**MA in Mental Health Counseling**

**Academic Components of 2014 SACSCOC Report**

**SACSCOC Comprehensive Standard 3.3.1.1: Provost, MA (MH)**

**Mission.** Asbury Theological Seminary is a community called to prepare theologically educated, sanctified, Spirit-filled men and women to evangelize and to spread scriptural holiness throughout the world through the love of Jesus Christ, in the power of the Holy Spirit and to the glory of God the Father. This mission commits the Seminary to maintain a multi-denominational, multicultural community which:

1. Pursues the union of sound learning and vital piety through excellence in graduate, professional and continuing studies for ordained and lay ministries, and provides resources for scholarly leadership in the Wesleyan-Arminian tradition;

2. Nurtures men and women called of God for parish ministry and other forms of servant leadership in the experience and practice of personal and social holiness as defined by Scripture and Wesleyan theology;

3. Encourages its members, in their teaching, scholarship and service, to live out the witness of a Spirit-filled life formed by the authority of Scripture; and

4. Prepares women and men for prophetic ministries of redemption and renewal in an increasingly urbanized and secularized world.

**MA MENTAL HEALTH Degree Program Assessment**

**Prepared for August 28, 2013 CPC Meeting**

**SACSCOC Comprehensive Standard 3.3.1**

The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the following areas: (Institutional effectiveness)

3.3.1.1 Educational programs, to include student learning outcomes

\_\_\_X\_ 4. In compliance

\_\_\_\_\_\_3. Mostly in compliance

 \_\_\_\_\_ 2. Somewhat in compliance

\_\_\_\_\_\_1. Not in compliance

**Introduction**

The MA Mental Health Counseling is in compliance with Standard 3.3.1.1. All courses in the MA in Mental Health Counseling have Student Learning Outcomes that are specified by the 2009 standards of the Council for Accreditation for Counseling and Related Educational Programs (CACREP.org) for Clinical Mental Health Specialization (Appendix K). A review of the corpus of data contained in this report indicates that the MA in Mental Health Counseling is meeting its four Program Learning Outcomes at an acceptable level. The documentation that follows shows that the data collecting strategies are providing the necessary information by which to measure our outcomes, even though improvement in communication about necessary data is required.

**Mission of Department of Counseling & Pastoral Care:**

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| To equip students to serve communities by facilitating healing and growth through *reflectively* integrating professional counseling competencies and practices with Christian values, principles and resources. |

**Program Purpose:**

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| Graduating students will demonstrate at an accomplished level the knowledge, skills, and attitudes that are specific to and consistent with licensed professional mental health counseling. |

**Program-level student learning outcomes:**

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| 1. Demonstrates mastery of skills for individual and group settings at an accomplished level, including the ability to articulate the theoretical foundations upon which these models are built. 2. Practices professional behavior that maintains appropriate boundaries, conforms to ethical standards, and reflects respect and sensitivity for persons from diverse backgrounds. 3. Practices theological/theoretical integration, which is demonstrated in a maturing biblically-grounded theological understanding of God and persons, along with an informed theoretical perspective of the counseling role. 4. Identifies self as a professional counselor. |

A MA in professional counseling has been in existence at Asbury Seminary since the early 1990s. Over the past 20 years the degree plan has evolved to its current format in order to comply with the educational categories designated in the Licensed Professional Counselor (KY) and Licensed Mental Health Counselor (FL) laws, and most recently to comply with academic standards and student learning outcomes set by the Council on Accreditation for Counseling and Related Educational Programs (CACREP). A CACREP Self-Study is currently under way for the MA in Mental Health Counseling with a target submission date of September 1, 2014 (Appendix K). Formerly called the MA in Counseling, this degree has been known as the MA in Mental Health Counseling since the 2010-2011 academic year. The MA Mental Health is in essence the former “MA in Counseling” degree, maintaining its focus on community mental health and one’s identity as a *professional counselor.* The title change aligns the degree with the Mental Health Counseling specialization under the 2009 CACREP standards (www.CACREP.org)

Based upon our professional judgment, by 2007 the faculty in the Department of Counseling and Pastoral Care had established six degree-program intended outcomes by which to assess the MA in Counseling. They are as follows:

Graduates of the MA in Counseling will

1. Integrate self-knowledge, personal faith, and ethical practice to facilitate their work with clients.
   1. Means of Assessment: Practicum evaluation form completed by on-site practicum supervisor who has supervised student work with clients. The mean score will exceed 3.0 on a 5-point scale, and 80% will score above at 3.0, 4.0, or 5.0. The rating scale included the following four rated items, which relate to the use of scripture: 1a. Demonstrates self-understanding in relation to the impact on the client and 3a. Knowledge of self at the end of practicum.
   2. Means of Assessment: Practicum evaluation form completed by on-site supervisor who has supervised student work with clients. The mean score will exceed 3.0 on a 5-point scale, and 80% will score above at 3.0, 4.0, or 5.0. The rating scale included the following four rated items which relate to the use of scripture: 1. Shows knowledge of general ethical principles, 2. Demonstrates awareness and sensitivity to ethical issues, and 3. Consistently conforms to ethical standards.
2. Understand Scripture as foundational to the practice of counseling.
   1. Means of Assessment: On an integrative paper, rated separately by two raters, the mean combined score will fall between 3-4 on a 5 point likert scale. The rating scale included the following four rated items, which relate to the use of scripture: 2. Addressed how biblical/theological studies inform their stated position; 4. Has demonstrated a substantive use of biblical knowledge; 5. Demonstrated the limits of scripture and revelation; 7. Integrated biblical/theological issues with psychology and counseling.
   2. Means of Assessment: On an integrative paper, each of which was rated independently, 80% of students will score between 3-4 on a 5 point likert scale on items 2-4, 7 as rated by each rater. The rating scale included the following four rated items, which relate to the use of scripture: 2. Addressed how biblical/theological studies inform their stated position; 4. Has demonstrated a substantive use of biblical knowledge; 5. Demonstrated the limits of scripture and revelation; 7. Integrated biblical/theological issues with psychology and counseling.
3. Understand theology as foundational to the practice of counseling.
   1. Means of Assessment: On an integrative paper rated separately by two raters, the mean combined score will fall between 3-4 on a 5 point likert scale. The rating scale included the following three items, which relate to the use of theology: 2. Addressed how biblical/theological studies inform their stated position; 3. Demonstrated a clearly articulated theology of God, personhood and soteriology; and 7. Integrated biblical/theological issues with psychology and counseling.
   2. On an integrative paper, each of which was rated independently, 80% of students will score between 3-4 on a 5 point likert scale on items 2-4,7 as rated by each rater. The rating scale included the following three items, which relate to the use of theology: 2. Addressed how biblical/theological studies inform their stated position; 3. Demonstrated a clearly articulated theology of God, personhood and soteriology; and 7. Integrated biblical/theological issues with psychology and counseling.
4. Be developing an identity as a professional counselor.
   1. Means of Assessment: Practicum evaluation form completed by on-site supervisor who has supervised student work with clients. The mean score will exceed 3.0 on a 5-point scale, and 80% will score above 3.0, 4.0, or 5.0. The rating scale included the following four rated items under section II. Professional and Ethical Conduct: 4. Demonstrates initial competence as a beginning clinician and 6. Is developing an identity as a professional counselor.
5. Use therapeutic skills appropriate to the setting.
   1. Means of Assessment: Practicum evaluation form completed by on-site supervisor who has supervised student work with clients. Section III assesses clinical knowledge demonstrated during the practicum experience. The mean score will exceed 3.0 on a 5-point scale, and 80% will score above at 3.0, 4.0, or 5.0. The practicum evaluation included the following items under the Section III. Clinical Knowledge: 1b. Possesses conceptual knowledge of relevant counseling theories, 1d. Uses clinical interview as an assessment tool, 2b. Uses preferred theoretical orientation to facilitate counseling, 2d. Shows facility with diagnostic categories, and 3b. Demonstrates knowledge of major content areas.
   2. Practicum evaluation form completed by on-site supervisor who has supervised student work with clients. Section IV assesses knowledge demonstrated during the practicum experience related to interactions with clients. The mean score will exceed 3.0 on a 5-point scale, and 80% will score above at 3.0, 4.0, or 5.0. The practicum evaluation included the following items under the Section IV Interaction with Clients: 2. Establishes and maintains effective relationships with clients, 4. Shows a range of verbal and non-verbal responses, and 5. Responds to feelings, thoughts, and experiences of clients.

1. Conduct themselves in a professional manner appropriate to the setting.
   1. 80% of student evaluations will achieve a score between 3-4 on a 5 point likert scale on items dealing with professional conduct on the Practicum Evaluation Form which is completed by practicum supervisors. On the Practicum Evaluation Form, several items reflect professional conduct. Four were used in this assessment. Item 6 was chosen from Section 1 which looks at work attitudes. This item reads: “Exhibits consistent professional conduct.” Section 11 looks at professional and ethical conduct and three items were chosen from this area. These included the following:
      1. Shows knowledge of general ethical guidelines.
      2. Demonstrates awareness and sensitivity to ethical issues
      3. Consistently conforms to ethical standards.

The MA in Mental Health Counseling was assessed using these criteria until the Seminary undertook a restructuring of its assessment and evaluation strategy for all Academic Programsduring 2011-2012 and continuing in 2012-2013. This included:

1. Discontinued use of “goal” language.
2. The creation and adoption of Program Learning Outcomes and Student Learning Outcomes language for all degrees.
3. The gradual implementation of tk20 as an data storage and data analysis tool for assessment and evaluation purposes

This report represents the first MA Mental Health program assessment using the program learning goals developed through this process of curriculum revision.

**Departmental Gating System**

A central feature of the MA in Mental Health Counseling program assessment is the Counseling and Pastoral Care Department’s Gating System (Appendix A). The Gate system assesses students on six behavioral categories across three points in time. Courses in the MA in Mental Health Counseling are associated with one or more of the six Gate behavioral categories (Appendix F).

**Gate 1: Admissions.** Gate 1 Admissions establishes “goodness-of-fit” with the profession of professional counseling and a candidate’s capability and competency to complete the degree. In 2012-2013 (2012-2013 Academic Catalog) a group interview process was launched for degree program applicants. Prior to 2012-2013 all applicants were interviewed individually (Academic Catalog 2011-2012, and previous catalogues). The group interview standardizes the questions to which all candidates respond and provides the Counseling and Pastoral Care faculty with direct observation of how candidates will interact with each other. A parallel individual interview process is available for those candidates who cannot attend the group interview because of financial hardship or international travel considerations. Moreover, an Applicant Reference Form was developed which aligns questions with the six behavioral categories of the gating process (See Gate 1 Policy, Appendix B).

