Clinical Mental Health Counseling Program
Annual Program Report
2022-2023

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Niagara University's College of Education is committed to the highest levels of quality assurance and continuous improvement in all of its programs and offerings. We demonstrate this commitment by conducting annual program reviews according to the highest national and international standards of the respective professions for which we prepare our candidates, and sharing these results with program stakeholders including applicants, candidates, alumni, clinical supervisors, and faculty. The following report details the annual review of the College of Education's Clinical Mental Health Counseling program. This program is aligned to the 2016 Council for Accreditation of Counseling & Related Educational Programs (CACREP) Standards including the eight CACREP Core areas and the specific standards for Clinical Mental Health Counseling.

Program Assessment Measures

1. National Examination
   Candidates in the Clinical Mental Health Counseling program complete the Counselor Preparation Comprehensive Examination (CPCE) in the fall semester of their third year of study. This exam is aligned to the 8 CACREP Core Areas (2.F.1-2.F.8).

2. Key Program-Based Assessments
   In addition to the CPCE, program data is collected on an annual basis on the following measures aligned to CACREP's 2016 Clinical Mental Health Counseling Standards:

   a. Mid-Point Assessment-Mock Counseling Session
      Candidates take the mid-point assessment at the conclusion of their first year of study. Within the assessment, candidates make a video of a mock counseling session, and present the case to their peers and the professor of EDU 658 Advanced Counseling Techniques. The class critiques the presentation and the video, and the instructor provides a final evaluation using the standardized scoring rubric presented below. In order to proceed to practicum, candidates must receive a passing score on this signature assessment. Aligned to CMHC CACREP 2016 standards 2.F.1.k, 2.F.5.j, 2.F.7.e, and 5.C.2.l.

   b. Research Project (595)

      Candidates complete the research project in the fall of their second year of study. Within this assessment candidates prepare a research proposal evaluating an intervention, project, or program relevant to their area of professional interest or expertise. The research proposal is informed by a needs assessment. The instructor of EDU 595 Educational Research and Statistics evaluates the proposal using a standardized scoring rubric presented below. In order to proceed to internship I, candidates must receive a passing score on this signature assessment. Aligned to CMHC 2016 CACREP Standards spanning 2.F.8.

c. Diversity Project (652)

Candidates complete the diversity project in EDU 652 which is taken in the second year spring semester. Candidates have the option of taking it in the first or second summer session to reduce the spring semester course load.   Within the project candidates are required to view a film or media source (e.g., TV series, biography, documentary) in which an individual faces challenges or unique experiences as a result of cultural factors. Based on the plight/issues of the character in the film, articulate the following in written form. They document the phenomenological experiences of the central character, chronicle the character's cultural identity development, apply eco-webbing procedures to the analysis, consider turning points/challenges confronted by the character, and indicate intervention plans as if the character were a client.   The project is aligned to CACREP 2016 standards 2.R.1.e, 2.F.2a-d, 2.F.5.b, and CMHC specific standards. 5.C.2.j and 5.C.3.a.

d. Practicum Evaluation

In the fall of the second year of the program candidates complete a practicum placement. At the end of practicum the site supervisor completes a final evaluation of the candidate's knowledge, skills, and dispositions in each of the program expectations aligned to CMHC CACREP 2016 standards 2 F.5.a., 2. F.1.j., 2. F.2.c., 2.F. 2.d., 2.F.1.a., 2.F.1.b., 2.F.1.i., 2.F.1.k., 2.F.1.l., 2.F.1.m., 2.F.2.h., 2.F.5.e., 2.F.5.f., 2.F.5.g, 5.C.1.b., 5.C.2.a., 5.C.2.d., 5.C.2.h., 5.C.2.m., 5.C.3.d., 5.C.3.e.

e. Internship Evaluation

Within the program candidates complete three internship placements (spring of year 2, fall of year 3, and spring of year 3). At the end of each internship the site supervisor completes a final evaluation of the candidate's knowledge, skills, and dispositions in each of the program expectations aligned to CMHC CACREP standards B1, B2, D1, D2, D3, D4, D5, D6, D7, D8, D9, F1, F2, F3, H1, H2, H3, H4, J1, J2, J3, L1, L2, and L3. The evaluation form was revised to CACREP 2016 standards in the spring of 2021 and piloted with Internship 1.   The form aligns with CACREP 2016 standards: 2.F.1.a., 2.F.1.b., 2.F.1.i., 2.F.1.j., 2.F.1.k., 2.F.1.l., 2.F.1.m., 2.F.2.c., 2.F.2.d., 2.F.2.h., 2.F.4.b., 2.F.4.h., 2.F.5.a, 2.F.5.d., 2.F.5.e., 2.F.5.f., 2.F.5.g., 2.F.5.i., 2.F.5.m., 2.F.6.a., 2.F.6.c., 2.F.7.e., 2.F.7.i., 5.C.1.b., 5.C.1.e., 5.C.2.a., 5.C.2.b., 5.C.2.c., 5.C.2.d., 5.C.2.d., 5.C.2.f., 5.C.2.h., 5.C.2.j., 5.C.2.l., 5.C.2.m., 5.C.3.b., 5.C.3.b., 5.C.3.d., 5.C.3.e.

f. Therapeutic Impact Project

This signature assessment is completed in the third internship. The project requires candidates to demonstrate their therapeutic impact with a client. The project includes an assessment of client needs, details of a treatment, and review of treatment progress. The project is reviewed by the University Supervisor/Instructor of EDU 687 using a standard rubric aligned to CACREP 2016 standards 2.F.1.m, 2.F.2.c, 2.F.3.e, 2.F.3.f, 2.F.5.a,

2.F.5.b, 2.F.5.c, 2.F.5.e, 2.F.5.f, 2.F.5.g, 2.F.5.h, 2.F.5.i, 2.F.7.b, 2.F.7.e,2.F.7.f,2.F.7.h, 2.F.7.j, 2.F.7.l, 2.F.7.m, 2.F.8.b, 2.F.8.c, 2.F.8.d, 2.F.8.e, 2.F.8.i, 2.F.8.j

g. Comprehensive Examination

This comprehensive assessment is administered in the last three weeks of the final semester of study. The clinical mental health counseling candidate participates in an oral defense in which each conducts a powerpoint presentation on questions pertaining to the field of clinical mental health counseling. The oral defense is evaluated by the candidate's faculty advisor and an additional full-time faculty member(s) using an approved rubric. CMHC CACREP 2016 standards:2.F.1.l, 2.F.2.h, 2.F.5.a, 2.F.8.b, 5.C.1.a, 5.C.2.j. 5.C.2.l, 5.C.3.a-3

3. Alumni Survey

The program faculty conducts a bi-annual survey of graduates to assess their perceptions on the quality of the program. Although not directly aligned to CACREP standards, this survey is more specific to individual program components and expectations for the profession. The alumni survey aligns to CACREP Standards: 2.F.4, 2.F.5.h, 2.F.5.m, 2.F.8, 5.C.2.f, 5.C.2.m, 5.C.3.a

4. Employment Statistics

The program coordinator maintains contact with alumni and annually seeks updates on employment status beginning one year following graduation.

Assessment Measure Alignment with CACREP Standards

Assessment/CACREP 2016 Standard	2.F.1 Professional Counseling Orientation and Ethical Practice	2.F.2 Social and Cultural Diversity	2.F.3 Human Growth and Development	2.F.4 Career Development	2.F.5 Counseling and Helping Relationships	2.F.6 Group Counseling and Group Work	2.F.7 Assessment and Testing	2.F.8 Research and Program Evaluation	5.C.1 Foundations	5.C.2 Contextual Dimensions	5.C.3 Practice
CPCE	■	■	■	■	■	■	■	■			
Mid-Point	■				■		■			■	
Research	■							■		■	■
Diversity	■	■			■					■	■
Practicum	■	■			■				■	■	■
Internship	■	■		■	■	■	■		■	■	■
Therapeutic Impact	■	■	■		■		■	■			
Comprehensive	■	■			■			■	■	■	■
Alumni Survey	■	■	■	■	■	■	■	■			

National Examination

Candidates complete the Counselor Preparation Comprehensive Examination (CPCE) during the fall semester of the third year of study. This exam is developed by the National Board for Certified Counselors/Center for Credentialing in Education and is based on the 8 CACREP Core areas.

Spring 2023

CACREP 2016 Standards	Content Area	Niagara University N=17					National-Exit N=2,148			
		Minimum	Maximum	Mean	Standard Deviation		Minimum	Maximum	Mean	Standard Deviation
2.F.1	C1: Professional counseling Orientation and Ethical Practice	7	13	10.3	1.5		0	16	11.2	2.2
2.F.2	C2: Social & Cultural Diversity	4	11	8.2	1.8		0	17	10.0	2.5
2.F.3	C3: Human Growth and Development	5	13	9.6	1.9		0	17	10.6	2.4
2.F.4	C4: Career Development	6	13	8.6	1.8		0	16	10.3	2.4
2.F.5	C5: Counseling and Helping Relationships	6	14	10.0	2.0		0	17	9.8	2.6
2.F.6	C6: Group counseling and Group Work	8	14	10.8	1.5		0	17	11.7	2.6
2.F.7	C7: Assessment and Testing	4	13	9.1	2.3		0	17	10.1	2.5
2.F.8	C8: Research and Program Evaluation	5	14	10.9	2.6		0	17	11.7	2.8
	TOTAL:	64	92	77.5	9.5		0	124	85.5	14.9

*Note: There was a technological glitch in the fall of 22 administration attempt, so it was rescheduled for spring 2023.

Fall 2021 Results

CACREP 2016 Standards	Content Area	Niagara University N=13					National-Exit N=928			
		Minimum	Maximum	Mean	Standard Deviation		Minimum	Maximum	Mean	Standard Deviation
2.F.1	C1: Professional Counseling Orientation and Ethical Practice	6	13	10.4	1.9		0	16	11.6	2.4
2.F.2	C2: Social & Cultural Diversity	7	11	9.5	1.3		0	17	9.7	2.5
2.F.3	C3: Human Growth & Development	6	14	9.7	2.4		0	15	9.7	2.3
2.F.4	C4: Career Development	6	11	8.7	1.7		0	15	9.7	2.6
2.F.5	C5: Counseling and Helping Relationships	7	12	9.1	1.5		0	16	9.1	2.6
2.F.6	C6: Group Counseling and Group Work	6	13	9.8	2.1		0	17	11.1	2.8
2.F.7	C7: Assessment and Testing	5	14	9.3	2.4		0	16	9.4	2.6
2.F.8	C8: Research & Program Evaluation	6	14	9.3	2.4		0	16	10.1	2.7
	TOTAL:	57	92	75.8	9.7		0	111	80.5	15.5

Spring 2021 Results

CACREP 2016 Standards	Content Area	Niagara University N=9					National-Exit N=1150			
		Minimum	Maximum	Mean	Standard Deviation		Minimum	Maximum	Mean	Standard Deviation
2.F.3	C1: Human Growth & Development	6	15	10.4	2.4		2	17	13.1	2.5
2.F.2	C2: Social & Cultural Diversity	5	12	8.1	2.4		0	16	9.3	2.6
2.F.5	C3: Helping Relations	5	11	7.6	2.1		1	15	9.0	2.4
2.F.6	C4: Group Work	4	13	8.7	3.2		2	17	10.8	2.7
2.F.4	C5: Career Development	4	12	8.9	2.7		0	17	9.9	2.7
2.F.7	C6: Assessment	4	13	9.4	3.6		0	17	11.8	2.6
2.F.8	C7: Research & Program Evaluation	4	12	8.3	2.3		0	16	9.4	2.7
2.F.1	C8: Professional Orientation & Ethical Practice	4	13	8.3	3.4		0	17	10.7	2.7
	TOTAL:	46	95	69.8	17.4		5	122	84.1	15.6

*Note that the test would typically have been administered in the fall of 2020 but was pushed to spring due to COVID pandemic restrictions.
There were a number of technical difficulties in the on-campus administration.

Goal

The program faculty have set a goal that scores on the CPCE will be equal to or higher than the national mean on each of the subscores. We track scores as compared to the national mean over a three-year period. If we have three years of scores that exceed the mean, we consider this a strength area. If there are two or more years of scores where the mean is one standard deviation or more below the mean, we will track that area as a potential area for improvement.

Analysis

There are no established trends in terms of strength or weakness in any of the eight areas. Human Growth and Development (C1) in Spring 2021 was the only point at which program candidates scored more than one standard deviation below the mean. The Spring 2023 data indicated that Social & Cultural Diversity (C2) was at one standard deviation below the mean (not precisely meeting our threshold).

Plans for 2023-24 as a result of these assessment results:

We are targeting Social & Cultural Diversity (C2) for improvement and have transitioned the associated course (EDU 652) to be taught in-person. Data from other sources will be compared to these potential areas for improvement to determine if there are additional program changes needed.

Program-Based Assessments

New Mid-Point Assessment

Candidates take the mid-point assessment at the conclusion of their first year of study. Within the assessment, candidates make a video of a mock counseling session, and present the case to their peers and the professor of EDU 658 Advanced Counseling Techniques. The class critiques the presentation and the video, and the instructor provides a final evaluation using a standardized rubric. In order to proceed to practicum, candidates must receive a passing score on this signature assessment. This assessment was implemented in the e-portfolio system Anthology during the Spring 2019 semester. The rubric was revised to CACREP 2016 standards in spring 2021.

Report Scoring Rubric for EDU 658 Video					
CACREP Standard	Criteria	Unsatisfactory	Weak Satisfactory	Satisfactory	Strong Satisfactory
Best practice in in conducting intake 2.F.5.j	**Introduction**	Lacks more than one of the elements as defined for (2 pt.) satisfactory performance.	Lacks one of the elements as defined for (2 pt.) satisfactory performance.	Candidate welcomes the client, reviews presenting problems, ethical issues and establishes rapport.	● Candidate meets 2 pt. criteria and… ● Candidate moves beyond initial contact to create a therapeutic alliance. ● client/clinician roles/responsibilities are clearly defined
Best practice in using a variety of treatment techniques 2.F.5.j	**Blending**	Lacks any of the elements as defined for (2 pt.) satisfactory performance.	Candidate appropriately utilizes and transitions between four techniques but lacks fluidity.	Candidate fluidly and appropriately utilizes and transitions between four techniques.	Selected techniques are congruent with client presentation, well-timed, well developed and marked by smooth transitions.

CACREP Standard	Criteria	Unsatisfactory	Weak Satisfactory	Satisfactory	Strong Satisfactory
Best practice for Closure 2.F.5.j	**Closing**	Lacks two or more of the elements as defined for (2 pt.) satisfactory performance.	Lacks one of the elements as defined for (2 pt.) satisfactory performance.	Attempts at closure are adequate but somewhat incomplete. e.g. Appropriately reviews issues covered, but the client may be unclear on next steps.	Clear steps for closure are evident: e.g.: ● Notifies client that the session is ending ● Summarizes ● Review concerns ● Conveys hope ● Assigns homework when appropriate, ● Discusses plans for the next session.

Presentation

CACREP Standard	Criteria	Unsatisfactory	Weak Satisfactory	Satisfactory	Strong Satisfactory
Best Practice for Case Presentation 2.F.5.j	**Handouts**	Lacks two or more of the elements as defined for (2 pt.) satisfactory performance	Lacks one of the elements as defined for (2 pt.) satisfactory performance.	Handouts are adequately organized but are somewhat unclear / incomplete with regard to client background and presenting problem.	Handouts are well organized and provide a thorough client background and presenting problems.
Best Practice for Seeking Supervision 2.F.5.j	**Seeking Supervision**	Candidate lacks insight into the context of the session and is challenged in preparing classmates to focus / give feedback on some critical issues.	Candidate demonstrates adequate insight into the context of the session but is challenged in preparing classmates to focus / give feedback on some critical issues.	Candidate demonstrates adequate insight into the context of the session and appropriately prepares classmates to focus / give feedback on most critical issues.	Candidate demonstrates good insight into the context of the session and appropriately prepares classmates to focus / give feedback on all critical issues.
Best Practice for Sharing Therapeutic Intent 2.F.5.j	**Briefing on therapeutic intent**	All two of the three criteria, as described in level three, are lacking.	Two of the three criteria, as described in level three, are lacking.	One of the three criteria, as described in level three, are lacking.	Candidates therapeutic intent: ● is well articulated. ● presented in format congruent with course content. ● consistent with what is observed in the session.

			Critique		
CACREP Standard	Criteria	Unsatisfactory	Weak Satisfactory	Satisfactory	Strong Satisfactory
Understands the evidence base and theoretical connections behind techniques 2.F.5.j	**Explanation of how/why techniques were used**	Rationale is consistent with information gathered in session but evidences limited synthesis of theory.	Rationale is consistent with information gathered in session but evidences limited synthesis of theory.	Rationale is congruent to the situation and demonstrates developing theoretical knowledge.	Rationale is congruent to the situation and demonstrates in-depth theoretical knowledge.
Demonstrates ability to self-evaluate clinical limitations 2.F.1.k	**Discussion of session strengths**	Lacks 2 or more of the elements as defined for (2 pt.) satisfactory performance	Lacks 1 of the elements as defined for (2 pt.) satisfactory performance	Candidate's discussion of session strengths is adequately developed but somewhat incomplete.	Rationale is congruent to the situation and demonstrates in-depth theoretical knowledge.
Demonstrates ability to self-evaluate clinical limitations 2.F.1.k	**Discussion of session weaknesses**	Lacks 2 or more of the elements as defined for (2 pt.) satisfactory performance	Lacks 1 of the elements as defined for (2 pt.) satisfactory performance	Candidate's discussion of session weaknesses is adequately developed but somewhat incomplete.	Rationale is congruent to situation and demonstrates in-depth theoretical knowledge.

			Case Analysis & Treatment Plan	
CACREP Standard	Criteria	Unsatisfactory	Satisfactory	Strong Satisfactory
Best Practice for Treatment Planning 2.F.7.e	**Presenting Problem**	Lacks any of the elements as defined for (level 2) satisfactory performance	The presenting problem is well defined but lacking in completeness.	The presenting problem is defined in all due complexity.
Best Practice for assessing client's readiness for change 2.F.7.e	**Client's Readiness to change**	Lacks any of the elements as defined for (level 2) satisfactory performance	Adequate "working" articulation of client assets, areas of difficulty, and motivation to change but largely based on unsupported assumptions.	Articulation of client assets, areas of difficulty, and motivation to change is well supported.
Understands a variety of evidence-based models and theories related to	**Theoretical Orientation**	Lacks any of the elements as defined for (level 2) satisfactory performance	Theoretical orientation and techniques used to facilitate success are generally consistent	Theoretical orientation and techniques used to facilitate success are congruent

clinical mental health counseling. 2.F.5.j			with client presentation and course materials.	with client presentation and course materials.
Develops measurable outcomes for interventions and treatments. 2.F.5.j	Treatment Objectives	Both elements are lacking, as described in level 3.	One element is lacking, as described in level 3.	Specific objectives of the intervention are: ● Clearly described. ● Rationally prioritized.
Develops measurable outcomes for interventions and treatments. 2.F.5.j	Assessment of Progress	Lacks any of the elements as defined for (level 2) satisfactory performance	Strategies to assess progress are measurable, observable, but somewhat lacking in specificity.	Strategies to assess progress are measurable, observable, and specific.
Assesses client's prognosis for change within the continuum of care. 2.F.7.e	Anticipated Progress	Lacks any of the elements as defined for (level 2) satisfactory performance	A working assumption of anticipated progress is articulated but somewhat lacking in support and/or congruence with methods for assessing progress.	Anticipated prognosis is rationally supported OR a working assumption of such is clearly related to methods for assessing progress.
Applies and adheres to ethical standards in clinical mental health counseling. 5.C.2.l	Anticipated Ethical Issues	Anticipation of ethical issues is not supported by case presentation.	Anticipation of ethical issues is somewhat incomplete given case presentation.	Anticipation of ethical issues is sufficiently expansive given case presentation.
Uses evidence-based principles and practices to terminate counseling. 2.F.5.j	Plan for Case Closure	Both of the elements, as described in level 3, are lacking in completeness.	One of the two elements, as described in level 3, is lacking in completeness.	● Discussion of the indicators the candidate would use to determine the client's readiness of terminate therapy is consistent with other elements of the case. ● Candidate develops a complete and appropriate plan for case closure, including relapse prevention/ relapse strategies.
	Written format	Significant errors associated with level 3 criteria	Minor errors associated with level 3 criteria	● APA guidelines used properly throughout paper ● Perfect grammar/punctuation

				● Writing is clear and understandable through paper
Applies relevant research findings to inform practice. **2.F.5.j**	**References**	● Includes less than three references. ● References do not appear to inform treatment approaches.	● Includes at least three references. ● References only vaguely inform treatment approaches.	● Includes at least three references. ● References clearly contribute to a complex, systematic, and cogent decision making process about treatment approaches.

Mid-Point Assessment

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N= 13

CACREP Standard	Video Criteria	Mean	SD	Unsatisfactory %	Weak Satisfactory %	Satisfactory %	Strong Satisfactory %
2.F.5.j	Introduction	2.90	0.30	0	10	90	0
2.F.5.j	Blending	3.80	0.60	0	10	0	90
2.F.5.j	Closing	3.00	0.00	0	0	100	0

CACREP Standard	Presentation Criteria	Mean	SD	Unsatisfactory %	Weak Satisfactory %	Satisfactory %	Strong Satisfactory %
2.F.5.j	Handouts	3.00	0.00	0.00	0.00	100	0
2.F.5.j	Seeking Supervision	4.00	0.00	0.00	0.00	0	100
2.F.5.j	Briefing on therapeutic intent	3.00	0.00	0.00	0.00	100	0

CACREP Standard	Critique Criteria	Mean	SD	Unsatisfactory %	Weak Satisfactory %	Satisfactory %	Strong Satisfactory %
2.F.5.j	Explanation of how/why techniques were used	3.90	0.31	0	0	11	89
2.F.1.k	Discussion of session strengths	3.00	0.00	0	0	100	0
2.F.1.K	Discussion of session weaknesses	2.90	0.31	0	11	89	0

CACREP Standard	Case Analysis & Treatment Plan Criteria	Mean	SD	Unsatisfactory %	Satisfactory %	Strong Satisfactory %
2.F.7.e	Presenting Problem	1.90	0.32	0	12	88
2.F.7.e	Client's Readiness to change	1.80	0.38	0	18	82
2.F.5.j	Theoretical Orientation	2.00	0.00	0	0	100
2.F.5.j	Treatment Objectives	1.90	0.47	0	0	94
2.F.5.j	Assessment of Progress	1.70	0.57	0	18	76
2.F.7.e	Anticipated Progress	1.90	0.24	0	6	94
5.C.2.l	Anticipated Ethical Issues	1.90	0.47	0	0	94
2.F.5.j	Plan for Case Closure	1.90	0.24	0	6	94

				Unsatisfactory	Weak Satisfactory	Satisfactory
	Written format	1.80	0.55	0	12	82
2.F.5.j	References	1.90	0.32	0	12	88

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N=15

CACREP Standard	Video Criteria	Mean	SD	Unsatisfactory %	Weak Satisfactory %	Satisfactory %	Strong Satisfactory %
2.F.5.j	Introduction	2.9	0.25	0	7	93	0
2.F.5.j	Blending	3.6	0.49	0	0	40	60
2.F.5.j	Closing	2.9	0.25	0	7	93	0

CACREP Standard	Presentation Criteria	Mean	SD	Unsatisfactory %	Weak Satisfactory %	Satisfactory %	Strong Satisfactory %
2.F.5.j	Handouts	2.9	0.33	0	13	88	0
2.F.5.j	Seeking Supervision	3.9	0.24	0	0	6	94
2.F.5.j	Briefing on therapeutic intent	2.9	0.24	0	0	94	0

CACREP Standard	Critique Criteria	Mean	SD	Unsatisfactory %	Weak Satisfactory %	Satisfactory %	Strong Satisfactory %
2.F.5.j	Explanation of how/why techniques were used	3.9	0.35	0	0	14	86
2.F.1.k	Discussion of session strengths	3.0	0.00	0	0	100	0
2.F.1.K	Discussion of session weaknesses	3.0	0.00	0	0	100	0

CACREP Standard	Case Analysis & Treatment Plan Criteria	Mean	SD	Unsatisfactory %	Satisfactory %	Strong Satisfactory %
2.F.7.e	Presenting Problem	1.9	0.34	0	13	87
2.F.7.e	Client's Readiness to change	1.9	0.25	0	7	93
2.F.5.j	Theoretical Orientation	1.9	0.25	0	7	93
2.F.5.j	Treatment Objectives	1.8	0.40	0	20	80
2.F.5.j	Assessment of Progress	1.8	0.40	0	20	80
2.F.7.e	Anticipated Progress	1.9	0.25	0	7	93

5.C.2.l	Anticipated Ethical Issues	1.9	0.25	0	7	93
2.F.5.j	Plan for Case Closure	1.9	0.34	0	13	87
	Written format	1.6	0.49	0	40	60
2.F.5.j	References	1.9	0.25	0	7	93

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N=26*

CACREP Standard	Video Criteria	Mean	SD	Unsatisfactory %	Weak Satisfactory %	Satisfactory %	Strong Satisfactory %
2.F.5.j	Introduction	2.9/3	0.32	0	12	88	0
2.F.5.j	Blending	3.7/4	0.46	0	0	31	69
2.F.5.j	Closing	2.9/3	0.32	0	12	88	0

CACREP Standard	Presentation Criteria	Mean	SD	Unsatisfactory %	Weak Satisfactory %	Satisfactory %	Strong Satisfactory %
2.F.5.j	Handouts	3/3	0.00	0	0	100	0
2.F.5.j	Seeking Supervision	3.9/4	0.28	0	0	9	91
2.F.5.j	Briefing on therapeutic intent	2.9/3	0.28	0	9	91	0

CACREP Standard	Critique Criteria	Mean	SD	Unsatisfactory %	Weak Satisfactory %	Satisfactory %	Strong Satisfactory %
2.F.5.j	Explanation of how/why techniques were used	4/4	0.20	0	0	4	96
2.F.1.k	Discussion of session strengths	3/3	0.00	0	0	100	0
2.F.1.K	Discussion of session weaknesses	2.4/3	0.50	0	57	43	0

CACREP Standard	Case Analysis & Treatment Plan Criteria	Mean	SD	Unsatisfactory %	Satisfactory %	Strong Satisfactory %
2.F.7.e	Presenting Problem	2/2	0.19	0	4	96
2.F.7.e	Client's Readiness to change	2/2	0.00	0	0	100
2.F.5.j	Theoretical Orientation	2/2	0.00	0	0	100
2.F.5.j	Treatment Objectives	1.5/2	0.50	0	54	46

2.F.5.j	Assessment of Progress	1.7/2	0.44	0	27	73
2.F.7.e	Anticipated Progress	1.9/2	0.27	0	8	92
5.C.2.l	Anticipated Ethical Issues	2/2	0.00	0	0	100
2.F.5.j	Plan for Case Closure	2/2	0.00	0	0	100
	Written format	2/2	0.19	0	4	96
2.F.5.j	References	2/2	0.00	0	0	100

*Candidates enrolled in the 4+2 program take this prior to official matriculation in the program.

