



CACREP Graduate Counseling Programs Annual Program Evaluation Report Academic Year: 2020-2021

Introduction

The 2020-2021 academic year represented a transitional period for the Graduate Counseling Programs—a full year of virtual learning in response to safety measures for the COVID-19 pandemic. The faculty is grateful for Hofstra’s response in moving to remote instruction to safeguard the welfare of its students, faculty, and staff. While the spring 2020 semester was challenging due to the abrupt shift to online teaching in less than two weeks, the faculty within the Department of Counseling and Mental Health (CMHP), with assistance from the School of Health Professions and Humans Services (HPHS) Dean’s Office, responded with collective support and sharing of best practices, trainings, and literature regarding online pedagogy. The CMHP Chairperson and faculty facilitated group learning sessions over the summer 2020 months to prepare for the “Year of Online Learning,” as it has come to be known. The faculty anticipates a return to fully in-person instruction for the 2021-2022 academic year, with guidance and safety protocols in place. The mission of the faculty during this time has been to maintain a high level of continuity, consistency, and support to our students.

This period represents another type of transition, as well. Hofstra University boasts three graduate counseling programs accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP): the MA in Mental Health Counseling (MHC), the MEd in Rehabilitation Counseling (RC), and the MEd in Rehabilitation Counseling in Mental Health (RCMH). In prior years, the program evaluation outcomes have been reported separately for the Mental Health Counseling program and the Rehabilitation Counseling Programs. The Graduate Counseling Programs faculty has begun to undertake a collaborative effort toward unified program administration across these accredited programs, including actions to align program objectives; determine skills, knowledge, and professional dispositions consistent with counselor identity; and assess student performance, curricular strengths, and program effectiveness.

This year’s annual program evaluation report represents the first publication of this new collaborative effort. Within this report, the program will: (a) highlight programmatic highlights and faculty accomplishments; (b) represent applicant, student, and graduate demographics and outcomes in alignment with the CACREP 2016 Standards; (c) summarize the efforts of the former,

individual program evaluation plans, to “close the loop” and highlight programmatic changes based on those activities; and (d) introduce the conceptual framework for a unified program assessment plan that will serve all three CACREP-accredited programs.

Program and Faculty Highlights

We are proud to share some program highlights and faculty accomplishments from the 2020-2021 academic year:

- The student counseling clubs, *Association of Students in Counseling Professions* and the *Lambda Nu chapter of Chi Sigma Iota*, dedicated a year of learning and awareness dedicated to the *Black Lives Matter* movement. Programming throughout the year included conversations with Long Island Black Activists, “Poetic Justice”—an evening of spoken word in celebration of BLM and mental health, an expressive art event co-sponsored with the CAT student club, intersectional discussion on Black Disabled and Black Trans Lives Matter, and an end-of-year reflection on growth and learning.
- **Dr. Laurie Johnson**, Professor and Joseph L. Dionne Endowed Chair in Teaching, Learning and Leadership, presented a “Focus on Student Mental Health During the Pandemic” to the Nassau County Guidance Directors Meeting in September and on “Work in Disaster and Trauma Response” at Hofstra’s Lawrence Herbert School of Communications in November.
- **Dr. Genevieve Weber**, Associate Professor and MHC Program Director, co-founded a non-profit advocacy community organization titled “pRYEd Community Group” in 2020. The mission of this group is to increase protection and reduce negative health outcomes for LGBTQ+ youth through community dialogue and education. Within her role in this group, she leads presentations on various topics that support the mission of the organization and serves as the mental health liaison, connecting LGBTQ+ youth and their families to supportive resources including counselors.
- **Dr. Jamie Mitus**, Associate Professor and CMHP Chairperson, along with RCMH alumni Dr. Allison Levine, published a manuscript titled “Putting advocacy back into rehabilitation: A discourse on needs identified in the field” for the *Rehabilitation Counselors and Educators Journal*. She also made a refereed presentation at the National Council on Rehabilitation Education’s Fall conference on “iDisorder: The Emerging Trend of Tech Addiction among Gen Z.”
- **Dr. Andrea Nerlich**, Associate Professor and RC Programs Director, co-authored four published manuscripts, including “Nonverbal behavior, disability culture, and the rehabilitation professional” in *The Rehabilitation Professional*, “Alcohol-related cause of spinal cord injury and the impact on service recommendations” and “Advocacy in the time of COVID: A “shot across the bow” for rehabilitation counseling” in *Journal of*

Rehabilitation, and “Systematic review of rehabilitation counseling intervention research from 2007 to 2018” in *Rehabilitation Research, Policy, and Education*. She also published a white paper on the disability community during the pandemic, “Refocusing on equity: Bioethics, vulnerability, and access in the time of COVID-19.” She also made three refereed presentations at the National Council on Rehabilitation Education’s annual conferences, one co-presented with MFT Program Director Dr. Alicia Bosley titled “The Marriage of Couple & Family Therapy with Rehabilitation Counseling.”