**Gate 2: Pre-field placement.** At Gate 2 (Gate 2 Instructions - Appendix C) students prepare a portfolio, artifacts of which are linked to the Program Learning Goals and are founded upon required prerequisite academic course preparation (2013-2014 Academic Catalog). Students submit their portfolio to two interviewers, one of which is a Department faculty member while the second interviewer might be a professional in the field, a site-supervisor, or an adjunct professor. Gate 2 candidates participate in an evaluative interview with the two-person team who assessed their portfolio. Students must successfully pass Gate 2 in order to receive permission to begin field placement. If a student is not ready for field placement, the student develops a professional growth plan in conjunction with the interviewing faculty member, and the student is not given permission to begin field placement until he or she has successfully implemented the growth plan he/she created.

**Gate 3: Pre-graduation.** Gate 3 serves as an exit interview. Gate 3 students develop an update of Gate 2 material, and write a more comprehensive theological integration paper (Gate 3 Instructions - Appendix D). Based on the departmental faculty’s previous experience with Gate 3 interviews and in light of our Program Learning Outcomes, in 2012-2013 the faculty added a case conceptualization component to Gate 3 (Nov 2012 Department Minutes). The Director of Training on the Kentucky campus developed case vignettes for each degree program, and evaluative rubrics for faculty use. Gate 3 candidates receive the appropriate clinical case 30-minutes before their gate interview and prepare a presentation of how they would work with this case, which is then evaluated by faculty during the Gate 3 interview (Appendix E).

In Spring 2013 the Faculty realized an oversight in the Gate policy when two students submitted poor Gate 3 portfolios. That is, while students were required to go through Gate 3, Gate 3 was not designated as a graduation *requirement* in the Academic Catalog. Department faculty passed a motion to make successful completion of Gate 3 a graduation requirement, and the Department will add a non-credit course to the MA in Mental Health Counseling program to help the Registrar keep track of this requirement (Department Minutes 9.30.13, School of Practical Theology Minutes 10.7.13; Curriculum Committee Minutes10.14.13).

**Program Learning Outcomes and Gating System**

The following chart displays the connection between the current PLOs, the former degree plan goals, the Gate Categories, and MA in Mental Health Counseling courses.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PLOs (established 2012-2013) | Former Degree Plan Goals | Gate Policy Categories | Courses by Gate Categories | |
| Required | Elective |
| 1. Demonstrate mastery of clinical skills in individual and group settings at an accomplished level, including an ability to articulate the theoretical foundations upon which these skills are built. | Apply relevant truths discovered through the behavioral sciences, informed by biblical theological studies, to enhance their counseling practice. | Demonstrates mastery of adequate clinical skills  Demonstrates appropriate use of self | CO601  CO655  CO660  CO675  CO680  CO700  CO705  CO706  CO715  CO720  CO725 | CO520  CO600  CO611  CO618  CO623  CO626  CO627  CO672  CO708  CO735  CO740 |
| 2. Practice professional behavior that maintains appropriate professional boundaries, conforms to ethical standards, and reflects respect and sensitivity for persons from diverse backgrounds. | Conducts themselves in a professional manner appropriate to the setting. | Maintains appropriate professional boundaries.  Demonstrates humble respect for persons of diverse opinions | CO610  CO700  CO705  CO706  CO730 |  |
| 3. Practices theoretical/theological integration, which is demonstrated in a maturing biblically grounded theological understanding of God and persons, along with an informed theoretical perspective of the counseling role. | Integrates self-knowledge, personal faith, and ethical practice to facilitate their work with clients.  Understands Scripture as foundation to the practice of counseling.  Understands theology as foundational to the practice of counseling. | Practices theological/theoretical integration  Manifests maturing spiritual formation | CO601  CO622  CO660 | CO515  CO526  CO615  CO616  CO620  CO621  CO626  CO654 |
| 4. Identifies self as a professional counselor. | Be developing an identity as a professional counselor. |  | CO624  CO700  CO705  CO706 |  |

**Appendix L** presents artifacts for Gate 1, 2, 3 and their association with the PLOs for the MA in Mental Health Counseling.

Given the preparation of a self-study for accreditation of the MA in Clinical Mental Health Counseling with the Council for Accreditation of Counseling and Related Educational Programs (CACREP), **Appendix M** presents the Program Learning Outcomes associated with the student learning outcomes in the Clinical Mental Health specialization.

Spring 2013 was the first administration of the Alumni Survey **[Appendix G]** and the Stakeholder Survey **[Appendix I]**. Program level outcome measures and results from the MA in Mental Health Counseling’s *Alumni Survey* and *Stakeholders* *Survey* were included in MA Mental Health Degree Program evaluation discussions as a way to assess the efficacy of these surveys. The curriculum map for the MA in Mental Health Counseling is presented in Appendix F.

