PROGRAM OUTCOME ASSESSMENT PLAN

MASTER OF ARTS IN CLINICAL MENTAL HEALTH COUNSELING

DEPARTMENT OF BEHAVIORAL SCIENCES

SOUTHEASTERN OKLAHOMA STATE UNIVERSITY

FALL 2011
I. PROGRAM OUTCOME ASSESSMENT PLAN

A. Department: Department of Behavioral Sciences

B. Degree Program: Master of Arts Degree in Clinical Mental Health Counseling

C. Department Chair: Ed Mauzey, Ed.D.  
   Program Coordinator: Kimberly Donovan, Ph.D.

D. Date: Fall 2011

II. PROGRAM MISSION STATEMENT AND GOALS

A. PROGRAM MISSION STATEMENT

The Master of Arts Degree Program in Clinical Mental Health Counseling (CMHC) provides an environment of academic excellence designed to prepare and empower graduate students seeking entrance into the field of clinical mental health counseling. The goal of this training program is to afford students the training and skills necessary to become competent, professional, and ethical in the delivery of clinical mental health counseling services. The program is based on the wellness model of mental health service delivery and prepares graduates to act in the best interest of the clients and general public they serve. By having access to cutting edge educational experiences, skilled clinical supervision, and a rigorous and nationally-recognized academic program of study, students are afforded the opportunity to acquire a comprehensive body of knowledge, professional skills, ethical foundations, and cultural competencies. This carefully structured training program prepares students for success, responsible citizenship, and lifelong learning in the field of clinical mental health counseling.

B. PROGRAM GOALS

The graduate program in Clinical Mental Health Counseling bases its goals on those stipulated by the most recent edition of training standards promulgated by the Council for Accreditation of Counseling and Related Education Programs (CACREP). Thus, the ultimate focus of the program is to provide evidence of an attitude and philosophy of excellence.

The Clinical Mental Health Counseling program is designed to provide the appropriate counselor training and perspective necessary for graduates to function effectively in a variety of clinical mental health settings. The Master of Arts (M.A.) Degree in Clinical Mental Health Counseling is designed to prepare individuals for careers in community-based clinical mental health counseling. Correspondingly, the program offers an opportunity for the student to specialize in the treatment aspects of counseling. Graduates may work in a variety of settings including university counseling centers, mental health centers, inpatient psychiatric units, alcohol and drug treatment centers, correctional facilities, private/independent practice, and a variety of other clinical counseling settings.
The Clinical Mental Health Counseling graduate program is presently in the process of applying for national specialty program accreditation as a Clinical Mental Health Counseling (CMHC) CACREP training program. Thus, the goals are closely aligned with the objectives outlined by CACREP. These objectives require common core curricular experiences and demonstrated knowledge in each of the eight common core curricular areas required of all students in the program. The eight (8) common core counseling curricular areas outlined by the 2009 CACREP Accreditation Standards include the following (which correspondingly represent the first eight (8) learning objectives outlined below): (a) Clinical Mental Health Counseling Orientation and Ethical Practice; (b) Social and Cultural Diversity; (c) Human Growth and Development; (d) Career Counseling and Development; (e) Helping Relationships; (f) Group Work; (g) Counseling Assessment; and, (h) Research and Program Development.

III. PROGRAM LEARNING OUTCOMES. THE FOLLOWING EIGHT (8) LEARNING OUTCOMES ARE BASED SPECIFICALLY UPON THOSE REQUIRED OF THE 2009 CACREP CORE TRAINING STANDARDS. A COMPREHENSIVE DEFINITION OF EACH LEARNING OUTCOME IS PROVIDED:

**Learning Outcome #1: Clinical Mental Health Counseling Orientation and Ethical Practice:** This learning outcome is defined, based upon CACREP Standards, as the student demonstrating a knowledge of the following aspects of professional functioning of the clinical mental health counselor: (a) history and philosophy of the counseling profession; (b) professional roles, functions, and relationships with other human service providers, including strategies for interagency/interorganization collaboration and communications; (c) counselors’ roles and responsibilities as members of an interdisciplinary emergency management response team during a local, regional, or national crisis, disaster or other trauma-causing event; (d) self-care strategies appropriate to the counselor role; (e) counseling supervision models, practices, and processes; (f) professional organizations, including membership benefits, activities, services to members, and current issues; (g) professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues; (h) the role and process of the professional counselor advocating on behalf of the profession; (i) advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and (j) ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling.