- A national search for a full-time faculty member in the Mental Health Counseling program was undertaken. The search attracted a talented and diverse pool of applicants, and subsequently, **Dr. Joel Brown** was selected to join the faculty for fall 2021. Dr. Brown recently completed his PhD in Counselor Education and Supervision from Indiana University of Pennsylvania, with a dissertation entitled *African American Master’s Counseling Students Interactions with Counseling Faculty*.

Program Demographics

Enrollment Status and Degrees Granted by Program			
Program	Full-Time Fall 2020	Part-Time Fall 2020	Degrees Awarded 2020-2021
Mental Health Counseling	51	22	17
Rehabilitation Counseling	4	3	1
Rehabilitation Counseling in Mental Health	18	0	9
Totals	73	25	27

Student Demographics by Program Fall 2020					
Category	MHC	RC	RCMH	Total	%
Gender					
<i>Female</i>	65	6	18	89	90.8
<i>Male</i>	8	1	0	9	9.2
Race/Ethnicity					
<i>Asian</i>	5	1	1	7	7.1
<i>Black</i>	5	1	5	11	11.2
<i>Hispanic</i>	14	1	2	17	17.3
<i>Native HI/PI</i>	1	0	0	1	1.0
<i>Nonresident alien</i>	2	1	0	3	3.1
<i>Two or more races</i>	2	0	0	2	2.0
<i>White</i>	44	3	10	57	58.2
International student	2	1	0	3	3.1
Veteran	0	0	2	2	2.0

Programs Evaluation: 2015-2021—Closing the Loop

One programmatic change occurred that impacted all three CACREP-accredited programs. Prior to 2019, the programs received assistance in the coordination of the practicum and internship experiences in the form of part-time assistance provided by a long-time adjunct faculty member involved in practicum and internship. However, in recognition of the obvious workload challenges to providing high-quality internship and practicum management and facilitation, the CMHP Department, with the support of the HPHS Dean, submitted a budget proposal in 2019 to create a full-time departmental administrative position to coordinate and manage the practicum and internship experience. As a result, in September 2019, Prof. Elyse Miller assumed the full-time position of the CMHP Department's inaugural Director of Internship, Practicum and Assessment (IPA). The Director of IPA is responsible for coordinating all field placements (practicum/internship) in the three accredited programs. As such, she serves as the administrative liaison between the University, agencies/supervisors providing internship and practicum experiences, students, and faculty, and is primarily responsible for vetting possible sites and supervisors and ensuring that students get the appropriate training.

It should be noted that COVID-19 limited availability and feasibility of completing fieldwork hours at several of our sites/agencies. Some sites did permit students to be on-site, some only permitted telehealth therapy, and some did a combination of both. The CMHP Department continued to make sure the needs and safety of the students, along with the sites, were met. State and university protocols continued to be followed. The Programs continued to utilize the document that was completed with the NY State Education Department, "Addressing the Needs of Students Impacted by the Coronavirus: Alternative Ways to Meet Clinical Experience Requirements." It was approved by Hofstra University, along with NY State. This allowed the students to be able to accrue hours via telehealth.

Mental Health Counseling Program

Assessment Plan

The Annual Program Evaluation for the Mental Health Counseling Program examines student performance at five separate points: (1) the conclusion of a first-semester course, *COUN 223: Theories and Principles of Counseling*; (2) the conclusion of the first semester of fieldwork during *COUN 253: Mental Health Counseling Practicum*; (3) the conclusion of the first semester of internship, *COUN 298: Mental Health Counseling Internship I*; (4) the conclusion of the second semester of internship, *COUN 299: Mental Health Counseling Internship II*; and (5) the completion of the Comprehensive Examination, which is administered during the students' final semester in the program. For the first data point, the COUN 223 final assignment "Final Case Conceptualization & Treatment Planning Team Project" is scored using a grading rubric. For the final data point, students must score above an 80% to successfully pass the examination. For the

middle three data points, a 5-point Likert scale is used; items for which little basis for evaluation is available can be scored N/A:

- 5—*Excellent*: consistently meets more than minimum requirements in excellent manner, performing at a level much above that normally expected of an intern;
- 4—*Good*: consistently meets minimum requirements in a satisfactory manner, performing at a level more often above that expected of an intern;
- 3—*Average*: meets the minimum requirements in an adequate manner, performing nearly always at a level expected of an intern;
- 2—*Needs Improvement*: Sometimes fails to meet minimum requirements in a satisfactory manner, performing at a level somewhat below that expected of an intern, but responding to correction; and
- 1—*Unsatisfactory*: consistently fails to meet minimum requirements in a satisfactory manner, performing at a level considerably below that expected of an intern, and often not responding to correction.

2020-2021 Outcomes

The 2020-2021 Mental Health Counseling Evaluation demonstrates predominantly above average performance by program students at each of the five evaluation points. Predominantly above average performance was seen at all five assessment points. For the first assessment point, students averaged a score of 28.5 (out of 30) on the COUN 223 final assignment. While students did very well across all items, there seemed consistent challenges with Item #1, “Following syllabus instruction/adhering to APA.” This indicates the need for greater clarification or reinforcement of syllabus expectations, or additional resources on formatting.

For the second assessment point, COUN 253, the rating mean for Overall Evaluation for students was a 4.3. The highest rating mean for fall 2020 was a 4.6, and for spring 2021 was 4.7. These mean ratings were seen in: “Shows genuine desire to be helpful, accepts individual differences without prejudice;” “Works harmoniously with secretarial and clerical staff;” “Receives suggestions and criticism well;” “Accepts reasonable assignment willingly;” “Follows prescribed casework policies and procedures;” “Speaks and writes clearly;” “Encourages client participation in the counseling process;” “Profits from experience;” and “Has the potential for becoming an effective counselor.” The lowest mean rating for fall 2020 was a 3.9 and spring 2021 was a 3.8; these were in the area of “Properly interprets information in diagnosing problems.”

At the third assessment point, COUN 298, the highest rating mean for fall 2020 was a 4.3, for spring 2021 was 5, and summer 2021 was a 4.6. These mean ratings were seen in evaluated areas of: “Ability to organize and use time effectively;” “Ability to establish and maintain facilitative relationship;” “Ability to communicate respect, acceptance, unconditional positive regard toward client;” “Applies current record-keeping standards related to clinical mental health counseling;” “Ability to act in a professional and ethical manner;” “Demonstrates good judgment;” and “Demonstrates a level of self-awareness and emotional stability necessary for working with clients

and staff members.” The lowest mean rating for fall 2020 was a 3.5, for spring 2021 was 3.7, and for summer 2021 was a 3.6. These mean ratings were seen in evaluated areas of: “Applies current record-keeping standards related to clinical mental health counseling;” “Understands the range of mental health service delivery, such as inpatient, outpatient, partial treatment and aftercare, and the clinical mental health counseling services network;” and “Ability to understand, administer, and interpret tests, records, and/or other measurement instruments, where applicable.”

The fourth assessment point, COUN 299, the highest rating mean for fall 2020 was a 4.5 and for spring 2021 was 4.8; for summer 2021, evaluations for the five students enrolled were not on file. These mean ratings were seen in evaluated in the areas of: “Demonstrates involvement and seriousness of purpose in developing as a counselor;” “Ability to establish and maintain facilitative relationship;” “Ability to communicate respect, acceptance, and unconditional positive regard toward clients;” and “Ability to recognize the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.” The lowest mean ratings for fall 2020 was a 4.1 and for spring 2020 was 4.6. These mean ratings were seen in evaluated areas of: “Recognizes limitations;” “Ability to understand records;” “Ability to recognize limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate;” “Ability to accept and use constructive criticism to enhance self-development and counseling skills;” “Demonstrates a level of self- awareness and emotional stability necessary for working with clients and staff members;” “Ability to communicate effectively both orally and in writing,” and “Understands the range of mental health service delivery, such as inpatient, outpatient, partial treatment and aftercare, and the clinical mental health counseling services network.”

For the fifth and final assessment point, the Comprehensive Examination administered during the final semester of the Program was used. High scores ranged between 88 and 98. There were no scores lower than an 88.

