Department of Counseling

Student Outcome Assessment

for

Master’s Programs

In

Counseling Psychology

Marriage and Family Therapy

School Counseling

Student Affairs Administration

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Introduction

Members of the Department of Counseling have been developing and conducting ongoing evaluation strategies for several years that include the evaluations of program context, program design and inputs, program process and student learning outcomes.

The student outcome assessment and program enhancement needs of each specialty program are addressed in unique ways, but the core practices, as defined by the eight core areas from the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) are similar across the programs. Core curriculum evaluations reflect common CACREP program components and program standards, employing similar strategies. Evaluations in the four Master’s programs reflect unique program components, student learning outcomes and program standards. The integration of these two types of evaluations is central in our evaluation strategy in the Department.

The following five global student learning outcomes have been identified by members of the Department of Counseling as central to our mission and objectives. The five outcomes listed in this document include reference to standards promulgated for all programs by CACREP and by other organizations which have promulgated standards for professional preparation. These standards specifically articulate program design and student learning outcomes in specialty areas. Specific student learning outcomes for each of the four Master’s programs are articulated in the Appended CACREP Standards used for self-study and accreditation.

<table>
<thead>
<tr>
<th>Program</th>
<th>Standards used</th>
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<tbody>
<tr>
<td>Counseling Psychology MS</td>
<td>CACREP</td>
</tr>
<tr>
<td>Marriage and Family Therapy MS</td>
<td>CACREP, Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE)</td>
</tr>
<tr>
<td>School Counseling MEd</td>
<td>CACREP, Indiana Public Standards Board (IPSB)</td>
</tr>
<tr>
<td>Student Affairs Administration</td>
<td>CACREP, Council for the Advancement of Standards (CAS).</td>
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</tbody>
</table>

The knowledge and skills necessary for professional counselors and student affairs professionals have been outlined by professional organizations. We have summarized these outcomes into the following five points.

- The student will demonstrate the knowledge criteria articulated in the appropriate CACREP, AAMFT, IPSB, CAS and other standards.

- The student will demonstrate the skill criteria articulated in the appropriate CACREP, AAMFT, IPSB, CAS and other standards.

- The student will demonstrate knowledge and use of appropriate professional ethics.
• The student will demonstrate knowledge and skill in working with diverse individuals, groups, families and organizations.

• The student will participate in professional activities, such as attending professional meetings, publishing papers, and conducting presentations.

Program Missions

Counseling Psychology

The purpose of the master's degree program in counseling psychology is to provide the highest quality training in professional counseling and mental health service delivery. Emphasis is on training for professional practice at the master’s level but the program also serves as the first step for those interested in pursuing doctoral study in counseling psychology. Careful attention is paid to those values which support our approach to training in counseling psychology. Those values can be divided into two domains. Scientific conceptualization — which is a commitment to scientific investigation, a psychological approach to problem solving, and critical thinking; and Interpersonal values which support and inform relationships with others, including compassion, self-awareness, genuineness, a commitment to justice, and a authentic appreciation for diversity. The program's philosophy of training is student-centered and developmentally based.

Marriage and Family Therapy

The MFT program is designed to develop counselor/therapists for agencies, hospitals, medical clinics, residential schools and increasingly school-related settings for work with children, adolescents, families and couples. The goal is to increase the number of MFT license eligible quality therapists who are capable of working with life-span developmental issues encountered in an increasingly significant number in the population.

The Marriage and Family Therapy program trains counselors/therapists to deal with mental health, life adjustment and relational issues from a brief, interactional perspective. The methods employed are demonstrably effective treatment methodologies that are demanded by managed care markets and lawmakers across the political spectrum.

Student Affairs Administration
The mission of Indiana State University's Student Affairs Administration program is three fold:

1. Educational - to provide a forum for students where learning, educational discussions and development can occur.
2. Experiential - to promote leadership opportunities and experiences for our students through assistantships, Field Work classes, volunteer work, and interaction with student affairs professionals.
3. Personal - to promote an environment where students have the opportunity to explore individual interests, self analyze, and develop personal strategies to manage one's own strengths.

Through interactions with students, classes, field work experiences, assistantships and co-curricular activities, students become independent learners, taking responsibility for their own education. Graduate students are young professionals who lack a fully developed skill and knowledge base. Supervised professional practice experiences are designed to develop this skill and knowledge base.

School Counseling

The School Counselor program seeks to educate prospective school counselors for the 21st century as advocates and agents of change who are capable of assessing, developing, implementing, and sustaining programs for youth which will enable them to become full participants in our diverse society.

We believe that school counselors play an important role in the creation of an educational environment which fosters the stated beliefs. School counselors are in the unique position to understand the needs of students and their families and to design and coordinate learning experiences to meet those needs. They are accountable for services to students, parents, and teachers and are knowledgeable concerning comprehensive school counseling programs. They are committed to quality educational opportunities and foster high achievement for all.

