

CLINICAL MENTAL HEALTH COUNSELING PROGRAM OUTCOMES*

Number of Students Enrolled in the Program

2012 – 2013 Academic Year	50
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Number of Graduates from Program

2012 – 2013 Academic Year	20
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Student Retention within Program

The University of Scranton allots six years for the completion of a master's degree. Of the 20 students who enrolled in 2007, 12 (60%) had successfully completed within the six year's allotted.

Average time to complete the program:

Students who graduated during the 2012 – 2013 academic year took an average of 3.4 years to complete the program. Because our program provides scheduling flexibility that allows for both part-time and full-time students, the time to complete the program can be as low as 2.5 years.

Employment Rates:

Academic Year	Average Salary	In-field Employment Rates
2012 - 2013	\$33,800	89%

Results of Alumni Survey

Alumni who graduated during the 2007 – 2008 and 2010 – 2011 academic years were surveyed to assess how well they believed the program prepared them for professional practice in both knowledge and skill. Respondents used a Likert Scale (1 = not at all prepared, 2 = poorly prepared, 3 = adequately prepared, 4 = well prepared, 5 = thoroughly prepared) to respond to 26 questions.

Strengths

On average, respondents indicated that they were more than adequately prepared on all 26 items and well prepared on 15 of the 26 items. A few examples of areas in which respondents believed they were well prepared were: Ability to treat each client with respect as a unique individual (4.6); Understanding of and ability to apply concepts of cultural diversity to work with clients (4.4, 4.2); ability to accurately assess client's needs (4); Ability to apply ethical and legal guidelines (4); and Ability to use crisis intervention strategies when appropriate (4).

Areas for Improvement

Although respondents reported that they were adequately prepared in all program objectives, we have identified a few areas in which we aim to strengthen student learning. These areas are: Understanding of research design and methodology (3.4); Ability to incorporate assessment into the counseling process in a meaningful, ethical manner (3.4); and Ability to develop treatment plans (3.8).

To address the first two areas of improvement, we made relevant changes to the Appraisal Techniques (COUN 504) and Research Methods (COUN 505) courses and will continue to assess student learning in both courses to determine the effectiveness of changes made. To address the third area of improvement, we created a new required course, COUN 577: Evidence Based Practice, which is designed to teach students to develop and implement appropriate treatment plans. These changes were part a comprehensive redesign of the entire program which was completed in August of 2013.

Results of Employer Survey

Employers of alumni who graduated during the 2007 – 2008 and 2010 – 2011 academic years were surveyed to assess how well prepared program graduates were for professional practice in both knowledge and skill. Respondents used a Likert Scale (1 = not at all prepared, 2 = poorly prepared, 3 = adequately prepared, 4 = well prepared, 5 = thoroughly prepared) to respond to 27 questions.

Strengths

On average, respondents indicated that graduates were more than adequately prepared on all 27 items and well prepared on 11 of the 27 items. A few examples of areas in which respondents believed our graduates were well prepared were: Ability to treat each client as a unique individual (4.4); Understanding of the importance of the counseling relationship (4.4); Ability to conduct individual counseling (4.2); Ability to accurately assess client's needs (4); and Ability to apply ethical and legal guidelines (4.2).

Areas for Improvement

Although employers indicated that graduates of our program were adequately prepared in all program objectives, we have identified a few areas in which we aim to strengthen student learning. These areas are: Understanding of appraisal processes including assessment, psychometric concepts, relevant ethical and legal concerns, and the integration of appraisal results into the counseling process (3.4); Ability to develop treatment plans (3.8); and Ability to accurately assess (diagnose) client needs/concerns (4). To address the first area, we made relevant changes to the Appraisal Techniques (COUN 504) course. To address the second area, we created a new required course, COUN 577: Evidence Based Practice, designed to teach students to develop and implement appropriate treatment plans. To address the third area, we made significant changes to the Assessment and Diagnosis (COUN 549) course. We will continue to assess student learning outcomes in each of these courses in order to determine the effectiveness of our changes. These changes were part of a comprehensive redesign of the entire program which was completed in August of 2013.

National Counselor Examination (NCE) Pass Rate for Both CACREP-accredited Programs

Academic Year	Number of Test Takers	Pass Rate
2010	17	94%
2011	15	87%
2012	Pending	Pending
2013	18	72%

* Data collected prior to program's transition from Community Counseling to Clinical Mental Health Counseling.