

## Department of Counseling Annual Report 2017-18

### Mission of the Department of Counseling

For the last 50 years, the Department of Counseling (CIP 51.1508) advanced the education, practice, and profession of mental health counseling that focuses on the Jesuit tradition, critical thinking, professional integrity, clinical and academic excellence, and promoted the development for its students, faculty, and community. The Counseling faculty offer graduate students a curriculum that prepares them to practice as licensed clinical mental health counselors that can competently and ethically work within complex and diverse client experiences. The faculty believes that this is best accomplished through engaging students in three types of learning: academic learning, experiential learning, and learning about self. Thus, the program, consistent with the Jesuit philosophy of educating the whole person, is designed to help students gain knowledge, understanding, and skills in a planned sequence that builds toward more advanced concepts and more sophisticated clinical interventions.

### Student Data

**Total enrollment summary.** The results for the total student headcount for the department is provided in Table 1. Since 2012, our student headcount ranged between 60 to 71 students, with a mean of 66 students. In addition, Table 1 provides results for full-time and part-time students. Please review these full-time/part-time results cautiously, as they do not accurately reflect the true nature of our students. The results indicate that since 2012 the majority of our students go part-time. This is incorrect, as the vast majority of our student body go full-time. The Office of Institutional Research and Effectiveness (OIRE) defines full-time status for counseling students as 10 or more credit hours taken during a semester. A student in our program following the full-time plan of study would take ten or more hours only during their first two semesters. During their second year the full-time plan of study requires only nine hours a semester. In addition, when our students enter into their Practicum and Internship courses (third year) they take less than nine hours but are still considered full-time by Student Records and Financial Aid due to the amount of work involved at their clinical site. As a result, after the first year almost all of our students are considered part-time by OIRE even when they are attending the program full time.

**Persistence Rates.** To accurately interpret our persistence rates, I included data from 2010 to 2017. Please see Table 2 for persistence rates for the fall and spring cohorts. Please note that we have moved to a fall only cohort due to the high attrition rate of students admitted in spring semesters and an increase in applications for the Fall semester.

**Graduation rates.** The department offers only one degree, and thus requires only one CIP number. Please review our graduation rates for the fall and spring cohorts from 2007 to 2017 in Table 3. Results indicate that in 2007 and 2008 students were able to complete the program in two years, and after 2008 no student completed the program in two years. This change in the data represents the time the department transitioned from a 48-hour program to a 60-hour program,

and thus it took more time for students to finish. Currently, a student enrolled full-time throughout the program will typically take two years and two semesters to graduate.

*Table 1*

*Student Headcount*

	Full-Time*	Part-Time	Total Head Count	Total FTE
Fall 2017	16	49	65	10.6
Fall 2016	14	46	60	8.5
Fall 2015	23	39	62	10.1
Fall 2014	23	48	71	8.4
Fall 2013	23	46	69	8.8
Fall 2012	21	50	71	8.4

\* Full-time and part time data provided by OIRE. Please see the preceding narrative in the “total enrollment summary” as to why the full and part-time data is an inaccurate representation of our student body.

*Table 2*

*Persistence Rates*

Year	Fall Students		Spring Students	
	Entered Fall 1	Retained Fall 2 with %	Entered Spring 1	Retained Spring 2 with %
2016	13	13 (100%)	2	2 (100%)
2015	18	17 (94%)	6	6 (100%)
2014	20	20 (100%)	7	6 (86%)
2013	16	14 (88%)	7	3 (43%)
2012	19	18 (95%)	13	11 (85%)
2011	16	13 (81%)	9	7 (78%)
2010	19	17 (89%)	6	4 (67%)
2009	16	16 (100%)	6	5 (83%)

