

**Revised Public Report on the Outcome of the Program Evaluation of the MA in Clinical  
Mental Health Counseling program at Christian Theological Seminary  
(Spring 2016, rev. Spring 2017)**

**INTRODUCTION**

The purpose of this evaluation report of the MA in Clinical Mental Health Counseling Program is to describe the outcomes of a systematic program evaluation, including descriptions of any program modifications, to students currently enrolled in the program, program faculty, institutional administrators, personnel in cooperating agencies (e.g., site supervisors or employers), and the public. The program faculty evaluated the program over the period of 2013-2016. Outcomes are based on feedback from various stakeholders in the program (e.g., students, graduates, faculty, supervisors, and employers). The program faculty used the CACREP Standards (Section I. Learning Environment: Structure and Evaluation, Evaluation, AA.1-6) as guide for the systematic program evaluation. The following report is provided in response to these standards.

**EVALUATION**

**AA:** Program faculty members engage in continuous systematic program evaluation indicating how the mission, objectives, and student learning outcomes are measured and met.

The MACMHC program collects continuous evaluative data every spring semester and implements a comprehensive systematic assessment every three years. Formal and informal evaluations of the program take place through faculty conversations, in counseling faculty meetings, in meetings and conversations with students, through surveys of students/supervisors/graduates/employers, and through feedback from professionals in the mental health field connected to the program or interns/graduates. The systematic assessment leads to reflection among the faculty which lead to revisions in areas such as the curriculum, the practicum and internship, the counseling degree handbook, program literature and info in advertising and on the website and the intranet.

**AA.1.** A review by program faculty of programs, curricular offerings, and characteristics of program applicants.

Every spring, the program faculty will administer surveys to current students and supervisors to gather data on the program and curricular offerings. Program faculty continuously review characteristics of program applicants through the mandatory admissions interview each applicant to the program has with one of the program faculty. Applicants are evaluated using the form “CTS Admission Counseling Degree Program Applicant Evaluation Form by Program Faculty” submitted with the application.

Every three years, the program faculty will also administer surveys to recent graduates of the program, employers, and gather feedback from professionals in the field about the program and its graduates. Informal feedback will also be evaluated in counseling faculty conversations. The

mission statement and the objectives of the program will also be systematically reviewed by faculty/students/graduates/supervisors/professionals in the field associated with the program.

A complete review of programs, curriculum, and student admissions and monitoring was conducted during the period of fall 2013 – spring 2016 in view of the CACREP accreditation application. The Counseling Field faculty allocated substantial time in its biweekly meetings each semester to review the MACMHC program and curriculum, identify program areas that need modification, as well as other programmatic issues that need to be addressed. The program faculty met each semester with program students at meetings either called by the program director or hosted by the CMHC student organization. The program faculty also invited feedback by email to evaluate current curriculum, identify areas that need modification, and get feedback on proposed revisions. **Formal follow-up studies of program graduates to assess graduate perceptions and evaluations of major aspects of the program.**

#### **AA.2. Formal follow-up studies of program graduates to assess graduate perceptions and evaluations of major aspects of the program.**

In Spring 2016, an Alumni Survey of the Clinical Mental Health Counseling was developed and all graduates of the program through spring 2016 with available, working emails on file (N=68) were sent a survey with a letter requesting feedback on our programs that was provided through Survey Monkey. The survey received 35 complete and 2 incomplete responses, a response rate of over 50 %. Results of the survey show that all 35 graduates (100 %) who completed the survey were overall satisfied (10 = 28.6 %) or very satisfied (25 or 71.4 %) with the CMHC program at CTS (#15). Over 90 % of respondents would attend the program at CTS again (#2) while nearly 90 % would definitely or probably recommend the program to others looking for a master's degree in counseling.

22 of the 37 respondents (60 %) obtained their LMHC (#9), while 10 respondents (27 %) are recent graduates who have either obtained the Associate license (LMHCA) created in Indiana in 2014 or are in the process of applying for the LMHC (#8). 5 respondents (13 %) did not seek licensure or work in the counseling field as they are mostly graduates of the dual degree program with the Master of Divinity. Thus 87 % of graduate respondents have either obtained their LMHC or are in the process of obtaining it. Of those graduates who sought work in the counseling field, nearly 100 % have either obtained the LMHC license or are in the process of obtaining it.

