**Student Outcomes Assessment and Success Report AY2018-19 *Consult with your college dean’s office regarding due date and how to submit. Deans will submit reports to the Office of Assessment & Accreditation annually by October 15.***

**Unit/Program Name**: \_\_\_\_M.S. Clinical Mental Health Counseling\_\_\_\_\_\_\_\_ **Contact Name(s) and Email(s) Anna M Viviani, Anna.Viviani@Indstate.edu\_\_**

**Part 1a: Summary of Student Learning Outcomes Assessment**

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| **a. What learning outcomes did you assess this past year?**  If this is a graduate program, identify the Graduate Student Learning Outcome each outcome aligns with. | **b. (1) What assignments or activities did you use to determine how well your students attained the outcome? (2) In what course or other required experience did the assessment occur?** | **c. What were your expectations for student performance?** | **d. What were the actual data/results?** | **e. What changes or improvements were made or will be made in response to these assessment results or feedback from previous year’s report?** *Can expand on this in Part 2.* |
| 1. 1.3: Students will use counseling theories to conceptualize client concerns | Students complete case conceptualizations in multiple courses in their clinical sequence (COUN533, COUN634, COUN739D, & COUN740). A brief oral conceptualization is completed in COUN533 as an introduction to the process, but then each semester of the clinical sequence, students complete oral and written case conceptualizations on a minimum of two clients per semester. | Students are expected to obtain an overall score of at least 80% on these case conceptualizations. | Students in their practicum year received scores on the written case conceptualization of 96.83 out of 100 and scores on their oral case conceptualization of 91.6 out of 100. During their Internship semester, student scores on their written case conceptualization was 88.75 out of 100 and 90.5 out of 100 on their oral case conceptualization. During their Advanced Internship semester, students’ average written case conceptualization score was 100 out of 100 and 97.33 out of 100 on the oral case conceptualization. | We had significant revisions to rubrics in 2016 and have since analyzed them against rubrics in a text specifically for Counselor Education programs. We did notice a significant increase in scores last year which may be related to new faculty utilizing those rubrics. Therefore those teaching the clinical sequence and utilizing those rubrics will be meeting to discuss use and grading. |
| 2. 2.2: Students will demonstrate skill in working with diverse populations | In addition to their observed clinical opportunities, a section of the case conceptualization includes skill around working with diverse populations. This is measured in COUN533, COUN634, COUN739D, and COUN740 through oral and/or written case conceptualizations. | Students are expected to obtain a score of 4 out of 5 on this section of the case conceptualization rubric. | During practicum, students’ average score was 3.6 out of 5.0 on the oral diversity component and 4.17 out of 5.0 on the written diversity component. During Internship, students’ average scores were 4.83 out of 5.0 on the written diversity component and 4.47 out of 5.0 on the oral diversity component. During Advanced Internship, students’ average score was 5.0 out of 5.0 for the written diversity component and 4.83 out of 5.0 on the oral diversity component. We were impressed to see this score improving as students move through their professional program of study. | During the 2016 major revisions, this was another area that was evaluated and revised. We have not made further changes, but instead are focusing coursework and classroom discussions around these areas in improve student knowledge. In addition to case conceptualization scores which directly reflect student learning, we receive feedback from the national examination that our students take at the end of their program of study. One component is multicultural understanding. In 2018 students received a score of 8.22 (national average 7.95, Std. Dev. 1.68) and in 2019 the graduating cohort received a score of 8.50 (national average 7.25, Std. Dev 1.70). This supports our program findings of student improvement. We have made no further changes to texts or specific learning objectives. |
| 3. 3.2: Students will accurately conceptualize client problems according to theory and best practices | Two additional sections of the case conceptualization include the application of counseling theory to clinical practice and the student’s ability to skillfully conceptualize the clinical case from a theoretical perspective. Students must consider presenting issue and assessment of the client, client goals, diagnostic impression, and theoretical orientation in a succinct but thorough manner. | Two sections of the oral case conceptualization rubric cover this student learning outcome. Two sections of the written case conceptualization cover this area of student learning. Students are expected to obtain 13 of 15 points on “Diagnostic Impression” and 13 of 15 points on the “Case Conceptualization.” On the Oral case conceptualization, students are expected to obtain 13 out of 15 points on the ‘Counselor’s Assessment of the Problem’ and 13 out of 15 on ‘Progress in Counseling.’ | In the Practicum semester, students’ average scores were 15 & 15 on the written components and 14.25 & 13.75 on the oral components of Diagnostic Impression and Case conceptualization respectively. During the Internship semester, students’ average scores on the written components were 13.67 & 13.58. During the Advanced Internship semester, students’ written scores for these components were 15 & 15. Students received scores of 14 & 14.6 for the oral component of Assessment of the Problem and Progress in Counseling during Practicum, 12.83 and 13.67 during Internship, and 14.83 and 14.83 in Advanced Internship. | Again, those same 2016 rubric changes are reflected in this content area also. Historically only one or two students receive full marks in these areas, so seeing average scores suggests that we needed to sit with new faculty and discuss the rubrics and the developmental expectations as students progress through the program. With that said, the national counselor examination suggests that our students did not very well in these areas. The 2018 graduating cohort scored 13.67 (National average 15.3, Std Dev 3.21) for Diagnostic and Assessments and 35.11 (national average 33.07, Std Dev. 4.94) for Counseling Process while the 2019 graduating cohort scored 14.5 (national average 14.55, Std Dev. 3.36) for Diagnostic and Assessments and 30.00 (National average 31.08, Std Dev. 5.26) for Counseling Process. The 2019 graduating cohort also scored above the national average for Fundamental Counseling Issues and Professional Practice which include components of the assessed areas. We have not changed texts or learning objectives, however have added supplemental readings and vignettes to support student learning of concepts. |