Summary of Trends from 2015-2021

There are several trends that emerged from the 2015-2021 MHC program data and outcomes. Common and continued strengths of students were evident in the areas of identifying as a professional counselor, embracing cultural differences, demonstrating effective communication (orally and in writing), establishing effective relationships with clients and colleagues, holding positive regard towards clients, showing enthusiasm for their work, and acting professionally and ethically as a counselor. A few common and continued areas for improvement were also noted during this time, leading to programmatic improvement and curricular changes noted in the next section below. Areas for improvement included case conceptualization and formulating realistic treatment goals for clients; interpreting information for diagnosing problems; understanding, administering, and interpreting tests, records, and or other measurement instruments; helping clients understand and access a variety for community resources; understanding the range of mental health services including inpatient, outpatient, partial treatment, and aftercare, as well as

the clinical mental health counseling services network; and utilizing culturally responsive treatment practices.

In addition to the data on student performance, outlined in the Assessment Plan above, the MHC program regularly surveys external stakeholders (e.g., alumni, employers, site supervisors) for their impressions on the program. In January 2020, the MHC Program launched two surveys, the MHC Alumni Survey (n =21) and the MHC Site Supervisors (n = 16). The executive summaries for each of these surveys can be found [here](#).

Program Improvements and Curricular Changes

Below highlights some of the program improvements and curricular changes that were enacted in response to MHC Program Evaluation efforts:

- In response to noted needs for improvement in the areas of assessment, testing, and case conceptualization, faculty provided suggestions for changes to the departmental course, *CMHP 246: Integrative Assessment in Counseling*. Course modifications were implemented in 2020 to expose students to testing and assessment, as well as identification of focal areas of treatment within case consultation using simulated client cases with mock data. This addition to this course allows for an increased understanding of testing and assessment within the realm of treatment. Greater emphasis on clinical and risk assessment was also incorporated. *(This change addresses needs across all three programs.)*
- In *COUN 262, Psychopharmacology and Treatment Planning in Counseling*, there is now a greater emphasis on the initial intake interview (coupled with relevant assessments based on presenting information), case conceptualization, and treatment planning. The treatment plan must include evidence-based practices and identification of relevant community referrals and resources aligned with client needs and culture. These changes are in direct response to the outcome uncovered relating to improvements needed in diagnosis, formulating realistic goals, connecting clients to community resources, understanding the range of mental health services, and culturally responsive treatment modalities. These modifications were implemented in 2020.
- In response to an expressed need for more research collaboration with faculty, faculty took action to increase student awareness of research opportunities. For example, in 2020, Dr. Weber promoted an LGBTQ+ research initiative grant available to current students at Hofstra and initiated a call for proposals. When a graduate student approached Dr. Weber with an idea for research, they applied for the grant, and received a \$5,000 stipend which led to the development of a research study and two presentations. Further, with the guidance of counseling faculty, three MHC students joined research teams within the psychology doctoral program at Hofstra. These three students continued into doctoral study.

- In *RES 258: Understanding Research Methodology*, the students create research proposals and pilot studies to address issues in their field. Specifically, they have to present research questions, find valid measurements in publications for their studies, determine the correct analytical method for the data, and identify limitations and implications that these present, which was implemented with the 2020 course modifications.
- In counseling skills and fieldwork courses (COUN 223, COUN 230, COUN 253, COUN 298/299), there is now a greater focus on the use of technology in counseling, including telehealth considerations such as HIPAA, conducting individual and group counseling remotely, and legal and ethical considerations, which were implemented with the 2020-21 course modifications). Many of our students are now providing services remotely and, as such, address the aforementioned issues also in clinical supervision. For example, the article titled “The practice of tele-mental health: Ethical, legal, and clinical issues for practitioners” was added to the required reading list for *COUN 253: Mental Health Counseling Practicum*. A second example is in *COUN 230: Advanced Counseling Skills and Strategies*, in which the reading “A treatment improvement protocol for using technology-based therapeutic tools in behavioral health services” by SAMHSA was added to the required reading list.
- In many of our courses (COUN 210, COUN 223, COUN 230, COUN 261, COUN 262, COUN 277), empirically supported articles were added to the required readings list and clinical practice in the lab rooms has increased to support a research-practitioner model of learning (knowledge of evidence-based practices followed by skill-application). Once students demonstrate acquisition of knowledge, they are given the opportunity to apply that knowledge into skill with live supervision and feedback from faculty using the double-sided mirrors and headphones in the clinical lab rooms. Students in *COUN 277: Group Counseling* have especially benefited from this, as they are able to receive feedback in the here-and-now as they facilitate an experiential group.
- In 2020, the MHC mentorship program was created and implemented by a mental health counseling student. This program responded to students' feedback on their growing need for peer support, mentorship, and education on various topics related to their graduate curriculum and training as well as post-graduate licensure work.