Program Goal

Goal is that 70% or more of the candidates demonstrate "Strong Satisfactory" in each area with none of the students receiving ratings of less than "Satisfactory" over the three year period. Potential areas for improvement will be evident when two or more candidates receive ratings of less than "Satisfactory" in at least two of the three years.

Analysis:

Strengths were observed in 2.F.5.j Seeking Supervision,2.F.5.j (Explanation of how/why techniques were used), and throughout the (Case Analysis and Treatment Plan) including 2.F.7.e, 2.F.5.j (techniques, assessment of progress, principles/practices to terminate, applying research), 5.C.2.1.
Though it did not meet our criteria as a designated weakness, potential areas for improvement included 2.F.5.j Introduction and 2.F.1.k (Discussion of Session Weaknesses). The faculty reflected on these areas and think that in the area of 2.F.5.j (Introduction) candidates struggle with opening a session appropriately. They are also hard pressed for time and managing the session in 30 minutes. In the area of 2.F.1.k (Discussion of Session Weaknesses) candidates are often overly critical and/or non-specific in terms of clinical aspects of their weaknesses. This is again a challenge for the time constraints.

Plans for 2023-24 as a result of these assessment results:

The CMHC faculty met with the adjunct professors in fall 2023 to review the data highlighted above. Faculty will spend more targeted time on role plays that highlight the structure of a counseling session (i.e., opening, managing, and closing a session). We are also targeting their ability to reflect on self-improvement i.e., 2.F.1.k (Discussion of Session Weaknesses). A follow-up meeting was held to ensure consistency of course curriculum. Simultaneously, the core CMHC faculty are conducting inter-rater reliability samples to ensure fidelity to the rubric. Candidate scores will be tracked to establish predictive validity with scores on the practicum.

EDU 595 – Research Project Proposal

Project Description

Candidates will prepare a research proposal evaluating an intervention, project, or program relevant to their area of professional interest or expertise. The research proposal will be informed by a needs assessment. This proposal will provide a means to assess program effectiveness and other relevant outcomes.

Candidates will prepare this research proposal specifically for this course. Each candidate will work independently in this assignment. Work previously submitted for other courses will not be accepted.

Project Domains

1) Students will identify and describe the steps involved in conducting a formal needs assessment within a prospective agency, school, or other clinical setting. Students will use this prospective needs assessment to identify systemic or individual supports that may affect change in the setting/on the individual.

2) Students will examine scholarly research and identify best practice (i.e., assessments, interventions, applications) to craft an intervention plan targeting the identified need(s) (individual or group) with a reasonable probability of success. A minimum of 5 to 7 peer reviewed articles should be utilized in the conceptualization of best practice intervention approaches.

3) Students will describe the target population involved in their proposed intervention and how they would be potentially recruited for your project.

4) Students will identify hypothetical or potential stakeholders with whom you would collaborate in execution and evaluation of your intervention program at your site, including counselors, social workers, psychologists, and any others.

5) Students will prepare the methods and procedures that will be implemented for evaluation of the proposed systemic or individual intervention project. Students can select quantitative, qualitative, or mixed methods approaches, but must present a defensible rationale for the selected approaches.

a.   Student will recognition and comprehension of basic parametric (t-test, correlation, simple linear regression, analysis of variance) and nonparametric (e.g., Chi-square) inferential statistics; One or more if desired

6) Students will prepare and interpret hypothetical results from the proposed project. Interpretation should include an explicit discussion of analyses, including quantitative, qualitative, or both.

7) Students will address strengths and limitations of the proposed project.

8) Students will discuss implications for their work as a professional.

Scoring Rubric

Expectation	Unsatisfactory	Satisfactory	Target
Candidates will identify and describe the steps involved in conducting a formal needs assessment within a prospective agency, school, or other clinical setting. Candidates will identify systemic or individual supports that may effect change in the setting/on the individual. *CACREP Standards:* *2.F.8.c*	Candidate does not fully articulate the steps involved in conducting a formal need assessment, or the cited steps do not reflect contemporary best practices for work within their prospective agency, school, or other clinical setting. Discussion of necessary systemic or individual supports that may effect change in the setting/on the individual is not presented or is incomplete.	Candidate identifies the steps involved in conducting a formal needs assessment, however, full consideration of all steps is not articulated or is only partially framed in reference best-practice researched. Discussion of necessary systemic or individual supports that may effect change in the setting/on the individual is present but lacks detail.	Candidate fully articulates the steps involved in conducting a formal need assessment, and the cited steps reflect contemporary best practices for work within their prospective agency, school, or other clinical setting. Discussion of necessary systemic or individual supports that may effect change in the setting/on the individual are fully presented and explained.
The candidate can articulate a question of professional practice to address the cited need as framed by the needs assessment. *CACREP Standards:* *2.F.8.b, 2.F.8.g*	The question is absent or not depicted within a broader context.	The question is identified, and provides a conceptual framework but may need additional information to understand it within the broader context of the topic.	The question is well defined within the broader context of the topic and provides a conceptual framework.
The candidate will identify the target population involved in their proposed intervention and how they would be potentially recruited for the proposed intervention. *CACREP Standards:* *2.F.8.e, 2.F.8.g*	Candidate does not identify the target population involved in their proposed intervention and does not describe potential plans for their recruitment.	Candidate plan for the identification of the target population involved in their proposed intervention, including recruitment plans, is not fully explicated and lacks appropriate detail.	Candidate fully explicates plans for the identification of the target population involved in their proposed intervention and describes potential plans for their recruitment in full detail.

The candidate will identify hypothetical or potential stakeholders with whom they would collaborate in execution and evaluation of their intervention program on site. *CACREP Standards:* *2.F.8.j*	The candidate does not identify hypothetical or potential stakeholders with whom they would collaborate in execution and evaluation of their intervention program on site.	The candidate identifies a partial contingency of hypothetical or potential stakeholders with whom they would collaborate in execution and evaluation of their intervention program on site.	The candidate will identify hypothetical or potential stakeholders with whom they would collaborate in execution and evaluation of their intervention program on site, giving full consideration to the array of possible contributors.
The candidate identifies best practice approaches to craft an intervention plan targeting the identified need(s) with a reasonable probability of success. *CACREP Standards:* *2.F.8.a, 2.F.8.b*	Fewer than 5-7 current articles depicting research related to the targeted need are summarized in the review.	5-7 articles, a preponderance of which are less than 10 years old, depicting research related to the targeted need are summarized in the review.	At least 10 articles, a preponderance of which are less than 10 years old, depicting research related to the targeted need are summarized in the review.
The candidate can identify and differentiate between the research methodologies being used *CACREP Standards:* *2.F.8.f*	The methodologies used in most studies are either not presented or not accurate.	The methodologies used are clearly identified and accurately presented.	The methodologies used are clearly identified and accurately presented for all studies, and details demonstrating why the methodology is quantitative, qualitative, or mixed method are included.
The candidate demonstrates basic data literacy. *CACREP Standards:* *2.F.8.a, 2.F.8.f, 2.F.8.g, 2.F.8.h, 2.F.8.i*	The findings/results of the articles are not clearly presented.	The findings/results of the articles are accurately presented.	The findings/results of the articles are clearly and accurately presented, and logically connected to one another.

The candidate can draw conclusions based on knowledge gained from a variety of quality sources. *CACREP Standards:* *2.F.8.a, 2.F.8.j*	There is no clear summary of knowledge gained from the review of the articles.	The knowledge gained from the review of the articles is summarized and related back to the question.	The knowledge gained from the review of the articles is summarized and related back to the question. Exceptions and limitations are also included.
Candidates will prepare the methods and procedures that will be implemented for the evaluation of the proposed systemic or individual intervention project. Students will select quantitative, qualitative, or mixed methods approaches, providing a defensible rationale for the selected approaches. *CACREP Standards:* *2.F.8.g*	Candidate preparation of the methods and procedures that will be implemented for the evaluation of the proposed systemic or individual intervention project is absent or incomplete. Candidate does not provide a defensible rationale for the selected approaches.	Candidate preparation of the methods and procedures that will be implemented for the evaluation of the proposed systemic or individual intervention project is present but lacks detail and or the candidates' rationale is not defensible or is incomplete.	Candidate preparation of the methods and procedures that will be implemented for the evaluation of the proposed systemic or individual intervention project is fully articulated and is consistent with best practices. Candidate provides a defensible rationale for the selected approaches.
The candidate will prepare and interpret hypothetical results from the proposed project. The interpretation includes an explicit discussion of analyses, including quantitative, qualitative, or both. *CACREP Standards:* *2.F.8.e, 2.F.8.f, , 2.F.8.i,*	The candidate does not prepare or interpret hypothetical results from the proposed project. The interpretation does not include an explicit discussion of analyses, including quantitative, qualitative, or both.	The candidate prepares and interprets hypothetical results from the proposed project, however, the mock data may evidence slight misalignment with intervention program aims. The interpretation of analyses, including quantitative, qualitative, or both, are appropriate but may benefit from augmentation.	The candidate preparation and interpretation of hypothetical results are aligned with best practices and intervention program aims. The interpretation of analyses, including quantitative, qualitative, or both, is detailed and is aligned with program evaluation goals.

The candidate can make professional decisions about future practice based on appropriate interpretations of research. *CACREP Standards* *2.F.8.a, 2.F.8.b*	There are no specific recommendations for future professional practice included within the report OR the recommendations do not accurately reflect the research findings.	One to two implementable recommendations for future professional practice are made as a result of the review of the research.	More than two implementable recommendations for future practice are made as a result of the review of the research. Exceptions, limitations, and parameters are integrated into these recommendations.
The candidate addresses strengths and limitations of the proposed project. *CACREP Standards:* *2.F.8.a*	The candidate does not address strengths and limitations of the project.	The candidate addresses strengths and limitations of the project.	The candidate addresses strengths and limitations of the project, expanding upon individual and systemic implications for practice.
The candidate adheres to the University's code of Academic Integrity and APA referencing. *CACREP Standards:* *2.F.8.j, 5.C.2.l*	All or some of the references are not listed, or there are major edits needed to properly cite and attribute sources. NOTE: violations of academic integrity are not trumped by this clause and due process will be followed by the instructor.	All information is attributed appropriately. All references are listed. There is a need for edits related to APA citation.	All information is appropriately cited according to APA requirements and the University's code of Academic Integrity.
The candidate uses appropriate technologies to remain current in the profession. *2.F.1.d, 2.F.1.j*	The reference section does not suggest that the candidate can access research using current research technologies.	The reference section indicates that at least 1 of the research articles was accessed using current research technologies.	The reference section indicates that at least 4 of the research articles were accessed using current research technologies.

The candidate leads activities to promote understanding of key issues within the profession. *CACREP Standards:* *2.F.8.j, 5.c.3.e*	The results are not presented to stakeholders or the presentation does not effectively improve their understanding of the topic.	The presentation educates stakeholders and improves their understanding of the research topic.	The presentation engages stakeholders in collaborative activities to improve their understanding of the research topic.
The candidate uses technology to communicate and collaborate effectively with stakeholders. *CACREP Standards:* *2.F.1.j, 2.F.8.j, 5.c.3.e*	Technology is not used in the presentation of results to stakeholders.	Current presentation technology is used to communicate findings to stakeholders.	Current technologies are used to communicate findings to stakeholders, and collaboratively involve them in activities to improve their understanding.

Results

Research Project	CACREP Standard	2020-2021 N =13					2021-2022 N = 21					2022-2023 N=8				
		Mean	SD	1 %	2 %	3 %	Mean	SD	1 %	2 %	3 %	Mean	SD	1 %	2 %	3 %
Formal Needs Assessment	2.F.8.c	2.77	0.42	0	23	77	2.62	0.49	0	38	62	2.38	0.86	25	13	63
Research Question	2.F.8.b, 2.F.8.g	2.23	0.89	31	15	54	2.57	0.49	0	43	57	2.13	0.60	13	63	25
Quality Research for target population	2.F.8.e, 2.F.8.g	2.92	0.27	0	8	92	2.67	0.47	0	33	67	2.63	0.48	0	38	63
Quality Research for stakeholders	2.F.8.j	2.46	0.5	0	54	46	2.62	0.49	0	38	62	3.00	0	0	0	100

Category	Standards															
Intervention Plan	2.F.8.a, 2.F.8.b	2.69	0.46	0	31	69	2.76	0.43	0	24	76	2.25	0.43	0	75	25
Research Methodologies	2.F.8.f	2.92	0.27	0	8	92	2.71	0.45	0	29	71	2.75	0.43	0	25	75
Data Literacy	2.F.8.a, 2.F.8.f, 2.F.8.g, 2.F.8.h, 2.F.8.i	2.92	0.27	0	8	92	2.48	0.59	5	43	52	2.63	0.48	0	38	63
Research Conclusions	2.F.8.a, 2.F.8.j	1.77	0.89	54	15	31	2.57	0.49	0	43	57	2.75	0.43	0	25	75
Methods and Procedures	2.F.8.g	2.77	0.42	0	23	77	2.57	0.49	0	43	57	2.63	0.48	0	38	63
Hypothetical Results	2.F.8.e, 2.F.8.f, , 2.F.8.i,	2.23	0.7	15	46	38	2.38	0.49	0	62	38	2.75	0.43	0	25	75

Recommendations for Practice	2.F.8.a, 2.F.8.b	2.69	0.61	8	15	77	2.67	0.47	0	33	67	2.25	0.66	13	50	38
Strengths and Limitations	2.F.8.a	2.69	0.61	8	15	77	2.76	0.43	0	24	76	2.88	0.33	0	13	88
Professional Standards	2.F.8.j, 5.C.2.l	2.62	0.49	0	38	62	2.29	0.55	5	62	33	2.25	0.66	13	50	38
Technologies for Professional Learning	2.F.1.d, 2.F.1.j	3	0	0	0	100	2.95	0.21	0	5	95	3.00	0	0	0	100
Leading Professional Development	2.F.8.j, 5.c.3.e	2.69	0.72	15	0	85	2.76	0.43	0	24	76	3.00	0	0	0	100
Technologies for Communication and Collaboration	2.F.1.j, 2.F.8.j, 5.c.3.e	2.46	0.84	23	8	69	2.57	0.49	0	43	57	2.38	0.86	25	13	63

Goal

Program strengths are evident with three years of more than 70% of candidates achieving ratings of "Target" and one or fewer ratings of less than "Satisfactory" on a single criterion. Areas for improvement are evident when two or more candidates receive ratings of less than "Satisfactory" in at least two of the three years. When their are 70% or more "Target" and 2 or more candidates achieving less than "Satisfactory" in the same cycle, not trend will be noted.

Analysis:

The project was first implemented in the 2020-21 academic year.

Using the status determinants above the following strengths are evident:

- Research Methodologies 2.F.8.f
- Strengths and Limitations 2.F.8.a
- Technologies for Professional Learning *2. F.1.d, 2.F.1.j*

An area of concern is:

- Technologies for Communication and Collaboration *2.F.1.j, 2.F.8.j, 5.c.3.e*

Inter-rater reliability and validity evaluations were conducted on the assessment measure as follows:

Inter-rater reliability for the faculty who teach this course was conducted in March of 2021. Re-score agreement for instructors ranged from a free kappa statistic of .10 to .70, and inter-rater agreement between 40% and 80%. All rescores were exact or exact/adjacent. Candidates who performed weaker on the overall project had weaker inter-rater agreements and lower kappa statistics. The only pattern of discrepancy was on criterion number 13 Professional Standards. These findings have been communicated to the course instructors in hopes of improving the reliability.
Validity:

A Lawshe analysis was conducted on the evaluation rubric including 6 full time faculty members from various advanced program areas. Each completed a separate review. Three reviewers agreed on the essential nature of nine of the ten rubric elements to the CAEP standards. One reviewer rated "Data Literacy" as important but not essential because the rubric lacks clarity on the application of the concept The reviewers also added comments to improve the clarity of the rubric which are under consideration by the faculty in the program. The S-CVI/Ave for the instrument=.983 (N=6)

Plans for 2023-24 as a result of these assessment results:

The faculty teaching the course will be informed about the concerns with Technologies for Communication and Collaboration. A follow-up analysis of reliability will be conducted in the 2023-24 academic year.

EDU 652 Diversity & Social Advocacy Project Description

Candidates are required to view one film or media source (e.g., TV series, biography, documentary) in which an individual faces challenges or unique experiences as a result of cultural factors. Based on the plight/issues of the character in the film, articulate the following in written form:

- The phenomenological experience of the central character including effects of psychosocial stress related to discrimination, poverty, isolation, demands of assimilation, or limited access to health services.
- Based on models provided in class, chronicle the central character's cultural identity development. Describe her/his value orientation at the final point of reconciliation.
- Apply eco-webbing procedures to the analysis. There are supplemental documents in canvas discussing what eco-webbing is and how to apply this to your project.
- Consider at least three turning points/challenges confronted by the central character. Describe, as if you are working as part of a therapeutic team, the theoretical orientations you would draw on if you were working with this person at those particular points in their lifespan/cultural identity development. What intervention plan would you cultivate for these clients? How would you plan to include family, community, and peer networks in intervention planning? What limitations of these theories of counseling/psychotherapy could be problematic when working with this particular client? How would you address these limitations?

Rubric

Criterion	CACREP Standard	Unsatisfactory	Satisfactory	Excellent
Presenting Problem(s)	2.F.5.b 5.c.3.a	The presenting problem is poorly defined.	The presenting problem is well defined but lacking in completeness.	The presenting problem is defined in all due complexity.

Ecosystems Perspective:	2.F.2.a 2.F.2.d 5.c.2.j,	Both the eco web and contextual factors are lacking in completeness.	-The eco-web is well defined but lacking in completeness. Or --The contextual factors are well defined but lacking in completeness.	-Develops an appropriately detailed GRAPHIC eco-web map to depict the variety of potential influences on client's situation. This must take into consideration relevant micro, macro, exo, and macro – systems and relevant micro and/or macro aggressions. Context points: -In narrative, distills salient information about the client's relationship between contextual factors and the presenting problem across relevant levels
Cultural Identity Development	2.F.2.b 5.C.2.j	Stages of client's cultural identity development are not fully presented OR links with an evidence based model of cultural identity development are absent or require substantial augmentation.	Stages of client's cultural identity development are presented, However, links with an evidence based model of cultural identity development are not fully explicated.	Stages of client's cultural identity development are fully chronicled in accordance with an evidence based model of cultural identity development. (Id the model(s) you are employing).
Treatment Planning: Counseling Theor(y) (ies)	2.F.2.b 5.C.2.j	Theoretical orientation and techniques used to facilitate success are inconsistent with client presentation and course materials.	Theoretical orientation and techniques used to facilitate success are generally consistent with client presentation and course materials.	Theoretical orientation and techniques used to facilitate success are congruent with client presentation and course materials.
Treatment Planning: Goals and Objectives	2.F.2.b 2.F.2.c 5.C.2.j	Two or more elements are lacking, as described in "Excellent" .	One element is lacking, as described in "Excellent" .	Specific objectives of the intervention are: -Clearly described. -Rationally prioritized. -Evidence based: per professional organization guidelines and / or scholarly research. - Strategies to assess progress are measurable, observable, and specific.

Treatment Planning: Advocacy Competencies	2.F.1.e	Rationale for level(s) of advocacy and intervention strategies is ambiguous in both areas.	Rationale for level(s) of advocacy and /or intervention strategies is imprecise in one area.	Rationale for level(s) of advocacy and intervention strategies is well supported: e.g., -Client empowerment vs. client advocacy -Community collaboration vs. systems advocacy -Public information vs. Social /Political Advocacy.
Writing and Clarity of Ideas		Significant errors associated with "Excellent" criteria.	Minor errors associated with "Excellent" criteria.	-APA guidelines used properly throughout paper -Perfect grammar/punctuation -Writing is clear and understandable through paper

Results

Diversity Film Project	CACREP Standard	2021-2022 N = 7					2022-2023 N =1 7				
		Mean	SD	Unsatisfactory	Satisfactory	Excellent	Mean	SD	Unsatisfactory	Satisfactory	Excellent
Presenting Problem(s)	2.F.5.b 5.c.3.a	3.00	0.00	0	0	100	2.94	0.24	0	6	94
Ecosystems perspective	2.F.2.a 2.F.2.d 5.c.2.j,	2.86	0.35	0	14	86	2.76	0.42	0	24	76

Cultural Identity Development	2.F.2.b 5.C.2.j	2.86	0.35	0	14	86	2.76	0.42	0	24	76
Treatment Planning Counseling Theor(y) (ies)	2.F.2.b 5.C.2.j	2.71	0.45	0	29	71	2.59	0.49	0	41	59
Treatment Planning Goals and Objectives	2.F.2.b 2.F.2.c 5.C.2.j	2.71	0.45	0	29	71	2.53	0.50	0	47	53
Treatment Planning Advocacy Competencies	2.F.1.e	2.57	0.73	14	14	71	2.65	0.48	0	35	65
Writing and Clarity of Ideas		3.00	0.00	0	0	100	2.47	0.50	0	53	47

Goals

Once there are three full years of administration using the standardized rubric, a full analysis will be conducted. Program strengths will be evident with three years of more than 70% of candidates achieving ratings of "Excellent" and one or fewer ratings of less than "Satisfactory" on a single criterion. Areas for improvement will be evident when two or more candidates receive ratings of less than "Satisfactory" in at least two of the three years. While we await three years of data to analyze, faculty are focused on trends where more than 2 candidates showed less than "Satisfactory" ratings.

Analysis

The project was first implemented in the 2020-21 academic year but the results were recorded only as an overall grade. During 2021-22 the standardized rubric was implemented.

Using the status determinants above the following strengths are evident:

- Presenting Problems (2.F.5.b, 5.c.3.a)
- Ecosystem Perspective (*2.F.1.j, 2.F.8.j, 5.c.3.e*
- Cultural Identity Development (2.F.2.b, 5.C.2.j)

Plans for 2023-24 as a result of these assessment results

An analysis will be conducted to establish inter-rater agreement on the assessment so that appropriate decisions can be made about candidate progression and program improvement. Faculty will conduct double reviews of three submissions to establish inter-rater agreement. We are targeting Social & Cultural Diversity (C2) for improvement and have transitioned the associated course (EDU 652) to be taught in-person. Candidate scores will be tracked to establish predictive validity with scores on the CPCE. Faculty will continue to track potential areas of concern with the third administration of the assessment.

Practicum Evaluation

At the end practicum the site supervisor completes a final evaluation of the candidate's knowledge, skills, and dispositions in each of the program expectations. In order to improve the reliability of the score a rubric was developed to ensure inter-rater reliability. The rubric was modified for implementation in fall 2016 based on feedback from the CACREP site review, which suggested differentiating the practicum evaluation from the internship evaluation to more clearly reflect the level of training at this earlier phase of the program.

NEW FORM

A.1.Invests time and energy in becoming a counselor/therapist **CACREP.2016.2. F.1.b.;** **CACREP.2016.2. F.5.f.**	Unacceptable	Emerging	Proficient	Advanced	Not Observable
	• Lacks the ability to perform this skill, task, or role • Shows minimal understanding of the concepts that underlie this skill, task, or role. • Is not prepared to perform this skill, task, or role in the clinical mental health setting	• Demonstrates limited ability to perform this skill, task, or role consistently. • Shows some understanding of the concepts needed to perform this skill, task, or role • Is occasionally prepared to perform this skill, task, or role	• Demonstrates the ability to perform this skill, task, or role consistently. • Shows an understanding of the concepts needed to perform this skill, task, or role. • Is usually prepared to perform this skill, task, or role.	• Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. • Shows a strong understanding of the concepts needed to perform this skill, task, or role. • Is consistently prepared to perform this skill, task, or role in the clinical setting.	The student intern has not had a chance to perform this skill or task.

	Unacceptable	Emerging	Proficient	Advanced	Not Observable
A.2. Accepts and uses constructive criticism to enhance self-development and counseling skills CACREP.2016.2. F.1.k.; CACREP.2016.2. F.1.m.	• Lacks the ability to perform this skill, task, or role • Shows minimal understanding of the concepts that underlie this skill, task, or role. • Is not prepared to perform this skill, task, or role in the clinical mental health setting	• Demonstrates limited ability to perform this skill, task, or role consistently. • Shows some understanding of the concepts needed to perform this skill, task, or role • Is occasionally prepared to perform this skill, task, or role	• Demonstrates the ability to perform this skill, task, or role consistently. • Shows an understanding of the concepts needed to perform this skill, task, or role. • Is usually prepared to perform this skill, task, or role.	• Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. • Shows a strong understanding of the concepts needed to perform this skill, task, or role. • Is consistently prepared to perform this skill, task, or role in the clinical setting	The student intern has not had a chance to perform this skill or task.
A.3.Engages in open, comfortable, and clear communication with peers and supervisors CACREP.2016.2. F.1.m.	• Lacks the ability to perform this skill, task, or role • Shows minimal understanding of the concepts that underlie this skill, task, or role. • Is not prepared to perform this skill, task, or role in the clinical mental health setting	• Demonstrates limited ability to perform this skill, task, or role consistently. • Shows some understanding of the concepts needed to perform this skill, task, or role • Is occasionally prepared to perform this skill, task, or role	• Demonstrates the ability to perform this skill, task, or role consistently. • Shows an understanding of the concepts needed to perform this skill, task, or role. • Is usually prepared to perform this skill, task, or role.	• Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. • Shows a strong understanding of the concepts needed to perform this skill, task, or role. • Is consistently prepared to perform this skill, task, or role in the clinical	The student intern has not had a chance to perform this skill or task.

				setting	
A.4. Recognizes own competencies and skills and shares these with peers and supervisors. CACREP.2016.2. F.1.k.	**Unacceptable** ● Lacks the ability to perform this skill, task, or role ● Shows minimal understanding of the concepts that underlie this skill, task, or role. ● Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** ● Demonstrates limited ability to perform this skill, task, or role consistently. ● Shows some understanding of the concepts needed to perform this skill, task, or role ● Is occasionally prepared to perform this skill, task, or role	**Proficient** ● Demonstrates the ability to perform this skill, task, or role consistently. ● Shows an understanding of the concepts needed to perform this skill, task, or role. ● Is usually prepared to perform this skill, task, or role.	**Advanced** ● Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. ● Shows a strong understanding of the concepts needed to perform this skill, task, or role. ● Is consistently prepared to perform this skill, task, or role in the clinical setting.	**Not Observable** The student intern has not had a chance to perform this skill or task.

