

October 1, 2017

Dear CACREP Review Committee,

This document addresses the requirements set forth in the CACREP accreditation letter dated January 29, 2016. The Mental Health Counseling (MHC) program committee has identified and addressed each unmet CACREP 2009 Standard listed on the *Standards to be Addressed in the Interim Report*.

In the following pages, we attend to the eight standards-related deficiencies that the Board wishes to see addressed more thoroughly by the program. We believe we have clearly shown how assignments are linked directly to the standards. In addition, in one case, with the Assessment of Clinical Progress, we show how we are assessing students over time. Some assignments each address one standard stand alone; other assignments cover more than one standard. We have the standards clearly marked, so you should not have difficulty following them. We have attached a separate *Appendices* document detailing specific assignments, to show evidence of how we have met the standards.

We realize that in the past we were not up to date in the assessment and evaluation piece for our accreditation. We believe we have corrected the situation. We show direct connections from assignments to standards. In looking to the future, currently in every class students are evaluated using the 2016 standards; we have tied rubrics more closely to standards so we continue to have that direct link.

In conclusion, the MHC program committee is dedicated to providing the best education possible to our CWU students; that includes meeting CACREP standards. We believe we have shown here that we have met these remaining 2009 standards. Moving forward, we hope to shift our entire focus to providing evidence for our use of the 2016 standards.

Sincerely,



Elizabeth Haviland  
Mental Health Counseling Program Director and  
Co-Director, CCPAC

CACREP Liaison

## Interim Report

### Table of Contents

Standards to be Addressed in the Interim Report .....	3
Table of 2009 Standards, with Class Numbers and Assessment Descriptions .....	4
Knowledge .....	6
COUNSELING, PREVENTION, AND INTERVENTION .....	6
CMHC C.6 .....	6
CMHC K.5 .....	6
ASSESSMENT .....	8
CMHC G.1 .....	8
CMHC G.2 .....	9
DIAGNOSIS .....	10
CMHC K.4 .....	10
Skills and Practice .....	11
COUNSELING, PREVENTION, AND INTERVENTION .....	11
CMHC D.1 .....	11
CMHC D.3 .....	11
CMHC D.4 .....	11

**Standards to be Addressed in the Interim Report**

**Clinical Mental Health Counseling Standards**

From CACREP letter dated 1/29/16:

Provide evidence that assessment of student learning and/or skill development occurs pertaining to the content specified in each of the following standards.

Knowledge

CMHC C.6  
CMHC G.1  
CMHC G.2  
CMHC K.4  
CMHC K.5

Skills and Practice

CMHC D.1  
CMHC D.3  
CMHC D.4

The Board noted in the institution’s response to the site team’s report that revisions had been made to syllabi and/or assignments but the stated connections between the standards and the specified revisions and/or assignments were not apparent to the Board reviewers.

From CACREP letter dated 7/18/16:

While noting that the program has made progress in linking assignment and standards, the Board indicated that in their preliminary review of the report, they did not see information or documentation addressing how student learning and/or skill development is assessed. The Board believes the extra time provided for a resubmission of the Interim Report will allow the program to further clarify and document that the cited curricular standards are met.

***Response:***

Each of the following sections shows the 2009 CACREP Standard(s) that needs to be addressed, followed by our response, showing evidence of connections between the standard and the assignment.

**Table of 2009 Standards, with Class Numbers and Assessment Descriptions**

Knowledge			
Number	2009 Standard	Class	Method of Assessment
CMHC C.6.	Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.	593C	Discussion and Reflection
CMHC G.1.	Knows 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.	584	In-class group presentations; Reflection Paper
CMHC G.2.	Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.	593B	Assessment Paper Assignment
CMHC K.4.	Understands the relevance and potential biases of commonly used diagnostic tools with multicultural populations.	584	Online Reflection Paper
CMHC K.5.	Understands appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event.	593C	Discussion and Reflection

[continued on next page]

Skills and Practice

Number	2009 Standard	Class	Method of Assessment
CMHC D.1.	Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.	593B	Assessment of Clinical Progress; Performance appraisal of video-recorded sessions; Review of treatment plans; Review of initial assessments and case notes; Review of complete client files at termination
CMHC D.3.	Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.	593B 593C	Assessment of Clinical Progress
		584	Performance appraisal of video-recorded sessions; Review of treatment plans; Review of initial assessments and case notes; Review of complete client files at termination; Midterm and Final Evaluations
CMHC D.4.	Applies effective strategies to promote client understanding of and access to a variety of community resources.	593B 593C	Assessment of Clinical Progress
		584	Performance appraisal of video-recorded sessions; Review of treatment plans; Review of initial assessments and case notes; Review of complete client files at termination; Midterm and Final Evaluations

## Clinical Mental Health Counseling Standards

### Knowledge

#### COUNSELING, PREVENTION, AND INTERVENTION

##### CMHC C.6.

**Understands the principles of crisis intervention for people during crises, disasters, and other trauma causing events.**

##### CMHC K.5.

**Understands appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event.**

### *Response:*

The MHC program committee developed an annual training and activity day so students can learn about how Psychological First Aid (PFA) differs from other counseling interventions, and how clients dealing with crisis, disaster, or trauma causing events differ from clients dealing with normal developmental concerns. Students will also practice their skills with actors in a scenario that mirrors the experience of working with clients in a disaster.