**Learning Outcome #2: Social and Cultural Diversity:** This learning outcome is defined, based upon CACREP Standards, as the student demonstrating a knowledge of the cultural context of relationships, issues, and trends in a multicultural society, including the following: (a) multicultural and pluralistic trends, including characteristics and concerns within and among diverse groups nationally and internationally; (b)
attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities designed to foster students’ understanding of self and culturally diverse clients; (c) theories of multicultural counseling, identity development, and social justice; (d) individual, couple, family, group, and community strategies for working with and advocating for diverse populations, including multicultural competencies; (e) counselors’ roles in developing cultural self-awareness, promoting cultural social justice, advocacy and conflict resolution, and other culturally supported behaviors that promote optimal wellness and growth of the human spirit, mind, or body; and (f) counselors’ roles in eliminating biases, prejudices, and processes of intentional and unintentional oppression and discrimination.

**Learning Outcome #3: Human Growth and Development:** This learning outcome is defined, based upon CACREP Standards, as the student demonstrating a knowledge of the nature and needs of persons at all developmental levels and in multicultural contexts, including the following: (a) theories of individual and family development and transitions across the life span; (b) theories of learning and personality development, including current understandings about neurobiological behavior; (c) effects of crises, disasters, and other trauma-causing events on persons of all ages; (d) theories and models of individual, cultural, couple, family, and community resilience; (e) a general framework for understanding exceptional abilities and strategies for differentiated interventions; (f) human behavior, including an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior; (g) theories and etiology of addictions and addictive behaviors, including strategies for prevention, intervention, and treatment; and (h) theories for facilitating optimal development and wellness over the lifespan.

**Learning Outcome #4: Career Counseling and Development:** This learning outcome is defined, based upon CACREP Standards, as the student demonstrating a knowledge of career development and related life factors, including the following: (a) career development theories and decision-making models; (b) career, avocational, educational, occupational and labor market information resources, and career information systems; (c) career development program planning, organization, implementation, administration, and evaluation; (d) interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development; (e) career and educational planning, placement, follow-up, and evaluation; (f) assessment instruments and techniques relevant to career planning and decision making; and (g) career counseling processes, techniques, and resources, including those applicable to specific populations in a global economy.

**Learning Outcome #5: Helping Relationships:** This learning outcome is defined, based upon CACREP Standards, as the student demonstrating a knowledge of the counseling process in a multicultural society, including the following: (a) an orientation to wellness and prevention as desired counseling goals; (b) counselor characteristics and behaviors that influence helping processes; (c) essential interviewing and counseling skills; (d) counseling theories that provide the student with models to conceptualize client presentation and that help the student select appropriate counseling interventions.
Students will be exposed to models of counseling that are consistent with current professional research and practice in the field so they begin to develop a personal model of counseling; (e) a systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions; (f) a general framework for understanding and practicing consultation; and (g) crisis intervention and suicide prevention models, including the use of psychological first aid strategies.

Learning Outcome #6: Group Work: This learning outcome is defined, based upon CACREP Standards, as the student demonstrating both a theoretical and experiential knowledge of group purpose, development, dynamics, theories, methods, skills, and other group approaches in a multicultural society, including the following: (a) principles of group dynamics, including group process components, developmental stage theories, group members’ roles and behaviors, and therapeutic factors of group work; (b) group leadership or facilitation styles and approaches, including characteristics of various types of group leaders and leadership styles; (c) theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature; (d) group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and methods of evaluation of effectiveness; and (e) 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.

