

**Assurance of Student Learning  
2019-2020**

*College of Education and Behavioral Sciences*

*Counseling and Student Affairs*

*Counseling 043*

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***Use this page to list learning outcomes, measurements, and summarize results for your program. Detailed information must be completed in the subsequent pages.***

**Student Learning Outcome 1: Apply theoretical and practical knowledge of professional/clinical competence in a culturally diverse society**

**Instrument 1** CMHC/MCFC Comprehensive Examination

**Instrument 2** Key Assessments (performance indicators)

**Instrument 3** Professional Performance Reviews

**Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 1.**

Met

Not Met

**Student Learning Outcome 2: Obtain appropriate state or national credentialing in their chosen profession**

**Instrument 1** CMHC/MCFC Comprehensive Examination

**Instrument 2** Key Assessments (performance indicators)

**Instrument 3** Site Supervision Evaluations

**Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 2.**

Met

Not Met

**Student Learning Outcome 3: Develop skills desired by prospective employers**

**Instrument 1** CMHC/MCFC Comprehensive Examination

**Instrument 2** Key Assessments (performance indicators)

**Instrument 3** Site Supervisor and Employer Survey

**Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 3.**

Met

Not Met

**Program Summary (Briefly summarize the action and follow up items from your detailed responses on subsequent pages.)**

As noted throughout the subsequent pages, there are DIRECT and INDIRECT measures of the Student Learning Outcomes noted above. These measures are both objective and narrative in nature and are conducted over the course of any given student's enrollment in the program. The results provide averages and trends related to the Student Learning Outcomes. A synthesis of both the objective and narrative results note areas of program success, as well as areas of growth. All faculty are involved in making decisions related to the enhancement of the program based upon the results of these measurements.



## Student Learning Outcome 1

<b>Student Learning Outcome</b>	Apply theoretical and practical knowledge of professional/clinical competence in a culturally diverse society		
<b>Measurement Instrument 1</b>	CMHC/MCFC Comprehensive Examination, DIRECT measure. The CMHC/MCFC Comprehensive Examination is the on-line Counselor Preparation Comprehensive Examination (CPCE) and is provided by the Center for Credentialing & Education (CCE). It is a 136-item multiple choice test that is intended to be a fair and rigorous test of the student's mastery of important areas of professional knowledge in (a) the fundamentals of counseling theory, research, practice, and ethics/policy, and (b) theory, research, practice, and ethics/policy pertinent to the concentration or specialty in which the student is enrolled. The examinations require each master's student to demonstrate the ability to understand, apply, analyze, synthesize, and evaluate concepts, ethical principles, policies, research, research design, strategies, techniques, and values derived from the student's graduate preparation. The results of the exam provide comparison scores between our students and national scores, as well as minimum, maximum, mean and standard deviations across 9 content areas including: human growth and development, social and cultural diversity, helping relationships, group work, career development, assessment, research and program evaluation, and professional orientation and ethical practice.		
<b>Criteria for Student Success</b>	All students must pass the exam to graduate. Our target is that the overall average score for all students will not be less than one standard deviation below the national mean score; and in content area will the average score across students be one standard deviation below the national mean score in that content area.		
<b>Program Success Target for this Measurement</b>	100%	<b>Percent of Program Achieving Target</b>	100%
<b>Methods</b>	The Center for Credentialing & Education (CCE) provides both national and university statistics and averages approximately 4 weeks after students take the exam.		
<b>Measurement Instrument 2</b>	Key Assessments, or performance indicators, DIRECT measure. Key Assessments, or performance indicators are assignments that assess various standards required by our accrediting body, CACREP. These performance indicators are measured across time, in various courses and are graded upon a 4-point rubric (4=A, 3=B, 2=C, 1=D or below). See attached.		
<b>Criteria for Student Success</b>	Since graduate students must maintain a 3.0 average in order to remain in Graduate School, the overall average score on key assessments will be 3 and on no individual rubric will the score be less than 2.		
<b>Program Success Target for this Measurement</b>	100%	<b>Percent of Program Achieving Target</b>	100%
<b>Methods</b>	Faculty grade the Key Assessments and provide students with a quantitative score with qualitative feedback when appropriate. In cases of on-line quizzes or exams, the score is automatically populated and accessible to students in the Blackboard gradebook. Key Assessment reports are generated that include average student scores on each key assessment standard (or critical performance if prior to 2018) per course offering, as well as average scores within program areas. The Department maintains a CACREP Key Assessment Statistics 2013-2018 spreadsheet that includes data that provides faculty with information related to performance trends on any given Key Assessment, as well as individual student performance patterns.		

<b>Measurement Instrument 3</b>	Professional Performance Reviews (PPRs), DIRECT measure. PPRs of every enrolled student are completed towards the end of the fall and spring semester. Students are rated on the following 10 items on an evaluation scale of 1 to 4 (1=Needs remediation, does not meet criteria for program level; 2=Needs support, meets criteria minimally or inconsistently for program level; 3=Meets criteria consistently for program level; 4=Exceeds criteria): (1) Respects divergent points of view. (2) Awareness of diversity and non-discrimination. (3) Academic performance (coursework, participation); (4) Appropriate in-class behavior. (5) Collaboration; contribution to positive environment. (6) Reflective practice. (7) Accepts personal responsibility. (8) Personal and professional growth. (9) Receives, gives, and integrates feedback. (10) Ethical and legal boundaries (e.g., sexual, professional).		
<b>Criteria for Student Success</b>	The overall average score on PPR across students will not be less than 3 and on none of the items will the average score across students be less than 2. A cumulative score of 30 would indicate that the student is consistently meeting criteria, however CSA tends to rely more on discussion or qualitative data (i.e., observation of and experiences with the student) than on the quantitative data when coming to a consensus about how a student is performing. For example, if a student is struggling with coursework and earns a 1/4 on this particular criterion, but is meeting or exceeding requirements on the other items, we will schedule a formal advising and support meeting with this student. For example, this was our process in working with a student who was struggling with health conditions which were impacting their academic success. While “health and wellness” is not a criterion on the PPR, it contributes to a student’s success or lack thereof.		
<b>Program Success Target for this Measurement</b>	100%	<b>Percent of Program Achieving Target</b>	100%
<b>Methods</b>	Towards the latter half of each semester, faculty meet to review each enrolled student according to the rubric mentioned above. Through faculty discussions, we determine a consensus rating score for each of the ten criteria. This results in an average score and allows us to create qualitative feedback for each individual, which is then mail merged into individual student letters that are emailed after final grades have been posted. This engaging and thorough process involves faculty sharing their individual observations of each student’s academic, interpersonal and professional performance and activity. On many occasions, faculty have different perspectives and experiences of any given student. For example, if one faculty member has a completely different experience of a student, the faculty respectfully challenge each other to consider their individual interactions with students. This has led to a very self-reflective process among program faculty to enhance our own professional and personal development, as well as challenge our current perspectives of the student being discussed.		
<b>Based on your results, highlight whether the program met the goal Student Learning Outcome 1.</b>		<b><u>Met</u></b>	<b>Not Met</b>
<b>Actions</b> (Describe the decision-making process and actions for program improvement. The actions should include a timeline.)			

