Master of Education in Clinical Mental Health Counseling
Central Washington University

Self-Study Prepared in application for accreditation by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) under its 2009 Standards

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The Institution

A. *The institutional media accurately describe the academic unit and each program offered.*

- Description of the academic unit: CWU Psychology (https://www.cwu.edu/psychology/)
- Description of the program: Mission, Vision, and Objective (http://www.cwu.edu/psychology/node/2563)
- Admissions criteria: Application Process (http://www.cwu.edu/psychology/application-process), CWU Graduate Admission Criteria (http://www.cwu.edu/masters/future-cwu-graduate-students)
- Accreditation status:
    - o CWU: CWU Accreditation (http://www.cwu.edu/associate-provost/nwccu-accreditation), CWU Letter of Accreditation
    - o The MHC program: Prospective Students (http://www.cwu.edu/psychology/node/2542/view)
- Delivery systems for instruction: MHC Student Handbook (http://www.cwu.edu/psychology/MH_handbook)
- Minimum program requirements: Application Process
- Matriculation requirements: Application Process, Graduate Admission (http://catalog.acalog.cwu.edu/content.php?catoid=38&navoid=1651)
- Financial aid information: Application Process, CWU Financial Aid Home (http://www.cwu.edu/financial-aid/), CWU Financial Aid Handbook (http://www.cwu.edu/financial-aid/handbook)

B. *The academic unit is clearly identified as part of the institution's graduate degree offerings and has primary responsibility for the preparation of students in the program.*

- The Mental Health Counseling program is clearly listed on the Graduate Admission webpage.
- The Psychology department is the only academic unit responsible for the preparation of the students in the program.

C. *Financial support to ensure continuity, quality, and effectiveness in all of the program's learning environments.*

The Clinic: Students complete three practicum experiences in the Community Counseling and Psychological Assessment Center, a clinic that was part of the original design of the 1970s era Psychology Building. Greater detail about the clinic is provided on the clinic webpage (https://www.cwu.edu/psychology/about-ccpac) and a floor plan is provided. The center serves as a training facility for

graduate students in mental health counseling and school psychology and provides individual counseling for children and adults, marital and family counseling, and psychological testing services to the campus and local community. We also are fortunate enough to have Loretta Ney, a full-time administrative assistant, covering the front desk and overseeing operations.

Supplies: The Department of Psychology provides hardware, software, equipment, and consumable items, including video recording and playback equipment, computer workstations, personal hard-drives to record practicum activities, testing materials, and computing supplies. The department also has a full-time computer consultant, who designed (and maintains) our digital video monitoring system. The hallways of the clinic incorporate a system to provide ambient white noise outside the clinic interview rooms for enhanced confidentiality.

Assistantships and Tuition Waivers:
The School of Graduate Studies and Research also provides in-state tuition waivers to all students awarded assistantships and additional out-of-state tuition waivers to some graduate assistants who are not Washington state residents. The value of an in-state assistantship contract currently is $17,667, and the value of an assistantship contract for out-of-state students is $28,122. The assistantship contracts include graduate assistant salary, partial waiver of tuition, student health insurance, and the Student Medical and Counseling Center fee.

The Psychology Department chair is occasionally contacted by other offices on campus who have been awarded graduate assistantships to supplement their staffs. Two or three psychology graduate students per year gain assistantships through these appointments.

Table 1:

The Number of Students Admitted into and Graduated from the Mental Health Counseling Program in 2008-2013.

Year	Students Admitted	Received GA	Students Receiving Candidacy	Cohort Graduates
2013	8	4	8	NA
2012	9	4	8	8
2011	9	5	7	6
2010	8	3	8	8
2009	8	3	7	7
2008	13	6	10	10

Note: Students failed to reach candidacy (which occurs after completing 593A) from either withdrawing from the program or being removed from the program. In most cases, the students were placed on probation and provided with a matriculation plan that included re-taking 593A. Two of the students were removed for ethical violations (cheating). One student withdrew after the first quarter. The others struggled in practicum and pursued other goals.

D. *Encouragement and support for program faculty to participate in professional organizations and activities.*

Resources to support professional development come from a number of sources. Faculty can receive a total of $1600 for this purpose. Of this amount, $300 comes from the Psychology Department. An additional $300 can be obtained from the College of the Sciences. The Provost's office provides $700, and another $300 dollars can be received from the School of Graduate Studies and Research to match the other funding sources.

Some examples of professional development activities are the American Counseling Association Convention, 2013, which was attended by Dr. Robyn Brammer, Dr. Jeff Penick, and Dr. Maribeth Jorgensen; and Washington Mental Health Counseling Association's annual conference, 2013, which was attended by Dr. Robyn Brammer.

The university supports start-up costs for new faculty and provides occasional support for research and scholarly activities. New counseling faculty members are typically provided with a campus standard Windows or Macintosh office computer, with some accommodation for special scholarly needs, such as statistical software or portability. It is common to reduce a new faculty member's teaching load for the first quarter in order to accomplish the first steps toward establishing a line of scholarly productivity.

A reliable university resource for professional development is coordinated through the office of the associate dean of graduate studies, research, and continuing education. This money supports travel, research, manuscript costs, equipment, and other similar activities. Funds that support equipment purchase and released time for research and for grant development are available on a competitive basis through the College of the Sciences and the School of Graduate Studies and Research. Several

psychology faculty members have purchased special equipment or have been awarded quarter-long scholarly leaves under the auspices of these programs.

The CWU Faculty Support file describes the sources of support available to all faculty at Central Washington University.

E. *Access to learning resources is appropriate for scholarly inquiry, study, and research by program faculty and students.*

Central Washington University has a full-service library (http://www.lib.cwu.edu/AboutUs), which is a stone's throw away from the Psychology Building. Twelve FTE librarians and a Dean of Library Services support the needs of faculty and students. The library houses over 100,000 journal volumes and maintains a wide range of books and journals appropriate to the Mental Health Counseling Program. Currently, the library subscribes to 95 journals that are explicitly related to counseling and/or psychotherapy and a host of journals related to psychology (including clinical and community psychology); many of these journals are available for student use online 24 hours per day, every day. Current holdings include thousands of journal volumes related to psychology. Although the increasing cost of journals has led the library to drop some subscriptions, it has maintained subscriptions to the most authoritative and commonly used journals as identified through faculty surveys and use patterns.

Please see a selected list of relevant CWU Library's subscriptions.
For a review of the CWU Library, see 2009 CWU Library Review.

New books of probable interest are reviewed by department faculty, whose responses are collected and submitted by an individual faculty member who serves as the department's representative to the library.

Through its participation in Summit (http://www.lib.cwu.edu/CentersLocatingBooks), a consortium of libraries in Washington and Oregon the library provides speedy access to books at any one of 36 other libraries in the consortium. Electronic resources, including over 30,000 full-text online journals and on-line access to *PsycINFO* as well as *PsycArticles*, are available to students and faculty through the Brooks Library. The Summit consortium is continuing to examine cooperative buying agreements to facilitate additional electronic resources to serve student and faculty research needs.

F. *The institution provides technical support to program faculty and students to ensure access to information systems for learning, teaching, and research.*

The library provides a professional librarian, Lisa Euster, as a liaison to the Department of Psychology. Psychology professor Dr. Susanne Little served as a departmental representative to the library until May, 2014. See Faculty Liaisons (http://www.lib.cwu.edu/faculty-liaisons). The library will soon be moving to an

embedded support model, where librarians will interact directly with classes and programs.

G. *Personal counseling services provided by professionals other than program faculty and students.*

The university's Student Medical and Counseling Clinic (which is not directly associated with our graduate program) provides a full range of counseling services to all students of the university including those enrolled in the Mental Health Counseling Master's Program. The counseling center is currently staffed by three full-time counselors, one part-time counselor, two psychologists, three psychology doctoral interns, and one counseling master's intern. Although there is occasional overlap between program faculty and center faculty, it is a rare occurrence. Care is taken to ensure that students in the program who need personal counseling can access a professional who is not connected to their degree program. In addition, the Student Medical and Counseling Clinic works cooperatively with local mental health providers. Students also are well-served by community mental health professionals, who are on call at all times and available to students in the program as well as to other community members as needed. Students enrolled in the Mental Health Counseling Program may not be clients in the Community Counseling and Psychological Assessment Clinic.

H. *Modeling, demonstration, supervision, and training, and is available and used by the program.*

1. Settings for individual counseling, with assured privacy and sufficient space for appropriate equipment.

2. Settings for small-group work, with assured privacy and sufficient space for appropriate equipment.

3. Necessary and appropriate technologies and other observational capabilities that assist learning.

4. Procedures that ensure that the client's confidentiality and legal rights are protected.

The Community Counseling and Psychological Assessment Center, located on the ground floor of the Psychology Building, serves as the clinical instruction environment for the program. (See clinic floor plan). The center, which is shared with the School Psychology program, is located on the first floor of the Psychology Building and provides easy access and appropriate levels of privacy to clients. Each counseling room is equipped with cameras, microphones, and computers for recording and reviewing of all sessions. Each room also has a one-way mirror which provides opportunities for live observation and supervision of counseling sessions.

The mission of the Community Counseling and Psychological Assessment Center is to provide excellent training facilities and staff in the development of mental health counselors and school psychologists. An equally important aspect of this mission is to provide psychological and counseling services to children, adults, and families in the community as well as to CWU students. Services provided include individual counseling for children and adults, marital, and family counseling, and psychological testing services.

This facility is conducive to modeling, demonstration, and training and is used exclusively by the mental health counseling program. Instructors/supervisors in Psychology 593A, the introductory practicum, demonstrate basic counseling skills and provide opportunities for students to practice. Students work in groups to review and evaluate each others' videos and to learn from each others' strengths and areas for improvement.

Every effort is made to ensure the privacy of individuals who seek counseling. Each client gives informed consent on a standard form which describes confidentiality requirements and specifies exceptions that derive from legal and ethical standards. The hallways of the clinic include a white noise sound-making system to further ensure privacy.

The Community Counseling and Psychological Assessment Center is located on the first floor of the psychology building. Clients can enter the clinic without venturing into the psychology building itself. Parking passes also are provided to allow clients to park near the facility. Client records are maintained in a secure location, and students are prohibited from removing client records from the facility. Videos, client records, and the appointment book are maintained in a locked file in a locked room in the locked clinic. Entrance to private areas of the facility is restricted to those who are involved in the program. A station at the entrance to the facility, staffed at all times by a secretary or a current student, ensures that those without privilege do not enter.

This clinical instruction environment includes:

- Office space for 1 full-time secretary with telephone, computer, storage space, and similar amenities.
- Offices for faculty co-directors with telephones, computers, meeting space, storage space, and similar amenities.
- 1 office for practicum teaching assistants.
- 2 soundproofed group counseling rooms, equipped with a computer, 1-way observation windows, TV monitoring system, and digital videotaping equipment
- 9 soundproofed individual counseling/testing rooms, equipped with a computer, 1-way observation windows, TV monitoring system, and digital videotaping equipment
- 2 soundproofed rooms for individual/triadic supervision equipped with a computer and video playback and digital video recording equipment

- 1 waiting room for clients
- 1 room for storage and checkout of testing materials, staffed part-time by a teaching assistant
- 1 telephone/filing room with 2 phones for client contact
- 1 rooms for equipment storage, containing 3 TV sets, 2 VHS players, 1 DVD player, 1 laser disk player, and 1 overhead projector
- 1 room for session monitoring through the TV monitoring system
- 1 Clinic faculty room for paperwork review equipped with 2 computers
- A classroom for practicum instruction, case presentations, etc.
- A 'computer room' with six computer stations for case-related word processing: intake and testing summaries, progress notes, etc.
- Each of the mental health counseling graduate students receives a personal hard drive, which is used for storage of their paperwork and videotaping and storage of the counseling sessions
- Overall, the clinic contains 24 computers that may be used by the students for working on case-related word processing and 1 Macintosh computer primarily used for session scheduling and Internet
- Student lounge area
- Bathrooms, water fountain

The Academic Unit

I. *Minimum of 60 semester credit hours or 90 quarter credit hours required of all students.*

The Mental Health Counseling program requires a minimum of 90 quarter credit hours for it students (see the program's webpage at http://www.cwu.edu/psychology/counseling-program-home or the 2013/2014 student handbook).

J. *Systematic efforts to attract, enroll, and retain a diverse group of students and to create and support an inclusive learning community*

This has been an area of emphasis. In the 2007 cohort, we selected a student who was a refugee from Sri Lanka. We also accepted a native Spanish speaker. In 2008, we selected two native Spanish speakers, we facilitated some counseling sessions in Spanish, and we translated our consent form into Spanish. In 2009, we hired an African American faculty member (Breyan Haizlip). In 2010, we admitted an African American graduate student. In 2011, we admitted a Native American student. In 2012, we admitted a student from Russia. Dr. Brammer (former program advisor) also underwent a gender transition, which helped students begin to process conceptions of gender and identity.

We also worked with the Graduate School to develop the school's first diversity recruitment plan. Dr. Brammer developed this plan while serving as both the MHC program advisor and the associate dean of Graduate Studies and Research.

K. *Admission decision recommendations are made by the academic unit's selection committee.*

Applicants' potential interpersonal success, aptitude for graduate study, and career goal relevance are judged on the basis of their undergraduate transcripts, GRE scores, and the content of their personal statements and letters of reference.

Admission decisions are made by a departmental committee that includes two members of the Counseling Programs Committee. All members of the Counseling Programs Committee are informed when applications arrive in the department and have an opportunity to review them and make comment. These recommendations carry weight in the selection process. The applicant's personal statements are critical in determining career goals and "fit". We also provide an optional meet-and-greet day to further assess the fit for students within the program.