In response to the question “How would you recommend that the Clinical Mental Health Counseling Program be changed or improved?,” over half of the over 20 responses addressed two areas: improvement in preparing students for professional development matters (7 comments on “business side,” issues in community mental health agencies and practices outside the CTS Counseling Center, licensure exam prep) and a call for more faculty (6 comments). The call for more faculty came in the wake of a major restructuring of the seminary in 2014 which involved a reduction in faculty as part of a sustainability plan approved by the Board of Trustees and the President. The counseling faculty was kept largely intact but lost its longest serving and beloved faculty member, Dr. Bernie Lyon, who taught half in the counseling field and half in the M.Div. Practical Ministries field and who accepted the voluntary separation package offered by the school. He taught three counseling courses each year. While the core program faculty are

teaching the majority of courses in the program, the counseling field has requested the President's office to consider hiring an additional full-time counseling faculty in the future. The call for more attention to the business side and practical side of the larger mental health care system is now being addressed by the newly added course COUN P657 Contextual Dimensions course (which none of the survey respondents could have taken) which includes coverage of logistical and financial aspects of mental health counseling, including insurance, Medicaid and Medicare systems, community mental health, private practice, etc.; the newly configured COUN P632 Foundations of Mental Health Counseling (in addition to the already existing Ethical and Professional Issues course) since 2014 includes now more practical knowledge on the various functions within the mental health care system and the roles of counselors as part of an interdisciplinary team; finally, the already mentioned CMHC Intern Professional Development Group is addressing professional practice issues extensively while students are engaged as trainees in the CTS Counseling Center and in off-site placements.

Feedback from graduates of the program that training should include more exposure to logistical aspects of the practice of mental health counseling and that connections with off-site mental health and behavioral health providers and agencies would be beneficial in graduates' obtaining post-graduate residencies has led even before the spring 2016 survey to the following change: interns can now fulfill 150 of their required 400 direct-client hours in off-site internship placements with which the CTS Counseling Center establishes letters of agreements and Memoranda of Understanding (from previously only 50 hours).

We will assess the effectiveness of these measures to address the "business side" of the field over the next two years by evaluating outcomes in this area in COUN P657, P632 and the Professional Development Group in COUN P820-824, and, if necessary, further adjust. For much of the history of the counseling programs at CTS, many graduates had the opportunity to receive mentoring through colleagues within the American Association of Pastoral Counselors (AAPC) which until recently offered a rigorous process of certification and a network of practitioners that helped graduates with work in private and group practice as well as in faith-based institutions. With the requirements of licensure and credentialing by states and other national organizations, interest in AAPC certification dramatically decreased. In 2016, AAPC implemented the momentous decision to discontinue certification as pastoral counselors and to move to a general membership model. Our graduates can no longer count as much on the network of mentors that helped not only with certification but also with networking and the business side of things. Fortunately, ACA, its divisions, and local affiliates provide our students with a treasure trove of resources to also support the practical aspects of clinical mental health counseling. Additionally, positive changes in the insurance landscape have helped millions more people obtain insurance and reduced the number of self-pay clients that graduates in the past often could rely on, highlighting the need for preparation on the business side of clinical mental health counseling.

Four comments (from respondents who graduated between 2008 and 2012) addressed supervision suggesting that expectations of supervisors be more standardized, that more variety of theoretical perspectives be represented among supervisors, and that students should have more say in choosing supervisors based on theoretical preferences. While the variety of theoretical perspectives offered in individual and group supervision has considerably expanded since 2012, e.g., through offering play therapy, EFT, and a CBT group, the counseling faculty in

collaboration with the supervisors will work to address the concerns raised in the survey in the upcoming academic year and seek feedback from interns upon implementation of the changes in spring 2017.

### **AA.3. Formal studies of site supervisors and program graduate employers that assess their perceptions and evaluations of major aspects of the program.**

A CTS CMHC Employer and Off-site Internship Supervisor Survey was developed and sent via email to fifteen employers of graduates and to two off-site supervisors for our interns (7 out of 17 responded; emails were provided by graduates). While the sample of 7 employers/off-site supervisors is small, it does provide some useful information for faculty to consider.

