

East Carolina University
College of Allied Health Sciences
Department of Addictions and Rehabilitation Studies
M.S. in Clinical Counseling (formally Substance Abuse and Clinical Counseling) program
Assessment Plan and Report (TracDat) for AY 2015-2016

Program Data

Current enrollment: 64 students

Number of students who graduated during academic year 2015-2016: 14

Program completion rate: 95%

Licensure examination pass rate: 100%

Job placement rate of graduates (180 days past graduation): 100%

Number of program applications received last year: 54

Student Demographics: (only categories with students in them are listed)

Female, Caucasian/White = 49

Female, African American/Black = 6

Female, Hispanic/Latino/Spanish American = 1

Male, Caucasian/White = 7

Male, African American/Black = 1

Full-time Faculty Demographics:

Female, Caucasian/White = 5

Female, African American/Black = 0

Female, Hispanic/Latino/Spanish American = 0

Male, Caucasian/White = 0

Male, African American/Black = 0

Program Outcome Measures and Result
(*Measures that will continue next year)

Social and Cultural Diversity – Multiculturalism (CACREP G.2d)

1. Outcome Measure: Students in the Clinical Counseling program will demonstrate mastery of individual, couple, family, group, and community strategies for working with and advocating for diverse populations, including multicultural competencies. Action taken after AY 2014-2015: The program earned a two-year accreditation in Clinical Mental Health Counseling from the Council for the Accreditation of Counseling & Related Educational Programs [CACREP]. CACREP stipulates standards for student learning within specific areas of clinical mental health counseling, and faculty identify the means of assessment for meeting those standards (e.g.,

student projects, presentations, exams). Social and cultural diversity is one of these required areas of student learning. The faculty's chosen means of assessment was a cultural immersion activity.

2. Results: Students increased their knowledge and comfort with culturally diverse individuals by interacting with cultural groups different from their own for 10 hours over the course of the semester. Students kept a journal of their experiences and discussed said experiences in class. The keeping of journals and in-class discussions fostered student reflection and meaning making from these experiences. The criterion for success in AY 2015-2016 was that 75% of students completing the activity received at least 40 of 50 points. All of the twenty (100%) students who completed this cultural immersion activity attained or exceeded that standard, thus the criterion for success was met.

3. Analysis of Results: Given that all students received at least 40 of 50 points on the cultural immersion activity, and that, during in-class discussions, students reported attaining knowledge about cultural differences in ways they could not have through class lectures, guest presenters or readings, faculty determined that the cultural immersion activity improved student learning. In previous years, faculty were not using student learning outcomes, such as scoring on the cultural immersion activity, as direct means of assessment. To insure that coursework produces the outcomes for student learning stipulated by CACREP, specific assignments and activities such as this one will continue to be assessed.

4. Actions planned for next reporting year: Student learning outcome met. Faculty will retain the cultural immersion activity as an assignment in ADRE 6370 Multicultural Issues in Clinical, Addictions, and Rehabilitation Counseling. A new outcome and means for assessment was developed for AY 2016-2017.

Group Work (CACREP G.6a)

1. Outcome Measure: Students in the Clinical Counseling program will demonstrate mastery of group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and methods of evaluation of effectiveness. Action taken after AY 2014-2015: The program received a two-year accreditation in Clinical Mental Health Counseling from the Council for the Accreditation of Counseling & Related Educational Programs (CACREP). CACREP stipulates standards for student learning within specific areas of clinical mental health counseling, and faculty identify the means of assessment for meeting those standards (e.g., student projects, presentations, exams). Group work in counseling is one of these required areas of student learning. The faculty's chosen means of assessment was a student group leadership analysis paper.

2. Results: Students demonstrated mastery of group counseling methods by co-leading group counseling sessions under the instructor's supervision. Each student analyzed his/her co-leading performance. For AY 2015-2016, the criterion for success was that 75% of students completing the student group leadership analysis paper receive at least 8 of 10 points, and all six students (100%) attained or exceeded this standard, thus the criterion for success was met.

3. Analysis of Results: The students' analysis included a written discussion of their thoughts,

feelings, and reactions to co-leading the group, along with specific events that went well and any changes to be made in future groups. Given that all students received at least 8 of 10 points, and that students identified their strengths and areas for growth, faculty determined that the student group leadership analysis paper improved student learning. In previous years, faculty were not using student learning outcomes, such as scoring on the student group leadership analysis paper, as a direct means of assessment. To insure that coursework produces the outcomes for student learning stipulated by CACREP, specific assignments and activities such as this one will continue to be assessed.

4. Actions planned for next reporting year: Student learning outcome met. Faculty will retain the group leadership analysis paper as an assignment in ADRE 6350 Group for Clinical, Addictions, and Rehabilitation counseling. A new outcome and means for assessment was developed for AY 2016-2017.

Clinical Mental Health Foundations - Skills & Practices - Ethics (CACREP B.1)

1. Outcome Measure: Students in the Clinical Counseling program will demonstrate mastery of the ability to apply and adhere to ethical and legal standards in clinical mental health counseling. Action taken after AY 2014-2015: The program received a two-year accreditation in Clinical Mental Health Counseling from the Council for the Accreditation of Counseling & Related Educational Programs (CACREP). CACREP stipulates standards for student learning within specific areas of clinical mental health counseling, and faculty identify the means of assessment for meeting those standards (e.g., student projects, presentations, exams). Ethics in counseling is one of these required areas of student learning. The faculty's chosen means of assessment was an assignment entitled "My Three-Minute Video on Ethics."

2. Results: Students demonstrated the application of ethical and legal standards by composing a three-minute video, in which they explained an ethical canon of the American Counseling Association to a mock client. The criterion for success was that 75% of students completing the assignment receive at least 200 of 250 points, and in AY 2015-2016, 18 (n = 18) students in the program completed the "My Three-Minute Video on Ethics" assignment. Of these, 16 students (88%) received at least 200 out of 250 points, thus the criterion for success was met.

3. Analysis of Results: When preparing the video, students researched the American Counseling Association Code of Ethics and developed a script, in non-clinical language, explaining their assigned ethical canon. Since 88% of students who completed the assignment received at least 200 of 250 points, faculty determined that the "My Three-Minute Video on Ethics" assignment improved student learning. In previous years, faculty were not using student learning outcomes, such as scoring on the "My Three-Minute Video on Ethics" assignment, as a direct means of assessment. To insure that coursework produces the outcomes for student learning stipulated by CACREP, specific assignments and activities such as this one will continue to be assessed.

4. Actions planned for next reporting year: Student learning outcome met. Faculty will retain the "My Three-Minute Video on Ethics" assignment in ADRE 6050 Ethics and Legal Aspects in Clinical, Addictions, and Rehabilitation Counseling. A new outcome and means for assessment was developed for AY 2016-2017.

Assessment - Knowledge (CACREP G.1)

1. Outcome Measure: Students in the Clinical Counseling program will demonstrate mastery of the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology, leading to diagnoses and appropriate counseling treatment plans. Action taken after AY 2014-2015: The program received a two-year accreditation in Clinical Mental Health Counseling from the Council for the Accreditation of Counseling & Related Educational Programs [CACREP]. CACREP stipulates standards for student learning within specific areas of clinical mental health counseling, and faculty identify the means of assessment for meeting those standards (e.g., student projects, presentations, exams). Clinical mental health assessment in counseling is one of these required areas of student learning. The faculty's chosen means of assessment was the case study presentation.

2. Results: Students demonstrated mastery of the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate treatment plans by researching and developing a case study presentation. The criterion for success was that 75% of students completing the presentation receive at least 24 of 30 points. In AY 2015-2016, twenty-one (n = 21) students completed the presentation, and all (100%) attained or exceeded this standard, thus the criterion for success was met.

3. Analysis of Results: When preparing the case study presentation, students researched and presented the epidemiology of a disorder, discussed the typical symptomology based on DSM-5 criteria, and developed a biopsychosocial assessment (i.e., chief complaint/presenting problem; client history including psychological, substance use, family, medical, legal, occupational, social, and spiritual; screened for addiction, aggression, risk or harm). Since all students (100%) received at least 24 of 30 points, and that, during in-class discussions, students reported that they had better understanding of assessment techniques, case conceptualization tasks and treatment planning, faculty determined that the case study presentation assignment improved student learning. In previous years, faculty were not using student learning outcomes, such as scoring on the case study presentation, as a direct means of assessment. To insure that coursework produces the outcomes for student learning stipulated by CACREP, specific assignments and activities such as this one will continue to be assessed.

4. Actions planned for next reporting year: Student learning outcome met. Faculty will retain the case study presentation assignment in ADRE 6050 Ethics and Legal Aspects in Clinical, Addictions, and Rehabilitation Counseling. A new outcome and means for assessment was developed for AY 2016-2017

***Helping Relationships – CSES**

1. Outcome Measure: Students in the Clinical Counseling program will demonstrate increased counseling self-efficacy over the duration of their program. Action taken after A Y 2014-2015: The program received a two-year accreditation in Clinical Mental Health Counseling from the Council for the Accreditation of Counseling & Related Educational Programs [CACREP]. CACREP stipulates standards for student learning within specific areas of

clinical mental health counseling, and faculty identify the means of assessment for meeting those standards (e.g., student projects, presentations, exams). Development of helping relationships in counseling is one of these required areas of student learning. The faculty's chosen means of assessment was Counselor Self-Efficacy Scale scores.