L. *Orientation and the Student Handbook*

1. *A new student orientation is conducted.*

All students enter the program during the Fall quarter. Two days before classes begin, the program holds an orientation dinner (see Mental Health Counseling Orientation Agenda, 2013). Here, students receive information about their classes, meet their advisor, and learn how their two years will unfold. The following day, the department holds a formal orientation session (see Psychology Orientation Agenda 2013). Students from all of the department's graduate programs meet together for a portion of the day and in program-specific groups for part of the orientation. Students meet with their assigned advisors during this time to finalize a course of study. Also, every year graduate school holds a general orientation for new graduate students.

Since 2004, second year mental health counseling students have conducted a retreat for first and second year students. The students have found this to be a valuable get-acquainted experience. The retreat is planned by the students, and it is primarily for the purpose of community-building.

2. *A student handbook is disseminated that includes the following:*

New graduate students receive the student handbook during the departmental orientation.

a. *mission statement of the academic unit and program objectives;*

See page 9 of the student handbook.

    b.   *information about appropriate professional organizations, opportunities for professional involvement, and activities potentially appropriate for students;*

    See [page 75](#) of the student handbook.

    c.   *written endorsement policy explaining the procedures for recommending students for credentialing and employment;*

    See [page 69](#) of the student handbook.

    d.   *student retention policy explaining procedures for student remediation and/or dismissal from the program; and*

    See [page 71](#) of the student handbook.

    e.   *academic appeal policy.*

    See [page 72](#) of the student handbook.

M. *For any calendar year, the number of credit hours delivered by noncore faculty must not exceed the number of credit hours delivered by core faculty.*

Table 2:

The Percentage of Credits Taught by Core Faculty during the 1st Year of the 2013-2014 Cohort

Class / Number of credits	Faculty – core (C) or non-core (N)
PSY 502 - Professional Orientation (2)	Jeff Penick (C)
PSY 560 - Theories/Practice of Counseling (4)	Maribeth Jorgensen (C)
PSY 574 - Multicultural Counseling (3)	Robyn Brammer (C)
PSY 593A - Introductory Practicum in Counseling (4)	Jeff Penick (C)
PSY 561 - Group Counseling (3)	Jeff Penick (C)
PSY 584 - Behavior Disorders and Psychopathology (4)	Robyn Brammer (C)
PSY 593B - Practicum in Counseling – Goal Setting and Treatment Planning (4)	Maribeth Jorgensen (C) / Elizabeth Haviland (C)
PSY 555 - Design and Analysis for Applied Research (4)	Susan Lonborg (N)
PSY 568 - Counseling and Assessment: Strategies for Adults (5)	Terrence Schwartz (N)
PSY 593C - Advanced Practicum in Counseling (4)	Jeff Penick (C) / Maribeth Jorgensen (C) / Elizabeth Haviland (C)

Note: Total credits: 37. Credits taught by core faculty: 28 (76%).

Table 3:

The Percentage of Credits Taught by Core Faculty during the 2nd Year of the 2013-2014 Cohort

Class / Number of credits	Faculty
PSY 544 - Tests and Measurements (4)	Terrence Schwartz (N)
PSY 567 - Counseling and Assessment: Children and Adolescents (5)	Heidi Bogue (N)
PSY 571 - Counseling for Relationships and Families (4)	Elizabeth Haviland (C)
PSY 573 - Career Development (4)	Susan Lonborg (N)
PSY 552 - Human Growth and Development (3)	Heidi Bogue (N)
PSY 589 - Professional and Ethical Issues (4)	Elizabeth Haviland (C)
PSY 681A - Mental Health Counseling Internship: Group (3)	Robyn Brammer (C)
PSY 681B - Mental Health Counseling Internship (12)	Robyn Brammer (C)
PSY 700 - Thesis (6)	Varies by student

Note: core = (C), non-core = (N). Total credits (not counting thesis credits, as thesis committee chairs vary by student): 39. Credits taught by core faculty (not counting thesis credits): 23 (59%). This statistic was low because we had yet to replace Dr. Jorgenson.

N. *Institutional data reflect that the ratio of full-time equivalent (FTE) students to FTE faculty should not exceed 10:1.*

Currently the mental health counseling program has a student-to-faculty ratio of 16:3 or 5.3:1

O. *Assigned faculty advisors*

List of current students and their advisors.

New students are assigned advisors at the orientation session before their first classes. Advisors work with students to ensure that they fully understand the course of study and the expectations for successful performance in the program. Unsatisfied program prerequisites, if any, are included in the student's curriculum plan. Courses are offered in a planned two-year sequence, and students are streamed into this sequence. The student's course of study is approved by the faculty advisor and department chair before it is reviewed and approved by the Graduate Office.

The program's course of study is made available to new students in the student handbook, and is understood by faculty advisors. The student handbook lists program prerequisites, core requirements, and supervised practicum and internship requirements. There is room for two elective courses in the program; however, students typically take PSY 551 (Behavior Analysis) and PSY 578 (Applied Physiological Psychology) for these electives. Variations in students' programs result from variation in their completion, prior to entry, of one or more of the prerequisite curricular requirements, order of completion of practica (typically half of the students start practicum during the Fall quarter of their first year, and the rest start it during the Winter quarter), and occasional electives that students take in addition to the program.

P. *Developmental assessment of each student's progress throughout the program.*

When students begin classes in Central Washington University's Mental Health Counseling Program, they are taking a first step toward their professional identity. From here, students must delve into practica, coursework, internship and research. Some aspects will come more easily than others, and faculty will guide students throughout this process.

To gain full admission into the program, students must successfully complete PSY 560 (Introduction to Counseling) and PSY 593A (Practicum in Counseling I). Students take these two courses in their first or second quarters, and may repeat PSY 593A once. Students not earning a passing grade the second time are denied full admission to the program. When this happens, the student's advisor will discuss the situation with the student, and the matter will be brought to the counseling program committee. Practicum is an important and necessary facet of counselor education, and students who fail to demonstrate competency will be counseled regarding their options, including alternative programs or schools.

A second method of student assessment comes from the Assessment of Candidate Progress. Candidates are assessed according their academic (knowledge), clinical (skills), and professionalism (dispositions). Strengths are noted as well as areas of concern. In most cases, when concerns are raised, students are given the opportunity to show progress by the second assessment. However, the program reserves the right to consider areas of concern egregious enough to remove a student after the first assessment. Examples of such problems would include gross misconduct with a client, significant ethical violations, or repeated concerns that do not improve with supervision.

This policy is consistent with ACA Ethical Standard F.6.b., which states that "Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when those supervisees are unable to demonstrate that they can provide competent professional services to a range of diverse clients. While this situation has occurred, it is rare (occurring once in 2007, 2009, and 2010). We do our best to ensure that the students who enter the program are well suited to enter the counseling profession.

Following full admission to the Counseling Program, students receive annual feedback from their academic advisor, with input from other counseling program committee members. Through this ongoing evaluation process, academic and/or personal limitations of students may be discussed. On very rare occasions, students who have been fully admitted into the program will receive evaluations indicating a poor fit within the counseling profession. When this happens, remedial assistance is offered. If the student is still unable to provide competent service they may be referred to other degree programs and dismissed from the Mental Health Counseling program.

During the Assessment of Candidate Progress, faculty give students a detailed assessment of their performance. This covers the students' knowledge, clinical skills, and professionalism.

1. The student's advisor provides feedback on the student's progress using the Assessment of Candidate Progress Form. See the Assessment of Candidate Progress section of the student handbook.

2. Feedback is provided at the end of Spring quarter of the 1st year and the end of Winter quarter of the second year.

3. Feedback is based on consultation with all faculty the student has had in classes and practica.

4. Faculty review previous practica evaluations in order to provide the most accurate assessment of the students' clinical performance and professional development. All practica evaluation forms and documents are listed in the CCPAC Handbook.

5. The students complete the Review of Student Progress form before the 1st meeting and bring this form with them to be included in the assessment.

6. The students receive copies of the evaluation forms and copies are placed in the student's file in the CCPAC.

7. The students are assessed in the following areas on a 1-5 Likert-type Scale:

    a. Academic Performance/Thesis Development: (Including: Work Organization, Problem-Solving, Critical Thinking, Independent Functioning, Data-Based Conceptualization)
    b. Clinical Performance: (Including: Respect for Human Diversity, Oral Communication, Written Communication, Listening Skills, Effective Interpersonal Relations, Responsiveness to Supervision)

    c.   Other Professional/Personal Development (including Initiative, Dependability, Time Management, Professional and Ethical Behavior, Teamwork, Flexibility, Self-Awareness)

Please see the Assessment of Candidate Progress and Retention and Matriculation Policy sections of the student handbook.

Q. *The practicum and internship ratio and load.*

At CWU, each faculty is assigned a maximum of four students which equates to a 4 quarter hours (or approximately 3-semester hour) course for 593B and 593C. Faculty may be assigned a maximum of 5 students for 593A. See Practicum Supervisors for a list of supervisors and the number of supervisees for practicum and internship from Winter 2011 to Spring 2014.

R. *Group supervision for practicum and internship should not exceed 12 students.*

For the 593A, 593B, and 593C practica, each supervisor meets with assigned supervisees as a group for two hours each week. The typical group supervision load per faculty member is 4 students. It never exceeds ten students. For the 681A (group) internship, the group size ranges between 5 and 8 students. See Practicum Supervisors file for a list faculty and their supervisees for each practicum from Winter 2011 to Spring 2014. Please see the summary below:
- 2010/2011
    - Average practicum group per supervisor: 4
    - Average Internship groups: 6.75
- 2011/2012
    - Average practicum group per supervisor: 3
    - Average Internship groups: 7
- 2012/2013
    - Average practicum group per supervisor: 4
    - Average internship group: 8
- 2013/2014
    - Average practicum group per supervisor: 3.67
    - Average internship group: 8

Group supervision for 681B occurs weekly in a scheduled class. All group supervision for 681B is scheduled with the faculty internship supervisor. The group supervision sessions never exceed 10 students. Please see Practicum Supervisors file for a list of 681B students for each quarter from Winter 2011 to Spring 2014.

S. *Professional liability insurance*

All students in the Mental Health Counseling program involved in clinical work in the Department's training center, the Community Counseling and Psychological Assessment Center (CCPAC), are required to obtain professional liability insurance.

In addition, maintaining liability insurance is a requirement for PSY 681A: Internship: Group, 681B: Counseling Internship: Advanced. All students should present the CCPAC secretary with a copy of verification of insurance coverage by November 1.

For all counseling students, liability insurance must also be maintained in order to successfully pass 681A (group internship) and 681B (advanced internship). Students are expected to renew liability insurance each fall and to present copies of verification of insurance coverage to the CCPAC secretary.

Students may obtain insurance through the Student Medical Malpractice Insurance Program or through ACA or APA.

See the Professional Liability Insurance Requirement section of the student handbook.

The syllabi for classes, where coverage is required, specify that students are required to carry professional liability insurance.

PSY 593A Syllabus

PSY 593B Syllabus

PSY 593C Syllabus

T. *Graduate assistantships for program students*

There are no other clinical training programs in our institution for comparison, but the department and the Mental Health Counseling Program have been treated fairly in the competition for graduate assistantships.

Assistantships and Tuition Waivers:
The School of Graduate Studies and Research also provides in-state tuition waivers to all students awarded assistantships and additional out-of-state tuition waivers to some graduate assistants who are not Washington state residents. The value of an in-state assistantship contract currently is $17,667, and the value of an assistantship contract for out-of-state students is $28,122. The assistantship contracts include graduate assistant salary, partial waiver of tuition, student health insurance, and the Student Medical and Counseling Center fee.

The Psychology Department chair is occasionally contacted by other offices on campus who have been awarded graduate assistantships to supplement their staffs. Two or three psychology graduate students per year gain assistantships through these appointments. As evidenced in Table 1, nearly 50% of our students over the past three years have received graduate assistantships. Two are always offered to the program through psychology. One is offered to a second-year student through the

Student Medical and Counseling Center. One is offered to a second-year student through psychology to serve as a TA for the first practicum course.

Faculty And Staff

U. *Systematic efforts to recruit, employ, and retain a diverse faculty.*

CWU's [Minority Recruitment Policy]

In keeping with the affirmative action goals of the university, the department has employed advertising and hiring practices intended to attract faculty from different ethnic, racial, gender, and personal backgrounds.
On April 4, 2007, the program faculty approved the following action plan for recruiting ethnic minority faculty:

Action Plan for Recruiting Ethnic Minority Faculty

The CWU Mental Health Counseling program supports the university's commitment to develop an inclusive and diverse community of students and employees. We, as a program, will continue to work in concert with CWU's Office for Equal Opportunity in the development of new policies and procedures for hiring and retaining diverse faculty.
Central Washington University Counseling Faculty attending national level conferences will be assigned the task of making an active effort to recruit individuals who will increase the ethnic diversity of the existing faculty. In particular, potential candidates holding existing faculty positions and students preparing to graduate from CACREP accredited programs will be recruited.

Dr. Breyan Haizlip, an African American female with expertise in multicultural issues and gender/sexual identity, taught in the program from 2009 until 2011.

In 2012-2013 the program employed Dr. Maribeth Jorgensen, a lesbian female.

The previous mental health counseling program's director, Dr. Robyn Brammer, was with the program from 2006 through 2014. Dr. Brammer transitioned from male-to-female and has an expertise in multicultural and religious issues, sexuality, and gender identity.

V. *Teaching loads of program faculty members*

Teaching loads for the Mental Health Counseling Program faculty follow the Central Washington University's Faculty Code, which requires a 45-credit hour load that is a combination of teaching, service, and research of all faculty, including graduate faculty. Faculty earn teaching credits for didactic coursework, practicum and internship supervision, individual studies, and thesis/project advising.

Currently, faculty receive 4 credits of relief time for supervising a maximum of 5 students in 593A, and a maximum of 4 students in 593B and C. Supervising internship provides 3 credits of relief for 681A (with a maximum of 10 students allowed) and .6 and .2 workload credits for each student enrolled in 681B in the Spring quarter and Summer quarter, respectively.