A.5. Recognizes own deficiencies and actively works to overcome them with peers and supervisors. CACREP.2016.2. F.1.m	**Unacceptable** • Lacks the ability to perform this skill, task, or role • Shows minimal understanding of the concepts that underlie this skill, task, or role. • Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** • Demonstrates limited ability to perform this skill, task, or role consistently. • Shows some understanding of the concepts needed to perform this skill, task, or role • Is occasionally prepared to perform this skill, task, or role	**Proficient** • Demonstrates the ability to perform this skill, task, or role consistently. • Shows an understanding of the concepts needed to perform this skill, task, or role. • Is usually prepared to perform this skill, task, or role.	**Advanced** • Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. • Shows a strong understanding of the concepts needed to perform this skill, task, or role. • Is consistently prepared to perform this skill, task, or role in the clinical setting.	**Not Observable** The student intern has not had a chance to perform this skill or task.
A.6. Completes case reports and records punctually and conscientiously. CACREP.2016.5. C.2.m.	**Unacceptable** • Lacks the ability to perform this skill, task, or role • Shows minimal understanding of the concepts that underlie this skill, task, or role. • Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** • Demonstrates limited ability to perform this skill, task, or role consistently. • Shows some understanding of the concepts needed to perform this skill, task, or role • Is occasionally prepared to perform this skill, task, or role	**Proficient** • Demonstrates the ability to perform this skill, task, or role consistently. • Shows an understanding of the concepts needed to perform this skill, task, or role. • Is usually prepared to perform this skill, task, or role.	**Advanced** • Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. • Shows a strong understanding of the concepts needed to perform this skill, task, or role. • Is consistently prepared to perform this skill, task, or role in the clinical	**Not Observable** The student intern has not had a chance to perform this skill or task.

					setting	
A.7. * Understands and maintains confidentiality of client information at appropriate times. CACREP.2016.2. F.1.b.; CACREP.2016.2. F.5.g.	**Unacceptable** ● Lacks the ability to perform this skill, task, or role ● Shows minimal understanding of the concepts that underlie this skill, task, or role. ● Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** ● Demonstrates limited ability to perform this skill, task, or role consistently. ● Shows some understanding of the concepts needed to perform this skill, task, or role ● Is occasionally prepared to perform this skill, task, or role	**Proficient** ● Demonstrates the ability to perform this skill, task, or role consistently. ● Shows an understanding of the concepts needed to perform this skill, task, or role. ● Is usually prepared to perform this skill, task, or role.	**Advanced** ● Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. ● Shows a strong understanding of the concepts needed to perform this skill, task, or role. ● Is consistently prepared to perform this skill, task, or role in the clinical setting.	**Not Observable** Please DO NOT select Not Observable for this criteria. This specific standard must be addressed.
A.8. Demonstrates knowledge and understanding of the American Counseling Association (ACA) Code of Ethics CACREP.2016.2. F.1.i.	**Unacceptable** ● Lacks the ability to perform this skill, task, or role ● Shows minimal understanding of the concepts that underlie this skill, task, or role. ● Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** ● Demonstrates limited ability to perform this skill, task, or role consistently. ● Shows some understanding of the concepts needed to perform this skill, task, or role ● Is occasionally prepared to perform this skill, task, or role	**Proficient** ● Demonstrates the ability to perform this skill, task, or role consistently. ● Shows an understanding of the concepts needed to perform this skill, task, or role. ● Is usually prepared to perform this skill, task, or role.	**Advanced** ● Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. ● Shows a strong understanding of the concepts needed to perform this skill, task, or role. ● Is consistently prepared to perform this skill, task, or	**Not Observable** The student intern has not had a chance to perform this skill or task.

				role in the clinical setting.	
A.9. Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work. CACREP.2016.2. F.1.k.	**Unacceptable** ● Lacks the ability to perform this skill, task, or role ● Shows minimal understanding of the concepts that underlie this skill, task, or role. ● Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** ● Demonstrates limited ability to perform this skill, task, or role consistently. ● Shows some understanding of the concepts needed to perform this skill, task, or role ● Is occasionally prepared to perform this skill, task, or role	**Proficient** ● Demonstrates the ability to perform this skill, task, or role consistently. ● Shows an understanding of the concepts needed to perform this skill, task, or role. ● Is usually prepared to perform this skill, task, or role.	**Advanced** ● Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. ● Shows a strong understanding of the concepts needed to perform this skill, task, or role. ● Is consistently prepared to perform this skill, task, or role in the clinical setting	**Not Observab**le The student intern has not had a chance to perform this skill or task.
A.10. Articulates personal theoretical orientation towards counseling/therapy. CACREP.2016.2. F.1.a. CACREP 2016 2 F.5.a	**Unacceptable** ● Lacks the ability to perform this skill, task, or role ● Shows minimal understanding of the concepts that underlie this skill, task, or role. ● Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** ● Demonstrates limited ability to perform this skill, task, or role consistently. ● Shows some understanding of the concepts needed to perform this skill, task, or role ● Is occasionally prepared to perform this skill, task, or role	**Proficient** ● Demonstrates the ability to perform this skill, task, or role consistently. ● Shows an understanding of the concepts needed to perform this skill, task, or role. ● Is usually prepared to perform this skill, task, or role.	**Advanced** ● Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. ● Shows a strong understanding of the concepts needed to perform this skill, task, or role. ● Is consistently prepared to	**Not Observable** The student intern has not had a chance to perform this skill or task.

				perform this skill, task, or role in the clinical setting.	
A.11. Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities CACREP.2016.2. F.1.k.	**Unacceptable** ● Lacks the ability to perform this skill, task, or role ● Shows minimal understanding of the concepts that underlie this skill, task, or role. ● Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** ● Demonstrates limited ability to perform this skill, task, or role consistently. ● Shows some understanding of the concepts needed to perform this skill, task, or role ● Is occasionally prepared to perform this skill, task, or role	**Proficient** ● Demonstrates the ability to perform this skill, task, or role consistently. ● Shows an understanding of the concepts needed to perform this skill, task, or role. ● Is usually prepared to perform this skill, task, or role.	**Advanced** ● Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. ● Shows a strong understanding of the concepts needed to perform this skill, task, or role. ● Is consistently prepared to perform this skill, task, or role in the clinical setting.	**Not Observable** The student intern has not had a chance to perform this skill or task.
A.12. Makes efforts to become aware of issues of diversity and culture in the setting of the site CACREP.2016.2.F. 2.d.; CACREP.2016.2. F.2.c.	**Unacceptable** ● Lacks the ability to perform this skill, task, or role ● Shows minimal understanding of the concepts that underlie this skill, task, or role. ● Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** ● Demonstrates limited ability to perform this skill, task, or role consistently. ● Shows some understanding of the concepts needed to perform this skill, task, or role ● Is occasionally prepared to perform this skill, task, or role	**Proficient** ● Demonstrates the ability to perform this skill, task, or role consistently. ● Shows an understanding of the concepts needed to perform this skill, task, or role. ● Is usually prepared to perform this skill, task, or role.	**Advanced** ● Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. ● Shows a strong understanding of the concepts needed to perform this skill, task, or role. ● Is	**Not Observable** The student intern has not had a chance to perform this skill or task.

				consistently prepared to perform this skill, task, or role in the clinical setting	
A.13. Demonstrates respect for and acceptance of clients, peers, supervisors, and community members from diverse backgrounds CACREP.2016.5. C.2.a.; CACREP.2016.2. F.2.h.	**Unacceptable** ● Lacks the ability to perform this skill, task, or role ● Shows minimal understanding of the concepts that underlie this skill, task, or role. ● Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** ● Demonstrates limited ability to perform this skill, task, or role consistently. ● Shows some understanding of the concepts needed to perform this skill, task, or role ● Is occasionally prepared to perform this skill, task, or role	**Proficient** ● Demonstrates the ability to perform this skill, task, or role consistently. ● Shows an understanding of the concepts needed to perform this skill, task, or role. ● Is usually prepared to perform this skill, task, or role.	**Advanced** ● Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. ● Shows a strong understanding of the concepts needed to perform this skill, task, or role. ● Is consistently prepared to perform this skill, task, or role in the clinical setting.	**Not Observable** The student intern has not had a chance to perform this skill or task.
A.14. Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling theory, diagnosis, treatment, etc.) CACREP.2016.5. C.1.b.; CACREP.2016.5. C.2.d.	**Unacceptable** ● Lacks the ability to perform this skill, task, or role ● Shows minimal understanding of the concepts that underlie this skill, task, or role. ● Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** ● Demonstrates limited ability to perform this skill, task, or role consistently. ● Shows some understanding of the concepts needed to perform this skill, task, or role ● Is occasionally prepared to perform this skill, task, or role	**Proficient** ● Demonstrates the ability to perform this skill, task, or role consistently. ● Shows an understanding of the concepts needed to perform this skill, task, or role. ● Is usually prepared to perform this skill, task, or	**Advanced** ● Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. ● Shows a strong understanding of the concepts needed to perform this skill, task, or	**Not Observable** The student intern has not had a chance to perform this skill or task.

				role.	role.	
					• Is consistently prepared to perform this skill, task, or role in the clinical setting.	
A.15. * Maintains appropriate records and documentation in accordance with state/provincial and federal laws CACREP.2016.5. C.2.m.	**Unacceptable** • Lacks the ability to perform this skill, task, or role • Shows minimal understanding of the concepts that underlie this skill, task, or role. • Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** • Demonstrates limited ability to perform this skill, task, or role consistently. • Shows some understanding of the concepts needed to perform this skill, task, or role • Is occasionally prepared to perform this skill, task, or role	**Proficient** • Demonstrates the ability to perform this skill, task, or role consistently. • Shows an understanding of the concepts needed to perform this skill, task, or role. • Is usually prepared to perform this skill, task, or role.	**Advanced** • Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. • Shows a strong understanding of the concepts needed to perform this skill, task, or role. • Is consistently prepared to perform this skill, task, or role in the clinical setting	Not Observable Please DO NOT select Not Observable for this criteria. This specific standard must be addressed.
A.16. Demonstrates and models effective stress management and coping skills when dealing with emotional and physical demands of clinical mental health counseling CACREP.2016.2. F.1.l.	**Unacceptable** • Lacks the ability to perform this skill, task, or role • Shows minimal understanding of the concepts that underlie this skill, task, or role. • Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** • Demonstrates limited ability to perform this skill, task, or role consistently. • Shows some understanding of the concepts needed to perform this skill, task, or role • Is occasionally prepared to perform this skill, task, or role	**Proficient** • Demonstrates the ability to perform this skill, task, or role consistently. • Shows an understanding of the concepts needed to perform this skill, task, or role. • Is usually prepared to	**Advanced** • Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. • Shows a strong understanding of the concepts needed to	**Not Observable** The student intern has not had a chance to perform this skill or task.

			perform this skill, task, or role.	perform this skill, task, or role. ● Is consistently prepared to perform this skill, task, or role in the clinical setting.	
A.17. * Advocates for and protects the rights of clients CACREP.2016.5.C.3.e.	**Unacceptable** ● Lacks the ability to perform this skill, task, or role ● Shows minimal understanding of the concepts that underlie this skill, task, or role. ● Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** ● Demonstrates limited ability to perform this skill, task, or role consistently. ● Shows some understanding of the concepts needed to perform this skill, task, or role ● Is occasionally prepared to perform this skill, task, or role	**Proficient** ● Demonstrates the ability to perform this skill, task, or role consistently. ● Shows an understanding of the concepts needed to perform this skill, task, or role. ● Is usually prepared to perform this skill, task, or role.	**Advanced** ● Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. ● Shows a strong understanding of the concepts needed to perform this skill, task, or role. ● Is consistently prepared to perform this skill, task, or role in the clinical setting	**Not Observable** Please DO NOT select Not Observable for this criteria. This specific standard must be addressed.
A.18. Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed CACREP.2016.2.F.1.b.; CACREP.2016.2.F.1.m.; CACREP.2016.5.C.3.d.	**Unacceptable** ● Lacks the ability to perform this skill, task, or role ● Shows minimal understanding of the concepts that underlie this skill, task, or role. ● Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** ● Demonstrates limited ability to perform this skill, task, or role consistently. ● Shows some understanding of the concepts needed to perform this skill, task, or role ● Is occasionally prepared to perform this skill,	**Proficient** ● Demonstrates the ability to perform this skill, task, or role consistently. ● Shows an understanding of the concepts needed to perform this skill, task, or role.	**Advanced** ● Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. ● Shows a strong understanding of the	**Not Observable** The student intern has not had a chance to perform this skill or task.

			task, or role	● Is usually prepared to perform this skill, task, or role.	concepts needed to perform this skill, task, or role. ● Is consistently prepared to perform this skill, task, or role in the clinical setting	
S.19. Develops a working understanding of the policies and procedures of the internship site CACREP.2016.5.C.2.a-d, h, m	**Unacceptable** ● Lacks the ability to perform this skill, task, or role ● Shows minimal understanding of the concepts that underlie this skill, task, or role. ● Is not prepared to perform this skill, task, or role in the clinical mental health setting	**Emerging** ● Demonstrates limited ability to perform this skill, task, or role consistently. ● Shows some understanding of the concepts needed to perform this skill, task, or role ● Is occasionally prepared to perform this skill, task, or role	**Proficient** ● Demonstrates the ability to perform this skill, task, or role consistently. ● Shows an understanding of the concepts needed to perform this skill, task, or role. ● Is usually prepared to perform this skill, task, or role.	**Advanced** ● Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. ● Shows a strong understanding of the concepts needed to perform this skill, task, or role. ● Is consistently prepared to perform this skill, task, or role in the clinical setting.	**Not Observable** The student intern has not had a chance to perform this skill or task.
S.20. Develops competency in utilizing the professional technologies available at the internship site CACREP.2016.2. F.1.j. CACREP 2016 2 F.5.e	**Unacceptable** ● Lacks the ability to perform this skill, task, or role ● Shows minimal understanding of the concepts that underlie this skill, task, or role. ● Is not prepared to perform this skill, task, or role in the clinical mental	**Emerging** ● Demonstrates limited ability to perform this skill, task, or role consistently. ● Shows some understanding of the concepts needed to perform this skill, task, or role ● Is occasionally	**Proficient** ● Demonstrates the ability to perform this skill, task, or role consistently. ● Shows an understanding of the concepts needed to perform this	**Advanced** ● Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level. ● Shows a strong	**Not Observable** The student intern has not had a chance to perform this skill or task.

	health setting	prepared to perform this skill, task, or role	skill, task, or role. ● Is usually prepared to perform this skill, task, or role.	understanding of the concepts needed to perform this skill, task, or role. ● Is consistently prepared to perform this skill, task, or role in the clinical setting.	

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OLD FORM

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NIAGARA UNIVERSITY

CLINICAL MENTAL HEALTH COUNSELING

PRACTICUM PERFORMANCE REVIEW

</div>

Student Name　　　　_____

Evaluator and Site　　_____

Dates of Placement from: _____ to: _____ Date of Evaluation: _____

Practicum student performance should be rated in accordance with **expectations for their level of training**. Practicum level students have typically completed at least one year of coursework, however this may vary depending on prior graduate experience and degree(s). Students are not expected to reach mastery level (5 rating) at practicum level. Although this may occur in specific areas, performance should be evaluated as to what you have observed to date. Supervisors are to **discuss** evaluation results with the student **prior to** submitting the evaluation form to faculty.

NO	1	2	3	4	5
Not observable.	Candidate performs significantly below expectations for his/her level of training. Additional training, skill development, and professional maturation is necessary for successful functioning in this domain. Candidate cannot/should not be allowed to work autonomously in	Candidate performance is considered below average when compared to expectations for his/her level of training. Difficulties persist despite advisement by supervisor. Candidate is in need of close supervision when performing tasks in this domain. With additional practice/experience, candidate skill is expected to develop appropriately.	Candidate performance is average relative to expectations for his/her level of training. Candidate may require moderate supervision when engaging in tasks.	Candidate performance is considered above average relative to expectations for his/her level of training. Occasional supervision and support is required, however, candidate largely engages in tasks autonomously and successfully.	Candidate performance is considered to exceed expectations for his/her level of training. Little to no supervision is required.

regards to this area of practice intervention is required.				

Foundations

Skills and Practices:

1. Demonstrates an understanding of ethical and legal standards in clinical mental health counseling.   1 2 3 4 5 NO

2. Demonstrates an understanding of public mental health policy, billing, and regulatory processes as related to specific counseling site.   1 2 3 4 5 NO

Counseling, Prevention and Intervention

Skills and Practices:

1. Demonstrates an understanding of principles and practices of diagnosis, and treatment of mental and emotional disorders to initiate, maintain, and terminate counseling.   1 2 3 4 5 NO

2. Demonstrates an understanding of effective strategies to promote client understanding of and access to a variety of community resources.   1 2 3 4 5 NO

3. Demonstrates an understanding of procedures for assessing and managing suicide risk.   1 2 3 4 5 NO

4. Demonstrates an understanding of current record-keeping standards related to clinical mental health counseling.   1 2 3 4 5 NO

5. Demonstrates an understanding of appropriate counseling strategies applied to clients with addiction and co-occurring disorders.   1 2 3 4 5 NO

6. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.   1 2 3 4 5 NO

Diversity and Advocacy

Skills and Practices:

1. Seeks and maintains information regarding community resources to make appropriate referrals.   1 2 3 4 5   NO

2. Demonstrates an understanding of how counseling systems, NO theories, techniques, and interventions may be modified to be culturally appropriate for diverse populations.   1 2 3 4 5

3. Demonstrates an understanding of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.   1 2 3 4 5 NO

Assessment
Skills and Practices:

1. Demonstrates an understanding of assessments used for diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.   1 2 3 4 5   NO

2. Demonstrates skill in conducting any or all of following: intake interview, mental status evaluation, biopsychosocial history, mental health history.   1 2 3 4 5   NO

3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.   1 2 3 4 5   NO

Research and Evaluation
Skills and Practices:

1. Applies or shares relevant research findings to inform the practice of clinical mental health counseling.   1 2 3 4 5   NO

Diagnosis
Skills and Practices:

1. Demonstrates an understanding of appropriate use of diagnostic tools, including the current edition of the DSM, to describe symptoms and clinical presentation of clients with mental and emotional impairments.   1 2 3 4 5 NO

2. Is able to conceptualize an accurate diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.   1 2 3 4 5   NO

3. Differentiates between diagnostic and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.   1 2 3 4 5   NO

Additional Comments (Use back if necessary):

_____
_____
_____
_____
_____

Clinical Supervisor _____   Date: _____
                                              Signature

Student Counselor _____   Date: _____
                                              Signature

Clinical Mental Health Counseling Practicum Evaluation

CACREP Standard	Practicum Final		Fall 2022 N= 17						
			Mean	S.D.	NO %	1 %	2 %	3 %	4 %
CACREP.2016. 2. F.1.b.; CACREP.2016. 2. F.5.f.	A1	Invests time and energy in becoming a counselor/th erapist	3.53	0.50	0	0	0	47	53
CACREP.2016. 2. F.1.k.; CACREP.2016. 2. F.1.m.	A2	Accepts and uses constructive criticism to enhance self-develop ment and counseling skills	3.71	0.57	0	0	6	18	76
CACREP.2016. 2. F.1.m.	A3	Engages in open, comfortable, and clear communicati on with peers and supervisors	3.65	0.59	0	0	6	24	71

CACREP.2016. 2. F.1.k.	A4	Recognizes own competencies and skills and shares these with peers and supervisors.	3.41	0.60	0	0	6	47	47
CACREP.2016. 2. F.1.m.	A5	Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	3.59	0.60	0	0	6	29	65
CACREP.2016. 5. C.2.m.	A6	Completes case reports and records punctually and conscientiously.	3.58	0.49	0	0	6	42	58
CACREP.2016. 2. F.1.b.; CACREP.2016. 2. F.5.g.	A7	Understands and maintains confidentiality of client information at appropriate times.	3.65	0.48	0	0	0	35	65

CACREP.2016. 2. F.1.i.	A8	Demonstrates knowledge and understanding of the American Counseling Association (ACA) Code of Ethics	3.50	0.61	0	0	6	38	56
CACREP.2016. 2. F.1.k.	A9	Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work.	3.59	0.49	0	0	0	41	59
CACREP.2016. 2. F.1.a. CACREP 2016 2 F.5.a	A10	Articulates personal theoretical orientation towards counseling/therapy.	3.24	0.64	0	0	12	53	35
CACREP.2016. 2. F.1.k.	A11	Demonstrates an awareness of personal values,	3.65	0.59	0	0	6	24	71

		attitudes, and beliefs as they affect professional activities						
CACREP.2016. 2.F. 2.d.; CACREP.2016. 2. F.2.c.	A12	Makes efforts to become aware of issues of diversity and culture in the setting of the site	3.47	0.62	0	0	7	40	53
CACREP.2016. 5. C.2.a.; CACREP.2016. 2. F.2.h.	A13	Demonstrates respect for and acceptance of clients, peers, supervisors, and community members from diverse backgrounds	3.63	0.48	0	0	0	38	63
CACREP.2016. 5. C.1.b.; CACREP.2016. 5. C.2.d.	A14	Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling theory,	3.06	0.73	0	0	24	47	29

		diagnosis, treatment, etc.)						
CACREP.2016.5. C.2.m.	A15	Maintains appropriate records and documentation in accordance with state/provincial and federal laws	3.43	0.62	0	0	7	43	50
CACREP.2016.2. F.1.l.	A16	Demonstrates and models effective stress management and coping skills when dealing with emotional and physical demands of clinical mental health counseling	3.24	0.64	0	0	8	53	35
CACREP.2016.5. C.3.e.	A17	Advocates for and protects the rights of clients	3.47	0.50	0	0	0	53	47

CACREP.2016. 2. F.1.b.; CACREP.2016. 2. F.1.m.; CACREP.2016. 5. C.3.d.	A18	Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed	3.56	0.50	0	0	0	53	47
CACREP.2016. 5.C.2.a-d, h, m	S19	Develops a working understanding of the policies and procedures of the internship site	3.47	0.70	0	0	12	29	59
CACREP.2016. 2. F.1.j. CACREP 2016 2 F.5.e	S20	Develops competency in utilizing the professional technologies available at the internship site	3.53	0.50	0	0	0	47	53

CACREP Standard		Practicum Final	Fall 2021 N=21 or 22*							
			Mean	S.D.	NO %	1 %	2 %	3 %	4 %	5 %
CACREP.2016. 2. F.1.b.; CACREP.2016. 2. F.5.f.	A1	Invests time and energy in becoming a counselor/th erapist	3.55	0.5	n/a	0	0	0	45	55
CACREP.2016. 2. F.1.k.; CACREP.2016. 2. F.1.m.	A2	Accepts and uses constructive criticism to enhance self-develop ment and counseling skills	3.33	0.56	n/a	0	0	5	57	38
CACREP.2016. 2. F.1.m.	A3	Engages in open, comfortable, and clear communicati on with peers and supervisors	3.62	0.49	n/a	0	0	0	38	62
CACREP.2016. 2. F.1.k.	A4	Recognizes own competencie s and skills and shares these with	3.36	0.57	n/a	0	0	5	55	41

		peers and supervisors.								
CACREP.2016. 2. F.1.m.	A5	Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	3.32	0.55	n/a	0	0	5	59	36
CACREP.2016. 5. C.2.m.	A6	Completes case reports and records punctually and conscientiously.	3.27	0.69	n/a	0	0	14	45	41
CACREP.2016. 2. F.1.b.; CACREP.2016. 2. F.5.g.	A7	Understands and maintains confidentiality of client information at appropriate times.	3.77	0.42	n/a	0	0	0	23	77
CACREP.2016. 2. F.1.i.	A8	Demonstrates knowledge and understanding of the American Counseling Association (ACA) Code of Ethics	3.62	0.49	n/a	0	0	0	38	62

CACREP.2016. 2. F.1.k.	A9	Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work.	3.71	0.45	n/a	0	0	0	29	71
CACREP.2016. 2. F.1.a.

CACREP 2016 2 F.5.a | A10 | Articulates personal theoretical orientation towards counseling/therapy. | 3.14 | 0.69 | n/a | 0 | 0 | 18 | 50 | 32 |
| CACREP.2016. 2. F.1.k. | A11 | Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities | 3.43 | 0.58 | n/a | 0 | 0 | 5 | 48 | 48 |

CACREP.2016. 2.F. 2.d.; CACREP.2016. 2. F.2.c.	A12	Makes efforts to become aware of issues of diversity and culture in the setting of the site	3.48	0.5	n/a	0	0	0	52	48
CACREP.2016. 5. C.2.a.; CACREP.2016. 2. F.2.h.	A13	Demonstrates respect for and acceptance of clients, peers, supervisors, and community members from diverse backgrounds	3.68	0.47	n/a	0	0	0	32	68
CACREP.2016. 5. C.1.b.; CACREP.2016. 5. C.2.d.	A14	Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling theory, diagnosis, treatment, etc.)	3.1	0.61	n/a	0	0	14	62	24

CACREP.2016. 5. C.2.m.	A15	Maintains appropriate records and documentati on in accordance with state/provin cial and federal laws	3.23	0.6	n/a	0	0	9	59	32
CACREP.2016. 2. F.1.l.	A16	Demonstrate s and models effective stress managemen t and coping skills when dealing with emotional and physical demands of clinical mental health counseling	3.18	0.72	n/a	0	0	18	45	36
CACREP.2016. 5. C.3.e.	A17	Advocates for and protects the rights of clients	3.29	0.55	n/a	0	0	5	62	33

CACREP.2016. 2. F.1.b.; CACREP.2016. 2. F.1.m.; CACREP.2016. 5. C.3.d.	A18	Asks for consultation, collaboratio n, assistance, and advice from colleagues and supervisors when needed	3.55	0.58	n/a	0	0	5	36	59
CACREP.2016. 5.C.2.a-d, h, m	S19	Develops a working understandi ng of the policies and procedures of the internship site	3.41	0.49	n/a	0	0	0	59	41
CACREP.2016. 2. F.1.j. CACREP 2016 2 F.5.e	S20	Develops competency in utilizing the professional technologies available at the internship site	3.41	0.58	n/a	0	0	5	50	45

*Two different forms used so N's fluctuate

Clinical Mental Health Counseling
Practicum Performance Evaluation - Fall 2020

CACREP Standard		Practicum	Fall 2020 N=10						
			Mean / Range	S.D.	NO %	1 %	2 %	3 %	4 %	5 %
A2	1	Demonstrates an understanding of ethical and legal standards in clinical mental health counseling.	3.50 (3-5)	0.53	0%	0%	0%	50%	50%	0%
A8	2	Demonstrates an understanding of public mental health policy, billing, and regulatory processes as related to specific counseling site.	3.33 (3-5)	0.52	40%	0%	0%	40%	20%	0%
K2	3	Demonstrated an understanding of principles and practices of diagnosis, and treatment of mental and emotional disorders to initiate, maintain, and terminate counseling.	3.50 (3-5)	0.71	0%	0%	0%	60%	30%	10%
D4	4	Demonstrates an understanding of effective strategies to promote client understanding of an access to a variety of community resources.	3.60 (3-5)	0.52	0%	0%	0%	40%	60%	0%
D6	5	Demonstrates an understanding of procedures for assessing and managing suicide risk.	3.33 (3-5)	0.50	10%	0%	0%	60%	30%	0%
D7	6	Demonstrates an understanding of current record-keeping standards related to clinical mental health counseling.	3.63 (3-5)	0.52	20%	0%	0%	30%	50%	0%
D8	7	Demonstrates an understanding of appropriate counseling strategies applied to clients with addiction and co-occurring disorders.	3.29 (3-5)	0.49	30%	0%	0%	50%	20%	0%
D9	8	Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.	3.60 (3-5)	0.52	0%	0%	0%	40%	60%	0%
F1	9	Seeks and maintains information regarding community resources to make appropriate referrals.	4.00 (3-5)	1.00	30%	0%	0%	30%	10%	30%
F3	10	Demonstrates an understanding of how counseling systems,	3.60 (3-5)	0.52	0%	0%	0%	40%	60%	0%

		theories, techniques, and interventions may be modified to be culturally appropriate for diverse populations.								
D5	1 1	Demonstrates an understanding of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.	3.33 (3-5)	0.5 2	40%	0%	0%	40%	20%	0%
H1	1 2	Demonstrates an understanding of assessments used for diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.	3.44 (3-5)	0.5 3	10%	0%	0%	50%	40%	0%
H2	1 3	Demonstrates skill in conducting any or all of the following: intake interview, mental status evaluation, biopsychosocial history, mental health history.	3.33 (3-5)	0.5 2	40%	0%	0%	40%	20%	0%
D3	1 4	Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.	3.20 (3-5)	0.4 5	50%	0%	0%	40%	10%	0%
J1	1 5	Applies or shares relevant research findings to inform the practice of clinical mental health counseling.	3.57 (3-5)	0.5 3	30%	0%	0%	30%	40%	0%
L1	1 6	Demonstrates an understanding of appropriate use of diagnostic tools, including the current edition of the DSM, to describe symptoms and clinical presentation of clients with mental and emotional impairments.	3.33 (3-5)	0.5 0	10%	0%	0%	60%	30%	0%
L2	1 7	Is able to conceptualize an accurate diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.	3.25 (3-5)	0.4 6	20%	0%	0%	60%	20%	0%
L3	1 8	Differentiates between diagnostic and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.	3.67 (3-5)	0.5 2	40%	0%	0%	20%	40%	0%

Status Determinants

Once there are three full years of administration using the revised form, a full analysis will be conducted. Program strengths will be evident with three years of more than 70% of candidates achieving ratings of "Advanced" and one or fewer ratings of less than "Proficient" on a single criterion. Areas for improvement will be evident when two or more candidates receive ratings of less than "Proficient" in at least two of the three years. In the interim, faculty are focused on trends where more than two candidates showed less than "Proficient" ratings.

