**Mid-Cycle Report**

We have identified five central areas (SLOs; student learning outcomes) for assessment: *Professional Counseling Orientation and Ethical Practice*; *Diversity Awareness and Sensitivity*; *Clinical Skills*; *Conceptualization and Treatment Planning*; and *Research and Professional Writing*. We continue to revise our methods and process, and we rotate what we assess each year, depending on what we see is needed from the data. In this report we provide information and data from our most recent assessments, as well as an explanation of our focus this academic year and our plans going forward.

In this last assessment cycle (2016-2017) we assessed the diversity, clinical, and case conceptualization areas as a follow-up to the 2015-2016 data. After looking at the 2015-2016 data, we revised the signature assignment to make it more clear and implemented the assignment in the beginning practicum class (Coun 530) so that students would have more instruction, feedback, and practice with it before being assessed at the more advanced level.

To clarify, we are using the signature assignment in the Advanced Practicum course to assess three of our learning outcomes (diversity, clinical, and case conceptualization), and we started with this as way of identifying what we wanted students to know and demonstrate towards the end of the program (“mastery” for this level). Part of our process going forward is to not only refine our teaching and assessment at this level, but to include different methods of assessment earlier in the program. We will discuss this at the end of the report.

(Note: given the different timing of different reports, the data in this report is also in “Assessment Report\_2017.”)

**Assessment Process for *Diversity Awareness and Sensitivity*; *Clinical Skills*; and *Conceptualization and Treatment Planning:***

Methods and Measures (2016-2017)

We directly assessed students’ ability to demonstrate the necessary clinical, case conceptualization, and diversity knowledge and skills through a signature assignment 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 have a slightly revised version of the signature assignment (Attachment A) and rubrics (Attachments B, C, D). We did not use an indirect assessment this year, as the survey is every other year and we are revising it.

Data Collection and Criteria for Expectations

Four signature papers (approximately 20%) were randomly chosen from spring 2017’s advanced practicum classes (Coun 584).  A committee of three full-time faculty met multiple times to discuss the scoring, and worked until consensus was reached.

In order to “meet expectations,” the average score across students sampled needed to be a 3 or higher for each item (i.e., each element of the Learning Goal). This year, we also included a score that removed the 4th paper, as the 4th paper reflects work from a student who used an outdated paper assignment and their work did not reflect everything we were looking for. Below we provide our analysis regarding each of the three learning outcomes. In our charts, we also compare these data to the data from 2015-2016.

Clinical Skills: Assessable Outcomes, Analysis and Results, and Improvement Actions:

* *Assessable Outcomes (summary of the SLO):*

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.

* *Data Analysis:*

Please see Attachment B2 for the chart with scores.

In 2015, three out of the five smaller SLOs within the broad SLO category of “clinical skills” met the minimum score of 3 or higher, suggesting that students were adequately learning basic counseling skills, were able to monitor clients’ progress, and could recognize countertransference. In the 2017 reassessment, all three of those scores were lower, much to our surprise. The one regarding countertransference would have been higher if the fourth paper were not counted and the “effective counseling” one was similar enough to not cause alarm. However, “evaluating clients’ progress towards treatment goals” was significantly lower, regardless of the fourth paper. This will require further examination, as we have made efforts to implement treatment planning earlier in the curriculum and students should have received feedback on this very assignment in the earlier practicum course (which was a central element of our improvement strategy). This group of students would have had the same assignment the previous semester, so this leads us to believe we have to do more to make sure that all the faculty who teach practicum are providing adequate feedback in the earlier class so that they are better prepared going into this assignment. We will work harder on providing them material and training to do so.

In 2015, the item related to diversity was not up to standard (2.8).  Although the larger diversity SLO that we reassessed (not here in clinical skills) did improve, the one item for diversity that we assess within this clinical skills SLO was essentially the same (2.75, and 3.0 if the fourth paper were taken out). Students continue to struggle to demonstrate how diversity awareness is integrated into clinical skills.

In the 2017 reassessment, the ethical skills item was improved from 2.8 to 3.5. We also added another item (C.6) and the average was 4.0.

In summary, the picture is mixed, but overall we did not reach our goals for improving student outcomes in clinical skills.

* *Improvement Actions:*

A clear need is to have all of our faculty understand which paper assignment to use and how to give feedback in the earlier course, and we will be working to further inform and educate our faculty. We will also be discussing with the core faculty issues in the curriculum and our assessment process. It does appear we are making strides in teaching ethics and accessing students’ knowledge about it, and we are continuing to work on helping students take what they know about diversity and integrate it into their clinical work. We will assess another set of papers from spring 2018 and that will give us a better idea, since the current sample was quite small.

Case Conceptualization and Treatment Planning Assessable Outcomes, Analysis and Results, and Improvement Actions:

* *Assessable Outcomes (summary of the SLO):*

Students will demonstrate knowledge of counseling theories and apply them to case conceptualization. They will demonstrate the ability to appropriately use the DSM-5 (diagnostic manual of mental disorders), and to construct relevant treatment plans, including those for people with severe or co-occurring mental illness.

* *Data Analysis:*

Please see Attachment C2 for the chart with scores.

