

# **CACREP**

# Comprehensive Assessment Plan

April 2021

# Contents

CACREP Comprehensive Assessment Plan	3
Mission of the University	3
Mission of the CMHC Program	3
CMHC Program Objectives	3
CMHC Student Development Assessment	3
Program Evaluation	4
Table 1: CACREP Assessment Data Collection Plan	6
Stakeholder Contact Information	6
Surveys/Assessments	7
Table 2: Bushnell University -CMHC Data-Driven Program Modifications Plan*	8
I. Introduction	15
Mission of Bushnell University	15
Mission	15
Vision	15
Core Themes of Bushnell University	15
Manifest Excellence in Christian Higher Education	15
Exercise Faithful Stewardship	15
Foster Life-Transformation in a Christ-Centered Community	15
Develop Purposeful Graduates	16
Mission of the CMHC Program	16
CMHC Program Objectives	16
Program Faculty 2020-2021	16
New Faculty	16
Continuing Faculty	17
Studies of Program Graduates (Alumni)	17
Alumni Survey – Graduate Perceptions, Employment, Licensure	17
Graduation Rate	18
Employer Survey	18
Studies of Applicants and Current Students	19
Program Applicant Characteristics	19
Current Student Characteristics	19
Student Satisfaction Survey	20
Studies of Site Supervisors and Sites	20

Feedback from Site Supervisors	20
Student Evaluations of Fieldwork Sites	21
Studies of Faculty and Supervisors	23
Faculty Course Evaluations	23
Clinical Supervisors	23
Program Modifications	23
Targeted Improvements	23
Sustaining Strengths	24

## **CACREP Comprehensive Assessment Plan**

In compliance with CACREP (2009) standards, the purpose of this comprehensive assessment plan is to engage in continuous, systematic program evaluation of the program mission, objectives, and student learning outcomes.

#### Mission of the University

Bushnell University is a university that fosters wisdom, faith, and service through excellent academic programs within a Christ-centered community.

#### Mission of the CMHC Program

The Bushnell University's CMHC Program is to prepare culturally humble mental health counselors who integrate current, evidenced-based interventions and techniques with clients to foster their wellness and relationships.

#### **CMHC Program Objectives**

- a. Develop and exhibit a professional identity as a counselor, as evidenced by membership in professional counseling organizations, active preparation for licensure, and other counseling credentials, skillsets, and expertise.
- b. Verbalize and integrate a personal theoretical orientation to counseling.
- c. Conduct a comprehensive mental health assessment including a DSM diagnosis and/or other relevant impressions.
- d. Formulate an evidenced based treatment plan including client informed goals, interventions, and objectives.
- e. Model professional ethical practices and adherence to legal requirements for counselors.
- f. Demonstrate awareness of social, spiritual, and cultural issues affecting clients and integrate that awareness into culturally informed practice.
- g. Deliver supervised counseling services to individuals, families, and groups. Document a minimum of 700 clock hours (280 direct client contact hours) of supervised clinical experience.

### **CMHC Student Development Assessment**

Student Developmental Assessment (SDA) is completed during the admissions process, during each academic semester (except summer), and at program exit. The student's assigned faculty mentor completes the SDA. The SDA assesses the following areas:

- a. Academic Performance: The CMHC program requires a 3.0 cumulative GPA, a grade of B- or higher in each course and 80% or higher on each signature assignment.
- b. Professional Development: A passing grade in the field experience courses CMHC 685 and CMHC 695 and "Meets Expectations/Demonstrates Competencies" on the Counseling Competencies Scale (CCS) by the end of

CMHC 695.

- c. Personal Development: A positive rating on all disposition evaluation areas.
- d. Mentor Endorsement of Program: Program mentors endorse student progress during each semester. Students are referred to the remedial process if not endorsed for Program progression.
- e. Each SDA is completed on an individual spreadsheet. SDA data are kept confidential according to FERPA law on a Secure Drive. Students may request individual advising data.