Employers/off-site supervisors rated outcomes for graduates on nineteen knowledge/skills areas that cover all major standards of CACREP on a scale from 1-5 (1 ineffective, 2 somewhat ineffective, 3 adequate, 4 effective, 5 very effective). Employers/off-site supervisors rated that graduates or advanced interns 98 % as either very effective (72.6 %) or effective (26.4 %) in demonstrating knowledge or skills in these areas. Highest, perfect ratings were given for “Approach toward clients that communicates a belief that they are capable of development and can productively work toward agreed upon goals for their betterment,” “openness/responsiveness to supervision” and “dependability and conscientiousness.” The responses that received more “effective” than “very effective” were “case management and referral skills” (5 effective, 2 very effective); “knowledge about human development and application for counseling” (4 effective, 3 very effective), “knowledge and skills in consultation” (3 effective, 3 very effective, 1 N/A), and “ability to use evaluation data to improve counseling services” (3 effective, 3 very effective, 1 N/A). While these “least” rated areas were still reported as being effectively addressed, the faculty will use this feedback to review if anything can be further improved in the teaching in these areas.

In spring 2016, a Supervisor Survey of the CMHC program was developed and sent to all six CMHC supervisors (3 faculty supervisors, 3 adjunct staff supervisors) at the CTS Counseling Center, five of whom responded. The survey aimed to rate current students on the same knowledge and skills areas employers/off-site supervisors rated graduate and advanced interns. CMHC students in clinical training at the CTS Counseling Center were rated 97 % of the time adequate, effective or very effective. The average rating was above 4 (4.06), indicating that faculty and staff supervisors see that students on average demonstrate effective use of knowledge and skills in their clinical experiences. Strongest areas rated were: “professional, ethical behavior and knowledge of professional and legal standards and implications for practice,” “openness/responsiveness to supervision,” “dependability and conscientiousness,” and “ability to work in counseling with spiritual dynamics when presented by clients” (4.4 average). The following areas received the lowest ratings, albeit still adequate: “Case management and referral skills” and “knowledge and skills in consultation” (3.6 average) and “career development and counseling skills,” “diagnostic knowledge and skills” and “leadership skills” (3.8 average). The current student survey (item #10) also identified the area of consultation and referral skills as an area in which teaching can be improved. The program director, in consultation with the program faculty, will convey these results to faculty teaching in these areas, and, depending on whether the particular area of knowledge or skill is a central focus of the clinical mental health counseling clinical experiences students are exposed to at the CTS Counseling Center (esp., case management and referrals skills, knowledge and skills in consultation, diagnostic knowledge and

skills), work with faculty to increase and improve learning in these areas. For instance, specific modules of teaching will be added in COUN P-511 on case management and referral skills and knowledge and skills in consultation in the fall of 2016, Outcomes on these areas will again be assessed in the spring of 2017.

**AA.4. Assessment of student learning and performance on professional identity, professional practice, and program area standards.**

**Results from assessment of student learning and performance inform program modifications. The program has developed the following**

**COMPREHENSIVE ASSESSMENT PLAN:**

**Assessment Points**

Program faculty assess student learning and performance in multiple ways. First, we monitor students' progress systematically throughout the program. These assessments take into account the student's academic performance as reflected in course grades and overall GPA. Students must maintain an average GPA of 2.7. Students whose GPA falls below 2.7 are placed on probation in accordance with the Academic Probation and Dismissal Policy. During the probation period the Dean together with the program director helps the student work toward achieving the minimum GPA. If the student fails to achieve the minimum GPA while on probation, the student will be dismissed from the program. The student's professional development as reflected in the acquisition/performance of counseling knowledge and skills in courses and supervised experiences at the CTS Counseling Center and at off-site internship placements (practicum/internship/advanced internship), and the student's personal development as reflected in qualities such as respect for individual differences, openness to personal growth, and interpersonal or intrapersonal dynamics that need to be addressed to enhance the student's ability to be a professional counselor are assessed throughout the program. We have identified a series of points at which we assess student performance/outcomes in these areas.

Admission	Early COUN P511	Midpoint 1 Readiness for Application to Practicum	Midpoint 2 Admission to Practicum	Midpoint 3 Evaluation of Practicum COUN P820	Midpoint 4 Evaluation of Internship COUN P823	Late Final Evaluation of Advanced Internship, assessed at the end of COUN P824 (or higher)	Exit CMHC Capstone Presentation and Paper
GPA Goals/ Program fit Interview by Program Faculty	Three grading rubrics evaluate Skills and Dispositions	Completion of 4 prerequisite core courses; average of 2.7 (B-) or better in COUN P510, P511, P531, P637	Three rubrics evaluate Skills and Dispositions during Practicum Role Plays. 16PF	End-of-Semester Individual, Group and Professional Skills Evaluations by Faculty/ Supervisors. Expected to receive an average score of 82 out of 100 on	End-of-Semester Individual, Group and Professional Skills Evaluations by Faculty/ Supervisors. Expected to	End-of-Semester Individual, Group and Professional Skills Evaluations by Faculty/Supervisors. Expected to receive an average score of	Successful completion of a Capstone Presentation and Paper, measured by received at least an average score of 3. Evaluated

