Assessment Report 2018

(2017-2018 academic year)

We had multiple goals for assessment during this past cycle. We continued to assess clinical skills, case conceptualization, and diversity following changes to our teaching and to the signature assignment we use in Coun 584 (Advanced Practicum). At the same time, we have been developing ways to assess all students individually across multiple measures and at multiple points in time. This includes assessment of *Dispositions & Professionalism*, which is not an SLO exactly but is assessed similarly.

**Methods and Measures 2017-2018**

To follow-up on the 2016-2017 data and "close the loop," we directly assess students’ ability to demonstrate the necessary clinical, case conceptualization, and diversity awareness and skills through a signature assignment (Signature assignment revised, draft M) given at the end of the Advanced Practicum course. The assignment includes a written transcript from a segment of a counseling session, along with a paper in which students write about their work with the client (e.g., assessment of the client, a treatment plan, a description of the treatment), and reflect on their own process and growth (e.g., countertransference, diversity issues, self-care, theoretical orientation). We think part of the problem with our scores last assessment had to do with faculty not understanding the assignment well enough and not providing enough guidance and instruction to students. The entire full-time faculty met multiple times in fall 2017 to discuss the assignment. Although it remains similar, we removed some aspects that were complicating the paper unnecessarily, and we changed the nature of the treatment plan assignment to reflect a consensus on what the faculty wanted to see from students.

We have made some changes and additions to the assessment of diversity awareness. The rubric has been slightly altered. We have altered aspects of the teaching in the Culture and Counseling course (Coun 523), which students take prior to the Advanced Practicum course, and which we believe is helping students to make connections between knowledge and skills once they get to Advanced Practicum. We have used a signature assignment in the Coun 523, which involves writing a “cultural genogram” of the student’s own experience, and requires them to use multicultural concepts to examine their own potential “blind spots” or biases. Then they are asked to apply that knowledge to work with an imaginary client. The rubric for assessment is the same as the one used for the Advanced Practicum signature assignment (it is just that we are now also assessing these skills at an earlier stage in the program). We began to assess this in 2016 informally and have included the preliminary 2016 scores along with the more formal 2018 assessment to provide some context.

Data Collection

For the direct measure of all three SLOs (clinical, case conceptualization, diversity), six signature papers (just over 20%) were randomly chosen from spring 2018’s advanced practicum classes (Coun 584). For the additional direct measure of diversity, five signature papers (approximately 20%) were randomly chosen from spring 2018’s Counseling and Culture classes (Coun 523). A committee of three full-time faculty met multiple times to discuss the scoring, and worked until consensus was reached. We used two indirect assessments, the Alumni Survey, the Graduating Students Survey, and their items are explained below for the separate skills.

**Clinical Skills**

Assessable Outcome:

Students will be able to: demonstrate awareness of the social and cultural influences on human behavior; demonstrate effective counseling skills; evaluate clients’ progress; recognize and mitigate countertransference; and conduct counseling with appropriate awareness of ethical and legal issues.

Criteria for Success

In the direct measure (the signature assignment), the average score across students sampled is a 3 or higher for each item (i.e., each element of the Learning Goal), and this score meets expectations. In the indirect measure (the Alumni Survey), we look for 80% or more to rate each item as “moderately well,” “very well,” or “extremely well” on five questions, one of which is relevant to clinical skills: Q16 - *How well did the program prepare you to have effective counseling skills with Clients?* For the indirect measure (Graduating Students Survey), we look for 80% of students to rate each item as “met” versus “not met.” We used four questions that relate to clinical skills: 13.5 (counseling skills); 13.6 (application of theory to skills); 13.7 (group counseling skills), and 13.10 (integration of knowledge and skills). Please see the attachment for Graduating Students Survey clinical skills items.