The counseling programs have a documented, empirically based plan for systematically evaluating the program objectives, including student learning. The plan includes various data (noted above) that is collected, reviewed and analyzed, and used for curriculum and program improvement. The sources and analysis of these data help inform CSA about how to meet and maintain the following Program Objectives: (a) CSA Programs will provide relevant, practice-oriented programs designed to build an applied, theoretical knowledge base while assisting students in the development of professional/clinical competence in a culturally diverse society. (b) As part of their programs of study, students will obtain academic course work and supervised clinical experiences necessary to seek appropriate state or national credentialing in their chosen profession. (c) Academic and clinical education will prepare graduates with the skills desired by prospective employers.

We have just submitted our accreditation self-study (Due 01.2020) and feel confident about our decision-making process and actions, as they are all in line with the most current 2016 CACREP Standards.

**Follow-Up** (Provide your timeline for follow-up. If follow-up has occurred, describe how the actions above have resulted in program improvement.)

We are always using data for program improvement. In fact, we addressed such in the CACREP self-study report that was submitted in October 2019.

Measurement Instrument 1, Comprehensive Examination: Up until 2016, the comprehensive exams consisted of an objective portion (CPCE) and essay exams. After much conversation, the faculty decided to eliminate the required essay portion and instead, if students did not receive a passing score on the CPCE, they were moved Step 2 which included the written essay exam, or if necessary, onto Step 3 which included an oral exam. The faculty chose to dedicate time towards helping students become more successful on the CPCE and the National Counselor Exam (NCE). For example, CSA now incorporates more multiple-choice quizzes and exams throughout courses so as to give students opportunities to practice taking multiple-choice exams. Our Omega Kappa Upsilon Chapter of the Chi Sigma Iota (CSI) Counseling Academic and Professional Honor Society International also hosts Comps and NCE Review Sessions that helps prepare students for the CPCE and the NCE. In order to build student knowledge in Career Development, Dr. Wolf built a webpage that summarizes key career theories as a refresher to help them remember key content. One of the challenges in improving scores is that faculty are not permitted to view the exam nor do we have access to the questions. While CSA teaches to the standards and places an emphasis on application and experiential skills, we do not teach to certain text books or the CPCE/NCE and may focus more time on areas that are not necessarily included in the exam. Students who have taken the exam have given CSA feedback that some of the questions on the CPCE reference authors of particular textbooks (e.g., Corey). Additionally, several students mentioned that they were tested on concepts related to addictions, diagnosis, theories, and family systems; however, those areas are not listed as part of the eight areas required to take for the CPCE or NCE. Most students (who passed and failed) provided feedback that even after studying NCE-specific study guides, they felt unprepared because many of the questions they saw in the test prep materials and in their classes covered different material; they felt they should have focused more on test-taking strategies to avoid their self-doubt, second-guessing, and anxiety. Distractions were also reported as impeding success for the students who failed the spring 2019 exam; they reported that standardized testing has been a long-term issue for them. The high-stakes test, increased anxiety, and technical issues related to two of the computers were reported as significant factors. Furthermore, one student mentioned being easily distracted by a repetitive sound in the test room; another has a potential learning disability but did not request accommodations, and the third admitted to not having as much time as she needed to study because of conflicting obligations of her final classes, internship, and job. Consequently, although most of our students appear to score near the national mean, CSA faculty have discussed guiding graduates to explore better test-taking strategies, decreasing anxiety, addressing necessary accommodations (e.g., learning disabilities, ADHD), and correcting potential distractions at the new testing center for future exams. Although the standardized test allows us to compare our student performance against other counseling programs across the nation, we realize that it is not a perfect assessment of our graduate's ability to be a competent counselor. Therefore, we use it as a guide to help identify areas upon which we can improve and as a prompt to prepare students for the NCE which is needed for state licensure. Those not qualifying as competent would have been identified earlier and participated in a remediation process or been counseled out of the program before they were able to take the

comprehensive exams. Since this is the only examination that is nationally normed, validated, and reliable, CSA will continue to use it but also provide alternative assessment options (e.g., essay, oral exam) as necessary. The preparation for the CPCE also helps students get ready for the National Counselor Exam (NCE).

Measurement Instrument #2, Key Assessments: Assessing standards across time allows for additional data that could provide better insight into where curriculum and program improvements should be made. For example: (a) Comparing scores of key assessments measuring the same standard across time might elicit common areas (i.e., classes, in clinical supervision) in which students are struggling. If multiple students are struggling, we will assess the course expectations. Further investigating of this trend may result in creating better course assignments, lectures or activities. (b) Analysis of such data may also reveal in what specific areas of the curriculum and program any given student is struggling. Program improvement may result in creating better support structures for students. The CPCE is used as our exit exam and as a Key Assessment because it is reliable and valid. However, since faculty are not privy to the CPCE questions, it is difficult to make informed based decisions about program improvement. That is, while scores may indicate whether students have or have not mastered certain content, we cannot make specific content-related enhancements without knowing the specific content of this Key Assessment (the CPCE). The faculty cannot underscore the importance of their use of qualitative data to inform best practices in teaching and curriculum and program improvements. Quantitative measurements may be indicative of program strengths and/or areas in which improvement can be made, however the CSA faculty strongly believe that it is the qualitative data (conversations with students, graduates, site supervisors and among faculty) that provides support and confirmation of such data.

Measurement Instrument #3, PPRs: Prior to 2015, PPRs were completed on each student each semester individually by faculty. In order to create a more collaborative and informative process for faculty and students, CSA changed to a process that includes a collective discussion among faculty. The discussions have increased each faculty member's knowledge (and understanding) of each student enrolled in the program. While the faculty agree on a rating on each of the criteria for each student and maintain a PPR Data report, it is the conversations about each student that enrich the systemic dynamics involved in supporting our students. A letter is emailed to all students regarding the results of their Professional Performance Reviews at the end of that semester. The letter indicates whether the student's academic performance and ethical practice has been observed to (a) to meet and/or exceed standards or (b) meet and/or somewhat meet standards. (Students who are reviewed as not meeting standards are placed on a Support, Remediation and Dismissal Plan.) Students are provided brief, yet specific qualitative feedback noting their excellent performance and/or how they can improve. See PPR Student Example - Meet Exceed Standards HK; See PPR Student Example-Meet Somewhat Meet Standards AC. Many students have sought out their professors for help on addressing the feedback in their PPRs. Faculty teaching the Group Counseling course noted that some students actually bring up their PPR feedback in their student groups. (In some cases, their peer feedback is similar to that of the faculty's.) The faculty have witnessed students striving for improvement based upon their PPRs. Faculty believe that PPRs help build the overall quality of the program, as well as cohesiveness of cohorts. When students are seeking to better themselves, this also impacts the quality of the cohort and increases positive feedback from site supervisors and employers. Discussions had during the PPR meetings have led to the revision of our Support, Remediation and Dismissal Process. The very title of this process sounded punitive and the students who were placed on the first level of the process also experienced it as such. Several students placed on the Support, Remediation and Dismissal process expressed concern that they were "disappointing faculty," "failing," and were "going to be kicked out of the program." As of the spring of 2019, the process has been renamed as the Support, Remediation and Dismissal Process. When faculty first meet with students, they emphasize their desire to provide support to help students succeed. During this meeting, faculty invite students to help create their support plan. In summary, CSA now has a collaborative, wellness and support-based plan to help students move through personal, interpersonal and academic challenges while in the program. Due to the focus on wellness and support, CSA anticipates more students having a Support and Remediation Plan.