2. Results:

Multiple Comparisons

Dependent Variable: Total_CSES

Bonferroni

(I) Class	(J) Class	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Orientation	Begin Practicum	-14.6100 [*]	1.70013	.000	-19.1307	-10.0894
	End Practicum	-20.0292 [*]	1.91462	.000	-25.1201	-14.9382
	Internship	-28.1216 [*]	2.64521	.000	-35.1552	-21.0880
Begin Practicum	Orientation	14.6100 [*]	1.70013	.000	10.0894	19.1307
	End Practicum	-5.4191 [*]	1.99593	.042	-10.7263	-.1119
	Internship	-13.5116 [*]	2.70464	.000	-20.7032	-6.3199
End Practicum	Orientation	20.0292 [*]	1.91462	.000	14.9382	25.1201
	Begin Practicum	5.4191 [*]	1.99593	.042	.1119	10.7263
	Internship	-8.0925 [*]	2.84437	.029	-15.6556	-.5293
Internship	Orientation	28.1216 [*]	2.64521	.000	21.0880	35.1552
	Begin Practicum	13.5116 [*]	2.70464	.000	6.3199	20.7032
	End Practicum	8.0925 [*]	2.84437	.029	.5293	15.6556

Based on observed means.

The error term is Mean Square(Error) = 142.773.

*. The mean difference is significant at the .05 level.

End Internship significantly greater than Orientation $p < .001$, Begin Practicum $p < .001$, End Practicum $p < .05$

End Practicum $p < .05$ significantly greater than Orientation $p < .001$, Beginning Practicum $p = .001$

Beginning Practicum significantly greater than Orientation $p < .001$

3. Analysis of Results: The criterion for success set was, upon completion of the program, the average score of the cohort will be 3 or above. However, the data was collected and analyzed based on cohort improvement over the course of the program rather than average scores. Results showed that student cohort scored did increase as students progressed through the program. Findings suggest that self-report of counseling self-efficacy does increase as students gain academic knowledge, skills and field-site involvement

4. Actions for next year: Student learning outcome met. Faculty will retain the CSES as a measure of students counseling self-efficacy. A new outcome and means for assessment was developed for AY 2016-2017

Social Cultural Diversity – MAKSS

1. Outcome Measure: Students in the Clinical Counseling program will demonstrate increased multicultural competence over the duration of their instruction.

2. Results:

Estimates

Dependent Variable	CLASS	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Awareness	Orientation	2.639	.024	2.591	2.687
	Begin Pract	2.740 ^a	.031	2.680	2.801
	End Pract	2.802 ^a	.048	2.707	2.897
	Internship	2.832 ^a	.059	2.715	2.948
Knowledge	Orientation	2.630	.033	2.565	2.694
	Begin Pract	2.844 ^a	.042	2.762	2.926
	End Pract	2.955 ^a	.065	2.827	3.083
	Internship	2.991 ^a	.080	2.834	3.149
Skill	Orientation	2.532	.046	2.441	2.624
	Begin Pract	2.880 ^a	.059	2.763	2.997
	End Pract	3.030 ^a	.093	2.847	3.212
	Internship	3.177 ^a	.113	2.954	3.401

a. Based on modified population marginal mean.

Awareness

- Orientation significantly less than Begin Practicum $p < .10$, End Practicum $p < .05$, End Internship $p < .05$
- No significant difference among score at Begin Practicum End Practicum and End Internship

Knowledge

- Orientation significantly less than Begin Practicum $p < .001$, End Practicum $p < .001$, End Internship $p < .001$
- No significant difference among score at Begin Practicum End Practicum and End Internship

Skill

- Orientation significantly less than Begin Practicum $p < .001$, End Practicum $p < .001$, End Internship $p < .001$
- No significant difference among scores at Begin Practicum, End Practicum and End Internship

3. Analysis of Results: The criterion for success set was, upon completion of the program, the average score of the cohort will be 80 or above. However, the data was collected and analyzed based on cohort improvement over the course of the program rather than average scores. Results showed that all areas of the MAKSS (Awareness, Knowledge, and Skill) improved from Orientation to the program to Beginning of Practicum but there was no significant difference

between beginning of Practicum and completion of Internship. It appears that the first 3 semester which focus on lecture, discussions, and, small and large group activities has a positive impact on student awareness, knowledge, and skills of multicultural counseling issues, perhaps more so than the practical field-site experience. Another possible explanation for these findings, is two semesters is not enough time to see changes in students' scores following field-site placements.

4. Actions for next year: Student learning outcome was partially met. For AY 2016-2017, faculty will increase practical experiences (role play, PACT sessions) during practicum and internship courses to see if this increases student scores during field placements.

Career Development (CACREP G.4c)

1. Outcome Measure: Students in the Clinical Counseling program will demonstrate mastery of career development program planning, organization, implementation, administration, and evaluation. Action taken after AY 2014-2015: The program received a two-year accreditation in Clinical Mental Health Counseling from the Council for the Accreditation of Counseling & Related Educational Programs [CACREP]. CACREP stipulates standards for student learning within specific areas of clinical mental health counseling, and faculty identify the means of assessment for meeting those standards (e.g., student projects, presentations, exams). Career development in counseling is one of these required areas of student learning. The faculty's chosen means of assessment was a career strategy intervention presentation.

2. Results: This outcome was developed for AY 2015-2016. However, the results are pending. To balance student coursework load, the ADRE 6380 Career Clinical, Addictions, and Rehabilitation Counseling course, which includes the career strategy intervention presentation, was moved from the fall semester to summer session II. Results will be available at the end of 2016 summer session II. The criterion for success is that 75% of students completing the intervention receive at least 12 of 15 points.

3. Analysis of Results: Results will be available summer 2017.

4. Actions planned for next reporting year: Pending results.

***Research and Program Evaluation - Knowledge** (CACREP I.2)

1. Outcome Measure: Students in the Clinical Counseling program will demonstrate mastery of principles, models, and applications of needs assessment, program evaluation, and the use of findings to effect program modifications. Action taken after AY 2014-2015: The program received a two-year accreditation in Clinical Mental Health Counseling from the Council for the Accreditation of Counseling & Related Educational Programs [CACREP]. CACREP stipulates standards for student learning within specific areas of clinical mental health counseling, and faculty identify the means of assessment for meeting those standards (e.g., student projects, presentations, exams). Researching and evaluating the efficacy of counseling programs is one of these required areas of student learning. The faculty's chosen means of assessment was a clinical program evaluation executive summary.

2. Results: This outcome was developed for AY 2015-2016. However, the results are pending.

To balance student coursework load, the ADRE 6550 Research in Clinical, Addictions, and Rehabilitation Counseling course which includes the clinical program evaluation executive summary assignment was moved from summer session II to the fall semester. Results will be available at the end of the fall 2016 semester. The criterion for success is that 75% of students completing the summary receive at least 24 of 30 points.