Data Analysis

All averaged scores were above the minimum standard of “3.” One paper was given a “2” on a single item, but the rest of the items across all papers were rated a “3” or above. This is a good trend, suggesting that although there is still variability among papers (e.g., students), a minimum competence is being met more consistently across students. Two of the skills (C1 effective counseling skills; and C2 evaluating clients’ progress in treatment) met expectations with scores of 3.67 and 3.83, respectively, and were higher than the scores in 2017 but still lower than the ones in 2015. The differences are not large, but we continue to strive to have general counseling skills be stronger still. We saw stronger improvement across the remaining learning outcomes (C3, C4, C5, C6), with scores at 4.0 or higher. We are especially pleased with the increase in C3, which has to do with diversity aspects of counseling, and its score of 4.0, as compared to 3.0 in 2017 and 2.8 in 2015. We were surprised by these scores in previous assessments, given our department’s emphasis in this area, but we realized that students needed more help connecting knowledge to clinical work and more help articulating what they knew. For the indirect measure the Alumni Survey, we used Q16 - *How well did the program prepare you to have effective counseling skills with Clients?* All students indicated they believed they were moderately well prepared or better, with just over half believing they were “extremely well” prepared and another 40.58% believing they were “very well” prepared. For the indirect measure the Graduating Students Survey, we used four questions and more than 80% of students indicated that the program had “met” (versus “not met”) their learning needs. A full 100% of students rated three of the four as “met,” with 93.55% of students rating the item regarding application of theory to clinical skills as “met.” Please see the attachments with the scoring for both surveys.

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| **Clinical Skills**  **Exceeds: 5-6; At expectations: 3-4; Below: 1-2**  **WE LOOK FOR AN AVERAGE OF 3 ACROSS PAPERS FOR EACH ITEM** | **spring 2018** | **Spring 2017** | **2015-2016** |
| **C.1. Effective Counseling** | **3.67** | **3.5**  **(\*3.7)** | **3.8** |
| **C.2 Evaluates progress towards treatment goals** | **3.83** | **2.75**  **(\*3.0)** | **4.2** |
| **C.3 Intersection of sociocultural influences** | **4.0** | **2.75**  **(\*3.0)** | **2.8** |
| **C.4 Countertransference** | **4.14** | **2.75**  **(\*3.7)** | **3.2** |
| **C.5 Ethics & Legal** | **4.33** | **3.5**  **(\*3.7)** | **2.8** |
| **C.6 Professional Writing** | **4.66** | **4.0**  **(\*3.7)** | **n/a** |

**Conceptualization and Treatment Planning**

Assessable Outcome

**2017-2018 (revised slightly)**

Students will demonstrate knowledge of counseling theories and a bio-psycho-sociocultural framework and apply them to case conceptualization. They will demonstrate the ability to appropriately use the DSM-5 (diagnostic manual of mental disorders). They will construct relevant treatment plans.

Criteria for Success

In the direct measure (the signature assignment), the average score across students sampled is a 3 or higher for each item (i.e., each element of the Learning Goal), and this score meets expectations. In the indirect measure (the Alumni Survey), we look for 80% or more to rate each item as “moderately well,” “very well,” or “extremely well” on one question relevant to case conceptualization and treatment planning skills: Q17 –*How well did the program prepare you to conceptualize cases and write effective treatment plans?* For the other indirect measure (Graduating Students Survey), we look for 80% of students to rate each item as “met” versus “not met.” We used one question, 13.5 (counseling skills), which asked if the program had met the student’s learning needs regarding whether they could “*Demonstrate effective individual and group counseling skills which facilitate client growth and to demonstrate the ability to evaluate progress toward treatment goals*.”

Data Analysis

Students have tended to meet expectations in this category across all three assessment periods, with averages between 3.0 and 3.6 in the two earlier assessments. In the current assessment, we saw some items stay similar (e.g., D3, which looked at conceptualization and treatment planning for severe mental illness, and D5, which looked at the ability to integrate a biopsychosociocultural framework into case conceptualization and treatment planning). However, the other items (D1, D2, D4, D6) showed greater improvement (average scores ranging from 3.83 to 4.5), indicating that students were on the higher end of “meets expectations” with regards to using theory, applying diagnoses, and integrating numerous elements into nuanced clinical hypotheses about their clients. For the indirect measure the Alumni Survey, Q17 –*How well did the program prepare you to conceptualize cases and write effective treatment plans?* Most students (91.71%) indicated they believed they were moderately well prepared or better, with most in the “very well” and “moderately well” categories, and fewer in the “extremely well” category. Additionally, a small percentage reporting that they felt only “slightly well” prepared (5.85%) or “not well at all” prepared (2.44%). For the indirect measure the Graduating Students Survey, We used one question, 13.5 (counseling skills), which asked if the program had met the student’s learning needs regarding whether they could “*Demonstrate effective individual and group counseling skills which facilitate client growth and to demonstrate the ability to evaluate progress toward treatment goals*.” All students rated the item as “met.” Please see the attachments with the scoring for both surveys. Case conceptualization can be difficult even for seasoned professionals, and treatment planning can look very different across settings, so in some ways it is not surprising the survey scores were slightly mixed.