The School Counselor Program at Indiana State University will provide a variety of opportunities in which students will gain knowledge and experience in:

- applying an understanding of educational, political, economic, systemic and psychosocial forces in the development of programs to meet the diverse needs of society, the community and the individual learner, whether in a rural or urban community;
- developing collaborative programs based upon student needs among
schools, community, business, industry and government;
- applying an understanding of the needs of low-income, minority, and at-risk students and their families in the development of programs and activities designed to "close the achievement gap;" and,
- applying a global perspective to the career and life planning needs of all students and their families.

This vision will become a reality when the school counselors, particularly graduates of the School Counselor Program at Indiana State University, have 100% of their students:

- achieve appropriately in a rigorous course of study
- have a variety of caring individuals who are actively involved in their education
- aspire to and experience success in post-secondary educational experiences

Intended Student Learning Outcomes

The student learning outcomes below provide the basis for evaluating the four counselor education programs in Counseling Psychology, Marriage and Family Therapy, School Counseling and Student Affairs Administration. The learning outcomes are based on the CACREP model.

1. Students will develop a knowledge base relevant to their profession.

2. Students will develop knowledge and skill relevant to scholarly activity research and inquiry.

3. Students will develop knowledge of diversity in their academic career at ISU.

4. Students will develop appropriate clinical knowledge and skills.

5. Students will develop knowledge of professional ethics and standards and apply these ethics and standards.

6. Students will develop an appropriate professional identification.

The tables below outline specific assessment tools, data collection, analysis for research and creativity activities, and using the results for program enhancements for all the programs in Counseling Psychology, Marriage and Family Therapy, School Counseling and Student Affairs Administration.
### Students will develop a knowledge base relevant to their profession.

<table>
<thead>
<tr>
<th>Assessment Methods and Tools</th>
<th>Data Collection Methodology and Time Line</th>
<th>Analysis for Research/Creative Activity (Graduate Program)</th>
<th>Using the Results for Program Enhancement</th>
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| • In-class examinations, papers, projects, and final examinations. | • Semester based faculty evaluations of class work.  
• Annual review of student performance by Program Committee. | • Annual review of student performance relevant to scholarly activity and research by Program Committee. | • Annual review of program effectiveness by CACREP Committee and Program Committees. |
| • Student portfolios for SG, SAA | • Annual examination of portfolios for each graduating students. | • Annually evaluated for evidence of scholarly activity and research by Program Committee. | • Multi-year reviews to enhance program content. |
| • Counselor Preparation Comprehensive Exam (CPCE) Exam for MCP | • Annual administration of the CPCE for graduating students | • Annual review of aggregate student performance relevant to research. | • Annual reviews of performance data and comparisons with local and national norms by Program Committee. |
| • Faculty and supervisor evaluation of student performance | • Semester based faculty evaluations of class work.  
• Annual review of grade distribution for all students. | • Semester based review of student performance relevant to scholarly activity and research by Program Committee. | • Annual comparisons of ISU student performance with national data when available, and previous ISU student groups by Program Committee. |
| • Student evaluations of courses, instructional material, teaching, and supervision | • Semester based evaluation of course, material, faculty and supervision.  
• Annual review of distribution of student ratings of course material, faculty and supervision. | • Composite of student evaluations reviewed by Program Committee | • Enhance the content, delivery and perceived quality of the program.  
• Enhance student placements and supervision.  
• Revise course assignments, delivery and participation. |
Students will develop knowledge and skill relevant to scholarly activity research and inquiry.

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Students will develop knowledge of diversity in their academic career at ISU.

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<td>• Student portfolios for SCS/CVEA</td>
<td>• Annual examination of portfolios for each graduating student.</td>
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<td>• Audio and video tapes and work samples of clinical activities.</td>
<td>• Mid-semester and end of semester evaluations of student performance are collected from instructor and supervisors in practicum and internship classes.</td>
<td>• Analyzed for the use of theory, research and references to literature.</td>
<td>• Enhancing clinical experiences</td>
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<td>• Skill assessment devices for clinical practice and narrative evaluations of clinical performance.</td>
<td>• Mid-semester and end of semester evaluations of student performance are collected from instructor and supervisors in practicum and internship classes.</td>
<td>• Analyzed using ‘best practice’ in the use of inquiry.</td>
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<td>• Clinical comprehensive examinations.</td>
<td>• Annual administration of comprehensive exams for graduating students.</td>
<td>• References to scholarship in the examination.</td>
<td>• Enhancing clinical experiences</td>
</tr>
<tr>
<td>• Practicum and Internship class case presentations.</td>
<td>• Mid-semester and end of semester evaluations of student performance are collected from instructor and supervisors in practicum and internship classes.</td>
<td>• Integration of scholarship, research and inquiry into case presentation.</td>
<td>• Enhancing clinical experiences</td>
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<td>• Clinical case notes and time-task logs.</td>
<td>• Semester based review of clinical notes collected for portfolio at the semester’s end.</td>
<td>• Based on effective models from the literature.</td>
<td>• Enhancing clinical experiences</td>
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<td>• Faculty and Supervisor evaluation of student performance.</td>
<td>• Semester based faculty evaluations. • Annual review of grade distribution for all students. • Semester based evaluation of “outliers” in clinical progress by Program Committees.</td>
<td>• Based on effective models from the literature.</td>
<td>• Enhance student time management and skill effectiveness in clinical supervision.</td>
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Students will develop knowledge of professional ethics and standards and apply these ethics and standards.