#### **Program Evaluation**

- a) AA.1: A review by program faculty of programs, curricular offerings, and characteristics of the program applicants.
  - i) Program and curricular offerings are reviewed at the CMHC Advisory Board Meeting bi-yearly (March/Sept). Formal minutes are kept and filed. Data from our Student Survey, Graduate Survey, Employer Survey, Vital Statistics report, NCE passing rate etc., are incorporated into the Advisory Board Meeting.
  - ii) For admitted students, characteristics are reviewed throughout the program via the SDA
- b) AA.2: Formal follow-up studies of program graduates to assess graduate perceptions and evaluations of major aspects of the programs.
  - i) Perceptions and evaluations of major aspects of the Program are assessed through a Graduate Survey offered annually in January. Data is reviewed at the Advisory Board meetings and at Faculty and Staff meetings.
- c) AA.3: Formal studies of site supervisors and program graduate employers that assess their perceptions and evaluations of the major aspects of the program.
  - i) Perceptions and evaluations of major aspects of the Program are assessed through an annual supervisor/employer survey (January). Site Supervisors also evaluate students using the CCS at the end of each CHMC 695 Field Experience. Data is reviewed at the Advisory Board meetings and at Faculty and Staff Meetings.
- d) AA.4: Assessment of student learning and performance on professional practice and program area standards.
  - i) Student assessment is completed throughout the student's matriculation from application (ranked interviewing scoring, criminal background checks, writing sample, group interaction, undergraduate academic work, recommendations) through program exit. Following admission all data are kept on the SDA.
- e) AA.5: Evidence of use of finding to inform program modifications:
  - i) Assessment data and findings are reviewed at Advisory meetings and Faculty/Staff meetings. Recommendations for changes are made during meetings following discussion, initial decision, and feedback and finalization process. Program changes may also need to go through a university process, such as Academic Council (e.g., for curricular changes).
- f) AA.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 cooperation

- agencies (e.g., employers, site supervisors), and the public.
- i) The Dean of CMHC prepares a yearly, formal report in January (Appendix A). The report is shared with Advisory Board members, other key stakeholders and posted on the Program Website.
- g) BB: Students have regular and systematic opportunities to formally evaluate who provides curricular experiences and supervisors of clinical experiences.
  - i) Students complete formal course evaluations at the end of each course. The Dean reviews all student evaluations and reviews results with faculty. Data from course evaluations are also reported in the Annual Report.
  - ii) Students complete formal evaluations of clinical supervisors, both site and program faculty supervisors. Data from clinical supervisor evaluations are also reported in the Annual Report.
  - iii) Students also evaluate the program via the Student Survey administered by the CMHC Student Representative bi-annually (February, August). Data from the Student Survey are reported in the Annual Report.
- h) CC: Annual results of student course evaluations are provided to the faculty.
  - Program faculty can access their course evaluations and clinical supervisors' evaluations within four weeks of the student completion. Faculty have the opportunity to review their evaluations with the Dean on a requested basis and as part of formal evaluations.
- DD: Written faculty evaluation procedures are presented to program faculty and supervisors at the beginning of each evaluation period and whenever changes are made in the procedures.
  - Faculty evaluation procedures are described in the Bushnell University Faculty Handbook and Field Experience Handbook (updated annually in August at Faculty Retreat).

Table 1: CACREP Assessment Data Collection Plan

CACREP Standard	Data Collected	Date Collected
AA.1	Advisory Committee Feedback	September & March
	Graduate/Employer Survey	January
AA.1	<b>Student Survey</b>	February & August
	Vital Statistics Report	June
AA.2	Graduate Survey	January
AA.3	Site Supervisor Evaluation	End of each term
	<b>Employer Survey</b>	January
AA.4	Admissions Interview	Pre-Admission
	SDA	Admissions thru Exit
AA.5	Advisory Board Committee Minutes	September & March
AA.6	<b>Annual Report</b>	January
BB	<b>Annual Report</b>	January
CC	Annual Report/Annual Retreat Minutes	January
DD	Annual Report	January
Other	NCE Exam Results	Spring/Fall

#### Stakeholder Contact Information

Email contact lists are kept and regularly updated for the following Stakeholders:

- h. Program applicants, both admitted students and individuals that declined admission.
- i. Current students
- j. Program graduates (also collect address and phone at exit)
- k. Program Faculty (core and non-core)
- 1. Program Advisory Board
- m. Program Staff
- n. Field Experience Site Supervisors

Additionally, the CMHC Program will list assessment information on the Bushnell CMHC program page. This will include the Annual Report, Vital Statistics Report, Student/Graduate/Employer Surveys.