**Outcome: 1**

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| Demonstrates mastery of skills for individual and group settings at an accomplished level, including the ability to articulate the theoretical foundations upon which these models are built. |

Measure: 1.1

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| --- |
| CO705 INTERNSHIP I Supervisor Evaluation of Internship Student Final Review. The cumulative mean score on the section “Professional Delivery of Therapeutic Services” will fall no lower than 3.00 on scale of 1-5 for Final-Review Evaluations for MA Mental Health students. |

Measure: 1.2

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| --- |
| CO706 INTERNSHIP II Supervisor Evaluation of Internship Student Final Review. The cumulative mean score on the section “Professional Delivery of Therapeutic Services” will fall no lower than 3.00 on scale of 1-5 for Final Review Evaluations for MA Mental Health students. |

**Results:**

**Measure 1.1 & 1.2**

|  |  |  |  |
| --- | --- | --- | --- |
| Measure 1.1; 1.2 | | | |
| Overall Average = | 4.27 | Overall % = | 100% |
| MA MENTAL HEALTH Average = | 4.40 | MA MENTAL HEALTH % = | 100% |
| 705 Average = | 4.03 | MAMF % = | 100% |
| 706 Average = | 4.38 | MAPC % = | 100% |
| Wilmore Average = | 4.28 | Wilmore % = | 100% |
| Orlando Average = | 4.25 | Orlando % = | 100% |

**2013 MA Mental Health Alumni Learning Outcome Evaluation (N=25, n=5) (Appendix G)**

Data from items related to PLO 1 on the MA Mental Health Alumni Learning Outcome Evaluation indicates that graduates affirm that their counseling degree prepared them with counseling skills for individual and group settings, and prepared them to articulate the appropriate theoretical foundations. Using a 4 point scale, alumni responded strongly agree or agree on survey results for the following items: 1 (X=3.20, SD=.45), 2 (X=3.40, SD=.55), 3 (X=3.20, SD=.45), 4 (X=3.20, SD=.45), 12 (X=3.20, SD=.45), 13 (X=3.60, SD=.55), 14 (3.60, SD=.55), 15 (X=3.20, SD=.45), 16 (X=3.40. SD=.55) and 17 (X=3.00, SD=.71)

**Data from the 2013 Counseling and Pastoral Care Stakeholders Survey (Appendix I):**

Data from items related to PLO 1 on the CPC Stakeholders survey indicates that MA Mental Health supervisees/employees are functioning as professional counselors at the mastery level as indicated by no item on the 18 item survey attained a mean score below 3.05 on a 4.00 scale (Mean range: 3.50 (Item 6, setting professional goals) – 3.05 (Item 15, understands research methods and program evaluation).

**Analysis**: Program Learning goal is met.

Students exceeded the criteria on PLO Measure 1.1 and 1.2. Moreover, data indicate an increase in ratings from CO705 INTERNSHIP I to CO706 INTERNSHIP II. Alumni and Stakeholder survey results support this conclusion.

**Recommendations**: It is possible that site supervisor ratings in CO705 INTERNSHIP I Internship I reflect “rating inflation,” even though the rubric indicates that a rating of 5 reflects performance equivalent to someone in their first two years of post-graduation practice.

**Actions:**

Directors of Training will underscore the meanings of rubric values in their discussions with site supervisors as the site supervisors are oriented to their responsibilities in CO705 INTERNSHIP I Internship I and CO706 INTERNSHIP II Internship II. If departmental faculty are successful, the ratings for CO705 INTERNSHIP I will decrease.

Outcome: 2

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| --- |
| Practices professional behavior that maintains appropriate boundaries, conforms to ethical standards, and reflects respect and sensitivity for persons from diverse backgrounds. |

Measure: 2.1

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| --- |
| CO610 Ethics Exam Scores. A cumulative mean score no lower than 80.00 on content examination for all MA Mental Health students in CO610 Ethical and Legal Issues in Counseling. |

Measure: 2.2

Passing Gate 2 as determined by faculty evaluators.

Measure 2.3

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| CO705 INTERNSHIP I Internship I: Supervisor Evaluation of Internship Student The cumulative mean score on the section “Professional and Ethical Conduct” will fall no lower than 3.00 on scale of 1-5 for Final Review Evaluations. |

Measure: 2.4

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| CO706 INTERNSHIP II Internship 2: Supervisor Evaluation of Internship Student The cumulative mean score on the section “Professional and Ethical Conduct” will fall no lower than 3.00 on scale of 1-5 for Final Review Evaluations. |

**Results**:

**Measure 2.1**

CO610 Ethical and Legal Issues in Counseling, Orlando – Course aggregate mean score of 79%; MA MENTAL HEALTH mean = 83.3 (n=10)

CO610 Ethical and Legal Issues in Counseling, Wilmore – Professor did not use the on-line platform to record grades and no longer had access to these data by the time that these data were collected.

**Measure 2.2**

Fourteen MA MENTAL HEALTH students (Wilmore, n=4; Orlando, n=10) participated in Gate 2 interviews in 2012-2013. In Wilmore 2 students were restrained from registering for practicum/internship, and were required to create professional growth plans in collaboration with Counseling and Pastoral Care faculty. In Orlando no students were restrained from registering for practicum/internship.