**Next Assessment Cycle Plan** (Please describe your assessment plan timetable for this outcome)

CACREP Accreditation requires that we maintain the practice above. Key Assessments are gathered every semester. Comprehensive Exams are usually conducted after each of the three semesters. PPRs are conducted in the fall and spring. Results of which must be maintained and submitted in a yearly report to CACREP.

### Student Learning Outcome 2

<b>Student Learning Outcome</b>	Obtain appropriate state or national credentialing in their chosen profession		
<b>Measurement Instrument 1</b>	CMHC/MCFC Comprehensive Examination, DIRECT measure. The CMHC/MCFC Comprehensive Examination is the on-line Counselor Preparation Comprehensive Examination (CPCE) and is provided by the Center for Credentialing & Education (CCE). It is a 136-item multiple choice test that is intended to be a fair and rigorous test of the student's mastery of important areas of professional knowledge in (a) the fundamentals of counseling theory, research, practice, and ethics/policy, and (b) theory, research, practice, and ethics/policy pertinent to the concentration or specialty in which the student is enrolled. The examinations require each master's student to demonstrate the ability to understand, apply, analyze, synthesize, and evaluate concepts, ethical principles, policies, research, research design, strategies, techniques, and values derived from the student's graduate preparation. The results of the exam provide comparison scores between our students and national scores, as well as minimum, maximum, mean and standard deviations across 9 content areas including: human growth and development, social and cultural diversity, helping relationships, group work, career development, assessment, research and program evaluation, and professional orientation and ethical practice.		
<b>Criteria for Student Success</b>	All students must pass the exam to graduate. Our target is that the overall average score for all students will not be less than one standard deviation below the national mean score; and in content area will the average score across students be one standard deviation below the national mean score in that content area.		
<b>Program Success Target for this Measurement</b>	100%	<b>Percent of Program Achieving Target</b>	100%
<b>Methods</b>	The Center for Credentialing & Education (CCE) provides both national and university statistics and averages approximately 4 weeks after students take the exam.		
<b>Measurement Instrument 2</b>	Key Assessments, or performance indicators, DIRECT measure. Key Assessments, or performance indicators are assignments that assess various standards required by our accrediting body, CACREP. These performance indicators are measured across time, in various courses and are graded upon a 4-point rubric (4=A, 3=B, 2=C, 1=D or below).		
<b>Criteria for Student Success</b>	Since graduate students must maintain a 3.0 average in order to remain in Graduate School, the overall average score on key assessments will be 3 and on no individual rubric will the score be less than 2.		
<b>Program Success Target for this Measurement</b>	100%	<b>Percent of Program Achieving Target</b>	100%
<b>Methods</b>	Faculty grade the Key Assessments and provide students with a quantitative score with qualitative feedback when appropriate. In cases of on-line quizzes or exams, the score is automatically populated and accessible to students in the Blackboard gradebook. Key Assessment reports are generated that include average student scores on each key assessment standard (or critical performance if prior to 2018) per course offering, as well as average scores within program areas. The Department maintains a CACREP Key Assessment Statistics 2013-2018 spreadsheet that includes data that provides faculty with information related to performance trends on any given Key Assessment, as well as individual student performance patterns.		
<b>Measurement Instrument 3</b>	Site Supervision Evaluations, INDIRECT measure. Site Supervisors complete an Evaluation of Student Performance for each		

student whom they are supervising. In Fall 2018, the evaluation was updated to number the items for easier tracking, add scoring rows to calculate the total and average scores, condense the separate practicum and internship evaluations into a single form, and to streamline the evaluation form in accordance with the 2016 CACREP standards, which included combining and condensing some of the earlier sections. The new evaluation form includes the following three categories of items: Counseling Foundations, Prevention, and Intervention; Assessment and Diagnosis; and Diversity and Advocacy. Students are rated on the following according to an evaluation scale of 1 to 5 (1-Unsatisfactory, did not meet expectations; 2-Below expectations for training level; 3-Satisfactory, meets expectations for training level; 4-Above expectations for training level; 5-Outstanding for training level; NA-Insufficient contact to judge):

Counseling Foundations, Prevention, and Intervention

1. On time for work and appointments and completes necessary paperwork punctually, accurately, and thoroughly.
2. Displays professionalism, wears attire appropriate for the counseling setting, and maintains appropriate boundaries with clients.
3. Demonstrates self-care, the ability to recognize personal limitations as counselor, and seeks supervision or refer clients when appropriate.
4. Openly receives and applies supervisory and peer feedback; is aware of when personal concerns and emotional responses influence counseling.
5. Adheres to the ethical and legal standards and confidentiality responsibilities for the profession and organization.
6. Maintains appropriate client records to support proper reimbursement and demonstrates familiarity with the business aspects of practice.
7. Displays the ability to select models or techniques appropriate to presenting problems for individuals, groups, couples and/or families.
8. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.
9. Practices preventive, developmental, and wellness approaches in working with individuals, couples, families, and groups.
10. Identifies and directs exploration of client themes; remains focused on important issues and sets effective counseling goals.
11. Facilitates clients' expression of concerns and feelings through verbal and nonverbal cues, reflection, paraphrasing, and summarizing.
12. Uses therapeutic confrontation and challenging effectively; recognizes and resists manipulation by the client.
13. Exhibits effective referral strategies to promote client awareness and access to the variety of community resources.
14. Utilizes systems theory to conceptualize issues and implement intervention strategies in marriage, couple, and family counseling.
15. Able to screen for aggression, danger to self or others, co-occurring mental disorders, and stages of dependence, change, or recovery.
16. Provides suitable awareness and counseling strategies when working with clients with addiction and co-occurring disorders.