## Surveys/Assessments

- a. Counselor Competencies Scale (CCS)
- b. SDA
- c. Signature Assignments
- d. Student Survey
- e. Graduate Survey
- f. Employer Survey
- g. Student Evaluations of Supervisors
- h. Student Interviews Ranking

Table 2: Bushnell University -CMHC Data-Driven Program Modifications Plan\*

Area of Improvement	Modifications/Interventions	Results/ Objectives
<b>9/9/19</b> Advisory	Explore options to offer	From Nov 27 <sup>,</sup> 2019 Follow up
Board/Student Survey	specialized training courses	Report to Advisory Board:
Finding:	in counseling skills within	We have submitted a Program
Students are requesting	and outside of CMHC	Change form to make Practicum
specific counseling skills that	program.	one semester, which would
go beyond what is taught in	program.	allow the program to offer
counseling theory.		electives in specific counseling
		skills, such as CBT, MI, EMDR
		etc. Taught by qualified faculty.
		Still awaiting approval from
		Academic Council.
		Academic Council.
		A file has been completed on
		Beacon Learning, which includes
		specific counseling technique
		resources. We also have worked
		with the Bushnell library to add
		a library of videos consisting of
		lectures, counseling sessions,
		etc. This program contains
		thousands of videos! CMHC
		students have access to these
		resources.
		We have collaborated with
		OHSU to offer free training to
		Bushnell students and staff. To
		date we have been able to offer
		training on psychiatric
		assessments including the SCID
		and SIPS, and training on
		Feedback Informed Treatment.
		We are looking to redo those
		trainings in 2020, in addition to
		CBT, EMDR and a Supervisors
		Training.
		We will add a visit (possible
		training) to Oregon State
		Hospital (OSH) to our
		Orientation Course.
		Orientation Course.
		April 2020: The Academic Council
		approved the modification of the

		CMHC practicum courses to allow for Special Topics Courses to be offered Spring 2021. These courses will be offered each 8-week semester and will include initially: Trauma Informed Treatments, CBT, MI, Play Therapy and Couples Counseling/Sex therapy.  Spring 2021: First Special Topics course is offered with plans to offer at least one course each semester.
Area of Improvement	Modifications/Interventions	Results/ Objectives
9/9/19 Advisory Board: Increase access for a wider population to the Bushnell Clinic to offer support to community and to offer Prac students a larger diversity of clients.	Review current clinic policies, liability insurance and forms to ethically and legally increase access to more diverse populations. Continue to work with Dean of Students, Director of Student Life & Vice President for Student Development on increasing visibility and access of the clinic for existing Bushnell undergraduate students.	From Nov 27, 2020 Follow up Report to Advisory Board: Mindi Barta has started visiting each internship site and will continue this practice each term. She will be letting sites know the clinic is an option for client referrals.  Dr. Melton and Mindi Barta have met with representatives of the Offices of Student Enrollment and Development to discuss utilization of the Counseling Clinic.  We have added the ability in the clinic to work with adolescents, couples and groups.  April 2020 Update: We now offer full telehealth services to students and community following best practices in telehealth (ACA/CACREP/ Person-Centered Tech).  April 2021: We are continuing to offer full telehealth services throughout COVID-19 pandemic, and if allowed, this will be an ongoing offering.