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| • In-class examinations, papers projects, ethics case studies and final examinations. | • Semester based faculty evaluations of class work.  
• Annual review of student performance by Program Committee. | • References to scholarship in papers on ethics.                                                     | • Annual review of program effectiveness by CACREP Committee and Program Committees.                     |
| • Audio and video tape work samples of clinical activities.       | • Mid-semester and end of semester evaluations of student performance are collected from instructor and supervisors in practicum and internship classes. | • Case analysis reviewed for ethical scholarship.                                                   | • Enhancing clinical experiences                                                                       |
| • Skill assessment devices for clinical practice and narrative evaluations of clinical performance. | • Mid-semester and end of semester evaluations of student performance are collected from instructor and supervisors in practicum and internship classes. | • Based on effective models from the literature.                                                   | • Enhancing clinical experiences                                                                       |
| • Clinical case notes and time-task logs.                        | • Semester based review of clarity, readability and succinctness of written work.                         | • Based on effective models from the literature.                                                   | • Enhancing clinical experiences                                                                       |
| • Faculty and Supervisor evaluation of student performance.       | • Semester based faculty evaluations of class work.  
• Annual review of grade distribution for all students.  
• Semester based evaluation of “outliers” in clinical progress by Program Committees. | • Based on effective models from the literature.                                                   | • Enhance student time management and skill effectiveness in clinical supervision.                     |
| • Student evaluations of courses, instructional material, teaching and supervision. | • Semester based course, material, faculty and supervision evaluations.  
  • Annual review of distribution of student ratings of course material, faculty and supervision. | • Based on effective models from the literature. | • Enhance the content, delivery and perceived quality of the program.  
  • Enhance student placements and supervision  
  • To improve supervisory roles. |
Students will develop an appropriate professional identification.

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| • In-class examinations, papers projects, and final examinations. | • Semester based faculty evaluations of class work.  
• Annual review of student performance by Program Committee. | • Membership and participation.  
• Participation frequency.  
• Work analyzed for references to contemporary scholarship. | • Course and socialization enhancement. |
| • Membership, attendance participation, licensure examination | • Annual review of student performance by Program Committee. | • Work analyzed for references to contemporary scholarship. | • Orientation and socialization enhancement. |
| • Submission of programs to conferences. | • Annual review of student performance by Program Committee. | • Based on effective models from the literature. | • Course and socialization enhancement. |
| • Faculty and Supervisor evaluation of student performance. | • Annual review of student performance by Program Committee. | • Based on effective models from the literature. | • Course and socialization enhancement. |
| • Student evaluations of courses, instructional material, teaching and supervision. | • Semester based faculty evaluations of class work.  
• Annual review of distribution of student ratings of course material, faculty and supervision. | • Based on effective models from the literature. | • Enhance the content, delivery and perceived quality of the program.  
• Enhance placements and supervision. |
Review of the Outcomes Assessment Plan

The following sections present a listing of the items presented in the table above.

Assessment Tools and Methods

The following is a list of the assessment tools and methods included in the tables above that are being used in the assessment of student learning to evaluate program effectiveness.

- Audio and video tape work samples of clinical activities.
- Clinical case notes and time-task logs.
- CPCE Exam for MCP
- Faculty and supervisor evaluation of student performance.
- In-class examinations, papers projects, and final examinations.
- Membership, attendance participation, licensure examination
- Practicum case presentations.
- Student evaluations of courses, instructional material, teaching and supervision.
- Student portfolios for SC, SAA.
- Submission of programs to conferences.

Data Collection Methodology and Time Line

The following is a list of the data collection methodology and time line included in the tables above that are being used in the assessment of student learning to evaluate program effectiveness. Data is collected appropriate to each assessment tool and method. Data from multiple sources is used in evaluation of student performance, and in evaluation of program effectiveness.