	<p><b>Assessment and Diagnosis</b></p> <p>17. Conducts appropriate intakes, evaluations, history, and a psychological assessment for treatment planning.</p> <p>18. Uses the principles and practices for evidence-based diagnosis and treatment to initiate, maintain, and terminate counseling services.</p> <p>19. Identifies, utilizes, and interprets client assessments appropriate to validate clinical impressions.</p> <p>20. Applies systems assessment models to evaluate family functioning and determine family members who should be involved in treatment.</p> <p><b>Diversity and Advocacy</b></p> <p>21. Applies multicultural competencies involving case conceptualization, diagnosis, treatment, referral, and prevention.</p> <p>22. Utilizes appropriate culturally responsive individual, couple, family, and group modalities in providing counseling services.</p> <p>23. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.</p> <p>24. Understands when to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate when necessary.</p> <p>25. Proficiency to use culturally appropriate counseling systems, theories, techniques, and interventions for diverse couples and families.</p>		
<b>Criteria for Student Success</b>	<p>The overall average score across students will not be less than 75 and on none of the 25 items will the average be less than 3.</p> <p>The results were as follows: Practicum: CSA practicums occur each summer with a new cohort entering their clinical experiences. The average scores across all items ranged from 3.43 to 4.12 on a five-point scale indicating that on average, the practicum students ranged between satisfactorily meeting and scoring above expectations for their training level. Most site supervisors typically scored students as satisfactory (3) on items where they met general expectations for that item and highlight areas where they excelled (with a higher score) or struggled (with a lower score). A trend stands out in the mean aggregate data for scores in Summer 2017; scores were generally lower than the average marks for the other summers. That summer, two students were removed from their practicum assignments early because of personal issues that impacted their performance and continued progress. They were able to reenroll the following summer at new clinical sites; they are on track to successfully complete their internship in Spring 2019 and were both offered employment opportunities at their current sites. Additionally, one student did not stay at her site beyond her practicum because it was not a viable fit. The following semesters, she was able to successfully complete her internship and graduated in Spring 2018.</p> <p>Internship: From 2015-2018, the mean scores across all items ranged from 3.66 to 4.33 on a five-point scale indicating that on average, the interns scored higher than in their practicums. Although scores were lower than average in Fall 2017, the same students were enrolled in the Spring 2018 semester for their second internship semester and scored above the average on most items indicating an improved performance as rated by their supervisors.</p>		
<b>Program Success Target for this Measurement</b>	100%	<b>Percent of Program Achieving Target</b>	100%
<b>Methods</b>	Site Supervisors complete the evaluation during the middle of the semester and at the end. The evaluations are shared with each		

	student. Students submit the Evaluation in their Practicum and Internship Portfolios to the faculty Clinical Coordinator at the end of each semester.	
<b>Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 2.</b>	<u>Met</u>	Not Met
<b>Actions</b> (Describe the decision-making process and actions planned for program improvement. The actions should include a timeline.)		
<p>The counseling programs have a documented, empirically based plan for systematically evaluating the program objectives, including ensuring that students will obtain academic course work and supervised clinical experiences necessary to seek appropriate state or national credentialing in their chosen profession. The plan includes various data (noted above) that is collected, reviewed and analyzed, and used for curriculum and program improvement. The sources and analysis of these data help inform CSA about how to meet and maintain the following Program Objectives: (a) CSA Programs will provide relevant, practice-oriented programs designed to build an applied, theoretical knowledge base while assisting students in the development of professional/clinical competence in a culturally diverse society. (b) As part of their programs of study, students will obtain academic course work and supervised clinical experiences necessary to seek appropriate state or national credentialing in their chosen profession. (c) Academic and clinical education will prepare graduates with the skills desired by prospective employers.</p> <p>We have just submitted our accreditation self-study (Due 01.2020) and feel confident about our decision-making process and actions, as they are all in line with the most current 2016 CACREP Standards.</p>		
<b>Follow-Up</b> (Provide your timeline for follow-up. If follow-up has occurred, describe how the actions above have resulted in program improvement.)		
<p>We are always using data for program improvement. In fact, we addressed such in the CACREP self-study report that was submitted in October 2019.</p> <p>Measurement Instrument 1, Comprehensive Examination: Up until 2016, the comprehensive exams consisted of an objective portion (CPCE) and essay exams. After much conversation, the faculty decided to eliminate the required essay portion and instead, if students did not receive a passing score on the CPCE, they were moved Step 2 which included the written essay exam, or if necessary, onto Step 3 which included an oral exam. The faculty chose to dedicate time towards helping students become more successful on the CPCE and the National Counselor Exam (NCE). For example, CSA now incorporates more multiple-choice quizzes and exams throughout courses so as to give students opportunities to practice taking multiple-choice exams. Our Omega Kappa Upsilon Chapter of the Chi Sigma Iota (CSI) Counseling Academic and Professional Honor Society International also hosts Comps and NCE Review Sessions that helps prepare students for the CPCE and the NCE. In order to build student knowledge in Career Development, Dr. Wolf built a webpage that summarizes key career theories as a refresher to help them remember key content. One of the challenges in improving scores is that faculty are not permitted to view the exam nor do we have access to the questions. While CSA teaches to the standards and places an emphasis on application and experiential skills, we do not teach to certain text books or the CPCE/NCE and may focus more time on areas that are not necessarily included in the exam. Students who have taken the exam have given CSA feedback that some of the questions on the CPCE reference authors of particular textbooks (e.g., Corey). Additionally, several students mentioned that they were tested on concepts related to addictions, diagnosis, theories, and family systems; however, those areas are not listed as part of the eight areas required to take for the CPCE or NCE. Most students (who passed and failed) provided feedback that even after studying NCE-specific study guides, they felt unprepared because many of the questions they saw in the test prep materials and in their classes covered different material; they felt they should have focused more on test-taking strategies to avoid their self-doubt, second-guessing, and anxiety. Distractions were also reported as impeding success for the students who failed the spring 2019 exam; they reported that standardized testing has been a long-term issue for them. The high-stakes test, increased anxiety, and technical issues related to two of the computers were reported as significant factors. Furthermore, one student mentioned being easily distracted by a repetitive sound in the test room; another has a potential learning disability but did not request accommodations, and the third admitted to not having as much time as she needed to study because of conflicting obligations</p>		

of her final classes, internship, and job. Consequently, although most of our students appear to score near the national mean, CSA faculty have discussed guiding graduates to explore better test-taking strategies, decreasing anxiety, addressing necessary accommodations (e.g., learning disabilities, ADHD), and correcting potential distractions at the new testing center for future exams. Although the standardized test allows us to compare our student performance against other counseling programs across the nation, we realize that it is not a perfect assessment of our graduate's ability to be a competent counselor. Therefore, we use it as a guide to help identify areas upon which we can improve and as a prompt to prepare students for the NCE which is needed for state licensure. Those not qualifying as competent would have been identified earlier and participated in a remediation process or been counseled out of the program before they were able to take the comprehensive exams. Since this is the only examination that is nationally normed, validated, and reliable, CSA will continue to use it but also provide alternative assessment options (e.g., essay, oral exam) as necessary. The preparation for the CPCE also helps students get ready for the National Counselor Exam (NCE).