3. Analysis of Results: Results will be available at the end of the fall 2016 semester.

4. Actions planned for next reporting year: Pending results.

Program Surveys

East Carolina University

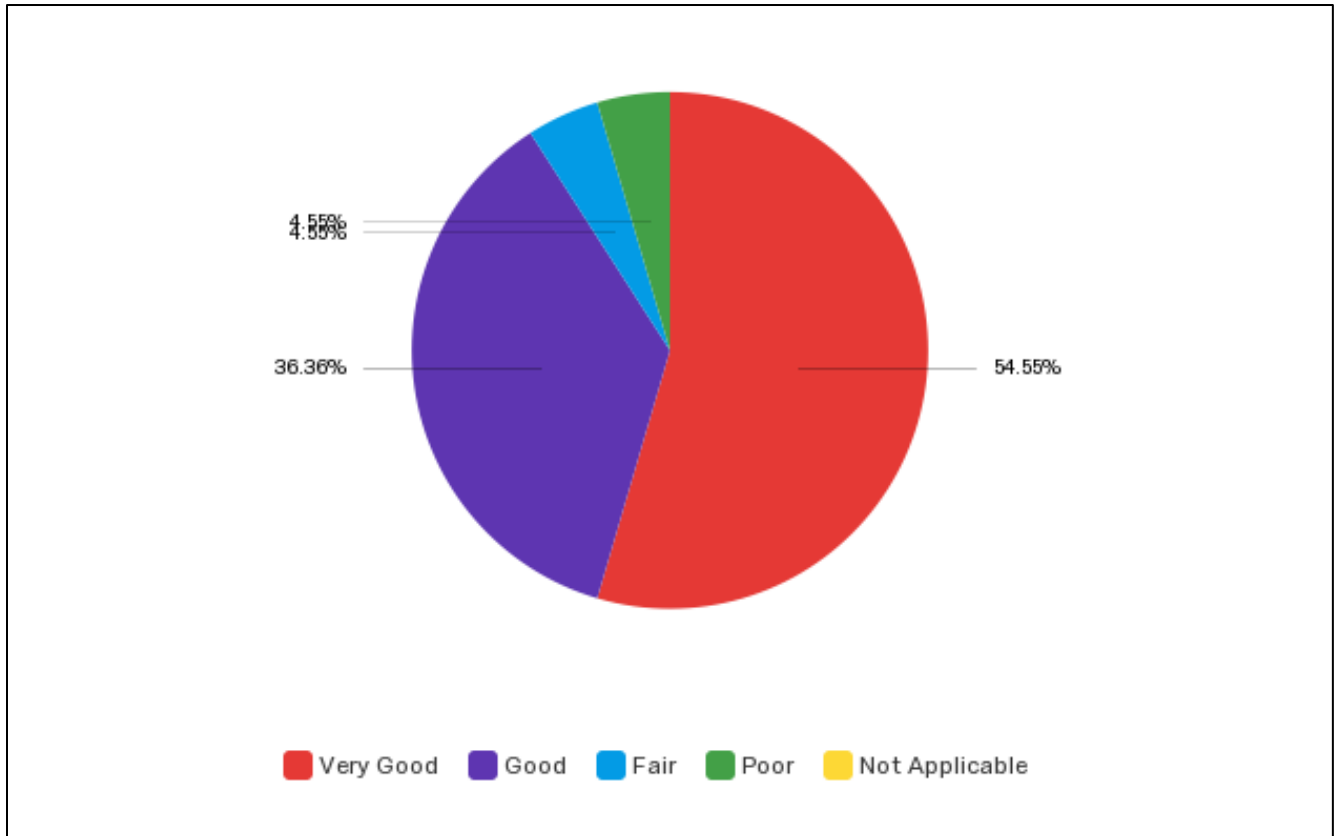
College of Allied Health Sciences

Clinical Counseling (formally Substance Abuse and Clinical Counseling) Program

2015-2016 Field Site Supervisor Survey

May 17, 2016

1. Content knowledge (e.g., counseling theories and techniques, human growth and development, legal and ethical information, social and cultural diversity information, clinical mental health and substance abuse counseling information, vocational and career information, research, etc.)?



Number of responses = 22

Very Good = 54.5%

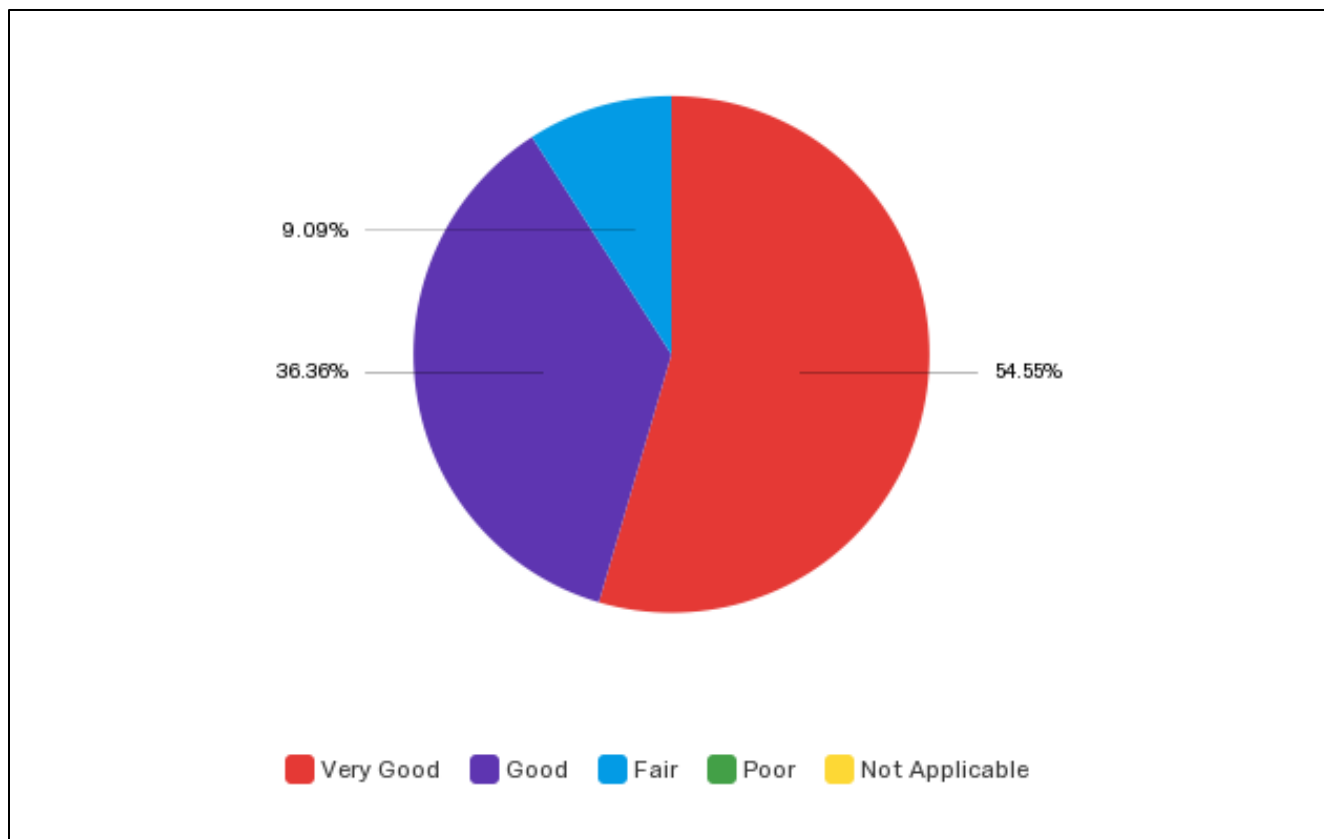
Good = 36.3%

Fair = 4.5%

Poor = 4.5%

Total Good and above = 90.8%

3. Counseling Skills (e.g., development of a helping relationship, assessment/intake skills, individual, group and family counseling skills, etc.)?