Table 4:

2013-2014 academic workloads for core faculty in the Mental Health Counseling program.

Faculty	Quarter	Activity	Workload Units
Robyn Brammer	Fall 2013	PSY 574	4
		PSY 595/700	2
	Winter 2014	PSY 681A	3
		PSY 584	4
		PSY 595/700	2
	Spring 2014	PSY 681B	4.8
		PSY 595/700	
	Other	Associate Dean of Graduate Studies	22.5
		Other misc. service	2
		Counseling Program Director	5
		Clinic Co-Director	2
		Research	3.5
	Year Total		54.8
Jeff Penick	Fall 2013	PSY 502	2
		PSY 593A	4
		PSY 200	1
		PSY 595/700	1
	Winter 2014	PSY 452	4
		PSY 593A	4
		PSY 561	3
		PSY 200	1
		PSY 595/700	1
	Spring 2014	PSY 593BC	4
		PSY 453	5
		PSY 352	2
		PSY 454	3
		PSY 595/700	1
	Other	Misc. service	4
		Research	6
	Year Total		46
Elizabeth Haviland	Fall 2013	PSY 593C	4

		PSY 300	5
		PSY 449	4
		PSY 571	4
	Winter 2014	PSY 300	5
		PSY 489	2
		PSY 589	4
		PSY 593B	4
	Spring 2014	PSY 300	5
		PSY 593BC	4
		PSY 300	5
		PSY 449	4
	Other	Program committee and staffing	3
	Year Total		53

Note: Please see Psychology Faculty Courses and Loads 2013-2014 for more detail. All full-time faculty workloads equal 45 credits. Beyond that is overload that must be approved by the dean.

W. *Faculty resources of appropriate quality and sufficiency to achieve its mission.*

Table 5:

Rank, Employment Status, and Highest Degree of the Faculty Teaching in the Mental Health Counseling Program (Click on a Name for a Curriculum Vitae)

Mental Health Counseling Program Core Faculty	Psychology Faculty Who Teach One or More Classes in the Program
Robyn Brammer, Ph.D. (2006-2014) Associate Professor Tenured	Susan Lonborg, Ph.D. Professor Tenured
Jeffrey Penick, Ph.D. Associate Professor Tenured	Terrence Schwartz, Ph.D. Associate Professor Tenured
Elizabeth Haviland, Ph.D. Lecturer Non-Tenure Track	Heidi Bogue, Ph. D. Assistant Professor Tenure Track
Meaghan Christine Nolte, Ph.D. (2014 -) Assistant Professor Tenure Track	

Currently, the CWU Ellensburg Psychology Department employs 18 full-time tenure-track (either tenured or in the probationary period) faculty, 3 part-time tenured

faculty, 3 full-time non-tenure-track faculty, 2 full-time adjunct faculty, and 2 part-time adjunct faculty.

1. *At least three persons whose full-time academic appointments are in counselor education.*

   The program faculty have been sought after, and promotions created some vacuums that should soon be filled. For the past three years, Drs. Brammer, Penick, and Haviland have been the core faculty. Dr. Jorgensen taught in the program from 2012-2013. Dr. Meaghan Christine Nolte begins with the program in the fall of 2014. An additional faculty member will replace Dr. Brammer (who became the Dean of Counseling and Social Sciences for Golden West College) in fall of 2015.

2. *Have earned doctoral degrees in counselor education and supervision, preferably from a CACREP-accredited program, or have been employed as full-time faculty members in a counselor education program for a minimum of one full academic year before July 1, 2013.*

   Dr. Brammer earned her Ph.D. in Education (Counseling Psychology) from the APA-accredited program at the University of Southern California in 1996. Dr. Brammer's program was a "counseling" program for 4 of the 5 years she attended. Chi Sigma Iota accepted her petition to be designated a "counseling" graduate in 2008. Dr. Brammer has been a full-time faculty member in the Mental Health Counseling program at CWU since 2006.

   Dr. Penick received his master's in counseling and his Ph.D. in Counseling Psychology from the APA-approved program at Georgia State University in 1997. He has been a full-time faculty member in the Mental Health Counseling Program at CWU since 1997.

   Dr. Haviland received her Ph.D. in Counseling Psychology from the APA-accredited program at Washington State University in 2001. She has been a full-time faculty member in the Mental Health Counseling Program at CWU since 2010.

   Dr. Meaghan Christine Nolte received her Ph.D. in Counselor Supervision and Education (minor in Queer studies) from the CACREP accredited program at the University of Wyoming in 2014. She will join the program in Fall 2014.

3. *Have relevant preparation and experience in the assigned program area.*

   Tenured and tenure-track faculty are hired following a rigorous selection process that considers, among other characteristics, their preparation and experience relevant to their anticipated teaching assignment.

We provide a professional development budget for each faculty member to maintain and extend their professional interests.

Members of the Mental Health Counseling Program Committee have completed counseling internships in their doctoral programs and have decades of experience as counselors and/or counselor educators. It is expected that all hires since 2010 have come from CACREP accredited doctoral program and are ready for licensure as counselors in Washington. We have been able to hire candidates with these qualities. Progress toward appropriate licensure, competent teaching, and a continuing research program are required for reappointment, and accomplishment of these goals is required for tenure.

Colleagues mentor new faculty members to ensure their skills meet expectations and to orient them to the program at Central Washington University. All mentors have clinical licenses in the State of Washington.

4. *Identify with the counseling profession through memberships in professional organizations (i.e., ACA and/or its divisions), and through appropriate certifications and/or licenses pertinent to the profession.*

Table 6:

Professional Affiliations of the 2013-2014 Mental Health Counseling Program Faculty

Robyn Brammer	American Counseling Association
	Washington Mental Health Counseling Association (Board Member)
	Washington State Association for Counselor Educators and Supervisors (Board Member)
	ALGBTIC Member
Jeff Penick	American Counseling Association
	Association for Adult Development and Aging
	Association for Specialists in Group Work
	Association for Counselor Education and Supervision
Elizabeth Haviland	American Counseling Association
	Washington State Association of Counselor Educators and Supervisors

Licenses/certifications:

Drs. Brammer (active 02/13/2007) and Penick (active 08/13/2003) are Licensed Mental Health Counselors in the state of Washington.

Dr. Haviland is a Licensed Psychologist in the state of Washington. License number: PS 60151018.

The program also hosts a chapter of Chi Sigma Iota (Chapter name ΧΦΨ). Drs. Brammer and Nolte are the chapter advisors.

5. *Engage in activities of the counseling profession and its professional organizations, including all of the following:*

   a. *development/renewal (e.g., appropriate professional meetings, conventions, workshops, seminars);*

   Core faculty have engaged in development activities including attending professional meetings, conventions, workshops, and seminars. Faculty vitae provide rich detail about each faculty member's participation in development, scholarship, and service. Table 7 details the faculty development and renewal activities of the Counseling Program faculty.

Table 7:

Faculty Professional Development Activities of the Mental Health Counseling Program Faculty, 2008-2014

Faculty Member	*Description*

Robyn Brammer, Ph.D.	2014 - ACA World Conference, HI; WMHCA Board meetings; Academic Leadership Academy (Penn State)
	2013 - ACA World Conference, Cincinnati, OH; WSACES Annual Conference, Ellensburg, WA; Washington Mental Health Counseling Association Annual Conference; WMHCA Board meetings
	2012 - WSACES Annual Conference, Ellensburg, WA; *Gender in the postmodern world.* Workshop (12 hours) conducted at the *Instituto Kanankil in Merida, Yucatan, Mexico;* Western Psychological Association Annual Meeting, San Francisco, CA; WMHCA Board meetings
	2011 - ACA World Conference, New Orleans, LA; Western Psychological Association Annual Meeting, Los Angeles, CA; WSACES Annual Conference, Ellensburg, WA; WMHCA Board meetings
	2010 - ACA World Conference, Pittsburgh, PA; Western Psychological Association Annual Meeting, Cancun, Mexico; WSACES Annual Conference, Ellensburg, WA; WMHCA Board meetings
	2009 - ACA World Conference, Charlotte, NC; Western Psychological Association Annual Meeting, Portland, OR; WSACES Annual Conference, Ellensburg, WA; WMHCA Board meetings
	2008 - ACA World Conference, Honolulu, HI; Western Psychological Association Annual Meeting, Irvine, CA; WSACES Annual Conference, Ellensburg, WA;
Jeff Penick, Ph.D.	2013 - ACA World Conference in Cincinatti, OH
	2011 - ACA World Conference, New Orleans, LA; Washington State Association of Senior Centers Annual Conference, Ellensburg, WA

Faculty Member	Description
Elizabeth Haviland, Ph.D.	2010 - Association for Specialists in Group Work Biennial Conference, New Orleans, LA 2008 - ACA World Conference, Honolulu, HA 2015 - ACA World Conference, Orlando (paper accepted) 2013 - Washington State Association of Counselor Educators and Supervisors (WSACES) 2012 - Washington State Association of Counselor Educators and Supervisors (WSACES)

b. *research and scholarly activity;*

The university expects full-time faculty to engage in research and other scholarly activity. Tenured and tenure-track faculty are actively engaged in scholarship and routinely update courses consistent with the latest findings in the field. Scholarly productivity for full time Mental Health Counseling Program faculty for 2008-2013 is detailed in Table 8.

Table 8:

Scholarly Productivity of the Mental Health Counseling Program Core Faculty since 2008.

Robyn Brammer	Brammer, R. (contracted). Transgender. In M. M. Ginicola, J. Filmore, & C. Smith (Eds.), *Counseling for Gender, Affectional Orientation and Identity Issues: Developing Multicultural Competence with the LGBTQI+ Population.* Alexandria, VA: American Counseling Association. Brammer, R., Kenworthy, J., & Faust, E. (in review). Gender Dysphoria, Post-Transition, and the DSM-5. *Journal of Gay & Lesbian Mental Health.* Brammer, R. (2014). Gender, sexual identity and cultural issues and the student athlete. In A. Zagelbaum (Ed.), *Working with student athletes.* New York: Routledge. Marrs, H., Sigler, E., & Brammer, R. (2012). Gender, masculinity, femininity, and help seeking in college. *Masculinities and Social Change.* Available at http://www.hipatiapress.info/hpjournals/index.php/mcs/article/view/392 Brammer, R. (2010). African immigrant families. In A. Zagelbaum & J. Carlson (Eds.), *Working with immigrant families: A practical guide for counselors.* New York: Routledge. Brammer, R. (2009). AIDS, Sexuality, and Spirituality. *Journal of GLBT Family Studies, 5*(3), 203-214.

Hargrave, T. D., Brammer, R. and McDuff, L. (2008). It isn't right! The need to redress experiences of injustice in child abuse and neglect. In R. E. Lee and J. B. Whiting (Eds.), *Foster care therapist handbook: Relational approaches to the children and their families* (pp. 307-330). Washington, D. C.: Child Welfare League of America.

Brammer, R. (March, 2015). What Google can tell us about counseling: Deciphering 10 years of internet searchers. Poster to be presented at the 2015 Convention of the American Counseling Association. Orlando, FL.

Brammer, R. (March, 2015). Behavioral mindfulness. Paper to be presented at the 2015 Convention of the American Counseling Association. Orlando, FL.

Brammer, R. (March, 2014). *Counseling conservative religious clients: A primer for addressing LGBT and gender issues.* Poster presented at the 2013 Convention of the American Counseling Association. Honolulu, HI.

Brammer, R. (September, 2013). *Introduction to the DSM-5: Gender Dysphoria, Paraphilic*
Disorders, and OCD. Workshop presented for the Washington Mental Health Counseling Association. Bastyr University, Kenmore, WA.

Brammer, R. (March, 2013). *Summary of changes in the DSM-5.* Workshop (2 hours) presented at the 2013 Convention of the Washington State Association of Counselor Educators and Supervisors. Ellensburg, WA.

Brammer, R., & Faust, E. (March, 2013). *Gender Identity and the DSM-5.* Poster presented at the 2013 Convention of the American Counseling Association. Cincinnati, OH.

Brammer, R., & Lacy, M. (March, 2013). *Religious Competencies: What you need to know about pastors' views of counseling.* Poster presented at the 2013 Convention of the American Counseling Association. Cincinnati, OH.

Brammer, R. (September, 2012). *Gender in the postmodern world.* Workshop (12 hours) conducted at the *Instituto Kanankil in Merida, Yucatan, Mexico.*

Brammer, R. (April, 2012). *Changes in the DSM-5 regarding sexuality and gender.* Poster presentation to the annual meeting of the Western Psychological Association, San Francisco, California.

Brammer, R., Hanson, M., Ackley, D., & Klopfenstine, T. (April, 2012). *Hidden prejudice and eye contact.* Poster presentation to the annual meeting of the Western Psychological Association, San Francisco, California.

Brammer, R., Ingram, C., Weber, R.M. (April, 2011). *Cultural development model. A systematic approach to multicultural identity.* Poster presentation to the annual meeting of the Western Psychological

Association, Los Angeles, California.

Brammer, R., Ackley, D., Spears, C., Weber, R.M. (April, 2011). *How the introduction of a Greek system changes perceptions of philanthropy, alcohol, and academics on campus.* Poster presentation to the annual meeting of the Western Psychological Association, Los Angeles, California.

Brammer, R, Ingram, C.L. Lyons, T.L. & Kathrens, J.A. (March, 2011). *Spiritually Present Counseling.* Poster presented at the 2011 Convention of the American Counseling Association. New Orleans, LA.

Brammer, R. & Haghighi, S. (April, 2010). *The development of gender variant identity.* Poster presentation to the annual meeting of the Western Psychological Association, Cancun, Mexico.