Semester Based Data Collection Activities:

- Semester based course, material, faculty and supervision evaluations.
- Semester based evaluation of “outliers” in clinical progress by Program Committees.
- Semester based evaluation of course, material, faculty and supervision.
- Semester based faculty evaluations of class work.
- Semester based faculty evaluations.
- Semester based review of clarity, readability and succinctness of written work.
• Semester based review of clinical notes collected for portfolio at the semester’s end.
• Mid-semester and end of semester evaluations of student performance are collected from instructor and supervisors in practicum and internship classes.

Annual Data Collection Activities:

• Annual administration of comprehensive exams for graduating students.
• Annual administration of the CPCE for graduating students.
• Annual examination of portfolios for each graduating student.
• Annual review of distribution of student ratings of course material, faculty and supervision.
• Annual review of grade distribution for all students.
• Annual review of student performance by Program Committee.

Analysis for Research/Creative Activity (Graduate Program)

The following is a list of the analysis methods of student research and creative activity used to determine program effectiveness. Data that focuses on scholarly activity, research and inquiry is collected as part of the Department’s assessment of student learning outcomes and program effectiveness.

• Analyzed for the use of theory, research and references to literature.
• Analyzed using ‘best practice’ in the use of inquiry.
• Annual review of aggregate student performance relevant to research.
• Annual review of student performance relevant to scholarly activity and research by Program Committee.
• Annually evaluated for evidence of scholarly activity and research by Program Committee.
• Based on models from effective the literature.
• Case analysis reviewed for ethical scholarship.
• Composite of student evaluations reviewed by Program Committee.
• Integration of scholarship, research and inquiry into case presentation.
• Membership and participation.
• Participation frequency.
• References to scholarship in papers on ethics.
• References to scholarship in the examination.
• Semester based review of student performance relevant to scholarly activity and research by Program Committee.
• Work analyzed for references to contemporary scholarship.
Using the Results for Program Enhancement

The following is a list of the ways in which assessment information will be to evaluate program effectiveness. Evaluation information about student learning outcomes will be used to enhance program effectiveness in the following four areas:

Use of Results Annually

**Course revision.** Course syllabus, readings and assignments will be modified in light of evaluation results of student learning outcomes.

**Pedagogical revision.** Pedagogical methods will be changed to enhance the effectiveness of the student learning experience.

**Curriculum revision.** Program curriculum, the courses required for a degree, will be modified based on the results of these evaluations.

**Student Assessment revision.** Changes to the assessments of student learning outcomes will result from this evaluation.

The list below summarizes material from the table above.

- Annual comparisons of ISU student performance with national data when available, and previous ISU student groups by Program Committee.
- Annual review of program effectiveness by CACREP Committee and Program Committees.
- Annual reviews of performance data and comparisons with local and national norms by Program Committee.
- Course and socialization enhancement.
- Enhance student placements and supervision.
- Enhance student time management and skill effectiveness in clinical supervision.
- Enhance the content, delivery and perceived quality of the program.
- Enhancing clinical experiences.
- Multi-year reviews to enhance program content.
- Orientation and socialization enhancement.
- Revise course assignments, delivery and participation.
- To improve supervisory roles.

Use of Results Every Two Years

- CACREP program reviews of course content, pedagogy, curriculum and student assessments.
Use of Results Every Three Years

- Interim CACREP Self-Study Report Submitted (Planned)

Use of Results Every Six Years

- CACREP Self-Study Report Submitted (Planned)
- ISU Program Review Submitted

Summary

Historically, student outcome and program effectiveness information have been regularly used for course, pedagogical curriculum and student assessment modifications. The AAMFT program curriculum was modified in 1999, the MCP program curriculum was modified in 2000 and modifications to the SAA and SC program curricular modifications have been submitted to faculty governance in Fall 2001.

Quality enhancements are an on-going process. Results of on-going evaluation are being used in the current CACREP self study, and will be used in the AAMFT annual reports due January 2002. Results have been used in the ISU program reviews of MCP in 2000-2001 and MFT 1999-2000, and in the AAMFT self-study that was conducted in 1999.
Appendix A - CACREP Standards for Marital, Couple, and Family Counseling/Therapy

In addition to the common core curricular experiences outlined in Section II. K, the following curricular experiences and demonstrated knowledge and skills are required of all students in the program.

A. FOUNDATIONS OF MARITAL, COUPLE, AND FAMILY COUNSELING/Therapy
   1. history of marital, couple, and family counseling/therapy including philosophical and etiological premises that define the practice of marital, couple, and family counseling/therapy;
   2. structure and operations of professional organizations, preparation standards, and credentialing bodies pertaining to the practice of marital, couple, and family counseling/therapy (e.g., the International Association of Marriage and Family Counselors);
   3. ethical and legal considerations specifically related to the practice of marital, couple, and family counseling/therapy (e.g., the ACA and IAMFC Code of Ethics);
   4. Implications of professional issues unique to marital, couple, and family counseling/therapy including recognition, reimbursement, and right to practice;
   5. The role of marital, couple, and family counselors/therapists in a variety of practice settings and in relation to other helping professionals; and
   6. the role of racial, ethnic, and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, physical and mental status, and equity issues in marital, couple, and family counseling/therapy.