During spring quarter students are required to participate in a three part assignment including PFA training, participation in a simulated Disaster Mental Health Scenario in a simulated shelter, and finally a reflection on the experience (see assignment Rubric). During the first phase of the training, as described in the assignment, students complete an online PFA training, this training covers the principles and core actions of psychological first aid, covering the eight core principles of PFA and the related actions (<http://learn.nctsn.org/course/index.php?categoryid=11>). (This training is recognized by NBCC and also offers six CE credits.) Students then participate in two one-hour practicum class discussions on the practical and theoretical aspects of PFA, and on the core principals of Psychological First Aid.

The Disaster Mental Health Scenario occurs in the CWU student Union Ballroom where volunteer survivors are given identities to role play. Students are placed in pairs, because PFA workers rarely work alone, and are allowed 10 minutes to intervene with each survivor. The survivors then provide feedback to the students before the students rotate to the next survivor or group of survivors. At the end of the simulation activity day, the students, survivors, and faculty debrief. Finally, at a specified date following the event, students submit a reflection paper, which addresses important aspects of PFA, how this experience helped their development, and how they will use what they learned in the future (See Assignment Rubric).

This training is scheduled annually for early-mid May, and is required for all first year students. Students who do not complete the entire training cannot pass the Practicum series (593A, 593B and 593C).

Students are instructed, during the Crisis Scenario to approach all volunteers, regardless of age, number of members in the family, and behavior, with open concern. In these scenarios, we often have actors playing roles that may seem to be dealing with mental illnesses. In their reflections, students are expected to reflect on how the core principles of PFA, the use of diagnosis, and the methods of intervention with survivors of disasters differ from other aspects of their counseling practice.

In the 2017 reflection papers, all students clearly addressed the core principles of Psychological First Aid, most commonly mentioning contact and engagement as paramount skills in working with individuals dealing with a crisis or trauma. Additionally, many of the students reflected on the importance of attempting to build a community in the shelter, fostering connections between survivors. Additionally students consistently reflected that knowing their job included linking survivors with resources, while also respecting the survivors' autonomy were both important; they indicated that this provided them with some freedom to allow survivors to make decisions and accept or reject help from the students as they needed. Students also examined the challenge of self-care in the context of PFA, and acknowledged that although the scenario was contrived, and that there was no disaster, they experienced fatigue following the event, and reflected on the long-term importance of self-care in the event of a real Psychological Disaster.

The students also reflected clearly on the importance of meeting survivors where they are, rather than imposing their understanding of mental health or illness. Although the students seemed to struggle with this core principle of PFA, each of them reflected on how the PFA scenario clearly taught them to allow seemingly distressed survivors to request or reject help. They recognized particularly with one survivor, who was presenting with some paranoid ideation, that meeting that survivor's immediate needs was more important than identifying a diagnosis. Instead the students consistently provided the survivor with food, water, and a secure space in which he could gain a sense of security.

Average Score on Reflection Papers was 10 of a possible 12. All students passed in 2016 and 2017.

Please see **Appendix A** for the **Psychological First Aid Assignment Rubric**.

## **ASSESSMENT**

### **CMHC G.1.**

**Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling and treatment plans.**

#### ***Response:***

Standard CMHC G.1 is assessed via reflection assignments given in PSY 584 [Behavior Disorders and Psychopathology]. These assignments are not graded by the instructor but are used to help the students reflect on their understanding of the intersectionality of human development, normalcy, psychopathology and their relationship to diagnoses and treatment planning. The reflection assignments follow this general format:

1. Instructor provides a lecture over a given DSM-5 chapter
2. Students are provided with a vignette on either a diagnosable disorder within that chapter or non-diagnosable but related symptomology to the disorder.
3. Using the vignette, students provide a diagnosis, treatment plan, and script for how they would share their diagnosis with a client and/or client's family.
4. Students are then divided into groups of shared vignettes and each group develops a common diagnosis, treatment plan, and script.
5. Student groups share their vignette, diagnosis, treatment plan, and script with the class.
6. Finally, students are asked to reflect on their work and then write a brief statement on how this process affects their knowledge of self as a person who provides and shares diagnoses and develops treatment plans.

**CMHC G.2.**

**Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.**

***Response:***

Standard CMHC G.2 is assessed in PSY 593B [Practicum in Counseling II, Assessment], where students will learn about six different models and approaches to clinical evaluation (Mental Status Exam, Cross-cutting, Multicultural, Diagnostic Interview, Personality, Psychological Educational) through lecture and class discussion.