Analysis

The revised form was first implemented in the Spring of 2022. The second administration was the Spring of 2023.

Using the status determinants above the following areas demonstrate at least one cycle of strength:

- Accepts and uses constructive criticism to enhance self-development and counseling skills (2F.1.K, 2.F.1.m)

- Engages in open, comfortable, and clear communication with peers and supervisors (2.F.1.m)

- Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities (2.F.1.k)

- Understands and maintains confidentiality of client information at appropriate times. 2.F.1.b.; 2.F.5.g.

- Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work. 2.F.1.k.

Using the status determinants above the following areas demonstrate at least one cycle of opportunities for improvement:

- Articulates personal theoretical orientation towards counseling/therapy (2.F.1.a, 2.F.5.a)

- Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling theory, diagnosis, treatment, etc. (5.c.1.b, 5.C.2.d)

One cycle of data using the prior form is included, however the results only suggest a need to reduce the "no opportunity to observe" rating option. These findings led to the development of the revised form.

Plans for 2023-24 as a result of these assessment results

An analysis will be conducted to establish inter-rater agreement on the assessment so that appropriate decisions can be made about candidate progression and program improvement.   Faculty will conduct double reviews of three submissions to establish inter-rater agreement. The Practicum Instructor and Field Placement Coordinator will consult to provide a second rating to be compared with the site supervisor rating to determine where there might be potentials for inconsistency or misunderstanding of the language or expectations.   Faculty will continue to track potential areas of concern with the second administration of the assessment.

SITE SUPERVISOR'S EVALUATION OF INTERN

CLINICAL MENTAL HEALTH
INTERNSHIP STUDENT'S PERFORMANCE – EVALUATION

STUDENT: Provide the following information:

Name of Student Intern: _____

Site Supervisor Name: _____

Date of Evaluation: _____or period covered by the evaluation _____

SITE SUPERVISOR: Respond to the items below (1-49) to evaluate your student intern. Use the definitions of the descriptors listed below to aid in your evaluation.

Not Observable: N/O: The student intern has not had a chance to perform this skill or task.

Unacceptable (1):
- Lacks the ability to perform this skill, task, or role
- Shows minimal understanding of the concepts that underlie this skill, task, or role.
- Is not prepared to perform this skill, task, or role in the clinical mental health setting

Emerging (2):
- Demonstrates limited ability to perform this skill, task, or role consistently.
- Shows some understanding of the concepts needed to perform this skill, task, or role
- Is occasionally prepared to perform this skill, task, or role

Proficient (3):
- Demonstrates the ability to perform this skill, task, or role consistently.
- Shows an understanding of the concepts needed to perform this skill, task, or role.
- Is usually prepared to perform this skill, task, or role.

Advanced (4):
- Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level.
- Shows a strong understanding of the concepts needed to perform this skill, task, or role.
- Is consistently prepared to perform this skill, task, or role in the clinical setting.

INTERNSHIP STUDENT'S PERFORMANCE – FINAL EVALUATION

	SKILL OR ABILITY		N/O	1	2	3	4
A.)	GENERAL SUPERVISION COMMENTS						
1.	Invests time and energy in becoming a counselor/therapist.	CACREP.2016.2.F.1.b.; CACREP.2016.2.F.5.f.					
2.	Accepts and uses constructive criticism to enhance self-development and counseling skills.	CACREP.2016.2.F.1.k.; CACREP.2016.2.F.1.m.					
3.	Engages in open, comfortable, and clear communication with peers and supervisors.	CACREP.2016.2.F.1.m.					
4.	Recognizes own competencies and skills and shares these with peers and supervisors.	CACREP.2016.2.F.1.k.					
5.	Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	CACREP.2016.2.F.1.m.					
6.	Completes case reports and records punctually and conscientiously.	CACREP.2016.5.C.2.m.					
7.*	Understands and maintains confidentiality of client information at appropriate times.	CACREP.2016.2.F.1.b.; CACREP.2016.2.F.5.g.					
8.	Demonstrates knowledge and understanding of the American Counseling Association (ACA) Code of Ethics.	CACREP.2016.2.F.1.i.					
9.	Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work.	CACREP.2016.2.F.1.k.					
10.	Articulates personal theoretical orientation towards counseling/therapy.	CACREP.2016.2.F.1.a. CACREP 2016 2 F.5.a					
11.	Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities	CACREP.2016.2.F.1.k.					

12.	Makes efforts to become aware of issues of diversity and culture in the setting of the site	CACREP.2016.2.F.2.d.; CACREP.2016.2. F.2.c.					
13.	Demonstrates respect for and acceptance of clients, peers, supervisors, and community members from diverse backgrounds	CACREP.2016.5. C.2.a.; CACREP.2016.2. F.2.h.					
14.	Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling theory, diagnosis, treatment, etc.)	CACREP.2016.5. C.1.b.; CACREP.2016.5. C.2.d.					
15.*	Maintains appropriate records and documentation in accordance with state/provincial and federal laws	CACREP.2016.5. C.2.m.					
16.	Demonstrates and models effective stress management and coping skills when dealing with emotional and physical demands of clinical mental health counseling	CACREP.2016.2. F.1.l.					
17. *	Advocates for and protects the rights of clients	CACREP.2016.5. C.3.e.					
18.	Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed	CACREP.2016.2. F.1.b.; CACREP.2016.2. F.1.m.; CACREP.2016.5. C.3.d.					

B.)	THE COUNSELING PROCESS						
19.	Researches the referral prior to the first interview/session	CACREP.2016. 2. F.5.g.					
20.	Keeps appointments on time	CACREP.2016. 2. F.1.b.					
21.	Begins the interview/session smoothly	CACREP.2016. 2. F.1.b.					
22.	Explains the nature and objectives of counseling/therapy when appropriate	CACREP.2016. 2. F.1.b.; CACREP.2016. 2. F.5.g.					
23.	Is relaxed and comfortable in the interview/session	CACREP.2016. 2. F.1.b.; CACREP.2016. 2. F.5.f.					
24.	Communicates interest in and acceptance of the client	CACREP.2016. 5. C.2.j.					
25.	Facilitates client expression of concerns and feelings	CACREP.2016.					

		2. F.5.g.					
26.	Focuses on the processes driving the client's presenting problem	CACREP.2016. 5. C.3.b.					
27.	Recognizes and responds appropriately to resistant behaviors by the client.	CACREP.2016. 2. F.5.g.					
28.	Recognizes and deals with positive affect of the client	CACREP.2016. 2. F.5.g.					
29.	Recognizes and deals with negative affect of the client	CACREP.2016. 2. F.5.g.					
30.	Demonstrates flexibility in the interview/session	CACREP.2016. 2. F.5.f.					
31.	Uses silence effectively in the interview/session	CACREP.2016. 2. F.1.b.; CACREP.2016. 2. F.5.g.					
32.	Is aware of own feelings in the counseling session	CACREP.2016. 2. F.1.k.					
33.	Communicates own feelings to the client when appropriate	CACREP.2016. 2. F.1.b.					
34.	Recognizes and skillfully interprets the client's covert messages	CACREP.2016. 5. C.3.b.					
35.	Facilitates realistic goal setting with the client	CACREP.2016. 2. F.5.i.					
36.	Encourages appropriate action-step planning with the client	CACREP.2016. 5. C.3.b.					
37.	Employs judgment in the timing and use of different techniques	CACREP.2016. 5. C.3.b.					
38.	Initiates periodic evaluation of goals, action-steps, and process during counseling	CACREP.2016. 2. F.5.i.					
39.	Demonstrates an understanding of the dynamics associated with group process and development	CACREP.20 6.a.					
40.	Demonstrates an understanding of therapeutic factors and how they contribute to group effectiveness.	CACREP.20 6.c.					
41.	Demonstrates an understanding of the interrelationships among and between work, mental, well-being, relationships, and other life roles and factors.	CACREP.20 4.b.					

				N/O	1	2	3	4
42.	Demonstrates an understanding of strategies for facilitating client skill development for career, educational, and life-work planning and management.	CACREP.20 4.h.						

	Skill or Ability			N/O	1	2	3	4
43.	Explains, administers, and interprets tests/assessments correctly	CACREP.2016. 5. C.1.e.						
44.	Terminates the interview/session smoothly	CACREP.2016. 2. F.1.b.; CACREP.2016. 2. F.5.g.						
C.)	KNOWLEDGE AND SKILLS							
45.	Has the ability to manage crisis situations when they arise	CACREP.2016. 2. F.5.m.; CACREP.2016. 5. C.2.f.						
46.	Focuses on specific behaviors and their consequences, implications, and contingencies	CACREP.2016. 5. C.3.b.						
47.	Recognizes and pursues discrepancies and meaning of inconsistent information	CACREP.2016. 2. F.5.g.						
48.	Uses relevant case data in planning both immediate and long-range goals	CACREP.2016. 5. C.3.b.						
49.	Uses relevant case data in considering various strategies and their implications	CACREP.2016. 2. F.8.b.; CACREP.2016. 5. C.3.b.						
50.	Bases decisions on a theoretically sound and consistent rationale of human behavior	CACREP.2016. 5. C.1.b.						
51.	Is perceptive in evaluating the effects of own counseling techniques	CACREP.2016. 2. F.1.k.						
52.*	Demonstrates ethical behavior in the counseling activity and case management	CACREP.2016.2. F. 1.i.; CACREP.2016. 5. C.2.l.						

53.*	Considers issues of racial, ethnic, and cultural diversity when developing, implementing, and evaluating sessions	CACREP.2016. 2. F.5.d.					
S.)	Internship Site Competencies						
54.	Develops a working understanding of the policies and procedures of the internship site.	CACREP.2016. 5.C.2.a-d, h, m					
55.	Develops competency in utilizing the professional technologies available at the internship site.	CACREP.2016. 2. F.1.j. CACREP 2016 2 F.5.e					

To receive a rating of Satisfactory, it is expected that 80% (40 items) or more of the above ratings are at the proficient level or higher AND items marked with * must be proficient or higher.

☐ Satisfactory: I believe this student is prepared to move toward licensure and furthering their professional development as a counselor.

☐ Unsatisfactory: I have concerns about this person entering the counseling profession.

Additional comments and/or suggestions

_____

_____

_____

_____

Date: _____ Signature of site supervisor: _____

My signature indicates that I have read the above evaluation and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Date: _____ Signature of student intern: _____

*This form is adapted with permission from the University of Tennessee at Martin Dept of Educational Studies.

Internship Evaluation

Within the program candidates complete three internship placements (spring of year 2, fall of year 3, and spring of year 3).   At the end of each internship the site supervisor completes a final evaluation of the candidate's knowledge, skills, and dispositions in each of the program expectations aligned to CMHC CACREP standards B1, B2, D1, D2, D3, D4, D5, D6, D7, D8, D9, F1, F2, F3, H1, H2, H3, H4, J1, J2, J3, L1, L2, and L3.

NIAGARA UNIVERSITY INTERNSHIP

PERFORMANCE REVIEW
Clinical Mental Health Counseling

Intern Name   _____ Evaluator

and Site   _____   Date of Evaluation:_____

Date of Placement   From:____-_____-_____ To:_____-____- _____

Check One: Internship 1_____Internship 2_____Internship 3_____

Please rate candidate performance using the rubric below. Candidate performance should

be rated in accordance with expectations for their level of training.

Supervisors are to **discuss** evaluation results with the candidate **prior to** submitting the

evaluation form to faculty.

NO	1	2	3	4	5

No Observable	Candidate performs significantly below expectations for his/her level of training. Additional training, skill development, and professional maturation is necessary for successful functioning in this domain. Candidate cannot/should not be allowed to work autonomously in regards to this area of practice. Intervention is required.	Candidate performance is considered below average when compared to expectations for his/her level of training. Difficulties persist despite advisement by supervisor. Candidate is in need of close supervision when performing tasks in this domain. With additional practice/experience, candidate skill is expected to develop appropriately.	Candidate performance is average relative to expectations for his/her level of training. Candidate may require moderate supervision when engaging in tasks.	Candidate performance is considered above average relative to expectations for his/her level of training. Occasional supervision and support is required, however, candidate largely engages in tasks autonomously and successfully.	Candidate performance is considered to exceed expectations for his/her level of training. No supervision is required.

<u>Foundations</u>

Skills and Practices:

1. Demonstrates the ability to apply and adhere to   1 2 3 4 5 NO
   ethical and legal standards in clinical mental health
   counseling.
2. Applies knowledge of public mental health policy,   1 2 3 4 5 NO
   financing, and regulatory processes to improve
   service delivery opportunities in clinical mental
   health counseling.

<u>Counseling, Prevention and Intervention</u>

Skills and Practices:

1.	Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.	1 2 3 4 5 NO
2.	Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.	1 2 3 4 5 NO
3.	Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.	1 2 3 4 5 NO
4.	Applies effective strategies to promote client understanding of and access to a variety of community resources.	1 2 3 4 5 NO
5.	Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.	1 2 3 4 5 NO
6.	Demonstrates ability to use procedures for assessing and managing suicide risk.	1 2 3 4 5 NO
7.	Applies current record-keeping standards related to clinical mental health counseling.	1 2 3 4 5 NO
8.	Provides appropriate counseling strategies when working	1 2 3 4 5 NO

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	with clients with addiction and co-occurring	
9.	disorders. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.	1 2 3 4 5 NO

Diversity and Advocacy

Skills and Practices:

1. Maintains information regarding community resources to make appropriate referrals. 1 2 3 4 5 NO

2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients. 1 2 3 4 5 NO

3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations. 1 2 3 4 5 NO

Assessment

Skills and Practices:

1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols. 1 2 3 4 5 NO

2. Demonstrates skill in conducting and intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management. 1 2 3 4 5 NO

3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. 1 2 3 4 5 NO

4. Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care. 1 2 3 4 5 NO

Research and Evaluation

Skills and Practices:

1. Applies relevant research findings to inform the practice   1 2 3 4 5   NO
   of clinical mental health counseling.

2. Develops measurable outcomes for clinical mental   1 2 3 4 5   NO
   health
   counseling programs, interventions, and

3. treatments. Analyzes and uses data to increase the   1 2 3 4 5   NO
   effectiveness of
   clinical mental health counseling interventions and programs.

Diagnosis

Skills and Practices:

1. Demonstrates appropriate use of diagnostic tools, including   1 2 3 4 5 NO
   the current edition of the DSM, to describe the symptoms and
   clinical presentation of clients with mental and emotional
   impairments.

2. Is able to conceptualize an accurate multi-axial diagnosis of   1 2 3 4 5 NO
   disorders presented by a client and discuss the differential
   diagnosis with collaborating professionals.

3. Differentiates between diagnostic and developmentally   1 2 3 4 5 NO
   appropriate reactions during crises, disasters, and other trauma-
   causing events.

Additional Comments (Use back if necessary):

_____

_____

_____

_____

_____

_____

_____

Clinical Supervisor   Date:

_____   _____

Student Counselor   Date:

Clinical Mental Health Counseling – Internship 1
Performance Review - Spring 2023

CACREP Standard	Internship I		Spring 23 N=17					
			Mean/ Range	S.D.	Unacceptable %	Emerging %	Proficient %	Advanced %
CACREP.2 016.2. F.1.b.; **CACREP.2 016.2. F.5.f.**	A1	Invests time and energy in becoming a counselor/therapist	3.76	0.42	0	0	24	76
CACREP.2 016.2. F.1.k.; **CACREP.2 016.2. F.1.m.**	A2	Accepts and uses constructive criticism to enhance self-development and counseling skills	3.82	0.38	0	0	18	82
CACREP.2 016.2. F.1.m.	A3	Engages in open, comfortable, and clear communication with peers and supervisors	3.76	0.42	0	0	24	76
CACREP.2 016.2. F.1.k.	A4	Recognizes own competencies and skills and shares these with peers and supervisors.	3.65	0.59	0	6	24	71
CACREP.2 016.2. F.1.m.	A5	Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	3.71	0.46	0	0	29	71

CACREP.2 016.5. C.2.m.	A6	Completes case reports and records punctually and conscientiously.	3.80	0.40	0	0	20	80
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.g.	A7	Understands and maintains confidentiality of client information at appropriate times.	3.94	0.24	0	0	6	94
CACREP.2 016.2. F.1.i.	A8	Demonstrates knowledge and understanding of the American Counseling Association (ACA) Code of Ethics	3.76	0.42	0	0	24	76
CACREP.2 016.2. F.1.k.	A9	Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work.	3.88	0.32	0	0	12	88
CACREP.2 016.2. F.1.a. CACREP 2016 2 F.5.a	A10	Articulates personal theoretical orientation towards counseling/therapy.	3.47	0.61	0	6	41	53
CACREP.2 016.2. F.1.k.	A11	Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities	3.65	0.59	0	6	24	71
CACREP.2 016.2.F. 2.d.; CACREP.2 016.2. F.2.c.	A12	Makes efforts to become aware of issues of diversity and culture in the setting of the site	3.76	0.55	0	6	12	82
CACREP.2 016.5. C.2.a.;	A13	Demonstrates respect for and acceptance of	3.88	0.32	0	0	12	88

CACREP.2 016.2. F.2.h.		clients, peers, supervisors, and community members from diverse backgrounds					
CACREP.2 016.5. C.1.b.; CACREP.2 016.5. C.2.d.	A14	Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling theory, diagnosis, treatment, etc.)	3.50	0.61	0	6	38	56
CACREP.2 016.5. C.2.m.	A15	Maintains appropriate records and documentation in accordance with state/provincial and federal laws	3.75	0.43	0	0	25	75
CACREP.2 016.2. F.1.l.	A16	Demonstrates and models effective stress management and coping skills when dealing with emotional and physical demands of clinical mental health counseling	3.47	0.61	0	6	41	53
CACREP.2 016.5. C.3.e.	A17	Advocates for and protects the rights of clients	3.73	0.44	0	0	27	73
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.1.m.; CACREP.2 016.5. C.3.d.	A18	Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed	3.76	0.42	0	0	24	76
CACREP.2 016.2. F.5.g.	B19	Researches the referral prior to the first interview/session	3.85	0.36	0	0	15	85
CACREP.2 016.2. F.1.b.	B20	Keeps appointments on time	3.71	0.46	0	0	29	71

CACREP.2 016.2. F.1.b.	B21	Begins the interview/session smoothly	3.65	0.48	0	0	35	65
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.g.	B22	Explains the nature and objectives of counseling/therapy when appropriate	3.59	0.49	0	0	41	59
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.f.	B23	Is relaxed and comfortable in the interview/session	3.53	0.70	0	12	24	65
CACREP.2 016.5. C.2.j.	B24	Communicates interest in and acceptance of the client	3.88	.32	0	0	12	88
CACREP.2 016.2. F.5.g.	B25	Facilitates client expression of concerns and feelings	3.71	0.57	0	6	18	76
CACREP.2 016.5. C.3.b.	B26	Focuses on the processes driving the client's presenting problem	3.53	0.61	0	6	35	59
CACREP.2 016.2. F.5.g.	B27	Recognizes and responds appropriately to resistant behaviors by the client.	3.63	0.48	0	0	38	63
CACREP.2 016.2. F.5.g.	B28	Recognizes and deals with positive affect of the client	3.59	0.49	0	0	41	59
CACREP.2 016.2. F.5.g.	B29	Recognizes and deals with negative affect of the client	3.53	0.50	0	0	47	53
CACREP.2 016.2. F.5.f.	B30	Demonstrates flexibility in the interview/session	3.65	0.59	0	3	01	71
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.g.	B31	Uses silence effectively in the interview/session	3.47	0.61	0	6	41	53

CACREP.2 016.2. F.1.k.	B32	Is aware of own feelings in the counseling session	3.71	0.46	0	0	29	71
CACREP.2 016.2. F.1.b.	B33	Communicates own feelings to the client when appropriate	3.53	0.62	0	7	33	60
CACREP.2 016.5. C.3.b.	B34	Recognizes and skillfully interprets the client's covert messages	3.50	0.61	0	6	38	56
CACREP.2 016.2. F.5.i.	B35	Facilitates realistic goal setting with the client	3.53	0.61	0	6	35	59
CACREP.2 016.5. C.3.b.	B36	Encourages appropriate action-step planning with the client	3.63	0.48	0	0	38	63
CACREP.2 016.5. C.3.b.	B37	Employs judgment in the timing and use of different techniques	3.47	0.50	0	0	53	47
CACREP.2 016.2. F.5.i.	B38	Initiates periodic evaluation of goals, action-steps, and process during counseling	3.86	0.35	0	0	14	86
CACREP.2 0 2.F.6.a.	B39	Demonstrates an understanding of the dynamics associated with group process and development	3.77	0.42	0	0	53	77
CACREP.2 0 2.F.6.c.	B40	Demonstrates an understanding of therapeutic factors and how they contribute to group effectiveness.	3.85	0.36	0	0	15	85
CACREP.2 0 2.F.4.b.	B41	Demonstrates an understanding of the interrelationships among and between work, mental, well-being, relationships, and other life roles and factors.	3.76	0.42	0	0	24	76
CACREP.2 0	B42	Demonstrates an understanding of strategies for	3.65	0.48	0	0	35	65

2.F4.h.		facilitating client skill development for career, educational, and life-work planning and management.						
CACREP.2 016.5. C.1.e.	B43	Explains, administers, and interprets tests/assessments correctly	3.43	0.49	0	0	57	43
CACREP.2 016.2. F.1.b.; **CACREP.2 016.2. F.5.g.**	B44	Terminates the interview/session smoothly	3.65	0.48	0	0	35	65
CACREP.2 016.2. F.5.m.; **CACREP.2 016.5. C.2.f.**	C45	Has the ability to manage crisis situations when they arise	3.64	0.48	0	0	36	64
CACREP.2 016.5. C.3.b.	C46	Focuses on specific behaviors and their consequences, implications, and contingencies	3.73	0.44	0	0	27	73
CACREP.2 016.2. F.5.g.	C47	Recognizes and pursues discrepancies and meaning of inconsistent information	3.63	0.48	0	0	38	63
CACREP.2 016.5. C.3.b.	C48	Uses relevant case data in planning both immediate and long-range goals	3.71	0.57	0	6	18	76
CACREP.2 016.2. F.7.e. **2.F.7.i;** **CACREP.2 016.5. C.3.b.**	C49	Uses relevant case data in considering various strategies and their implications	3.69	0.46	0	0	31	69

CACREP.2 016.5. C.1.b	C50	Bases decisions on a theoretically sound and consistent rationale of human behavior	3.63	0.48	0	0	38	63
CACREP.2 016.2. F.1.k.	C51	Is perceptive in evaluating the effects of own counseling techniques	3.53	0.70	0	12	24	65
CACREP.2 016.2.F. 1.i.; CACREP.2 016.5. C.2.l.	C52	Demonstrates ethical behavior in the counseling activity and case management	3.76	0.42	0	0	24	76
CACREP.2 016.2. F.5.d.	C53	Considers issues of racial, ethnic, and cultural diversity when developing, implementing, and evaluating sessions	3.76	0.42	0	0	24	76
CACREP.2 016.5.C.2 .a-d, h, m	C54	Develops a working understanding of the policies and procedures of the internship site.	3.76	0.42	0	0	24	76
CACREP.2 016.2. F.1.j. CACREP 2016 2 F.5.e	C55	Develops competency in utilizing the professional technologies available at the internship site.	3.76	0.42	0	0	24	76

Clinical Mental Health Counseling – Internship I
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CACREP Standard	Internship I		Spring 22 N=14					
			Mean/ Range	S.D.	Unacceptable %	Emerging %	Proficient %	Advanced %
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.f.	A1	Invests time and energy in becoming a counselor/therapist	3.71	0.45	0%	0%	29%	71%
CACREP.2 016.2. F.1.k.; CACREP.2 016.2. F.1.m.	A2	Accepts and uses constructive criticism to enhance self-development and counseling skills	3.57	0.49	0%	0%	43%	57%
CACREP.2 016.2. F.1.m.	A3	Engages in open, comfortable, and clear communication with peers and supervisors	3.79	0.41	0%	0%	21%	79%
CACREP.2 016.2. F.1.k.	A4	Recognizes own competencies and skills and shares these with peers and supervisors.	3.57	0.49	0%	0%	43%	57%
CACREP.2 016.2. F.1.m.	A5	Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	3.64	0.48	0%	0%	36%	64%
CACREP.2 016.5. C.2.m.	A6	Completes case reports and records punctually and conscientiously.	3.36	0.48	0%	0%	64%	36%
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.g.	A7	Understands and maintains confidentiality of client information at appropriate times.	3.93	0.26	0%	0%	7%	93%

