and ethical issues in your vignette.	17	-	-	-	-	<b>17</b>
			Summarize three codes of ethics, ethical principles, laws, or court decisions that best relate and aid in understanding of the key legal or ethical issue in the case.	17	-	-	-	-	<b>17</b>
			Develops a detailed course of action that would resolve the key issue. Uses the code of ethics, laws, court decisions, and ethical principles to support each step in your action plan	17	-	-	-	-	<b>17</b>
CE-KPI-3	COUN5810	COUN 5810 Cultural Identity Exploration	Identify your family origins as far back as you can trace specific ancestors	20	-	-	-	-	<b>20</b>
			Indigenous or immigrants	20	-	-	-	-	<b>20</b>
			Racial-ethnic identification	20	-	-	-	-	<b>20</b>
			Challenges and opportunities you and your ancestors faced	20	-	-	-	-	<b>20</b>

			History of disabilities, gender, sexual orientation issues, military involvement, and any other issues that differentiate you or your family from the norm	20	-	-	-	-	<b>20</b>
			Provide information on your worldview, values, beliefs and assumptions and speculate how these may affect your work with diverse clients	20	-	-	-	-	<b>20</b>
			Provide results of the IAT tests you took (scans); provide additional information as noted in item e in the details about the assignment	20	-	-	-	-	<b>20</b>
			Speculate on how you would work with culturally different clients	19	1	-	-	-	<b>20</b>
CE-KPI-4	COUN5930	COUN 5930 - CMH Track Formal Case Presentation	a) Who is the client? (demographics and genogram) Presenting problem:	10	-	-	-	-	<b>10</b>
			b) Developmental issues: Conceptualize systemic and environmental factors that affect human development functioning and behavior. What would one expect to be happening developmentally for this client/family? Is the client in sync with developmental expectations? (apply appropriate individual and/ or family development theories).	-	10	-	-	-	<b>10</b>
			c) Medical history: What physical symptoms are presented? What physical conditions are present? Is client currently on medication? Co-occurring disorders?	-	10	-	-	-	<b>10</b>
			d) Other psychological issues/treatment: Assessment of client(s) previous mental health services and who were they delivered by and for what problem? How does this impact current level of treatment?	-	10	-	-	-	<b>10</b>

		e) Trauma: Assessment of any traumatic events? Abuse? Domestic violence and impact on client(s) current presentation	-	10	-	-	-	<b>10</b>
		f) Grief and loss: Assessment and understanding of client(s) experience with death, divorce, miscarriage, loss of job etc. How can you differentiate between diagnosis and developmentally appropriate reactions to trauma events?	-	10	-	-	-	<b>10</b>
		g) Substance Use: Is there a history of substance use or abuse? Treatment? If so, assess client's stage of dependence, change or recovery and appropriate tx modality	-	10	-	-	-	<b>10</b>
		h) Employment status/issues: Is client working? What is work history, if relevant? How would you assess abilities, interests, values, personality and other factors that contribute to this client's career development? What assessment tools or techniques relevant to career planning and decision-making, could you use? School performance/ attendance (if child or adolescent)	-	10	-	-	-	<b>10</b>
		i) Religion/Spirituality: Are these areas related to presenting problem or concerns for client? j) Cultural, racial, ethnic, ability context: How might these be connected to the case? k) Sexuality: Are there concerns about sexual orientation, gender identity, sexual abuse? How might your assessment and/or interventions reflect your awareness of cultural bias?	-	10	-	-	-	<b>10</b>
		l) School performance/ attendance. System involvement(family/guardians) (if child or adolescent)	-	10	-	-	-	<b>10</b>