*Table 3*

*Graduation Rates by Fall and Spring Cohort*

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Fall Cohort Graduations

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Year	Entering Fall Cohort	2 Years Graduated	3 Years Graduated	Four Years	Five Years
2017	26	-	-	-	-
2016	13	-	-	-	-
2015	18	-	13 (72%)	-	-
2014	20	0	13 (65%)	15 (75%)	-
2013	16	0	13 (81%)	13 (81%)	-
2012	19	0	16 (84%)	18 (95%)	18 (95%)
2011	16	0	11 (69%)	13 (81%)	13 (81%)
2010	19	0	15 (79%)	16 (84%)	17 (89%)
2009	16	1 (6%)	11 (69%)	12 (75%)	13 (81%)
2008	16	6 (38%)	13 (81%)	13 (81%)	13 (81%)
2007	20	10 (50%)	16 (80%)	16 (80%)	17 (85%)

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Spring Cohort Graduations

Year	Entering Spring Cohort	2 Years Graduated	3 Years Graduated	Four Years	Five Years
2016	2	-	1 (50%)	-	-
2015	7	-	5 (71%)	-	-
2014	7	-	5 (71%)	6 (86%)	-
2013	7	0	3 (43%)	-	-
2012	13	0	6 (46%)	10 (77%)	-
2011	9	0	4 (44%)	4 (44%)	5 (56%)
2010	6	0	3 (50%)	3 (50%)	3 (50%)
2009	6	0	3 (50%)	5 (83%)	5 (83%)
2008	2	1 (50%)	2 (100%)	2 (100%)	2 (100%)

2007	7	4 (57%)	6 (86%)	6 (86%)	6 (86%)
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### Faculty and Staff Data

**Faculty headcount.** Since 2010, results indicate the majority of the faculty headcount as full-time faculty (see Table 4). This is in alignment with our professional accreditation standards through CACREP. The teaching load for the three tenured/tenure-track full-time faculty is 3-3, while our extraordinary faculty member teaches a 4-4 load. The chair of the department is given a 2-2 teaching load. We utilize part-time faculty only when absolutely necessary and thoroughly vet them in order to guarantee a high quality of instruction.

**Staff headcount.** Two staff members currently work in our department. One is titled Department Assistant and is considered full-time nonexempt status and the other is titled Admissions/Clinical Coordinator and is a part-time (30-hours) exempt status, totaling 1.75 staff members. This is in alignment with our professional accreditation standards through CACREP. Please note that from fall of 2011 to fall of 2014 the acting dean at the time took the Admissions/Clinical Coordinator position from the department. Cross referencing these years with the number of students admitted and net profits made will indicate lower numbers of students and lower profits, suggesting that this position is a vital part of the department.

**Student course credit hour report.** The results of the course credit hour report for fall 2017 and spring 2018 indicate that we are slightly over the 10:1 faculty to student ratio, as required by our professional accreditation standards through CACREP.

It should be noted that these results can be confusing for some as they review our SCCH numbers. One reason for this confusion is because administration often focuses the headcount for each class. In order to accurately calculate the SCCH / Faculty FTE the total number of completed student credit hours per semester must be considered more important than headcount per class. This total number of completed credit hours within the Counseling Department, divided by 10 (OIRE's assigned full-time credits per semester), and then divided by the total number of full-time and part-time faculty, produces the FTE ratio. As stated above, this ratio must be at or below 10:1.

Knowing the ratio, the average number of student credit hours taken by counseling students, and that we have four full-time faculty (if we do not use adjuncts), we can calculate how many student course credit hours can be taken for a semester. Thus, we can take 500 total student course credit hours for one semester, divide it by 10 (average number of hours taken in the fall; determined by OIRE), and divide that number by five, thus giving us 10 for a 10:1 FTE ratio. It is important to remember that filling every counseling course during a semester would put us over our FTE ratio of 10:1, as required by CACREP, and that to determine a semester as successful that the SCCH must be analyzed.

**Student / faculty FTE ratio.** Please see Table 5 for the fall SCCH to Faculty FTE ratios from 2011 to 2017. Please note that our ratio must be at or under 10:1 as required by our professional accreditation standards through CACREP.