**Measure 2.3 & 2.4**

|  |  |  |  |
| --- | --- | --- | --- |
| Measure 2.3; 2.4 | | | |
| Overall Average = | 4.42 | Overall % = | 100% |
| **MA MENTAL HEALTH Average =** | **4.54** | **MA MENTAL HEALTH % =** | **100%** |
| MAMF Average = | 4.22 | MAMF % = | 100% |
| MAPC Average = | 4.75 | MAPC % = | 100% |
| Wilmore Average = | 4.40 | Wilmore % = | 100% |
| Orlando Average = | 4.50 | Orlando % = | 100% |

**2013 MA MENTAL HEALTH Alumni Learning Outcome Evaluation (N=25, n=5) (Appendix G):**

Data from items related to PLO 2 on the MA Mental Health Alumni Learning Outcome Evaluation indicates that graduates affirm that their counseling degree prepared them to practice in ethically appropriate ways. Using a 4 point scale, alumni responded strongly agree or agree on survey results for the following items 5 (X=3.40, SD=.55), 6 (X=3.20, SD=.84), 7 (X=3.40, SD=.55), 10 (X=3.00, SD=.71), 18 (X=3.60, SD=.55), 20 (X=3.40, SD=.89).

**Analysis**: Program Learning Goal is met.

Gate 2 provides a useful opportunity to evaluate student professional development and to provide remediation as needed. Of the 2 Kentucky students who were required to complete a Professional Growth Plan, 2 did so successfully and were released to register for their first field placement experience. Measures 2.3 and 2.4 indicate that the program is meeting these criteria. Alumni data support the conclusion that the MA Mental Health Program is meeting this Program Learning Goal.

**Recommendations**: Better data collecting communication must occur between department and adjunct faculty teaching CO610 (Measure 2.1).

**Actions**:

Department chair will contact adjunct faculty member who teaches CO610 to insure that this person uses the common CO610 syllabus, is using the common exam items, and will report student scores to the department.

Outcome: 3

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| Practices theological/theoretical integration, which is demonstrated in a maturing biblically grounded theological understanding of God and persons along with an informed theoretical perspective of the counseling role. |

Measure: 3.1

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| --- |
| 80% of successful applicants will achieve an evaluator rating no lower than 2.0 on a 4.00 scale on an item that evaluates the Admission Essay on Integration: “Counselors of faith have at least two sources of information that they can draw upon to counsel others. Imagine a continuum where #1 represents the position of “using Bible only” and #5 represents the position of “using psychological studies only”. Where would you currently place yourself on this continuum? Why?” |

Measure: 3.2

|  |
| --- |
| Using common Theological Integration Rubric on the CO601 Counseling Theories and Techniques -Theological Integration Paper, students will achieve an aggregate mean score no lower than a 2 on a 4.00 point scale. |

Measure: 3.3

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| --- |
| Using the common Theological Integration Rubric on the Theological Integration Assignment Paper for Gate 3, students will achieve an aggregate mean score of no lower than 3.00 on a 4.00 scale. |

**Results:**

**Measure 3.1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Has articulated a clearly stated theoretical position for the practice of counseling. | | | | | | | | | | | | |
|  | **SP13** | #1 | #2 | #3 | **SU 13** | #7 | #8 | #9 | #10 | #11 | Mean | SD |
| **Rater #1** |  | 2 | 4 | 3 |  | 3.5 | 4 | 2 | 3.5 | 4 | 3.25 | 0.85 |
| **Rater #2** |  | 4 | 4 |  |  | NA | NA | NA | NA | NA | 4.00 | 0.00 |

**Measure 3.2**

**Orlando**: X= 3.94 (n=18).

**Wilmore:**  X= 3.93 (n=15).

**Measure 3.3**

Miscommunication at the close of the semester resulted in incomplete data collected on the Gate 3 integration paper.

**Data from 2013 MA MENTAL HEALTH Alumni Learning Outcome Evaluation (N=25, n=5) (Appendix G)**

Data from items related to PLO 3 on the MA MENTAL HEALTH Alumni Learning Outcome Evaluation indicates that graduates affirm that their MA MENTAL HEALTH prepared them to practice integration. Using a 4 point scale, alumni responded strongly agree or agree on survey results for the following item: 8 (X= 3.60, SD=.55).

**Analysis**: From the data provided, the faculty are meeting this PLO.

**Recommendations**: Improve data gathering at Gate 3.

**Actions**: The departmental faculty have clarified how many and which readers are required for the Gate 3 integration paper. So that the rating of the two Gate 3 interviewers will be used to evaluate Measure 3.3. This will be implemented in Fall 2013.

Outcome: 4

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| --- |
| Identifies self as a professional counselor |

Measure: 4.1

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| --- |
| An aggregate mean score no lower than 3.00 on a 4 point scale will be achieved on a Professional Identity paper in CO624 Community Counseling. |

Measure: 4.2

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| --- |
| An aggregate mean score no lower than 3.00 on 4.00 scale will be achieved on Gate 2 Interview Rubric on item dealing with professional identity: The student understands what it means to be a professional counselor. |

Measure: 4.3

|  |
| --- |
| An aggregate Mean score no lower than 3.00 on a 4.00 scale will be achieved on Gate 3 Interview Rubric item on item dealing with professional identity.   * Essay for Gate 3: Professional Identity: Develop a **600-word** essay that discusses the degree to which you have embraced a professional identity as a licensed professional counselor (if you are in the MA Mental Health), a licensed marriage and family therapists (if you are in the MA Marriage & Family Counseling), or a pastoral counselor (if you are in the MA Pastoral Counseling). Begin by using a 1 to 5 scale to rate the degree to which you have embraced a professional identity with 1 being “I do not hold this professional identity at all” and 5 being “I fully embrace this professional identity.” In what ways have you gained clarity since Gate 2 about what this professional identity means to you today? Use of references is strongly encouraged. * Essay assessment item: The student understands what it means to be a professional counselor. |

**Results**:

**Measure 4.1:**

CO624 Community Counseling, Fall 2013 Wilmore – Mean aggregate score of 48.09/56 = above 3.00 when translated into a 4 point scale.