		m) DSM V -Diagnoses will be presented in this exercise, regardless of the setting in which you are working. You are expected to provide your rationale (i.e., specific factors present in the client's life) for giving each diagnosis.	-	10	-	-	-	<b>10</b>
		n) Assessment results- Have any formal (including risk) assessments been administered? If so, what were they? Why were they selected? Results? Interpretation Cultural Considerations?	-	10	-	-	-	<b>10</b>
		o) Larger system issues- What other concerns/needs are present? Housing? Transportation? Food stamps? Are social services involved/needed? Which members of family should be involved in treatment?	-	10	-	-	-	<b>10</b>
		p) Legal involvement- Does client have legal difficulties? On probation? How have you advocated/referral for your client's needs?	-	10	-	-	-	<b>10</b>
		q) Ethical dilemmas- What ethical/legal challenge does this case present? How do you plan to deal with them?	-	10	-	-	-	<b>10</b>
		r) What evidenced based models/interventions have you tried with this client? Why did you choose them? How effective were they? How did you apply multicultural competencies to the client's cultural context?	-	10	-	-	-	<b>10</b>
		s) Where are you stuck? What questions do you have for the group? What do you need help with? t) Person of the therapist issues: How is this case/client triggering you personally? What do you need to work on in terms of countertransference? What questions do you have for the group regarding these issues?	-	10	-	-	-	<b>10</b>



			Developmental issues: Conceptualize systemic and environmental factors that affect human development functioning and behavior. What would one expect to be happening developmentally for this client/family? Is the client in sync with developmental expectations? (apply appropriate individual and/ or family development theories).	8	-	-	-	-	<b>8</b>
			Clinical Knowledge	5	3	-	-	-	<b>8</b>
			Demonstrates knowledge of MFT theory	7	1	-	-	-	<b>8</b>
			Application of literature pertaining to clinical research	5	3	-	-	-	<b>8</b>
			Occupational status/issues (impacts of career on the system/impact of system on career and career development. Any beneficial resources/assessments?)	6	1	-	-	-	<b>7</b>
			Interventions/theoretical application is congruent with model/s	7	1	-	-	-	<b>8</b>
			Attends to cultural factors and contextual factors (diversity, SES, etc.)	8	-	-	-	-	<b>8</b>
			Attends to limitations of MFT theory	1	7	-	-	-	<b>8</b>
CE-KPI-5	COUN5400	COUN 5400 Career Construction Interview and Paper	a) Thorough overview of the CCI, including client's presenting issue and repeated themes from each question	30	2	-	-	-	<b>32</b>
			b) Identifies the client's interests, values, Holland code, etc.	32	-	-	-	-	<b>32</b>
			c) Discusses and addresses next steps for the client-do you recommend assessments? Further career counseling? Mental health counseling? Explain your answer.	32	-	-	-	-	<b>32</b>



		d) Includes an analysis of the client's story from at least TWO theoretical perspectives, e.g. Donald Super (Life Space Life Span Developmental theory), Nancy Schlossberg (Transition Theory) or other theorist(s) of your own choosing.	32	-	-	-	-	<b>32</b>
		Personal Reflection	32	-	-	-	-	<b>32</b>
COUN5930	COUN 5930 - CMH Track Formal Case Presentation	a) Who is the client? (demographics and genogram) Presenting problem:	10	-	-	-	-	<b>10</b>
		b) Developmental issues: Conceptualize systemic and environmental factors that affect human development functioning and behavior. What would one expect to be happening developmentally for this client/family? Is the client in sync with developmental expectations? (apply appropriate individual and/ or family development theories).	-	10	-	-	-	<b>10</b>
		c) Medical history: What physical symptoms are presented? What physical conditions are present? Is client currently on medication? Co-occurring disorders?	-	10	-	-	-	<b>10</b>
		d) Other psychological issues/treatment: Assessment of client(s) previous mental health services and who were they delivered by and for what problem? How does this impact current level of treatment?	-	10	-	-	-	<b>10</b>
		e) Trauma: Assessment of any traumatic events? Abuse? Domestic violence and impact on client(s) current presentation	-	10	-	-	-	<b>10</b>
		f) Grief and loss: Assessment and understanding of client(s) experience with death, divorce, miscarriage, loss of job etc. How can you differentiate between diagnosis and developmentally appropriate reactions to trauma events?	-	10	-	-	-	<b>10</b>