Measurement Instrument #2, Key Assessments: Assessing standards across time allows for additional data that could provide better insight into where curriculum and program improvements should be made. For example: (a) Comparing scores of key assessments measuring the same standard across time might elicit common areas (i.e., classes, in clinical supervision) in which students are struggling. If multiple students are struggling, we will assess the course expectations. Further investigating of this trend may result in creating better course assignments, lectures or activities. (b) Analysis of such data may also reveal in what specific areas of the curriculum and program any given student is struggling. Program improvement may result in creating better support structures for students. The CPCE is used as our exit exam and as a Key Assessment because it is reliable and valid. However, since faculty are not privy to the CPCE questions, it is difficult to make informed based decisions about program improvement. That is, while scores may indicate whether students have or have not mastered certain content, we cannot make specific content-related enhancements without knowing the specific content of this Key Assessment (the CPCE). The faculty cannot underscore the importance of their use of qualitative data to inform best practices in teaching and curriculum and program improvements. Quantitative measurements may be indicative of program strengths and/or areas in which improvement can be made, however the CSA faculty strongly believe that it is the qualitative data (conversations with students, graduates, site supervisors and among faculty) that provides support and confirmation of such data.

Measurement Instrument #3, Site Supervisor Evaluations. We encourage all Site Supervisors to discuss their ratings with the students and provide helpful qualitative feedback. Since there is not interrater reliability between supervisors, the Site Supervisor Evaluations of Student results are examined relative to typical ratings from a supervisor and their specific feedback to the intern. Most supervisors base their ratings in the middle of the scale (3) allowing for quantitative feedback based on scores that are higher or lower than that, showing interns where they are doing well or where they can improve. The written feedback, however has been the most beneficial to students and their faculty supervisors. CSA does continue to use the Site Supervisor Evaluations of Student form as it has been helpful for pinpointing needed improvement among some students. However, even when there are trends in the aggregate data like described above, it usually indicative of concerns with one or more students and/or supervisors. Earlier feedback from Site Supervisors also revealed that there was a gap of student understanding and knowledge base in areas of suicide assessment and intervention. Therefore, a lecture and role-plays related to suicide were incorporated in early in the Practicum course (before students actually begin seeing clients) and in CNS 559 Techniques in Counseling. Additional feedback suggested that there needed to be a stronger emphasis on understanding clinical diagnosis. In response, CSA revised the Practicum case presentations to include a case intake, treatment notes, diagnosis, as well as conceptualization and support for the diagnosis. Further, it was not regular practice of the Talley Family Counseling Center to diagnose clients. However, this is now a required procedure in the TFCC and strongly encouraged in other sites as well even when interns or clinicians are not required to complete diagnosis for insurance reimbursement.

**Next Assessment Cycle Plan** (Please describe your assessment plan timetable for this outcome)

CACREP Accreditation requires that we maintain the practice above. Key Assessments are gathered every semester. Comprehensive Exams are usually conducted after each of the three semesters. PPRs are conducted in the fall and spring. Results of which must be maintained and submitted in a yearly report to CACREP.

<b>Student Learning Outcome 3</b>			
<b>Student Learning Outcome</b>	Develop skills desired by prospective employers		
<b>Measurement Instrument 1</b>	CMHC/MCFC Comprehensive Examination, DIRECT measure. The CMHC/MCFC Comprehensive Examination is the on-line Counselor Preparation Comprehensive Examination (CPCE) and is provided by the Center for Credentialing & Education (CCE). It is a 136-item multiple choice test that is intended to be a fair and rigorous test of the student's mastery of important areas of professional knowledge in (a) the fundamentals of counseling theory, research, practice, and ethics/policy, and (b) theory, research, practice, and ethics/policy pertinent to the concentration or specialty in which the student is enrolled. The examinations require each master's student to demonstrate the ability to understand, apply, analyze, synthesize, and evaluate concepts, ethical principles, policies, research, research design, strategies, techniques, and values derived from the student's graduate preparation. The results of the exam provide comparison scores between our students and national scores, as well as minimum, maximum, mean and standard deviations across 9 content areas including: human growth and development, social and cultural diversity, helping relationships, group work, career development, assessment, research and program evaluation, and professional orientation and ethical practice.		
<b>Criteria for Student Success</b>	All students must pass the exam to graduate. Our target is that the overall average score for all students will not be less than one standard deviation below the national mean score; and in content area will the average score across students be one standard deviation below the national mean score in that content area.		
<b>Program Success Target for this Measurement</b>	100%	<b>Percent of Program Achieving Target</b>	100%
<b>Methods</b>	The Center for Credentialing & Education (CCE) provides both national and university statistics and averages approximately 4 weeks after students take the exam.		
<b>Measurement Instrument 2</b>	Key Assessments, or performance indicators, DIRECT measure. Key Assessments, or performance indicators are assignments that assess various standards required by our accrediting body, CACREP. These performance indicators are measured across time, in various courses and are graded upon a 4-point rubric (4=A, 3=B, 2=C, 1=D or below).		
<b>Criteria for Student Success</b>	Since graduate students must maintain a 3.0 average in order to remain in Graduate School, the overall average score on key assessments will be 3 and on no individual rubric will the score be less than 2.		
<b>Program Success Target for this Measurement</b>	100%	<b>Percent of Program Achieving Target</b>	100%
<b>Methods</b>	Faculty grade the Key Assessments and provide students with a quantitative score with qualitative feedback when appropriate. In cases of on-line quizzes or exams, the score is automatically populated and accessible to students in the Blackboard gradebook. Key Assessment reports are generated that include average student scores on each key assessment standard (or		