In 2015, all three smaller SLOs within the broad SLO category of “Case Conceptualization & Treatment Planning” met the minimum score of 3 or higher, suggesting that students were adequately learning how to apply theory, utilize the common diagnostic system, and create treatment plans for clients, including those with severe illness. However, we were hoping to see improvement following the various measures we have taken.  In the reassessment, the item regarding theoretical orientation (D.1) was much lower, dropping from 3.6 to 3.0. Although this still meets minimal criteria, it is not optimal. The other two items (D.2 and D.3) were similar to the 2015 results but showed no improvement.  We added three more items to this SLO (D.4, D.5, D.6) and all of them averaged 3.25, just above the minimal requirement.

In summary, although students did show adequate skill in this area, even when including the fourth paper, we did not reach our goal of improving the learning outcomes.

* *Improvement Actions:*

Students still showed adequate learning, but we were surprised, given our efforts, that there was not only not improvement, but a decline in some performance. We are not sure if this is an issue of sampling or something else. The same three reviewers examined these papers and reached consensus. A first step is to educate all faculty better on what we are looking for, and to emphasize that students must have comprehensive feedback on this assignment in the earlier practicum course. We will assess another sample of papers in spring 2018, which will give us more information about whether we need to reevaluate how we are assessing. We will also continue to work to enhance these skills in the earlier courses where they are introduced.

Diversity Awareness and Sensitivity Assessable Outcomes, Analysis and Results, and Improvement Actions:

* *Assessable Outcomes (summary of the SLO):*

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.

* *Data Analysis:*

Please see Attachment D2 for the chart with scores.

In 2015, the two diversity items (B.1 and B.2) were below the minimum desired score of 3, suggesting that students were not adequately learning diversity basics and/or the directions for completing the paper were not clear enough. In the 2017 reassessment, B1 went up from 2.4 to 3.0 and B2 went up from 2.2 to 3.2, suggesting good improvement. The 2015 signature assignment had not allowed us to assess our other two items adequately (B.3 and B.4) and our revisions to the paper made some improvements in this area.  We are probably still not capturing B.3 well enough in the assignment, as this averaged under 3.0 even in otherwise good papers. It may be that identifying stereotypes (B.3) is better assessed in the cultural class, rather than in a clinically oriented paper. We were able to measure B.4 with the revised paper, as students could identify ways in which counselors advocate for clients (average was 3.75).

In summary, we do see good improvement in the learning outcomes for diversity awareness and are continuing to refine our teaching in this area throughout the curriculum. Although we still need to improve, we believe we have met our goals for this round of assessment (and will likely remove B.3 as the issues there seem to be a matter of assignment construction rather than student learning).

* *Improvement Actions:*

We plan to assess another sample of signature assignment papers from spring 2018 and will further track how students are integrating diversity concepts into their clinical work. We will likely remove B.3 from being assessed in this paper. We would like the other scores to be higher and are working as a faculty to teach the concepts across the curriculum. We have made some progress in streamlining some of the teaching assignments in earlier courses, so that all students have some helpful experience prior to doing this paper, but we still need more work on that.

**Our focus this academic year and plans going forward:**

The entire faculty has met multiple times this academic year to discuss student learning outcomes, our teaching, and what we think our students need. We have considered the outcome of the results from 2016-2017 assessment and discussed at length our teaching and expectations. We have revised the signature practicum paper again. A subcommittee will assess another sample of papers from spring 2018. We also plan to create a completed sample paper that “exceeds expectations” so that students and faculty have an example of an excellent paper. We also plan to create a completed sample paper that “meets expectations” for the paper in the earlier practicum course so that faculty have a better idea of when a student can successfully move on to advanced practicum.

We have now assessed each of our five SLOs at least once, and these have all come at later stages of the program where we are looking for an element of advanced skill and knowledge prior to graduation. We will continue with rotating those assessments but are now looking at how we can assess earlier in the program, at multiple times and with multiple measures. A subcommittee is working on revising the form that professors fill out for each student at the end of each practicum course regarding their clinical skills. We have had lengthy discussions with the full-time faculty on what we want changed in the form and we are now creating it so that it can be used across three courses (pre-practicum in the first semester, beginning practicum, and advanced practicum). Starting with students who begin the program in fall 2018, we plan to upload the forms into the student records, so that we are tracking clinical skills over time for each student individually and can easily access that data. Future, related steps include updating other parts of the original form that assess case conceptualization and diversity issues. We will begin a similar review and process with supervisor ratings of each student regarding a range of skills.

We will be reassessing our other SLOs (professional counseling orientation and ethics; and research and professional writing) next academic year and making plans for how to assess those areas of knowledge and skill earlier in the program and in different ways.

Separate from SLOs, but related to them, we have worked this year to develop a form that reflects our expectations for student dispositions, and a process by which we track them. We wanted a more transparent process and better documentation of it, and the entire faculty has contributed to the conversation and a new rubric that we plan to implement in fall 2018.

Finally, we worked on a curriculum map this past fall and will continue to revise it going forward. This has been helpful in identifying any gaps in our curriculum and other areas we need to assess. Our likely first steps will be to examine how we are doing in program evaluation and group counseling.