CACREP.2016.2.F.1.i.	A8	Demonstrates knowledge and understanding of the American Counseling Association (ACA) Code of Ethics	3.62	0.49	0%	0%	38%	62%
CACREP.2016.2.F.1.k.	A9	Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work.	3.79	0.41	0%	0%	21%	79%
CACREP.2016.2.F.1.a. CACREP 2016 2 F.5.a	A10	Articulates personal theoretical orientation towards counseling/therapy.	3.36	0.48	0%	0%	64%	36%
CACREP.2016.2.F.1.k.	A11	Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities	3.57	0.49	0%	0%	43%	57%
CACREP.2016.2.F.2.d.; CACREP.2016.2.F.2.c.	A12	Makes efforts to become aware of issues of diversity and culture in the setting of the site	3.50	0.50	0%	0%	50%	50%
CACREP.2016.5.C.2.a.; CACREP.2016.2.F.2.h.	A13	Demonstrates respect for and acceptance of clients, peers, supervisors, and community members from diverse backgrounds	3.57	0.49	0%	0%	43%	57%
CACREP.2016.5.C.1.b.;	A14	Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling	3.50	0.50	0%	0%	50%	50%

CACREP.2016.5.C.2.d.		theory, diagnosis, treatment, etc.)					
CACREP.2016.5.C.2.m.	A15	Maintains appropriate records and documentation in accordance with state/provincial and federal laws	3.57	0.49	0%	0%	43%	57%
CACREP.2016.2.F.1.l.	A16	Demonstrates and models effective stress management and coping skills when dealing with emotional and physical demands of clinical mental health counseling	3.57	0.49	0%	0%	43%	57%
CACREP.2016.5.C.3.e.	A17	Advocates for and protects the rights of clients	3.38	0.62	0%	8%	46%	46%
CACREP.2016.2.F.1.b.; CACREP.2016.2.F.1.m.; CACREP.2016.5.C.3.d.	A18	Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed	3.79	0.41	0%	0%	21%	79%
CACREP.2016.2.F.5.g.	B19	Researches the referral prior to the first interview/session	3.69	0.46	0%	0%	31%	69%
CACREP.2016.2.F.1.b.	B20	Keeps appointments on time	3.54	0.50	0%	0%	46%	54%
CACREP.2016.2.F.1.b.	B21	Begins the interview/session smoothly	3.43	0.49	0%	0%	57%	43%
CACREP.2016.2.F.1.b.; CACREP.2016.2.F.5.g.	B22	Explains the nature and objectives of counseling/therapy when appropriate	3.43	0.49	0%	0%	57%	43%

CACREP.2016.2.F.1.b.; CACREP.2016.2.F.5.f.	B23	Is relaxed and comfortable in the interview/session	3.71	0.45	0%	0%	29%	71%
CACREP.2016.5.C.2.j.	B24	Communicates interest in and acceptance of the client	3.79	0.41	0%	0%	21%	79%
CACREP.2016.2.F.5.g.	B25	Facilitates client expression of concerns and feelings	3.43	0.49	0%	0%	57%	43%
CACREP.2016.5.C.3.b.	B26	Focuses on the processes driving the client's presenting problem	3.36	0.48	0%	0%	64%	36%
CACREP.2016.2.F.5.g.	B27	Recognizes and responds appropriately to resistant behaviors by the client.	3.07	0.46	0%	7%	79%	14%
CACREP.2016.2.F.5.g.	B28	Recognizes and deals with positive affect of the client	3.50	0.50	0%	0%	50%	50%
CACREP.2016.2.F.5.g.	B29	Recognizes and deals with negative affect of the client	3.50	0.50	0%	0%	50%	50%
CACREP.2016.2.F.5.f.	B30	Demonstrates flexibility in the interview/session	3.43	0.62	0%	7%	43%	50%
CACREP.2016.2.F.1.b.; CACREP.2016.2.F.5.g.	B31	Uses silence effectively in the interview/session	3.36	0.48	0%	0%	64%	36%
CACREP.2016.2.F.1.k.	B32	Is aware of own feelings in the counseling session	3.50	0.50	0%	0%	50%	50%
CACREP.2016.2.F.1.b.	B33	Communicates own feelings to the client when appropriate	3.29	0.45	0%	0%	71%	29%
CACREP.2016.5.C.3.b.	B34	Recognizes and skillfully interprets the client's covert messages	3.23	0.58	0%	8%	62%	31%

CACREP.2 016.2. F.5.i.	B35	Facilitates realistic goal setting with the client	3.21	0.41	0%	0%	79%	21%
CACREP.2 016.5. C.3.b.	B36	Encourages appropriate action-step planning with the client	3.29	0.45	0%	0%	71%	29%
CACREP.2 016.5. C.3.b.	B37	Employs judgment in the timing and use of different techniques	3.21	0.41	0%	0%	79%	21%
CACREP.2 016.2. F.5.i.	B38	Initiates periodic evaluation of goals, action-steps, and process during counseling	3.21	0.41	0%	0%	79%	21%
CACREP.2 0 2.F.6.a.	B39	Demonstrates an understanding of the dynamics associated with group process and development	3.40	0.49	0%	0%	60%	40%
CACREP.2 0 2.F.6.c.	B40	Demonstrates an understanding of therapeutic factors and how they contribute to group effectiveness.	3.40	0.49	0%	0%	60%	40%
CACREP.2 0 2.F.4.b.	B41	Demonstrates an understanding of the interrelationships among and between work, mental, well-being, relationships, and other life roles and factors.	3.43	0.62	0%	7%	43%	50%
CACREP.2 0 2.F4.h.	B42	Demonstrates an understanding of strategies for facilitating client skill development for career, educational, and life-work planning and management.	3.25	0.60	0%	8%	58%	33%
CACREP.2 016.5. C.1.e.	B43	Explains, administers, and interprets	3.33	0.47	0%	0%	67%	33%

		tests/assessments correctly					
CACREP.2016.2.F.1.b.; CACREP.2016.2.F.5.g.	B44	Terminates the interview/session smoothly	3.36	0.48	0%	0%	64%	36%
CACREP.2016.2.F.5.m.; CACREP.2016.5.C.2.f.	C45	Has the ability to manage crisis situations when they arise	3.23	0.58	0%	8%	62%	31%
CACREP.2016.5.C.3.b.	C46	Focuses on specific behaviors and their consequences, implications, and contingencies	3.21	0.56	0%	7%	64%	29%
CACREP.2016.2.F.5.g.	C47	Recognizes and pursues discrepancies and meaning of inconsistent information	3.14	0.35	0%	0%	86%	14%
CACREP.2016.5.C.3.b.	C48	Uses relevant case data in planning both immediate and long-range goals	3.21	0.41	0%	0%	79%	21%
CACREP.2016.2.F.7.e. 2.F.7.i; CACREP.2016.5.C.3.b.	C49	Uses relevant case data in considering various strategies and their implications	3.29	0.45	0%	0%	71%	29%
CACREP.2016.5.C.1.b	C50	Bases decisions on a theoretically sound and consistent rationale of human behavior	3.21	0.41	0%	0%	79%	21%
CACREP.2016.2.F.1.k.	C51	Is perceptive in evaluating the effects of own counseling techniques	3.29	0.45	0%	0%	71%	29%

CACREP.2 016.2.F. 1.i.; CACREP.2 016.5. C.2.l.	C52	Demonstrates ethical behavior in the counseling activity and case management	3.64	0.48	0%	0%	36%	64%
CACREP.2 016.2. F.5.d.	C53	Considers issues of racial, ethnic, and cultural diversity when developing, implementing, and evaluating sessions	3.14	0.64	0%	14%	57%	29%
CACREP.2 016.5.C.2 .a-d, h, m	C54	Develops a working understanding of the policies and procedures of the internship site.	3.71	0.45	0%	0%	29%	71%
CACREP.2 016.2. F.1.j. CACREP 2016 2 F.5.e	C55	Develops competency in utilizing the professional technologies available at the internship site.	3.57	0.49	0%	0%	43%	57%

Clinical Mental Health Counseling – Internship I
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CACREP Standard	Internship I		Spring 21 N=15					
			Mean/ Range	S.D.	Unacceptable %	Emerging %	Proficient %	Advanced %
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.f	A1	Invests time and energy in becoming a counselor/therapist	3.67	0.47	0%	0%	33%	67%
CACREP.2 016.2. F.1.k.; CACREP.2 016.2. F.1.m.	A2	Accepts and uses constructive criticism to enhance self-development and counseling skills	3.53	0.501	0%	0%	47%	53%
CACREP.2 016.2. F.1.m.	A3	Engages in open, comfortable, and clear communication with peers and supervisors	3.73	0.44	0%	0%	27%	73%
CACREP.2 016.2. F.1.k.	A4	Recognizes own competencies and skills and shares these with peers and supervisors.	3.60	0.49	0%	0%	40%	60%
CACREP.2 016.2. F.1.m.	A5	Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	3.60	0.49	0%	0%	40%	60%
CACREP.2 016.5. C.2.m.	A6	Completes case reports and records punctually and conscientiously.	3.33	0.47	0%	0%	67%	33%
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.g.	A7	Understands and maintains confidentiality of client information at appropriate times.	3.93	0.25	0%	0%	7%	93%

CACREP.2016.2.F.1.i.	A8	Demonstrates knowledge and understanding of the American Counseling Association (ACA) Code of Ethics	3.57	0.49	0%	0%	43%	57%
CACREP.2016.2.F.1.k.	A9	Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work.	3.73	0.44	0%	0%	27%	73%
CACREP.2016.2.F.1.a. CACREP 2016 2 F.5.a	A10	Articulates personal theoretical orientation towards counseling/therapy.	3.33	0.47	0%	0%	67%	33%
CACREP.2016.2.F.1.k.	A11	Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities	3.60	0.49	0%	0%	40%	60%
CACREP.2016.2.F.2.d.; CACREP.2016.2.F.2.c.	A12	Makes efforts to become aware of issues of diversity and culture in the setting of the site	3.47	0.50	0%	0%	53%	47%
CACREP.2016.5.C.2.a.; CACREP.2016.2.F.2.h.	A13	Demonstrates respect for and acceptance of clients, peers, supervisors, and community members from diverse backgrounds	3.60	0.49	0%	0%	40%	60%
CACREP.2016.5.C.1.b.;	A14	Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling	3.47	0.50	0%	0%	53%	47%

CACREP.2 016.5. C.2.d.		theory, diagnosis, treatment, etc.)						
CACREP.2 016.5. C.2.m.	A15	Maintains appropriate records and documentation in accordance with state/provincial and federal laws	3.53	0.50	0%	0%	47%	53%
CACREP.2 016.2. F.1.l.	A16	Demonstrates and models effective stress management and coping skills when dealing with emotional and physical demands of clinical mental health counseling	3.53	0.50	0%	0%	47%	53%
CACREP.2 016.5. C.3.e.	A17	Advocates for and protects the rights of clients	3.36	0.61	0%	7%	50%	43%
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.1.m.; CACREP.2 016.5. C.3.d.	A18	Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed	3.73	0.44	0%	0%	27%	73%
CACREP.2 016.2. F.5.g.	B19	Researches the referral prior to the first interview/session	3.71	0.45	0%	0%	29%	71%
CACREP.2 016.2. F.1.b.	B20	Keeps appointments on time	3.57	0.49	0%	0%	29%	71%
CACREP.2 016.2. F.1.b.	B21	Begins the interview/session smoothly	3.47	0.50	0%	0%	53%	47%
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.g.	B22	Explains the nature and objectives of counseling/therapy when appropriate	3.40	0.49	0%	0%	27%	73%

CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.f.	B23	Is relaxed and comfortable in the interview/session	3.73	0.44	0%	0%	27%	73%
CACREP.2 016.5. C.2.j.	B24	Communicates interest in and acceptance of the client	3.80	0.40	0%	0%	20%	80%
CACREP.2 016.2. F.5.g.	B25	Facilitates client expression of concerns and feelings	3.40	0.49	0%	0%	60%	40%
CACREP.2 016.5. C.3.b.	B26	Focuses on the processes driving the client's presenting problem	3.40	0.49	0%	0%	60%	40%
CACREP.2 016.2. F.5.g.	B27	Recognizes and responds appropriately to resistant behaviors by the client.	3.13	0.50	0%	7%	73%	20%
CACREP.2 016.2. F.5.g.	B28	Recognizes and deals with positive affect of the client	3.53	0.50	0%	0%	47%	53%
CACREP.2 016.2. F.5.g.	B29	Recognizes and deals with negative affect of the client	3.53	0.50	0%	0%	47%	53%
CACREP.2 016.2. F.5.f.	B30	Demonstrates flexibility in the interview/session	3.47	0.62	0%	7%	40%	53%
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.g.	B31	Uses silence effectively in the interview/session	3.33	0.47	0%	0%	67%	33%
CACREP.2 016.2. F.1.k.	B32	Is aware of own feelings in the counseling session	3.53	0.50	0%	0%	47%	53%
CACREP.2 016.2. F.1.b.	B33	Communicates own feelings to the client when appropriate	3.27	0.44	0%	0%	73%	27%
CACREP.2 016.5. C.3.b.	B34	Recognizes and skillfully interprets the client's covert messages	3.29	0.59	0%	7%	57%	36%

CACREP.2016.2.F.5.i.	B35	Facilitates realistic goal setting with the client	3.27	0.44	0%	0%	73%	27%
CACREP.2016.5.C.3.b.	B36	Encourages appropriate action-step planning with the client	3.27	0.44	0%	0%	73%	27%
CACREP.2016.5.C.3.b.	B37	Employs judgment in the timing and use of different techniques	3.27	0.44	0%	0%	73%	27%
CACREP.2016.2.F.5.i.	B38	Initiates periodic evaluation of goals, action-steps, and process during counseling	3.27	0.44	0%	0%	73	27
CACREP.20 2.F.6.a.	B39	Demonstrates an understanding of the dynamics associated with group process and development	3.36	0.48	0%	0%	64%	36%
CACREP.20 2.F.6.c.	B40	Demonstrates an understanding of therapeutic factors and how they contribute to group effectiveness.	3.36	0.48	0%	0%	64%	36%
CACREP.20 2.F.4.b.	B41	Demonstrates an understanding of the interrelationships among and between work, mental, well-being, relationships, and other life roles and factors.	3.40	0.61	0%	7%	47%	47%
CACREP.20 2.F4.h.	B42	Demonstrates an understanding of strategies for facilitating client skill development for career, educational, and life-work planning and management.	3.31	0.61	0%	8%	54%	38%
CACREP.2016.5.C.1.e.	B43	Explains, administers, and interprets	3.40	0.49	0%	0%	60%	40%

		tests/assessments correctly					
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.g.	B44	Terminates the interview/session smoothly	3.33	0.47	0%	0%	67%	33%
CACREP.2 016.2. F.5.m.; CACREP.2 016.5. C.2.f.	C45	Has the ability to manage crisis situations when they arise	3.29	0.59	0%	7%	57%	36%
CACREP.2 016.5. C.3.b.	C46	Focuses on specific behaviors and their consequences, implications, and contingencies	3.20	0.54	0%	7%	67%	27%
CACREP.2 016.2. F.5.g.	C47	Recognizes and pursues discrepancies and meaning of inconsistent information	3.13	0.34	0%	0%	87%	13%
CACREP.2 016.5. C.3.b.	C48	Uses relevant case data in planning both immediate and long-range goals	3.20	0.40	0%	0%	805	20%
CACREP.2 016.2. F.7.e. 2.F.7.i; CACREP.2 016.5. C.3.b.	C49	Uses relevant case data in considering various strategies and their implications	3.27	0.44	0%	0%	73%	27%
CACREP.2 016.5. C.1.b	C50	Bases decisions on a theoretically sound and consistent rationale of human behavior	3.20	0.40	0%	0%	80%	20%
CACREP.2 016.2. F.1.k.	C51	Is perceptive in evaluating the effects of own counseling techniques	3.27	0.44	0%	0%	73%	27%

CACREP.2 016.2.F. 1.i.; CACREP.2 016.5. C.2.l.	C52	Demonstrates ethical behavior in the counseling activity and case management	3.67	0.47	0%	0%	33%	67%
CACREP.2 016.2. F.5.d.	C53	Considers issues of racial, ethnic, and cultural diversity when developing, implementing, and evaluating sessions	3.13	0.62	0%	13%	60%	27%
CACREP.2 016.5.C.2 .a-d, h, m	C54	Develops a working understanding of the policies and procedures of the internship site.	3.67	0.47	0%	0%	33%	67%
CACREP.2 016.2. F.1.j. CACREP 2016 2 F.5.e	C55	Develops competency in utilizing the professional technologies available at the internship site.	3.53	0.50	0%	0%	47%	53%

Clinical Mental Health Counseling – Internship II
Performance Review - Fall 2022

CACREP Standard	Internship II		Fall 22 N=23					
			Mean/ Range	S.D.	Unacceptable %	Emerging %	Proficient %	Advanced %
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.f	A1	Invests time and energy in becoming a counselor/therapist	3.83	0.38	0	0	17	83
CACREP.2 016.2. F.1.k.; CACREP.2 016.2. F.1.m.	A2	Accepts and uses constructive criticism to enhance self-development and counseling skills	3.74	0.44	0	0	26	74
CACREP.2 016.2. F.1.m.	A3	Engages in open, comfortable, and clear communication with peers and supervisors	3.78	0.41	0	0	22	78
CACREP.2 016.2. F.1.k.	A4	Recognizes own competencies and skills and shares these with peers and supervisors.	3.52	0.65	0	9	30	61
CACREP.2 016.2. F.1.m.	A5	Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	3.52	0.58	0	4	39	57
CACREP.2 016.5. C.2.m.	A6	Completes case reports and records punctually and conscientiously.	3.77	0.42	0	0	23	77
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.g.	A7	Understands and maintains confidentiality of client information at appropriate times.	3.87	0.35	0	0	143	87

CACREP.2 016.2. F.1.i.	A8	Demonstrates knowledge and understanding of the American Counseling Association (ACA) Code of Ethics	3.70	0.55	0	4	22	74
CACREP.2 016.2. F.1.k.	A9	Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work.	3.74	0.44	0	0	26	74
CACREP.2 016.2. F.1.a. CACREP 2016 2 F.5.a	A10	Articulates personal theoretical orientation towards counseling/therapy.	3.26	0.61	0	9	57	35
CACREP.2 016.2. F.1.k.	A11	Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities	3.57	0.50	0	0	43	57
CACREP.2 016.2.F. 2.d.; CACREP.2 016.2. F.2.c.	A12	Makes efforts to become aware of issues of diversity and culture in the setting of the site	3.43	0.58	0	4	48	48
CACREP.2 016.5. C.2.a.; CACREP.2 016.2. F.2.h.	A13	Demonstrates respect for and acceptance of clients, peers, supervisors, and community members from diverse backgrounds	3.74	0.44	0	0	26	74
CACREP.2 016.5. C.1.b.;	A14	Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling	3.57	0.50	0	0	43	57

CACREP.2 016.5. C.2.d.		theory, diagnosis, treatment, etc.)					
CACREP.2 016.5. C.2.m.	A15	Maintains appropriate records and documentation in accordance with state/provincial and federal laws	3.68	0.47	0	0	32	68
CACREP.2 016.2. F.1.l.	A16	Demonstrates and models effective stress management and coping skills when dealing with emotional and physical demands of clinical mental health counseling	3.48	0.71	0	13	26	61
CACREP.2 016.5. C.3.e.	A17	Advocates for and protects the rights of clients	3.61	0.49	0	0	39	61
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.1.m.; CACREP.2 016.5. C.3.d.	A18	Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed	3.65	0.56	0	4	26	70
CACREP.2 016.2. F.5.g.	B19	Researches the referral prior to the first interview/session	3.73	0.45	0	0	27	73
CACREP.2 016.2. F.1.b.	B20	Keeps appointments on time	3.82	0.39	0	0	18	82
CACREP.2 016.2. F.1.b.	B21	Begins the interview/session smoothly	3.68	0.47	0	0	32	68
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.g.	B22	Explains the nature and objectives of counseling/therapy when appropriate	3.65	0.48	0	0	35	65

CACREP.2016.2.F.1.b.; CACREP.2016.2.F.5.f.	B23	Is relaxed and comfortable in the interview/session	3.65	0.56	0	4	26	70
CACREP.2016.5.C.2.j.	B24	Communicates interest in and acceptance of the client	3.70	0.46	0	0	30	70
CACREP.2016.2.F.5.g.	B25	Facilitates client expression of concerns and feelings	3.61	0.49	0	0	39	61
CACREP.2016.5.C.3.b.	B26	Focuses on the processes driving the client's presenting problem	3.52	0.58	0	4	39	57
CACREP.2016.2.F.5.g.	B27	Recognizes and responds appropriately to resistant behaviors by the client.	3.18	0.65	0	14	55	32
CACREP.2016.2.F.5.g.	B28	Recognizes and deals with positive affect of the client	3.59	0.49	0	0	41	59
CACREP.2016.2.F.5.g.	B29	Recognizes and deals with negative affect of the client	3.27	0.62	0	9	55	36
CACREP.2016.2.F.5.f.	B30	Demonstrates flexibility in the interview/session	3.55	0.66	0	9	27	64
CACREP.2016.2.F.1.b.; CACREP.2016.2.F.5.g.	B31	Uses silence effectively in the interview/session	3.23	0.67	0	14	50	36
CACREP.2016.2.F.1.k.	B32	Is aware of own feelings in the counseling session	3.39	0.71	0	13	35	52
CACREP.2016.2.F.1.b.	B33	Communicates own feelings to the client when appropriate	3.27	0.62	0	9	55	36
CACREP.2016.5.C.3.b.	B34	Recognizes and skillfully interprets the client's covert messages	3.23	0.67	0	14	50	36

CACREP.2 016.2. F.5.i.	B35	Facilitates realistic goal setting with the client	3.61	0.57	0	4	30	65
CACREP.2 016.5. C.3.b.	B36	Encourages appropriate action-step planning with the client	3.65	0.48	0	0	35	65
CACREP.2 016.5. C.3.b.	B37	Employs judgment in the timing and use of different techniques	3.45	0.66	0	9	36	55
CACREP.2 016.2. F.5.i.	B38	Initiates periodic evaluation of goals, action-steps, and process during counseling	3.50	0.66	0	9	32	59
CACREP.2 0 2.F.6.a.	B39	Demonstrates an understanding of the dynamics associated with group process and development	3.69	0.46	0	0	31	69
CACREP.2 0 2.F.6.c.	B40	Demonstrates an understanding of therapeutic factors and how they contribute to group effectiveness.	3.59	0.49	0	0	41	59
CACREP.2 0 2.F.4.b.	B41	Demonstrates an understanding of the interrelationships among and between work, mental, well-being, relationships, and other life roles and factors.	3.48	0.65	0	9	35	57
CACREP.2 0 2.F4.h.	B42	Demonstrates an understanding of strategies for facilitating client skill development for career, educational, and life-work planning and management.	3.48	0.58	0	4	43	52
CACREP.2 016.5. C.1.e.	B43	Explains, administers, and interprets	3.53	0.50	0	0	47	53

		tests/assessments correctly						
CACREP.2016.2.F.1.b.; CACREP.2016.2.F.5.g.	B44	Terminates the interview/session smoothly	3.48	0.50	0	0	52	48
CACREP.2016.2.F.5.m.; CACREP.2016.5.C.2.f.	C45	Has the ability to manage crisis situations when they arise	3.27	0.69	0	14	45	41
CACREP.2016.5.C.3.b.	C46	Focuses on specific behaviors and their consequences, implications, and contingencies	3.36	0.64	0	9	45	45
CACREP.2016.2.F.5.g.	C47	Recognizes and pursues discrepancies and meaning of inconsistent information	3.27	0.62	0	9	55	36
CACREP.2016.5.C.3.b.	C48	Uses relevant case data in planning both immediate and long-range goals	3.57	0.58	0	5	33	62
CACREP.2016.2.F.7.e. 2.F.7.i; CACREP.2016.5.C.3.b.	C49	Uses relevant case data in considering various strategies and their implications	3.50	0.66	0	9	32	59
CACREP.2016.5.C.1.b	C50	Bases decisions on a theoretically sound and consistent rationale of human behavior	3.55	0.58	0	5	36	59
CACREP.2016.2.F.1.k.	C51	Is perceptive in evaluating the effects of own counseling techniques	3.45	0.66	0	9	36	55

CACREP.2016.2.F.1.i.; CACREP.2016.5.C.2.l.	C52	Demonstrates ethical behavior in the counseling activity and case management	3.70	0.46	0	0	30	70
CACREP.2016.2.F.5.d.	C53	Considers issues of racial, ethnic, and cultural diversity when developing, implementing, and evaluating sessions	3.57	0.50	0	0	43	57
CACREP.2016.5.C.2.a-d, h, m	C54	Develops a working understanding of the policies and procedures of the internship site.	3.70	0.46	0	0	30	70
CACREP.2016.2.F.1.j. CACREP 2016 2 F.5.e	C55	Develops competency in utilizing the professional technologies available at the internship site.	3.74	0.44	0	0	26	74

Internship II			Fall 21 N=11					
CACREP Standard			Mean/ Range	S.D.	Unacceptable %	Emerging %	Proficient %	Advanced %
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.f.	A1	Invests time and energy in becoming a counselor/therapist	3.45	0.78	0%	18%	18%	64%
CACREP.2 016.2. F.1.k.; CACREP.2 016.2. F.1.m.	A2	Accepts and uses constructive criticism to enhance self-development and counseling skills	3.64	0.64	0%	9%	18%	73%
CACREP.2 016.2. F.1.m.	A3	Engages in open, comfortable, and clear communication with peers and supervisors	3.45	0.78	0%	18%	18%	64%
CACREP.2 016.2. F.1.k.	A4	Recognizes own competencies and skills and shares these with peers and supervisors.	3.45	0.50	0%	0%	55%	45%
CACREP.2 016.2. F.1.m.	A5	Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	3.18	0.72	0%	18%	45%	36%
CACREP.2 016.5. C.2.m.	A6	Completes case reports and records punctually and conscientiously.	3.55	0.50	0%	0%	45%	55%
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.g.	A7	Understands and maintains confidentiality of client information at appropriate times.	3.73	0.45	0%	0%	27%	73%

CACREP.2016.2.F.1.i.	A8	Demonstrates knowledge and understanding of the American Counseling Association (ACA) Code of Ethics	3.64	0.48	0%	0%	36%	64%
CACREP.2016.2.F.1.k.	A9	Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work.	3.55	0.50	0%	0%	45%	55%
CACREP.2016.2.F.1.a. CACREP 2016 2 F.5.a	A10	Articulates personal theoretical orientation towards counseling/therapy.	3.10	0.70	0%	20%	50%	30%
CACREP.2016.2.F.1.k.	A11	Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities	3.27	0.62	0%	9%	55%	36%
CACREP.2016.2.F.2.d.; CACREP.2016.2.F.2.c.	A12	Makes efforts to become aware of issues of diversity and culture in the setting of the site	3.09	0.51	0%	9%	73%	18%
CACREP.2016.5.C.2.a.; CACREP.2016.2.F.2.h.	A13	Demonstrates respect for and acceptance of clients, peers, supervisors, and community members from diverse backgrounds	3.64	0.48	0%	0%	36%	64%
CACREP.2016.5.C.1.b.;	A14	Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling	3.55	0.66	0%	9%	27%	64%