Brammer, R. (April, 2010*). Spiritually present counseling.* Paper presentation to the annual meeting of the Western Psychological Association, Cancun, Mexico.

Brammer, R. (April, 2010) *First impressions and personality.* Poster presentation to the annual meeting of the Western Psychological Association, Cancun, Mexico.

Brammer, R., Ingram, C. (March 2010). *Using Hatha Yoga in counseling.* Paper presented at the 2010 Convention of the American Counseling Association. Pittsburg, PA.

Brammer, R., Morgan, S., & Albers, A. (March 2010*). Invisible gender identity: How to counsel people living in two gender worlds.* Poster presented at the 2010 Convention of the American Counseling Association. Pittsburg, PA.

Brammer, R., Underwood, S., West, R., Westling, & S. Pearsall, C. (April 2009). *First impressions and Gender/Sexual Identity.* Poster presentation to the annual meeting of the Western Psychological Association, Portland, OR.

Brammer, R., & Pereira, L. (April 2009). Biases in attributing masculinity and femininity to men and women. Poster presentation to the annual meeting of the Western Psychological Association, Portland, OR.

Brammer, R., Belmont, N., Ingram, J., Thieme, B. (April 2009). *Clothing and personality.* Poster presentation to the annual meeting of the Western Psychological Association, Portland, OR.

Brammer, R., West, R. (April 2009). *The changing role of psychological accreditation.* Poster presentation to the annual meeting of the Western Psychological Association, Portland, OR.

Rau, K, & Brammer, R (March 2009). *The mediating effect of spiritual well-being on the relationship between intolerance of uncertainty and trait anxiety.* Poster presented at the 2009 Convention of the American Counseling Association. Charlotte, NC.

Brammer, R (March 2009). *Ethics for religious leaders who counsel.* Poster

	presented at the 2009 Convention of the American Counseling Association. Charlotte, NC. Brammer, R (March 2008). *Science and practice. Do they really belong together?* Poster presented at the American Counseling Association's 2008 Convention. Honolulu, Hawaii.
Jeff Penick	Penick, J. M., Fallshore, M., & Spencer, A. M. (in press, 2014). Using Intergenerational Service-Learning to Promote Positive Perceptions about Older Adults and Community Service in College Students. *Journal of Intergenerational Relationships, 12*(1). Penick, J., Moore, L., & Stochosky, J. (Under revision) Using Intergenerational Service Learning in Teaching Adult Development. Manuscript submitted for publication: *Teaching of Psychology.* Penick, J. M. (2013, March) *The Impact of Peers and Parents on Adolescent Drug and Alchohol Use.* Poster Presentation at the ACA World Conference, Cincinnati, OH. Penick, J. M. (2011, May) *Using Intergenerational Programming for Senior Center Programs.* Invited presentation: Washington State Association of Senior Centers Annual Conference, Ellensburg, WA. Penick, J. M., Weber, R. (2011, March) *When Young Meet Old: Using Yalom's Therapeutic Factors Scale To Evaluate the Success of an Intergenerational Program.* Poster Presentation at the ACA World Conference, New Orleans, LA. Penick, J. M. (2010, February). *Using Yalom's Therapeutic Factors to Develop an Intergenerational Service Learning Program*. Paper presented at the Association for Specialists in Group Work Biennial Conference, New Orleans, LA. Roeber, C. & Penick, J. (2008, April). Meaningful Connections: Using Qualitative Methods To Assess the Benefits of Life Review in Intergenerational Service Learning. Poster Presentation at the ACA World Conference, Honolulu, HA.
Elizabeth Haviland	Brammer, R. & Haviland, L. (2015). What Google can tell us about counseling: Deciphering 10 years of internet searchers. Poster accepted for the ACA World Conference, Orlando, FL. Thesis committee member: 2014 – Alysha Green, Chelsea Rowan, Michela Dalsing, Heather Anicello; Alea Fry; Misty Lacy 2013 – Sara O'Shea, Melissa Denner, Anna Chester 2012 – Greg Lee, Kali Albin, Regina Weber

       c.   *service and advocacy (e.g., program presentations, workshops, consultations, speeches, direct service).*

The university expects full-time faculty to engage in service to the university and the profession. Table 9 describes the service activities of the Mental Health Counseling Program faculty.

Table 9:

University, Community, and Professional Service Activities of the Mental Health Counseling Faculty Members, 2008-2013

Name	Description
Robyn Brammer, Ph.D.	Washington State Association of Counselor Educators and Supervisors (WSACES). Served as secretary in 2009, President Elect in 2010, and President in 2011
	Washington Mental Health Counseling Association (Board member since 2007 through present)
	Invited speaker for the *Gender in the postmodern world.* Workshop conducted at the *Instituto Kanankil in Merida, Yucatan, Mexico*.
	Invited speaker for the 2010 Washington Free Clinic Association Annual Conference
	MHC Counseling Director
	UFC (union) Chief Steward
	Graduate council
	Associate Dean of Graduate Studies and Research
	Technology Committee
	Webmaster for the psychology department.
	Faculty Advisor: Chi Sigma Psi (of CSI)
	Faculty Sponsor: Counseling Club
	National Counseling Examination, University Coordinator
Jeff Penick, Ph.D.	Hospice Friends Board of Directors (2008 – Present)
	Director of the Meaningful Connections Program (2004 – Present)
	Co-director of the Basic Reading Across Generations (BRAG) (2010-Present)
	Psychology Department Steward for United Faculty of Central (2010 – Present)
	Search Committee for the CWU Counseling Program (2008, 2011; Chair 2011)
	Chair for Owen Pratz Scholarship Selection Committee at CWU (2006 – Present)
Elizabeth Haviland, Ph.D.	Search Committee for the CWU Counseling Program (2011, 2013)
	Owen Pratz Scholarship Selection Committee at CWU (2011 – Present)
	Shepard Symposium for Social Justice Planning

Committee (University of Wyoming; 2004-2010)
Suicide Prevention Training Facilitator (University of
Wyoming; 2006-2010)

6. *Have the authority to determine program curricula within the structure of the institution's policies and to establish the operational policies and procedures of the program.*

   Members of the Mental Health Counseling Program Committee develop the curriculum for the M.S. in Mental Health Counseling degree program. Recommended changes, which reflect best practices and accreditation guidelines, are then forwarded to the Department of Psychology for its approval. Curricular changes then proceed through the regular curriculum approval process of the university, which is described in the Section 5-10 of the University Policies Manual.

   The program committee holds an annual program review meeting in which curriculum, practicum and internship policies and procedures, and clinic policies and procedures are evaluated. Challenges are noted, and remedies proposed. Please see the recent Program Committee End of Year Reviews (2011, 2012, 2013, 2014).

X. *Administrative and curricular leadership that is sufficient for its effective operation.*

   The Department of Psychology has a full-time chairperson selected from among the faculty. Currently, Dr. Stephanie Stein, a certified school psychologist and school counselor, chairs the psychology department. The Mental Health Counseling Program Committee oversees policies and procedures related to the program. The committee meets weekly and takes an active role in program operation. The department assigns a faculty member from among the Mental Health Counseling Program Committee members to direct the M.S. Mental Health Counseling Program and releases that faculty member from five credits of teaching per year to do this work. Additional 4 credits of release are divided among two faculty members (one from the Mental Health Counseling Program Committee and one from the School Psychology Program Committee) to oversee the operation of the Community Counseling and Psychological Assessment Center (CCPAC), which serves as the practicum site for the first three of the program's practica, PSY 593A, 593B, and 593C.

   1. *A faculty member is clearly designated as the academic unit leader for counselor education who*

      Dr. Robyn Brammer chaired the Mental Health Counseling Program Committee and served as the academic unit leader (and internship/practicum coordinator) for counselor education until the submission of this report. She also co-directed the CCPAC. She was a full-time, tenured associate professor and holds a Washington State license as a mental health counselor. Beginning August 2014, Dr. Elizabeth

Haviland assumed these roles. The program director is responsible for program *coordination, receiving inquiries, making recommendations for the budget, and providing year-round leadership to the operation of the program.* As the Associate Dean of the Graduate School, Dr. Brammer had a 12-month assignment. However, according to our Collective Bargaining Agreement, faculty who do not have an administrative appointment above chair, are not permitted to have an 11 month or greater appointment. The next director of the program will receive a stipend each summer to supervise interns. This supplemental appointment assists in providing year-round operation, and it is the only option permitted by the CBA (See Article 15.4 on pages 20-21).

As we have reported earlier, the department assigns a faculty member from among the Mental Health Counseling Program Committee to direct the program and releases that faculty member from five credits of teaching per year to do this work. Additional 4 credits of release are divided among two faculty members (one from the Mental Health Counseling Program Committee and one from the School Psychology Program Committee) to oversee the operation the Community Counseling and Psychological Assessment Center (CCPAC) which serves as the practicum site for the program.

2. *A faculty member or administrator is identified as the practicum and internship coordinator for the academic unit and/or program who*

Dr. Brammer was the practicum and internship coordinator for the Mental Health Counseling program through July 2014. Dr. Haviland is the academic leader and practicum/internship coordinator from 2014/2015 forward. As required, all coordination, inquiries, and related responsibilities are handled by the internship coordinator.

For the program's practica, which take place at the Community Counseling and Psychological Assessment Center, the coordinator makes sure that students have access to an adequate number of potential clients by arranging for community marketing of the services and by arranging for the distribution of information about the services among undergraduate students. Program faculty who are supervising practicum students meet weekly to discuss cases, identify problem areas, address technological concerns, and handle paperwork issues.

For the program's internship, the coordinator works closely with the students to plan an internship experience that meets both the objectives of the internship and the students' professional goals and interests. The coordinator also assumes responsibility for contacting the potential internship sites. See the Internship Requirements section of the student handbook.

Y. *Noncore faculty*

The core courses of the program are taught either by members of the program faculty or by other members of the faculty who identify with the counseling profession. We have not had an adjunct faculty member teach one of our courses for the past three years. Dr. Haviland, who is a member of the program faculty, is a non-tenure track instructor.

Z. Clerical assistance.

Two clerical staff (Debbie Thomas and Loretta Ney) and one technician (Chris Buchanan) are assigned to the Department of Psychology. All provide support to the faculty and to the operations of the Mental Health Counseling Program. However, Loretta Ney, lead secretary, is explicitly assigned to the Community Counseling and Psychological Assessment Center (CCPAC) and provides clerical support for the clinic and program directors. She, along with graduate assistants, who are completing degrees in Mental Health Counseling or School Psychology, maintains program records, assists with scheduling clients, and provides other clerical assistance as needed. She ensures the confidentiality of all client files and manages the clinic's test library. The technicians have been particularly helpful in providing and maintaining video recording and playback equipment and in installing and upgrading computers in faculty offices and in the CCPAC.

Evaluation

AA. Systematic program evaluation indicating how the mission, objectives, and student learning outcomes are measured and met.

1. *A review by program faculty of programs, curricular offerings, and characteristics of program applicants.*

   During the annual program review meeting, program objectives are reviewed including the degree to which they are appropriately addressed in course syllabi.

   During the same annual review process, the program faculty review the successes and challenges of students, recommend revisions as necessary to application criteria, and recommend changes to the curriculum. Changes to the program and to individual courses are reviewed and approved by the psychology department, by the dean of graduate studies, and by the campus curriculum committee before they are made available to the entire university for comments.

   Please see the recent Program Assessment Reports.
   After a two-year assessment of classes in 2009 and 2010, the faculty evaluated the 2009 Standards and identified a primary course through which each standard would be measured.   This link provides a list of standards by class. You may also see the CACREP Common Core Areas by Class.

Table 10 provides the results of our assessment of student evaluations by CACREP standards for the MHC portion of the standards. The complete results are provided in the Results of Student Evaluation by CACREP Standards by cohort file.

Table 10:

Results of MHC Student Evaluation by CACREP Standards and cohort

CACREP 2009 Standard	2011 N=9	2012 N=9	2013 N=8
FOUNDATIONS			
A. Knowledge			
MH.A.1. Understands the history, philosophy, and trends in clinical mental health counseling.	3.3	3.1	2.6
MH.A.2. Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling.	3.5	3.0	TBD
MH.A.3. Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams.	3.8	3.0	3.0
MH.A.4. Knows the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling.	3.1	3.9	3.0
MH.A.5. Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision.	3.1	2.8	2.5
MH.A.6. Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.	3.2	3.0	3.0
MH.A.7. Is aware of professional issues that affect clinical mental health counselors (e.g., core provider status, expert witness status, access to and practice privileges within managed care systems).	3.4	3.0	TBD

CACREP 2009 Standard	2011 N=9	2012 N=9	2013 N=8
MH.A.8. Understands the management of mental health services and programs, including areas such as administration, finance, and accountability.	3.3	3.0	3.0
MH.A.9. Understands the impact of crises, disasters, and other trauma-causing events on people.	3.4	2.1	2.0
MH.A.10. Understands the operation of an emergency management system within clinical mental health agencies and in the community.	3.8	3.0	3.4
B. Skills and Practices			
MH.B.1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.	3.5	3.2	3.6
MH.B.2. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.	3.6	3.0	3.0
COUNSELING, PREVENTION, AND INTERVENTION			
C. Knowledge			
MH.C.1. Describes 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.	3.1	3.7	3.6
MH.C.2. Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.	3.1	3.0	3.0

CACREP 2009 Standard	2011 N=9	2012 N=9	2013 N=8
MH.C.3. Knows the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help).	3.6	3.0	3.0
MH.C.4. Knows the disease concept and etiology of addiction and co-occurring disorders.	3.1	3.0	3.0
MH.C.5 Understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.	3.3	3.0	3.0
MH.C.6. Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.	3.6	3.1	3.3
MH.C.7. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.	3.1	3.1	3.3
MH.C.8 Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.	3.3	3.9	TBD
MH.C.9 Understands professional issues relevant to the practice of clinical mental health counseling.	3.6	3.9	3.0
D. Skills and Practices			
MH.D.1. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.	3.9	3.2	3.5
MH.D.2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.	3.3	2.9	3.3
MH.D.3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.	3.4	3.3	3.4