Number of responses = 22

Very Good = 54.5%

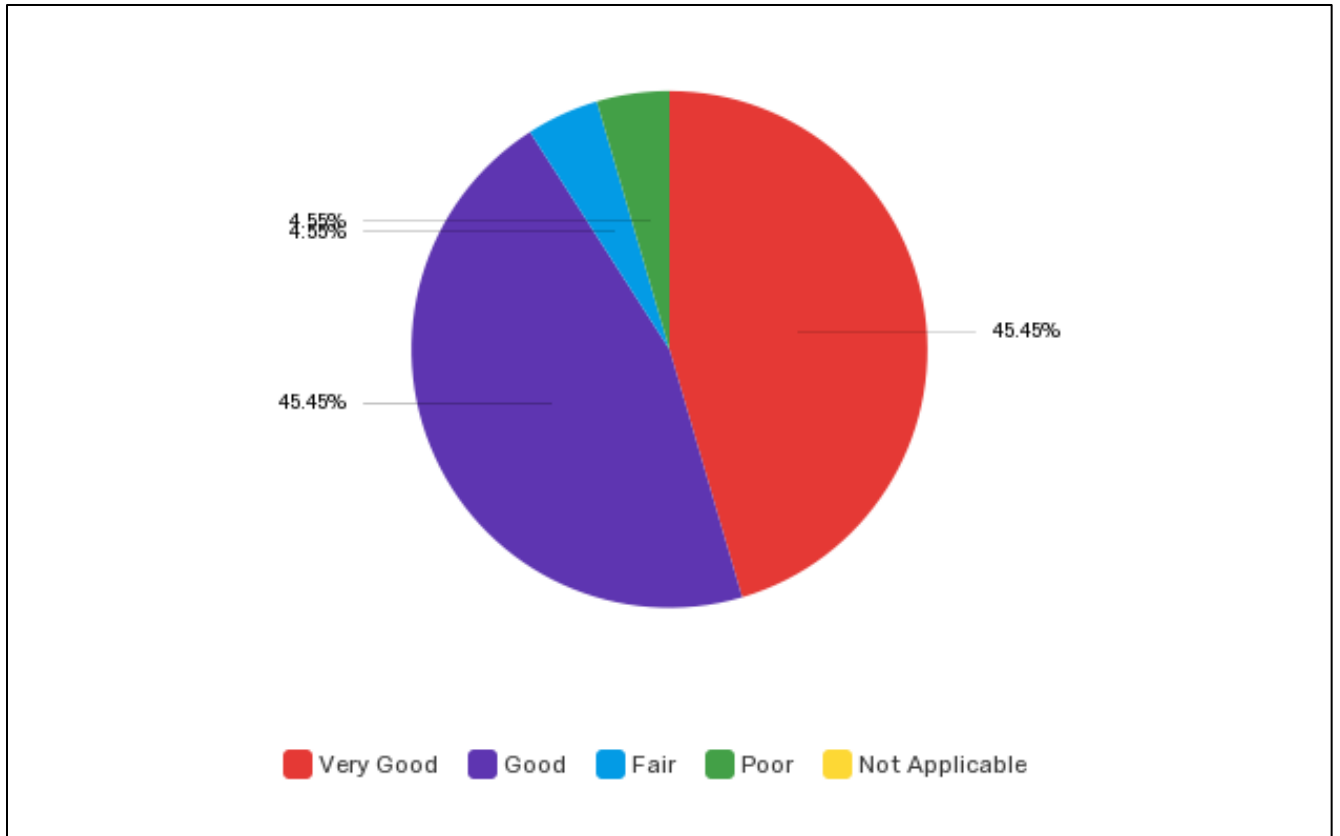
Good = 36.3%

Fair = 9%

Poor = 0

Total Good and above = 90%

2. Organizational Skills (e.g., record keeping, maintaining client schedules, etc.)?



Number of responses = 22

Very Good = 45.4%

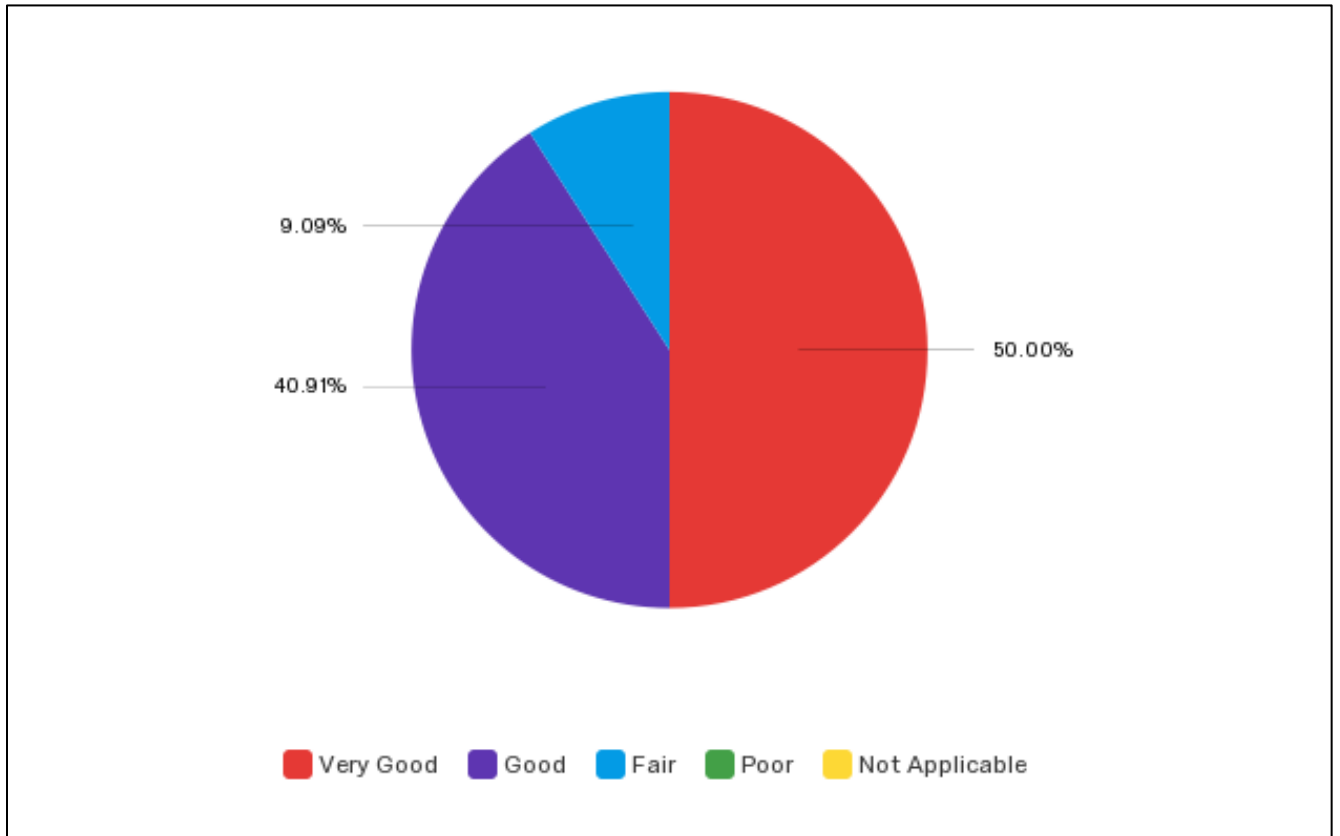
Good = 45.4%

Fair = 4.5%

Poor = 4.5%

Total Good and above = 90.8%

4. Interpersonal skills (e.g., ability to get along with others while getting the job done)?



Number of responses = 22

Very Good = 50%

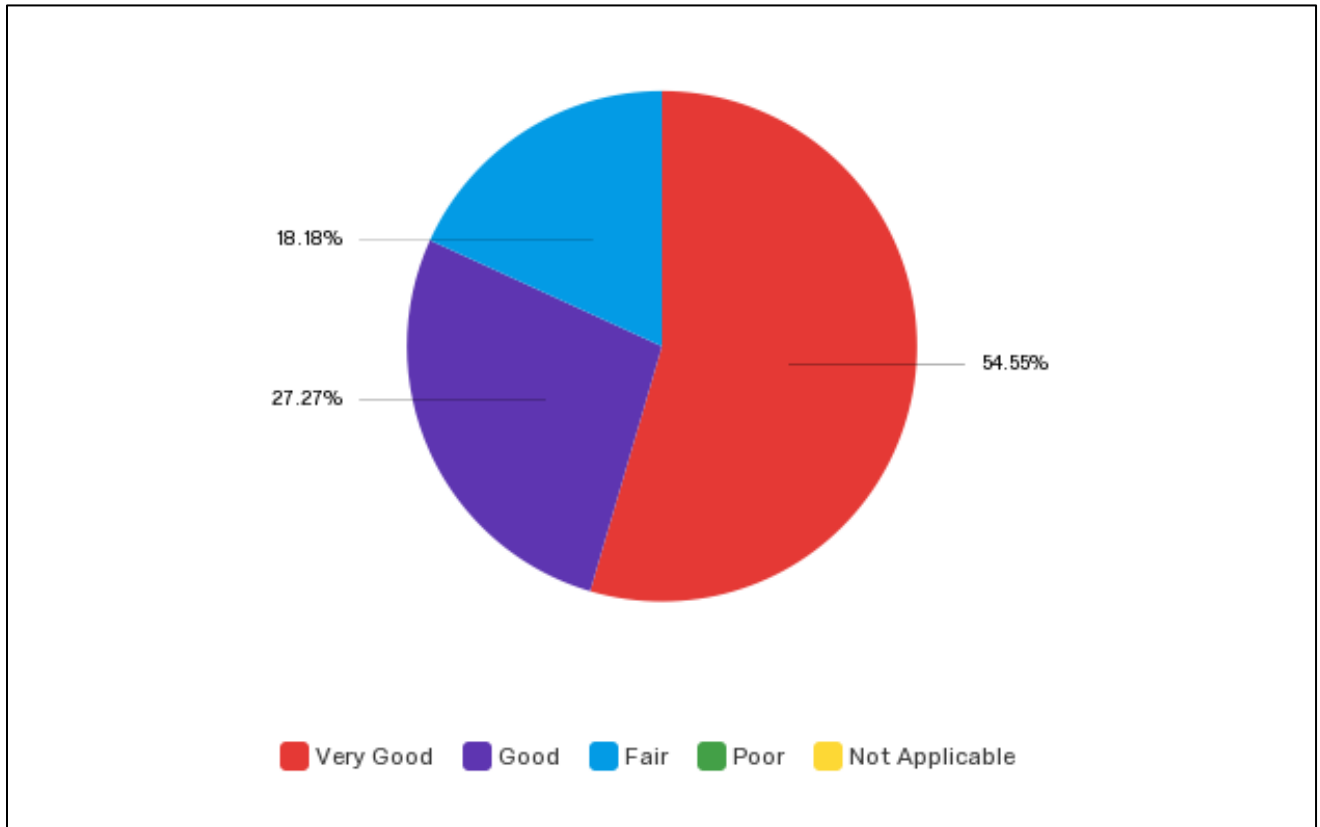
Good = 40.9%

Fair = 9%

Poor = 0

Total Good and above = 90.9%

5. Communication Skills?



Number of responses = 22

Very Good = 54.5%

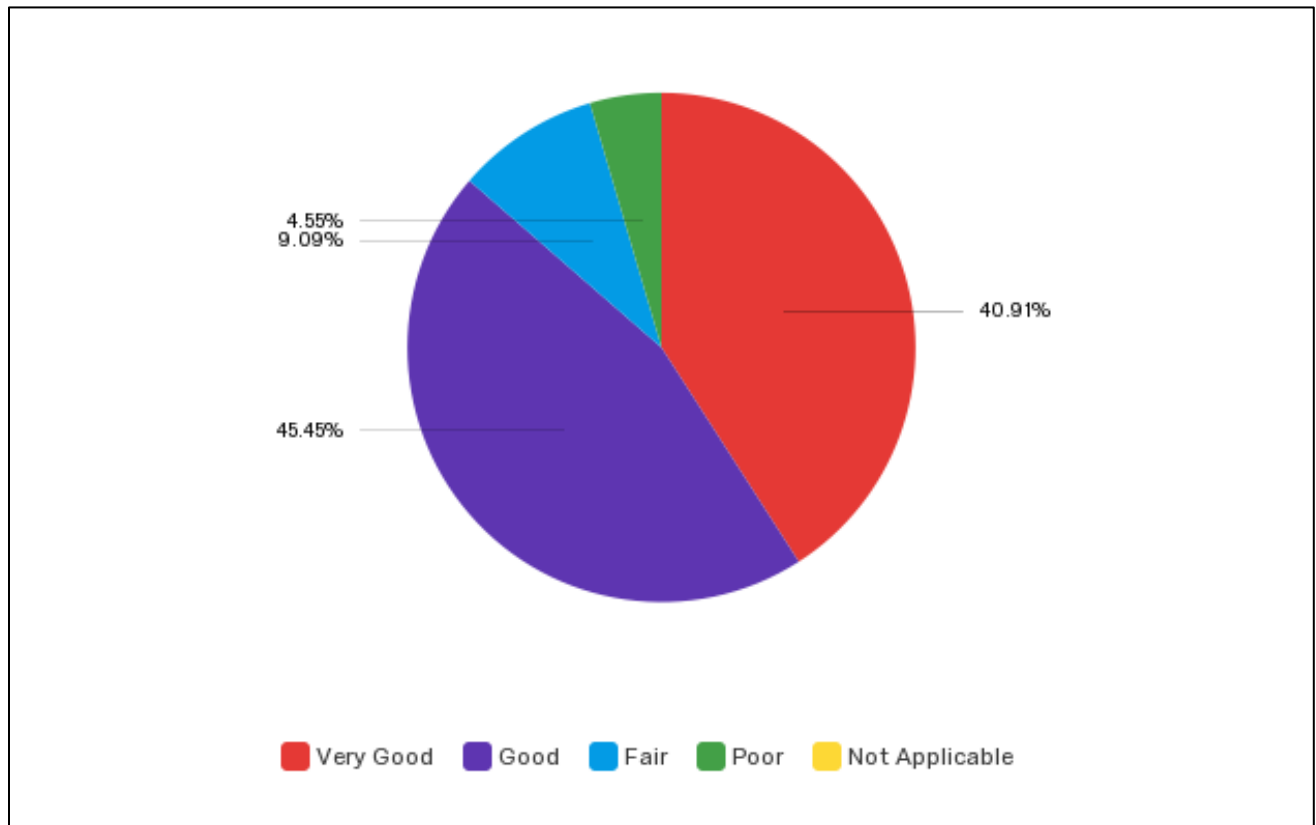
Good = 27.2%

Fair = 18.1%

Poor = 0

Total Good and above = 81.7%

6. Clinical Judgment?



Number of responses = 22

Very Good = 40.9%

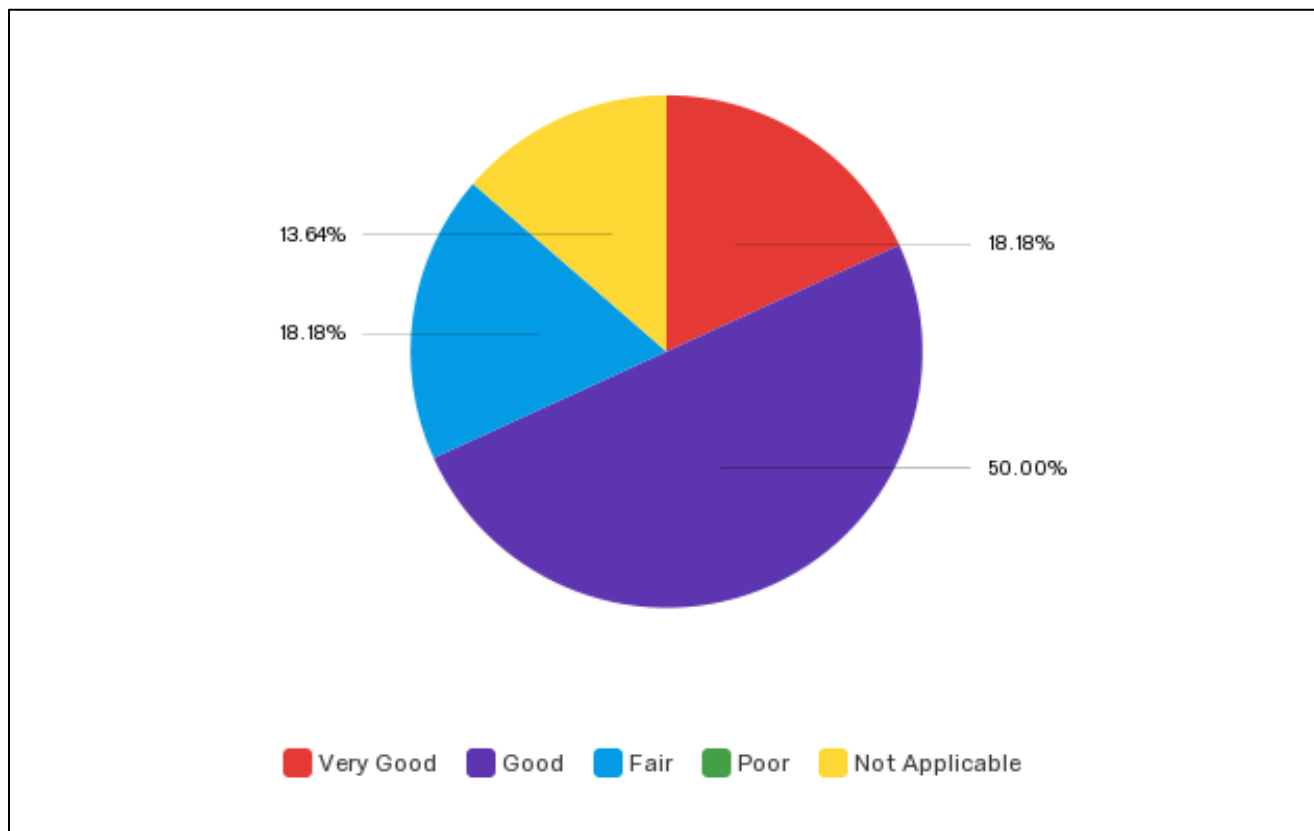
Good = 45.4%

Fair = 9%