*Table 4*

*Faculty Headcount*

Year	Tenured Faculty	Tenure-Track Faculty	Extraordinary Faculty	Total Faculty Headcount	Part-Time Faculty	Total FTE Faculty
2017	3	1	1	5	0	5.00
2016	2	2	1	5	2	5.66
2015	1	3	1	5	3	6.33
2014	1	3	1	5	4	6.32
2013	1	2	2	5	2	5.66
2012	0	3	2	5	2	5.66
2011	1	2	3	6	2	6.66
2010	1	2	2	5	1	5.33

*Table 5*

*Faculty to Student Ratio*

Year	SCCH / Faculty FTE
2017	10.6:1
2016	8.5:1
2015	10.1:1
2014	8.4:1
2013	8.8:1
2012	9.6:1
2011	8.4:1

*Note.* Ratios must be at or under 10:1 to be in compliance with our current CACREP standards.

**Strategic Planning**

**Overview:** For the 2016-7 academic year the counseling department addressed three notable goals. First, we finally obtained permission to develop a counseling clinic on campus with the mission of providing effective counseling services to underserved members of our community and providing safe and effective training opportunities for our students. This clinic will allow us to increase student opportunities to interact with the New Orleans community and

live out the Jesuit mission of the university. Second, we continued to develop our commitment to social justice through intentionally updating four courses to include a more diverse and culturally competent perspective. We also developed innovative training opportunities for our students designed at supporting diversity and multicultural competence. Chief among them is the racial identity processing group offered to all students both fall and spring semesters. Finally, we continued our efforts to recruit more high-quality students to our program. This year we were pleased to accept the largest cohort (AY 2018-19) in the department's history.

**Interdepartmental Collaborations.** We have departmental collaborations with three other graduate programs on campus in the form of dual degrees offered in conjunction with Loyola Institute for Ministry, Music, and Criminal Justice. For the Academic Year of 2017-2018 we have four students enrolled in one of our dual degree programs.

**Community engagement.** The Counseling Department continues to pursue the long-held tradition of engaging the community by placing our interns in clinical and school sites in the Greater New Orleans and Baton Rouge areas. Each student must complete, at a minimum, three semesters of clinical residency in the community, many times providing counseling services to low income populations. One of our continuing goals is to forge new relationships with agencies and schools in the community.

**Quality enhancement plan.** The faculty, staff, and students of the Counseling Department continue to excel in our scholarship and experiential learning.

**Admissions.** In order to adjust to our new cohort model, we adjusted our admissions process in order to bring in a full fall cohort for the fall of 2017. Our admissions process now accepts applications starting in the Fall and continues to review applications until we reach capacity. For the second year in a row we have admitted a record number of students.

## **Budget**

Upon reviewing the history of the department's operating budget in Table 6, from 2006 to 2009 the College of Social Sciences provided the department with funding primarily to purchase office supplies, while all travel, association memberships, licensure renewals, and technology upgrades went through the college and not the department. Please note during this time faculty were allowed to travel to two conferences a year and had no trouble doing this financially, as all travel expense requests went through the college. In 2010, the college added the faculty travel funding to the operating budget for the department, and this amount made it impossible to attend two conferences a year. In 2013, there was another increase in the operating budget, as the college added technology upgrades to the annual budget. So, while the operating budget increased from 2006 to the present, the amount the department is allotted has decreased.

The department's operating budget for FY 17-18 was \$36,860. Three areas continue to need more resources for the department to flourish. First, faculty continue to need more resources to meet the requirements of their job. No resources exist to provide for faculty clinical development, licensure renewal, professional association membership, and conference travel. Counseling as a profession constantly evolves, and faculty need opportunities to re-tool

themselves every few years. This requires further training in the latest clinical trends and approaches. If faculty cannot learn new clinical skills, they will become obsolete as a clinician, a faculty member, and overall make the program obsolete. All faculty in the department are licensed professionals and must renew their licenses every two years and attend professional development several times each year. They also must be members of specific counseling associations to meet the accreditation standards as required by CACREP. These licensure and association fees are typically paid for by universities.

