Assessment in the Major

For the

M.S. in Mental Health Counseling

Prepared by

John Klem, Ph.D., Program Director

Department of Rehabilitation and Counseling
College of Education, Health, and Human Services

Academic Year 2010 - 2011
Assessment in the Major

M.S. Clinical Mental Health Counseling 2010 – 2011

Five data sources were used to assess on the M.S. in Clinical Mental Health Counseling. First, evaluations from the Fall 2010 and Spring 2011 semester internships (COUN-794 Mental Health Counseling Internship) were used to assess student preparation to perform in the field of clinical mental health counseling. Second, student self-evaluation of their skill level at the end of the internship experience was examined. Third, the result of the comprehensive exam, which reflects student academic performance at or near the completion of the program, was addressed. Fourth, to assess students at the midpoint in the program, the scores on the one year review are outlined in this report. Finally, the results of a comprehensive programmatic survey of graduates since 2002 is outlined in this report.

Methods Used to Assess Learning Outcomes:

1) First and second semester supervisor’s final evaluations (Appendix B)

2) Student self-evaluations of their skill level at the end of their internship experience

3) Mental Health Counseling comprehensive exam

4) Outcomes of one year review were utilized to assess the following domains, personal and social maturity, interpersonal relations, communication skills, and professional and ethical conduct (Appendix C).

5) The results of a comprehensive programmatic survey of graduates from the past seven years (Appendix D).

Description of Methods/Assessments:

1) Internship evaluations are done at the end of each semester of internship with the site supervisor sitting with the student and explaining the evaluation results. Responses to the first and second semester final internship forms were indicated on a six-point Likert scale, with 0 = Unsatisfactory; 1 = Needs Substantial Improvement; 2 = Needs Some Improvement; 3 = Acceptable; 4 = Very Satisfactory; and 5 = Outstanding. Nineteen items are examined and grouped into two content areas: The means for the Inter/Intra Personal Competencies and Professional Core Competence for each of the nineteen items on the evaluation are calculated and compared, as are grand means for the Inter/Intra Personal Competencies areas and Professional Core Competencies. A score of 5.0 (Outstanding) was the highest possible rating and a score of 0.0 (Unsatisfactory) was the lowest. A mean score of 3.5 for any item was considered minimally acceptable.

2) Each student also completes a self-evaluation of their abilities at the end of their internship experience. The student self-evaluations are done privately at the end of the
internship experience and are scored in the same manner as the Internship evaluation outlined above.

3) The comprehensive examination covers material from the core courses in the Clinical Mental Health Counseling Program. The comprehensive exam consisted of 105 multiple choice questions. A score of 70% or above is the cut-off point for passing or failing. The exam was offered twice during the 2010–2011 academic year. Students near completion of the academic part of their program sign up to take the exam. Students have three hours to complete the exam.

4) The one year review is completed after students have completed their first full year of course work in the Clinical Mental Health Counseling Program. In order to continue in the program, students must obtain a minimum average rating of ‘satisfactory’ in each of the assessment areas. Students are rated on the following domains, personal and social maturity, interpersonal relations, communication skills, and professional and ethical conduct. Satisfactory student performance at the one-year review must be supported by two-thirds of the Clinical Mental Health Counseling graduate faculty for program continuation. The following rubric is used for this assessment: N/O = not observed, 1 = Unsatisfactory: student is significantly below minimum competencies in this area, 2 = Needs Improvement: student does not currently meet minimum competencies in this area, 3 = Satisfactory: student meets minimum competencies in this area, 4 = Exceeds: student is operating above minimum competencies in this area.

5) A programmatic evaluation of the Clinical Mental Health Counseling program was mailed out in the Fall of 2010 to 126 graduates and was returned by 65 individuals (52% return rate). The survey was designed to gain a better understanding of the where our students are currently employed, salary and licensure data, and to evaluate student perception on how well the curriculum meets the overall goals of the program.

**Results of the Assessments:**

1) Twenty-two students were assessed by their internship site supervisor during the past academic year in relation to their performance at the end of their first semester internship experience. Eighteen students were assessed at the end of their second internship experience.

   a. Mean scores at the end of the first semester for the nineteen items ranged from 3.9 to 4.75, well above the minimally acceptable level of 3.5. The overall mean for the Inter/Intra Personal Competencies was 4.6 and the Professional Core Competencies was 4.27 (see Appendix A). The lowest two scores where in the use of the DSM-IV-TR to make client diagnosis (item13) and group, family and couples counseling (item 17).

   b. Mean scores at the final internship evaluation for the nineteen items ranged from 4.17 to 4.82, all being well above the minimally acceptable level of 3.5. The overall mean for the Inter/Intra Personal Competencies items was 4.68, and for the Professional Core Competencies were 4.47. As expected both of the overall means improved from
the first to the second evaluation. The specific areas with the lowest means from the first semester (using the DSM-IV-TR to make diagnosis and family and couples counseling) both improved by significant margins (from 4 to 4.25 for diagnosis and 3.9 to 4.4 for family and couple counseling). Scores in two areas (psychological testing, career assessment) decrease by a small amount.