Students will then write a graded assessment paper based on a short vignette. They will be asked to apply four out of the six possible clinical evaluation methods to the vignette

This assignment is pass-fail; it will be graded by their clinical supervisor. Students need to pass this assignment in order to pass the 593B course. If a student does not pass this assignment on the first attempt he or she will be given two weeks to address assignment deficits. If he or she does not pass on the second attempt, then he or she will be required to retake the practicum course.

Please see **Appendix B for Assessment Paper Assignment and Rubric.**

## **DIAGNOSIS**

### **CMHC K.4.**

**Understands the relevance of potential biases of commonly used diagnostic tools with multicultural populations.**

#### ***Response:***

Standard CMHC K.4 is assessed in PSY 584 [Behavior Disorders and Psychopathology] as a non-graded reflection assignment. Students are assigned to read:

Szasz, T. S. (1960). The myth of mental illness. *American Psychologist*, 15, 113-118.

Dadliani, M. B., Overtree, C., & Perry-Jenkins, M (2012). Culture at the center: A reformulation of diagnostic assessment. *Professional Psychology: Research and Practice*, 43, 175-182.

Students are then asked to write a reflection and post it on our online class site on the biases involved in diagnosing and the potential biases of diagnostic tools and how they plan on addressing those biases in their work.

## **Skills and Practice**

### **COUNSELING, PREVENTION, AND INTERVENTION**

#### **CMHC D.1.**

**Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.**

#### **CMHC D.3.**

**Promotes optimal human development, wellness and mental health through prevention, education and advocacy activities.**

#### **CMHC D.4.**

**Applies effective strategies to promote client understanding and access to a variety of community resources.**

#### ***Response I:***

The MHC committee adopted a new Assessment of Clinical Progress measure for all levels of clinical work (Practicum: PSY 593A, 593B, 593C; and Internship: 681B). It now includes an assessment of students' ability to utilize diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling (CMHC D1).

Additionally, as shown in the table on pages 4 and 5 of this document, many of the clinical skills are evaluated by the clinical supervisor during weekly supervision and review of paperwork. We do not use a separate rubric for these activities. Supervisors evaluate supervisees' work in the Assessment of Clinical Progress noted above. Please note the last sentence of the introductory paragraph, which says, "Students must score 2 or above across all pertinent criteria on their FINAL evaluation to pass any practicum." Also, each practicum syllabus (593A, 593B, 593C) states that if a student fails any practicum course, he or she has the opportunity to retake a total of ONE practicum course during their time in the program.

In addition to ongoing group and triadic or individual supervision, each student is given written feedback/evaluation by his or her clinical supervisor at least twice during the quarter. The student is also evaluated by his or her site supervisor the end of internship, using the same Assessment of Clinical Progress. In this way, we will be able to track each student's clinical development over time.

Please see **Appendix C, CMHC D.1, Assessment of Clinical Progress, Part IV.**

#### ***Response II:***

**Standards CMHC D.3 and CMHC D.4 are both met by one advocacy assignment given in PSY 584 [Behavior Disorders and Psychopathology].**

The advocacy assignment requires students to research a human development, wellness, or mental health topic of the students' choice in a geographic region where they would like to practice. Using their research, students develop a written proposal on how to address a deficit with their given topic in their geographic area of choice.

Over the course of this assignment (2016 and 2017) students have written and presented on a range of topics from online Trans\* support networks to education for homeless/transient K-12 students to the use of light boxes at the university library.

Using their research, students then develop a plan to address an existing deficit through prevention, education, and advocacy. To address the skills and practice requirement students both present on their advocacy plan and attempt to implement their plan.

Stemming from this assignment a number of changes have been made to the community including: a) a Queer Trans People of Color club started on campus, b) a student is currently with the Office of Veterans Affairs to develop a program to help veterans return to or start college, c) a suicide prevention program started at a local high school. Of particular note, one of our students took his light box project and implemented it at the university for which he was awarded the CWU president's award for leadership and service, and the Washington State Governor's Award as well.

To address Standard CMHC D.4, students are required to know what like programs already exist in the geographic area of their choice and share that information in both their written proposal and their presentation.

Finally, this assignment is considered a signature assignment for the Mental Health Counseling program. This means that students will include this assignment in their portfolio during their last quarter before graduation. This allows students a longer time frame to implement their projects as some projects take more time to implement than others. Grading for this assignment is based on a rubric, there is no minimum passing score for the course; however, students need to score a B grade (80%) or higher on this assignment, using the same rubrics, in order to pass the portfolio.

Please see **Appendix D, CMHC D.3 and CMHC D.4, Advocacy Assignment and Rubrics.**

[end of Interim Report, October 2017]