Second, we need a marketing/recruitment budget. We have no money to market ourselves locally, regionally, or nationally. This is curious given the emphasis the university has placed on marketing and attracting undergraduate students.

Third, we need a beautification/equipment budget. Our department is located in Mercy Hall, which, on the whole, has not been meaningfully updated in decades. It is a noticeable liability in recruitment and retention of students. A one-time budget allowance of \$7,000 would update the department and provide the faculty, staff, students, and applicants a place they can feel comfortable to work and learn.

*Table 6*

*Operating Budget*

Year	Operating Expenses
2017-18	\$36,860
2016-17	\$37,362
2015-16	\$37,864
2014-15	\$35,077
2013-14	\$36,245*
2012-13	\$18,738
2011-12	\$20,201
2010-11	\$18,734**
2009-10	\$7,036
2008-09	\$5,000
2007-08	\$3,141
2006-07	\$2,867

\* Technology funds were added to the department budget. \*\* Travel funds were added to the department budget.

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**Assessment of Student Learning Outcomes**

As part of the CACREP accreditation process, we submit a thorough comprehensive Assessment Plan (Addendum 1) with the Self Study and Addendums. We revised the assessment plan regularly to include individual student data and currently store it in SPSS. The data comes from grading rubrics based on the CACREP Core and CMHC standards (example in Addendum 2). For the 2017-2018 academic year, we successfully collected student data using this process. The CACREP Assessment Calendar is found in the supporting documents.

Throughout the year, departmental faculty review several assessment materials to make changes to the program. The material reviewed includes: (a) National Counselor Exam (NCE) results, (b) Comprehensive Exam results, (c) student course evaluations, (d) Exit Survey results, and (d) Alumni Survey results. In addition, we host an annual Advisory Board meeting to learn about the changes to the program and receive constructive feedback. We host an annual on-campus gathering for site supervisors from our field placements to provide feedback to the faculty and learn about changes to the program.

The counseling faculty use a multi-level system of evaluation to guide program development. The levels are broken down as follows:

1. **Student level:** Students complete a formal evaluation of every course at the end of each semester. Additional student evaluations are as follows:
  - **Exit Survey:** Each student completes an exit survey during the semester he or she graduates from the program. (Addendum 3)
2. **Faculty level:** Each program faculty is responsible for responding to course evaluations and completing grading rubrics based on CACREP standards on each student.
  - **Tenure Committee Evaluation:** Tenured faculty conducts a formal evaluation of tenure-track faculty once a year regarding their overall performance on teaching, research and service. Formal feedback is given.
3. **Departmental level:** Program faculty meet every semester to discuss teaching evaluations, site supervisor reports, and student evaluations of practicum/internship sites, NCE results, grading rubric data, exit surveys, alumni surveys. The discussion is formal and informal and the goal is to note any changes that may need to be made with regard to instruction or supervision. Additional departmental evaluations are as follows:
  - **Advisory Board Evaluation:** The Advisory Board meets once a year to review specific aspects of the program.
  - **Three-year Post-Masters Survey:** We send a survey to all graduates the third year after they graduate to obtain feedback on the progress of the program and its graduates. (Found in supporting documents.)
  - **College-Level Evaluation:** Each department must complete an annual report for the dean of College of Graduate and Professional Studies. We provide data on graduation rates, enrollment, class sizes, adjunct and full-time faculty needs, and program activities.

### **Student Learning Objectives**



In accordance with the program's mission to incorporate academic, experiential, and intrapersonal learning, the Counseling faculty offer a curriculum that blends these three components of learning. Our goal, to educate students to become effective, critical, and ethical mental health practitioners, progresses through the following objectives:

- To educate students to be competent in the practice of counseling.
- To ensure that all counseling students understand the ethical principles that govern counseling.
- To provide a diverse and enriched collection of training experiences during the course of the student's academic preparation.
- To integrate course offerings so that students realize how each area of specialization is integrated into practice.
- To encourage students to pursue additional training and advanced certification throughout their professional careers.