CO624 Community Counseling, Spring 2014 Orlando – Assignment will be implemented the next time the course is taught in Spring 2015.

**Measure 4.2**

Fall & Spring Gate 2- Mean = 2.75 (n=4) on a 1-4 scale.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Rater** | **FA12** | **G2** | #1 | #2 | #3 | **SP 13** | **G2** | #4 | **Mean** | SD |
| #8 | The student understands what it means to be a professional counselor/mft/pastoral counselor |  |  | **3** | **2** | **3** |  |  | **3** | **2.75** | 0.50 |

**Measure 4.3**

Fall & Spring Gate 3 – Mean = 3.8 (n=12) on a 1-4 scale.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The student understands what it means to be a professional counselor/mft/pastoral counselor | | | | | |
| #8 | Fall 2012 | 4 | 4 | **4** | **3** |
|  | Spring 2013 | 4 | 3 | **3** | **3** | **2** | **3** | **2** |

**Mean = 3.18, SD = .75**

**Data from post-gate 2 & 3 review of portfolios (Appendix H):**

The following data were collected on the KY campus based on a review of Gate 2 & 3 Spring/Summer 2013 portfolio material. Data is aggregate for all gating students in MA Mental Health, MA Marriage & Family, & MA Pastoral Counseling. Thirty-one (31) students prepared portfolios; the data below represent an assessment of 67.7% (n=21) of the portfolios.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Professional Identity | Gate 2  n=7 | | Gate 3  n=14 | |
|  | Y | N | Y | N |
| Theory consistent with degree | 1 | 3 | 6 | 1 |
| Member of professional organization | 2 | 5 | 5 | 8 |
| Attended professional conference | 2 | 5 | 3 | 10 |
| Intends licensure | 6 | 1 | 13 | 1 |

**Data from the 2013 Alumni Learning Outcome Evaluation (N=25; n=5) (Appendix G)**

Data from items related to PLO 4 on the MA Mental Health Alumni Learning Outcome Evaluation indicates that graduates 60% (n=3) were of respondents were pursuing a professional counseling license; 20% (n=1) indicated they were pursuing a license that was neither Licensed Professional Counselor nor Licensed Mental Health Counselor; 20% (n=1) were not seeing licensure. No respondent had joined a professional counseling organization.

Using a 4 point scale, alumni responded strongly agree or agree on survey results for the following items related to professional identity: 9 (X=3.60, SD=.55), 19 (X= 3.60, SD=.55).

**Analysis**: Data reflect that students are growing in their professional development over the course of their program. Students are Beginning to form an identity as a professional counselor upon Admission to the program (Gate 1). They are developing this identity at Gate 2, and should reflected an Accomplished level of identity development at Gate 3. Alumni data would reflect professional identity at an “exemplary” level. Our alumni data is trending with national data, that is, that counselors are maintaining licensure, but may not necessarily continue membership in a professional organization.

**Recommendations**:

We have set the criteria for Measure 2.2 too high. Lower this to the “developing” level, that is a mean score no lower than 2.00 on a 4.00 scale.

**Actions**:

We decided to include discussion of the value of student membership in professional organizations during CO601 Counseling Theories and Techniques.

Regarding the data collected from the post-gate 2 & 3 review of portfolios, “Attending professional conference” will be expanding to include attending licensure board meetings, attending state counseling association chapter or conference, and attending any CEU event during their program.

**From PLOs to Program Improvement**

Faculty determined to make the following additions to improve our data:

1. Separate administration of Stakeholder Survey results by degree plan to facilitate specific degree plan analysis.
   1. Add the following categories to #27: Social Worker License, Kentucky Certified Fee Based Pastoral Counselor, Certified Supervisor of Clinical Pastoral Education
2. Administer modified questions from the Alumni Survey to each year’s Graduating Class begin in Fall 2013 to capture graduating student perceptions.
3. Separate Professional Identity analysis from portfolios by degree plans & by campus
4. Reviewing Integration Paper at Gate 3: the portfolio reviewer and 1 “blind” reviewer will suffice. The Common Theological Integration Rubric will be included in the Gate 3 material for faculty.

Faculty also decided to include discussions about the benefit of professional membership in CO601 Counseling Theories and Techniques, which is the first course that students should take in the MA MENTAL HEALTH degree.

The “gold standard” for this degree is the successful attainment of either the Licensed Professional Counselor (LPC) in Kentucky or the Licensed Mental Health Counselor (LMHC) in Florida. This indicates that graduates have embraced a professional counselor identity as measured by (1) their employment in the counseling field, (2) by their successful attainment of the initial licensure status as a licensed professional counselor associate [LPCA, KY] or a licensed mental health counselor intern [LMHC-I, FL], and (3) successfully passing a state licensure board examination. This process can take up to three years or longer following graduation. The Counseling and Pastoral Care department’s data collection regarding the proportion of MA Mental Health graduates who have attained a counseling license is in its infancy. Data collecting approaches were piloted in 2012-2013. This includes counting the number of graduating seniors who intend to pursue a counseling license (KY campus only in Spring 2013) (Appendix J) and the alumni report of those who have been awarded a counseling license (Appendix G).