Rehabilitation Counseling Programs

Assessment Plan

The Annual Program Evaluation for the Rehabilitation Counseling Programs examines student performance at four separate points: (1) the conclusion of the first semester of fieldwork during *REHB 236: Practicum: Rehabilitation Counseling*; (2) the conclusion of the first semester of internship, *REHB 234: Internship—Rehabilitation Counseling I*; (3) the conclusion of the second semester of internship, *REHB 235: Internship—Rehabilitation Counseling II*; and (4) the

completion of the Comprehensive Case Study Portfolio, which is administered during the students' final semester in the program. For the first three data points, a 5-point Likert scale is used; items for which little basis for evaluation is available can be scored N/A:

- 5—*Excellent*: consistently meets more than minimum requirements in excellent manner, performing at a level much above that normally expected of an intern;
- 4—*Good*: consistently meets minimum requirements in a satisfactory manner, performing at a level more often above that expected of an intern;
- 3—*Average*: meets the minimum requirements in an adequate manner, performing nearly always at a level expected of an intern;
- 2—*Needs Improvement*: Sometimes fails to meet minimum requirements in a satisfactory manner, performing at a level somewhat below that expected of an intern, but responding to correction; and
- 1—*Unsatisfactory*: consistently fails to meet minimum requirements in a satisfactory manner, performing at a level considerably below that expected of an intern, and often not responding to correction.

2020-2021 Outcomes

The predominantly above average performance was seen at all four assessment points. For the first assessment point, REHB 236, the highest rating mean for fall 2020 was a 4.2 and for spring 2021 was a 4.8. These mean ratings were seen in items such as: “Helps clients understand their strengths and weaknesses;” “Communicates at level appropriate to the client;” “Participates appropriately and actively in staff meetings;” “Receives suggestions and criticism well;” “Identifies with the profession of rehabilitation counseling;” “Possesses emotional stability and maturity;” and “Has the potential for becoming an effective counselor.” The lowest rating mean for fall 2020 was a 3.3, and for spring 2021 was a 3.5. These mean ratings were seen in evaluated areas such as: “Rehabilitation and/or mental health principles;” “Initiates, conducts and terminate interviews effectively;” “Properly interprets information in diagnosing problems;” “Formulates realistic goals;” “Encourages client participation in the rehabilitation process” and “Recognizes own strengths and weaknesses.”

For the second assessment point, REHB 234, the highest rating mean for fall 2020 was a 4.3 and for spring 2021 was 5. The mean ratings were seen in areas such as: “Receives suggestions and criticism well;” “Accepts reasonable assignments willingly;” “Shows enthusiasm for the work;” “Demonstrates proper work ethics & behaviors, and accepted standards of professional conduct.” The lowest rating mean for fall 2020 was a 3.0 and for spring 2021 was a 3.3. These mean ratings were seen in evaluated areas such as: “Performs a comprehensive vocational evaluation;” “Plans and organizes work efficiently;” “Engages in advocacy leading to proper policies, programs and services;” “Appropriately reports evaluation results;” “Formulates realistic rehabilitation plans;” and “Effectively implements rehabilitation plans.” It should be noted that several areas were not evaluated and left blank on the students' evaluations.

For the third assessment point, REHB 235, the highest rating mean for fall 2020 was a 4.6 and for the spring 2021 was 4.7. These mean ratings were seen in areas such as: “Receives suggestions and criticism well;” “Accepts reasonable assignments willingly;” and “Shows enthusiasm for the work.” It should be noted that several areas were not evaluated and left blank on the students’ evaluations. The lowest rating mean for fall 2020 was a 4.5 and for spring 2020 was a 3.0. These mean ratings were seen in evaluated areas such as: “Knowledge of rehabilitation and/or mental health principles;” “Establishes and maintains effective counseling relationships;” “Properly interprets information in diagnosing problems;” “Encourages client participation in the rehabilitation process;” “Learns and adapts readily;” and “Recognizes own strengths and weaknesses.” It should be noted that several areas were not evaluated and left blank on the students’ evaluations.