				weighted assessment in all three evaluation areas based on expectable development at practicum stage in the program of study (novice). Upon successful completion students proceed to internship (COUN P821)	receive an average score of 82 out of 100 on weighted assessment in all three evaluation areas based on expectable development at internship stage in the program of study (apprentice). Upon successful completion students proceed to advanced internship (COUN P824)	82 out of 100 on weighted assessment in all three evaluation areas based on expectable development at internship stage in the program of study (proficient). Must receive at least an average score of 3 (proficient) on rating scale 1-5 on the final Individual Skills Rubric and on Group Skills Rubrics, and meet 8 out of 10 professional skills consistently to graduate.	by two core faculty, a clinical staff supervisor, and, for the spiritual/theological integration, a non-counseling theological faculty. Successful completion (minimum 2.7 GPA) of 69 semester hours of coursework with 60 semester hours of coursework covering professional identity and clinical mental health counseling content areas.
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**Admissions process/evaluation:**

Each applicant for admission must demonstrate evidence of aptitude for graduate study and potential for effectiveness as a counselor as reflected in undergraduate or graduate GPA (minimum 2.7), recommendation forms, letter of intent focusing on professional goals, and prior experience. Faculty interview each applicant and evaluate applicants (on a 1 - 4 scale) in order to screen out those who are not suitable for the program. Interviews focus on the fit between the applicant's professional goals and program goals, interpersonal skills and multicultural awareness/sensitivity, interest in spiritual integration, and readiness for the demands of graduate study in counseling.

**Counseling Knowledge, Skills and Dispositions**

Using assessment rubrics constructed to address CACREP content standards we evaluate each student's development in the demonstration of knowledge, skills, and performance of skills. The evaluation proceeds throughout the program using a variety of assessment rubrics by faculty and supervisors as indicated below. If students are not meeting expected levels of knowledge, skills, performance and professionalism, the program director, in conjunction with other relevant parties, communicates the concern to the student following the policies outlined

in the Academic Policies Handbook and in the Counseling Center Handbook in an effort to remediate the problem.

**(Early) COUN P511:** The basic skills course (Counseling Skills and Helping Relationships) is taken early (first or second semester) in the program for practicum admission. The course focuses on the intervention and relationship skills that are the foundations of counseling process (II.G5; CMHC D, H). The course instructor completes three assessment rubrics that rate the student on a 5-point scale ranging from "needs much work" (1) to "outstanding" (5) and shares feedback with the student. In the 2015-2016 academic year, the average score on a scale of 1-5 (5 Outstanding; 4 Competent; 3 Adequate; 2 Inconsistent; 1 Needs much work) for 18 students in COUN P511 was 4.71. Beginning in the fall 2016, the instructor will enter ratings into a database (LiveText).

**(Midpoint 1) Readiness for Application to Practicum:** 4 prerequisite courses (COUN P510, P511, P531, P637) are completed with an average of 2.7 (B-) or better before students are eligible to apply for practicum. Courses assess students' learning in counseling theories (P510), counseling skills and helping relationships (P511), human development and faith (P531), and psychopathology and assessment (P637). Each course assesses demonstrated learning outcomes of core curricular knowledge and clinical mental health counseling knowledge and skills. Beginning fall 2016, instructors will enter ratings of demonstrated knowledge and skills on a 5-point scale (5 Outstanding, 4 Competent, 3 Adequate, 2 Inconsistent, 1 Needs much work) into a comprehensive assessment database for each student (LiveText)