Learning Outcome #7: Counseling Assessment: This learning outcome is defined, based upon CACREP Standards, as the student demonstrating a knowledge of individual and group approaches to assessment and evaluation in a multicultural society, including the following: (a) historical perspectives concerning the nature and meaning of assessment; (b) basic concepts of standardized and non-standardized testing and other assessment techniques, including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, psychological testing, and behavioral observations; (c) statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations; (d) reliability (i.e., theory of measurement error, models of reliability, and the use of reliability information); (e) validity (i.e., evidence of validity, types of validity, and the relationship between reliability and validity); (f) social and cultural factors related to the assessment and evaluation of individuals, groups, and specific populations; and (g) ethical strategies for selecting, administering, and interpreting assessment and evaluation instruments and techniques in counseling.

Learning Outcome #8: Research and Program Evaluation: This learning outcome is defined, based upon CACREP Standards, as the student demonstrating a knowledge of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following: (a) the importance of research in advancing the counseling profession; (b) research methods such as qualitative, quantitative, single-case designs, action research, and outcome-based research; (c) statistical methods used in conducting research and program evaluation; (d) principles, models, and applications of needs
assessment, program evaluation, and the use of findings to effect program modifications; (e) the use of research to inform evidence-based practice; and (f) ethical and culturally relevant strategies for interpreting and reporting the results of research and/or program evaluation studies.

A. STUDENTS

1. How will students be selected to participate in assessment? Student participation in each type of assessment varies. An explanation of the selection process for each assessment method used is provided under the description of that assessment instrument.

2. Approximately how many students will be assessed? The number of students assessed varies according to the particular assessment. Details regarding the number of students assessed are provided under the description of each assessment instrument.

3. What is the target population? The target population of students assessed varies according to the particular assessment instrument. Details regarding the target population assessed are provided under the description of each assessment instrument.

B. ARTIFACTS AND ASSESSMENT PROTOCOLS

1. What artifacts will be collected for assessment?

   a. National Counselor Examination for Certification and Licensure (NCE): The NCE is a nationally-normed instrument developed and regulated by the National Board for Certified Counselors, Inc. (information available at http://www.nbcc.org). It covers the eight core training areas delineated by CACREP (directly correlated with Learning Objectives 1-8 above). The NCE has been adopted as the preeminent post-master’s licensure examination for professional counselors. It has been adopted by nearly all states, in addition to the District of Columbia, Guam, and Puerto Rico.

   The NCE is a 160-item, multiple-choice examination specifically covering the eight learning objectives defined above (see Section IV). The examination also includes 40 field-test items being piloted for future versions of the NCE, rather than being included in the following scores. The maximum score on the NCE is 160 and a score of 100 or above is required to pass the exam. Varying numbers of questions are devoted to each of the eight CACREP core training areas as delineated in Table 1 below. The instrument holds strong validity and reliability and is considered the foremost examination of the didactic portions of the Clinical Mental Health Counseling Master’s Degree training curriculum for the purposes of state and national licensure and board certification. The NCE is offered nationally on Graduate Student Application (GSA)-eligible campuses in October and April of each year.
Table 1

<table>
<thead>
<tr>
<th>CACREP Core Area</th>
<th>Number of Items on NCE</th>
<th>Percentage of Total Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Orientation and Ethical Practice</td>
<td>29</td>
<td>18%</td>
</tr>
<tr>
<td>Social and Cultural Diversity</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>Human Growth and Development</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>Career Development</td>
<td>20</td>
<td>12%</td>
</tr>
<tr>
<td>Helping Relationships</td>
<td>36</td>
<td>23%</td>
</tr>
<tr>
<td>Group Work</td>
<td>16</td>
<td>10%</td>
</tr>
<tr>
<td>Assessment</td>
<td>20</td>
<td>12%</td>
</tr>
<tr>
<td>Research and Program Evaluation</td>
<td>16</td>
<td>10%</td>
</tr>
</tbody>
</table>

Any SOSU graduate seeking licensure as Licensed Professional Counselor (LPC) in the state of Oklahoma must earn a passing score on the NCE within five years of having his or her application for LPC Candidacy approved by the Oklahoma State Department of Health. LPC Candidacy is granted once an applicant has completed his or her master’s degree program and submitted all documents required for the post-master’s candidacy period.