Membership in a professional counseling organization is a second variable as an indicator of a professional counselor identity. Given the substantial debt (see Graduating Student Survey, Appendix J) carried by the 2013 graduating class and the known starting salaries for early professionals, it is not surprising that the Alumni Survey indicated that none of the respondents had joined a professional counseling organization.

Regarding the Alumni survey, the last Alumni survey was conducted in 2006. The questions in the current Alumni survey did not overlap with the 2006 alumni survey because the 2013 Survey items were built around MA Mental Health Degree Plan PLOs. The MA Mental Health alumni survey included graduates from 2010-2012 (N=25). Graduates in the MA in Counseling were not surveyed. The exclusion of MAC graduates was an oversight.

The MA Mental Health Alumni survey was administered through tk20. While the results from the Alumni Survey overall support the effectiveness of the MA Mental Health degree, these data should be interpreted with extreme caution because of the small sample size (N=25) and the low response rate (n=5, 20%). Nevertheless, data are reported. The Counseling and Pastoral Care faculty found the items in the Alumni Survey *were useful for evaluating the MA Mental Health.* The Alumni survey will be administered yearly for graduates 2-years, 5-years, and 10-years post-graduation. This conforms to the Seminary’s alumni survey process.

Regarding the Stakeholders Survey, this survey included clinical supervisors and employers for the MA Mental Health, MA Marriage and Family, and the MA Pastoral Counseling. This is the first administration of this Survey. We had contact data on site supervisors, and limited contact data from employers. To increase the response rate, all site supervisors and employers are included in the data. Program faculty concluded that the survey is useful. The next administration of this survey is Spring 2014. Surveys will be separated by degree programs to facilitate degree program assessment.

**Anticipated Use of Results:**

Improving data gathering methodology and developing user-friendly data reporting spreadsheets is the focus of our use of results. No major adjustments in teaching content is required at this time.

**Dissemination of Results:**

Results were discussed at the September 2013 Department Meeting.

This report is posted on the Counseling Department web page, which is available to the public through the Seminary’s web page.

**Appendix A**

**Department of Counseling and Pastoral Care Gating System Policy**

**Approvals**

CPC 11/19/09; edited to reflect degree plan changes 03.22.10; School of Practical Theology 05.03.10; Academic Council 08.17.10; Plenary Faculty 08.27.10

**Goal 1**: The first goal of this gating process is to assess student readiness for participation in supervised practicum experiences as part of the counseling degree programs (MA: MHC; MA: MFC; MA: PC) at Asbury Theological Seminary.

**Goal 2**: The second goal of this gating process is to engage students who show evidence of professionally harmful or deficient behavior in the course of their time as a student at Asbury Theological Seminary.

The aim of **gatekeeping** in the professional and pastoral counseling degree programs is primarily to screen potential counselors throughout the formal educational process in order to facilitate their learning and, as needed, to “remediate, or dismiss students who are not well-suited to the demands of the helping professions” (Palmer, White, & Chung, 2008, p. 30). Gatekeeping can function as an intervention mechanism to limit behaviors that could threaten the welfare of clients by helping redirect students in their development of professional skills or redirect them toward other professions. The gatekeeping responsibility is mandated for all professional counselors in the ethical standards of the American Counseling Association (ACA), 2005, Section F.5. Also, counselor educators bear an additional responsibility as specified in the 2009 *Standards* of the Council for Accreditation of Counseling and Related Educational Programs (CACREP). These standards require “a systematic developmental assessment of each student’s progress throughout the program, including consideration of the student’s academic performance, professional development, and personal development…. if evaluations indicate that a student is not appropriate for the program, faculty members help facilitate the student’s transition out of the program, and, if possible, into a more appropriate area of study (CACREP, 2009, Section I, Standard P.).

Potential signs of student impairment may be “reflected in one or more of the following ways:

(a) inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior,

(b) an inability to acquire professional skills in order to reach an acceptable level of competency,

(c) an inability to control personal stress, psychological dysfunction, or excessive emotional reactions that interfere with the professional’s functioning” (Lamb, Presser, Pfost, Baum, Jackson, & Jarvis, 1987, p. 598).

Assessment occurs at three “gates.” The admissions process serves as the first gate. Admission decision recommendations include consideration of the following:

(a) Each applicant’s potential in forming effective and culturally relevant interpersonal relationships in individual and small-group contexts;

(b) Each applicant’s aptitude and readiness (e.g., academic, emotional, etc.) for graduate-level study in counseling; and

(c) Each applicant’s career goals and their relevance to the program.[[1]](#footnote-1)

A second gate assessment occurs prior to a student’s enrollment in practicum.[[2]](#footnote-2) Approval at this gate serves as faculty endorsement of a student’s readiness for practicum. A third gate assessment occurs at the end of the student’s degree work (during the final semester or equivalent) and functions as an exit interview. Because these gates include an evaluative function, they are separate from the “guidee” meetings associated with the Christian Formation Program at Asbury Theological Seminary.

The second and third gate processes assess **six general areas**. They are boundary maintenance, respect for persons of diverse opinions, theological/theoretical integration, use of self, clinical skills, and spiritual formation.