Note: *If you would like to report on more than three outcomes, place the cursor in the last cell on the right and hit “tab” to add a new row.*

Helpful Hints for Completing this Table

1. Use your outcomes library as a reference. Note any alignment with professional standards, as applicable.
2. Each outcome should be assessed by at least one direct measure (project, practica, exam, performance, etc.). If students are required to pass an examination to practice in the field, this exam should be included as one of the measures. At least one of the program’s outcomes must use an indirect measure (exit interview, focus group, survey, etc.). Use your curriculum map to correlate outcomes to courses. Describe or attach any evaluation tools such as rubrics, scales, etc.
3. Identify the score or rating required to demonstrate proficiency (e.g., Students must attain a score of “3” to be deemed proficient; at least 80% of students in the program will attain this benchmark.)
4. Note what the aggregate level of proficiency actually was and the number of students included in the cohort or sample (e.g., 85% of the 25 students whose portfolios were reviewed met the established benchmark).

**Part 1b: Review of Student Success Data & Activities**

**Use** [**Blue Reports**](https://www.indstate.edu/training/reportingsurvey-tools/blue-reports) **to generate the following information (as well as any other information helpful to you):**

1. Cohort Sizes - 17
2. Year-to-Year Retention – 81.25%
3. 5-Year Graduation Rate – (number not provided, but of those who persist, they graduate in 2-3 years as outlined in their program of study)

**What worked well in supporting student success this year?**

The changes in rubrics, textbooks, supplemental materials, and clinical experiences seem to be making a steady impact on student learning and long-term retention as evidenced by semester-to-semester scores and well as scores on their national examination. We do not plan to make any significant changes in the next year.

**What are the most significant opportunities for improvement upon which to focus in the coming year?**

Our focus will be on training new faculty in the rubrics and expectations of our students at each developmental level. This will provide an opportunity to evaluate inter-rater reliability for each of our assessments.

**Part 1c: Summary of Career Readiness Activities (OPTIONAL FOR GRADUATE PROGRAMS)**

**Please submit your Career Readiness Competencies curriculum map along with this report as a separate attachment. The template was sent to you with this form via email. It is not expected that every course in your curriculum correspond to a career readiness competency.**

Graduate program – chose not to provide as our program is specifically designed to prepare clinicians to be licensed upon graduation in their field.

**Part 2: Continuous Quality Improvement**

**Reflect on the information shared above regarding student learning, success, and career readiness. In no more than one page, summarize:**

1. **the discoveries assessment and data review have enabled you to make about student learning, success, and career readiness** (ex: What specifically do students know and do well—and less well? What evidence can you provide that learning is improving? How might learning, success, and career readiness overlap? What questions do your findings raise?) Between our assessments and interviews with our sites and employers, we will continue to review the course offerings and content of courses to make sure we are teaching a trauma-informed curriculum. This is something that we discuss in all classes, but given the community and feedback, we may need to incorporate more knowledge for our students. We place all of our students in clinical positions or graduate programs upon graduation and they are successful in those endeavors. As mentioned above, our scores on the national counselor examination as a good indicator that our students are keeping pace with their national peers as well as improving each year within our programs. Our sites for internship as well as employment tell us that our students are the best prepared to fill positions upon graduation as compared to graduates from other programs. An area for improvement is the use of Electronic Medical Records, however we have not been able to afford that technology within our clinic (working on it!).
2. **findings-based plans and actions intended to improve student learning and/or success (expansion of Part 1a, box e as needed)** See above as well as item 1.
3. **what your assessment plan will focus on in the coming year –** We believe the areas we focused on the last two years are stable enough to move forward with the items on the Curriculum Map for the 2019-20 academic year. Multicultural competencies will continue to be evaluated, however a greater focus will be on ethical growth and assisting students in linking theory and practice.
4. **how this information will be shared with other stakeholders –** this information is shared via our web-site through our accreditation report each year.

***Please prepare this report as a Word document.*** *Do not include any attachments. Instead, provide links to important supporting materials*

*(e.g., detailed—but not student-specific--assessment results; rubrics; minutes; etc.), or upload them to the college’s assessment site in Blackboard.*