Poor = 4.5%

Total Good and above = 86.3%

7. Leadership Skills?



Number of responses = 22

Very Good = 18.1%

Good = 50%

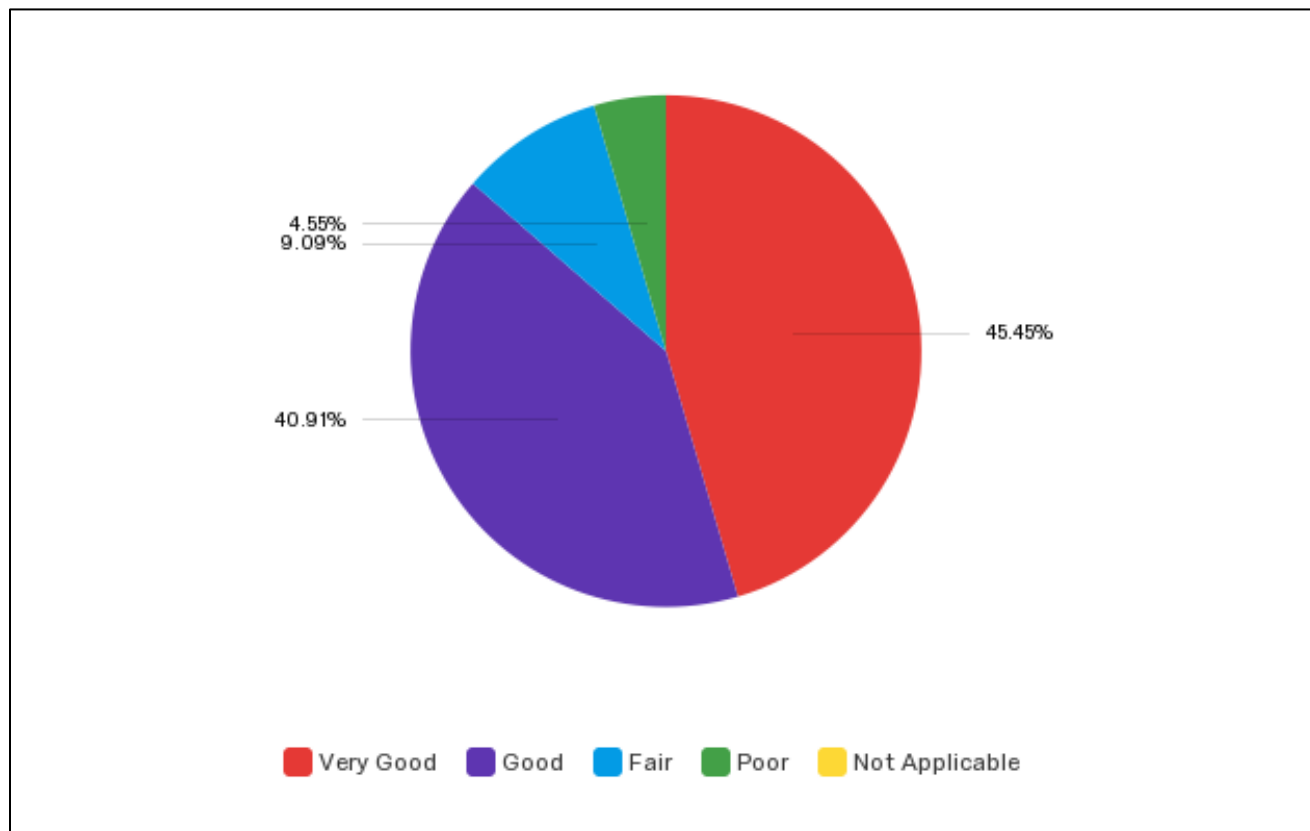
Fair = 18.1%

Poor = 0

Not Applicable = 13.6%

Total Good and above = 68.1%

8. Preparation to work in this particular job setting



Number of responses = 22

Very Good = 45.4%

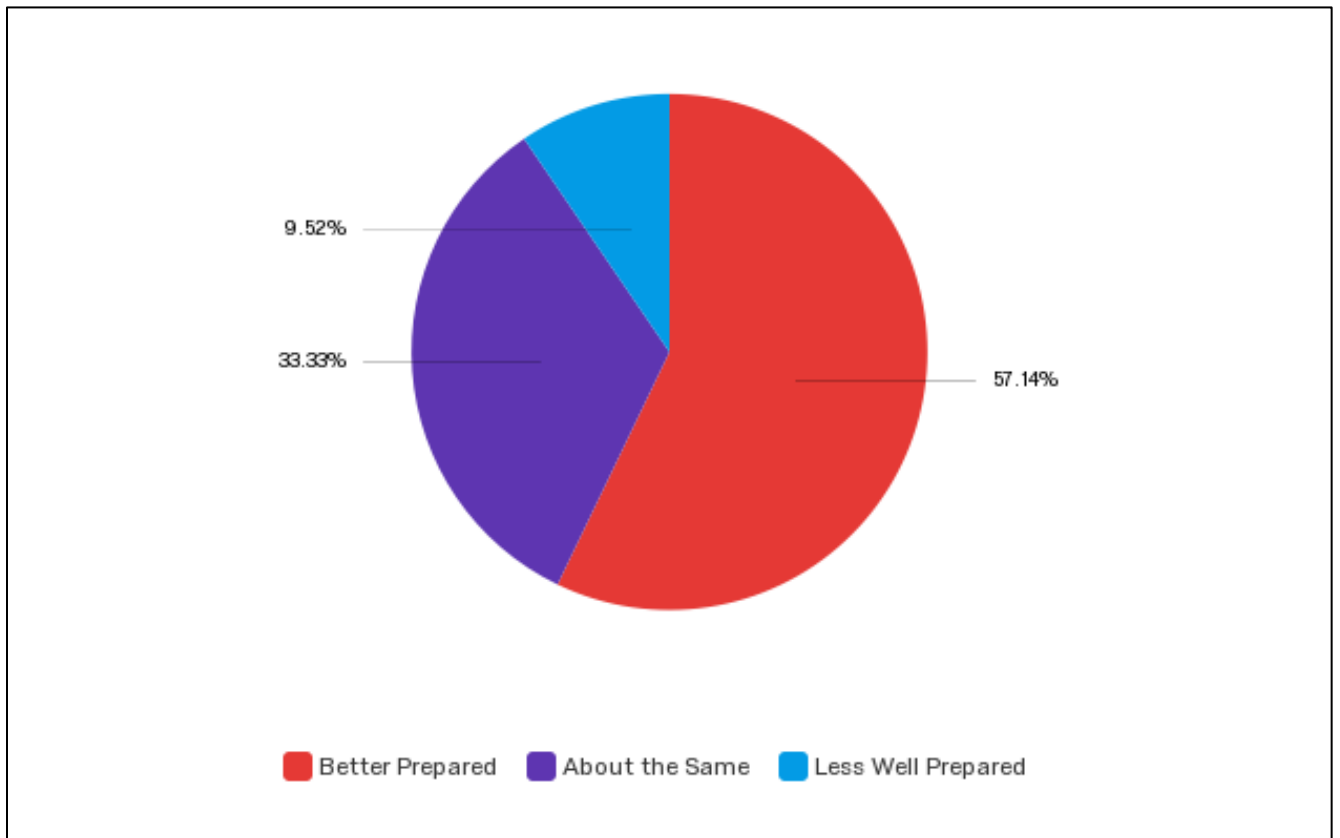
Good = 40.9%

Fair = 9.9%

Poor = 4.5%

Total Good and above = 86.3%

9. How do East Carolina graduates compare to those you have supervised from other programs?



Number of responses = 21

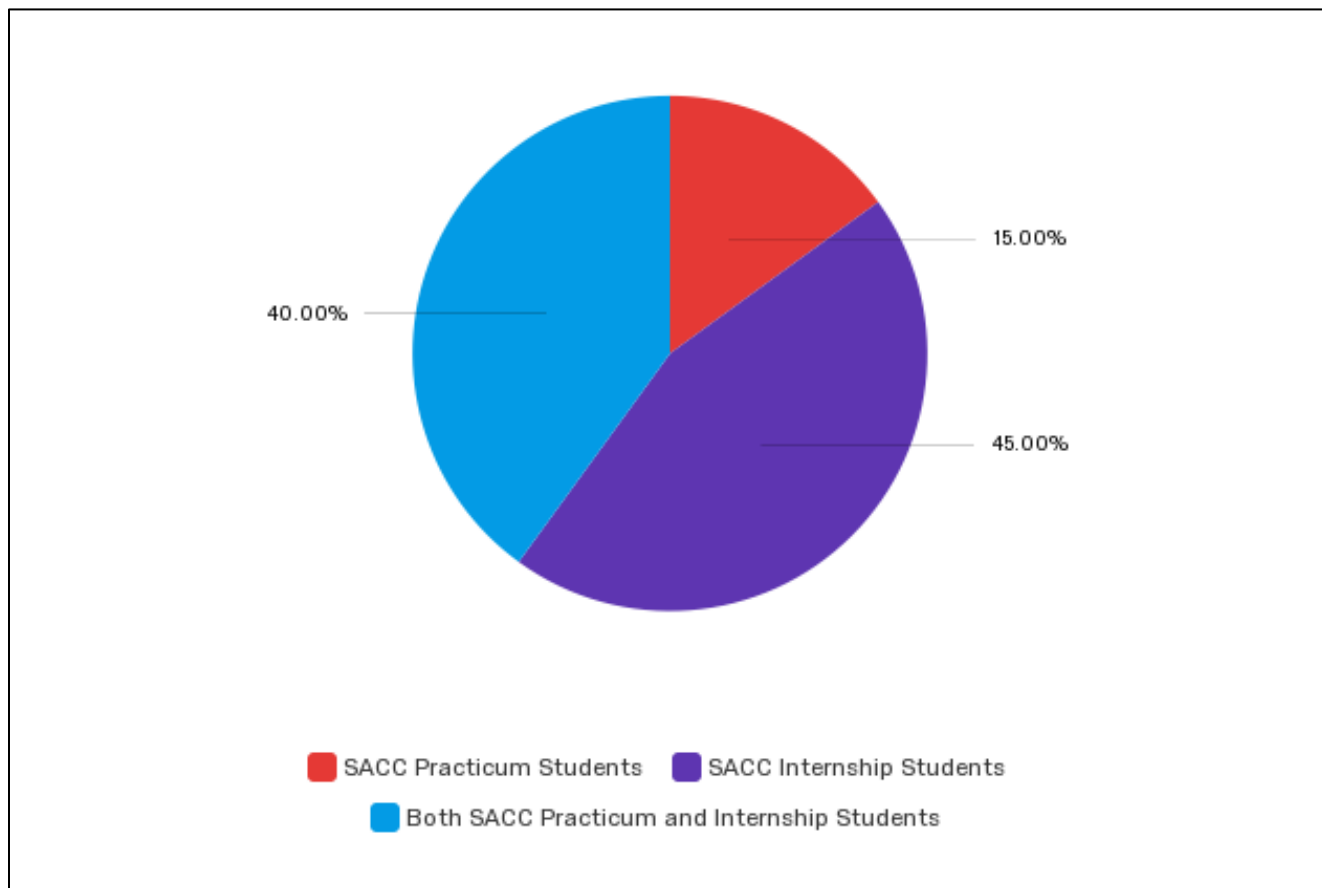
Better Prepared = 57.1%

About the Same = 33.3%

Less Well Prepared = 9.5%

About the Same and above = 90.4%

10. In the past year, I have supervised...



Number of responses = 22

Supervised Practicum Students Only = 15%

Supervised Internship Students Only = 45%

Supervised Both Practicum and Internship Students = 40%

11 Suggestions for improving our students' professional preparation?

More learning opportunities for integrating theory into practice. More reflective exercises that are tailored to the specific internship setting (e.g., assignments that can be completed in a group therapy setting)

Although I have not had a SACC student this year I look forward to my next intern. I have been very impressed with how knowledgeable, motivated and eager to learn the interns I have supervised in the past have been. I do wish that more attention would be given to suggesting rehabilitation counseling as a viable employment option. Their counseling skills and expertise in the areas of Substance Use Disorders and Mental Health conditions are very useful in this setting. This would greatly expand their opportunity for employment in a field where opportunities are sometimes limited due to difficulty in obtaining the experience and supervision needed for licensure.