### **Specific Learning Objective 1**

Continue Loyola's history of maintaining better than a 95% pass rate on the National Counselor Exam. Continue outperforming the overall professional mean at each test administration.

### **Assessment Methods**

Evaluate scores on the National Counselor Examination (NCE) which earns students their National Certified Counselor (NCC) credential and qualifies them for future licensure.

### **Finding: Summary of NCE Results**

We provide two results here. First, we report detailed results for the 2017-2018 NCE scores that compare Loyola University's NCE scores for the core subscales, clinical subscales, and overall score with the national averages of the professional group. Second, we provide results of NCE scores over the last six years that compare Loyola University's NCE overall score with the national averages of the Professional group.

Results indicate a 100% pass rate for Loyola students for fall 2017 ( $n = 9$ ) and spring 2018 ( $n = 4$ ). In addition, Loyola students produced higher mean scores for all of the core subscales, clinical subscales, and overall score (see Tables 7 and 8).

Results from the NCE scores indicate Loyola counseling students produced a higher overall score compared to the national mean scores every year since 2011 (see Table 9), as calculated by the National Board for Certified Counselors.

### **Action**

From this year's NCE core, clinical, and overall scores and pass rate, the faculty determined no action was necessary to improve the curriculum, however, the faculty decided to monitor our

instruction around Diagnosis and Assessment as that sub-score dropped below the national mean for Fall 2017.

**Table 7**

*NCE Core, Clinical, and Overall Scores for Fall 2017*

	Loyola Mean; SD	Professional Mean; SD
<b><i>Core Subscales</i></b>		
Human Growth & Development	9.67; 1.000	8.36; 2.163
Social and Cultural Diversity	7.56; 1.667	7.30; 1.688
Helping Relationships	24.44; 4.773	23.19; 4.670
Group Work	12.33; 1.936	11.32; 2.312
Career Development	14.00; 1.803	12.98; 2.643
Assessment	12.33; 1.936	12.30; 2.735
Research	9.00; 2.236	8.95; 2.666
Professional Orientation and Ethics	23.11; 1.453	21.03; 3.487
<b><i>Clinical Subscales</i></b>		
Fundamental Counseling Issues	22.89; 1.965	20.31; 4.230
Counseling Process	33.11; 3.257	31.17; 5.081
Diagnostic and Assessment	13.89; 2.261	14.75; 3.295
Professional Practice	26.56; 3.432	24.79; 5.021
Professional Development, Supervision, and Consultation	16.00; 1.000	14.40; 2.701
Overall Score	112.44; 7.299	105.43; 17.112

**Table 8**

*NCE Core, Clinical, and Overall Scores for Spring 2017*

NCE Core, Clinical, and Overall Scores for Spring 2017		
	Loyola Mean; SD	Professional Mean; SD
<b><i>Core Subscales</i></b>		
Human Growth and Development	9.09; 2.21	8.00; 2.36
Social and Cultural Diversity	8.91; 1.45	7.75; 1.77
Helping Relationships	26.00; 3.69	22.47; 4.58
Group Work	13.00; 1.55	11.64; 2.33
Career Development	15.82; 1.72	13.64; 2.59
Assessment	14.91; 1.76	13.38; 2.68
Research	10.82; 2.86	8.53; 2.62
Professional Orientation and Ethics	23.00; 2.10	20.45; 3.96
<b><i>Clinical Subscales</i></b>		
Fundamental Counseling Issues	25.27; 2.76	21.71; 4.19
Counseling Process	34.82; 3.54	31.13; 5.16
Diagnostic and Assessment	17.27; 3.23	14.50; 3.37
Professional Practice	29.18; 3.63	25.06; 4.97
Professional Development	15.00; 2.41	13.48; 3.21
Overall Score		
	121.50; 13.58	105.85; 17.60