2) Mean scores for student self-evaluations are generally in line with site supervisor scores, though lower. Scores on the nineteen items ranged from 3.83 to 4.63. The overall mean for the Inter/Intra Personal Competencies items was 4.42 and for the Professional Core Competencies were 4.17.

3) Fifteen students took the comprehensive exam during the Fall of 2010, with twelve passing and three failing. The three who failed the exam has since retaken the exam and passed. Eight students took the exam during the Spring 2011 semester, with seven passing and one failing.

4) For the one year review, eleven students were reviewed during the Fall of 2010, with all eleven receiving at least satisfactory scores and passing their review. Twelve students were reviewed during the Spring of 2011 with all twelve passing. Faculty agreement for all twenty three students was remarkably similar, with twenty two of the twenty three students earning an overall mean of at least a 3 (satisfactory) in each of the measured domains (described above). One student failed to meet the satisfactory score of a 3 (Mean=2.83) on their overall rating (as scored by one member of the Clinical Mental Health Counseling Faculty) but this rating was offset by earning satisfactory scores from the other two faculty members in the department.

5) Results of the Programmatic Survey of Graduates are included in Appendix C and are discussed in the next section of the report.

**Interpretation and Dissemination of Results:**

The scoring from the internship site supervisors suggest that our students are well prepared academically for their clinical experiences. There does seem to be some ongoing disconnect between the student perception of their abilities as a counselor and that of their supervisor (this was noted last year). At some level this could be the reason for the significant increase in scores between the first and second semester supervisor evaluations as students were highly driven to develop in all areas of the profession. We will continue to monitor this dynamic in the future.

In terms of the development of our student both interpersonally and clinically, the results are promising. In almost all areas scores increased with only a couple of exceptions. Furthermore, scores in the lowest two areas on the initial evaluation (diagnosis and couples and family counseling) both increased a significant amount from the first to second semester of internship. This seems to indicate that as a student’s confidence increases in these domains (and with proper supervision) they are able to successfully engage in these skills. There also seems to be an ongoing trend in the data. Over the past few years site supervisors have continually scored our students lowest in two areas (psychological testing, career assessment). This data is also
supported by our programmatic survey, as both of these areas were rated as highest areas of deficient preparation by our graduates. A possible explanation for this trend is discussed below.

Overall, the results of the comprehensive exam seem to indicate that students nearing the completion of their program, while needing to study and prepare, have integrated the information and knowledge received throughout their time in the program. This conclusion is further supported by the evaluation completed by internship supervisors.

In regards to the one year review, the students at the end of their first year of their program are all performing at least an adequate level. Scores on the one year review are generally in the satisfactory domain with only one student falling slightly below satisfactory. This is a good indicator of a successful screening process. The Clinical Mental Health Counseling program has an extensive screening process for applicants and based on the performance of the first year it would appear that the students selected for the program are able to meet the requirements needed to be successful.

The results of the programmatic survey were highly encouraging. A large majority of our students are finding employment within the first 3 months of leaving the program and are employed in a wide variety of jobs mostly in Wisconsin and Minnesota. Students seem to be enjoying their work as almost half the students in the survey reported being at their current place of employment for the least 3 years. The salaries are as expected in the field and are in line with national averages for the counseling profession. Another important metric is the number of student seeking licensure or are already licensed. Licensure is an important component of the enhancing the creditability for the counseling profession and is strongly advocated for by the program faculty.

The quantitative data examining the programmatic objectives of the Mental Health Program provides some interesting line of inquiry. First it appears that large majority of our graduates believe themselves to be at least adequately prepared to work in the counseling profession. When specifically examining the areas where the largest percentage of students reported deficient preparation, one interesting trend emerged. With the exception of group counseling, all the areas where students indicated the highest percentage of deficient preparation (marriage and family counseling, psychological testing, human development, and career assessment) were in content areas not taught by the Clinical Mental Health Counseling faculty. While the percentages were never more than 15% of our graduates, it still needs further examination. One possible explanation is the lack of connection between course content and the counseling profession. In each of the core counseling classes, the connection between the material and the counseling profession is one of the primary expected outcomes of the class. This may not be true in the core classes taught by professionals without a counseling background. In these courses it may be difficult for the counseling students with a limited view of the counseling profession to make the connection on their own.

In the qualitative data section a number of trends emerged. First, preparation for licensure is a clear need of our students. This issue has been known for some time and as a result, licensure preparation has now been added or strengthened in three core classes. Another trend found in the qualitative data is the need for more preparation to work from a system’s perceptive
Marriage and Family Therapy. This was a new finding and will need to be discussed with the other faculty in the department to determine if a new course of action is needed. Another area mentioned in the qualitative data was the need for more training in treatment planning. This area has since been added into three core courses.