		Goal: Increase both areas by 10% enrollment over by Fall 2021
April 2020: Data sources (Student Survey, Vital Statistics Report) Indicate low racial and sexual diversity in CMHC program. Student survey found 100% of student reporting identify as white and 5% of them identify as a sexual minority. Vital Statistics report 14% identify as non-white and no sexual minority identification.	Work with Dean of Students to target minority undergraduates interested in the helping profession.  Identify cultural brokers in these specific areas that may be able to offer support/insights in recruiting minority students.  Identify minority members of advisory council that may guide us as a program in this area.  Updated 6/3/20 @ Faculty & Staff Meeting:  Assure Facebook page includes content that includes diverse and culturally informed content.  Increase diversity in class content including texts, articles, media etc. written by minority authors.  Assure new Bushnell CMHC page includes diverse content and is culturally informed.	
April 2020: Data sources (Student Survey, Student Faculty Evaluations) indicate 55% satisfaction with organization of courses.	Emphasize consistency in communication and application of course syllabi. Begin to integrate new University Faculty Evaluation that reviews course syllabi and online courses in more detail.	Goal: Increase to 70% by Fall 2021

Area of Improvement	Modifications/Interventions	Results/ Objectives
April 2020: Data Source (Student Survey) indicate the least preferred (85%) form of instruction is online formats.	Continue to engage in strategies that may improve online courses (e.g., tech snacks, personal mentorship with Instructional Technology Specialist Elyse Crichton, webinars, etc.)	Goal: Reduce this finding to 70% by Fall 2021.
April 2020: Data Source (Student Survey) indicate 30% dissatisfaction rate with being able to locate resources in the Bushnell Clinic.	Continue to move all clinical forms within Theranest, increase Mindi's access to basic supplies, Integrate MyOutcomes into clinic practice.	Goal: Decrease this finding to 15% by Fall 2021.
April 2020: Data Source (Student Survey) indicate 65% of students feel they do not have enough time to engage in research for working with clients. Staff audits have also noted some students neglecting to report other hours in Prac and Supervision.	Practicum and Internship Faculty review other hours on Hour logs more consistently and give specific assignments (e.g., review articles, AVON video specific to a client need).  Create Special Topics Course to cover specific counseling interventions/ research.	Goal: Decrease this finding to 50% by Fall 2021.
April 2020: Data Source (Vital Statistics Report) indicates a 72% program completion rate.	Integrate rating system in initial student interviews. (DONE AS OF FALL 2020 Admits) Continue to consistently offer SDA meetings each semester if not more consistently if student is of concern. Students of concern are identified at bi-weekly Faculty and Staff meetings.	Goal: Increase this finding to 80% by Fall 2021
April 2020: Data Source (Student Evaluations) indicate a 55% evaluation completion rate.	Faculty to integrate course evaluations into course learning (e.g., research methods, assessment, and appraisal). Dean to send reminder to all students each term.	Goal: Increase this finding to 70% by Fall 2021

Area of Improvement	Modifications/Interventions	Results/ Objectives
April 2020: Data Source (Graduate Survey) indicates lower scores on the prepared or more prepared in the following areas as it related to their careers as counselors: Counseling Skills (75%)* (85%) Addictions (57%)* (48%) Family (57%)* (53%) Crisis (62%)* (78%) Cultural (75%)* (92%) Career (63%)* (77%)	Assure faculty teaching these areas have support and resources to offer pedagogical approaches that increase preparedness in these areas. Focus Special Topic Course in these areas. CSI to offer presentations from experts in these areas.	Goal: All CACREP areas show 80% prepared or more prepared as indicated by Graduate surveys by Fall 2021.  April 2021 Update: CSI has offered training in the following areas: Major mental illness, Private Practice Counseling, Sex and Relationship Therapy Working with First Responders, Motivational Interviewing Autism  *Indicates results of our 2021 Graduate Survey. There are improvements in the areas of Counseling Skills (Met goal), Crisis, Cultural (Met goal) and Career. We did see some decline in Addictions and Family work.

<sup>\*</sup>This table presents areas identified for improvement based on a review of program data. This table is updated on an ongoing basis in order to track modifications suggested and the results of implemented modifications.