For the fourth assessment point, Comprehensive Case Study Project, a numerical rating scale was not utilized, thus there are no rating means to examine. Five students took the exam in fall 2020 and one student took the exam in spring 2021. All six students passed the Comprehensive Case Study Project during the 2020-21 academic year.

Summary of Trends from 2015-2021

There are several trends that emerged from the 2015-2021 RC Programs data and outcomes. Common and continued strengths of students were evident in collegiality and relationships with staff/supervisors, skills for case work/management and planning, decision-making and judgment, ethical behavior and professional conduct, self-awareness, and rapport with clients. A few common and continued areas for improvement were also noted during this time, leading to programmatic improvement and curricular changes noted in the next section below. Areas for improvement included job placement practices, use of assessments and assessment data, case conceptualization, and suicide risk assessment and intervention.

In addition to the data on student performance, outlined in the Assessment Plan above, the Rehabilitation Counseling Programs regularly survey external stakeholders (e.g., alumni, employers, site supervisors) for their impressions on the program. In 2018, the program surveyed program alumni from the past ten years (n = 27); in 2020, the program provided a comprehensive report of the exit survey given to graduating students in their final semester (n = 28); and in 2021, the program surveyed employers and site supervisors (n = 19). The executive summaries and/or preliminary results for each of these surveys can be found [here](#).

Program Improvements and Curricular Changes

Below highlights some of the program improvements and curricular changes that were enacted in response to RC Programs Evaluation efforts:

- To align with the requirement for all CACREP-accredited program be at least 60 credits by 2023, the Rehabilitation Counseling program was modified and transitioned to 60 credits. Curricular changes included adding a case management course, requiring a transition course, and taking *COUN 202: Professional Orientation and Ethics*, while maintaining the option for an elective course. Both programs were converted to Master of Science degrees to reflect the scientist-practitioner model of the program, and to be consistent with other national RC programs not housed within schools of education. These program changes will be implemented in fall 2021.
- To facilitate greater communication, each student is now advised using an electronic plan of study. These plans are maintained in a shared file, with the student and administrative assistant given viewing privileges and the RC Program faculty given editing privileges. This allows for more flexibility and fluid advisement of students throughout the course of the year, where the plan can be accessed remotely by all core faculty and administrative staff, and reduces paper waste.
- To ensure students understand what campus facilities are available to them, the RC Programs will be developing a campus resource guide to be posted on the Programs' internal Blackboard site, the Rehabilitation Counseling Resource Center. Greater resources will also be highlighted in the student handbook, and students will be encouraged to attend the all-University Graduate Orientation, where many of these services are overviewed.
- With the move to the 60-credit program in Rehabilitation Counseling, *REHB 241: Case Management and Quality Assurance in Rehabilitation Counseling* was created. This course addresses the case management and program evaluation/quality assurance (PEQA) skills required for successful work as a rehabilitation counselor, but also projected career advancement. Both Rehabilitation Counseling and Rehabilitation Counseling in Mental Health students will be taking this course at the same time as their spring semester internship. As such, a program evaluation assignment traditionally completed during internship is being relocated to REHB 241 instead, with the first offering of this course in spring 2023.
- With COVID-19 and subsequent restrictions to on-campus events, many of the traditional career development and networking events have been curtailed (e.g. Speed Networking, Interviewing Skills). Current openings from the field are disseminated to students via the Rehabilitation Counseling Resource Center in Blackboard and posted to the program's Facebook page. The program intends to work with the Center for Career Design and Development to hold a workshop, preferably on an annual basis, about effective job

search strategies. Faculty are also encouraging greater use of panels, guest speakers, and informational interviewing within courses to increase student engagement with potential employers. This was added to *REHB 230: Philosophy and Principles of Rehabilitation Counseling*, where panelists from different service sectors present; an interviewing-based assignment will be added to *REHB 232: Medical Aspects of Disabilities* to gain exposure to interdisciplinary work settings and professionals.