	critical performance if prior to 2018) per course offering, as well as average scores within program areas. The Department maintains a CACREP Key Assessment Statistics 2013-2018 spreadsheet that includes data that provides faculty with information related to performance trends on any given Key Assessment, as well as individual student performance patterns.
<b>Measurement Instrument 3</b>	Alumni and Graduate Surveys, INDIRECT measure. The design and distribution of our alumni and graduate surveys has improved over the last few years. For example, the Alumni Satisfaction Survey distributed in 2012 only included objective data. We now include options for narrative feedback. The 3 objective questions include a rubric on a 5-point scale (i.e., 1=extremely unlikely to 5=extremely likely).
<b>Criteria for Student Success</b>	<p>The overall average score will not be less than 3 and on none of the 3 objective will the average be less than 3.</p> <p>Students and alumni should preferably respond with ratings above 3 on the 5-point scale.</p> <p>A summary of Alumni Satisfaction Survey Qualtrics Results Report 2018 is as follows:</p> <ul style="list-style-type: none"> <li>• Total n=18 (with 5=CMHC alumni respondents; 8=MCFC alumni respondents; and 5=School Counseling respondents). Fifteen of the 18 reported being employed in a clinical and/or counseling-related job (Q4) with 10 having taken and passed the NCE (Q8).</li> <li>• 100% of respondents answered “extremely satisfied” or “somewhat satisfied” to the question, how satisfied are you with your experience in the WKU counseling program” (Q11).</li> <li>• 100% of respondents answered “extremely well” or “very well” to the question, how well did the WKU counseling program prepare you for working in the field (Q12).</li> <li>• 100% of respondents answered “extremely likely” or “somewhat likely” to the question, how likely are you to recommend the WKU counseling program for aspiring counselors (Q13).</li> <li>• Themes related to why respondents chose the Department of Counseling and Student Affairs for their counseling degree included the following: Convenience of location; caring professors and staff; quality of the program; and past student recommendations. (Q20)</li> <li>• Themes related to the alumni’s experience of the greatest strengths of the program include (Q14): caring, supportive, and knowledgeable faculty; practical/experiential skills gained; convenience, flexibility, and location of the program; opportunities for growth and self-care; and thorough coverage of content knowledge</li> <li>• Suggestions for improvements include (Q15): create more specific tracks or dual degrees (i.e., SC, CMHC, addictions); more opportunities for trainings and more specific course offerings (play, EMDR, geriatric); more knowledge on assessment, treatment planning, and diagnosis.</li> </ul> <p>Surveying alumni has provided interesting data and information. However, it is impossible to capture all alumni. Therefore, in order to gain feedback from all graduates, CSA created and began distributing (2018) a Student Exit Survey to all counseling students sitting for comprehensive examinations. Since the time of this report, the survey has only been distributed twice. We maintain a Student Exit Survey Qualtrics Results Report 2018.05 document that includes the questions asked, as well as responses. Twenty-five students completed the survey, with their ages ranging from 23 to 45 years old. A summary of the data from the May 2019 distribution of the survey, in which there were 25 respondents is as follows:</p> <ul style="list-style-type: none"> <li>• 12/13 CMHC and MCFC respondents were satisfied or highly satisfied with their affiliate programs (Q16).</li> </ul>

	<ul style="list-style-type: none"> <li>Objective and narrative data suggest that respondents believed that the following were strengths of the program: when classes are scheduled; face-to-face classes; and structure of class meetings (i.e., group work, demonstrations); faculty mentoring and relationships; preparation of faculty; knowledge and expertise of faculty; faculty encouragement; internship sites (Q17, Q18, Q19, Q20).</li> <li>There was not strong objective or narrative data to support that there are consistently experienced weaknesses of the program.</li> </ul> <p>We maintain a Student Exit Survey Qualtrics Results Report 2018.05 document that includes the questions asked, as well as responses. Fourteen students completed the survey; with their ages ranging from 22 to 60 years old. A summary of the data from the May 2018 distribution of the survey, in which there were 14 respondents is as follows:</p> <ul style="list-style-type: none"> <li>All 20 CMHC and MCFC respondents were satisfied or highly satisfied with their affiliate programs (Q16).</li> <li>Objective and narrative data suggest that respondents believed that the following were strengths of the program: when classes are scheduled; face-to-face classes; and structure of class meetings (i.e., group work, demonstrations); relationships with professors; preparation of faculty; internship sites (Q17 &amp; Q18, Q20).</li> <li>There was not strong objective or narrative data to support that there are consistently experienced weaknesses of the program.</li> </ul>		
<b>Program Success Target for this Measurement</b>	100%	<b>Percent of Program Achieving Target</b>	100%
<b>Methods</b>	The Alumni Satisfaction Survey has been distributed through the CNS WKUCounseling_Professionals listserv and is posted on our Facebook page twice within the last two years. The survey will be distributed every May from this point going forward. The Student Exit Survey is distributed to students when they sit for Comprehensive Exams.		
<b>Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 3.</b>		<b><u>Met</u></b>	<b>Not Met</b>
<b>Actions</b> (Describe the decision-making process and actions for program improvement. The actions should include a timeline.)			
The counseling programs have a documented, empirically based plan for systematically evaluating the program objectives, including ensuring that our academic and clinical education is preparing graduates with the skills desired by prospective employers. The plan includes various data (noted above) that is collected, reviewed and analyzed, and used for curriculum and program improvement. The sources and analysis of these data help inform CSA about how to meet and maintain the following Program Objectives: (a) CSA Programs will provide relevant, practice-oriented programs designed to build an applied, theoretical knowledge base while assisting students in the development of professional/clinical competence in a culturally diverse society. (b) As part of their programs of study, students will obtain academic course work and supervised clinical experiences necessary to seek appropriate state or national credentialing in their chosen profession. (c) Academic and clinical education will prepare graduates with the skills desired by prospective employers.			
We have just submitted our accreditation self-study (Due 01.2020) and feel confident about our decision-making process and actions, as they are all in line with the most current 2016 CACREP Standards.			
<b>Follow-Up</b> (Provide your timeline for follow-up. If follow-up has occurred, describe how the actions above have resulted in program improvement.)			
We are always using data for program improvement. In fact, we addressed such in the CACREP self-study report that was submitted in October 2019.			

Measurement Instrument 1, Comprehensive Examination: Up until 2016, the comprehensive exams consisted of an objective portion (CPCE) and essay exams. After much conversation, the faculty decided to eliminate the required essay portion and instead, if students did not receive a passing score on the CPCE, they were moved Step 2 which included the written essay exam, or if necessary, onto Step 3 which included an oral exam. The faculty chose to dedicate time towards helping students become more successful on the CPCE and the National Counselor Exam (NCE). For example, CSA now incorporates more multiple-choice quizzes and exams throughout courses so as to give students opportunities to practice taking multiple-choice exams. Our Omega Kappa Upsilon Chapter of the Chi Sigma Iota (CSI) Counseling Academic and Professional Honor Society International also hosts Comps and NCE Review Sessions that helps prepare students for the CPCE and the NCE. In order to build student knowledge in Career Development, Dr. Wolf built a webpage that summarizes key career theories as a refresher to help them remember key content. One of the challenges in improving scores is that faculty are not permitted to view the exam nor do we have access to the questions. While CSA teaches to the standards and places an emphasis on application and experiential skills, we do not teach to certain text books or the CPCE/NCE and may focus more time on areas that are not necessarily included in the exam. Students who have taken the exam have given CSA feedback that some of the questions on the CPCE reference authors of particular textbooks (e.g., Corey). Additionally, several students mentioned that they were tested on concepts related to addictions, diagnosis, theories, and family systems; however, those areas are not listed as part of the eight areas required to take for the CPCE or NCE. Most students (who passed and failed) provided feedback that even after studying NCE-specific study guides, they felt unprepared because many of the questions they saw in the test prep materials and in their classes covered different material; they felt they should have focused more on test-taking strategies to avoid their self-doubt, second-guessing, and anxiety. Distractions were also reported as impeding success for the students who failed the spring 2019 exam; they reported that standardized testing has been a long-term issue for them. The high-stakes test, increased anxiety, and technical issues related to two of the computers were reported as significant factors. Furthermore, one student mentioned being easily distracted by a repetitive sound in the test room; another has a potential learning disability but did not request accommodations, and the third admitted to not having as much time as she needed to study because of conflicting obligations of her final classes, internship, and job. Consequently, although most of our students appear to score near the national mean, CSA faculty have discussed guiding graduates to explore better test-taking strategies, decreasing anxiety, addressing necessary accommodations (e.g., learning disabilities, ADHD), and correcting potential distractions at the new testing center for future exams. Although the standardized test allows us to compare our student performance against other counseling programs across the nation, we realize that it is not a perfect assessment of our graduate's ability to be a competent counselor. Therefore, we use it as a guide to help identify areas upon which we can improve and as a prompt to prepare students for the NCE which is needed for state licensure. Those not qualifying as competent would have been identified earlier and participated in a remediation process or been counseled out of the program before they were able to take the comprehensive exams. Since this is the only examination that is nationally normed, validated, and reliable, CSA will continue to use it but also provide alternative assessment options (e.g., essay, oral exam) as necessary. The preparation for the CPCE also helps students get ready for the National Counselor Exam (NCE).