CACREP.2016.5.C.2.d.		theory, diagnosis, treatment, etc.)					
CACREP.2016.5.C.2.m.	A15	Maintains appropriate records and documentation in accordance with state/provincial and federal laws	3.55	0.50	0%	0%	45%	55%
CACREP.2016.2.F.1.l.	A16	Demonstrates and models effective stress management and coping skills when dealing with emotional and physical demands of clinical mental health counseling	3.09	0.79	0%	27%	36%	36%
CACREP.2016.5.C.3.e.	A17	Advocates for and protects the rights of clients	3.27	0.62	0%	9%	55%	36%
CACREP.2016.2.F.1.b.; CACREP.2016.2.F.1.m.; CACREP.2016.5.C.3.d.	A18	Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed	3.73	0.45	0%	0%	27%	73%
CACREP.2016.2.F.5.g.	B19	Researches the referral prior to the first interview/session	3.50	0.50	0%	0%	50%	50%
CACREP.2016.2.F.1.b.	B20	Keeps appointments on time	3.18	0.83	9%	0%	55%	36%
CACREP.2016.2.F.1.b.	B21	Begins the interview/session smoothly	3.36	0.64	0%	9%	45%	45%
CACREP.2016.2.F.1.b.; CACREP.2016.2.F.5.g.	B22	Explains the nature and objectives of counseling/therapy when appropriate	3.40	0.66	0%	10%	40%	50%

CACREP.2016.2.F.1.b.; CACREP.2016.2.F.5.f.	B23	Is relaxed and comfortable in the interview/session	3.09	0.67	0%	18%	55%	27%
CACREP.2016.5.C.2.j.	B24	Communicates interest in and acceptance of the client	3.73	0.45	0%	0%	27%	73%
CACREP.2016.2.F.5.g.	B25	Facilitates client expression of concerns and feelings	3.55	0.50	0%	0%	45%	55%
CACREP.2016.5.C.3.b.	B26	Focuses on the processes driving the client's presenting problem	3.18	0.57	0%	9%	64%	27%
CACREP.2016.2.F.5.g.	B27	Recognizes and responds appropriately to resistant behaviors by the client.	3.30	0.46	0%	0%	70%	30%
CACREP.2016.2.F.5.g.	B28	Recognizes and deals with positive affect of the client	3.36	0.48	0%	0%	64%	36%
CACREP.2016.2.F.5.g.	B29	Recognizes and deals with negative affect of the client	3.30	0.46	0%	0%	70%	30%
CACREP.2016.2.F.5.f.	B30	Demonstrates flexibility in the interview/session	3.55	0.50	0%	0%	45%	55%
CACREP.2016.2.F.1.b.; CACREP.2016.2.F.5.g.	B31	Uses silence effectively in the interview/session	3.09	0.51	0%	9%	73%	18%
CACREP.2016.2.F.1.k.	B32	Is aware of own feelings in the counseling session	3.30	0.64	0%	10%	50%	40%
CACREP.2016.2.F.1.b.	B33	Communicates own feelings to the client when appropriate	3.20	0.60	0%	10%	60%	30%
CACREP.2016.5.C.3.b.	B34	Recognizes and skillfully interprets the client's covert messages	3.00	0.60	0%	18%	64%	18%

CACREP.2016.2.F.5.i.	B35	Facilitates realistic goal setting with the client	3.30	0.46	0%	0%	70%	30%
CACREP.2016.5.C.3.b.	B36	Encourages appropriate action-step planning with the client	3.27	0.45	0%	0%	73%	27%
CACREP.2016.5.C.3.b.	B37	Employs judgment in the timing and use of different techniques	3.27	0.45	0%	0%	73%	27%
CACREP.2016.2.F.5.i.	B38	Initiates periodic evaluation of goals, action-steps, and process during counseling	3.10	0.70	0%	20%	50%	30%
CACREP.2 0 2.F.6.a.	B39	Demonstrates an understanding of the dynamics associated with group process and development	3.56	0.50	0%	0%	44%	56%
CACREP.2 0 2.F.6.c.	B40	Demonstrates an understanding of therapeutic factors and how they contribute to group effectiveness.	3.44	0.50	0%	0%	56%	44%
CACREP.2 0 2.F.4.b.	B41	Demonstrates an understanding of the interrelationships among and between work, mental, well-being, relationships, and other life roles and factors.	3.40	0.66	0%	10%	40%	50%
CACREP.2 0 2.F4.h.	B42	Demonstrates an understanding of strategies for facilitating client skill development for career, educational, and life-work planning and management.	3.33	0.67	0%	11%	44%	44%
CACREP.2016.5.C.1.e.	B43	Explains, administers, and interprets	3.44	0.50	0%	0%	56%	44%

		tests/assessments correctly					
CACREP.2016.2.F.1.b.; CACREP.2016.2.F.5.g.	B44	Terminates the interview/session smoothly	3.45	0.50	0%	0%	55%	45%
CACREP.2016.2.F.5.m.; CACREP.2016.5.C.2.f.	C45	Has the ability to manage crisis situations when they arise	2.89	0.87	11%	11%	56%	22%
CACREP.2016.5.C.3.b.	C46	Focuses on specific behaviors and their consequences, implications, and contingencies	3.18	0.57	0%	9%	64%	27%
CACREP.2016.2.F.5.g.	C47	Recognizes and pursues discrepancies and meaning of inconsistent information	3.30	0.46	0%	0%	70%	30%
CACREP.2016.5.C.3.b.	C48	Uses relevant case data in planning both immediate and long-range goals	3.40	0.49	0%	0%	60%	40%
CACREP.2016.2.F.7.e. 2.F.7.i; CACREP.2016.5.C.3.b.	C49	Uses relevant case data in considering various strategies and their implications	3.40	0.49	0%	0%	60%	40%
CACREP.2016.5.C.1.b	C50	Bases decisions on a theoretically sound and consistent rationale of human behavior	3.36	0.64	0%	9%	45%	45%
CACREP.2016.2.F.1.k.	C51	Is perceptive in evaluating the effects of own counseling techniques	3.27	0.62	0%	9%	55%	36%

CACREP.2016.2.F.1.i.; CACREP.2016.5.C.2.l.	C52	Demonstrates ethical behavior in the counseling activity and case management	3.64	0.48	0%	0%	36%	64%
CACREP.2016.2.F.5.d.	C53	Considers issues of racial, ethnic, and cultural diversity when developing, implementing, and evaluating sessions	3.09	0.51	0%	9%	73%	18%
CACREP.2016.5.C.2.a-d, h, m	C54	Develops a working understanding of the policies and procedures of the internship site.	3.18	0.57	0%	9%	64%	27%
CACREP.2016.2.F.1.j. CACREP 2016 2 F.5.e	C55	Develops competency in utilizing the professional technologies available at the internship site.	3.36	0.48	0%	0%	64%	36%

Clinical Mental Health Counseling – Internship 2
Performance Review - Fall 2020

CACREP Standard	#	Internship II	Fall 2020 N=12							
			Mean/ Range	S.D.	NO %	1 %	2 %	3 %	4 %	5 %
B1	1	Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling	3.92 (3-5)	0.51	0%	0%	0%	17%	75%	8%
B2	2	Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling	3.73 (3-5)	0.65	8%	0%	0%	33%	50%	8%
D1	3	Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental to initiate, maintain, and terminate counseling.	3.73 (3-5)	0.79	8%	0%	0%	42%	33%	17%
D2	4	Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.	3.91 (3-5)	0.70	8%	0%	0%	25%	50%	17%
D3	5	Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.	3.82 (3-5)	0.75	8%	0%	0%	33%	42%	17%
D4	6	Applies effective strategies to promote client understanding of and access to a variety of community resources.	3.90 (3-5)	0.88	17%	0%	0%	33%	25%	25%
D5	7	Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.	3.80 (3-5)	0.79	17%	0%	0%	33%	33%	17%
D6	8	Demonstrates ability to use procedures for assessing and managing suicide risk.	3.82 (3-5)	0.75	8%	0%	0%	33%	42%	17%
D7	9	Applies current record-keeping standards related to clinical mental health counseling.	3.83 (3-5)	0.83	0%	0%	0%	42%	33%	25%

Code	#	Description	Mean (range)	SD						
D8	10	Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.	3.88 (3-5)	0.83	33%	0%	0%	25%	25%	17%
D9	11	Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate	3.92 (3-5)	0.79	0%	0%	0%	33%	42%	25%
F1	12	Maintains information regarding community resources to make appropriate referrals.	4.11 (3-5)	0.78	25%	0%	0%	17%	33%	25%
F2	13	Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.	3.70 (3-5)	0.82	17%	0%	0%	42%	25%	17%
F3	14	Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.	3.70 (3-5)	0.67	17%	0%	0%	33%	42%	8%
H1	15	Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.	3.90 (3-5)	0.74	17%	0%	0%	25%	42%	17%
H2	16	Demonstrates skill in conducting and intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.	3.82 (3-5)	0.75	8%	0%	0%	33%	42%	17%
H3	17	Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.	3.80 (3-5)	0.79	17%	0%	0%	33%	33%	17%
H4	18	Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.	3.64 (3-5)	0.81	8%	0%	0%	50%	25%	17%

J1	**19**	Applies relevant research findings to inform the practice of clinical mental health counseling.	4.11 (3-5)	0.60	25%	0%	0%	8%	50%	17%
J2	**20**	Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.	3.86 (3-5)	0.69	42%	0%	0%	17%	33%	8%
J3	**21**	Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.	3.86 (3-5)	0.69	42%	0%	0%	17%	33%	8%
L1	**22**	Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.	4.00 (3-5)	0.67	17%	0%	0%	17%	50%	17%
L2	**23**	Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.	3.80 (3-5)	0.92	17%	0%	0%	42%	17%	25%
L3	**24**	Differentiates between diagnostic and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.	3.90 (3-5)	0.88	17%	0%	0%	33%	25%	25%

Clinical Mental Health Counseling – Internship III
Performance Review - Spring 2023

CACREP Standard		Internship III	Spring 23 N= 26					
			Mean/ Range	S.D.	Unacceptable %	Emerging %	Proficient %	Advanced %
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.f	A1	Invests time and energy in becoming a counselor/therapist	4.00	0.00	0	0	0	100
CACREP.2 016.2. F.1.k.; CACREP.2 016.2. F.1.m.	A2	Accepts and uses constructive criticism to enhance self-development and counseling skills	4.00	0.00	0	0	0	100
CACREP.2 016.2. F.1.m.	A3	Engages in open, comfortable, and clear communication with peers and supervisors	3.96	0.19	0	0	4	96
CACREP.2 016.2. F.1.k.	A4	Recognizes own competencies and skills and shares these with peers and supervisors.	3.85	0.36	0	0	15	85
CACREP.2 016.2. F.1.m.	A5	Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	3.85	0.36	0	0	15	85
CACREP.2 016.5. C.2.m.	A6	Completes case reports and records punctually and conscientiously.	3.92	0.27	0	0	8	92
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.g.	A7	Understands and maintains confidentiality of client information at appropriate times.	4.00	0.00	0	0	0	100

CACREP.2 016.2. F.1.i.	A8	Demonstrates knowledge and understanding of the American Counseling Association (ACA) Code of Ethics	4.00	0.00	0	0	0	100
CACREP.2 016.2. F.1.k.	A9	Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work.	3.92	0.27	0	0	8	92
CACREP.2 016.2. F.1.a. CACREP 2016 2 F.5.a	A10	Articulates personal theoretical orientation towards counseling/therapy.	3.73	0.44	0	0	27	73
CACREP.2 016.2. F.1.k.	A11	Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities	3.88	0.32	0	0	12	88
CACREP.2 016.2.F. 2.d.; CACREP.2 016.2. F.2.c.	A12	Makes efforts to become aware of issues of diversity and culture in the setting of the site	3.85	0.36	0	0	15	85
CACREP.2 016.5. C.2.a.; CACREP.2 016.2. F.2.h.	A13	Demonstrates respect for and acceptance of clients, peers, supervisors, and community members from diverse backgrounds	3.96	0.19	0	0	4	96
CACREP.2 016.5. C.1.b.;	A14	Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling	3.77	0.42	0	0	23	77

CACREP.2 016.5. C.2.d.		theory, diagnosis, treatment, etc.)					
CACREP.2 016.5. C.2.m.	A15	Maintains appropriate records and documentation in accordance with state/provincial and federal laws	3.96	0.19	0	0	4	96
CACREP.2 016.2. F.1.l.	A16	Demonstrates and models effective stress management and coping skills when dealing with emotional and physical demands of clinical mental health counseling	3.73	0.52	0	4	19	77
CACREP.2 016.5. C.3.e.	A17	Advocates for and protects the rights of clients	3.96	0.20	0	0	4	96
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.1.m.; CACREP.2 016.5. C.3.d.	A18	Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed	3.96	0.19	0	0	4	96
CACREP.2 016.2. F.5.g.	B19	Researches the referral prior to the first interview/session	3.84	0.37	0	0	16	84
CACREP.2 016.2. F.1.b.	B20	Keeps appointments on time	3.88	0.32	0	0	12	88
CACREP.2 016.2. F.1.b.	B21	Begins the interview/session smoothly	3.92	0.27	0	0	8	92
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.g.	B22	Explains the nature and objectives of counseling/therapy when appropriate	3.92	0.27	0	0	8	92

CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.f.	B23	Is relaxed and comfortable in the interview/session	3.85	0.36	0	0	15	85
CACREP.2 016.5. C.2.j.	B24	Communicates interest in and acceptance of the client	3.92	0.27	0	0	8	92
CACREP.2 016.2. F.5.g.	B25	Facilitates client expression of concerns and feelings	3.88	0.32	0	0	12	88
CACREP.2 016.5. C.3.b.	B26	Focuses on the processes driving the client's presenting problem	3.81	0.39	0	0	19	81
CACREP.2 016.2. F.5.g.	B27	Recognizes and responds appropriately to resistant behaviors by the client.	3.65	0.48	0	0	35	65
CACREP.2 016.2. F.5.g.	B28	Recognizes and deals with positive affect of the client	3.85	0.36	0	0	15	85
CACREP.2 016.2. F.5.g.	B29	Recognizes and deals with negative affect of the client	3.72	0.45	0	0	28	72
CACREP.2 016.2. F.5.f.	B30	Demonstrates flexibility in the interview/session	3.85	0.36	0	0	15	85
CACREP.2 016.2. F.1.b.; CACREP.2 016.2. F.5.g.	B31	Uses silence effectively in the interview/session	3.69	0.46	0	0	31	69
CACREP.2 016.2. F.1.k.	B32	Is aware of own feelings in the counseling session	3.88	0.32	0	0	12	88
CACREP.2 016.2. F.1.b.	B33	Communicates own feelings to the client when appropriate	3.77	0.42	0	0	23	77
CACREP.2 016.5. C.3.b.	B34	Recognizes and skillfully interprets the client's covert messages	3.62	0.49	0	0	38	62

CACREP.2 016.2. F.5.i.	B35	Facilitates realistic goal setting with the client	3.88	0.32	0	0	12	88
CACREP.2 016.5. C.3.b.	B36	Encourages appropriate action-step planning with the client	3.96	0.19	0	0	4	96
CACREP.2 016.5. C.3.b.	B37	Employs judgment in the timing and use of different techniques	3.81	0.39	0	0	19	81
CACREP.2 016.2. F.5.i.	B38	Initiates periodic evaluation of goals, action-steps, and process during counseling	3.80	0.40	0	0	20	80
CACREP.2 0 2.F.6.a.	B39	Demonstrates an understanding of the dynamics associated with group process and development	3.79	0.41	0	0	21	79
CACREP.2 0 2.F.6.c.	B40	Demonstrates an understanding of therapeutic factors and how they contribute to group effectiveness.	3.74	0.44	0	0	26	74
CACREP.2 0 2.F.4.b.	B41	Demonstrates an understanding of the interrelationships among and between work, mental, well-being, relationships, and other life roles and factors.	3.85	0.36	0	0	15	85
CACREP.2 0 2.F4.h.	B42	Demonstrates an understanding of strategies for facilitating client skill development for career, educational, and life-work planning and management.	3.83	0.37	0	0	17	83
CACREP.2 016.5. C.1.e.	B43	Explains, administers, and interprets	3.80	0.40	0	0	20	80

		tests/assessments correctly						
CACREP.2016.2.F.1.b.; CACREP.2016.2.F.5.g.	B44	Terminates the interview/session smoothly	3.77	0.42	0	0	23	77
CACREP.2016.2.F.5.m.; CACREP.2016.5.C.2.f.	C45	Has the ability to manage crisis situations when they arise	3.75	0.43	0	0	25	75
CACREP.2016.5.C.3.b.	C46	Focuses on specific behaviors and their consequences, implications, and contingencies	3.85	0.36	0	0	15	85
CACREP.2016.2.F.5.g.	C47	Recognizes and pursues discrepancies and meaning of inconsistent information	3.77	0.42	0	0	23	77
CACREP.2016.5.C.3.b.	C48	Uses relevant case data in planning both immediate and long-range goals	3.81	0.39	0	0	19	81
CACREP.2016.2.F.7.e. 2.F.7.i; CACREP.2016.5.C.3.b.	C49	Uses relevant case data in considering various strategies and their implications	3.81	0.39	0	0	19	81
CACREP.2016.5.C.1.b	C50	Bases decisions on a theoretically sound and consistent rationale of human behavior	3.85	0.36	0	0	15	85
CACREP.2016.2.F.1.k.	C51	Is perceptive in evaluating the effects of own counseling techniques	3.81	0.39	0	0	19	81

CACREP.2 016.2.F. 1.i.; CACREP.2 016.5. C.2.l.	C52	Demonstrates ethical behavior in the counseling activity and case management	3.88	0.32	0	0	12	88
CACREP.2 016.2. F.5.d.	C53	Considers issues of racial, ethnic, and cultural diversity when developing, implementing, and evaluating sessions	3.92	0.27	0	0	8	92
CACREP.2 016.5.C.2 .a-d, h, m	C54	Develops a working understanding of the policies and procedures of the internship site.	3.96	0.19	0	0	4	96
CACREP.2 016.2. F.1.j. CACREP 2016 2 F.5.e	C55	Develops competency in utilizing the professional technologies available at the internship site.	3.88	0.32	0	0	12	88

Clinical Mental Health Counseling – Internship III
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CACREP Standard		Internship III	Spring 22 N= 8					
			Mean / Range	S.D.	Unacceptable %	Emerging %	Proficient %	Advanced %
CACREP. 2016.2. F.1.b.; CACREP. 2016.2. F.5.f.	A1	Invests time and energy in becoming a counselor/therapist	3.88	0.33	0%	0%	13%	88%
CACREP. 2016.2. F.1.k.; CACREP. 2016.2. F.1.m.	A2	Accepts and uses constructive criticism to enhance self-development and counseling skills	3.88	0.33	0%	0%	13%	88%
CACREP. 2016.2. F.1.m.	A3	Engages in open, comfortable, and clear communication with peers and supervisors	3.88	0.33	0%	0%	13%	88%
CACREP. 2016.2. F.1.k.	A4	Recognizes own competencies and skills and shares these with peers and supervisors.	3.75	0.43	0%	0%	25%	75%
CACREP. 2016.2. F.1.m.	A5	Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	3.63	0.48	0%	0%	38%	63%
CACREP. 2016.5. C.2.m.	A6	Completes case reports and records punctually and conscientiously.	3.88	0.33	0%	0%	13%	88%

CACREP. 2016.2. F.1.b.; CACREP. 2016.2. F.5.g.	A7	Understands and maintains confidentiality of client information at appropriate times.	3.88	0.33	0%	0%	13%	88%
CACREP. 2016.2. F.1.i.	A8	Demonstrates knowledge and understanding of the American Counseling Association (ACA) Code of Ethics	3.71	0.45	0%	0%	29%	71%
CACREP. 2016.2. F.1.k.	A9	Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work.	3.75	0.43	0%	0%	25%	75%
CACREP. 2016.2. F.1.a. CACREP 2016 2 F.5.a	A10	Articulates personal theoretical orientation towards counseling/therapy.	3.86	0.35	0%	0%	14%	86%
CACREP. 2016.2. F.1.k.	A11	Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities	3.88	0.33	0%	0%	13%	88%
CACREP. 2016.2.F. 2.d.; CACREP. 2016.2. F.2.c.	A12	Makes efforts to become aware of issues of diversity and culture in the setting of the site	3.86	0.35	0%	0%	14%	86%

CACREP. 2016.5. C.2.a.; CACREP. 2016.2. F.2.h.	A13	Demonstrates respect for and acceptance of clients, peers, supervisors, and community members from diverse backgrounds	4.00	0.00	0%	0%	0%	100%
CACREP. 2016.5. C.1.b.; CACREP. 2016.5. C.2.d.	A14	Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling theory, diagnosis, treatment, etc.)	3.63	0.70	0%	13%	13%	75%
CACREP. 2016.5. C.2.m.	A15	Maintains appropriate records and documentation in accordance with state/provincial and federal laws	3.88	0.33	0%	0%	13%	88%
CACREP. 2016.2. F.1.l.	A16	Demonstrates and models effective stress management and coping skills when dealing with emotional and physical demands of clinical mental health counseling	3.88	0.33	0%	0%	13%	88%
CACREP. 2016.5. C.3.e.	A17	Advocates for and protects the rights of clients	3.57	0.49	0%	0%	43%	57%
CACREP. 2016.2. F.1.b.; CACREP. 2016.2. F.1.m.;	A18	Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed	3.88	0.33	0%	0%	13%	88%

CACREP. 2016.5. C.3.d.								
CACREP. 2016.2. F.5.g.	B19	Researches the referral prior to the first interview/session	3.71	0.45	0%	0%	29%	71%
CACREP. 2016.2. F.1.b.	B20	Keeps appointments on time	3.71	0.45	0%	0%	29%	71%
CACREP. 2016.2. F.1.b.	B21	Begins the interview/session smoothly	3.75	0.43	0%	0%	25%	75%
CACREP. 2016.2. F.1.b.; CACREP. 2016.2. F.5.g.	B22	Explains the nature and objectives of counseling/therapy when appropriate	3.75	0.43	0%	0%	25%	75%
CACREP. 2016.2. F.1.b.; CACREP. 2016.2. F.5.f.	B23	Is relaxed and comfortable in the interview/session	3.88	0.33	0%	0%	13%	88%
CACREP. 2016.5. C.2.j.	B24	Communicates interest in and acceptance of the client	3.88	0.33	0%	0%	13%	88%
CACREP. 2016.2. F.5.g.	B25	Facilitates client expression of concerns and feelings	3.75	0.43	0%	0%	25%	75%
CACREP. 2016.5. C.3.b.	B26	Focuses on the processes driving the client's presenting problem	3.75	0.43	0%	0%	25%	75%
CACREP. 2016.2. F.5.g.	B27	Recognizes and responds appropriately to resistant behaviors by the client.	3.86	0.35	0%	0%	14%	86%

CACREP. 2016.2. F.5.g.	B28	Recognizes and deals with positive affect of the client	3.75	0.43	0%	0%	25%	75%
CACREP. 2016.2. F.5.g.	B29	Recognizes and deals with negative affect of the client	3.75	0.43	0%	0%	25%	75%
CACREP. 2016.2. F.5.f.	B30	Demonstrates flexibility in the interview/session	3.75	0.43	0%	0%	25%	75%
CACREP. 2016.2. F.1.b.; CACREP. 2016.2. F.5.g.	B31	Uses silence effectively in the interview/session	3.63	0.48	0%	0%	38%	63%
CACREP. 2016.2. F.1.k.	B32	Is aware of own feelings in the counseling session	3.75	0.43	0%	0%	25%	75%
CACREP. 2016.2. F.1.b.	B33	Communicates own feelings to the client when appropriate	3.63	0.70	0%	13%	13%	75%
CACREP. 2016.5. C.3.b.	B34	Recognizes and skillfully interprets the client's covert messages	3.75	0.43	0%	0%	25%	75%
CACREP. 2016.2. F.5.i.	B35	Facilitates realistic goal setting with the client	3.63	0.48	0%	0%	38%	63%
CACREP. 2016.5. C.3.b.	B36	Encourages appropriate action-step planning with the client	3.63	0.48	0%	0%	38%	63%
CACREP. 2016.5. C.3.b.	B37	Employs judgment in the timing and use of different techniques	3.75	0.43	0%	0%	25%	75%
CACREP. 2016.2. F.5.i.	B38	Initiates periodic evaluation of goals, action-steps, and process during counseling	3.57	0.49	0%	0%	43%	57%

CACREP. 20 2.F.6.a.	B39	Demonstrates an understanding of the dynamics associated with group process and development	3.80	0.40	05	0%	20%	80%
CACREP. 20 2.F.6.c.	B40	Demonstrates an understanding of therapeutic factors and how they contribute to group effectiveness.	3.60	0.49	0%	0%	40%	60%
CACREP. 20 2.F.4.b.	B41	Demonstrates an understanding of the interrelationships among and between work, mental, well-being, relationships, and other life roles and factors.	3.57	0.49	0%	0%	43%	57%
CACREP. 20 2.F4.h.	B42	Demonstrates an understanding of strategies for facilitating client skill development for career, educational, and life-work planning and management.	3.60	0.49	0%	0%	40%	60%
CACREP. 2016.5. C.1.e.	B43	Explains, administers, and interprets tests/assessments correctly	3.33	0.75	0%	17%	33%	50%
CACREP. 2016.2. F.1.b.; CACREP. 2016.2. F.5.g.	B44	Terminates the interview/session smoothly	3.75	0.43	0%	0%	25%	75%

CACREP. 2016.2. F.5.m.; CACREP. 2016.5. C.2.f.	C45	Has the ability to manage crisis situations when they arise	3.80	0.40	0%	0%	20%	80%
CACREP. 2016.5. C.3.b.	C46	Focuses on specific behaviors and their consequences, implications, and contingencies	3.50	0.71	0%	13%	25%	63%
CACREP. 2016.2. F.5.g.	C47	Recognizes and pursues discrepancies and meaning of inconsistent information	3.86	0.35	0%	0%	14%	86%
CACREP. 2016.5. C.3.b.	C48	Uses relevant case data in planning both immediate and long-range goals	3.57	0.49	0%	0%	43%	57%
CACREP. 2016.2. F.7.e. 2.F.7.i; CACREP. 2016.5. C.3.b.	C49	Uses relevant case data in considering various strategies and their implications	3.71	0.45	0%	0%	29%	71%
CACREP. 2016.5. C.1.b	C50	Bases decisions on a theoretically sound and consistent rationale of human behavior	3.63	0.70	0%	13%	13%	75%
CACREP. 2016.2. F.1.k.	C51	Is perceptive in evaluating the effects of own counseling techniques	3.63	0.48	0%	0%	38%	63%

CACREP. 2016.2.F. 1.i.; CACREP. 2016.5.C.2.l.	C52	Demonstrates ethical behavior in the counseling activity and case management	3.88	0.33	0%	0%	13%	88%
CACREP. 2016.2. F.5.d.	C53	Considers issues of racial, ethnic, and cultural diversity when developing, implementing, and evaluating sessions	3.63	0.70	0%	13%	13%	75%
CACREP. 2016.5.C .2.a-d, h, m	C54	Develops a working understanding of the policies and procedures of the internship site.	3.75	0.43	0%	0%	25%	75%
CACREP. 2016.2. F.1.j. CACREP 2016 2 F.5.e	C55	Develops competency in utilizing the professional technologies available at the internship site.	3.75	0.43	0%	0%	25%	75%