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| **Case Conceptualization and Treatment Planning**  **Exceeds: 5-6**; **At expectations: 3-4**; **Below: 1-2**  **WE LOOK FOR AN AVERAGE OF 3 ACROSS PAPERS FOR EACH ITEM** | **spring 2018** | **Spring 2017** | **2015-2016** |
| **D.1 Theoretical case conceptualization** | 4.5 | 3 | 3.6 |
| **D.2 DSM diagnoses** | 4.0 | 3.25 | 3.4 |
| **D.3 Severe mental illness** | 3.4 | 3.3 | 3.0 |
| **D.4 Work/School/Occupational treatment planning** | 4.33 | 3.6 | n/a |
| **D.5 Biopsychosocioculturalspiritual case**  **conceptualization & treatment planning** | 3.3 | 3.25 | n/a |
| **D.6 Integration of multiple aspects for a clinical hypothesis** | 3.83 | 3.3 | n/a |

**Diversity Awareness and Sensitivity**

Assessable Outcome

Students will be able to: demonstrate awareness of the major cultural influences on human behavior, how those intersect with the mental health of their clients, and how they influence their own perceptions and biases regarding clients.

Criteria for Success

In the direct measures (the signature assignment for Advanced Practicum and for the Cultural Genogram in Coun 523), the average score across students sampled is a 3 or higher for each item (i.e., each element of the Learning Goal), and this score meets expectations. In the indirect measure (the Alumni Survey), we look for 80% or more to rate each item as “moderately well,” “very well,” or “extremely well” on one question: Q15 - *How well did the program help you to become aware of the impact of diversity on the counseling process in order to be sensitive to cultural differences*? For the other indirect measure (Graduating Students Survey), we asked that same question, with the same ratings and criteria in Q12. We also used Q13.2 Social and Cultural Diversity –did students believe the program had trained them to “*Develop an awareness of, and an appreciation for, social and cultural influences on human behavior and to recognize the impact of individual differences on the**counseling process*.” We looked for 80% of students to rate this as “met” versus “not met.”

Data Analysis

Six signature papers (just over 20%) were randomly chosen from spring 2018’s advanced practicum classes.  Five signature papers (approximately 20%) were randomly chosen from spring 2018’s Counseling and Culture classes (Coun 523).  The scores in the Counseling and Culture assignment (Cultural Genogram, spring 2018) all were above a 3. This was somewhat expected, as students are immersed in learning about diversity in this class and obtain a good deal of guidance for this early paper. They are able to apply their knowledge fairly well to hypothetical situations. Additionally, we assess their knowledge and skills for this assignment in a less critical way, given that it is early in the program and they have not yet begun to see clients. These scores should not be compared to the Advanced Practicum scores; the purpose here is to show that we are evaluating our teaching and students’ learning earlier on in the curriculum so that we can make necessary changes before they get to the Advanced Practicum course. Applying diversity knowledge and skills in work with actual clients, while managing numerous other issues (law and ethics, treatment planning, etc.) is a good deal more difficult, and this is what we assess in the Advanced Practicum assignment. We have seen a steady increase in the three diversity SLOs over the three assessment periods, suggesting that we are doing a better job teaching students about applying diversity knowledge to the skills they use with clients. Being able to recognize how major cultural constructs (e.g., race, ethnicity, gender) intersect with mental health (B1) went from an average of 2.4 in 2015, to 3.0 in 2017, to 4.16 in 2018. Being able to articulate one’s own value system and how it may impact counseling clients (B2) went from an average of 2.2 in 2015, to 3.2 in 2017, to 3.8 in 2018. We were not able to measure identifying ways in which counselors can promote social justice and advocate on behalf of clients (B4) in 2015, but we worked to integrate that into the assignment more usefully. In 2017 the average was 3.75/4.0 and in 2018 it came up to 4.33. We had a “2” (below expectations) on a single item in one paper, but all the rest of the items across papers met expectations at 3 or above. Indeed, a number of items were scored in the “exceeds expectations” range. For one of the indirect measures we used the Alumni Survey (N = over 200), Q15 - *How well did the program help you to become aware of the impact of diversity on the counseling process in order to be sensitive to cultural differences*? Almost all students (99.04%) indicated they believed they were moderately well prepared or better, with 63.77% in the “extremely well” category. For the other indirect measure we the Graduating Students Survey (N = 32), and the very same question, for which over 97% of students indicated that they were moderately well prepared or better. We also used Q13.2, which asked if the program had met the student’s learning needs regarding whether they could “*Develop an awareness of, and an appreciation for, social and cultural influences on human behavior and to recognize the impact of individual differences on the**counseling process*.” All students rated the item as “met.”