		g) Substance Use: Is there a history of substance use or abuse? Treatment? If so, assess client's stage of dependence, change or recovery and appropriate tx modality	-	10	-	-	-	<b>10</b>
		h) Employment status/issues: Is client working? What is work history, if relevant? How would you assess abilities, interests, values, personality and other factors that contribute to this client's career development? What assessment tools or techniques relevant to career planning and decision-making, could you use? School performance/ attendance (if child or adolescent)	-	10	-	-	-	<b>10</b>
		i) Religion/Spirituality: Are these areas related to presenting problem or concerns for client? j) Cultural, racial, ethnic, ability context: How might these be connected to the case? k) Sexuality: Are there concerns about sexual orientation, gender identity, sexual abuse? How might your assessment and/or interventions reflect your awareness of cultural bias?	-	10	-	-	-	<b>10</b>
		l) School performance/ attendance. System involvement(family/guardians) (if child or adolescent)	-	10	-	-	-	<b>10</b>
		m) DSM V -Diagnoses will be presented in this exercise, regardless of the setting in which you are working. You are expected to provide your rationale (i.e., specific factors present in the client's life) for giving each diagnosis.	-	10	-	-	-	<b>10</b>
		n) Assessment results- Have any formal (including risk) assessments been administered? If so, what were they? Why were they selected? Results? Interpretation Cultural Considerations?	-	10	-	-	-	<b>10</b>

		o) Larger system issues- What other concerns/needs are present? Housing? Transportation? Food stamps? Are social services involved/needed? Which members of family should be involved in treatment? p) Legal involvement- Does client have legal difficulties? On probation? How have you advocated/referral for your client's needs?	-	10	-	-	-	<b>10</b>
		q) Ethical dilemmas- What ethical/legal challenge does this case present? How do you plan to deal with them?	-	10	-	-	-	<b>10</b>
		r) What evidenced based models/interventions have you tried with this client? Why did you choose them? How effective were they? How did you apply multicultural competencies to the client's cultural context?	-	10	-	-	-	<b>10</b>
		s) Where are you stuck? What questions do you have for the group? What do you need help with? t) Person of the therapist issues: How is this case/client triggering you personally? What do you need to work on in terms of countertransference? What questions do you have for the group regarding these issues?	-	10	-	-	-	<b>10</b>
	COUN5930 Formal Case Presentation School Counseling Track Rubric	H) Employment/Career status/issues: Is client working? What is work history, if relevant? How would you assess abilities, interests, values, personality and other factors that contribute to this client's career development? What assessment tools or techniques relevant to career planning and decision-making, could you use? School performance/ attendance (if child or adolescent)	10	-	-	-	-	<b>10</b>
		Critical Thinking	8	-	-	-	-	<b>8</b>

			Significance of the main ideas are clear	8	-	-	-	-	<b>8</b>
			Topic appropriate to the assignment	8	-	-	-	-	<b>8</b>
			Topic informed by theory or epistemology	8	-	-	-	-	<b>8</b>
			Topic innovative or unique to the course or field	2	6	-	-	-	<b>8</b>
			Quality of conceptualization (information is accurate and consistent with verifiable sources)	8	-	-	-	-	<b>8</b>
			Analysis of evidence logical, internally consistent, and fully developed	7	1	-	-	-	<b>8</b>
			Synthesis of evidence and ideas generate a new perspective, or prompt an original or creative application	6	2	-	-	-	<b>8</b>
			Evaluation of assumptions, information, evidence, or inferences lead to appropriate conclusions or recommendations	8	-	-	-	-	<b>8</b>
		COUN 5930	Conclusions or recommendations discussed within the context of critical conversations in the field	8	-	-	-	-	<b>8</b>
			Clinical Knowledge	5	3	-	-	-	<b>8</b>
			Demonstrates knowledge of MFT theory	7	1	-	-	-	<b>8</b>
			Application of literature pertaining to clinical research	5	3	-	-	-	<b>8</b>
			Occupational status/issues (impacts of career on the system/impact of system on career and career development. Any beneficial resources/assessments?)	6	1	-	-	-	<b>7</b>
			Interventions/theoretical application is congruent with model/s	7	1	-	-	-	<b>8</b>
			Attends to cultural factors and contextual factors (diversity, SES, etc.)	8	-	-	-	-	<b>8</b>
			Attends to limitations of MFT theory	1	7	-	-	-	<b>8</b>
CE-KPI-6	COUN5930		a) Who is the client? (demographics and genogram) Presenting problem:	10	-	-	-	-	<b>10</b>

