



# 2018 Portland MA Counseling Program Report Reviewing 2017 Data

## Master of Arts in Counseling Program in Clinical Mental Health

**Introduction** – The purpose of the Western Seminary Master of Arts in Counseling Program is to prepare practitioners of personal integrity who will provide effective, ethical, culturally inclusive, professional counseling from a Christian worldview. To ensure fulfillment of our mission, we maintain an annual assessment of outcome data, consistently making modifications to ensure growth in the efficacy of the educational experience for our students. Some indicators are gathered routinely through grading of assignments, student reviews, annual surveys, and clinical evaluations. Annually, this data is reviewed by faculty and administrators as impetus toward positive direction in the program. Bi-annually, a full assessment is conducted and data is reviewed by an expert Advisory Board to complement faculty input. A full assessment was conducted early in 2018. What follows is information gleaned from our assessment of the calendar year of 2017. Faculty members Hannah Acquaye, Ph.D., Laurie Bloomquist, Ph.D., Kay Bruce, Psy.D., Ken Logan, Psy.D., and Norm Thiesen, Ph.D. along with Advisory Board Members Dr. Abraham Cazares-Cervantes, Doug Chapman, LPC, Reid Kisling, Ph.D., Debbie Woo, MA, and student representative Jennifer Sites, MA met on February 2, 2018 to review assessment outcomes and to make recommendations.

Direct evidence of student learning and performance was obtained from 16 primary sources of assessment:

1. Comprehensive Clinical Integrative Paper (CNS 581);
2. Case Study Assessment (CNS 505 Psychopathology);

3. Application project demonstrating an understanding of life transitional stages (CNS 507 Human Life Span Development);
4. Specialty Group presentation (CNS 512 Group Counseling);
5. Career assessment plan (CNS 518 Career and Lifestyle Development);
6. Research and evaluation of therapeutic effectiveness (CNS 519 Treatment Planning and Outcome Assessment Strategies);
7. Targeted questions on CNS 525 final exam (CNS 525 Tests & Measurements);
8. Dual diagnosis case write-up (CNS 529 Counseling Addictions);
9. Case study with treatment plan and crisis intervention strategy (CNS 558 Emergency Preparedness: Crisis Intervention, Trauma, and Loss);
10. Map family genogram (CNS 503 Family Systems);
11. Personal reflection paper (CNS 506 Legal & Ethical Issues);
12. Professional orientation paper (CNS 520 Professional Orientation);
13. Social & Cultural Research Paper (CNS 513 Social & Cultural Foundations);
14. Practicum and Internship Field Experience (CNS 531-539) is assessed using the CNSF024 Intern Performance Evaluation form by the site supervisor, the faculty campus supervisor, and the student;
15. Counselor Preparation Comprehensive Examination (CPCE);
16. National Counselor Exam (NCE); and
17. Professional Assessment of Candidates (PAC) Review by Faculty.

Indirect evidence of student learning and performance was primarily evaluated by a course evaluations and a student program evaluation. We currently have 66 students in the Portland MA Counseling program after having graduated 19 students over three semesters beginning in spring, 2017.

### **M.A. in Counseling Program Purpose, Objectives, and Vocational Intent**

The **purpose** of the M.A./Counseling Program is to prepare practitioners of personal integrity who will provide effective, ethical, culturally inclusive, professional counseling from a Christian worldview.

The counseling program endeavors to prepare students of integrity who demonstrate:

- 1. Spiritual maturity** by applying biblical truth to life and ministry resulting in gospel-centered spiritual growth and transformation. (GCPO a., character)
- 2. Theological discernment** by employing advanced theological thinking that integrates a gospel-centered world-view with biblical and social science studies. (GCPO b., conviction)
- 3. Interpersonal skills and emotional health** by demonstrating social and emotional awareness, respect for others, inclusivity in diversity, effectiveness in teamwork, intrapersonal and interpersonal awareness, and the ability to care for self. (GCPO c., character)
- 4. Counseling skills** by evidencing theoretical knowledge, application of theory, and clinical competence. Additionally, students will demonstrate an ability to build an effective culturally inclusive therapeutic alliance with clients utilizing a breadth of clinical skills and technique consistent with current clinical research evidence. (GCPO d., competence)
- 5. Professional practice** by applying their training to internship tasks, integrating supervisory input into clinical work, reflecting on multicultural and contextual issues, engaging cooperatively in the supervision relationship, and behaving in accordance with the ethical standards of the profession. (GCPO e., competence)

These goals inform the outcomes that guide the program and serve as the basis for the assessment process and are tied to institutional outcomes. Course learning objectives, the Professional Assessment of Candidates ratings, faculty and supervisor intern evaluations, and Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards are mapped to Global Program Outcomes as well as indirect surveys to measure the efficacy of the educational process.