**Plans for Program Improvement**

The data of each of these assessments indicates that as whole, the Clinical Mental Health Counseling program is effectively preparing our students to be Clinical Mental Health Counselors. Each of the areas that our student indicated as a weakness of the program (outlined above) are in the process of being addressed either through programmatic modification or through discussion with faculty in other departments. Some of the specific past actions or current plans include:

1. Faculty are not engaging in a systematic process to prepare students for the licensure. This process is now discussed throughout the program and from discussions with current graduates it appears they believe themselves to be more thoroughly prepared.
2. The DSM diagnosis course was completely redesigned three years ago. Current students and recent graduates (since 2009) report this to be solid training experience for this competency area.
3. Mental Health faculty have engaged in conversations with the School Counseling faculty about the training in career counseling and will be starting conversations with the School Psychology faculty about how we can better prepare students to see the value of these skills in their clinical practice.
4. A meeting with the Mental Health faculty and the Marriage and Family faculty will be scheduled to discuss ways to improves student abilities in this form of therapy.

Overall the data examined for this report indicates that the training provided by UW-Stout is providing a solid base for students to launch their careers. While there are definitely some areas to explore (for example adding a Marriage and Family course) many of the systems in place seem to be working well.

**Concluding Remarks**

There have been a number of significant changes in the Clinical Mental Health Counseling program in the past few years. The entire program has been revised to meet national accreditations standards. At present, we are enrolling our second cohort of students in the newly created practicum course which was the most significant course-related issue blocking our move toward accreditation. Finally, we submitted our CACREP accreditation self study in July of 2011. We are hoping for a review in the Spring semester of 2012. Finally, applicant and enrollment numbers for the program have been stable. This is another strong indicator that the program is viewed favorability by the surrounding communities.
Appendix A

Internship Evaluation Scores for 2010-2011
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Appendix B

Internship Assessment Forms
SITE SUPERVISOR’S STUDENT EVALUATION

Final

(Note: The questions asked on this form are the same ones as on the Student Self-evaluation form)

To be completed at the end of the semester or internship experience and submitted with the rest of the evaluation material to the University Internship Supervisor.

Name of Site Supervisor(s)___________________________________________________

Name of Student___________________________________________________________

Name of Internship Site______________________________________________________

Address of Site______________________________ Phone # at Site_____________

Semester of Internship for Student (circle one)   First    Second    Third or Beyond

5 = Outstanding          2 = Needs some improvement
4 = Very satisfactory    1 = Needs substantial improvement
3 = Acceptable           0 = Unsatisfactory--no effort expended
NA = Does not apply in this internship setting

INTER/INTRA-PERSONAL COMPETENCIES

1. Demonstrated a spirit of cooperation with colleagues/supervisor(s).  5 4 3 2 1 0 NA
   Comments:

2. Demonstrated an ability to use effective interpersonal communication skills with colleagues/supervisors/clients.  5 4 3 2 1 0 NA
   Comments:

3. Accepted suggestions from supervisor(s) and was willing to make changes.  5 4 3 2 1 0 NA
   Comments:

4. Demonstrated an ability to handle stressful situations constructively.  5 4 3 2 1 0 NA
   Comments:

5. Indicated a consistent enthusiasm for the Internship position and the profession.  5 4 3 2 1 0 NA
   Comments:
6. Demonstrated awareness and an open-minded attitude about gender
racial, ethnic, religious and age-related issues which may affect
professional interaction with clients, supervisors, colleagues and
agency constituents.
Comments:

PROFESSIONAL CORE COMPETENCIES

7. Demonstrated the ability to initiate and complete a variety of tasks
related to the professional work of the agency.
Comments:

8. Demonstrated the ability to effectively convey information orally
as well as in writing.
Comments:

9. Demonstrated the ability to provide a clear rationale for professional
interventions using current and acceptable theoretical, empirical
and research-based formulations.
Comments:

10. Demonstrated knowledge and acceptance of agency's/institutions
policies.
Comments:

11. Worked within the guidelines of professional ethics, statutes
and federal laws.
Comments:

12. Consulted with supervisor(s) when faced with an ethical dilemma.
Comments:

13. Demonstrated an ability to use the DSM-IV to make client diagnoses.
Comments:

14. Demonstrated the ability to use and interpret psychological
appraisal instruments with clients.
Comments:

15. Demonstrated the ability to utilize career information and career
appraisal with clients.
Comments:
16. Demonstrated effective organizational and leadership abilities. Comments: 5 4 3 2 1 0 NA

17. Demonstrated skills in group counseling, family and couples' counseling and consultation (specify and describe). Comments: 5 4 3 2 1 0 NA