- RC faculty are intentionally trying to enhance their support to students as it relates to retention issues, working with them more flexibly while maintaining high standards of quality. Faculty will continue to work together with students to identify achievable solutions to retain them in the program. As such, faculty have been developing self-paced, online training modules to help students more readily prepare for the CRC Exam. Previously, these were offered in-person over several weeks in the winter break, but were moved to a self-service model to accommodate students' work/life schedules. In the past five years, the program has more systematically been focusing on self-care as a tool to achieve balance professionally. A self-care assignment has been added into *REHB 236: Practicum: Rehabilitation Counseling*, which continues on into the internship. Throughout the pandemic, faculty hosted self-care Zoom sessions with students to maintain engagement while transitioning to the process of online learning in spring 2020.
- To address requested improvements in job search assistance, the program discussed with the PAB ideas on how to improve in this area. Recommendations for job search assistance mirrored those reflected in the *Student Satisfaction Survey Report*. In addition, the program implemented a process by which the Director of IPA works with pre-practicum students on the development of their resume and interviewing skills. The resume is further reviewed in the practicum course in preparation for internship, all of which is intended to benefit their job search that comes closer to graduation. This will also be another area for strategic partnership with the Center for Career Design and Development.
- To increase interest in the field and connection to RC/RCMH identity early on, the Program Director has been connecting applicants with current students and alumni with shared career goals. This has been a positive step in connecting potential students to the responsive, community/family-oriented culture of the programs.
- Based on program evaluation data and post-exam discussion with students, several iterative changes have been made the Comprehensive Case Study Portfolio, given as the comprehensive exam for the RC Programs. These changes have included: (a) requiring an oral defense of the case, to simulate the skills of case consultation and a team meeting; (b) providing templates for the Individual Plan for Employment (IPE) and Individual Treatment Plan (ITP); (c) creating a detailed, standards-based scoring rubric to increase interrater reliability in grading (for Fall 2021); (d) instituting a midterm "check-in" meeting to encourage incremental progress (for Fall 2021); and (e) allowing students to craft up to three questions to obtain additional case/client information. To increase consistency with

treatment planning, the plan templates will be incorporated earlier into coursework and implemented in fieldwork in the coming year.

CACREP Programs Assessment Plan—Unification and Collaboration

The 2016 CACREP Standards contain elements of program assessment the Graduate Counseling Programs faculty have been striving to bring in line across the three accredited program. A new program assessment plan under these standards would represent a stronger, unified effort toward evaluation of student performance and the ability to enact modifications based on empirically based data across the programs. The following highlight some of the standards that have been the focus of a collaborative effort to develop a new CACREP Programs Assessment Plan, from Section 4 of the 2016 Standards, “Evaluation in the Program”:

- A. *Counselor education programs have a documented, empirically based plan for systematically evaluating the program objectives, including student learning. For each of the types of data listed in 4.B, the plan outlines (1) the data that will be collected, (2) a procedure for how and when data will be collected, (3) a method for how data will be reviewed or analyzed, and (4) an explanation for how data will be used for curriculum and program improvement.*
- B. *The counselor education program faculty demonstrate the use of the following to evaluate the program objectives: (1) aggregate student assessment data that address student knowledge, skills, and professional dispositions; (2) demographic and other characteristics of applicants, students, and graduates; and (3) data from systematic follow-up studies of graduates, site supervisors, and employers of program graduates.*
- C. *Counselor education program faculty provide evidence of the use of program evaluation data to inform program modifications.*
- F. *The counselor education program faculty systematically assesses each student’s progress throughout the program by examining student learning in relation to a combination of knowledge and skills. The assessment process includes the following: (1) identification of key performance indicators of student learning in each of the eight core areas and in each student’s respective specialty area(s) (for doctoral programs, each of the five doctoral core areas), (2) measurement of student learning conducted via multiple measures and over multiple points in time, and (3) review or analysis of data.*
- G. *The counselor education program faculty systematically assesses each student’s professional dispositions throughout the program. The assessment process includes the following: (1) identification of key professional dispositions, (2) measurement of student professional dispositions over multiple points in time, and (3) review or analysis of data.*

H. The counselor education program faculty has a systematic process in place for the use of individual student assessment data in relation to retention, remediation, and dismissal.

2020-2021 Summary of Activities

Three key activities were accomplished in the 2020-2021 academic year to advance a unified program assessment plan: selection and adoption of professional dispositions (Standard 4.G); selection of key performance indicators (Standard 4.F); and drafting of preliminary program objectives representative across the three CACREP programs (Standard 4.B). Below summarizes each of these processes:

Professional Dispositions. The Graduate Counseling Programs faculty meet several times, and through an iterative process, developed a preliminary list of professional dispositions for the program. This was informed by the counseling literature and the codes of ethics for the American Counseling Association (ACA) and Commission on Rehabilitation Counselor Certification (CRCC) Codes of Ethics. These were shared with students for comment and presented to the Professional Advisory Board (PAB) in spring 2021. The list below represents the professional dispositions that were adopted for the CACREP Graduate Counseling Programs:

“As gatekeepers to the profession, the faculty of the CACREP Counseling Programs have selected professional dispositions critical to the practice of counseling, using both the ACA and CRCC Codes of Ethics for guidance.