## Summary of Observations and Proposed Action

**Global Counseling Program Outcomes** – Primary objectives for the program as a whole were rated very highly by faculty, site supervisors, and students. Spiritual maturity and Theological Discernment outcome measures ranged from 95-100%, indicating the spiritual, theological, and integration training appears to be very strong. One method for faculty evaluation of Global Counseling Program outcomes is by means of the Professional Assessment of Candidates (PAC) review. Twice per year the core counseling faculty members meet to review student progress. Each student is named and evaluated individually, taking into consideration feedback from faculty (both core and adjunct), academic grades, site supervisor evaluations, case conference evaluations, student self-evaluations, and any input from the Office of Student Development. The PAC review is a holistic assessment of each individual student based upon both direct and indirect sources of information. All Global Counseling Program Outcomes were assessed to have been met at a 95-100% level giving strong validation of outcome achievement. Though not as strong, the Interpersonal Skills, Counseling Skills, and Professional Practice ratings ranged from 92-100% demonstrating very strong professional skills and demeanor. These will be explored at a more in-depth level under other assessment categories.

**Supervisor Evaluations** – Students perform clinical mental health services in community clinics and agencies around the Portland/Vancouver area, with some as far as Eugene to the south, Seattle to the north, and The Dalles to the east. Five semesters of clinical experience are required as a part of the program, including one semester of practicum and four semesters of internship. Licensed professionals from the community serve as clinical site supervisors. Each of the five semesters, the clinical site supervisor submits an evaluation of the student's clinical counseling performance. The categories for assessment are the same as the campus supervisor evaluations with an added section regarding site related competence, which includes many Clinical Mental Health Counseling standards. The students complete a self-evaluation using the same form and the three are averaged together with the

exception of the Clinical Mental Health Counseling standards that are more limited to the site supervisors' evaluation.

In the case conference classes on campus, each semester students present two case history write-ups, a video/audio recording of a session with that client, and a transcript of said session to play for a small group of up to seven peers and a counseling faculty member who serves as case conference supervisor. Students give verbal and written feedback to the student presenting and the faculty member provides a formal evaluation of the student's counseling skills both in assessing each presentation but also as a comprehensive assessment at the end of each semester using the form CNSF024 Intern Performance Evaluation. The combined evaluations from site supervisors, case conference supervisors, and self-evaluations yielded a very high rating of 98.55% for Professional Practice and 94.11% for Counseling Skills. This appears to reflect a professional and ethical approach to practice by students and offers strong affirmation of the clinical training students are receiving. Internship performance evaluations by both site supervisors and campus supervisors were all above the 80% threshold except for four areas during the spring semester of 2017 having to do with assessment and diagnosis. In response to this data, we are proposing two points of action: (1) add treatment-planning components to CNS 505 to reinforce more of the diagnostic process and (2) to add protocol for case conference supervisors to follow which emphasizes assessment and diagnosis in the class discussion. Other areas for skill development are clear in some of the CACREP clinical mental health competency outcomes.

**CACREP Clinical Mental Health Counseling Standards** – Of the above-named work samples and observations a clear majority reflected data that meets or exceeds the 80% threshold established as a cut-off; the only to fall below 80% were related to dual diagnosis, inter-disciplinary team effectiveness, and use of supervision/consultation. It seems evident that our upgraded syllabi, improved course content, implementation of new instructional strategies, and clearer assignment instructions have effectively produced stronger results on many clinical mental health counseling standards. Of note, our weakest area last year, career and lifestyle development all scored above the threshold this assessment period. In this section, we will look at program strengths, relative weaknesses, and include proposed action steps toward continued growth and improvement.