18. Demonstrated skills in individual counseling (i.e., developing a professional relationship with the client: empathy, rapport, attending skills, utilizing strategies appropriate to the client and the situation, goal definition, etc.). Comments: 5 4 3 2 1 0 NA

19. Demonstrated skills in consulting, i.e., working with parents, staff, other agencies, conducting in-service activities, workshop, etc.). Comments: 5 4 3 2 1 0 NA

**ADDITIONAL COMPETENCIES APPROPRIATE TO SETTING**

20. (Write In) Comments: 5 4 3 2 1 0 NA

21. (Write In) Comments: 5 4 3 2 1 0 NA

22. (Write In) Comments: 5 4 3 2 1 0 NA

23. (Write In) Comments: 5 4 3 2 1 0 NA

Student Signature__________________________________________________________

Supervisor Signature_______________________________________________________

Date (month, day, year)______________________________________________________
Appendix C

One Year Review
Clinical Mental Health Counseling One-Year Review

In order to continue in the Clinical Mental Health Counseling Program, students must obtain a minimum average rating of satisfactory (3) in each of the assessment areas. Satisfactory student performance at the one-year review must be supported by two-thirds of the Clinical Mental Health Counseling graduate faculty for program continuation.

Satisfactory academic achievement is based on students’ grades obtained in their graduate coursework. Suitable academic conduct (as per UW-Stout policy) is assumed unless noted elsewhere.

Rating Scale

N/O = not observed
1 = Unsatisfactory: student is significantly below minimum competencies in this area (faculty rationale/explanation required)
2 = Needs Improvement: student does not currently meet minimum competencies in this area (faculty rationale/explanation required)
3 = Satisfactory: student meets minimum competencies in this area
4 = Exceeds: student is operating above minimum competencies in this area

Assessment Criteria

Personal and Social Maturity: Characteristics and behaviors suitable to work in a professional capacity with vulnerable populations. Includes respectfulness, patience, empathy and compassion towards others. Generally demonstrates cooperative attitude, adaptability, self-regulation and ability to benefit from feedback.

Interpersonal Relations: Ability to establish positive interpersonal interactions with others, including peers, staff, faculty and clients.

Communication Skills: Written and Oral
A. Written communication skills appropriate to the situation and/or audience. Ability to effectively express ideas, needs and outcomes in a clear accurate manner.

B. Oral communication skills appropriate to the situation and/or audience in interpersonal or small group settings such as classes, teamwork, meetings, counseling sessions and/or staffings.

Professional and Ethical Conduct: Demonstrates professional behavior appropriate to the situation and ethical conduct consistent with the American Counseling Association Code of Ethics, including confidentiality, professional boundaries, and ethical decision-making.
**Reviewer: Amanda Evans**

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Appendix D

Clinical Mental Health Counseling Program Evaluation with Responses (N=65)
Dear Alumni of the Mental Health Counseling Program,

In efforts to continually improve the experience of students in the UW-Stout Mental Health Counseling program, I ask that you complete the enclosed brief survey. As some of you may know, we are in the process of completing our CACREP accreditation proposal, which will benefit both past and current students of the program. Your feedback is essential to the accreditation process and the continual improvement of the program.

If you have already completed the online version of the survey, please disregard this letter and we appreciate your willingness to support the program as we move toward accreditation.

Should you have any questions, please feel free to contact me either at my office at 1-715-232-1303 or by email at klemj@uwstout.edu.

Thank you for your time and effort.

Sincerely,

John Klem, Ph.D., Program Director,
M.S. Mental Health Counseling Program
Department of Rehabilitation and Counseling

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<td></td>
<td>August 2005</td>
<td>6</td>
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<tr>
<td></td>
<td>December 2005</td>
<td>3</td>
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<tr>
<td></td>
<td>May 2006</td>
<td>3</td>
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<td></td>
<td>December 2006</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>May 2007</td>
<td>4</td>
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<tr>
<td>Since graduation, have you accepted an offer of employment in the mental health or related field?</td>
<td>Yes</td>
<td>62</td>
</tr>
<tr>
<td>How long did it take you to find employment in the mental health or related field?</td>
<td>0-3 months</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>4-6 months</td>
<td>6</td>
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<tr>
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<td>7-12 months</td>
<td>6</td>
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<tr>
<td></td>
<td>13-24 months</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Longer than 24 months</td>
<td>2</td>
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</table>