B. CONTEXTUAL DIMENSIONS OF MARITAL, COUPLE, AND FAMILY COUNSELING/Therapy
   1. marital, couple, and family life cycle dynamics, healthy family functioning, family structures, and development in a multicultural society, family of origin and intergenerational influences, cultural heritage, socioeconomic status, and belief systems;
   2. human sexuality issues and their impact on family and couple functioning, and strategies for their resolution; and
   3. societal trends and treatment issues related to working with diverse family systems (e.g., families in transition, dual-career couples, and blended families).

C. KNOWLEDGE AND SKILL REQUIREMENTS FOR MARITAL, COUPLE, AND FAMILY COUNSELOR/Therapists
   1. family systems theories and other relevant theories and their application in working with couples and families, and other systems (e.g., legal, legislative, school and community systems) and with individuals;
2. interviewing, assessment, and case management skills for working with individuals, couples, families, and other systems; and implementing appropriate skill in systemic interventions;

3. preventive approaches for working with individuals, couples, families, and other systems such as pre-marital counseling, parenting skills training, and relationship enhancement;

4. specific problems that impede family functioning, including issues related to socioeconomic disadvantage, discrimination and bias, addictive behaviors, person abuse, and interventions for their resolution; and

5. research and technology applications in marital, couple, and family counseling/therapy.

D. CLINICAL INSTRUCTION

For the Marital, Couple, and Family Counseling/Therapy Program, the 600 clock hour internship (Standard III. H) occurs in a counseling setting, under the clinical supervision of a site supervisor as defined by Section III, Standard C. 1 - 2. The requirement includes a minimum of 240 direct service clock hours, defined as work with couples, families, and individuals from a systems perspective, with the majority of the direct service clock hours occurring with couples and family units.
Appendix B – CACREP Standards For Mental Health Counseling Programs

In addition to the common core curricular experiences outlined in Section II. K, the following curricular experiences and demonstrated knowledge and skills are required of all students in the program.

FOUNDATIONS OF MENTAL HEALTH COUNSELING

1. historical, philosophical, societal, cultural, economic, and political dimensions of and current trends in mental health counseling;
2. roles, functions, and professional identity of mental health counselors;
3. structures and operations of professional organizations, preparation standards, credentialing bodies, and public policy issues relevant to the practice of mental health counseling;
4. implications of professional issues that are unique to mental health counseling, including recognition, reimbursement, right to practice, core provider status, access to and practice privileges within managed care systems, and expert witness status;
5. ethical and legal considerations related related to the practice of mental health counseling (e. g., the ACA and AMHCA Code of Ethics); and
6. the role of racial, ethnic and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, and physical and mental status, and equity issues in mental health counseling.

CONTEXTUAL DIMENSIONS OF MENTAL HEALTH COUNSELING

1. assumptions and roles of mental health counseling within the context of the community and its health and human services systems, including functions and relationships among interdisciplinary treatment teams, and the historical, organizational, legal, and fiscal dimensions of public and private mental health care systems;
2. strategies for community needs assessment to design, implement, and evaluate mental health care programs and systems;
3. principles, theories, and practices of community intervention, including programs and facilities for inpatient, outpatient, partial treatment, and aftercare, and the human services network in local communities; and
4. management of mental health services and programs, including administration, finance, and budgeting, in the public and private sectors; principles and practices for establishing and maintaining both independent and group private practice; and concepts and procedures for determining outcomes, accountability, and cost containment.
KNOWLEDGE AND SKILL REQUIREMENTS FOR MENTAL HEALTH COUNSELORS

1. general principles and practices of etiology, diagnosis, treatment, referral, and prevention of mental and emotional disorders and dysfunctional behavior, including addictive behaviors;
2. general principles and practices for the promotion of optimal human development and mental health;
3. specific principles and models of biopsychosocial assessments, case conceptualization, and theories of human development and concepts of psychopathology leading to diagnoses and appropriate treatment plans;
4. knowledge of the principles of diagnosis and the use of current diagnostic tools, including the current Diagnostic and Statistical Manual;
5. application of modalities for initiating, maintaining, and terminating counseling and psychotherapy with mentally and emotionally impaired clients, including the use of crisis intervention and brief, intermediate, and long-term approaches;
6. basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and identifying effects and side effects of such medications;
7. principles and guidelines of 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;
8. knowledge and provision of clinical supervision, including counselor development;
9. the application of concepts of mental health education, consultation, collaboration, outreach and prevention strategies, and community mental health advocacy; and
10. effective strategies for influencing public policy and government relations on local, state, and national levels to enhance funding and programs that affect mental health services in general, and the practice of mental health counseling in particular.