In contemplating lower outcome ratings related to the CNS 529 Dual Diagnosis Case Write-up assignment, three primary concerns emerged: (1) student ability to screen for addiction and co-occurring mental disorders; (2) student ability to apply outcomes of a chemical dependency assessment in creating an appropriate treatment plan; and (3) student use of selective counseling strategies when working with dual-diagnosis clients. Discussion included a noted lack of integration between medical history, mental health diagnosis, and substance abuse diagnosis in many community mental health organizations. The current course assignment calls for students to develop a fictitious client to assess. The suggested correction is to change the assignment to give the students a choice of three or four well-developed vignettes that would force students to accurately assess and plan treatment for a more complex dual diagnosis client. Further, we propose that we change case write-up instructions to include documentation of dual diagnoses and specifying that historic use must also be included.

A second area for focused attention pertains to familiarity with use of an inter-disciplinary team in treatment (75%). Students seem to struggle with knowing the difference between the various mental health professions and using resources to create an interdisciplinary team. A proposed action step is to invite a panel of speakers from various disciplines to inform students of their role of expertise and availability. Further, we will ask a community resource panel to familiarize students with housing, chemical treatment, job rehabilitation, financial resources, and wrap-around services in the local area.

A third point for review involves student understanding of appropriate use of supervision and consultation. At least three different classes, CNS 501 Clinical Foundations, CNS 506 Legal & Ethical Issues, and CNS 557 Emergency Preparedness Suicide Intervention include information about supervision and consultation in the curriculum. The standard measured by means of a reflection paper in CNS 506, but suggestions are that it should be assessed in the Emergency Preparedness class where there is a more direct application to the project. The CNS 506 class will create a stronger emphasis in content with regard to supervision.

Training in treatment planning has been an area of relative weakness that we have identified in recent years, leading to the creation of the CNS 519 Treatment Planning course. In this set of data, treatment planning scored at 93%, a distinct improvement. Still, graduates rated treatment planning at only 78.5% in the graduate survey. It was hypothesized some graduates were not required to take the course, and therefore the results may increase in future years. We suggested that we implement a treatment planning book specific to various theories in the case conference class, as well as to include greater emphasis in the case conference write-up.

**National Counseling Examinations** – Students complete the Counselor Preparation Comprehensive Examination (CPCE) which is required before graduation. Our MA Counseling program has used this national exam as an exit exam for our graduates since 2003 and consistently produces a mean score above the national mean for other schools who also use it as an exit exam. Over the three administrations during the 2017 calendar year, Western Seminary means were 91.83, 94.67, and 100.44 while the national exit means were 87.13. This provides direct evidence of the quality of academic preparation of our students when compared to other graduate counseling programs who use this exam as an exit exam. Likewise, this year all students who completed the NCE (National Counselor Examination) passed the exam on their first attempt.

## **Indirect Measures**

**Student Program Evaluations** – Each spring or summer semester students complete a program evaluation survey. Questions on this survey vary from academic experience, to licensure preparation, supervision, diagnosing and treatment planning, as well as spiritual considerations and critical thinking. We had an adequate response of 46 students. Five items were rated in the 79-90% range, all others were above 90%, with the lowest score (79%) being that of off-campus site supervision. We considered how we might increase the training for our off-site supervisors, including, training in use of the evaluation form. Overall, however, our students were very positive about their experience in the program and many made very encouraging comments. The rating of the program overall was at 95%.

## **Program Achievements/Accomplishments**

**Global Counseling Program Outcomes** – Data derived from both direct and indirect evidence resulting in a range from 89-100% provides strong demonstration of efficacy in the achievement of educational and developmental goals as developed by the counseling program in congruence with the school's mission and values. Integration of a biblical worldview with application to life, ministry, and clinical service appears to be a strength of the program based upon assessment of course learning outcomes and PAC review data as well as student evaluation. CCIP papers, PAC review data, and student program evaluations confirm an emphasis on advanced theological thinking particularly with regard to an integrated approach to counseling. CCIP papers, PAC review data, intern evaluations by site and campus supervisors, and student program evaluations all give good support (92-100%) to outcomes regarding interpersonal skill, self-care, self-awareness, and social and emotional awareness. Students surveyed about the overall quality of the program rate yielded a score of 95%, indicating a very positive view among students about their educational experience.