CACREP Standard	#	Internship III	Spring 2021 N=12							
			Mean/ Range	S.D.	NO %	1 %	2 %	3 %	4 %	5 %
B1	1	Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling	4.42 (3-5)	0.79	0%	0%	0%	17%	25%	58%
B2	2	Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling	4.08 (3-5)	0.90	0%	0%	0%	33%	25%	42%
D1	3	Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental to initiate, maintain, and terminate counseling.	4.00 (3-5)	0.85	0%	0%	0%	33%	33%	33%
D2	4	Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.	4.17 (3-5)	0.72	0%	0%	0%	17%	50%	33%
D3	5	Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.	4.08 (3-5)	0.90	0%	0%	0%	33%	25%	42%
D4	6	Applies effective strategies to promote client understanding of and access to a variety of community resources.	4.17 (3-5)	0.83	0%	0%	0%	25%	33%	42%
D5	7	Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities	3.92 (3-5)	0.90	0%	0%	0%	42%	25%	33%

		for initiating, maintaining, and terminating counseling.							
D6	8	Demonstrates ability to use procedures for assessing and managing suicide risk.	4.00 (3-5)	0.74	0%	0%	0%	25%	50%	25%
D7	9	Applies current record-keeping standards related to clinical mental health counseling.	3.92 (3-5)	0.79	0%	0%	0%	33%	42%	25%
D8	10	Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.	4.00 (3-5)	0.77	8%	0%	0%	25%	42%	25%
D9	11	Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate	4.25 (3-5)	0.87	0%	0%	0%	25%	25%	50%
F1	12	Maintains information regarding community resources to make appropriate referrals.	4.33 (3-5)	0.78	0%	0%	0%	17%	33%	50%
F2	13	Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.	4.11 (3-5)	0.93	25%	0%	0%	25%	17%	33%
F3	14	Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.	4.17 (3-5)	0.83	0%	0%	0%	25%	33%	42%
H1	15	Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.	4.20 (3-5)	0.79	17%	0%	0%	17%	33%	33%
H2	16	Demonstrates skill in conducting and intake interview, a mental status	4.09 (2-5)	0.83	8%	0%	8%	0%	58%	25%

		evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.							
H3	17	Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.	4.17 (3-5)	0.72	0%	0%	0%	17%	50%	33%
H4	18	Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.	4.17 (3-5)	0.72	0%	0%	0%	17%	50%	33%
J1	19	Applies relevant research findings to inform the practice of clinical mental health counseling.	4.30 (3-5)	0.82	17%	0%	0%	17%	25%	42%
J2	20	Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.	4.25 (3-5)	1.04	33%	0%	0%	25%	0%	42%
J3	21	Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.	4.25 (3-5)	0.89	33%	0%	0%	17%	17%	33%
L1	22	Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.	4.18 (3-5)	0.60	8%	0%	0%	8%	58%	25%
L2	23	Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.	4.20 (3-5)	0.63	17%	0%	0%	8%	50%	25%

CACREP Standard	#	Internship III	Mean/Range	S.D.	NO %	1 %	2 %	3 %	4 %	5 %
L3	24	Differentiates between diagnostic and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.	4.27 (3-5)	0.79	8%	0%	0%	17%	33%	42%

Clinical Mental Health Counseling – Internship III
Performance Review – Spring 2020

CACREP Standard	#	Internship III	Spring 2020 N=8							
			Mean/Range	S.D.	NO %	1 %	2 %	3 %	4 %	5 %
B1	1	Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling	4.13 (3-5)	0.83	0	0	0	25	38	38
B2	2	Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling	4.00 (3-5)	0.63	25	0	0	13	50	13
D1	3	Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental to initiate, maintain, and terminate counseling.	3.75 (3-5)	0.71	0	0	0	38	50	13
D2	4	Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.	3.86 (3-5)	0.69	13	0	0	25	50	13
D3	5	Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.	4.25 (3-5)	0.89	0	0	0	25	25	50
D4	6	Applies effective strategies to promote client understanding of and access to a variety of community resources.	4.00 (3-5)	0.76	0	0	0	25	50	25
D5	7	Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.	3.57 (3-4)	0.53	13	0	0	38	50	0

| D6 | 8 | Demonstrates ability to use procedures for assessing and managing suicide risk. | 3.88 (3-5) | 0.83 | 0 | 0 | 0 | 38 | 38 | 25 |
| D7 | 9 | Applies current record-keeping standards related to clinical mental health counseling. | 4.13 (3-5) | 0.64 | 0 | 0 | 0 | 13 | 63 | 25 |

CACREP Standard	#	Internship III	Spring 2020 N=8							
			Mean/ Range	S.D.	NO %	1 %	2 %	3 %	4 %	5 %
D8	10	Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.	3.75 (3-5)	0.71	0	0	0	38	50	13
D9	11	Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate	4.13 (3-5)	0.83	0	0	0	25	38	38
F1	12	Maintains information regarding community resources to make appropriate referrals.	4.00 (3-5)	1.00	13	0	0	38	13	38
F2	13	Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.	3.86 (3-5)	0.69	13	0	0	25	50	13
F3	14	Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.	3.88 (3-5)	0.83	0	0	0	38	38	25
H1	15	Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.	3.86 (3-5)	0.69	13	0	0	25	50	13
H2	16	Demonstrates skill in conducting and intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.	4.00 (3-5)	1.10	25	0	0	38	0	38
H3	17	Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.	4.33 (3-5)	0.82	25	0	0	13	25	38

CACREP Standard	#	Internship III	Spring 2020 N=8							
			Mean/ Range	S.D.	NO %	1 %	2 %	3 %	4 %	5 %
H4	18	Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.	4.00 (3-5)	1.10	25	0	0	38	0	38
J1	19	Applies relevant research findings to inform the practice of clinical mental health counseling.	4.00 (3-5)	0.63	25	0	0	13	50	13
J2	20	Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.	3.86 (3-5)	0.69	13	0	0	25	50	13
J3	21	Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.	3.60 (3-4)	0.55	38	0	0	25	38	0
L1	22	Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.	3.71 (3-5)	0.95	13	0	0	50	13	25
L2	23	Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.	3.80 (3-5)	1.10	38	0	0	38	0	25
L3	24	Differentiates between diagnostic and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.	3.86 (3-5)	0.90	13	0	0	38	25	25

Clinical Mental Health Counseling – Internship III
Performance Review - Spring 2019

CACREP Standard	#	Internship III	Spring 2019 N=11							
			Mean / Range	S.D.	NO %	1 %	2 %	3 %	4 %	5 %
B1	1	Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling	4.50 (3-5)	0.67	9.09%	0.00 %	0.00 %	9.09 %	27.27 %	54.55 %
B2	2	Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling	4.33 (3-5)	0.67	18.18 %	0.00 %	0.00 %	9.09 %	36.36 %	36.36 %
D1	3	Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental to initiate, maintain, and terminate counseling.	4.50 (3-5)	0.67	9.09%	0.00 %	0.00 %	9.09 %	27.27 %	54.55 %
D2	4	Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.	4.30 (3-5)	0.64	9.09%	0.00 %	0.00 %	9.09 %	45.45 %	36.36 %
D3	5	Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.	4.60 (4-5)	0.49	9.09%	0.00 %	0.00 %	0.00 %	36.36 %	54.55 %
D4	6	Applies effective strategies to promote client understanding of and access to a variety of community resources.	4.50 (3-5)	0.67	9.09%	0.00 %	0.00 %	9.09 %	27.27 %	54.55 %
D5	7	Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.	4.30 (3-5)	0.64	9.09%	0.00 %	0.00 %	9.09 %	45.45 %	36.36 %
D6	8	Demonstrates ability to use procedures for assessing and managing suicide risk.	4.33 (3-5)	0.67	18.18 %	0.00 %	0.00 %	9.09 %	36.36 %	36.36 %

CACREP Standard	#	Internship III	Mean / Range	S.D.	NO %	1 %	2 %	3 %	4 %	5 %
D7	9	Applies current record-keeping standards related to clinical mental health counseling.	4.70 (4-5)	0.46	9.09%	0.00%	0.00%	0.00%	27.27%	63.64%

CACREP Standard	#	Internship III	Spring 2019 N=11							
			Mean / Range	S.D.	NO %	1 %	2 %	3 %	4 %	5 %
D8	10	Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.	4.22 (3-5)	0.79	18.18%	0.00%	0.00%	18.18%	27.27%	36.36%
D9	11	Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate	4.50 (3-5)	0.67	9.09%	0.00%	0.00%	9.09%	27.27%	54.55%
F1	12	Maintains information regarding community resources to make appropriate referrals.	4.56 (3-5)	0.68	18.18%	0.00%	0.00%	9.09%	18.18%	54.55%
F2	13	Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.	4.22 (3-5)	0.63	18.18%	0.00%	0.00%	9.09%	45.45%	27.27%
F3	14	Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.	4.20 (3-5)	0.60	9.09%	0.00%	0.00%	9.09%	54.55%	27.27%
H1	15	Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.	4.33 (3-5)	0.67	18.18%	0.00%	0.00%	9.09%	36.36%	36.36%
H2	16	Demonstrates skill in conducting and intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for	4.30 (3-5)	0.64	9.09%	0.00%	0.00%	9.09%	45.45%	36.36%

CACREP Standard	#		Mean/ Range	S.D.	NO %	1 %	2 %	3 %	4 %	5 %
		treatment planning and caseload management.								
H3	17	Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.	4.50 (3-5)	0.67	9.09 %	0.00 %	0.00 %	9.09%	27.27 %	54.55 %

CACREP Standard	#	Internship III	Spring 2019 N=11							
			Mean/ Range	S.D.	NO %	1 %	2 %	3 %	4 %	5 %
H4	18	Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.	4.30 (3-5)	0.78	9.09 %	0.00 %	0.00 %	18.18 %	27.27 %	45.45 %
J1	19	Applies relevant research findings to inform the practice of clinical mental health counseling.	4.22 (3-5)	0.63	18.18 %	0.00 %	0.00 %	9.09 %	45.45 %	27.27 %
J2	20	Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.	4.38 (3-5)	0.70	27.27 %	0.00 %	0.00 %	9.09 %	27.27 %	36.36 %
J3	21	Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.	4.38 (3-5)	0.70	27.27 %	0.00 %	0.00 %	9.09 %	27.27 %	36.36 %
L1	22	Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.	4.30 (3-5)	0.64	9.09 %	0.00 %	0.00 %	9.09 %	45.45 %	36.36 %
L2	23	Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.	4.10 (3-5)	0.54	9.09 %	0.00 %	0.00 %	9.09 %	63.64 %	18.18 %
L3	24	Differentiates between diagnostic and developmentally appropriate reactions during crises,	4.71 (4-5)	0.45	36.36 %	0.00 %	0.00 %	0.00 %	18.18 %	45.45 %

		disasters, and other trauma-causing events.								

Status Determinants

For Internship I program strengths will be evident with three years of more than 70% of candidates achieving ratings of "Advanced", and one or fewer ratings of less than "proficient" on a single criterion. Areas for improvement will be evident when two or more candidates receive ratings of less than "proficient" in at least two of the three years.

For Internship II program strengths will be evident with three years of more than 70% of candidates achieving ratings of "Advanced", and one or fewer ratings of less than "proficient" on a single criterion. Areas for improvement will be evident when two or more candidates receive ratings of less than "proficient" in at least two of the three years.

For Internship III program strengths will be evident with three years of more than 85% of candidates achieving ratings of "Advanced", and one or fewer ratings of less than "proficient" on a single criterion. Areas for improvement will be evident when two or more candidates receive ratings of less than "proficient" in at least two of the three years.

Analysis:

Internship I- 70%

    Strengths

A3 Engages in open, comfortable, and clear communication with peers and supervisors (2.F.1.m)
A7 Understands and maintains confidentiality of client information at appropriate time (2.F.1.b)
A9 Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work. (2.F.1.k)
A18 Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed (2.F.1.b, 2.F.1.m, 5.C.3.d)
B24 Communicates interest in and acceptance of the client (5.c.2.J)

    Areas for Improvement-

C53 Considers issues of racial, ethnic, and cultural diversity when developing, implementing, and evaluating sessions (2.F.5.d)

Internship II-

We only have 2 years of data using the revised form aligned to CACREP 2016 standards for Internship II.

    Strengths (2 years)

A2 Accepts and uses constructive criticism to enhance self-development and counseling skills (2.F.1.K, 2.F.1.m)
A7 Understands and maintains confidentiality of client information at appropriate times. (2.F.1.bm 2.F.5.g)
A18 Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed (2.F.1.b, 2.F.1.m, 5.C.3.d)

B24 Communicates interest in and acceptance of the client (5.c.2.J)

Areas for Improvement-

A16 Demonstrates and models effective stress management and coping skills when dealing with emotional and physical demands of clinical mental health counseling (2.F.1.l)

B34 Recognizes and skillfully interprets the client's covert messages(5.C.3.b)

B38 Initiates periodic evaluation of goals, action-steps, and process during counseling (2.F.5.i)

Internship III-

We only have 2 years of data using the revised form aligned to CACREP 2016 standards for Internship II.

Strengths (2 years)

A1 Invests time and energy in becoming a counselor/therapist (2.F.1.b, 2.F.5.f)

A2 Accepts and uses constructive criticism to enhance self-development and counseling skills (2.F.1.k, 2.F.1.m)
A3 Engages in open, comfortable, and clear communication with peers and supervisors (2.F.1.m)
A6 Completes case reports and records punctually and conscientiously (5.C.2.m)
A7 Understands and maintains confidentiality of client information at appropriate times. (2.F.1.bm 2.F.5.g)
A11 Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities (2.F.1.k)
A12 Makes efforts to become aware of issues of diversity and culture in the setting of the site (2.F.2.d, 2.F.2.c)
A13 Demonstrates respect for and acceptance of clients, peers, supervisors, and community members from diverse backgrounds (5.C.2.a, 2.F.2.h)
A15 Maintains appropriate records and documentation in accordance with state/provincial and federal laws (5.C.2.m)
A18 Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed (2.F.1.b, 2.F.1.m, 5.C.3.d)
B23 Is relaxed and comfortable in the interview/session ((2.F.1.b, 2.F.5.f)
B24 Communicates interest in and acceptance of the client (5.c.2.J)
C52 Demonstrates ethical behavior in the counseling activity and case management (2.F.1.i, 5.C.2.l)

Areas for Improvement-

NA

Aggregate Analysis

In general, the results indicate that candidates have adequate skills to move forward in, and complete the program. They also show that candidates are gaining strengths and reducing areas for improvement over the course of the three internships.   It is necessary to collect consistent three-year data using the revised internship form to clarify strengths and potential areas for improvement. Additionally, we have compared the results across internship levels and noted areas of strength apparent across A18. asked for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed.

Plans for 2020-21 as a result of these assessment results

Faculty will meet with the Advisory Council to discuss the issues related to each of the Not Observable areas to determine if certain criteria should not be included in earlier phases of the internship.

Faculty will perform a deeper analysis of the class EDU 657 Assessment in Counseling to ensure course alignment with CACREP assessment expectations in the most recent set of standards as demonstrated in current J2 and J3.

Faculty will also update the evaluation forms to align with the CACREP 2016 standards.

Plans for 2021-22 as a result of these assessment results:

Faculty have revised the internship evaluation form to the CACREP 2016 standards. It will be fully implemented in the 2021-22 academic year. It is expected that the results will yield many fewer "not observable" evaluations.

Plans for 2022-23 as a result of these assessment results:

The first ratings of the revised form have been collected and reviewed. We will want to examine interrater agreement in a process similar to that to be used for the practicum. We are not unduly concerned about the one potential area of development because candidates demonstrate it successfully by the final internship and this is a challenging skill that takes time to develop.

Plans for 2023-24 as a result of these assessment results:

An analysis will be conducted to establish inter-rater agreement on the assessment so that appropriate decisions can be made about candidate progression and program improvement. We are changing the format of EDU 652 Multicultural Counseling to be in-person. This will likely improve the scores for C53 on the first internship evaluation.

Clinical Mental Health Counseling
Therapeutic Impact Project
To be completed in EDU 687 Internship III
(approved by Program Area 5/1/2020)

A) Problem Formulation:
In working with their client, candidates will detail/describe the nature of the presenting problem, via the following:
1. Conduct a complete psychosocial history with the client, and when appropriate, the client's parent(s)/guardian(s) to detail salient findings (including social, cultural, and developmental factors) in relationship to the presenting concerns. (2016 CACREP Standards 2c; 3e, f;)
2. Consult with other relevant informants including field supervisor, previous therapists, other medical professionals and other stakeholders (e.g., in the case of school age client's – teachers, school officials, etc.) to collaboratively formulate initial hypotheses and inform their next steps in the assessment and intervention process. (2016 CACREP Standards 1m; 3f; 5b, c, d,)
3. In combination with information from section b, assessment, operationally define the nature of the client's challenges and strengths. (2016 CACREP Standard 5g)

B) Assessment:
Assessment procedures and processes are contingent upon the nature of a client's needs as reflected by one or more of the following:
- Client goals
- Client's subjective reports of distress
- Suspected areas of functional impairment
- Behavioral concerns presented by parent(s)/guardian(s), etc.
- Clinical hypothesis regarding need for differential diagnosis

Assessment procedures and findings should be fully detailed, and should focus on the documentation of the following:

1. Client presentation across multiple settings (e.g., in session, home, work, social settings, school, etc.) Quantitative data should be provided wherever possible. Appropriate methods of quantifying behavioral concerns, in accordance with best practice, must be used. (2016 CACREP Standards 7e, j)
2. Structured, semi-structured or standardized interviews with multiple informants if appropriate. Client reports of subjective units of distress (SUDs) or scaling may be used. Quantitative data and interpretations should be provided. (2016 CACREP Standards 5g; 7b,)
3. Published, standardized, norm referenced assessment data relevant to case conceptualization and intervention planning should be utilized if accessible to the candidate. Assessments must be culturally and developmentally valid. If an appropriate published, norm referenced instrument (PNR) is available on the market, but not accessible to the candidate. The candidate should reference the instrument(s) and describe best-practice use in assessment, intervention planning, and progress monitoring. (2016 CACREP Standards 7e, f, h, m)

4. The candidate must provide a well-defended DSM-5 diagnosis / diagnoses, including two conditions that were considered as possible diagnoses but ultimately ruled-out. (2016 CACREP Standards 7 L)
5. Assessment data must be translated into utilitarian baseline data (client need) and subsequently presented in a user-friendly and largely non-narrative format (e.g., graphs, charts, progress monitoring comparisons). Narratives may be used to provide qualitative descriptions of client change / progress and / or therapeutic efficacy to enhance interpretation of charting or graphing. (2016 CACREP Standards 8c, e, i)

C) Treatment:

A critical analysis which details the following:

1. Efforts and challenges in forming a therapeutic relationship with the client. (2016 CACREP Standard 5a)
2. Efforts and challenges in forming collaborative relationships with parent(s)/guardian(s) or other stakeholders, if applicable. (2016 CACREP Standard 5c)
3. Discussion of how assessment results and treatment recommendations were delivered to the client, and if applicable stakeholders. (With feedback from site supervisor, candidate will write a brief critique of their strengths and weaknesses in this consultative process). (2016 CACREP Standards 1m; 7b, e)
4. The specific goals/objectives of the treatment (e.g., SMART goals). (2016 CACREP Standard 5i)
5. A detailed description of the intervention program including a discussion of the individual interventions; descriptions of how the interventions were collaboratively designed. (2016 CACREP Standard 5h)
6. The research base and theoretical rationale that supports the use of particular interventions. (2016 CACREP Standards 8b)
7. Detailed description of recommended strategies to ensure treatment plan integrity.

D) Evaluation of Impact:
1. A description of methods used to assess progress, including hard data from treatment implementation and progress monitoring in graphical format. (2016 CACREP Standards 8d)
2. A discussion of any ethical issues or threats to treatment validity encountered in the process, including possible counselor behaviors and characteristics. (2016 CACREP Standards 5f; 8j)
3. Other limitations of the treatment process, if applicable.

E) Review of Treatment Progress with Clients and stakeholders if applicable: (2016 CACREP Standards 5c; 8i, j)
1. Discussion of the results/outcome data of intervention (changes in skills, behavior, symptom severity as measured by PNRs and or self-reports of distress/satisfaction, etc.).
2. Discussion of generalization of gains to other domains/environments.
3. Discussion of plans for follow-up.
4. If necessary, reformulation of hypothesis, goals, expectations, etc. OR
5. If appropriate, appropriate plan for case closure / termination.

Therapeutic Impact Project Rubric

CACREP 2016 Standard	Problem Formation	Unsatisfactory=1	Satisfactory=2	Outstanding=3
2.F.2.c, 2.F.3.e, 2.F.3.f, 2.F.5.b, 2.F.5.c, 2.F.5.e, 2.F.5.f	**Problem Formation** CMHC candidates effectively identify, detail, and describe the nature of a presenting problem.	The Problem Formation Statement lacks any of the following components: 1. a complete psychosocial history with the client, and when appropriate, the client's parent(s)/guardian(s) to detail salient findings (including social, cultural, and developmental factors) in relationship to the presenting concerns. 2. evidence that the statement is informed by collaborative engagement with multiple stakeholders including individuals such as field supervisor, previous therapists, other medical professionals and other stakeholders (e.g., in the case of school age client's – teachers, school officials, etc.) 3. an operational definition of the nature of the client's challenges and strengths.	The Problem Formation Statement includes all of the following although some components may be vague or lack the detail of a novice counselor: 1. a complete psychosocial history with the client, and when appropriate, the client's parent(s)/guardian(s) to detail salient findings (including social, cultural, and developmental factors) in relationship to the presenting concerns. 2. evidence that the statement is informed by collaborative engagement with multiple stakeholders including individuals such as field supervisor, previous therapists, other medical professionals and other stakeholders (e.g., in the case of school age client's – teachers, school officials, etc.) 3. an operational definition of the nature of the client's challenges and strengths.	The Problem Formation Statement, clearly and with appropriate detail includes: 1. a complete psychosocial history with the client, and when appropriate, the client's parent(s)/guardian(s) to detail salient findings (including social, cultural, and developmental factors) in relationship to the presenting concerns. 2. evidence that the statement is informed by collaborative engagement with multiple stakeholders including individuals such as field supervisor, previous therapists, other medical professionals and other stakeholders (e.g., in the case of school age client's – teachers, school officials, etc.) 3. an operational definition of the nature of the client's challenges and strengths.
2.F.5.b, 2.F.5.g, 2.F.7.b, 2.F.7.e, 2.F.7.f, 2.F.7.h, 2.F.7.j,	**Assessment Procedures and Processes** CMHC candidates select and conduct assessments contingent upon the nature of a client's needs and document the methods and	The Assessment Report lacks any of the following components: 1. client presentation across multiple settings (e.g., in session, home, work, social settings, school, etc.).	The Assessment Report includes all of the following although some components may be vague or lack the detail of a novice counselor:	The Assessment Report clearly and with appropriate detail: 1. describes client presentation across multiple settings (e.g., in session, home, work,

| 2.F.7.l, 2.F.7.m, 2.F.8.c, 2.F.8.e, 2.F.8.i | settings under which their findings were obtained. | Quantitative data wherever possible. Appropriate methods of quantifying behavioral concerns, in accordance with best practice. 2. assessment strategies used such as structured, semi-structured or standardized interviews with multiple informants and/or subjective units of distress (SUDs) or scaling. Quantitative data and interpretations. 3. published, standardized, norm referenced assessment data relevant to case conceptualization and intervention planning if accessible to the candidate. If an appropriate published, norm referenced instrument (PNR) is available on the market, but not accessible to the candidate, the report references the instrument(s) and describes best-practice use in assessment, intervention planning, and progress monitoring. Assessments are culturally and developmentally valid. 4. a DSM-5 diagnosis / diagnoses, including another condition that was considered as possible diagnoses but ultimately ruled-out. 5. assessment data as utilitarian baseline data (client need) in a user | 1. describes client presentation across multiple settings (e.g., in session, home, work, social settings, school, etc.). Quantitative data is provided wherever possible. Appropriate methods of quantifying behavioral concerns, in accordance with best practice, are used. 2. presents assessment strategies used such as structured, semi-structured or standardized interviews with multiple informants and/or subjective units of distress (SUDs) or scaling. Quantitative data and interpretations are provided. 3. includes published, standardized, norm referenced assessment data relevant to case conceptualization and intervention planning if accessible to the candidate. If an appropriate published, norm referenced instrument (PNR) is available on the market, but not accessible to the candidate, the report references the instrument(s) and describes best-practice use in assessment, intervention planning, and progress monitoring. Assessments are culturally and developmentally valid. | social settings, school, etc.). Quantitative data is provided wherever possible. Appropriate methods of quantifying behavioral concerns, in accordance with best practice, are used. 2. presents assessment strategies used such as structured, semi-structured or standardized interviews with multiple informants and/or subjective units of distress (SUDs) or scaling. Quantitative data and interpretations are provided. 3. includes published, standardized, norm referenced assessment data relevant to case conceptualization and intervention planning if accessible to the candidate. If an appropriate published, norm referenced instrument (PNR) is available on the market, but not accessible to the candidate, the report references the instrument(s) and describes best-practice use in assessment, intervention planning, and progress monitoring. Assessments are culturally and developmentally valid. 4. provides a well-defended DSM-5 diagnosis / diagnoses, including two conditions that were considered as possible diagnoses but ultimately ruled-out. |

		friendly and largely non-narrative format (e.g., graphs, charts, progress monitoring comparisons). Narratives may be used to provide qualitative descriptions of client change / progress and / or therapeutic efficacy to enhance interpretation of charting or graphing	4. provides an accurate DSM-5 diagnosis / diagnoses, including another condition that was considered as possible diagnoses but ultimately ruled-out. 5. translates assessment data into utilitarian baseline data (client need) and subsequently presents it in a user friendly and largely non-narrative format (e.g., graphs, charts, progress monitoring comparisons). Narratives may be used to provide qualitative descriptions of client change / progress and / or therapeutic efficacy to enhance interpretation of charting or graphing	5. translates assessment data into utilitarian baseline data (client need) and subsequently presents it in a user friendly and largely non-narrative format (e.g., graphs, charts, progress monitoring comparisons). Narratives may be used to provide qualitative descriptions of client change / progress and / or therapeutic efficacy to enhance interpretation of charting or graphing.
2.F.1.m, 2.F.5.a, 2.F.5.c, 2.F.5.h, 2.F.5.i, 2.F.7.b, 2.F.7.e, 2.F.8.b	**Treatment** CMHC candidates conduct an effective treatment/intervention program.	The treatment report critical analysis lacks any of the following components: 1. efforts and challenges in forming a therapeutic relationship with the client. 2. efforts and challenges in forming collaborative relationships with parent(s)/guardian(s) or other stakeholders, if applicable. 3. presentation of how assessment results and treatment recommendations were delivered to the client, and if applicable stakeholders. (With feedback from site supervisor, candidate writes a brief critique of	The treatment report critical analysis includes all of the following although some components may be vague or lack the detail of a novice counselor: 1. efforts and challenges in forming a therapeutic relationship with the client. 2. efforts and challenges in forming collaborative relationships with parent(s)/guardian(s) or other stakeholders, if applicable. 3. discussion of how assessment results and treatment recommendations were delivered to the client, and if applicable stakeholders. (With	The treatment report critical analysis details the following: 1. efforts and challenges in forming a therapeutic relationship with the client. 2. efforts and challenges in forming collaborative relationships with parent(s)/guardian(s) or other stakeholders, if applicable. 3. discussion of how assessment results and treatment recommendations were delivered to the client, and if applicable stakeholders. (With feedback from site supervisor, candidate writes a brief critique of their strengths and

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		their strengths and weaknesses in this consultative process). 4. specific goals/objectives of the treatment (e.g., SMART goals). 5. description of the intervention program including a discussion of the individual interventions; descriptions of how the interventions were collaboratively designed. 6. research base and theoretical rationale that supports the use of particular interventions. 7. description of recommended strategies to ensure treatment plan integrity.	feedback from site supervisor, candidate writes a brief critique of their strengths and weaknesses in this consultative process). 4. the specific goals/objectives of the treatment (e.g., SMART goals). 5. a detailed description of the intervention program including a discussion of the individual interventions; descriptions of how the interventions were collaboratively designed. 6. the research base and theoretical rationale that supports the use of particular interventions. 7. detailed description of recommended strategies to ensure treatment plan integrity.	weaknesses in this consultative process). 4. the specific goals/objectives of the treatment (e.g., SMART goals). 5. a detailed description of the intervention program including a discussion of the individual interventions; descriptions of how the interventions were collaboratively designed. 6. the research base and theoretical rationale that supports the use of particular interventions. 7. detailed description of recommended strategies to ensure treatment plan integrity.
2.F.5.f, 2.F.8.d, 2.F.8.j	**Evaluation of Impact** CMHC candidates evaluate their impact on clients.	The evaluation impact statement lacks any of the following components: 1. methods used to assess progress, including hard data from treatment implementation and progress monitoring in graphical format. 2. any ethical issues or threats to treatment validity encountered in the process, including possible counselor behaviors and characteristics. 3. other limitations of the treatment process, if applicable.	The evaluation impact statement includes all of the following although some components may be vague or lack the detail of a novice counselor: 1. methods used to assess progress, including hard data from treatment implementation and progress monitoring in graphical format. 2. any ethical issues or threats to treatment validity encountered in the process, including possible counselor behaviors and characteristics.	The evaluation of impact statement describes the following clearly and with appropriate detail: 1. methods used to assess progress, including hard data from treatment implementation and progress monitoring in graphical format. 2. any ethical issues or threats to treatment validity encountered in the process, including possible counselor behaviors and characteristics. 3. other limitations of the treatment process, if applicable.