Measurement Instrument #2, Key Assessments: Assessing standards across time allows for additional data that could provide better insight into where curriculum and program improvements should be made. For example: (a) Comparing scores of key assessments measuring the same standard across time might elicit common areas (i.e., classes, in clinical supervision) in which students are struggling. If multiple students are struggling, we will assess the course expectations. Further investigating of this trend may result in creating better course assignments, lectures or activities. (b) Analysis of such data may also reveal in what specific areas of the curriculum and program any given student is struggling. Program improvement may result in creating better support structures for students. The CPCE is used as our exit exam and as a Key Assessment because it is reliable and valid. However, since faculty are not privy to the CPCE questions, it is difficult to make informed based decisions about program improvement. That is, while scores may indicate whether students have or have not mastered certain content, we cannot make specific content-related enhancements without knowing the specific content of this Key Assessment (the CPCE). The faculty cannot underscore the importance of their use of qualitative data to inform best practices in teaching and curriculum and program improvements. Quantitative measurements may be indicative of program strengths and/or areas in which improvement can be made, however the CSA faculty strongly believe that it is the qualitative data (conversations with students, graduates, site supervisors and among faculty) that provides support and confirmation of such data.

Measurement Instrument #3, Alumni and Graduate Surveys, INDIRECT measure. The faculty have considered and have worked to incorporate the data into our program improvement as follows:

The faculty's investment in providing quality experiential- and application-based learning is confirmed. For example, many of the faculty provide live demonstrations of counseling skills. Dr. Sauerheber, for example provides live demonstrations of EMDR and Brainspotting with interested students; and includes live couples counseling demonstrations in the CNS 583 Couples Counseling course with student volunteers, as well as with community volunteers. Dr. Wolf has personally engaged in many of the experiential group activities in CNS 554 Group Counseling. Dr. Dye has encouraged students in her CNS 598 Research and Program Evaluations to conduct presentations about their research proposals at various professional counseling conferences.

CSA is committed to offering a face-to-face program with no more than 40% of our course requirements in the CMHC and MCFC program on-line.

In her role as Clinical Coordinator, Dr. Wolf is actively involved with the employers our graduates. For example, she invites Site Supervisors (many of whom are employers) to a Site Supervisor Panel, as well as an Internship and Job Fair. (See Internship and Job Fair Panelists 2018; Internship and Job Fair 2018; Internship and Job Fair 2017.) Both events create opportunities for students to meet future employers, and vis versa. Additionally, the counseling faculty are actively involved within the community which helps create connections between graduates and employers and agencies.

As previously mentioned in the section related to Comprehensive Exams, CSA feels confident in providing a curriculum as well as other forms of support (i.e., CSI-sponsored Comps and NCE Review Sessions; study guides available in the Beulah Winchel Education Library) that helps students pass the National Counselor Examination, with a 100% pass rate.

Increase communication between faculty and students as well as having faculty build additional relationships with students who are not graduate assistants (13.33%). It should be noted that the CSA faculty are highly committed to their relationships with students. CSA attempts to create relationships and communication with students in the following ways: Facebook posts about departmental events; Each program has a specific student listserv that is used to communicate information about department events (including CSI-sponsored events), professional development opportunities (WKU-affiliated and other), scholarships, employment opportunities; All faculty maintain at least 10 office hours per week and are available to students during these times. However, all of the faculty communicate with student beyond this designated time.

CSA has also addressed informal feedback (i.e., casual conversation) received from students and alumni related to placing emphasis on crisis intervention, report writing and counseling children by: (a) creating and requiring the CNS 592 Crisis Counseling course, which includes content related to sexual assault, interpersonal violence, school shooting and trauma; (b) including crisis intervention techniques in CNS 559 Counseling Techniques; (c) Drs. Jenkins and Sauerheber created and now offer a professional development workshop on Domestic Violence; (d) CSA sought and hired an adjunct to teach Play Therapy in the winter of 2019 and have plans of continuing to offer this course each year; (e) Dr. Dye has revised the CNS 568 Children and Adolescent course by including new required reading, application-based course assignments that address current trends in child mental health, focus on skill development, and content and theory development; (f) Dr. Jenkins now incorporates guest speakers in the CNS 567 Mental Health Diagnosis Course who speak specifically to client intake and case forms required at their affiliate agencies; and (g) a treatment plan is now a required assignment in CNS 567.



Over the last couple of years, CSA has built a strong Professional Development Workshop Series Calendar and scheduled some of the workshops during the meeting times of relevant courses.

**Next Assessment Cycle Plan** (Please describe your assessment plan timetable for this outcome)

CACREP Accreditation requires that we maintain the practice above. Key Assessments are gathered every semester. Comprehensive Exams are usually conducted after each of the three semesters. PPRs are conducted in the fall and spring. Results of which must be maintained and submitted in a yearly report to CACREP.

## KEY ASSESSMENT EXAMPLE

### COURSE

CNS 588 Family Systems Counseling. The historical development of systems theory will orient the student to theoretical content of human interactions. Students will be helped to think systemically about human issues by focusing on the systems paradigm. Skill development in family system counseling will be developed.

### CNS 588 – Family of Origin Project

Semester: Fall 2019 Grade: \_\_\_\_/30 Key Assessment Rubric: (4) 30-27 points; (3) 26-23 points; (2) 22-21 points; (1) 20-0 points

Name: \_\_\_\_\_ Faculty Name: Dr. Sauerheber

CACREP Standards CORE 3.f., CMHC 1.b., MCFC 1.d., 2.i., 3.b.