**(Midpoint 2) Admission to Practicum COUN P820 – Practicum Role Play Evaluation:**

Once students are eligible to apply for practicum, they participate in Practicum Role Plays. Students roleplay 'therapist' and 'client' and participate in a process group to provide and give feedback to peers. Faculty evaluators observe students from behind a one-way mirror in the CTS Counseling Center and rate students on three evaluation rubrics that assess demonstrated knowledge and skills in counseling based on CACREP content area standards. Students should receive at least an average of 3 (satisfactory) on ratings by all faculty evaluators to proceed to Practicum (ratings are on a 1-5 scale: 1 Unsatisfactory, 2 Poor, 3 Satisfactory, 4 Good, 5 Excellent). If a student has a lower average, the student meets with the program director to discuss steps to remediate specific concerns before being considered for admission to practicum. Examples of reasons that may lead to such deferral are lack of ability to assess and address appropriately crisis issues such as suicidal risk. Upon successful completion of the remediation, the student may participate in the next round of role plays to be again considered for admission to practicum. If a student is unable to remediate the concerns in the second round of role plays, the student will not be admitted to practicum and will be advised to withdraw from the program.

Results of the completed practicum role plays by 10 applicants to practicum during the 1-year period **summer 2015 – spring 2016** show an average rating of 3.98 on the role play evaluations by faculty evaluators on a 1-5 scale for satisfactory demonstration of beginning knowledge and skills of counseling to enter practicum (1 Unsatisfactory, 2 Poor,

3 Satisfactory, 4 Good, 5 Excellent). Students received an average of 3 or higher in all 8 core curricular content areas (II.G.1-8) and all 6 Clinical Mental Health Counseling areas of professional knowledge, skills and practices. All ten students were admitted to practicum.

Readiness Assessment in			
II.G Professional Identity Areas		Clinical Mental Health Counseling	
Area	Mean	Area	Mean
Professional Orientation and Ethical Practice	3.90	Foundations	3.90
Social and Cultural Diversity	4.17	Counseling, Prevention, and Intervention	3.95
Human Growth and Development	3.99	Diversity and Advocacy	4.17
Career Development	4.14	Assessment	4.01
Helping Relationships	4.03	Research and Evaluation	3.46
Group Work	3.93	Diagnosis	4.04
Assessment	4.08		
Research and Program Evaluation	N/A		

Beginning fall 2016, practicum role play evaluation ratings will be entered into a database (LiveText).

Students also need to take the 16 PF Questionnaire which provides a “robust, reliable, and comprehensive measure of 16 personality traits that describe and predict a person’s behavior in a variety of contexts, revealing potential, confirming capacity to sustain performance in a larger role, and helping to identify development needs”. Faculty evaluators provide feedback as needed to students about areas to focus on during practicum, internship and advanced internship based on results of the 16PF.

**(Midpoint 3) Evaluation of Practicum COUN P820:** Counseling Practicum is taken after the student has successfully completed at least 18 semester hours of course work, including the 4 prerequisite core courses (COUN P510, 511, P531, P637). Practicum students are expected to obtain a minimum rating of "1" (Novice) on the CMHC Individual Supervision Evaluation Form (ratings range: 1 Novice, 2 Apprentice, 3 Proficient, 4 Master, 5 Expert) to show satisfactory progress as counselors in training and are expected to receive a final score of 82 or higher out of 100 on weighted assessment of end-of-semester Individual, Group and Professional Skills evaluations by Faculty/Supervisors, in conversation with students, based upon expectable development at practicum stage in the program of study (Novice). Evaluations assess all areas of Professional Identity content areas (II.G.1-8) and Clinical Mental Health Counseling professional knowledge, skills, and practices (CMHC). On the individual supervision evaluation, faculty/supervisors note the trainee’s strengths, areas

that require particular focus in the following semester and any specific concerns. In addition, 1<sup>st</sup> semester practicum students meet with a team of a group supervisor and their individual supervisor for a “group evaluation” to discuss strengths, growing edges, and to establish short-term and long-term **goals** for the remaining internship time. Faculty and supervisors discuss each practicum student’s progress during a counseling faculty/supervisor meeting in which evaluations from individual and group supervisors and faculty are brought together in a comprehensive assessment that culminates in the program director’s entering a Pass or Fail grade for the student. If a student is not showing required progress, steps outlined in the Counseling Center Handbook are taken to help remedy the problems. Upon successful completion students proceed to internship (COUN P821). Beginning in fall 2016, faculty/supervisors will enter ratings and comments into a database (LiveText). During the 1-year period **summer 2015 – spring 2016** all 10 practicum students in P820 have maintained satisfactory progress in practicum.