CLINICAL INSTRUCTION

For the Mental Health Counseling Program, the 600 clock hour internship (Standard III. H) occurs in a mental health setting, under the supervision of a site supervisor as defined by Section III, Standard C. 1-2. The requirement includes a minimum of 240 direct service clock hours. Beyond these 600 clock hours, the Mental Health Counseling program requires an additional 300 clock hours of internship in a mental health setting under the appropriate clinical supervision of a site supervisor as defined above. This requirement includes a minimum of 120 direct service clock hours. Therefore, the total requirement for a mental health counseling internship is a minimum of 900 clock hours of supervised experience in an appropriate setting, which includes a minimum of 360 direct service clock hours.
Appendix C – CACREP Standards For School Counseling Programs

In addition to the common core curricular experiences outlined in Section II. K, the following curricular experiences and demonstrated knowledge and skills are required of all students in the program.

A. FOUNDATIONS OF SCHOOL COUNSELING

1. history, philosophy, and current trends in school counseling and educational systems;
2. relationship of the school counseling program to the academic and student services program in the school;
3. role, function, and professional identity of the school counselor in relation to the roles of other professional and support personnel in the school;
4. strategies of leadership designed to enhance the learning environment of schools;
5. knowledge of the school setting, environment, and pre-K—12 curriculum;
6. current issues, policies, laws, and legislation relevant to school counseling;
7. the role of racial, ethnic, and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, physical and mental status, and equity issues in school counseling;
8. knowledge and understanding of community, environmental, and institutional opportunities that enhance, as well as barriers that impede student academic, career, and personal/social success and overall development;
9. knowledge and application of current and emerging technology in education and school counseling to assist students, families, and educators in using resources that promote informed academic, career, and personal/social choices; and
10. ethical and legal considerations related specifically to the practice of school counseling (e.g., the ACA Code of Ethics and the ASCA Ethical Standards for School Counselors).

B. CONTEXTUAL DIMENSIONS OF SCHOOL COUNSELING

Studies that provide an understanding of the coordination of counseling program components as they relate to the total school community, including all of the following:

1. advocacy for all students and for effective school counseling programs;
2. coordination, collaboration, referral, and team-building efforts with teachers, parents, support personnel, and community resources to promote program objectives and facilitate successful student development and achievement of all students;
3. integration of the school counseling program into the total school curriculum by systematically providing information and skills training to assist pre-K—12 students in maximizing their academic, career, and personal/social development;
4. promotion of the use of counseling and guidance activities and programs by the total school community to enhance a positive school climate;
5. methods of planning for and presenting school counseling-related educational programs to administrators, teachers, parents, and the community;
6. methods of planning, developing, implementing, monitoring, and evaluating comprehensive developmental counseling programs; and
7. knowledge of prevention and crisis intervention strategies.

C. KNOWLEDGE AND SKILL REQUIREMENTS FOR SCHOOL COUNSELORS

1. Program Development, Implementation, and Evaluation
   a. use, management, analysis, and presentation of data from school-based information (e.g., standardized testing, grades, enrollment, attendance, retention, placement), surveys, interviews, focus groups, and needs assessments to improve student outcomes;
   b. design, implementation, monitoring, and evaluation of comprehensive developmental school counseling programs (e.g., the ASCA National Standards for School Counseling Programs) including an awareness of various systems that affect students, school, and home;
   c. implementation and evaluation of specific strategies that meet program goals and objectives;
   d. identification of student academic, career, and personal/social competencies and the implementation of processes and activities to assist students in achieving these competencies;
   e. preparation of an action plan and school counseling calendar that reflect appropriate time commitments and priorities in a comprehensive developmental school counseling program;
   f. strategies for seeking and securing alternative funding for program expansion; and
   g. use of technology in the design, implementation, monitoring and evaluation of a comprehensive school counseling program.

2. Counseling and Guidance
   a. individual and small-group counseling approaches that promote school success, through academic, career, and personal/social development for all;
   b. individual, group, and classroom guidance approaches systematically designed to assist all students with academic, career and personal/social development;
   c. approaches to peer facilitation, including peer helper, peer tutor, and peer mediation programs;
   d. issues that may affect the development and functioning of students (e.g., abuse, violence, eating disorders, attention deficit hyperactivity disorder, childhood depression and suicide)
   e. developmental approaches to assist all students and parents at points of educational transition (e.g., home to elementary school, elementary to middle to high school, high school to postsecondary education and career options);
f. constructive partnerships with parents, guardians, families, and communities in order to promote each student’s academic, career, and personal/social success;

g. systems theories and relationships among and between community systems, family systems, and school systems, and how they interact to influence the students and affect each system; and

h. approaches to recognizing and assisting children and adolescents who may use alcohol or other drugs or who may reside in a home where substance abuse occurs.