Cultural humility: honoring diversity and respect for those with whom we work; openness to ideas, learning, and growth; self-awareness and reflection; recognizing strengths; and embracing social justice.

Self-management: time management; organization; openness to giving and receiving feedback; self-motivation and goal setting; and judgment, problem-solving, and decision-making.

Wellness orientation: investing in self-care; maintaining personal mental and physical health and wellness; seeking appropriate assistance and resources; and resilience.

Professionalism: commitment to the counseling identity; engagement in advocacy by/with clients and for the profession; collaboration; and dress and presentation.

Integrity: personal responsibility; accountability; maturity; fidelity”

Key Performance Indicators. Key performance indicators are “student learning outcomes that are connected to the required curriculum and that program faculty have chosen to represent student knowledge and skills related to program objectives.” There are eight (8) core competency areas and each of the three counseling specialties (Clinical Mental Health Counseling, Rehabilitation Counseling, Clinical Rehabilitation Counseling) must also select an appropriate

KPI. Each selected KPI must then be linked to curricular assignments and activities, measured at two points in time, and then used to track student performance, on an individual and aggregate level. The following KPI were selected and will be mapped in fall 2021 to specific assignments within the assessment plan, to be presented to the PAB:

Student Learning Outcomes (SLO)	Standard for KPI
Students will exercise awareness of ethical behavior.	KPI 2.F.1.i.: ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling
Students will respect intersectional and diverse clients.	KPI 2.F.2.c.: multicultural counseling competencies
Students will incorporate a developmental perspective for practice.	KPI 2.F.3.e.: biological, neurological, and physiological factors that affect human development, functioning, and behavior
Students will regard the therapeutic value of work for clients.	KPI 2.F.4.a.: theories and models of career development, counseling, and decision making
Students will utilize a holistic approach to practice.	KPI 2.F.5.g.: essential interviewing, counseling, and case conceptualization skills
Students will demonstrate competency with group techniques.	KPI 2.F.6.b.: dynamics associated with group process and development
Students will utilize data-driven approaches for planning.	KPI 2.F.7.e.: use of assessments for diagnostic and intervention planning purposes
Students will appreciate the value of research in practice.	KPI 2.F.8.f.: qualitative, quantitative, and mixed research methods
MHC students will apply diagnostic criteria effectively for case conceptualization.	KPI 5.C.2.d. (CMHC): diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD)
RCMH students will implement a biopsychosocial model for treatment planning.	KPI 5.D.1.d. (CIRC): principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
RC students will utilize labor market information competently in vocational planning.	KPI 5.H.1.c. (RC): principles and processes of vocational rehabilitation, career development, and job development and placement

Program Objectives. In spring 2021, the Graduate Counseling Programs faculty drafted a preliminary list of program objectives, representing three core areas for counselor identity. These were shared with the PAB in spring 2021, and several suggestions were made for expanding the breadth of the program objectives. An additional objective will also be created that represents the specialty counseling identities of the programs. These program objectives will be refined in fall 2021, shared with students, and the final list will be again shared with the PAB. These program objectives will serve as the basis for the CACREP Programs Assessment Plan.

Future Actions: 2021-2022

The following tasks represent the agenda for the 2021-2022 Graduate Counseling Programs faculty, in progress toward the development of a CACREP Programs Assessment Plan:

- Using the feedback from the PAB, finalize the combined program objectives across the program, as the basis to the new Assessment Plan;
- Develop new assessment measures that can be used across the three programs for skills, knowledge, dispositions, fieldwork, and KPI. Faculty will seek out existing instruments and/or develop new measures to accomplish this;
- Develop a systematic, written assessment plan to measure student learning outcomes and attainment of program objectives; and
- While each program has been following University and departmental policy on retention, remediation, and dismissal, the Graduate Counseling Programs recognize the need to devise and adopt a policy that will be in line with the program assessment plan to be used for all CACREP-accredited programs.