



IUPUC
MASTER OF ARTS
IN MENTAL HEALTH
COUNSELING

PRAC Assessment Project Proposal

Name and rank/title of Project Director(s):

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Project Title: Developing a comprehensive assessment system for a new graduate program in mental health counseling

Project Dates: July 01, 2014 – June 30, 2015

Project Checklist

Statement of support: Dr. George Towers, Division Head of Science at IUPUC, will submit a letter of support for this project.

Simple budget: See narrative on page 6.

IRB approval: IRB approval was obtained for pre-admission data, including essay questions (Protocol #1308761997, valid from August 14, 2013 to August 13, 2015). Based on IRB guidelines, this project may qualify as exempt for the field experience data based on category 1 criteria. I will consult with IRB for confirmation and will have IRB approval before the start of the project if required.

Abstract

The Mental Health Counseling (MHC) program is a new graduate program at IUPUC that prepares students for careers as licensed mental health counselors. State and national educational standards prescribe the program's curriculum. MHC is constructing a comprehensive assessment plan that a) aligns its training mission and competencies with national and state requirements, b) provides evidence of student learning, and c) determines the developmental progress of student learning to enhance program development and provide evidence of student learning. This project will conduct preliminary analyses on existing data collected at pre-admission and clinical field experience to determine the feasibility of the data as assessment indicators.

Purpose of Project

The MHC program, a 60-credit curriculum, aligns with the educational requirements outlined in Indiana Code §25-23.6-8.5 Chapter 8.5. Mental Health Counselors. Our curriculum is consistent with national accreditation guidelines established by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). As a new program we have a unique opportunity to develop a comprehensive developmental assessment plan that can provide historical data reflecting program growth and student learning across time within the program at various benchmark levels (i.e, from the application process to licensure eligibility). Hence, we are modeling our assessment system from CACREP's recommendations for a multiple points and multiple measures system. We determined six benchmark levels of assessment as our multiple points of measuring student learning and progress.

The program began in fall 2012 and our first class of graduates will finish the program in August 2014. We currently have 19 students and an incoming fall 2014 class of 15 students. In

fall 2013, we increased our faculty size to four FTEs, allowing for additional perspectives and input on the curriculum and assessment objectives. The development of the program's assessment plan is occurring in stages to allow full faculty input, data collection and analyses, and continual evaluation of the plan's utility and effectiveness. Below is a summary of our activities in developing the assessment plan from the program's inception:

During our first year of operation (2012-2013), the MHC faculty

1. Developed the program's training mission (Appendix A),
2. Identified and defined learning outcomes (competencies) based on the training mission (Appendix B),
3. Determined the assessment benchmarks for the program of study (Appendix C),
4. Began developing the assessment rubrics for each competency¹,
5. Reviewed training mission and competencies with MHC students, and
6. Piloted the assessment rubrics in two courses.

During our second year, 2013-2014, we

1. Mapped the curriculum to the Indiana licensure's educational requirements,
2. Aligned program competencies to the national professional standards,
3. Identified course assignments as assessment indicators,
4. Developed comprehensive portfolio (in place of comprehensive examinations) for graduating students,
5. Constructed student exist survey, and
6. Consulted with Chalk & Wire for rubric development.

¹ Adapted from Association of American Colleges and University (AACU) (2012). VALUE: Valid Assessment of Learning in Undergraduate Education. Retrieved from http://www.aacu.org/value/rubrics/pdf/All_Rubrics.pdf.

One change in our process occurred with the consultation and assistance of Chalk & Wire who agreed to prepare our assessment rubrics once we mapped and identified our assessment indicators from the courses. The development of the rubrics is in progress.

The purpose of this project is to a) analyze existing data collected during Pre-admission (applicant essays) and Clinical Field Experiences (site supervisors and student evaluations) and b) determine if changes are needed to better align these measures to the program's competencies. We collected applicants' responses from the below essay questions:

1. Explain why you seek admission to this program along with your strengths, weaknesses, and vision for yourself as a mental health counselor.
2. Identify the mental health concerns or challenges affecting your community. Discuss how you, as a mental health counselor, will assist your community in addressing these challenges.

The second question specifically aligns with our *Profession of Mental Health Counseling* competency. A rating of applicants' essay can determine the level of knowledge applicants possess about the profession prior to exposure to our curriculum. For this reason, this information will function as a baseline for student learning specific to this competency.

The clinical field experiences assessment measures include the following information per student per semester:

- Practicum Mid-Semester or Final Evaluations (completed by site supervisors)
- Internship Mid-Semester or Final Evaluations (completed by site supervisors)
- Site Supervisor Evaluation (completed by students)
- Site Evaluations (completed by students)

Analysis of the above aggregated data will provide information on a) the alignment of the survey items to the competencies, b) how students and site supervisors rate the quality of training specific to practicum and internships, and c) whether students are improving in their clinical skills over time.

Intended Outcomes of the Project

The findings of this project will inform the MHC faculty on the effectiveness of assessing two benchmark levels of our assessment plan. This information will help determine whether modifications are needed in these areas to improve our efforts in measuring the development of key competencies. The findings will also determine whether students in their field experiences are performing at or above a satisfactory level as viewed by their site supervisors. The outcomes for this project are:

- A content analysis of the application essays submitted between 2012 and 2015,
- Determination of the feasibility of using the application essays as an indicator of Profession of Mental Health Counseling competency,
- Analysis of the field experience surveys from 2013 to the project's end date,
- Alignment of the field experience items with competencies, and
- Modification of pre-admission and field experience measures based on findings.