**Present job title:**

"Pool" Therapist Position  
Adult Rehabilitation Mental Health Services Worker  
AODA & Mental Health Therapist  
AODA Case Manager  
AODA Counselor  
Assistant Director - Career Services  
Associate Communications Specialist  
Behavioral Therapist  
Career Advisor  
Child, Adolescents, and Family Therapist  
Children's Program Coordinator  
Clinical Case Manager  
Clinical Substance Abuse Counselor  
Clinical Therapist  
Clinician  
College Counselor  
Community Support Professional  
Co-occurring Disorders Therapist  
EAP Counselor  
In-home Counselor  
Lead Therapist  
Licensed Personal Banker II  
Licensed Professional Counselor  
Licensed Professional Therapist  
Mental Health Advocate  
Mental Health Counselor  
Mental Health Practitioner  
Mental Health Therapist
<table>
<thead>
<tr>
<th>MT Case Manager</th>
<th>Amery Regional Medical Center Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Counselor</td>
<td>Arbor Place</td>
</tr>
<tr>
<td>Outpatient Therapist</td>
<td>Associated Bank</td>
</tr>
<tr>
<td>Practitioner</td>
<td>Aurora Community Counseling</td>
</tr>
<tr>
<td>Program Director</td>
<td>Brown County Mental Health Center</td>
</tr>
<tr>
<td>Program Manager</td>
<td>Chippewa Valley Correctional Treatment Facility</td>
</tr>
<tr>
<td>Psychiatric Technician</td>
<td>Clinic for Christian Counseling, LLC</td>
</tr>
<tr>
<td>Psychotherapist</td>
<td>Community Based Mental Health Clinic</td>
</tr>
<tr>
<td>SAC-IT/LPC-IT</td>
<td>Community Health Partnership in Eau Claire</td>
</tr>
<tr>
<td>Social Services Coordinator</td>
<td>Crisis Services</td>
</tr>
<tr>
<td>Social Worker &amp; AODA Counselor</td>
<td>Croix Counseling and Psychology</td>
</tr>
<tr>
<td>Therapist</td>
<td>Delaware Valley College</td>
</tr>
<tr>
<td>Wellness Coach</td>
<td>Devry University</td>
</tr>
<tr>
<td></td>
<td>Domestic and Sexual Abuse Service Center</td>
</tr>
<tr>
<td>Present work site:</td>
<td>Eau Claire Academy</td>
</tr>
<tr>
<td></td>
<td>Eau Claire County</td>
</tr>
<tr>
<td></td>
<td>Family Solutions Associates</td>
</tr>
<tr>
<td></td>
<td>Government (County) Mental Health Agency</td>
</tr>
<tr>
<td></td>
<td>Green Light Counseling, Inc.</td>
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<tr>
<td></td>
<td>Heinz Psych Services</td>
</tr>
<tr>
<td></td>
<td>HI Case Management</td>
</tr>
<tr>
<td></td>
<td>Hillside Children's Center (New York)</td>
</tr>
<tr>
<td></td>
<td>Homme Youth and Family Programs</td>
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<tr>
<td></td>
<td>Jonas Center</td>
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<td></td>
<td>LE Phillips</td>
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<td></td>
<td>LPCC</td>
</tr>
<tr>
<td></td>
<td>Luther Midelfort - Mayo Health System</td>
</tr>
<tr>
<td></td>
<td>Lutheran Community Services Northwest (Oregon)</td>
</tr>
<tr>
<td></td>
<td>Marriage &amp; Family Health Services</td>
</tr>
<tr>
<td>How long have you been at your current job?</td>
<td>0-6 months</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td>9</td>
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<table>
<thead>
<tr>
<th>Are you Working Full-time or Part-time?</th>
<th>Full-time</th>
<th>Part-time</th>
<th>N/A</th>
</tr>
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<tr>
<td></td>
<td>44</td>
<td>12</td>
<td>9</td>
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<table>
<thead>
<tr>
<th>Salary range:</th>
<th>Below $20,000</th>
<th>$20,001-$30,000</th>
<th>$30,001-$40,000</th>
<th>$40,001 and above</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>6</td>
<td>7</td>
<td>26</td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List other job positions or work experiences since graduation, progressing from first to the present:</th>
<th>Northwest Counseling and Guidance</th>
<th>Blue Hills Counseling</th>
<th>Mental Health Practitioner</th>
<th>In-Home Family Therapist</th>
<th>Mental Health Specialist</th>
<th>AODA Counselor</th>
<th>Staff at Group Home</th>
<th>Insurance Benefit Specialist</th>
</tr>
</thead>
</table>
Career Counselor  
Teacher for Introductory Psychology Course  
Psychological Technician  
Case Manager at Emma Norton Services  
Variance Analyst  
Mental Health Therapist  
Clinical Mental Health Coordinator  
Outpatient Therapist  
Behavioral Health Therapist  
Child and Family Counselor  
Director of Professional Services  
Palliative Care Counselor  
Care Coordinator for inpatient treatment  
In-Home Adult Rehabilitation Mental Health Services Worker  
Mobile Crisis Worker  
Residential Treatment of Adolescent Sex Offenders Therapist  
Employer Assistance Therapist  
Teaching AODA and Anger Management classes at Dunn County Jail  
Mental Health Professional and Northwest Counseling  
Diversion Court Mental Health Counselor in Dunn County  
AODA Counselor at Center Place  
Eau Claire Academy  
Therapist at a School Based Program  
MT Case Manager  
Mental Health Referral Counseling Program  
Technical Editor at United Health  
Psychology Instructor  
Billing Specialist