#### 1. Genogram Format: Neatness and Organization

(a) somewhat neat (appears like a draft copy); (b) information presented is often unclear or unreadable; (c) limited organization; (d) inconsistent formatting (spacing between family members notations, symbols)

(a) neat; (b) information presented in clear and readable fashion; (c) adequately organized; (d) consistent formatting (spacing between family members notations, use of symbols); (e) each generation should be clearly delineated through the use of straight horizontal and vertical lines

#### 2. Genogram Content (CACREP MCFC 2.i.). The majority of the expectations were not met as follows:

Genogram content illustrated at least 3 or more generations; exhaustive listing of family members across generations Many of the required expectations were met as follows:

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Genogram content illustrated at least 3 or more generations; exhaustive listing of family members across generations

#### 3. Genogram Demographics (CACREP MCFC 2.i.) The majority of the expectations were not met as follows:

Genogram demographics illustrated (3 or more generations; appropriate keys used) explicitly, in thorough detail beyond expected (every family member included) including (a) required basic demographic elements including name, birth and death dates, relationship status, education, primary occupation; (b) symbols are used consistently and appropriately Many of the required expectations were met as follows:

Genogram demographics illustrated (3 or more generations; appropriate keys used) explicitly, in thorough detail beyond expected (every family member included) including (a) required basic demographic elements including name, birth and death dates, relationship status, education, primary occupation; (b) symbols are used consistently and appropriately All of the required expectations were met as follows:

Genogram demographics illustrated (3 or more generations; appropriate keys used) explicitly, in thorough and exhaustive (every family member included) including (a) required basic demographic elements including name, birth and death dates, relationship status, education, primary occupation; (b) symbols are used consistently and appropriately

4. Additional Information Limited inclusion of additional information illustrated including:

(a) presence and diagnosis of physical, mental health, and psychological distress. (If known, note if individual was being treated with psychopharmaceuticals); religious denomination/spirituality; ethnicity/cultural identity; political perspectives; personality traits; socioeconomic status; victims/perpetrators of abuse; and roles of various family members; (b) symbols are used consistently and appropriately Additional information illustrated including:

(a) presence and diagnosis of physical, mental health, and psychological distress. (If known, note if individual was being treated with psychopharmaceuticals); religious denomination/spirituality; ethnicity/cultural identity; political perspectives; personality traits; socioeconomic status; victims/perpetrators of abuse; and roles of various family members; (b) symbols are used consistently and appropriately

5. Genogram Content: Interactional Dynamics

(a) limited interactional patterns dynamics, more could be used to better illustrate family patterns; (b) symbols are often used inconsistently and often inappropriately; (c) patterns of relationship dynamics are hardly illustrated (i.e., illustrate abuse and/or violence between family members)

(a) required interactional dynamics are included; (b) symbols are used consistently and appropriately; (c) relationship patterns illustrate patterns within the family system (i.e., illustrate abuse and/or violence between family members)

6. Description of patterns that emerged from categories A-C. The majority of the expectations were not met as follows:

For each category, note patterns that are visible and illustrated on the genogram. Provide a conceptualization of the patterns based within family systems concepts. Many of the required expectations were met as follows:

For each category, note patterns that are visible and illustrated on the genogram. Provide a conceptualization of the patterns based within family systems concepts. All of the required expectations were met as follows:

For each category, note patterns that are visible and illustrated on the genogram. Provide a conceptualization of the patterns based within family systems concepts.

7. Analysis Format: Paper meets page limitations Paper met page limitation

8. Analysis Format: APA formatting, spelling and grammar

No more than 3 errors made in APA formatting, spelling, grammar, and/or in headings

No more than 1 error made in APA formatting, spelling, grammar, and/or in headings

No mistakes in formatting, spelling and grammar; headings were used as instructed

9. Analysis: A.1. Family Time Line

The majority of the expectations were not met as follows:

(a) two to three individual physical, mental health, and psychopharmacological factors, as well as two to three systemic and environmental events that impacted your family's history (individual development, functioning and behavior). Reference to events in at least each generation should be included; (b) how the family adapted to these factors and/or events (impact on individual development, functioning and behavior) and (c) how such factors (i.e., individual mental health) and/or events (i.e., losses) or gains within the family impacted relationship patterns (as noted on the genogram); (d) in-depth, theoretically based reflection of information; (e) specific and appropriate application of theoretically based references used to support analysis appropriately

Many of the required expectations were met as follows:

(a) two to three individual physical, mental health, and psychopharmacological factors, as well as two to three systemic and environmental events that impacted your family's history (individual development, functioning and behavior). Reference to events in at least each generation should be included; (b) how the family adapted to these factors and/or events (impact on individual development, functioning and behavior) and (c) how such factors (i.e., individual mental health) and/or events (i.e., losses) or gains within the family impacted relationship patterns (as noted on the genogram); (d) in-depth, theoretically based reflection of information; (e) specific and appropriate application of theoretically based references used to support analysis appropriately

All of the required expectations were met as follows:

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#### 10. Analysis: A.2. Application of Theoretical Tenets

(CACREP

CORE 3.f., CMHC 1.b., MCFC 1.d.)

The majority of the expectations were not met as follows:

(a) two of the major tenets within the systems theory used to conceptualize the psycho-social-behavioral trends and relationship patterns in your family; (b) in-depth, theoretically based reflection of information; and (c) specific and appropriate application of theoretically based references used to support analysis appropriately      Many of the required expectations were not met as follows:

(a) two of the major tenets within the systems theory used to conceptualize the psycho-social-behavioral trends and relationship patterns in your family; (b) in-depth, theoretically based reflection of information; and (c) specific and appropriate application of theoretically based references used to support analysis appropriately      The majority of the required expectations were met as follows:

(a) two of the major tenets within the systems theory used to conceptualize the psycho-social-behavioral trends and relationship patterns in your family; (b) in-depth, theoretically based reflection of information; and (c) specific and appropriate application of theoretically based references used to support analysis appropriately      All of the required expectations were met as follows:

(a) two of the major tenets within the systems theory used to conceptualize the psycho-social-behavioral trends and relationship patterns in your family; (b) in-depth, theoretically based reflection of information; and (c) specific and appropriate application of theoretically based references used to support analysis appropriately

#### 11. Family Intervention and Treatment: B.1. Goals and Objectives

(CACREP

MCFC 1.d., 3.b.)

The majority of the expectations were not met as follows:

(a) accurate and appropriate theoretically based goals and objectives; (b) goals and objectives are measurable and obtainable; (c) fostering of family wellness emphasized; and (d) application of theoretically based references used to support case conceptualization specific to your family  
Many of the required expectations were not met as follows:

(a) accurate and appropriate theoretically based goals and objectives; (b) goals and objectives are measurable and obtainable; (c) fostering of family wellness emphasized; and (d) application of theoretically based references used to support case conceptualization specific to your family  
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