			b) Developmental issues: Conceptualize systemic and environmental factors that affect human development functioning and behavior. What would one expect to be happening developmentally for this client/family? Is the client in sync with developmental expectations? (apply appropriate individual and/ or family development theories).	-	10	-	-	-	<b>10</b>
			c) Medical history: What physical symptoms are presented? What physical conditions are present? Is client currently on medication? Co-occurring disorders?	-	10	-	-	-	<b>10</b>
		COUN 5930 - CMH Track Formal Case Presentation	d) Other psychological issues/treatment: Assessment of client(s) previous mental health services and who were they delivered by and for what problem? How does this impact current level of treatment?	-	10	-	-	-	<b>10</b>
			e) Trauma: Assessment of any traumatic events? Abuse? Domestic violence and impact on client(s) current presentation	-	10	-	-	-	<b>10</b>
			f) Grief and loss: Assessment and understanding of client(s) experience with death, divorce, miscarriage, loss of job etc. How can you differentiate between diagnosis and developmentally appropriate reactions to trauma events?	-	10	-	-	-	<b>10</b>
			g) Substance Use: Is there a history of substance use or abuse? Treatment? If so, assess client's stage of dependence, change or recovery and appropriate tx modality	-	10	-	-	-	<b>10</b>

		h) Employment status/issues: Is client working? What is work history, if relevant? How would you assess abilities, interests, values, personality and other factors that contribute to this client's career development? What assessment tools or techniques relevant to career planning and decision-making, could you use? School performance/ attendance (if child or adolescent)	-	10	-	-	-	<b>10</b>
		i) Religion/Spirituality: Are these areas related to presenting problem or concerns for client? j) Cultural, racial, ethnic, ability context: How might these be connected to the case? k) Sexuality: Are there concerns about sexual orientation, gender identity, sexual abuse? How might your assessment and/or interventions reflect your awareness of cultural bias?	-	10	-	-	-	<b>10</b>
		l) School performance/ attendance. System involvement(family/guardians) (if child or adolescent)	-	10	-	-	-	<b>10</b>
		m) DSM V -Diagnoses will be presented in this exercise, regardless of the setting in which you are working. You are expected to provide your rationale (i.e., specific factors present in the client's life) for giving each diagnosis.	-	10	-	-	-	<b>10</b>
		n) Assessment results- Have any formal (including risk) assessments been administered? If so, what were they? Why were they selected? Results? Interpretation Cultural Considerations?	-	10	-	-	-	<b>10</b>

		o) Larger system issues- What other concerns/needs are present? Housing? Transportation? Food stamps? Are social services involved/needed? Which members of family should be involved in treatment? p) Legal involvement- Does client have legal difficulties? On probation? How have you advocated/referral for your client's needs?	-	10	-	-	-	<b>10</b>
		q) Ethical dilemmas- What ethical/legal challenge does this case present? How do you plan to deal with them?	-	10	-	-	-	<b>10</b>
		r) What evidenced based models/interventions have you tried with this client? Why did you choose them? How effective were they? How did you apply multicultural competencies to the client's cultural context?	-	10	-	-	-	<b>10</b>
		s) Where are you stuck? What questions do you have for the group? What do you need help with? t) Person of the therapist issues: How is this case/client triggering you personally? What do you need to work on in terms of countertransference? What questions do you have for the group regarding these issues?	-	10	-	-	-	<b>10</b>
	COUN5930 Formal Case Presentation School Counseling Track Rubric	R) What theories, models and interventions have you tried with this client? How effective were they? Why did you choose them? How effective were they? How did you apply multicultural competencies to the client's cultural context? How have you involved community resources, teachers and other school resources, peers, family? How effective were they? What referrals would be appropriate?	10	-	-	-	-	<b>10</b>
		Critical Thinking	8	-	-	-	-	<b>8</b>