At the completion of this project, MHC will determine the feasibility of using the application essays as assessment data and understand the collective view on the quality of training during field experiences.

Assessment Method(s)

The assessment methods will include analyzing quantitative and qualitative data. Reviewers (professionals knowledgeable of the mental health counseling profession) will rate the

essays questions based on a 4-point rubric system. The field experience surveys include criterion items also rated on a 4-point scale: *unsatisfactory performance*, *average performance*, *satisfactory performance*, and *exemplary performance*, along with site supervisors' comments.

Data Analysis

Data analyses will include basic descriptive statistics of evaluators' ratings of the essays. Due to the small number of students who have completed their field experience courses, descriptive statistics will provide information on the percentage of students who are performing at each rating level and determine how students perceive the overall quality of their training at their field experience sites. Analysis of matched data to determine developmental changes will be considered.

Evaluation and Dissemination of Results

A final report on the progress and outcomes of this project will be disseminated to the PRAC Committee, MHC faculty, and IUPUC administrators. Preliminary aggregated data will be disseminated to students to encourage discussion and suggestions on program development. Feedback from all stakeholders will be considered for modification of our assessment system. The findings may be disseminated through conference presentations or publications on the topic of developing a comprehensive program assessment plan.

Intended Use of Findings

As previously mentioned, MHC is a new graduate program. Our status and history (or lack of one) provides an opportunity for us to construct a comprehensive developmental assessment system that provides evidence of how and what students are learning as they progress through the program. The long-term goal of the intended use of the findings is to gather longitudinal data on program development and effectiveness for curriculum development and accreditation

reviews. The findings from this project will assist MHC faculty in evaluating our overall program, by looking at selected components (i.e., pre-admission and clinical field experiences) of the program.

Budget Narrative

The funding for this project will support a graduate student worker to assist the project director with project preparation and data entry, stipends for reviewers to evaluate the essays, and conference registration/travel for the project director to attend the Assessment Institute.

Graduate Student Worker (116 hrs x \$15/hrs.)	\$ 1,740.00
Stipends for Essay Reviewers	500.00
Registration / Travel to Assessment Institute	250.00
Total Budget	\$ 2,490.00

Appendix A

MHC Training Mission

The MHC program trains effective, ethical, and culturally competent counselors who hold a strong identity as professional mental health counselors. Our students develop the necessary knowledge, skills, and values to:

- A. Significantly contribute to the *profession of mental health counseling* through active participation in professional organizations and continued *professional development*.
- B. Exhibit the essential *counseling skills and processes* in order to provide effective, collaborative and *culturally competent* services to diverse clients in a variety of settings through a strengths-based approach to personal development and wellness.
- C. Engage in *ethical practices* that provide *evidence-based* counseling and evaluation services.
- D. Cultivate a relevant *area of practice/specialization* while incorporating the latest advances in *communication and technology*.

The program's learning outcomes (competencies) are highlighted in bold print in our training mission and fall within the following two areas:

- I. Areas of Counseling
 - a. Profession of mental health counseling
 - b. Professional development
 - c. Counseling skills and processes
 - d. Cultural competence
- II. Common Factors
 - a. Ethical practices
 - b. Evidence-based practices
 - c. Area of practice/specialization
 - d. Communication and technology

Appendix B

MHC Competencies

I. AREAS OF COUNSELING

I.A. Profession of Mental Health Counseling

Criterion Description: *The demonstration of identification, knowledge and skills specific to the counseling specialization of mental health counseling. Mental health counseling professionals a) possess in-depth understanding of the etiology, classification, treatment, and prevention of broad range of mental and emotional disorders and b) provide appropriate and effective services to diverse client populations in a variety of community settings.*

I.B. Counseling Skills and Processes

Criterion Description: *The demonstration of knowledge and application of counseling skills and processes that are critical in developing and implementing treatment and prevention strategies to assist individuals, groups, families, and communities to address concerns across the multiple dimensions of lifespan development.*

I.C. Evidence-based Practices

Criterion Description: *The demonstration of utilizing the principles of systematic inquiry to gain knowledge, implement, and evaluate appropriate counseling strategies and programs to ensure accountability, quality assurance, and advocacy for new or modified services.*

I.D. Area of Practice/Specialization

Criterion Description: *The demonstration of an area of growing expertise or specialization (including a “generalist” approach) supported by engagement in additional or targeted learning activities (e.g., research, clinical training and supervision, professional identity training, etc.) and ability to articulate, inform, and educate others in such area.*

II. COMMON FACTORS

II.A. Professional Development

Criterion Description: *The demonstration of engagement in learning activities and/or the acquisition of new learning that occurred beyond the classroom for the enhancement of general and specific knowledge and skills related to the mental health counseling.*

II.B. Cultural Competence

Criterion Description: *The demonstration of cultural self-exploration, acquisition of knowledge, and application of culturally appropriate strategies or services to diverse populations and communities.*

II.C. Ethical Practice

Criterion Description: *The demonstration of integrating knowledge and skills related to the ACA Code of Ethics, ethical standards and guidelines of related counseling specialties (if applicable), and familiarity with local legal statutes that direct mental health counseling.*

II.D. Communication and Technology

Criterion Description: *The demonstration of articulating and delivering information relevant to mental health issues or the profession appropriate to developmental levels and cultural backgrounds of individuals, families, groups, and communities through the use of various communication media.*

Appendix C

Developmental Benchmark of Training for the MHC Program