**Table 9**

*NCE Overall Scores (2011-2018)*

Loyola Mean; SD	Professional Mean; SD
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Spring 2018	111; n/a	95; n/a
Fall 2017	112.44; 7.299	105.43; 17.112
Spring 2017	121.50; 13.58	105.85; 17.60
Fall 2016	124.40; 12.41	100.81; 20.04
Spring 2016	121.70; 13.16	94.22; 18.47
Fall 2015	109.70; 23.44	89.21; 17.04
Spring 2015	120.00; 13.31	94.12; 19.64
Fall 2014	118.17; 9.50	91.94; 17.76
Spring 2014	119.65; 13.19	95.70; 19.03
Fall 2013	107.00; 33.94	96.75; 18.15
Spring 2013	128.00; 14.24	97.10; 17.21
Fall 2012	126.71; 4.15	98.91; 16.75
Spring 2012	100.44; 18.26	93.01; 16.14
Fall 2011	110.80; 16.71	95.72; 16.73

## **Addendum 1: Assessment Calendar**

*Counseling Department Calendar of Planning and Assessment Loyola University New Orleans*

### *Calendar of Key Assessment Activities*

- Exit survey administered (Departmental)
- Alumni survey administered
- Employer survey administered
- Supervisor survey administered
- Student Learning Outcome Data Entry (Intelliworks)
- Spring Semester Grading Rubrics
- Annual Report Due
- Review Student Satisfaction Inventory Result
- Noel Levitz Adult Student Priorities Survey (ASPI)
- University Wide (Graduate Students)
- Review Annual Report October Faculty Meeting Previous AY National Counselor Examination (NCE) results
- Review previous AY survey Data Exit (Dec/May); Alumni, Employer, Supervisor (June)
- Advisory Board Meeting
- Supervisors Meeting
- University Assessment Plan Due Date
- Discuss Faculty Course Evaluations (Spring/ Summer)
- Clinical Review Site Supervisor Reports; Student Evaluations of Sites

- Advisory Board & Supervisor Meeting Review Review minutes, action items, etc.
- Exit survey administered
- Student Learning Outcome Data Entry (Intelliworks)
- Fall Semester Grading Rubrics
- Student Learning Outcomes Reports Review (Intelliworks)
- SLO X (gender, ethnicity, GRE, semester of course, etc.)
- Student Satisfaction Inventories Administered (University) Noel Levitz Adult Student Priorities Survey (ASPI)
- Discuss Faculty Course Evaluations (Fall)
- Student Satisfaction ASPI results reported (University)

**Addendum 2: CACREP Rubric**

**DIAGNOSIS AND TREATMENT MIDTERM RUBRIC**

<b>STUDENT LEARNING OUTCOMES based on CACREP CHMC &amp; CORE Standards</b>	<b>Poor 0 No evidence of mastery of this SLO</b>	<b>Fair 1 Some evidence of mastering this SLO</b>	<b>Good 2 Considerable evidence of mastering this SLO/ PASS</b>	<b>Excellent 3 Strong evidence of exceeding expected mastery of this SLO</b>
Know 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). (CMHC K.1., L.1.)	Unable to complete the diagnostic process, employ diagnostic tools, or correctly use the DSM IV TR.	Minimal knowledge of the diagnostic process, diagnostic tools and proper use of the DSM IV TR.	Understands the diagnostic process, can properly use diagnostic tools and can usefully apply criteria found in DSMIV TR.	Demonstrates a holistic understanding of diagnostic tools, diagnostic criteria, and correctly regards the existence of differential diagnoses as well as possible medical and substance effects.
Understand the established diagnostic criteria for mental and emotional	Does not understand criteria and unable to develop treatment plans	Knows some criteria but is uncertain about specifics and has difficulty	Understands the diagnostic criteria and is able to link diagnoses to effective	Understands the diagnostic criteria so well, that he or she is able to tailor treatment