During the Spring of 2009, the program applied for and was granted approval by the National Board of Certified Counselors (NBCC) to participate as a Graduate Student Application for the National Certified Counselor (GSA-NCC) credential counselor training program (the first such designation in the state of Oklahoma). Application to the GSA-NCC program is entirely voluntary, and expenses are paid directly by students wishing to participate. One of the benefits of belonging to the GSA-NCC program is that our graduating students, as well as students who have graduated from the Clinical Mental Health Counseling program at SOSU in the previous six months, are eligible to apply for and take the NCE on campus as opposed to having to wait several years after graduation to take the exam in Oklahoma City or Tulsa.

2. **What protocols will be used?** The NCE is administered in a controlled and secure environment, via paper-and-pencil, in Room 103A of Morrison Hall on the SOSU campus in Durant, Oklahoma. The on-campus administration is offered in October and April each year in a pencil-and-paper format. To maintain test security and administration standards, an individual outside of the Department of Behavioral Sciences proctors the exam. National data and generic data for Southeastern examinees are provided to the Clinical Mental Health Counseling Program Coordinator for assessment, feedback, and program improvement purposes.

**STUDENTS**

1. **How will students be selected to participate in assessment?** As stated previously, individuals applying for licensure through the Oklahoma State Department of Health, Division of Professional Counselor Licensing, must earn a
passing grade on the NCE to obtain LPC licensure in the State of Oklahoma. In the beginning of the fall and spring semesters, currently enrolled students who are in their final semester of studies are notified by the Program Coordinator of the Clinical Mental Health Counseling program that they are eligible to participate in the GSA-NCC program. The Program Coordinator explains to the students the benefits of choosing to participate in this voluntary program. Each interested student completes the exam application and submitted the registration fees to the Program Coordinator who then mailed all registration documents to NBCC.

2. **Approximately how many students will be assessed?** The number of eligible students who choose to participate in this voluntary assessment varies by semester. At least three (3) students must register to take the exam in a semester in order for SOSU to be permitted to offer the NCE on campus. Therefore, the number of students will vary, however, it typically approximates seven to nine. Again, the reason for this small number is due to the fact that only students who are in their final semester of studies or those who have graduated from SOSU within the six months prior to the administration of the exam are eligible to take the on-campus administration of the NCE (please see the GSA-NCC requirements discussed in the previous paragraph).

3. **What is the target population?** All graduating students, as well as students who have graduated from the Clinical Mental Health Counseling program at SOSU in the previous six months, are eligible to apply for and take the NCE on campus.

**ANALYSIS**

1. **How will the data be summarized?** Data for the NCE are summarized based upon the score reports provided by NBCC. These score reports include overall scores of students based upon the pass/fail cutoff score established by NBCC. In addition, student scores are analyzed with regard to the eight content areas provided by NBCC (provided in Table 1). Students’ overall and content area scores are also compared to national scores provided to NBCC to allow for comparison with students from hundreds of different universities that also use this assessment measure. Lastly, student pass/fail percentages are also compared to those included in the national norming sample for this standardized examination.

2. **How will results be used to evaluate performance relative to each learning outcome?** As provided in Table 1, the NCE content areas conform directly with each of the eight learning outcomes established for the CMHC Master’s Degree Program. Specifically, the SOSU mean score on each content area is compared to the national mean to evaluate students’ learning in each outcome.