Let me begin by stating that answering questions on this survey are difficult, as it lumps SACC students together, versus surveying based on current supervisee. At our facility, we have had both phenomenal and less-than-stellar interns and I do not feel it is fair to generalize how well-prepared emerging graduates are. When we have phenomenal student interns, they far exceed any expectations held for interns and are often considered for employment. When we have less-than-stellar internships, some of the things I've noticed are: poor attitudes and frequent statements about the "free work" they are doing, without notice to the clinical experience, supervision, and references they are earning - almost with a resentful undertone (I was taught in graduate school to think of internship as an ongoing interview for employment); poor or inappropriate boundaries both with patients and staff (adding staff members on social media, sending private messages stirring "drama" within clinic); lack of motivation when asked to engage in clinical work (almost as though they had a "chip on their shoulder"); and general disinterest in the work. I think having more exposure to what internships are going to look like, aiding in the recognition that internships prepare for real-life work, and more collaboration between site and school supervisors could potentially eliminate or reduce these concerns. This being said, I feel that we have had more phenomenal interns than not.

2015-2016 Field Site Supervisor Survey

Summary Table

Questions	Very Good	Good	Fair	Poor	Not Applicable	Total Good and Above
Content Knowledge	54.5%	36.3%	4.5%	4.4%	----- ---	90.8%
Counseling Skills	54.5%	36.3%	9%	----- ----	----- ---	90%
Organizational Skills	45.4%	45.4%	4.5%	4.5%	----- ---	90.8%
Interpersonal Skills	50%	40.9%	9%	----- ----	----- ---	90.9%
Communication Skills	54.4%	27.2%	18.1%	----- ----	----- ---	81.7%
Clinical Judgement	40.9%	45.4%	9%	----- ----	----- ---	86.3%
Leadership Skills	18.1%	50%	18%	----- ----	13.6%	*79.1%
Preparation for Worksite	45.4%	40.9%	9.9%	4.5%	----- ---	86%

(n = 22)

With the acceptance of “Leadership Skills”, the majority of ratings (80% and above) were “Good” to “Very Good”. Given that the students were in their first clinical placement, it stands to reason that leadership skills would be lower.

**East Carolina University
College of Allied Health Sciences
Clinical Counseling (formally Substance Abuse and Clinical Counseling) Program
2015-2016 Alumni Survey**

May 17, 2016

1. What year did you graduate? (Semester/Year) (n = 16)

Fall/2010 ----

Spring/2011 = 1

Fall/2011 ----

Spring/2012 ----

Fall/2012 ----

Spring/2013 = 4

Fall/2013 = 2

Spring/2014 = 2

Fall/2014 = 1

Spring/2015 = 3

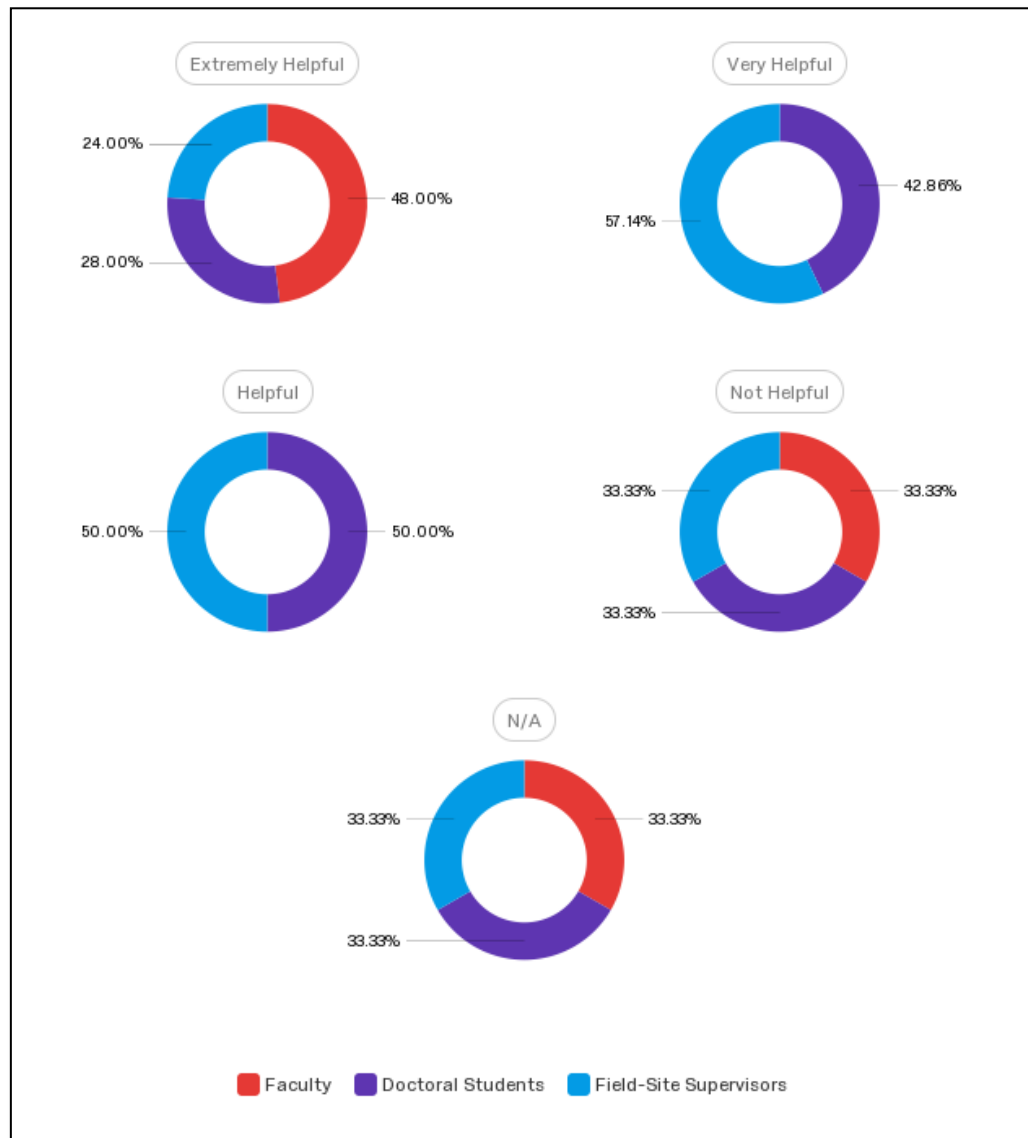
Fall/2015 = 1

Spring/2016 = 2

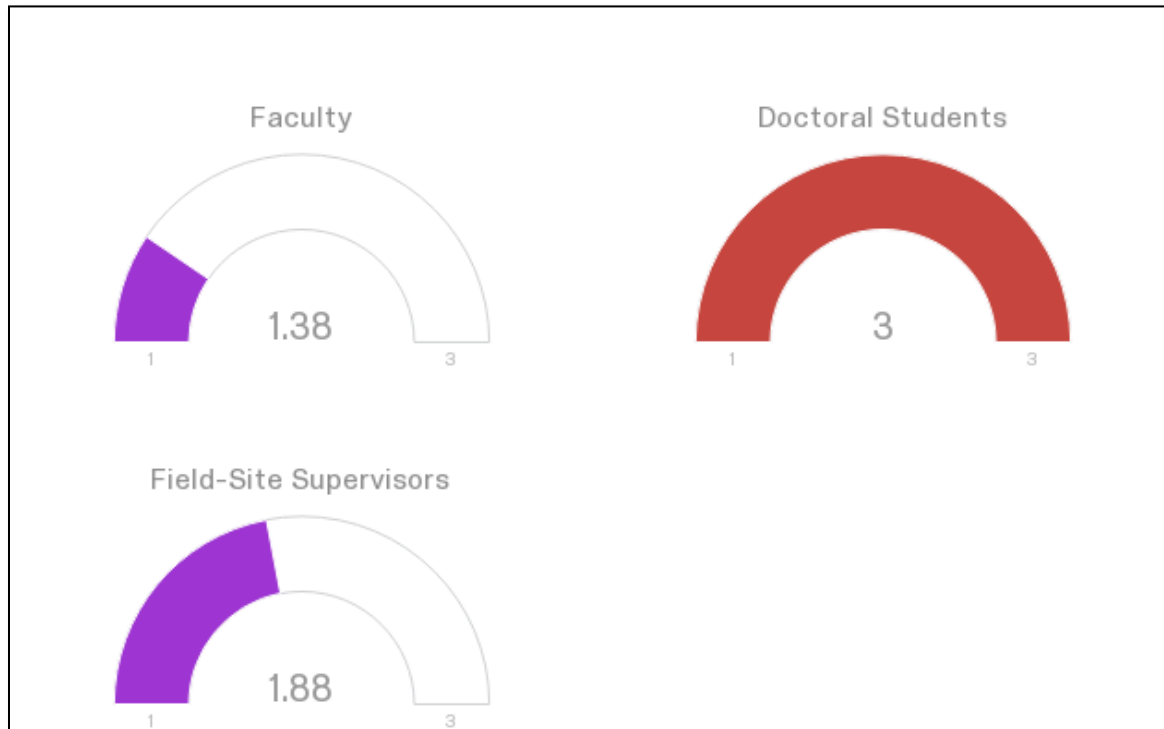
2. How helpful were the following courses in your professional preparation?	Extremely Helpful	Very Helpful	Helpful	Not Helpful	Total
Foundations of Addictions and Clinical Counseling	7	5	3	0	15
Pre-practicum in Clinical, Addictions, and Rehabilitation Counseling	11	1	1	0	13
Human Growth and Development in Clinical, Addictions, and Rehabilitation Counseling	4	2	3	5	14
Assessment in Clinical, Addictions, and Rehabilitation Counseling	5	7	3	1	16
Personal Growth Group Lab	10	4	1	1	16
Treatment in Addictions and Clinical Counseling	6	5	3	0	14
Introduction to Clinical, Addictions, and Rehabilitation Counseling	4	6	4	1	15
Research in Clinical, Addictions, and Rehabilitation Counseling	3	3	6	2	14
Ethics and Legal Aspects in Clinical, Addictions, and Rehabilitation Counseling.	7	6	0	1	14
Theories in Clinical, Addictions, and Rehabilitation Counseling	6	8	1	1	16
Career Counseling in Clinical, Addictions, and Rehabilitation Counseling	3	5	5	1	14
Clinical and Addictions Counseling	7	5	2	0	14
Multicultural Issues in Clinical, Addictions, and Rehabilitation Counseling	5	2	4	3	14
Family Treatment in Substance Abuse	9	3	0	0	12
Group for Clinical, Addictions, and Rehabilitation Counseling	9	3	2	0	14
Diagnosis and Treatment of Mental and Emotional Disorders	8	5	1	0	14
Practicum in Clinical, Addictions, and Rehabilitation Counseling	9	3	1	0	13
Internship in Clinical, Addictions, and Rehabilitation Counseling	12	2	0	0	14