disorders, and describe treatment modalities and placement criteria within the continuum of care. CMHC I.3., J.1.,2, K.2.,L.2)	and locate clients within the continuum of care.	identifying effective treatment modalities.	treatment alternatives.	alternatives to clients based upon their idiosyncratic strengths and weaknesses. Is able to identify treatment landmarks and goals.
Know the impact of co-occurring substance use disorders on medical and psychological disorders. (CMHC C.4. K.3.)	Fails to recognize the effect substance use has on med/psych disorders.	Some knowledge of substance abuse and its effect on client's mental health.	Clear understanding of how SA effects clients overall health.	Is able to identify SA issues, determine their effect on individual clients and identify what treatment priority should be assigned.
Understand the relevance and potential biases of commonly used diagnostic tools with multicultural populations. (CMHC K.4)	Unable to determine the impact cultural bias has on the use and interpretation of assessment tools.	Some realization that cultural factors influence the diagnostic process.	Clear understanding that diagnosis may be biased along cultural lines and needs to be carefully monitored.	Recognizes the cultural forces that influence counselors and clients and is able to identify multiple methods to reduce the unwanted effects.
Understand appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event. (CMHC K.5. L.3.)	Unable to differentiate between trauma and psychological pathology.	Some understanding that crisis and trauma must be considered in making diagnoses	Able to differentiate between free standing diagnosable problems and the effects of trauma and crisis.	Recognizes the impact trauma or crises has on individuals and is skilled in making sound judgements about diagnoses under adverse conditions.
Understands basic classifications, indications, and contraindications	Does not understand basic classifications, indications, and	Some understanding of basic classifications,	Able to understand basic classifications, indications, and	Fully understands basic classifications, indications, and

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. (CMHC G.3)	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	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	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	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
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**Addendum 2: Alumni Survey**

Date:

Year of graduation:

Current licenses/certifications

If you are not currently licensed or certified, are you working toward a license or certification?

- Yes
- No
- No Response

If you answered yes to the previous question, what license or certification are you currently working towards?

No Response

What do you need to complete before you are licensed or certified?

No Response

Current place of employment:

Job title:

Race:

- American Indian or Alaskan Native
- Black or African American
- Caucasian
- Hispanic
- Middle Eastern
- Native Hawaiian or other Pacific Islander
- Bi-Racial/Multicultural
- Other

Sex:

- Male
- Female

**The Master of Science Program in Counsel provided knowledge of and/or skill development in**

**I. PROFESSIONAL IDENTITY:**

**1. Ethical standards, legal issues and licensure requirements**

- Strongly Agree
- Agree
- No Opinion
- Disagree
- Strongly Disagree

**2. Legal Issues**

- Strongly Agree
- Agree
- No Opinion
- Disagree
- Strongly Disagree

**3. Licensure requirements**

- Strongly Agree
- Agree
- No Opinion
- Disagree
- Strongly Disagree

**4. Professional organizations**

- Strongly Agree
- Agree
- No Opinion
- Disagree



- Strongly Disagree
5. Professional roles of a licensed professional counselor
- Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree

II. SOCIAL AND CULTURAL FOUNDATIONS:

1. Issues and trends in a multicultural and diverse society
- Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree
2. The counselor's role in social justice and advocacy
- Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree

III. HUMAN GROWTH AND DEVELOPMENT:

1. How to facilitate optimum development across the lifespan
- Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree
2. How human behavior and environmental factors affect both normal and abnormal behavior in a community agency setting
- Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree

IV. LIFESTYLE AND CAREER DEVELOPMENT:

1. Career development and associated theories
- Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree

2. The career decision-making process

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree

3. Interrelationships among work, family, and other life roles

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree

V. HELPING RELATIONSHIPS:

1. Counseling and consultation processes such as basic interviewing, assessment, and counseling skills

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree

**Addendum 3: Exit Survey**

**Question**

**Date:**

**Graduating Semester:**

Fall 2014  
Spring 2015  
Summer 2015

**Did you take the NCE?**

Yes  
No  
Not Answered

**If yes, did you pass the NCE?**

Yes  
No

I am not sure because I am still waiting to receive the results.