<table>
<thead>
<tr>
<th>My current job is providing me with the opportunity to accrue the experiences necessary for licensure</th>
<th>Yes</th>
<th>No</th>
<th>Already licensed</th>
<th>Not seeking licensure at this time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27</td>
<td>9</td>
<td>26</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please select the response that best reflects your opinion on the level of preparation provided by the UW-Stout Mental Health Counseling graduate program, as described by our program objectives:</th>
<th>Superior Preparation</th>
<th>Adequate Preparation</th>
<th>Deficient Preparation</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Develop and Demonstrate identity as a professional Counselor</td>
<td>(SP)</td>
<td>(AP)</td>
<td>(DP)</td>
<td>(NS)</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>38</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>B. Demonstrate an understanding of the roles and functions of professional counselors as leaders, advocates, collaborators, and consultants</td>
<td>31</td>
<td>32</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>C. Articulate and comply with the counseling profession's current code of ethics</td>
<td>43</td>
<td>22</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>D. Plan and implement counseling techniques, methods, and treatment approaches to assist the client in attaining optimal development</td>
<td>39</td>
<td>23</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>E. Apply dynamics of group formation and processes in a variety of counseling settings</td>
<td>28</td>
<td>28</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>F. Synthesize psychometric theory and concepts into the utilization and interpretation of appropriate assessment instruments</td>
<td>14</td>
<td>40</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>G. Demonstrate an understanding of the cultural context of relationships, issues, and trends in a multicultural society and how these constructs impact the counseling profession</td>
<td>40</td>
<td>24</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>H. Utilize the current diagnostic system to assess problems or symptom patterns, formulate clinical diagnoses, and plan and implement treatment</td>
<td>22</td>
<td>40</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>I. Demonstrate an understanding of the major approaches and intervention utilized with clients with substance abuse problems and addictions</td>
<td>28</td>
<td>34</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>J. Demonstrate an understanding of major theories and systems approaches used in couples, marriage and family therapy</td>
<td>19</td>
<td>37</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>K. Articulate human development and career theories as they apply to the counseling profession</td>
<td>22</td>
<td>34</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>L. Demonstrate an understanding of research practices, principles, data collection techniques and methodologies as they relate to the counseling profession</td>
<td>12</td>
<td>47</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>M. Demonstrate an ability to use and access appropriate technology resources to enhance the counseling process</td>
<td>19</td>
<td>34</td>
<td>8</td>
<td>4</td>
</tr>
</tbody>
</table>

Please feel free to make any suggestions or comments you may have regarding the improvement of the Mental Health Counseling

* It would be helpful if we could have taken the SAC-IT exam before graduation...much more marketable then! Let students know that social work certification is available to them with only 2-4 additional classes while at Stout - again, more marketable.
program. Comments could focus on course work, supervision, practicum/internship/intellectual stimulation, thesis, personal growth, clinical problems unprepared for, etc.

* There is too much information crammed into a small amount of time. Needs to be more hands-on and explained in more depth. Practice the instruments on self & others would help understanding and application. These are important to understand because instruments are a major part of my daily schedule with inmates.

*I would advocate for a greater emphasis in family and couples therapy training. Both practical and theoretical. This is the main area I felt my training was lacking in since practicing as a therapist. I think UW-Stout did a fabulous job with personal growth development emphasis, as well as being aware of the therapeutic relationship and transference/counter-transference. I do feel better prepared then several peers coming out of other programs, who report none to minimal supervised counseling practical classes (CPL, group, CBT).

*May need to add a course just on personality disorders. I was not able to get my license in OH because I did not have a course just on PD.

*More work was needed in the area of developing Master Treatment Plans and conducting clinical assessments. I specialize in sex offender specific treatment however all my training in this area was at my job site- we spent 10 minutes discussing this during graduate school. Although, I did come to a class (Julia Champe’s) to give a 4 hour presentation so her students could gain some background knowledge. I think we need more experiences like that at school. Feel free to contact me with any questions...Lutheran Social Services: Shawne N. Judnic @ 715-253-2116, sjudnic@lsswis.org

*Need to lay cleaner path to licensure vocational school (tech college) does a better job for substance abuse counselors, they graduate with SAC in training.

*My experience was positive and prepared me well to enter the profession. I would encourage students to explore personal concerns and be open to seeing counseling if needed. Working with folks with servere Mental Illness and especially personality disorders increases burn out and this could be covered more in training.