			Significance of the main ideas are clear	8	-	-	-	-	<b>8</b>
			Topic appropriate to the assignment	8	-	-	-	-	<b>8</b>
			Topic informed by theory or epistemology	8	-	-	-	-	<b>8</b>
			Topic innovative or unique to the course or field	2	6	-	-	-	<b>8</b>
			Quality of conceptualization (information is accurate and consistent with verifiable sources)	8	-	-	-	-	<b>8</b>
			Analysis of evidence logical, internally consistent, and fully developed	7	1	-	-	-	<b>8</b>
			Synthesis of evidence and ideas generate a new perspective, or prompt an original or creative application	6	2	-	-	-	<b>8</b>
			Evaluation of assumptions, information, evidence, or inferences lead to appropriate conclusions or recommendations	8	-	-	-	-	<b>8</b>
		COUN 5930	Conclusions or recommendations discussed within the context of critical conversations in the field	8	-	-	-	-	<b>8</b>
			Clinical Knowledge	5	3	-	-	-	<b>8</b>
			Demonstrates knowledge of MFT theory	7	1	-	-	-	<b>8</b>
			Application of literature pertaining to clinical research	5	3	-	-	-	<b>8</b>
			Occupational status/issues (impacts of career on the system/impact of system on career and career development. Any beneficial resources/assessments?)	6	1	-	-	-	<b>7</b>
			Interventions/theoretical application is congruent with model/s	7	1	-	-	-	<b>8</b>
			Attends to cultural factors and contextual factors (diversity, SES, etc.)	8	-	-	-	-	<b>8</b>
			Attends to limitations of MFT theory	1	7	-	-	-	<b>8</b>



CE-KPI-9	COUN6250	COUN 6250 Case Study Paper	Client background and historical information: Select a real or fictional person who meets criteria for at least one disorder in the DSM-5 and write a comprehensive case study paper. Be sure to get the permission of the person if he/she is not fictional, historical, or famous, and do not provide the actual name of any real client. De-identify other relevant information	29	-	1	-	-	<b>30</b>
			Diagnostic accuracy and understanding. Refer to specific background information regarding the case when formulating your diagnosis. Include the following: A full DSM- 5 diagnosis/diagnoses, a thorough differential diagnosis, identification and justification of the diagnosis you chose and assessment administered (consistent with historical, cultural and background information, and demonstration of how and why you ruled out other diagnoses.	21	4	5	-	-	<b>30</b>
			Cultural formulation and considerations. Provide a comprehensive cultural formulation of your client and cultural considerations that are related to, or may impact diagnosis of the client. Include impressions from administration of the CFI (Cultural Formulation Interview)	26	2	2	-	-	<b>30</b>
			Recommendations for treatment. Describe treatment recommendations, and justify your recommendations (e.g., explain how and why the treatment would be effective in the case of your specific client, including from a cultural perspective.	24	4	2	-	-	<b>30</b>

CE-KPI-10	COUN5930	COUN 5930 Professional Development Plan	a. Licensure requirements in the state where they are planning to practice. Outline a step-by-step plan with details of all forms that must be completed, offices addresses for state licensure boards, and a timeline for licensure.	15	3	-	-	-	<b>18</b>
			c. Students will outline an area of treatment specialty that they would like to pursue in order to increase marketability in their postgraduate employment search. Name, describe and critique one evidenced based practice you will utilize in practice? This plan will include goals for developing greater theoretical knowledge associated with becoming an expert in this specialty area and a timeline for reaching these training goals.	18	-	-	-	-	<b>18</b>
			d. Advocacy Plan – students will develop a plan for including multicultural counseling and advocacy procedures within their work with clients. This plan will demonstrate your understanding of client needs in a diverse society and multicultural treatment environment.	18	-	-	-	-	<b>18</b>
			e. Self-Care plan – this plan will include a proposed plan for taking care of one’s physical and emotional well beings, as well as a plan for monitoring personal attitudes, personal issues, personality characteristics effects of discrimination and on-going life stress.	8	10	-	-	-	<b>18</b>
CMHC-KPI	COUN5820	Case Study Write Up Rubric	Reason for Referral/ Precipitating Stress	-	17	-	-	-	<b>17</b>
			Bronfenbrenner Model	17	-	-	-	-	<b>17</b>
			Client Strengths/Advocacy Stance	17	-	-	-	-	<b>17</b>
			Provisional Diagnosis	-	17	-	-	-	<b>17</b>
			Diagnostic Reasoning	5	12	-	-	-	<b>17</b>