3. How helpful were the following courses in your professional preparation? (Electives)	Extremely Helpful	Very Helpful	Helpful	Not Helpful	Total
Prevention of Drug & Behavioral Addictions	0	3	1	0	4
Contemporary Issues for Addictions	1	1	1	2	5
Research Project/Paper/Thesis	0	0	0	1	1
Employee Assistance Programs	1	0	0	0	1
Medical and Psychosocial Aspects of Disability	2	3	4	0	9
Military and Trauma Counseling	4	2	0	0	6
Introduction to Vocational Evaluation	0	0	0	0	0

***4. How helpful was clinical supervision for Practicum from faculty (red), doctoral student (purple) and field-site supervisor (blue)? (n = 16)**



***5. How helpful was clinical supervision for Internship?**



6. Evaluation of professional preparation: Overall, how well do you think you were prepared as a professional counselor?		Count
Extremely Well		2
Very Well		11
Well		2
Not Very Well		0
N/A		0
Total		15

7. Overall, how well was technology used in delivering the curriculum and meeting program and student needs?	Count
Extremely Well	4
Very Well	8
Well	3
Not Very Well	0
N/A	0
Total	15

8. What courses or topics would you like to see eliminated from the curriculum?
None.
None.
Human Growth and Development.
More specific specialty training.
I don't think any. Some courses were not as helpful to me because of the way they were taught or because the material was not new to me.
When I took Contemporary Issues in Substance Abuse it was an online course and the videotaped sessions hadn't been updated since the early 2000's. It would be beneficial to re-vamp the content and film new sessions.
I feel like all of the courses were helpful.
I think the classes required now are great.

9. What courses or topics would you like to see added to the curriculum?

Continue to stay relevant to current issues.

Mental Health Counseling.

More info and practicing clinical writing and documentation. Not that I feel deficient at all but as a program reviewer for treatment facilities it is the main thing that I notice is lacking. More info about supervision to prepare clinicians to become CCSs.

Psychopharmacology.

More clinical practice if you could squeeze it in somehow.

None, education was comprehensive.

I would like to learn more about treatment planning.

N/A

Counselor self-care.

Summary Statement

With the exception of Human Growth and Development (Not Helpful = 5) and Multicultural Issues in Clinical, Addictions, and Rehabilitation Counseling (Not Helpful = 3), students evaluation of program courses was positive. A new professor is now teaching both of these courses which may improve ratings in the future.

**East Carolina University
College of Allied Health Sciences
Clinical Counseling (formally Substance Abuse and Clinical Counseling) Program
2015-2016 Employer Survey**

August 22, 2016

Please evaluate graduates of the Clinical Counseling (formally the Substance Abuse and Clinical Counseling) program on the following areas:

1. Content Knowledge: Counseling theories and techniques, Human development, Legal and ethical information, Social and cultural diversity, Mental health counseling, Addiction counseling, Career counseling, Research, etc.	%	Count
Very Good	50%	1
Good	0.00%	0
Fair	50%	1
Poor	0.00%	0
Total	100%	2

2. Counseling Skills: Development of a helping relationship, Assessment/intake skills, Individual group and family counseling skills, etc..	%	Count
Very Good	50.0%	1
Good	0.00%	0
Fair	50.0%	1
Poor	0.00%	0
Total	100%	2

3. Organizational Skills: Record keeping, maintaining client schedules, etc.		
	%	Count
Very Good	50.0%	1
Good	50.0%	1
Fair	0.0%	0
Poor	0.0%	0
Total	100%	2

4. Interpersonal Skills: Ability to get along with others while getting the job done. (n = 2)		
	%	Count
Very Good	50.0%	1
Good	50.0%	1
Fair	0.0%	0
Poor	0.0%	0
Total	100%	2

5. Communication Skills (m = 2)		
	%	Count
Very Good	50.0%	1
Good	50.0%	1
Fair	0.0%	0
Poor	0.0%	0
Total	100%	2

6. Clinical Judgment	%	Count
Very Good	50.0%	1
Good	0.0%	0
Fair	50.0%	1
Poor	0.0%	0
Total	100%	2

7. Leadership Skills (n = 2)	%	Count
Very Good	0.0%	0
Good	50.0%	1
Fair	50.0%	1
Poor	0.0%	0
Total	100%	2

8. Preparation to work in this particular job setting (n = 2)	%	Count
Very Good	0.0%	0
Good	100.0%	2
Fair	0.0%	0
Poor	0.0%	0
Total	100%	2

How do graduates of the Clinical Counseling (formally Substance Abuse and Clinical Counseling) program compare to those you have hired from other programs? (n = 2)	%	Count
Better Prepared	50.0%	1
About the Same	50.0%	1
Less Well Prepared	0.0%	0
Not Applicable	0.0%	0
Total	100%	2

Suggestions for Improving our students' professional preparation?

The hands on nature of the program has led to very strong, very well prepared graduates who have been excellent additions to our team. New graduates do seem a bit intimidated by leadership tasks/roles but that is to be expected in their first year of practice. The only things I would suggest improving is their knowledge base in Severe and Persistent Mental Illness and their comfort in working with individuals with these types of diagnoses.

Work more on empathic understanding and client self-determination. MI is the standard for most substance abuse protocols it would be helpful if your students have a greater depth of understanding relative to MI skills

Summary Statement

Although the results are quite positive, the low response rate (n = 2) makes it difficult to evaluate our graduates. Program faculty have attempted to increase the response rate of the Employer Survey by having new graduate who start employment provide their employers with a survey, by having employers complete surveys as part of practicum and internship site visits and by having employer completed surveys during the PARC conference. Faculty will now implement do all of the above to increase survey response rates.

AY 2016-2017 New Outcome Assessments

New Outcome Name: Assessments – Skills and Practices (CACREP H.4)

1. **New Outcome:** Students in the Clinical Counseling program will demonstrate mastery in applying the assessments of a client’s stage of dependence, change, or recovery in determining the appropriate treatment modality and placement criteria within the continuum of care.

2. **New Direct Means of Assessment:** Case Study “Ted”

3. **New Criterion for Success:** Seventy-five percent of students completing Case Study “Ted” will receive at least 8 of 10 points.

New Outcome Name: Clinical Mental Health Foundations Knowledge – History and Trends (CACREP A.1)

1. **New Outcome:** Students in the Clinical Counseling program will demonstrate mastery in the knowledge of the history, philosophy, and trends in clinical mental health counseling.

2. **New Direct Means of Assessment:** Interview of a Clinical Mental Health Professional (e.g., LPC) paper

3. **New Criterion of Success:** Seventy-five percent of students completing the Interview of a Clinical Mental Health Professional paper will receive at least 16 of 20 points.

New Outcome Name: Counseling, Prevention, & Intervention Knowledge - Advocacy (CACREP C.1)

1. **New Outcome:** Students in the Clinical Counseling program will demonstrate mastery in advocacy by describing the principles of mental health, including prevention, intervention, consultation, education and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society.

2. **New Direct Means of Assessment:** Advocacy project

3. **New Criterion of Success:** Seventy-five percent of students completing the Advocacy project will receive at least 80 of 100 points.