CACREP 2009 Standard	2011 N=9	2012 N=9	2013 N=8
MH.D.4. Applies effective strategies to promote client understanding of and access to a variety of community resources.	3.1	3.0	3.0
MH.D.5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.	3.4	3.1	3.1
MH.D.6. Demonstrates the ability to use procedures for assessing and managing suicide risk.	3.6	3.0	3.4
MH.D.7 Applies current record-keeping standards related to clinical mental health counseling.	3.3	2.9	3.6
MH.D.8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.	3.4	3.0	2.8
MH.D.9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.	3.7	3.1	3.9
DIVERSITY AND ADVOCACY			
E. Knowledge			
MH.E.1. Understands how living in a multicultural society affects clients who are seeking clinical mental health counseling services.	3.4	3.0	3.0
MH.E.2. Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one's own life and career and those of the client.	3.2	3.3	3.6
MH.E.3. Understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders.	3.0	2.9	3.0
MH.E.4. Understands effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels	3.1	3.6	4.0

CACREP 2009 Standard	2011 N=9	2012 N=9	2013 N=8
to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling.			
MH.E.5. Understands the implications of concepts such as internalized oppression and institutional racism, as well as the historical and current political climate regarding immigration, poverty, and welfare.	3.1	3.1	3.5
MH.E.6. Knows public policies on the local, state, and national levels that affect the quality and accessibility of mental health services.	3.1	3.9	3.8
F. Skills and Practices			
MH.F.1. Maintains information regarding community resources to make appropriate referrals.	3.9	2.4	3.4
MH.F.2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.	3.1	3.0	3.0
MH.F.3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.	3.9	3.0	3.4
ASSESSMENT			
G. Knowledge			
MH.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.	3.2	3.5	TBD
MH.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.	3.6	3.4	TBD

CACREP 2009 Standard	2011 N=9	2012 N=9	2013 N=8
MH.G.3. Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified.	3.4	3.1	3.1
MH.G.4. Identifies standard screening and assessment instruments for substance use disorders and process addictions.	3.3	3.1	3.4
H. Skills and Practices			
MH.H.1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.	3.1	2.9	3.0
MH.H.2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.	3.4	3.4	3.4
MH.H.3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.	3.3	3.1	3.0
MH.H.4. Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.	3.1	3.1	3.4
RESEARCH AND EVALUATION			
I. Knowledge			
MH.I.1. Understands how to critically evaluate research relevant to the practice of clinical mental health counseling.	3.7	3.0	3.0

CACREP 2009 Standard	2011 N=9	2012 N=9	2013 N=8
MH.I.2. Knows models of program evaluation for clinical mental health programs.	3.6	2.9	4.0
MH.I.3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.	3.3	3.4	TBD
J. Skills and Practices	3.0	3.0	3.0
MH.J.1. Applies relevant research findings to inform the practice of clinical mental health counseling.	3.6	3.0	3.0
MH.J.2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.	3.1	3.0	3.4
MH.J.3. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.	3.4	3.0	3.5
DIAGNOSIS			
K. Knowledge			
MH.K.1. Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*).	3.7	3.3	3.6
MH.K.2. Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.	3.7	3.0	3.8
MH.K.3. Knows the impact of co-occurring substance use disorders on medical and psychological disorders.	3.4	3.1	3.0

CACREP 2009 Standard	2011 N=9	2012 N=9	2013 N=8
MH.K.4. Understands the relevance and potential biases of commonly used diagnostic tools with multicultural populations.	3.1	3.2	TBD
MH.K.5. Understands appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event.	3.4	3.2	3.4
L. Skills and Practices			
MH.L.1. Demonstrates appropriate use of diagnostic tools, including the current edition of the *DSM*, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.	3.6	3.6	3.4
MH.L.2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.	3.3	3.7	3.6
MH.L.3. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.	3.4	3.6	3.4

Note: Some scores are TBD for the 2013 cohort because these students have yet to take the course associated with this assessment.

2. *Formal follow-up studies of program graduates to assess graduate perceptions and evaluations of major aspects of the program.*

We have always taken the alumni survey very seriously. Our scores do not tend to vary much over the course of the evaluation period. Questions were scored on a 1-4, Likert-type scale, where 1 = strongly disagree, and 4 = strongly agree. For the current evaluation period, the only question that was below the "agree" level involved the library. We are working to improve that system.

Table 11:

Alumni Evaluations from 2009, 2011, and 2013

	2009	2011	2013
In general, my course work...			
is useful to me in my work	3.67	3.33	3.64
expanded my knowledge	4.00	3.67	3.82
increased my skill	4.00	3.50	3.73
met my individual needs	3.67	3.33	3.27
seemed to be based on the best current research	3.67	3.50	3.36
demanded my best efforts	4.00	3.50	3.55
prepared me to work more adequately with people of differing cultures	3.67	3.67	3.55
prepared me to work more adequately with students' special needs and/or talents	3.00	3.50	3.00
encouraged critical thinking	4.00	3.83	3.73
In general, the program's _____ was satisfactory.	3.33	3.50	3.36
acceptance process	3.67	3.50	3.55
course registration process	3.33	3.17	3.64
book purchase process	3.33	3.50	3.64
library arrangements	3.33	3.67	2.91
class sequence	3.00	3.00	3.36
classrooms	3.00	3.00	3.64
financial arrangement process	2.67	3.00	3.55
site selection for internships	3.67	3.67	3.64
Generally, the instructors...	3.67	3.50	3.18
were highly knowledgeable	3.67	3.67	3.36
were well prepared	3.67	3.67	3.73
used quality materials	3.67	3.67	3.64
treated me with respect	3.67	3.67	3.64
valued our opinions	3.67	3.83	3.64
stimulated my thinking	3.33	3.33	3.09
stretched my abilities	3.67	3.50	3.45
provided suggestions for future study	3.67	3.33	3.64
expected high quality work	4.00	3.67	3.82

3. *Formal studies of site supervisors and program graduate employers that assess their perceptions and evaluations of major aspects of the program.*

We have conducted this survey every-other-year for the past eight years. We have made significant improvements during this time, and the data have helped us redesign several classes. Overall, each of the following were addressed by one respondent: assessment skills, writing skills, multicultural competencies, strength

of program, and likelihood of hiring. It appears that we had one average student in that mix. Two supervisors were "unsure" about strengths regarding their intern's ability to adapt skills to various developmental levels. No supervisors identified any concerns.

The following graph is from the 2013 survey.
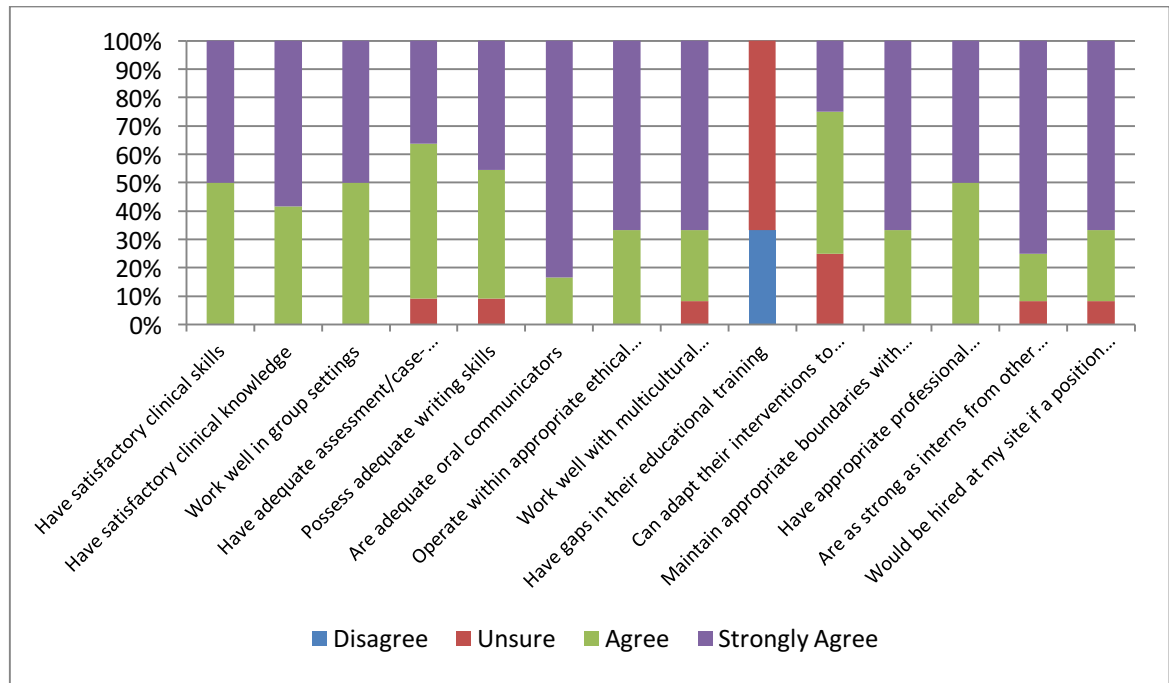
The following graphic is from the 2014 survey. Scores increased in almost every area. In the current survey, there were no areas of concern identified.
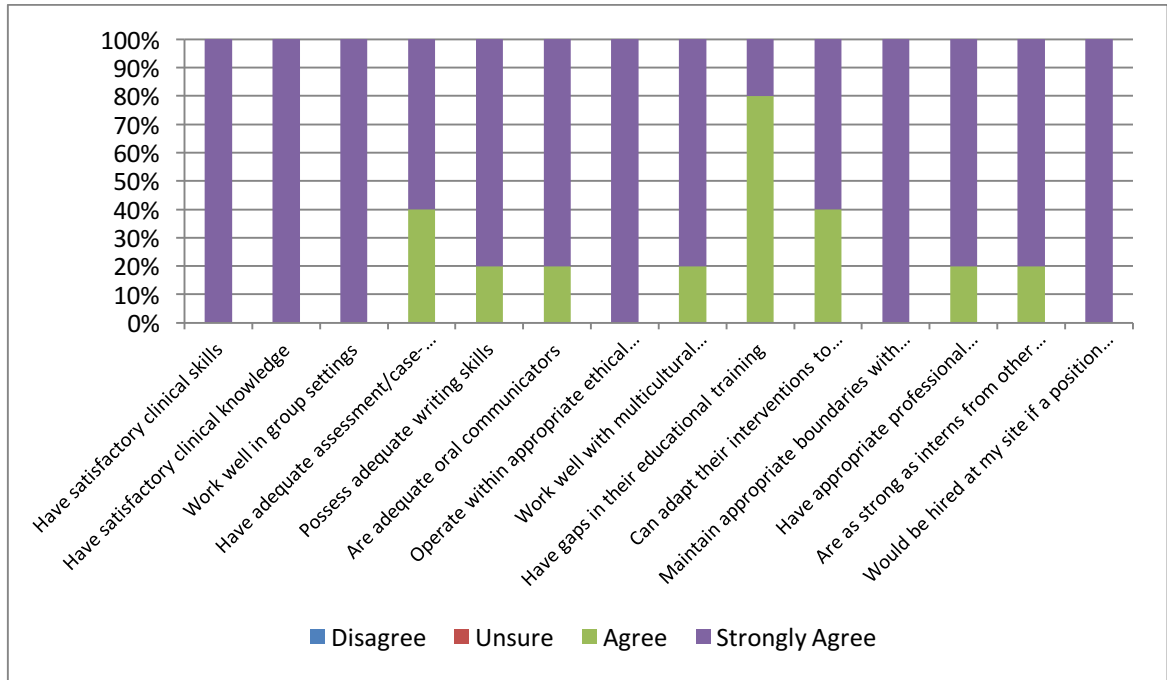
Note: Usually, we separate the employer survey from the internship supervisor survey. However, in 2013, all of the interns were hired by their internship sites. In this survey, none of the respondents indicated that they had not supervised an intern.

4. *Assessment of student learning and performance on professional identity, professional practice, and program area standards.*

Beginning fall of 2009, faculty started rating student progress on each CACREP standard in respective classes. This became part of a comprehensive database that allowed us to track students as they moved through the program. The current database contains information on all CACREP standards (for every student). Given that the CACREP standards cover professional identity and practice, we have linked our assessment to this report.

These results are provided in the Results of Student Evaluation by CACREP Standards by cohort

In addition to these scores, we also provide students with the Assessment of Candidate Progress, which was discussed earlier.

5. *Evidence of the use of findings to inform program modifications.*

Please see the recent Program Assessment Reports and Program Committee End of Year Reviews discussing the recent findings and their implementation in program changes.

Each year, we gather the assessment scores from our CACREP standards report, discuss the alumni and current student surveys, and discuss the bi-annual supervisor evaluations. Summaries of these discussions are in the Program Committee End of Year Reviews (each June). Program modifications are then reported to the department chair in our Program Assessment Reports (each December).

For example, in the 2012/2013 program assessment report, the following was addressed: **What will the department or program do as a result of that information?**

a. Hire a senior-level faculty member to help lead the program. With Dr. Brammer now half-time as associate dean of graduate studies and research, a search is underway to hire a new program director. Prior to creating fundamental changes in the program, we will wait until this person arrives.
b. Complete the CACREP self-study. Our seven-year assessment is due August 2014. This is a significant undertaking and will result in a document hundreds of pages long.
c. Continue to fill curricula holes. We are still exploring ways to fill our two electives that meet student needs without placing a burden on department resources.
d. Change the title of the program to "clinical mental health counseling." We are currently accredited by the 2001 CACREP standards. When we pass this current assessment, the new title will be required.
e. Continue to hone the assessment process. We are currently using excel files to complete class and internship reviews. We will continue to explore ways to use a more secure and manageable system. We have also had limited buy-in from some faculty, which is why we are still missing some of the data in Table 2 for the current cohort.
f. We are changing the procedure for 593A, B, C. We will no longer give incompletes. Failure to meet the requirements, even the requirements by hours, will result in the U. It will also be made clear that only one practicum class may be repeated.