*My suggestion would be for the program to incorporate the actual person-to-person counseling experience/process in each semester (not only one semester of CPL). This needs to be an on-going exercise. Another recommendation would be to have more intensive exposure to some of the major diagnoses (eg. Anxiety, Depression, Personality Disorders, Psychosis, Trauma, etc.)

*More practice with writing case notes. More education in recent theories and techniques in mindfulness, DBT, EMDR.

*Overall, I feel the mental health (clinical) program adequately prepared me for my current position as an outpatient therapist. However, there were a few courses which I wish I did not take and a few I wish I would
have taken in order to prepare me better for my current role. Also, if I
had to do it over again, I would have taken Group Work as an entire
semester class, rather than over a few weeks during the semester.

*Cultural issues: Race at the St. Paul museum was outstanding. Need
work on planning and implementing treatment with current diagnostic
system.

*I got the most out of experiential aspects of the program: especially group
dynamics class, play therapy, internship and my own experience with
counseling. I also really enjoyed our internship class where we would
process a case as a group. The Cultural class was also very good because
we had to get out and engage in the field with others; we did not simply
read from a book. For me, personal growth was huge, and that was where
the encouragement to use the free counseling offered on campus was
beneficial. I would like to see more intellectual stimulation outside of the
classroom, and a more defined program culture; more group activities like
my cohort tried to do with MHA. Some ideas we had that never came to be
were a collaboration with the counseling center for presenting on campus
for certain issues or awareness topics. Professional development for me was
great as I was able to attend the national ASGW conference in Feb 2008,
and the ACA National conference in March 2009. Also, I attended both
WCA summits during my time there. Those were great experiences
interacting with others in the field; on that note, too, it was nice when we
had speakers come into our orientation class and we had to also go out and
interview a professional in the field. I believe some of the changes in
instructors may benefit the courses, as there were several in my time that
were passive lectures that did not engage the students.

*I would suggest a few additions: 1. A 3 credit course or 2 credit seminar in
dynamic therapy. It is my opinion that the theories course offered provides
only the most superficial glimpse into dynamic therapy. I think it would
provide a good balance of cognitive-behavioral (i.e., CBT course) and
dynamically oriented therapies. 2. Require a 12-24 hour personal therapy
experience. 3. During CPL, shift the focus more to the development of the
self of the counselor, as opposed to a progressive skills development process
(while still teaching the skills). 4. Include more literary works as adjunct
learning tools. For example, Yalom has some great works that could be
incorporated into the class room. The possibilities here are endless. 5. Did I
mention adding a dynamic therapy course? :) 6. Emphasize
conceptualization and synthesizing clinical data into a coherent, working
hypothesis about the client. It seems to me that too little attention is paid to
conceptualizing a clients presenting concerns (and conceptualizing each
unique therapeutic relationship). In my opinion, technique should flow
from the conceptualization and the therapeutic relationship. However,
technique seems to be taught as something separate from A) the self of the
counselor, B) the conceptualization, and C) the therapeutic relationship.

*Overall, my experience of the Mental Health program was excellent. The
counseling program at Stout more than adequately prepared me to become
an efficient, empathetic and effective counselor.
*I think there should be more course work in Trauma and EMDB.

*I felt extremely prepared when I graduated from the MHC program to move into my current position. A large part of that was the great internship experience I had along with a wonderful mentor in my internship.

*I am pleased with my degree in Mental Health Counseling with a specialty in Alcohol and Drug Addiction counseling. I continue to build on the foundation established during my time at UW-Stout. I passed my License Professional Counselor national test as well as my Int'l AODA testing without any problems. The master's thesis I completed at UW-Stout also gave me an appreciation for research and research results. I was pleased with my professors and how they modeled healthy boundaries. One area to improve on might be in using the DSM-IV. Because I work collaboratively with other counselors, a psychiatrist and a psychologist in my work, it might be helpful for the professor teching the class to join students in groups to come up with a diagnostic impressions. Also, I would like to see more play therapy techniques included in the counseling process lab course. Adding on expressive arts therapy focus in one or more courses may also be helpful to students. One of the most practical course I took at UW-Stout was Cognitive Behavioral Therapy.

*All of my weaknesses stem from the MFT portion of my education. I did not learn what I needed to about research, marriage and family therapy, or career development- and said so at the time. Dr. Klem & Shumate rock- they know what they're doing AND how to teach it!

*At the time I was in the program, one of the instructors used rather outdated materials and seemed to lack his own professional experience. The mental health field is ever changing, therefore it seems critical that the instructors continue to update their expertise accordingly.

*It would have been very helpful to have more information provided for the licensing procedure. Info on the procedure, maybe a workshop review on statuses (for exam). Workshops available for prep to exam would have been helpful.