**(Midpoint 4) Evaluation of Internship COUN P823:** Counseling Internship is taken after the student has successfully completed “practicum”, COUN P820 (note: as our program of study indicates on p. 3-4, we call all clinical practice courses “Practicum” but specify that COUN P820 is equivalent to what CACREP and IN State licensure call “practicum”, that COUN P821-823 is equivalent to “internship”, and COUN P824 is equivalent to “advanced internship”. We are considering aligning our course name structure with the language of CACREP and the IN State licensure board). Internship students are expected to obtain a minimum rating of "2" (Apprentice) on the CMHC Individual Supervision Evaluation Form (ratings range: 1 Novice, 2 Apprentice, 3 Proficient, 4 Master, 5 Expert) to show satisfactory progress as counselors in training and are expected to receive a final score of 82 or higher out of 100 on weighted assessment of end-of-semester Individual, Group and Professional Skills evaluations by Faculty/Supervisors, incl. off-site supervisors, in conversation with students, based upon expectable development at practicum stage in the program of study (Apprentice). Evaluations assess all areas of Professional Identity content areas (II.G.1-8) and Clinical Mental Health Counseling professional knowledge, skills, and practices (CMHC). On the individual supervision evaluation, faculty/supervisors note the trainee’s strengths, areas that require particular focus in the following semester and any specific concerns. Upon successful completion students proceed to advanced internship (COUN P824). Beginning fall 2016, faculty/supervisors will enter ratings and comments into a database (LiveText). During the 1-year period **summer 2015 – spring 2016** 9 of the 10 internship students in P823 have maintained satisfactory progress. One intern was on probation for not meeting requirements but subsequently was able to maintain satisfactory progress.

**(Late) Final Evaluation of Advanced Internship, assessed at the end of COUN P824 (or higher):** Advanced internship students are expected to receive at least an average score of 3 (proficient) on a rating scale of 1-5 on the final Individual Skills Rubric to graduate and a final score of 82 or higher out of 100 on weighted assessment of end-of-semester Individual, Group and Professional Skills evaluations by Faculty/Supervisors, incl. off-site supervisors, in conversation with students, based upon expectable development at practicum stage in the

program of study (Proficient). Evaluations assess all areas of Professional Identity content areas (II.G.1-8) and Clinical Mental Health Counseling professional knowledge, skills, and practices (CMHC). Beginning fall 2016, faculty/supervisors will enter ratings and comments into a database (LiveText). Graduates will be able to use their LiveText portfolio as they apply for jobs in the field. During the 1-year period **summer 2015 – spring 2016** the 5 advanced internship students in their final clinical experience semester in COUN P824 or higher have maintained satisfactory progress and graduated.

**(Exit) CMHC Capstone Presentation and Paper; program of study completion:**

Successful completion of a Capstone Presentation and Paper, measured by receiving at least an average score of 3 on a scale of 1-5 assessing all professional identity and practice areas. Capstones are evaluated by two core faculty, a clinical staff supervisor, and, for the spiritual/theological integration, a non-counseling theological faculty on the CMHC Capstone Evaluation Form. Successful completion (minimum 2.7 GPA) of 69 semester hours of coursework with 60 semester hours of coursework covering professional identity and clinical mental health counseling content areas.

**AA.5. Evidence of the use of findings to inform program modifications.**

The following significant changes have been implemented and reflect continuous, systematic program evaluation:

**Name Change**

The program name was changed effective May 2014 to MA in Clinical Mental Health Counseling. Previously the program had been called MA in Mental Health Counseling (2011-2014), MA in Psychotherapy and Faith (-2011).

**Curricular Changes**

In May 2014, four additional courses were added to the existing eight core curricular courses to provide more time for learning in the following areas. The changes involved the following:

- create a separate counseling skills course (P511). Previously, theories and skills had been taught together in one course (P510). P510 now focuses on teaching theories of counseling
- create a separate course on social and cultural dimensions of counseling (P656). Previously, this content area had been taught in the foundations course (P632) and as part of all other core courses.
- add a testing and appraisal course (P639). Previously, appraisal had been taught primarily as part of the psychopathology and assessment course (P637) and the theory and skills course.
- add a contextual dimensions course (P657). Previously, the contextual aspect of counseling had been taught as part of the theory and skills, the foundations, the ethics, and the psychopathology course.