3. Consultation
   a. strategies to promote, develop, and enhance effective teamwork within the school and larger community;
   b. theories, models, and processes of consultation and change with teachers, administrators, other school personnel, parents, community groups, agencies, and students as appropriate;
   c. strategies and methods of working with parents, guardians, families, and communities to empower them to act on behalf of their children; and
   d. knowledge and skills in conducting programs that are designed to enhance students’ academic, social, emotional, career, and other developmental needs.

D. CLINICAL INSTRUCTION

For the School Counseling Program, the 600 clock hour internship (Standard III. H) occurs in a school counseling setting, under the supervision of a site supervisor as defined by Section III, Standard C. 1-2. The requirement includes a minimum of 240 direct service clock hours.

The program must clearly define and measure the outcomes expected of interns, using appropriate professional resources that address Standards A, B, and C (School Counseling Programs).
Appendix D – CACREP Standards For Student Affairs Programs

In addition to the common core curricular experiences outlined in Section II. K, the following curricular experiences and demonstrated knowledge and skills are required of all students in the program.

A. FOUNDATIONS OF STUDENT AFFAIRS
1. history and philosophy of student affairs in higher education;
2. issues and problems in student affairs in higher education;
3. the purpose and function of student affairs in higher education;
4. legal and ethical considerations specifically related to the practice of student affairs;
5. models for designing, managing, and evaluating student affairs programs, including the use of technological applications;
6. models and methodologies of program development and implementation that use professional standards and other resources; and
7. the role of racial, ethnic, and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, physical and mental status, and equity issues in student affairs;

B. CONTEXTUAL DIMENSIONS OF STUDENT AFFAIRS
1. historical and contemporary theories and student affairs;
2. characteristics of traditional and nontraditional college students;
3. impact of different kinds of college environments;
4. methods of needs analysis that are applicable to college student populations;
5. systematic assessment techniques that are applicable to higher education environments.

C. KNOWLEDGE AND SKILL REQUIREMENTS FOR STUDENT AFFAIRS PROFESSIONALS
1. theories and models of organizational behavior, and consultation that include planning and evaluation of higher education programs;
2. theories, models and practices of leadership, organizational management, and program development;
3. methods of and approaches to organizational change, decision making, and conflict resolution;
4. strategies of group work that are applicable to the development of students in higher education and the management of the organizational structure;
5. theories and methods of personnel selection, supervision, and performance evaluation;
6. history of current practices of policy making, budgeting, and finance in higher education;
7. knowledge and skills related to personal and social planning and development for college student;
8. knowledge of issues that may affect the development and functioning of college students (e.g., attention deficit hyperactivity disorder, sexual assault, various disabilities, eating disorders, substance abuse, stress) and the methods and procedures for coping with and/or deterring them and promoting healthful living;
9. application of procedures to ensure academic success (e.g., study skills, tutoring, academic advising);
10. methods and procedures for promoting positive interpersonal relationships (e.g., interventions for gender identity issues, intimacy development);
11. methods and procedures for student leadership training and development; and
12. consultation skills for working with faculty, professional staff, and student families in areas related to student development and welfare.

D. CLINICAL INSTRUCTION

For the Student Affairs Program, the 600 clock hour internship (Standard III. H) occurs in a students affairs setting, under the supervision of a site supervisor, as defined by Section III, Standard C. 1-2. The requirement includes a minimum of 240 direct service clock hours.

The program must clearly define and measure outcomes expected of interns, using appropriate professional resources that address Standards A, B, and C (Student Affairs Programs).
Appendix E – CACREP Standards Section II K – Core Curriculum

PROGRAM OBJECTIVES AND CURRICULUM

K. Curricular experiences and demonstrated knowledge in each of the eight common core areas are required of all students in the program. The eight common core areas follow.

1. PROFESSIONAL IDENTITY - studies that provide an understanding of all of the following aspects of professional functioning:
   a. history and philosophy of the counseling profession, including significant factors and events;
   b. professional roles, functions, and relationships with other human service providers;
   c. technological competence and computer literacy;
   d. professional organizations, primarily ACA, its divisions, branches, and affiliates, including membership benefits, activities, services to members, and current emphases;
   e. professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;
   f. public and private policy processes, including the role of the professional counselor in advocating on behalf of the profession;
   g. advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and
   h. ethical standards of ACA and related entities, and applications of ethical and legal considerations in professional counseling.