Though still well above our passing threshold at 89% and improved over last year, the lowest of the Global Counseling Program Outcome scores was 86% obtained from site supervisors who were evaluating Clinical Skills of students when treating clients in the community. Case conference supervisors found increased attention to assessment and diagnosis desirable. With regard to Clinical Skills as measured by CACREP Clinical Mental Health Standards, evidence for accomplishment was strong with exception of dual diagnosis, inter-disciplinary team effectiveness, and use of supervision/consultation. Student satisfaction with the program was very high at 95%.

**Strengths** – Students reflect high levels of satisfaction of their experience in the program and effectively demonstrate astuteness in biblical and theological integration, acquisition of significant academic knowledge, and clinical skill. National examination results consistently affirm the strong academic preparation our students receive. Agencies in the community frequently seek our students to serve as interns or employees upon graduation. Our core faculty members are solid academicians as well as active practitioners of counseling which keeps instruction relevant for student clinicians. The program is consistent in its maintenance of assessment processes, evaluation of resulting data, and swift implementation of suggested corrections, as evidenced by several modifications already implemented within months of data review. We care deeply about the personal and professional growth of our students as evidenced by our regular PAC review meetings wherein each student is individually assessed and plans for follow-through are created when necessary to encourage student success.

### **Items for Improvement –**

1. Students may benefit from increased knowledge and experience in assessment and diagnosis of their clients, particularly with regard to dual diagnosis and chemical dependency.
  - Adding a treatment planning component to the CNS 505 class that connects assessment with diagnosis and corresponding treatment
  - Develop training and protocol for case conference supervisors to follow which emphasizes assessment and diagnosis in the class discussion
2. Specific to improving skills regarding dual diagnosis clients:
  - The course assignment in CNS 529 to be changed to give the students a choice of three or four well-developed vignettes that would force accurate assessment and treatment planning for a more complex dual diagnosis client
  - Case write-up instructions will be altered to include documentation of dual diagnoses; specifying historic use must also be included
  - Students will demonstrate in case conference appropriate selection of treatment strategies specific to chemical dependency issues
3. To assist students in knowing the difference between the various mental health professions and using resources to create an interdisciplinary team:
  - We will invite a panel of speakers from various disciplines to inform students of their role of expertise and availability
  - We will ask a community resource panel to familiarize students with housing, chemical treatment, job rehabilitation, financial resources, and wrap-around services in the local area

4. To increase student awareness regarding appropriate use of supervision and consultation:
  - The CNS 506 class will have a stronger emphasis on the role of supervision and consultation
  - Assessment of this standard will shift to the project for CNS 557 where it is a more natural fit with the assignment
  - Provide more feedback to supervisors from survey results
5. To continue efforts in strengthening treatment planning:
  - We will implement use of a treatment-planning book specific to various theories in the case conference class, as well as to include greater emphasis in the case conference write-up.

## **Concluding Summary**

Implications of this program assessment suggest that there are many areas of strength as demonstrated in our global counseling program outcomes and CACREP Clinical Mental Health Counseling standards. Students of the program reflect positive evaluations of their educational experience, biblical and spiritual integration, and training in clinical skill, consistent with our institutional goals of character, conviction, and competence. Performance artifacts and observational evaluations also reflect well on the preparedness of our students. National examination results consistently reflect a high level of academic training. The fact that agencies in the community value our students to the point of frequently requesting applicants from our school, suggests the strength of our clinical training. The program seems to be effective in preparing practitioners of personal integrity who will provide effective, ethical, culturally inclusive, professional counseling from a Christian worldview. We have identified areas for continued growth particularly within the area of clinical skills, including assessment, diagnosis, and treatment planning, particularly with regard to dual-diagnosis clients. We have already begun implementation of many suggestions gleaned from the Advisory Board, such as a new protocol for supervisors in the case conference class, modified instructions for the case history format, and a new text to use in case conference class. As a reflection of our desire to see client resiliency, wellness, strength, and continued growth, we wish to model these values in our approach to program assessment and student development anticipating future positive characteristics in the form of competent students and graduates.