6. *Distribution of an official report that documents outcomes of the systematic program evaluation, with descriptions of any program modifications, to students currently in the program, program faculty, institutional administrators, personnel in cooperating agencies (e.g., employers, site supervisors), and the public.*

Each year, the annual review of the program is posted on the Graduate School's web page: 2014 Program Review. (See https://www.cwu.edu/masters/sites/cts.cwu.edu.masters/files/documents/MHC_Prog_Review.pdf .) There is also a link from the program's web page: http://www.cwu.edu/psychology/mental-health-counseling-links

BB. *Students have regular and systematic opportunities to formally evaluate faculty who provide curricular experiences and supervisors of clinical experiences.*

Students have an opportunity to evaluate faculty at the end of each didactic course and seminar using the university-wide standardized online Student Evaluation of Instruction forms. To apply for any change of status (e.g., merit, retention, promotion, and tenure), faculty must submit results of student evaluations of instruction. Results of student evaluations of each faculty member are available in the faculty member's most recent performance review file. In addition, students use program-specific online evaluation forms to evaluate faculty supervisors of their practicum and internship experiences. Students have the opportunity to and are encouraged to evaluate faculty.

Table 12:

Evaluation of faculty practicum supervisors

	2011	2012	2013
1. clarified the ways in which I should prepare for supervision, including, e.g., when paper work should be written, how thorough video review should be, etc.	3.02	3.09	3.23
2. addressed potential student fears about supervision, emphasizing trusting members of the group, the use of non-punitive constructive feedback, etc.	3.51	3.39	3.75
3. was on time for supervisory sessions, did not cancel, reschedule, shorten supervisory sessions.	2.44	3.31	3.35
4. was willing to provide extra supervision as needed and requested by me.	3.42	3.43	3.72
5. stayed on topic during the supervisory sessions.	3.16	3.66	3.35
6. was willing to deal with unexpected client issues which arose without waiting for regularly scheduled supervisory sessions.	3.47	3.67	3.85
7. shared his or her relevant clinical experiences with me as appropriate.	3.64	3.61	3.78
8. helped me clarify both the clients' problems and the clients' goals in relation to those problems.	3.24	3.42	3.82
9. used the assessment guidelines as a teaching device rather than as a way of evaluating counselor performance.	3.38	3.49	3.54
10. discussed useful alternatives for change strategies.	3.38	3.31	3.69
11. directed me to relevant research literature, community resources, etc. as needed.	2.53	3.06	3.14
12. helped me recognize and deal with countertransference issues if they arose.	2.98	3.23	3.54
13. provided feedback on my performance that was relevant, frequent, and useful.	3.64	3.28	3.45
14. was aware of the amount of support and guidance I needed, e.g., was directive at times, supportive at times, and/or confrontive at times.	3.56	3.34	3.63
15. provided a professional model, e.g., treated the clients' problems seriously, raised pertinent ethical issues, etc.	3.51	3.61	3.88
16. treated me with respect and confidence.	3.69	3.57	3.88
17. I would rate this supervisor as…	3.64	3.59	3.69

We experienced a few scores below the 3.0 benchmark in 2011. We used the data to make adjustments to our practicum and now have all scores above our target. We are continuing to work on developing better integration of data and scientific literature in the practicums, as indicated as a need by the student reviews.

CC.   *Annual results of student course evaluations are provided to faculty.*

Results of SEOIs are shared with faculty on a quarterly or annual basis, whichever is required to ensure anonymity of students. The results of student evaluations figure heavily in reviews for change of status. Since 2012, SEOIs have been assessed digitally, and beginning fall of 2014, they will be incorporated into Faculty180 and permanently part of the faculty member's employment file. The version used prior to 2012, may be viewed here.

DD.   *Written faculty evaluation procedures are presented to program faculty and supervisors.*

The criteria and procedures for faculty evaluation are explicit and are available to all faculty. When procedures and criteria change, faculty are fully aware of the changes. Current criteria and procedures are recorded in the department and college policies and procedures manuals. Tenure track faculty members are reviewed every year during their probationary period. Their scholarly productivity, teaching, and service to the university are evaluated by the department chair and the department personnel committee. Tenured faculty members typically submit their records for similar review every year as part of the university's merit and promotion review process. At a minimum, though, tenured faculty members must be evaluated every three years.

University-wide requirements and procedures, including those that deal with faculty evaluation procedures, are recorded in the Collective Bargaining Agreement between Central Washington University and United Faculty of Central.

SECTION II -

PROFESSIONAL IDENTITY

<u>Foundation</u>

A. *Mission statement.*

The Mental Health Counseling Program's mission statement reads: "to challenge and support the professional and personal development of mental health counselors within a scientist-practitioner model."

The vision of the program is "to teach and research from a sound knowledge base; affirm diversity of ideas, values and persons; uphold the highest of ethical principles in professional conduct; and maintain partnerships with institutions and communities within the region. We strongly advocate participation in state and national counseling organizations, and adhere to the Council for the Accreditation of Counseling and Related Educational Programs (CACREP)."

The program's mission statement guides the development of program objectives and the curriculum. The mission and vision of the program are publicly available on the program's webpage and in the program's handbook. They are reviewed yearly and were last revised on April 20, 2014. The CCPAC Co-Director Quarterly Task Checklist additionally provides guidance on program events. The Community Counseling and Psychological Assessment Center Handbook contains both of the documents.

The mission statement of the program is in concert with the missions of the university, the College of the Sciences, and the Department of Psychology. The university mission statement is available online at http://www.cwu.edu/president/mission-statement. The college mission statement appears on the College of the Sciences web site (http://www.cwu.edu/sciences/), and the department's mission statement also appears online one the department's website at https://www.cwu.edu/psychology/our-departments-mission

B. *~~Diversity requirements~~ (Program Objectives)*

1. *Reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society.*

The objectives of the program are to "provide knowledge, skills, and competencies which will allow graduates to:
1. Enhance their professional identity as a mental health counselor.
2. Appreciate that advances in knowledge, skills and technology within the profession require life-long continuing education for counselors as well as monitoring and review of professional standards.

3. View human behavior, problems, and concerns from a perspective of human growth and development.
4. Utilize career assessment techniques and theoretically-based approaches to career counseling and guidance.
5. Develop Mental Health Counseling expertise through supervised practica training in a clinical setting and a 600-hour full-time internship.
6. Utilize principles of group dynamics and group facilitation skills through coursework, practica, and opportunities to participate in group experiences as a group member.
7. Affirm the significance, value, and uniqueness of all clients, especially those from marginalized ethnic, religious, gender, physical ability, sexuality, and economic groups.
8. Use measurement and evaluation procedures appropriate to the counseling profession.
9. Use research and program evaluation to guide and evaluate their counseling practice.
10. Work in a full range of Mental Health Counseling services that involve psychotherapy, human development, learning theory, and group dynamics to help individuals, couples, families, adolescents, and children. This program prepares graduates to practice in a variety of settings, including independent practice, community agencies and outreach programs, managed behavioral health care organizations, hospitals, and employee assistance programs.
11. Be knowledgeable, ethical, and skilled in their selected fields; flexible and comprehensive in their approach; adaptable to the needs of the people they serve; and effective in meeting those needs."

The objectives are available both on the program's website and in the program's handbook. They are derived from the content domains recommended by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). They are fully vetted with all program faculty, and informed by input from current and former students.

2. *Reflect input from all persons involved in the conduct of the program, including program faculty, current and former students, and personnel in cooperating agencies.*

Program faculty remain current with and active in the profession and reflect changing perspectives of the profession in program objectives and course work. Central Washington University, as a whole, strives to be respected for "global sensitivity and engagement, and a stimulating intellectual community that prepares students for lifelong learning and a diverse and changing world."

3. *Are directly related to program activities.*

Program activities correspond to objectives and provide opportunities for students to demonstrate competence with respect to them. Each objective is written in such a way that competency with respect to it can be directly assessed.

Program objectives are also reflected in the learning objectives that are included in each course syllabi. Each of the program objectives has a corresponding course (or thesis/project experience) that directly addresses the objective:
- Advocacy projects and coursework in the PSY 502, Professional Orientation Seminar, contribute to "enhancement of professional identity."
- Three levels of practica are required and help students to "develop mental health counseling expertise"
- "Measurement and evaluation procedures" are integral parts of PSY 593B, and PSY 568.

4. *Are written so they can be evaluated.*

Objectives are also written in such a way that assessment of students reveals the program's effectiveness in meeting them. For example:

- Detailed assessment of counseling skills demonstrated in practica and internship help to demonstrate students' development of counseling expertise. (See completed internship evaluation from Summer 2014)

- Tests and projects in PSY 573 (Career Development and Counseling) are designed to demonstrate students' ability to "utilize career assessment techniques and theoretically based approaches."

- Students in the 593C practicum select research articles to help guide the counseling practices that they select for each client.

Assessment results are reviewed periodically by the program committee. When evidence reveals that a threshold number of students do not master stated objectives, the program is reformed to improve outcomes. At the end of each quarter, students and professors rate each class on its adherence to the CACREP the class purposes to address. A report is created from these assessments, and program faculty address classes that need improvement.

C. *Students actively identify with the counseling profession.*

Twelve of 24 first and second year students in the mental health counseling program responded to a survey distributed in spring quarter, 2009. Results indicated that:

- In spring of 2009, 4 of the 12 students who responded held memberships in professional associations including ACA, WMHCA, WPA, and WCA. This number rose to 7 or 8 students in the 2013 cohort.
- Eight of the 12 students responding have attended a professional seminar or workshop in the last year (2008-2009). Seminars that students have attended

include: a multiculturalism seminar held on campus, diversity workshops, a multicultural town hall meeting, the WPA annual conference, and the ACA annual conference.

- Of the active 16 students (first and second year), twelve students have participated in activities in addition to course assignments that contribute to personal and professional growth in 2013-2014.
- Chi Sigma Iota. We have an active CSI chapter. In 2013, we inducted 5 students. In 2014, we inducted all eligible students. (One student will be eligible after re-taking a course—we intend to induct her with the next cohort).

Knowledge

D. *Syllabi are distributed at the beginning of each curricular experience, are available for review.*

Faculty prepare syllabi for each course in the program. Syllabi are distributed at the beginning of each class and are available on one of the university online learning systems (Blackboard or Canvas), as well as in the department office for review by enrolled or prospective students. Each syllabus identifies course objectives, an outline of course content, instructional procedures, and the required text or reading materials for the course. The manner in which student performance will be evaluated and the correspondence between evaluation and grading criteria are explicitly stated in each syllabus. Please see the syllabi for more information.

- PSY 502 Syllabus
- PSY 544 Syllabus
- PSY 552 Syllabus
- PSY 555 Syllabus
- PSY 560 Syllabus
- PSY 561 Syllabus
- PSY 567 Syllabus
- PSY 568 Syllabus
- PSY 571 Syllabus
- PSY 573 Syllabus
- PSY 574 Syllabus
- PSY 584 Syllabus
- PSY 589 Syllabus
- PSY 593A Syllabus
- PSY 593B Syllabus
- PSY 593C Syllabus

E. *Counseling-related research in teaching practice among program faculty and students.*

Faculty teaching classes in the program continuously incorporate current research findings into the classes. Following are some examples of this practice.

PSY 568 (Counseling and Assessment Strategies for Adults) includes readings on the latest research in the areas of counseling assessment, managed care, ethical and professional issues, the therapeutic relationship, culturally-competent treatment, treatment planning, and treatment and assessment of depression, suicidality, anxiety disorders, post-traumatic stress disorder, obsessive-compulsive disorder, eating disorders, drug abuse, bipolar disorder, personality disorders, and schizophrenia (among others).

PSY 567 (Counseling and Assessment of Children and Adolescents) incorporates the current research regarding assessment, treatment, and ethical issues in the counseling of children and adolescents.

The theoretical portions of the practicum classes (593A, B, and C) refer to the current research in the areas of providing counseling services, building of therapeutic relationships, and effective use of supervision. These practica courses also have didactic elements that are updated regularly and connected with programs in the community. For example, two seminars from the PSY 593C course involve meeting with local leaders. The students meet with the director of ASPEN (Abuse Support and Prevention Education Now), who provides a two-hour lecture on the best practices for working with victims of abuse. We also have a three hour lecture with the leaders of Sundown Ranch (a dual diagnosis treatment facility); the lecture involves data from the year and how they are using the data to shift their model of care.

F. *Infusion of technology in program delivery and technology's impact on the counseling profession.*

The clinical instruction environment in the program's clinic (CCPAC) includes, among other things:

- 2 soundproofed group counseling rooms, equipped with a computer, 1-way observation windows, TV monitoring system, and digital videotaping equipment
- 9 soundproofed individual counseling/testing rooms, equipped with a computer, 1-way observation windows, TV monitoring system, and digital videotaping equipment
- 2 soundproofed rooms for individual/triadic supervision equipped with a computer and video playback and digital video recording equipment
- 1 rooms for equipment storage, containing 3 TV sets, 2 VHS players, 1 DVD player, 1 laser disk player, and 1 overhead projector
- 1 room for session monitoring through the TV monitoring system
- 1 Clinic faculty room for paperwork review equipped with 2 computers

- A "computer room" with six computer stations for case-related word processing: intake and testing summaries, progress notes, etc.
- Each of the mental health counseling graduate students receives a personal hard drive, which is used for storage of their paperwork and videotaping and storage of the counseling sessions
- Overall, the clinic contains 24 computers that may be used by the students for working on case-related word processing and 1 Macintosh computer primarily used for session scheduling and Internet

The Psychology Department also employs a full-time computer technician to assist with any troubleshooting.