2. SOCIAL AND CULTURAL DIVERSITY - studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, ethnic groups, and communities including all of the following:
   a. multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally;
   b. attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities;
   c. individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups;
   d. counselors’ roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body;
   e. theories of multicultural counseling, theories of identity development, and multicultural competencies; and
   f. ethical and legal considerations.
3. HUMAN GROWTH AND DEVELOPMENT - studies that provide an understanding of the nature and needs of individuals at all developmental levels, including all of the following:
   a. theories of individual and family development and transitions across the life-span;
   b. theories of learning and personality development;
   c. human behavior including an understanding of developmental crises, disability, exceptional behavior, addictive behavior, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior;
   d. strategies for facilitating optimum development over the life-span; and
   e. ethical and legal considerations.

4. CAREER DEVELOPMENT - studies that provide an understanding of career development and related life factors, including all of the following:
   a. career development theories and decision-making models;
   b. career, avocational, educational, occupational and labor market information resources, visual and print media, computer-based career information systems, and other electronic career information systems;
   c. career development program planning, organization, implementation, administration, and evaluation;
   d. interrelationships among and between work, family, and other life roles and factors including the role of diversity and gender in career development;
   e. career and educational planning, placement, follow-up, and evaluation;
   f. assessment instruments and techniques that are relevant to career planning and decision making;
   g. technology-based career development applications and strategies, including computer-assisted career guidance and information systems and appropriate world-wide web sites;
   h. career counseling processes, techniques, and resources, including those applicable to specific populations; and
   i. ethical and legal considerations.

5. HELPING RELATIONSHIPS - studies that provide an understanding of counseling and consultation processes, including all of the following:
   a. counselor and consultant characteristics and behaviors that influence helping processes including age, gender, and ethnic differences, verbal and nonverbal behaviors and personal characteristics, orientations, and skills;
   b. an understanding of essential interviewing and counseling skills so that the student is able to develop a therapeutic relationship, establish appropriate counseling goals, design intervention strategies, evaluate client outcome, and successfully terminate the counselor-client relationship. Studies will also facilitate student self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries;
   c. counseling theories that provide the student with a consistent model(s) to conceptualize client presentation and select appropriate counseling interventions. Student experiences should include an examination of the historical development of counseling theories, an exploration of affective, behavioral, and cognitive theories, and an opportunity to apply the theoretical material to case studies.
Students will also be exposed to models of counseling that are consistent with current professional research and practice in the field so that they can begin to develop a personal model of counseling;
d.a systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions. Students will be exposed to a rationale for selecting family and other systems theories as appropriate modalities for family assessment and counseling;
e.a general framework for understanding and practicing consultation. Student experiences should include an examination of the historical development of consultation, an exploration of the stages of consultation and the major models of consultation, and an opportunity to apply the theoretical material to case presentations. Students will begin to develop a personal model of consultation;
f.integration of technological strategies and applications within counseling and consultation processes; and
g.ethical and legal considerations.

6. GROUP WORK - studies that provide both theoretical and experiential understandings of group purpose, development, dynamics, counseling theories, group counseling methods and skills, and other group approaches, including all of the following:
a.principles of group dynamics, including group process components, developmental stage theories, group members' roles and behaviors, and therapeutic factors of group work;
b.group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles;
c.theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature;
d.group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and methods of evaluation of effectiveness;
e.approaches used for other types of group work, including task groups, psychoeducational groups, and therapy groups;
f.professional preparation standards for group leaders; and
g.ethical and legal considerations.

7. ASSESSMENT - studies that provide an understanding of individual and group approaches to assessment and evaluation, including all of the following:
a.historical perspectives concerning the nature and meaning of assessment;
b.basic concepts of standardized and nonstandardized testing and other assessment techniques including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations, and computer-managed and computer-assisted methods;
c.statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations;
d.reliability (i.e., theory of measurement error, models of reliability, and the use of reliability information);
e. validity (i.e., evidence of validity, types of validity, and the relationship between reliability and validity;  
f. age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality, and other factors related to the assessment and evaluation of individuals, groups, and specific populations;  
g. strategies for selecting, administering, and interpreting assessment and evaluation instruments and techniques in counseling;  
h. an understanding of general principles and methods of case conceptualization, assessment, and/or diagnoses of mental and emotional status; and  
i. ethical and legal considerations.

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:  
a. the importance of research and opportunities and difficulties in conducting research in the counseling profession,  
b. research methods such as qualitative, quantitative, single-case designs, action research, and outcome-based research;  
c. use of technology and statistical methods in conducting research and program evaluation, assuming basic computer literacy;  
d. principles, models, and applications of needs assessment, program evaluation, and use of findings to effect program modifications;  
e. use of research to improve counseling effectiveness; and  
f. ethical and legal considerations.