3. **What analyses will be used to compare current and historical data (last 3-5 years)?** Tables are used to compare student scores (overall and in the eight content areas) since the GSA-NCC program was initiated at SOSU. This allows for a year-to-year comparison of student scores as modifications are made to strengthen this master’s degree program and as part of our CACREP accreditation application.
ARTIFACTS AND ASSESSMENT PROTOCOLS (continued)

1. What artifacts will be collected for assessment?

b. Counselor Preparation Comprehensive Examination (CPCE): The CPCE, which is utilized by over 260 universities and colleges across the U.S., is designed to assess counseling students’ knowledge of counseling information viewed as important by counselor preparation programs. Like the NCE, the CPCE covers the eight core training areas delineated by CACREP (directly correlated with Learning Objectives 1-8 above). The CPCE, however, is not designed to serve as a licensure examination. Instead, it has been developed to assess student learning in graduate counselor training programs. In addition, according to the Center for Credentialing and Education, Inc. (CCE) Web site (http://www.cce-global.org), the CPCE: (a) allows Master’s program comprehensive exams to better meet psychometric standards; (b) gives programs an objective view of the knowledge level of their students; (c) allows programs to examine student functioning in various curricular areas; (d) promotes longitudinal self-study; (e) compares a program’s results to national data; (f) stimulates student integration of knowledge learned in separate courses; and (g) gives students comparative strength/weakness feedback. The Clinical Mental Health Counseling Master’s Degree Program has been administering this learner outcomes assessment examination since the Fall of 2002 as an exit exam.

The CPCE is a 160-item, multiple-choice examination specifically developed to assess the eight learning objectives defined above (see Section IV). One-hundred thirty-six of the items are used in the actual assessment, with 24 items being piloted for future versions of the examination. Therefore, 17 items are specifically devoted to each of the eight core CACREP training areas and, concurrently, to each of the eight learning objectives of this report. The instrument holds strong validity and reliability and is the most commonly used instrument to measure knowledge of the eight core CACREP training areas among students at or near the time of graduation from a graduate counseling master’s degree program. As mentioned above, the CPCE is presently utilized by more than 260 colleges and universities for this very purpose.

2. What protocols will be used? The CPCE is administered by the SOSU Clinical Mental Health Counseling Program Coordinator. This assessment tool is only offered twice each calendar year (fall and spring). The CPCE is administered in a controlled and secure environment, via paper-and-pencil, in Room 103A of Morrison Hall on the SOSU campus in Durant, Oklahoma. Standardized administration procedures are strictly followed. Once completed, results are immediately secured by the proctor and mailed to the Center for Credentialing and Education (CCE) for scoring. Shortly thereafter, CCE mails the results back to the Clinical Mental Health Counseling Program Coordinator. Results are used for two purposes: (a) inclusion in the Program Outcome Assessment Report and (b) delivery of feedback to students regarding their performance on the separate sections of the CPCE to assist them in studying for eventual completion of the NCE (Assessment Method #1).
STUDENTS

1. **How will students be selected to participate in assessment?** All students in their last semester of graduate studies in the Clinical Mental Health Counseling program at SOSU are required to take the CPCE prior to graduation.

2. **Approximately how many students will be assessed?** The number of students assessed varies by semester and is determined by the number of students scheduled to graduate that semester. Historically, the number of students taking the CPCE in the fall semester has been lower than the number in the spring as fewer students have graduated in December as compared to May.

3. **What is the target population?** All students in their last semester of graduate studies in the Clinical Mental Health Counseling program at SOSU are required to take the CPCE prior to graduation.

ANALYSIS

1. **How will the data be summarized?** Data for the CPCE are summarized based upon the score reports provided by CCE. These score reports include statistics for the overall scores of all students completing the exam at SOSU that semester. In addition, the eight content areas of the CPCE are analyzed separately for each student. Students’ overall and content area scores are also compared to national scores to allow for comparison with students from hundreds of different universities that also use this assessment measure.

2. **How will results be used to evaluate performance relative to each learning outcome?** The CCE content areas conform directly with each of the eight learning outcomes established for the CMHC Master’s Degree Program. Specifically, the SOSU mean score as well as that of individual students on each content area is compared to the national mean to evaluate students’ learning in each outcome.

3. **What analyses will be used to compare current and historical data (last 3-5 years)?** Tables are used to compare student scores (overall and in the eight content areas) for the last five years. This allows for a year-to-year comparison of student scores as modifications are made to strengthen this master’s degree program and as part of our CACREP accreditation application.