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| **Diversity Awareness & Sensitivity**  **Signature Assignment (Coun 584)**  **Exceeds: 5-6**; **At expectat­­ions: 3-4**; **Below: 1-2**  **WE LOOK FOR AN AVERAGE OF 3 ACROSS PAPERS FOR EACH ITEM** | **spring 2018** | **spring 2017** | **2015-2016** |
| **B.1.**  **Identifies major cultural constructs** | 4.16 | 3  (\*3.3) | 2.4 |
| **B.2 counselors’ own personal values create biases that affect counseling.** | 3.8 | 3.2    (\*3.3) | 2.2 |
| **B.4. social justice and advocacy** | 4.33 | 3.75    (\*4.0) | n/a |

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| **Diversity Awareness & Sensitivity**  **Cultural Genogram (Coun 523)**  **Exceeds: 5-6**; **At expectations: 3-4**; **Below: 1-2**  **WE LOOK FOR AN AVERAGE OF 3 ACROSS PAPERS FOR EACH ITEM** | **spring 2018** | **spring 2016** |
| **B.1.**  **Identifies major cultural constructs** | 5.2 | 3 |
| **B.2 Counselors’ own personal values create biases that affect counseling.** | 4.8 | 4 |
| **B.3 Identifies stereotypes** | 4.4 | 3 |
| **B.4. social justice and advocacy** | 4.4 | n/a |

**Improvement Actions**

We continue to make improvements to the signature assignment and encourage faculty consensus regarding what we are looking for, so that we communicate more clearly with students. We are working on a sample paper that illustrates what we are looking for and will make this available to faculty and students. Additionally, we have been working on ways to assess **clinical skills** earlier in the program so that we recognize problem areas sooner and make adjustments to our teaching. We also want to track the progress that individual students make in clinical skills. The entire faculty worked to revise the practicum instructor clinical skills form and we are now planning to use part of this form to assess students’ beginning clinical skills at the end of the first semester in the program (the pre-practicum course before they see clients). We are working on methods to streamline this process but hope to have this form filled out at three points in the students’ program (pre-practicum, beginning practicum, and advanced practicum). We are also working on adding the practicum supervisors’ ratings of students (when they are seeing clients out in community mental health clinics) to the assessment data on clinical skills, case conceptualization, and diversity. We have been collecting some of these data all along but have not integrated them into the overall formal assessment process. We think that doing so will help provide us a bigger picture of how students are doing in this area.

Although we are encouraged by the assessment of **case conceptualization and treatment planning** this round, we know these skills can be improved. We are continuing to have faculty discussions regarding our priorities in case conceptualization and treatment planning, given that practicum sites vary in their requirements and training of these elements. We will continue to make adjustments to assignments in an earlier course that helps prepare students for this (Coun 522 Techniques in Brief Treatment and Assessment).

We believe that our efforts at increasing **diversity awareness** and social justice applications in earlier courses (e.g., Coun 523, Counseling & Culture) have helped students have a stronger base as they go into actually working with clients in the practicum courses. In addition, when the beginning practicum (Coun 530) professors give students good feedback on this paper, then students are better prepared to demonstrate what they know by the time they are assessed here in the advanced practicum course (Coun 584). We are working hard as a faculty to deepen our teaching in diversity issues, with more attention to the social justice advocacy element of counseling. We are taking time in nearly every faculty meeting to help educate each other on strategies. A subgroup of faculty will be submitting a proposal to IRB this month to begin assessing students’ perceptions and attitudes regarding multiculturalism/diversity and social justice and our teaching of them. We plan to use standardized questionnaires and open-ended qualitative questions in a longitudinal survey study over the next five years. We will also be simultaneously assessing those qualities in the new Ánimo track (the Spanish/English bicultural/bilingual track that is beginning this semester).