*More information on the process of becoming a professional counselor, obtaining licensure, education credits inc. Could be an important inclusion. Supported student WCA or other group by counseling staff- I thought my use and understanding of CBT was strong until I worked with professionals from UW-Milwaukee & Behavioral Specialists then I looked like an amateur. I could use the principles & materials they shared but not on same level. I didn't even know the field of Behavioral Specialists existed. More knowledge on certifications, specializations, etc. would have also been helpful- May use as a 3-5 year post-Master's plan would be useful. I have learned with experience how to use the DSM-IVTR & have seen serious cases of mental illness which the tapes used in classes did not/could not prepare me for. Maybe this has already improved but if not,
it needs to. I have no idea where to start with the development of diagnoses and then the treatment plan based on my education. As far as AODA is concerned, in the state of WI one needs to be certified to provide those services in any way so unless you are taking that route I don't find the education useful, there is no need to understand (especially interventions), it can give a false sense of knowledge, experience, and preparation (legal and ethical issue). Again, knowledge of state licensure requirements and being able to obtain necessary tests, hours, etc. would be most helpful. Several positions I applied for were looking for an AODA certified MH therapist & the state will not let you know what you need to complete the certification and you send them a check along with your courses. That's only feasible if you get a job where you'll use the certification, if you do not intend to use it full-time. For me this area has continued to be a question mark since I took MOST of the courses for the AODA component. Maybe students going into ED should also complete the AODA certification since they are often diagnosed together within the population. In private practice, this would be a definite advantage. I'm thrilled to see this program getting CACREP certification - thank you for all of your hardwork & dedication to students and alumi.

*Even more discussion on self-care/burn-out, compassion, fatigue, and dealing with stressors of agency management and HMO's. Opportunity to specialize in specific counseling area (I had wanted to participate in a Christian counseling internship with LPC supervisor, but was denied). Summer career counseling course did not prepare me for Licensure Exam (had to learn everything on my own). Overall, I feel good about my experience with the program and am proud to say I am a graduate of the program.

*I felt ill-prepared for the NBCC because I took it so long after graduating - NOT your fault. I would have like to taken the LPC-IT exam and had the process explained while I was still in school. CVTC offers/forces their students the SACIT before they leave and they're only at the Associate Degree. We should be affecting MORE than they are!

*I don't feel the program adequately prepared me to be a counselor. I think the program should be more in line with how to obtain licensure in MN, since most of my classmates planned to begin their careers in MN, or to at least make us aware that our program was not nearly enough preparation for being licensed in MN.

*I have so many positive things to say about my experience at Stout. The professors were amazing - knowledgeable and personable. I thought the emphasis on personal growth was particularly important. Now, at the doctoral level, my program does not emphasize that as much, and I am so grateful I got it during my Master's program. I think that emphasis on personal growth has had an enormous (positive) impact on my self-care practices and my awareness of counter-transference that arises in therapy. I also cannot say enough about the cohort model and how much that enhanced my learning experience.
*Everything about the program was excellent, however, I think that
the licensure process (including the hours needed, timeline, application
process, testing and end result) could have been better described and
presented in practical format. There was always discussion on it, but never
any tangible - concrete steps laid out.

*Another course in group therapy would have been beneficial, at least
pertaining to my job.

*Please call if there are any questions. 715-563-1660.

*I very much enjoyed my time at Stout and I believe I would be working in
the field if I would have been in a larger community, the small community
I live in does not have opportunity for a new counselor.  I based my ratings
above on my experience in my internship.  Please also note, I also use the
my education from Stout to ben an adjunct instructor of psychology at own
local technical college.

*Only deficit was lack of sufficient training in treatment planning.

*I had an excellent experience in the program overall!  The program was
not so focused toward the CMI population, so I am the rare counselor
among social workers in my field.  It was particularly advanced in multi-
cultural counseling and group therapy.  I have the strongest counseling
skills due to my education and it has served me very well.  Also, the
importance of advocacy was stressed.  I feel highly trained and qualified.
My clinical skills and ability to apply ethics are excellent.  Participating in
the Mental Health Alliance helped round them out.

*In seeking MFT licensure in California, I needed to re-take Assessment
Tools/ Psych Testing because I only had 1 credit and it requires 2 credits.
    It would have been nice to have 2 credit class at Stout.

*Overall, this is an excellent program.  I have found other Stout graduates
to be knowledgeable and great to work within the mental health field.  I
also tend to see Stout graduates in managerial roles.  My only suggestion
would be to incorporate more family therapy training for students
planning to work with children and adolescents.

*I very much appreciate my education at UW-Stout.  1.  It would be
helpful to advise alumni on what CACRED Accreditation means for them
towards licensure.  2.  Possible supplemental ongoing coursework would be
great.  3.  Would have loved more depth psychology integrated 4.  Support
in licensure process - supervision post graduation -main stumbling block I
experienced!

*Practical application always beneficial beyond course work.  It was
difficult to get 3000 hours accomplished.