			3. other limitations of the treatment process, if applicable.	
2.F.5.c 2.F.8.i, 2.F.8.j	**Review of Client Treatment Progress** CMHC candidates reflect on their own practice and review progress with clients and appropriate stakeholders and develop new plans based on results.	The review of progress statement lacks any of the following components: 1. the results/outcome data of intervention (changes in skills, behavior, symptom severity as measured by PNRs and or self-reports of distress/satisfaction, etc.). 2. generalization of gains to other domains/environments. 3. plans for follow-up. 4. If necessary, reformulation of hypothesis, goals, expectations, etc. OR 5. If appropriate, plan for case closure/ termination.	The review of progress statement includes all of the following although some components may be vague or lack the detail of a novice counselor: 1. the results/outcome data of intervention (changes in skills, behavior, symptom severity as measured by PNRs and or self-reports of distress/satisfaction, etc.). 2. generalization of gains to other domains/environments. 3. plans for follow-up. 4. If necessary, reformulation of hypothesis, goals, expectations, etc. OR 5. If appropriate, plan for case closure/ termination.	The review of progress statement describes the following clearly and with appropriate detail: 1. the results/outcome data of intervention (changes in skills, behavior, symptom severity as measured by PNRs and or self-reports of distress/satisfaction, etc.). 2. generalization of gains to other domains/ environments. 3. plans for follow-up. 4. If necessary, reformulation of hypothesis, goals, expectations, etc. OR 5. If appropriate, plan for case closure/ termination.

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Therapeutic Impact Project
EDU 687

#	Therapeutic Project	CACREP Standard	Spring 2021 N = 12					Spring 2022 N = 18					Spring 2023 N=24				
			Mean	SD	1 %	2 %	3 %	Mean	SD	1 %	2 %	3 %	Mean	SD	1 %	2 %	3 %
1	CMHC candidates effectively identify, detail, and describe the nature of a presenting problem	2.F.2.c, 2.F.3.e, 2.F.3.f, 2.F.5.b, 2.F.5.c, 2.F.5.e, 2.F.5.f	2.42	0.67	8%	42%	50%	2.89	0.31	0	11	89	2.92	0.28	0	8	92
2	CMHC candidates select and conduct assessments contingent upon the nature of a client's needs and document the methods and settings under which their findings were obtained	2.F.5.b, 2.F.5.g, 2.F.7.b, 2.F.7.e, 2.F.7.f, 2.F.7.h, 2.F.7.j, 2.F.7.l, 2.F.7.m, 2.F.8.c, 2.F.8.e, 2.F.8.i	2.33	0.65	8%	50%	42%	2.89	0.31	0	11	89	2.79	0.50	4	13	83
3	CMHC candidates conduct an effective treatment/intervention program	2.F.1.m, 2.F.5.a, 2.F.5.c, 2.F.5.h, 2.F.5.i, 2.F.7.b, 2.F.7.e, 2.F.8.b	2.08	0.29	0%	92%	8%	3.00	0.00	0	0	100%	2.58	0.57	4	33	63

#	Competency	Codes															
4	CMHC candidates evaluate their impact on clients	2.F.5.f, 2.F.8.d, 2.F.8.j	2.50	0.52	0%	50%	50%	2.83	0.37	0	17	83	2.75	0.52	4	17	79
5	CMHC candidates reflect on their own practice and review progress with clients and appropriate stakeholders and develop new plans based on results	2.F.5.c 2.F.8.i, 2.F.8.j	2.17	0.83	25%	33%	42%	2.94	0.23	0	6	94	2.75	0.52	4	17	79

Goals

Strengths are tracked with mean ratings of 2.80 for at least 2 of 3 years, and areas for improvement are tracked with ratings of 2.25 or lower for at least 2 of 3 years. In instances where strengths and weaknesses are identified across the same criteria, no trends will be noted.

Analysis

The assessment was first implemented in the 2020-21 academic year. The first administration in Spring 2021 showed the greatest variability on criterion 1, 2, and 5 in both score range and standard deviation. Overall, ratings increased significantly from the first administration to the second and third administrations.

One general area of strength is evident:

> CMHC candidates effectively identify, detail, and describe the nature of a presenting problem (2.F.2.c, 2.F.3.e, 2.F.3.f, 2.F.5.b, 2.F.5.c, 2.F.5.e, 2.F.5.f)

Plans for 2023-24 as a result of these assessment results

An analysis will be conducted to establish inter-rater agreement on the assessment so that appropriate decisions can be made about candidate progression and program improvement.

Oral Defense

This comprehensive assessment is administered in the last three weeks of the final semester of study.

The clinical mental health counseling candidate participates in an oral defense in which each conducts a PowerPoint presentation on questions pertaining to the field of clinical mental health counseling. The oral defense is evaluated by the candidate's faculty advisor and an additional full-time faculty member(s) on the basis of the following grading rubric.

The clinical mental health counseling Oral Defense assesses the candidate's proficiencies across several CACREP standards and key domains of practice, as indicated below.

Question 1: Explain your theoretical orientation(s) to actual practice.

CACREP Standards: 2.F.5.a, 5.C.1.a

Score: Question 1

Superior	Student gives a detailed description of preferred counseling theories, including an in depth explanation as to why they are the preferred theories. Student describes in detail all or most associated strategies and techniques and gives examples of how she/he has put them into practice.
Above Average	Student gives a detailed description of preferred counseling theories, including an explanation as to why they are the preferred theories. Student describes several associated strategies and techniques and gives examples of how she/he has put them into practice.
Average	Student gives an adequate description of preferred counseling theories, including a limited explanation as to why they are the preferred theories. Student describes a few associated strategies and techniques and gives examples of how she/he has put them into practice.
Unsatisfactory	Student is unable to describe preferred counseling theories and/or unable to explain why they are the preferred theories. Student is unable to identify and describe associated strategies and techniques. Student cannot give examples on how these theories and associated strategies and techniques have been put into practice.

Question 2: Discuss strategies you would use for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination.

CACREP Standards: 2.F.2.h, 5.C.2.j, 5.C.2.l

Score: Question 2

Superior	Students identify and discuss more than **three strategies** that help eliminate barriers, prejudices, and processes of intentional and unintentional oppression and discrimination. The student is able to describe strategies and barriers in detail and gives examples of how they put them into practice.

Above Average	Students identify and discuss more than **two strategies** that help eliminate barriers, prejudices, and processes of intentional and unintentional oppression and discrimination. Student describes several associated strategies and techniques and gives examples of how she/he has put them into practice.
Average	Students identify and discuss **one or more strategies** that help eliminate barriers, prejudices, and processes of intentional and unintentional oppression and discrimination. Student describes a few associated strategies and techniques and gives examples of how she/he has put them into practice.
Unsatisfactory	Student is unable to identify or discuss **any strategies** that help eliminate barriers, prejudices, and processes of intentional and unintentional oppression and discrimination. Student cannot give examples on how these strategies and techniques have been put into practice.

Question 3: How would you integrate evidence-based practice into your clinical work?

CACREP Standards: 2.F.8.b, 5.C.3.a-e

Score: Question 3

Superior	Students identify **three or more elements/criterion** for evidenced based practices. The student is able to describe the integration of EBP strategies and gives examples of how they put them into practice.
Above Average	Students identify **two or more elements/criterion** for evidenced based practices. The student is able to describe the integration of EBP strategies and gives examples of how they put them into practice.
Average	Students identify **one or more elements/criterion** for evidenced based practices. The student is able to describe the integration of EBP strategies and gives examples of how they put them into practice.
Unsatisfactory	Student is unable to identify **any elements/criterion** for evidenced based practices. The student is unable to describe the integration of EBP strategies and gives examples of how they put them into practice.

Question 4: Scoring of the ethical vignette (to be presented at defense).

CACREP Standards: 2.F.1.i, 5.C.2.l

Score: Question 4

Superior	Student provides an exemplary description of actions to be taken in the situation presented in the ethical vignette. Description outlines ethical and culturally relevant strategies in alignment with best practices.
Above Average	Description of actions to be taken in the ethical vignette include most ethical and culturally relevant strategies that would be implemented with best practices.
Average	Description of actions to be taken in the ethical vignette adequately covers ethical and culturally relevant strategies in such a way that the situation would be resolved satisfactorily.
Unsatisfactory	Student fails to describe ethical and culturally relevant strategies that would satisfactorily resolve the ethical dilemma.

Question 5: Scoring of the professional practice ethical vignette (to be presented at defense).

CACREP Standards: 2.F.1.i, 5.C.2.l

Score: Question 5

Superior	Student provides an exemplary description of actions to be taken in the situation presented in the ethical vignette. Description outlines ethical and culturally relevant strategies in alignment with best practices.
Above Average	Description of actions to be taken in the ethical vignette include most ethical and culturally relevant strategies that would be implemented with best practices.
Average	Description of actions to be taken in the ethical vignette adequately covers ethical and culturally relevant strategies in such a way that the situation would be resolved satisfactorily.
Unsatisfactory	Student fails to describe ethical and culturally relevant strategies that would satisfactorily resolve the ethical dilemma.

Question 6: Explain the most formative experience(s) in your development as a Counselor-in-Training at Niagara University.

2016 CACREP Standards: Varies depending on response.

Score: Question 6

Superior	Student describes in detail how and why specific experiences at NU that have had a profound and lasting influences on her/his development as a counselor. Student reflects on courses, professors, internship experiences and any other areas that have been most meaningful. Student's reflection demonstrates a keen awareness of knowledge gained, as well as personal growth that has taken place while attending NU.
Above Average	Student provides a very good description of formative experiences at NU including courses, professors, internship experiences and any other areas that have been most meaningful, with thoughtful reflection on why she/he chose these experiences.
Average	Student adequately identifies and describes courses, professors, internship experiences and/or any other formative experiences that have impacted his/her learning experience at NU. Reflection on how and why she/he chose these experiences is limited but sufficient.
Unsatisfactory	Student is not able to identify and describe formative experiences at NU.

SUBSCORES:

Question	Superior	Above Average	Average	Unsatisfactory
1				
2				
3				
4				
5				

6				

OVERALL ORAL DEFENSE GRADE:

	Pass
	Pass with Revision(s) needed
	Fail

Recommendations

Upon completion of the oral defense, the reviewers will determine the outcome of the candidate's defense by making one of three recommendations.

1. A recommendation of **pass** will be made when the candidate earns either an **average, above average** or **superior** on the six questions, which comprise the oral defense.

2. A recommendation of **pass with revision** will be made when the candidate earns an "average" rating on the six questions, which comprise the oral defense, but no scores of **above average** or **superior**. This score requires the candidate to submit further evidence to the faculty to demonstrate an acceptable achievement in the revised component(s) prior to receiving the recommendation of pass.

3. A recommendation of **failure** will be made if a candidate earns an **"unsatisfactory" rating one of the six questions.** Candidates who receive a rating of failure must reapply for oral evaluation and submit further evidence for meeting each of the unsatisfactory components.

Comprehensive Portfolio Assessment – Oral Defense

CACREP 2016 Standards	Question	Spring 2021 N = 12						Spring 2022 N = 16						Spring 2023 N=24					
		Mean	SD	Unsatisfactory (1)	Average (2)	Above Average (3)	Superior (4)	Mean	SD	Unsatisfactory (1)	Average (2)	Above Average (3)	Superior (4)	Mean	SD	Unsatisfactory (1)	Average (2)	Above Average (3)	Superior (4)
2.F.5.a 5.C.1.a	Explain your theoretical orientation(s) to actual practice	**2.83**	0.72	0%	33%	50%	17%	**3.62**	0.49	0	0	38	62	**3.50**	0.72	0	13	23	63
2.F.2.h 5.C.2.j 5.C.2.l	Discuss strategies you would use for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination.	**2.50**	0.52	0%	50%	50%	0%	**3.23**	0.70	0	15	46	38	**3.47**	0.76	0	17	20	63
2.F.8.b 5.C.3.a-e	How would you integrate evidenced based practice into your clinical work?	**2.50**	0.80	0%	67%	17%	17%	**3.38**	0.62	0	8	46	46	**3.67**	0.60	0	7	20	73
2.F.1.i	Scoring of the ethical vignette (to	**2.50**	0.80	0%	67%	17%	17%	**2.92**	0.92	8	23	38	31	**3.20**	0.95	7	17	27	50

5.C.2.l	be presented at defense).																		
2.F.1.i 5.C.2.l	Scoring of the professional practice ethical vignette (to be presented at defense).	2.33	0.65	0%	75%	17%	8%	2.62	0.74	0	54	31	15	2.83	0.82	3	33	40	23
Varies	Explain the most formative experience(s) in your development as a Counselor-in-Training at Niagara University.	3.75	0.62	0%	8%	8%	83%	3.92	0.27	0	0	8	92	3.93	0.25	0	0	7	93

Goals

Strengths are tracked with mean ratings of 3.5 for at least 2 of 3 years, and areas for improvement are tracked with ratings of 2.5 or lower for at least 2 of 3 years. In instances where strengths and weaknesses are identified across the same criteria, no trends will be noted.

Analysis

In general, the results indicate that candidates have adequate skills for individual counseling to complete the program. The assessment was shared with the advisory council during the spring of 2021 for feedback and aligned to the 2016 CACREP standards. The spring 2021 cohort scores were much lower than the years before or after. Although not technically reaching the point of concern, scores are generally lower on the ethical vignettes (2.F.1.i and 5.C.2.l).   Theoretical orientation to practice (2.F.5.a, 5.C.1.a) is an area of strength.

Plans for 2023-24 as a result of these assessment results

Data gleaned from the three years revealed lower scores on the ethical vignettes (2.F.1.i and 5.C.2.l). These findings suggest the need for more authentic, case-based exercises to highlight the use of ACA code of ethics.   As a result of this trend, we will integrate more experiential learning opportunities to examine ethical dilemmas in EDU 673: Foundations and Ethics of CMHC. Strengths include theoretical orientation to practice (2.F.5.a, 5.C.1.a) and discussion on their formative experiences that highlights a culmination of student perceptions of the quality of their training and readiness for the field. This provides the program with qualitative data that will inform continuous improvement of how to best train CMHC degree candidates.

NU CMHC Program Graduates Survey

1= unsatisfactory; 2 = below expectations; 3 = met expectations; 4 = exceeds expectations; 5 = outstanding

CAC REP	Question	May 2020 N=4					May 2021 N=9					May 2022 N=10				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	1. How available were the courses when you needed them?	0%	0%	0%	75%	25%	0%	0%	22%	0%	78%	0%	0%	20%	40%	40%
	2. How well did the content area courses prepare you for practicum and internships?	0%	0%	0%	25%	75%	0%	11%	22%	11%	56%	0%	0%	30%	30%	40%
	3. How well did practicum prepare you for internship?	0%	0%	0%	50%	50%	0%	0%	11%	11%	78%	0%	10%	10%	30%	50%
	4. How well did your courses prepare you in knowledge, skills, and practice in the following areas:															
2.F.1	a. Understanding of ethical issues	0%	0%	0%	0%	100%	0%	11%	0%	33%	56%	0%	0%	20%	30%	50%
2.F.5 .	b. Treatment planning	0%	0%	25%	50%	25%	0%	33%	11%	22%	33%	0%	0%	40%	40%	20%
	c. Clinical documentation	0%	0%	50%	25%	25%	0%	44%	11%	11%	33%	0%	10%	10%	50%	30%
2.F.2	d. Understanding and respect for social and cultural diversity	0%	0%	25%	0%	75%	0%	0%	22%	33%	44%	0%	0%	20%	40%	40%
2.F.5	e. Ability to provide individual counseling	0%	0%	0%	0%	100%	0%	0%	33%	11%	56%	0%	0%	10%	50%	40%
2.F.3	f. Understanding the effect of crises and trauma on client behavior	0%	0%	0%	50%	50%	0%	11%	44%	11%	33%	0%	0%	30%	20%	50%
2.F.3	g. Appreciation and understanding of how to promote resilience and client wellness	0%	0%	0%	25%	75%	0%	11%	22%	11%	56%	0%	0%	20%	30%	50%
2.F.6	h. Ability in providing group counseling	0%	0%	0%	50%	50%	0%	11%	22%	11%	56%	0%	10%	30%	30%	30%
2.F.7	i. Understanding of assessment (use of standardized testing, basic knowledge of statistics, etc.)	0%	0%	50%	0%	50%	0%	0%	44%	33%	22%	0%	0%	30%	40%	30%
2.F.5	j. Case conceptualization skills	0%	25%	0%	50%	25%	0%	0%	33%	33%	33%	0%	0%	20%	30%	50%
2.F.5	k. Family / couples counseling skills	0%	0%	25%	75%	0%	0%	33%	22%	22%	22%	0%	0%	30%	40%	30%
2.F.5	l. Crisis counseling skills	0%	0%	25%	25%	50%	0%	44%	11%	11%	33%	0%	0%	50%	20%	30%
2.F.5	m. Knowledge and skills regarding evidence-based therapies for children, adolescents, and/or adults	0%	0%	25%	50%	25%	0%	22%	22%	0%	56%	0%	10%	30%	10%	50%
2.F.8	n. Research and program evaluation	0%	0%	25%	75%	0%	0%	22%	33%	22%	22%	0%	0%	30%	50%	20%
2.F.4	o. Career counseling	0%	0%	50%	50%	0%	11%	22%	11%	22%	33%	0%	0%	60%	40%	0%
2.F.1	p. Attitude toward supervision and consultation (e.g. accepting feedback, approaching colleagues, willingness to listen to co-workers concerns, etc.)	0%	0%	0%	0%	100%	0%	11%	11%	11%	67%	0%	0%	10%	50%	40%
2.F.1	q. Self-care strategies (i.e. ability to manage stress and physical and emotional health)	0%	0%	0%	0%	100%	0%	0%	22%	22%	56%	0%	0%	10%	50%	40%

1= unsatisfactory; 2 = below expectations; 3 = met expectations; 4 = exceeds expectations; 5 = outstanding

	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
5. How effective was your internship experience in developing the autonomy necessary as a future professional counselor?	0%	0%	0%	0%	100%	0%	11%	0%	22%	67%	0%	0%	10%	50%	40%
6. How available was your core faculty?	0%	0%	0%	25%	75%	0%	0%	0%	11%	89%	0%	0%	10%	20%	70%
7. How beneficial was advising and mentorship in your academic experience?	0%	0%	0%	25%	75%	0%	0%	0%	22%	78%	0%	0%	10%	40%	50%
8. How beneficial were smaller class sizes in facilitating learning?	0%	0%	0%	0%	100%	0%	0%	0%	11%	89%	0%	0%	10%	20%	70%
9. How useful was the technology to your success in the counseling program?	0%	0%	0%	50%	50%	0%	0%	33%	11%	56%	0%	0%	10%	50%	40%
10. How well does the library meet your academic needs?	0%	0%	25%	0%	75%	0%	0%	33%	56%	11%	0%	10%	60%	10%	20%
11. How would you rate the preparatory experiences of Niagara University's Clinical Mental Health Counseling program?	0%	0%	0%	50%	50%	0%	0%	11%	22%	67%	0%	0%	10%	30%	60%

Status Determinants

In reviewing the annual graduate survey results program strengths will be evident with three years of more than 90% of candidate ratings of "4" or "5" on a single criterion. Areas for improvement will be evident when 3 or more candidate ratings of "1" or "2" on a single criterion over two or more years.

Analysis

The results indicate that candidates felt positively about the following over the 3 years:

- Availability of core faculty (1.R, 1.U)
- Advising and mentorship (1.P)
- Small class sizes (1.U)

Areas for potential concern include 3 or more candidates less than satisfied with:

- Treatment planning (2.F.5.h, 5.C.3.a)
- Clinical documentation (5.C.2.m)
- Family counseling skills
- Crisis counseling skills (2.F.5.m, 5.C.2.f)
- Research and program evaluation (2.F.8)
- Career Counseling (2.F.4)

Plans for 2023-2024 as a result of these assessment results

Treatment planning is going to be addressed in both EDU 658 and EDU 687 to offer more opportunities for learning. Assignments focused on clinical documentation have been added to EDU 658, EDU 679, EDU 685, 686, and 687. A common course assignment (CCA) has been added to the Career Counseling course to

enhance students' knowledge and resources related to career counseling. We will continue to integrate feedback when presented in the data.

Additionally, due to the low response rate, we plan to integrate the Exit Survey into a course assignment for EDU 687: CMHC Internship III in the Anthology (platform) via anonymous survey.

Employment Statistics

The program coordinator maintains contact with alumni and annually seeks updates on employment status beginning one year following graduation. (2.F.1.h)

Program Completion Year	Number of Respondents	Percentage Employed in Counseling and/or Continuing Education
2023	21	100%
2022	12	100%
2021	14	85.71%
2020	16	100%
2019	15	100%
2018	11	100%
2017	18	95%
2016	20	95%
2015	17	100%
2014	8	88%
2013	13	92%

Analysis

Overall data indicated the consistency of the CMHC program, and desirability of candidates in the job market.

Plans for 2023-24 as a result of these assessment results:

We will implement a three year follow up survey so that candidates with more experiences can provide feedback and recommendations for program improvements. Faculty members also plan to identify a platform to house contact information to collect updated employment statistics as a priority of the program.

Annual Report Summary

Program Strengths

Strengths for NU's CMHC program include students' ability to demonstrate a high degree of professionalism and communication skills. For instance, evaluations in internship noted that students engage in open and clear communication, commitment to the profession and their personal skill development. Strengths are also seen in students' ability to take feedback, accept consultation and collaboration, and maintain confidentiality. Course and practicum assessments suggest that students can comprehend ethical and legal concerns in structured scenarios/settings. Students demonstrate a commitment to their development as counselors, foundational skills, ethical competencies, and due consideration diversity factors among client populations. Students also possess strong skills to apply research methods and design to inform therapeutic impact. The therapeutic impact project and the Oral Defense highlighted students' understanding of theoretical orientation to practice (2.F.5.a, 5.C.1.a) and insight into the profession of counseling.

Program Opportunities

Areas for improvement include students' inability to manage their own stress. Students need to develop independent skills in responding to ethical and legal concerns.

2023 and Future Plans:

The faculty are concerned about the CPCE scores in the areas of 2.F.2 Social and Cultural Diversity, 2.F.4 Career Development, 2.F.6 Group Counseling and Group Work, and 2.F.7 Assessment and Testing in comparison to the national means. Although the scores are lower than the national means they are within a standard deviation of those means. We have also faced a number of technological challenges as we schedule candidates to complete the examination in a proctored setting on campus.   We have integrated 2.F.2, 2.F.4, and 2.F.6 more fully into the revised practicum and internship final evaluations. However, these standards are not clearly assessed elsewhere in the program.

We have developed a signature assessment in EDU 664 Career Counseling to better track progress on 2.F.4, and one in EDU 669 Group Counseling to better track progress on 2.F.6. We also plan to create an assessment that addresses elements of 2.F.7 in EDU 657 Assessment in Counseling.

In addition, we seek to examine the reliability and consistency of scoring in each of our program-developed assessments.

These findings suggest the need for more authentic, case-based exercises to highlight the use of ACA code of ethics. We are targeting Social & Cultural Diversity (C2) for improvement and have transitioned the associated course (EDU 652) to be taught in-person. We are implementing a standardized rubric for Group Work (C4) to evaluate student's understanding, knowledge, and skills related to group facilitation.

Identified Areas to work on based on data for program improvement:

1. **EDU 658 Advanced Counseling Techniques -** The CMHC faculty met with the adjunct professors who teach EDU 658 to discuss the course. A follow-up meeting was scheduled to review inter-rater reliability for the course assignment which is the Midpoint Mock Counseling Session.

2. **EDU 679 Practicum -** Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling theory, diagnosis, treatment, etc.). Scores are in the satisfactory range (1 SD). However, this area yielded the lowest score in comparison to the other areas.

   As a result, EDU 657 (Assessment in Counseling) is being revised based on the 2022-2023 data and to include more direct supervised experiences in administration and interpretation of assessments. In addition, we have received feedback from the field placement supervisors and the advisory council.

3. **EDU 687 Internship III -** The results from the Oral Defenses indicated that an area of growth includes the scoring of the professional practice ethical vignette. As a result, we have revised key assignments in the EDU 673 (Foundation of Ethics of Clinical Mental Counseling), which is a seminal introductory course that highlights the ethics of the profession.

4. The Therapeutic Impact Project in **EDU 687 Internship III** has been a very formative and rich experience that evaluates counselor impact. However, we need to integrate inter-rater reliability for this assignment.