PSY 568 (Counseling and Assessment Strategies for Adults) among other things reviews technology issues in counseling, including the use of ethical and logistical factors in the use of mobile phones and computers as psychotherapy augmentors, counseling over the internet, web-based digital portfolios, development of appropriate technology skills by counselors, computer-based counselor education, and computer-based supervision.

G. *Common core curricular experiences and demonstrated knowledge in each of the eight common core curricular areas are required of all students in the program.*

For a list of program classes arranged by the common core requirements they satisfy, please see CACREP Common Core Areas by Class

1. PROFESSIONAL ORIENTATION AND ETHICAL PRACTICE—studies that provide an understanding of all of the following aspects of professional functioning:

   - PSY 502 Professional Orientation
   - PSY 589 Professional and Ethical Issues

2. SOCIAL AND CULTURAL DIVERSITY—studies that provide an understanding of the cultural context of relationships, issues, and trends in a multicultural society, including all of the following:

   - PSY 574 Multicultural Counseling

3. HUMAN GROWTH AND DEVELOPMENT—studies that provide an understanding of the nature and needs of persons at all developmental levels and in multicultural contexts, including all of the following:

   - PSY 552 Human Growth and Development

4. CAREER DEVELOPMENT—studies that provide an understanding of career development and related life factors, including all of the following:

- **PSY 573 Career Development**

5. HELPING RELATIONSHIPS—studies that provide an understanding of the counseling process in a multicultural society, including all of the following:

    - **PSY 560 Theories/Practice of Counsel**
    - **PSY 571 Counseling for Relationships and Families**
    - **PSY 593A Introductory Practicum in Counseling**
    - **PSY 593B Practicum in Counseling Goal Setting and Treatment Planning**
    - **PSY 593C Advanced Practicum in Counseling**
    - **PSY 681A Mental Health Counseling Internship**
    - **PSY 681B Mental Health Counseling Internship: Advanced**

6. GROUP WORK—studies that provide both theoretical and experiential understandings of group purpose*,* development, dynamics, theories, methods, skills, and other group approaches in a multicultural society, including all of the following:

    - **PSY 561 Group Counseling**
    - **PSY 681A Mental Health Counseling Internship: Group**

7. ASSESSMENT—studies that provide an understanding of individual and group approaches to assessment and evaluation in a multicultural society, including all of the following:

    - **PSY 544 Tests and Measurements**
    - **PSY 584 Behavior Disorders and Psychopathology**
    - **PSY 567 Counseling and Assessment: Children and Adolescents**
    - **PSY 568 Counseling and Assessment: Strategies for Adults**
    - **PSY 593B Practicum in Counseling - Goal Setting and Treatment Planning**

8. RESEARCH AND PROGRAM EVALUATION—studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following:

    - **PSY 555 Design and Analysis for Applied Research**
    - **PSY 700 Graduate Thesis**

Students are assessed in each of the CACREP core areas. The results of these assessments are provided in <u>Results of Student Evaluation by CACREP Standards by cohort</u>.

**SECTION III -
PROFESSIONAL PRACTICE**

Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community.

Supervisor Qualifications And Support

A. *Program faculty members serving as individual or group practicum/internship supervisors.*

   1. A doctoral degree and/or appropriate counseling preparation, preferably from a CACREP-accredited counselor education program.

      For the review period, there were three primary supervisors working with the students in the Mental Health Counseling Program: Robyn Brammer, Jeff Penick, and Elizabeth Haviland.

      Dr. Brammer earned her Ph.D. in Education (Counseling Psychology) from the APA-accredited program at the University of Southern California in 1996. Dr. Brammer's program was a "counseling" program for 4 of the 5 years she attended. Chi Sigma Iota accepted her petition to be designated a "counseling" graduate in 2008. Dr. Brammer has been a full-time faculty member in the Mental Health Counseling program at CWU since 2006.

      Dr. Penick received his Ph.D. in Counseling Psychology from the APA-approved program at Georgia State University in 1997.

      Dr. Haviland received her Ph.D. in Counseling Psychology from the APA-accredited program at Washington State University in 2001.

      Dr. Maribeth Jorgensen (who taught in the program from 2012-2013) received her doctorate in Counselor Education and Supervision (CACREP Accredited) from the University of South Dakota in 2012.

      Dr. Meaghan Christine Nolte (who begins teaching in the program in 2014) received her doctorate in Counselor Education and Supervision (CACREP Accredited) from the University of Wyoming.

   3. Relevant experience and appropriate credentials/licensure and/or demonstrated competence in counseling.

      Dr. Brammer (who left the program in July 2014) is a Licensed Mental Health Counselor in the state of Washington. She has worked as a Licensed Mental

Health Counselor in private practice since 1997. In 1996 she completed a counseling psychology internship. Between 1992 and 1993, she completed her counseling practica.

Dr. Penick is a Licensed Mental Health Counselor in the state of Washington. His counseling experience includes providing counseling as a mental health assistant (1985-1988), health promotion coordinator (1985-1988), emergency mental health on-call services specialist (1989-1992), counselor (1988-1992), and psychology intern (1996-1997).

Dr. Haviland is a Licensed Psychologist in the state of Washington. Her counseling experience includes providing counseling as a career counselor (1994-1997), counseling assistant (1997-1998), predoctoral intern (1998-1999), career development counselor (1997-2003), psychology post-doctoral resident (2003-2004), mental health counselor (2004-2007), psychologist (2007-2010), and mental health provider (2003-2006, 2009-2010).

4. Relevant supervision training and experience.

Dr. Brammer received her supervision training in the Education (Counseling Psychology) Ph.D. program at the University of South California. She has been a supervisor in the CWU Mental Health Counseling Program since 2002.

Dr. Penick received his supervision training in the Counseling Psychology Ph.D. program at Georgia State University. He has worked as a supervisor in the CWU Mental Health Counseling Program since 1997. His previous supervisory experience includes acting as a counseling practicum supervisor at GSU (1993).

Dr. Haviland received her supervision training in the Counseling Psychology Ph.D. program at Washington State University. Her supervisory experience includes providing counseling supervision at CWU (1993-1994) as a graduate assistant; WSU Counseling Services (1997-1999); WSU Career Services (1997-2003); and UW University Counseling Center (2003-2010). She has worked as a supervisor in the CWU Mental Health Counseling Program since 2010.

B. *Students serving as individual or group practicum student supervisors.*

In the CWU Mental Health Counseling Program only faculty supervise the 593A, 593B and 593C clinical practica. During the first practicum (593A) a second-year graduate student assists with micro-skill training, but they do not supervise students.

1. Have completed a master's degree, as well as counseling practicum and internship experiences equivalent to those in a CACREP-accredited entry-level program.

2. Have completed or are receiving preparation in counseling supervision.

3. Be supervised by program faculty, with a faculty-student ratio that does not exceed 1:6.

C. *Site supervisors.*

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.

   As per the program's requirements, site supervisors need to be a Licensed Mental Health Counselor or a related professional (e.g., Licensed Psychologist, Licensed Clinical Social Worker) A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.

2. As noted above, site supervisors need to be licensed mental health professionals. As per Washington State Credentialing Requirements, Licensed Mental Health Counselors need to have 2-3 years of post-master's supervised counseling experience. Requirements for the related professionals (e.g., Licensed Psychologists, Licensed Clinical Social Workers) are similar in the state of Washington.

3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.

   The program's expectations, requirements, and evaluation procedures are outlined in the Supervision Agreement form, which site supervisors sign before the internship begins.

4. Washington Administrative Code (WAC) WAC 246-809-234 stipulates requirements for counselor supervisors (http://apps.leg.wa.gov/WAC/default.aspx?cite=246-809-234):
   a. The approved supervisor must hold a license without restrictions that has been in good standing for at least two years.
   b. The approved supervisor must not be a blood or legal relative or cohabitant of the licensure candidate, licensure candidate's peer, or someone who has acted as the licensure candidate's therapist within the past two years.
   c. The approved supervisor, prior to the commencement of any supervision, must provide the licensure candidate a declaration, on a form provided by the department, that the supervisor has met the requirements of WAC 246-809-234 and qualify as an approved supervisor.
   d. The approved supervisor must have completed the following:
      i. **A minimum of fifteen clock hours of training in clinical supervision** obtained through:
         1. A supervision course; or
         2. Continuing education credits on supervision; or

> 3. Supervision of supervision; and
>> ii. Twenty-five hours of experience in supervision of clinical practice.
>> iii. When supervisors lack this training, we provide individual training for the supervisor to reach this level of competency.
> e. The approved supervisor shall have full knowledge of the licensure candidate's practice activities including:
>> i. Recordkeeping;
>> ii. Financial management;
>> iii. Ethics of clinical practice; and
>> iv. The licensure candidate's backup plan for coverage in times when the licensure candidate is not available to their clients.
>> v. Applicants whose supervised postgraduate experience began before September 30, 2006, are exempt from the requirements of subsection (d) of this section.

D. *Supervisor orientation, assistance, consultation, and professional development opportunities.*

A supervisor's package is delivered to all supervisors. In addition, the faculty supervisor schedules onsite visits, and instruction is provided regarding the nature of supervision, the models use, the requirement for having audio or video available, the requirements for on-site and group supervision, and the expectations for the supervisor.

In addition, the program sponsors the annual convention of the Washington State Association of Counselor Educators and Supervisors. Supervisors are encouraged to attend this meeting, and CEUs are available.

E. *Supervision agreements.*

Please see the program's internship Supervision Agreement form. These are collected at the beginning of each internship for each student and supervisor. Students with multiple supervisors must have multiple supervision agreements. In addition to this contract with the supervisor, there is a contract between the site and the university. Here is a sample site agreement.

Practicum

F. *Students must complete supervised practicum experiences that total a minimum of 100 clock hours over a minimum 10-week academic term.*

Please consult the syllabi for 593A, 593B, and 593C.

1. At least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.

Over the three practicum quarters, students in the program spend a minimum of 56 hours working with clients in the Community Counseling and Psychological Assessment Center (14 in 593A, 22 in 593B, and 20 in 593C).

2. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by a program faculty member, a student supervisor, or a site supervisor who is working in biweekly consultation with a program faculty member in accordance with the supervision contract.

   During each of the three quarters of practicum, students get a minimum of one hour of individual or triadic supervision by one of the supervising faculty.

3. An average of 1 1/2 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member or a student supervisor.

   During each of the practicum quarters, students receive a minimum of two hours of weekly group supervision by one of the faculty supervisors.

4. The development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients.

   Students record each client session with the help of the cameras, microphones, and computers installed in each of the client rooms. These recordings are reviewed during individual/triadic and group supervision sessions.

5. Evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum.

   Throughout the 593A, 593B, and 593C practica, students are regularly evaluated on their counseling performance. Please see the Assessment of Student Progress Form and the Supervisor's Assessment of Student Progress Form.

Internship

G. *The program requires completion of a supervised internship in the student's designated program area of 600 clock hours.*

   Please see the syllabus for PSY 681A&B provided in the Student Handbook.

1. At least 240 clock hours of direct service, including experience leading groups.

   In the Mental Health Counseling program, the clinical internship takes place over two classes: 681A and 681B.

The part-time group internship 681A, which takes place during the Winter quarter of students' second year in the program, is explicitly focused on providing students the opportunity to receive experience leading groups and preparing students for the full-time internship. Students lead groups either at external internship sites or in the Community Counseling and Psychological Assessment Center. Students lead 20 hours of group time over a 10-week quarter. Every week students receive 2 hours of supervision.

Students usually start their full-time internship (681B) at a mental health agency in the Spring quarter of their second year. During the internship, students are required to complete no fewer than 600 internship hours, at least 240 of which must be client contact hours.

2. Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the internship, usually performed by the onsite supervisor.

   One of the internship (681B) requirements is that students receive an hour of weekly, on-site supervision.

3. An average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member.

   During internship (681B) students receive 90 minutes of group supervision conducted by a Mental Health Counseling program faculty member (for the review period, Dr. Robyn Brammer; for the site visit, Dr. Elizabeth Haviland).

4. The opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).

   During the part-time internship (681A) supervision, the following topics are addressed:
   - Week 1: Preparing for graduation (folder checks)
   - Week 2: Paperwork required for internship
   - Week 3: Group interventions. Come prepared to discuss the uniqueness of your group internship and what skills you are learning that may be useful for other contexts.
   - Week 4: Preparing for full-time internship (e.g., notifying department of assistantship resignation, applying for certification as counseling associate or emergency cert, etc.)
   - Week 5: Methods of handling various group counseling settings
   - Week 6: Online counseling and consultation (we will engage in online consultation in 681B)

- Week 7: Finding your voice as a counselor. Everyone has unique strengths. During this quarter, we will find yours through case presentations, role plays, and other methods.
- Remaining weeks. Come prepared each week with any concerns regarding:
    o Ethical Issues
    o Handling crises during internship (including suicide)
    o Staffing issues (see following pages for the form)

During the advanced, full-time internship (681B), students engage in the following:

A. Knowledge of the agency's organization and operation:

Students develop a broad understanding of the organizational framework of the agency. Because it is important for a counselor to be well integrated into the entire agency system, students increase their understanding of the organization of the agency system. Knowledge of policies and personnel practices combined with the role and function of staff personnel must be understood. The kinds of experiences that enable students to meet this objective include:

- attending staff meetings both formally and informally;
- attending other meetings held by various staff;
- attending at least one agency board meeting;
- talking with agency directors who visit practica classes to describe the mission/goals of their agencies;"
- studying the agency's policy and procedures manual; and
- becoming knowledgeable of the various agency committees that operate on a formal and informal basis.