B. ARTIFACTS AND ASSESSMENT PROTOCOLS (continued)

1. What artifacts will be collected for assessment?

   c. **National Council for Accreditation of Teacher Education (NCATE) Advanced Certificate Portfolio Artifacts Directly Correlated with the Eight Core Council for Accreditation of Counseling and Related Educational Programs (CACREP) Training Areas:** Throughout the course of graduate education in the Clinical Mental Health
Counseling Program at Southeastern, students complete a total of eight didactic courses which directly correspond with the eight learning objectives previously outlined in this assessment plan. Each of these eight courses has a project (referred to by NCATE as an “artifact”) that has been developed in conjunction with NCATE requirements to verify student learning with regard to the didactic content outlined on the syllabus for each course. The eight learning objectives identified in this assessment plan and their corresponding SOSU graduate counseling courses (each of which has an NCATE artifact required) are outlined in Table 2 as follows:

**SOSU Clinical Mental Health Counseling Required Courses Directly Correlated with the Eight Learning Objectives of this Assessment Plan**

<table>
<thead>
<tr>
<th>Number</th>
<th>Learning Objective</th>
<th>SOSU Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CMHC Orientation and Ethical Practice</td>
<td>COUN 5133: Clinical Mental Health Counseling Orientation and Ethical Practice</td>
</tr>
<tr>
<td>2</td>
<td>Social and Cultural Diversity</td>
<td>COUN 5483: Social and Cultural Diversity Issues in Counseling</td>
</tr>
<tr>
<td>3</td>
<td>Human Growth and Development</td>
<td>COUN 5243: Human Growth and Development in Counseling</td>
</tr>
<tr>
<td>4</td>
<td>Career Counseling and Development</td>
<td>COUN 5323: Career Counseling and Development</td>
</tr>
<tr>
<td>5</td>
<td>Helping Relationships</td>
<td>COUN 5443: Theories of Counseling</td>
</tr>
<tr>
<td>6</td>
<td>Group Work</td>
<td>COUN 5523: Group Counseling</td>
</tr>
<tr>
<td>7</td>
<td>Counseling Assessment</td>
<td>COUN 5283: Assessment in Counseling</td>
</tr>
<tr>
<td>8</td>
<td>Research and Program Evaluation</td>
<td>COUN 5863: Research in Counseling</td>
</tr>
</tbody>
</table>

A key course project from each of the eight core CACREP training courses is represented by the NCATE artifacts. The project is expressly designed by each course instructor to cover the course training objectives as outlined on the syllabus for each course. This assessment method is designed to represent an internal evaluation of the eight learning objectives, as opposed to the previous two assessment methods (i.e., the NCE and CPCE), which are both norm-referenced, nationally standardized assessment instruments.

The assessment method employed regarding the eight NCATE artifacts utilizes a three-level rating scale system. Specifically, student levels of proficiency on each of the eight artifacts discussed in this section of the assessment plan are rated on a nominal scale as follows: an outcome score of three (3) represents a proficiency rating in the “target” range (above average performance for a graduate-level student), an outcome score of two (2) represents a proficiency rating in the “acceptable” range (average performance for a graduate-level student), and an outcome score of one (1) represents a proficiency rating in the “unacceptable” range (below average for a graduate-level student).

2. **What protocols will be used?** The individual course instructors develop the requirements and deadlines for each of the course projects represented by the eight NCATE Portfolio Artifacts assessed. A variety of instructors teach these eight courses; however, each instructor is asked to require a course project that is representative of the course objectives outlined in each of the corresponding course syllabi. Each course
instructor then evaluates the individual students’ performances on the artifact, assigning a grade and a corresponding rating of 1-3 using the pre-approved NCATE grading rubric mentioned previously.

STUDENTS

1. **How will students be selected to participate in assessment?** All students enrolled in the Clinical Mental Health Counseling Master’s Degree Program are required to take the eight courses covered by the aforementioned NCATE artifacts. This requirement is in direct conjunction with both CACREP requirements and the eight learning outcomes outlined in Section III of this assessment plan.