Not Answered

**Which emphasis track did you complete?**

Clinical Mental Health counseling

Marriage & Family Counseling

School of Counseling

Play Therapy

Pastoral Studies Dual Degree

Criminal Justice Dual Degree

Music Therapy Dual Degree

Not Answered

**Have you found employment as a counselor?**

Yes

No, but I am currently still seeking employment as a counselor

No, but I am NOT currently seeking employment as a counselor

Not Answered

**If yes, where?**

**If yes, what was your starting salary?**

**Are you planning on earning your Ph.D. in the future?**

Yes, and I have already applied to one or more Ph.D. programs(s)

Yes, and I will apply to one or more Ph.D. program(s) in the next six months

Yes, but I am waiting to apply to one or more Ph.D. program(s) until I have more clinical experience.

No, definitely not

Maybe

**If you have been accepted to one or more Ph.D. program(s), please list the program(s) below. Indicate which program you will be attending?**

**If you have answered "Yes" on the previous question, where are you in the Ph.D. application process?**

I have already applied to one or more Ph.d. program(s), and I have been accepted to at least one

I have already applied to one or more Ph.d. program(s), but I have not been accepted to any of them

I have already applied to one or more Ph.d. program(s), but I am still waiting to hear back as to whether or not I have been accepted

I will apply to one or more Ph.D. program(s) in the next 12 months

I am waiting to apply to one or more Ph.D. program(s) until I have more clinical experience

Not Answered

**The academic coursework you completed adequately prepared you for your clinical work?**

Strongly Agree

Agree

No Opinion

Disagree

Strongly Disagree

Not Answered

**The clinical work you completed has adequately prepared you for a job as a counselor in the field?**

Strongly Agree

Agree

No Opinion

Disagree

Strongly Disagree

Not Answered

**Your professors had a strong working knowledge of the counseling field and current research?**

Strongly Agree

Agree

No Opinion

Disagree  
Strongly Disagree  
Not Answered  
**Your professors were able to successfully communicate their knowledge to you?**

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree  
Not Answered

**Your professors were approachable and readily available?**

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree  
Not Answered

**The coursework you completed was academically challenging?**

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree  
Not Answered

**In your opinion, how well did this program prepare you to be a Licensed Professional Counselor in each of the following areas of practice:**

## **I. PROFESSIONAL ORIENTATION AND ETHICAL PRACTICE:**

### **1. Ethical Standards**

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree  
Not Answered

**2. Legal Issues**

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree  
Not Answered

**II. SOCIAL AND CULTURAL FOUNDATIONS:**

**3. Issues and trends in a multicultural and diverse society**

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree  
Not Answered

**III. HUMAN GROWTH AND DEVELOPMENT:**

**4. How to facilitate optimum development across the lifespan**

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree  
Not Answered

**IV. CAREER DEVELOPMENT:**

**5. Career development and associated themes**

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree  
Not Answered

**V. HELPING RELATIONSHIPS**

**6. Knowledge about the counseling theories and how to conceptualize clients**

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree  
Not Answered

**VI. GROUP WORK**

**7. Group counseling, including stages, dynamics, methods, and leadership styles**

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree  
Not Answered

**VII. ASSESSMENT**

**8. Approaches to assessment and evaluation**

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree  
Not Answered

**9. Interpretation of various assessment instruments and case reports**

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree  
Not Answered

**VII. RESEARCH AND PROGRAM EVALUATION**

**10. Reading and understanding the use of research design and statistics in professional literature**

Strongly Agree  
Agree  
No Opinion  
Disagree  
Strongly Disagree  
Not Answered

**What course do you feel added the most to your experience as a counseling student?  
Why?**

**What course did you feel was the least helpful to you? Why?**

**Please list any suggestions or comments you have about the curriculum:**

**Please list any suggestions or comments you have about the Faculty and Staff:**

**Would you recommend this program to potential students? Why or why not?**