B. Familiarization with the role and function of the counselor:

It is important that students become aware of the diverse activities that counselors are involved in within the agency and outside of the agency. The kinds of experiences that enable students to meet this objective include:

- being aware of the office and clerical procedures involved with counseling services;
- discussing with counselors their role and function in specific agency settings;
- discussing the organization and administration of the services provided by the agency with the appropriate directors or supervisors;
- observing counselors provide services in as wide a variety of different situations as possible;
- visiting neighboring agencies in order to determine how services are provided by them;

- attending state and local professional meetings that attract large numbers of counseling staff.

C. Effective utilization of community resources:

While students become aware of services provided by agency counselors, it is also important that an awareness of the variety of services offered to the clients by other professionals outside of the agency be developed. The kinds of experiences that enable students to meet this objective include:

- visiting various community organizations that provide services to clients. These could include child guidance clinics, child welfare agencies, family service agencies, juvenile courts, residential treatment centers, city and county health departments, and other mental health agencies;
- working cooperatively with community agencies and facilities;
- becoming familiar with state and federal services and programs, including vocational programs, employment services, regional programs for mental health, alcohol programs and drug programs; and
- attending conferences with representatives of community agencies and client/consumer groups.

D. Development of communication and consultative skills and the ability to engage in teamwork efforts:
Students communicate and participate as members of a team of professional specialists representing a wide variety of skills, training philosophies, and modes of operation. Experiences that enable students to meet this objective include:
- participating in formal case conferences as a member of a Multi-disciplinary Team;
- meeting both formally and informally with other providers;
- developing skills in dealing with customary channels of communication and consultation procedures;
- participating in in-service training programs for staff;
- participating in inpatient individual and group therapy; and
- if possible, carrying an outpatient client load.

E. The development of skills in assessment and counseling intervention:
Students get experience in the evaluation of clients presenting a wide variety of learning and/or behavior problems that will necessitate the use of a number of specific counseling interventions. Skills should be developed in identifying factors that influence behavior. Students learn to obtain and utilize information from a wide variety of sources in order to identify the clients' area(s) of difficulty. Once the information has been collected, students learn to communicate in a clear and concise manner the information that has been

obtained so that suggestions and a prescription for remediation or a treatment plan can be made. The kinds of experiences that enable students to meet this objective include:
- observing a variety of clients that the agency serves;
- participating in formal staff conferences;
- meeting formally and informally with staff to discuss individual cases;
- attending in-service training programs;
- observing and/or conducting intake sessions with clients; and
- attending ITA and other legal or quasi-legal hearings.

F. The development of skills, strategies, and interventions:
While it is important for the counselor to be able to assess the abilities and behaviors of a client within the agency system (with consultation), is also important that students develop the skills and strategies necessary for developing and implementing an intervention program to meet the needs of these clients. While accurate evaluation is essential, proper intervention is imperative. The kinds of experiences that enable students to meet this objective include:
- reviewing medical/psychological reports in which staff specialists have made specific recommendations to remediate the problem(s) of the client;
- attending staff conferences where specific recommendations are made, including the prescription of medication, to determine their respective positive and potential negative effects;
- identifying sources to obtain intervention strategies that can be utilized in the future;
- following up a variety of clients with different needs in order to determine the effectiveness of prescribed intervention procedures;
- preparing and presenting (if possible) materials which would be helpful to the staff (and perhaps parents, spouses, etc.) in understanding the client's problem; and
- providing individual and group counseling to clients who have been identified as in need of such services.

G. The development of skills in research and evaluation (research and personal and professional qualities):
While typically students do not have an overabundance of time to spend in the area of research and evaluation, it is important for them to determine how these skills could be effective. Experiences that enable students to meet this objective include:
- participating in on-going research or evaluation studies within the agency setting;
- reading periodicals pertaining to research studies and interpreting the findings to your supervisors and peers;
- developing a systematic self assessment of your own effectiveness;

- writing a master's thesis.

H. Development of an awareness of ethical considerations and legal aspects in counseling:

Students acquaint themselves with accepted ethical and professional practices and with legal aspects of counseling functions. Experiences that enable them to meet this objective include:

- attending and participating in meetings concerned with ethics, legal issues, social issues, and financial (funding) concerns;
- reading sections from current professional publications on developments, trends, and issues in the field of mental health counseling; and
- discussing with staff members matters related to the client's rights to privacy and confidentiality.
- consulting, as appropriate, with other professionals regarding ethical questions and dilemmas you may encounter in the course of your work with the agency.

I. Development of multicultural competencies within the framework of your experience at the agency:

Students continue developing their multicultural competencies of awareness of their own cultural background and assumptions, understanding the worldview of the culturally different client, and knowledge of culturally appropriate assessment and intervention strategies. Experiences that enable students to meet this objective include:

- attending and participating in staffings and other discussions relevant to work with clients of diverse cultural backgrounds.
- attending and participating in staff in-service trainings related to cultural competency
- carrying a diverse caseload, and including cultural considerations in supervision of your work
- attending and participating in continuing education and other educational experiences available to professional counselors
- reading and presenting to staff at the agency appropriate professional literature related to culturally competent counseling services
- In addition to the course ratings for students on multicultural competencies, these areas are also assessed in the internship. Internship supervisors rate interns on the following scales:
  - o D.2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.
  - o F.1. Maintains information regarding community resources to make appropriate referrals.
  - o F.2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.

o F.3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.
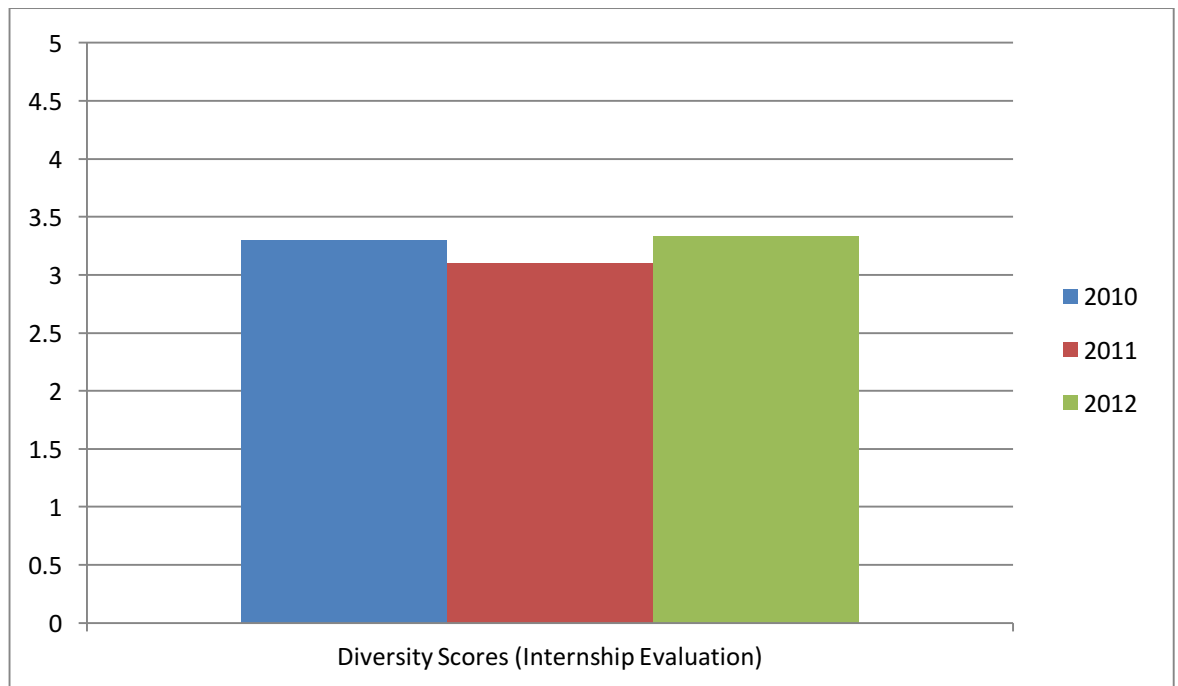
- Scores for the candidates admitted in 2013 will be available in fall of 2015. The data for the past three years indicates that candidates are highly regarded in their multicultural competencies (with a score of "3" being "good" and "4" being "excellent."). As indicated below, the lower score from the 2011 cohort was due to one student's scores. Those were addressed in remediation.

5. The opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of his or her interactions with clients.

   The Department of Psychology provides hardware, software, equipment, and consumable items, including video recording and playback equipment, computer workstations, personal hard-drives to record practicum activities, testing materials, and computing supplies. The department also has a full-time computer consultant, who designed (and maintains) our video monitoring system. We recently purchased a system to provide ambient white noise outside the clinic interview rooms for enhanced confidentiality. We also received grants to upgrade our monitoring equipment from analog to digital and to purchase bigger computer screens and play therapy equipment for the clinic.

   For counseling students, the Department provides 13 workstations in the clinic (CCPAC), primarily for preparing video review notes. An additional 11 workstations located in the clinic rooms may be used for clinic notes as needed.

These computers are not connected to a network to insure confidentiality. Instructions to students on the appropriate and confidential use of the CCPAC computers is posted in the CCPAC computer lab.

- o During this part-time internship, students attend weekly classes as well as supervision. One of the topics during this class involves online counseling and consultation. This class takes place in a distance education room, where simulated consultations occur. In 681B (Mental Health Internship: Advanced) students make formal staffing presentations and involve the video participants in the process. The ethics involved with such actions are discussed thoroughly. Client names are always pseudonyms, and security of transferring such information is described in detail. Dr. Brammer was a former systems technician and was involved with Sterling Software's early construction of the internet. She has also served as an operations analysis manager and was in charge of network security. Topics from these work experiences are brought into the discussion of online consultation and counseling, and students learn about how to protect their clients as these digital services become more available. Dr. Haviland has worked closely with our systems technician to find ways to update these systems even further.
- o Another use of technology involves our recently upgraded digital video system. Students in all practica are required to insert media marks into key components of their session. They also use this system to tag certain sections with notes/comments, and to write progress notes and treatment plans. All digital sessions are reviewed within the group supervision meetings, and students must conduct staffing sessions using their recorded materials. The digital system is stored on a private network, and students learn about HIPAA requirements regarding storage of client information.
- o Students are also required to download information from our web sites. All internship documents are stored online. During internship, students must also receive a Blackboard Collaborate ID and interact with the processor during chat sessions.

6. Evaluation of the student's counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship by a program faculty member in consultation with the site supervisor.

During 681A (Part-time group internship), students receive two hours of supervision by faculty, during which their counseling performance is evaluated.

See the relevant section of the student handbook.

During 681B (Full-time internship), students receive an hour of weekly on-site supervision and an hour and a half of weekly group supervision, during which students' counseling performance is evaluated.

See the relevant section of the student handbook.

Also, see the Supervision Agreement form, which describes students' and supervisors' responsibilities during internship.

At the end of 681A (part-time group internship), students fill out the 681A Self-Evaluation Form, where they evaluate their counseling performance using specific evidence from the counseling sessions they have lead. Also, at the end of 681A the site supervisor fills out the 681A Site Supervisor's Evaluation Form and evaluates the student's counseling performance across a variety of dimensions. At the end of 681B (full-time internship), students fill out the 681B Candidate Self-Evaluation Form, where they evaluate their counseling performance using specific evidence from the counseling sessions they have lead. At the end of 681B site supervisors fill out a 681B Site Supervisor's Evaluation Form, where they evaluate students' counseling performance with respect to specific CACREP standards.

In assessing the mental health counseling CACREP standards, we used a two-dimensional assessment. Students were evaluated regarding both knowledge and skills in their coursework. They were again evaluated from their skills during internship.

The following were assessed during PSY 681B, which is the final internship in the sequence.

Table 13:

Internship Evaluation of Students by CACREP Standards by Cohort

	2012	2013
FOUNDATIONS		
B. Skills and Practices		
B.1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.	3.38	3.71
B.2. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.	3.75	3.00
COUNSELING, PREVENTION, AND INTERVENTION		
D. Skills and Practices		
D.1. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.	3.38	3.29
D.2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.	3.00	3.29
D.3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.	3.13	3.57
D.4. Applies effective strategies to promote client understanding of and access to a variety of community resources.	3.13	2.86
D.5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.	3.25	3.43
D.6. Demonstrates the ability to use procedures for assessing and managing suicide risk.	3.38	3.60
D.7. Applies current record-keeping standards related to clinical mental health counseling.	3.38	3.57
D.8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.	3.50	3.33
D.9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.	3.13	3.86
DIVERSITY AND ADVOCACY		
F. Skills and Practices		

	2012	2013
F.1. Maintains information regarding community resources to make appropriate referrals.	2.88	3.50
F.2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.	3.25	3.25
F.3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.	3.25	3.29
ASSESSMENT		
H. Skills and Practices		
H.1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.	4.00	3.57
H.2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.	3.38	3.29
H.3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.	3.25	3.14
H.4. Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.	3.25	3.20
RESEARCH AND EVALUATION		
J. Skills and Practices		
J.1. Applies relevant research findings to inform the practice of clinical mental health counseling.	3.38	3.29
J.2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.	3.00	3.50
J.3. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.	3.75	3.00
DIAGNOSIS		
L. Skills and Practices		
L.1. Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.	3.38	3.17
L.2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.	3.75	3.33

	2012	2013
L.3. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.	3.75	3.50

After receiving a low score from the 2012 cohort in F.1. (Maintains information regarding community resources to make appropriate referrals), we were successful in addressing this concern. The 2013 cohort not only met the target 3.0, they exceeded it with an average score of 3.5.

However, the 2013 cohort did receive one score below target: D.4. (Applies effective strategies to promote client understanding of and access to a variety of community resources). We continue to explore ways to build an understanding of community resources.

We continue to use data to create the best possible Clinical Mental Health Counseling program, and we are excited about the next phase of our development. With two new faculty coming, we are ready to continue pushing the boundaries and building upon the success we have already had.