2. **Approximately how many students will be assessed?** The number of students assessed varies by semester and is determined by the number of students enrolled in each of the eight core courses.

3. **What is the target population?** The target population consists of Clinical Mental Health Counseling graduate students. These students represent all levels of training, since there are no sequencing or prerequisite issues related to the eight courses, and they may be taken at any time during the students’ graduate program of study.

ANALYSIS

1. **How will the data be summarized?** Data for the previous five years are summarized in tables and include the total number and total percentage of students in each range of proficiency. Specifically, student levels of proficiency in the three ranges (Target, Acceptable, and Unacceptable) on each of the eight artifacts discussed in this section of the assessment plan are represented.

2. **How will results be used to evaluate performance relative to each learning outcome?** The NCATE core areas conform directly with each of the eight learning outcomes established for the CMHC Master’s Degree Program. Specifically, the scores are compared over the previous five years to evaluate students’ learning in each outcome.

3. **What analyses will be used to compare current and historical data (last 3-5 years)?** Tables are used to compare student artifact scores in the eight core courses for the previous five years. This allows for a year-to-year comparison of student scores as modifications are made to strengthen this master’s degree program and as part of our CACREP accreditation application.

B. ARTIFACTS AND ASSESSMENT PROTOCOLS (continued)

1. What artifacts will be collected for assessment?
d. **Program Alumni Survey and Data:** The CMHC program follows a systematic process for collecting data regarding students who have recently graduated from our program. The purpose of this data collection is to assess the quality and effectiveness of our counseling program and the competence of program graduates.

2. **What protocols will be used?** Data are collected directly from our graduates within a year of their graduation. As students are cleared for graduation, contact information is obtained from them by the CMHC Program Coordinator, and they are informed of the data collection process and the importance of their participation in the process. Surveys are sent out once a year (along with postage-paid return envelopes), so that the data can be collected and evaluated prior to the annual Program Outcome Assessment Report (POAR).

**ANALYSIS**

Data received from the program alumni are collected and analyzed prior to completion of the annual Program Outcome Assessment Report (POAR). The department administrative assistant plays an important role in collecting and entering raw data for the purpose of evaluation while maintaining the anonymity of the respondents. Anonymous data are provided to the CMHC Program Coordinator in aggregate form via a spreadsheet file for analysis and inclusion in the annual POAR. Original surveys are then shredded by the department administrative assistant for confidentiality purposes.

The current alumni survey was developed in conjunction with CACREP guidelines and mailed for the very first time in the Fall of 2011. Survey results will be reported annually beginning with the publication of the 2011-2012 POAR.

**B. ARTIFACTS AND ASSESSMENT PROTOCOLS (continued)**

1. **What artifacts will be collected for assessment?**

   e. **Employer Survey and Data:** The CMHC program also follows a systematic process for collecting data regarding site supervisors/employers of students who have recently graduated from our program. The purpose of this data collection is to assess the quality and effectiveness of our counseling program (from the perspective of the site supervisor/employer) and the competence of program graduates in their postgraduate work settings.

2. **What protocols will be used?** Addresses from all area mental health centers along with addresses from the sites utilized by practicum and internship students during the previous academic year are gathered for the purposes of this survey. Surveys are sent out once a year (along with postage-paid return envelopes) to all addresses cataloged via the aforementioned method. Site supervisors/employers are asked to complete the surveys only if they have served as a site supervisor and/or employer during the previous two-year period.

**ANALYSIS**
Data received from the site supervisors/employers are collected and analyzed prior to completion of the annual Program Outcome Assessment Report (POAR). The department administrative assistant plays an important role in collecting and entering raw data for the purpose of evaluation while maintaining the anonymity of the respondents. Anonymous data are provided to the CMHC Program Coordinator in aggregate form via a spreadsheet file for analysis and inclusion in the annual POAR report. Original surveys are then shredded by the department administrative assistant for confidentiality purposes.

The current site supervisor/employer survey was developed in conjunction with CACREP guidelines and mailed for the very first time in the Fall of 2011. Survey results will be reported annually beginning with the publication of the 2011-2012 POAR.