**Revised Mission Statement and Objectives**

In fall 2014, the department and the institution adopted the program's new mission statement and three program objectives to comprehensively convey the program's adherence to CACREP

standards as well as its unique character as providing the opportunity for spiritual/cultural integration and an emphasis on relational and depth psychological theoretical orientations:

## **Statement of Mission and Objectives**

### **Mission:**

The Master of Arts in Clinical Mental Health Counseling provides professional preparation for students from diverse backgrounds to practice counseling, care, and psychotherapy in a multicultural and pluralistic society. The MACMHC program's objectives are the development of a professional identity grounded in a variety of theoretical orientations, with an emphasis on relational and depth psychological perspectives; the integration of spiritual/theological and cultural reflection in line with CTS's commitment to social justice, diversity and advocacy; and the development of core counselor competencies.

The MACMHC degree meets State of Indiana academic requirements for licensure as a Mental Health Counselor. It is aligned with CACREP standards and the professional orientation of the American Counseling Association (ACA). An approved training program of the American Association of Pastoral Counselors (AAPC), the program also prepares students for certification as pastoral counselors without requiring ordination.

### **Objective 1: Development of Professional Identity Grounded in a Variety of Theoretical Orientations, with an Emphasis on Relational and Depth Psychological Perspectives**

The program enables students to develop their professional identity through self-reflective and professional experiences in the classroom, the counseling room, the space of supervision, and the community. Professional identity is guided by content and ethical standards of the counseling profession and grounded in a variety of theoretical orientations, with an emphasis on relational and depth psychological perspectives. It is informed by current research, for instance, on mother-infant interaction, neuroscience, and counseling processes. Students will develop their professional identity within the context of the larger mental health care landscape and through active engagement with the counseling profession and its organizations.

### **Objective 2: Integration of Cultural and Spiritual/Theological Reflection**

Cultural and spiritual/theological reflection is part of all components of the program and expresses CTS's commitment to social justice, diversity and advocacy. Students will become aware of how their own emotional, cognitive, sociocultural, and spiritual development shapes their own professional identity. Students will have skills for respectful and appreciative interaction with clients from diverse cultural and spiritual/theological backgrounds in clinical practice. Through a variety of experiences in the classroom, in practicum, and in the community students will develop competence in the integration of cultural and spiritual/theological reflection into clinical practice, demonstrated in a capstone presentation at the conclusion of the degree.

### **Objective 3: Development of Core Counselor Competencies**

Students will develop core counselor competencies of the counseling profession by applying theories and skills in clinical practice that support social justice and advocacy. The acquisition of core counselor competencies will be assessed through core studies in mental health counseling over the span of the program, regular supervision evaluations in practicum, and a final capstone presentation.

### **CMHC Intern Professional Development Group added**

A Professional Development Group was added for all CMHC interns at the CTS Counseling Center beginning summer 2016 in response to feedback from students and graduates for a need to address more comprehensively professional orientation and logistical information as students engage in professional practice. The weekly group is a meeting of all CMHC interns focusing on professional orientation and formation; networking; career opportunities in agency, group and private practices; licensure requirements and exam preparation; professional memberships in ACA and its divisions, AMHCA, ICA, etc.

### **ICA Student Representatives**

The MACMHC student body, encouraged and supported by program faculty, in 2014 began to send student representatives to the Indiana Counseling Association. One pre-practicum and practicum student each represent CTS on the student board of ICA. In spring 2016 the CTS student representative was selected by the ICA Board to represent students in Indiana on the Board and to sit on the ICA Board. Program students and alumni have increased their participation in ICA conferences and their utilization of services by ICA (e.g., exam workshops).

Based on student assessment, text book changes have been made by the program faculty for most core courses to ensure that textbooks cover all content addressed in professional identity and practice standards, e.g., Mark S. Gerig's book *Foundations for Clinical Mental Health Counseling: An Introduction to the Profession*. Adding a separate counseling skills course, P511, was a response also to student assessment of readiness for practicum through role plays. Adding the contextual dimensions course, P657, was partly done in response to lower scores on contextual dimensions items on the internship evaluation rubrics than scores on other items.

## **CONCLUSION**

The MA in Clinical Mental Health Counseling Program has made substantial improvements over the past few years in order to assure excellence in training for its students and to promote the growth of high quality graduates. The findings from the systematic program evaluation were positive and helped the faculty to make informed decisions about changes in the program. Major changes included a new name for the program, new statements of mission and objectives, curricular changes through adding four courses, the addition of a professional development supervision group, and increased professional activities of students. The program faculty will continue to monitor the quality of the program through formal and informal continuous evaluations from stakeholders to support further program development.

Approved by the CTS Counseling Faculty, April 2017.