IV. PROGRAM MODIFICATIONS

The need for program modifications is determined by the program faculty’s careful analysis and interpretation of the data regarding student performance in the learning outcomes as assessed by the five aforementioned assessment tools. These data are made available to and reviewed by all CMHC program faculty via the annual POAR. If it is determined students are not meeting the standards and/or the assessment instruments no longer accurately assess the CMHC learning outcomes, the program faculty will determine which areas need to be addressed and implement appropriate modifications and methods of assessment. Further, modifications will be made to coincide with the most current CACREP Standards.

The CMHC Program Coordinator is deeply committed to the ongoing assessment process. This is particularly important as the program applies for national specialty program accreditation as a CACREP-Accredited Clinical Mental Health Counseling Master’s Degree Program. CACREP places great emphasis on program outcome assessment measures. This assessment plan and future program outcome assessment reports shall serve the program well in demonstrating its commitment to evaluating student learning outcomes and modifying the program to meet the needs of a changing mental health marketplace in the 21st century.

V. DISTANCE EDUCATION

A face-to-face training emphasis has been developed in conjunction with the philosophy of the counseling profession for which faculty members are training the students: face-to-face professional counseling. The faculty members prepare students for effective, face-to-face counseling via hands-on coursework. Online, blended, and IETV make such training very difficult. Therefore, the CMHC program does not currently offer any distance education (IETV or web-based) courses. Further, there are no plans to do so in the near future.
VI. FACULTY INVOLVEMENT

Data for the annual POAR are gathered from numerous counseling program faculty members. For example, each counseling faculty member contributes to the data pool regarding the NCATE artifact scores. The CMHC Program Coordinator receives the data from both the NCE and the CPCE directly from each examination’s testing company. Anonymous survey data are received in the Department of Behavioral Sciences from program alumni and employers of CMHC graduates. All of these data are analyzed, interpreted, and summarized by the CMHC Program Coordinator who then writes the annual POAR.

Upon completion of the POAR, the CMHC Program coordinator emails the POAR to all counseling faculty members for their review and feedback. After any revisions, the CMHC Program Coordinator then emails the revised POAR to all remaining faculty members in the Department of Behavioral Sciences.

Lastly, as part of the established policy, members of the Graduate Counseling Coordinating Committee (GCCC) formally review the annual POAR prior to submission. The GCCC, which consists of three full-time graduate counseling faculty members and one, full-time SOSU faculty member from outside the Department of Behavioral Sciences, critically analyzes the information presented in the POAR with particular emphasis placed upon an overall review of the program, curricular offerings, and characteristics of program applicants. Any necessary program modifications are then discussed.

VII. TRANSPARENCY

A. INTERNAL AND EXTERNAL CONSTITUENTS

Relevant constituents of the Clinical Mental Health Counseling program include the following: (a) prospective and current students in the Clinical Mental Health Counseling program; (b) faculty members teaching courses in the Clinical Mental Health Counseling program; (c) practicum and internship sites for Clinical Mental Health Counseling graduate students; (d) graduates of the Clinical Mental Health Counseling graduate program; (e) employers of graduates of the Clinical Mental Health Counseling graduate program; and (f) the public at large, as recipients of professional counseling services from graduates of the Clinical Mental Health Counseling graduate program.

B. METHODS OF SHARING DATA WITH IDENTIFIED CONSTITUENTS

The Clinical Mental Health Counseling Program Coordinator provides students with individualized score reports regarding their CPCE results to assist the students in studying for the National Counselor Examination (NCE). In this way, students are better informed about the areas they need to study further as they prepare to take the national licensure examination. The National Board for Certified Counselors (NBCC) provides students with confidential, individualized score reports regarding their NCE results.
Each academic year, the POAR is made available to all of the aforementioned constituents via the CMHC Web site. It is also shared with the faculty of the Department of Behavioral Sciences, the GCCC in October of each year, and the CMHC Advisory Board at its annual meeting in the fall semester of each academic year.

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