1. *Appropriate boundary maintenance* refers to a quality of relating in which there is healthy self-disclosure and respect for others, as well as the abilities to participate in a group and pick up on interpersonal cues.
2. *Humble respect for persons of diverse opinions* is demonstrated in the ability to dialogue effectively and respectfully. This area involves the abilities to understand diverse opinions and seek out alternative interpretations.
3. *Growing theological/theoretical integration* is demonstrated in a maturing biblically grounded theological understanding of God and persons, along with an informed theoretical perspective of the counseling role.
4. *Appropriate use of self* refers to a growing self-awareness based in an understanding of personal strengths and limitations. This area also suggests an understanding of the impact of life experiences and personal development on the counseling role.
5. *Adequate* c*linical skills* involve the capacity to manage personal anxiety, establish and maintain rapport, reflect feelings and content, ask honest open-ended questions, and differentiate self from others.
6. *Maturing spiritual formation* refers to growth in the six core areas of the Christian Formation Program at Asbury Theological Seminary.

The Counseling and Pastoral Care Department (CPC) shall assess students by **four methods** at each gate. Students will present their own *self-assessment portfolio* that includes a self-evaluation, relevant papers/formation projects, and a professional development plan. Students are responsible for the development, maintenance, and presentation of their portfolio. Two confidential *peer evaluations* will be completed by peers chosen by CPC faculty. A *departmental recommendation* will be produced based on formal and informal interactions with students as well as the self-assessment portfolio and peer evaluations. A copy of a practicum supervisor’s evaluation will be added to the third gate. Finally, the *gate interview* itself will be a point of communication and a final assessment opportunity where recommendations will be made and plans affirmed. The ability of students to relate constructively in this academic and professional review will be taken into consideration. Members of the faculty of the Department of Counseling and Pastoral Care conduct the gating interviews.[[3]](#footnote-3)

The materials used in the assessment process are accessible only to the CPC faculty. Any information from the assessment process relevant to a student’s performance as a practicum counselor may also be shared with practicum site supervisors or administrators. All materials will be maintained in a secure location on campus. An office assistant shall be responsible for maintaining the filing policies and procedures for the assessment materials. Students are advised to retain copies of all materials they submit.

The CPC faculty at Asbury Theological Seminary reserves the right not to endorse a student for a practicum experience, based on observation, interactions, and evaluation. Satisfactory completion of necessary course work does not qualify a student for a supervised practicum experience. The endorsement of the department is the authorization to register for a practicum class.

In the event that a student disagrees with the decision of the faculty of the CPC department, the student can appeal the decision using the Course Complaints (Part 4. Section 5) process as specified in the *Faculty Handbook*. The dean to whom the student would file an appeal is the dean of the school in which the MA degree is housed, which in this case is the Dean of the School of Practical Theology. Should this course of action be chosen by a student, information from the assessment materials may be used to support the departmental recommendation.

Occasionally, on the basis of information gained from participation in the gating system, the CPC department will require that students postpone the beginning of practicums or discontinue classes for the purpose of self-care and remediation. These decisions are made by the department as a whole, but one faculty member will usually be assigned as a representative for communication with the student in question.

Students will be asked to submit a developmental plan in response to the concerns. The plan must accurately describe the issues of concern; outline specific strategies for addressing those concerns; describe expected outcomes by which the student and the department may measure growth; and establish a timeline for implementation. Failure to create a developmental plan or participate in its timely implementation will almost certainly result in inability to register for future classes, including practicum.

If students are suspected of “impairment,”[[4]](#footnote-4) as defined above, this same assessment process shall commence. Even though a regularly scheduled “gate” may not be imminent, this process can be used to consider the situation.

**References**

Bethel Seminary Marriage and Family Therapy. (2007). Marriage and Family Therapy Manual.

Minneapolis: author

Lamb, D. H., Presser, N. R., Pfost, K. S., Baum, M. C., Jackson, V. R.,& Jarvis, P. A. (1987).

Confronting professional impairment during internship: Identification, due process, and remediation. *Professional Psychology: Research and Practice, 8*, 597-603.

Palmer, R. B., White, G., & Chung, W. (2008). Deficient trainees: Gatekeeping in Christian

practitioner programs. *Journal of Psychology and Christianity, 27 (1)*, 30-40.

**Appendix B**

Gate 1:

October 2, 2012 \*\* Updated October 30, 2012 [see 10.29.12 CPC minutes]

*CACREP I.K Admission decision recommendations are made by the academic unit’s selection committee and include consideration of the following:*

1. *Each applicant’s potential success in forming effective and culturally relevant interpersonal relationships in individual and small group contexts,*
2. *Each applicant’s aptitude for graduate-level study,*
3. *Each applicant’s career goals and their relevance to the program*

**Introduction**

The admission process provides the context for the first Gate for all degree programs in the Department of Counseling and Pastoral Care. The purpose of Gate 1 is to accept applicants into the CPC degree programs who are academically and personally appropriate for employment as LPCs, LMFTs, or pastoral counselors.[[5]](#footnote-5) Gate 1 includes an applicant submitting particular materials and participating in a group interview day.[[6]](#footnote-6) The following paragraphs describe the flow of Gate 1.

**Step 1: Pre-Gate 1 Group Interview Admission Documents**

**Responsible: Admissions**

* ATS application is completed by applicant.
* GPA check – *continuing with current policy that provides a way for applicant to establish a 3.00 GPA prior to application to any counseling degree program* [CACREP I.K.2]
* Background check – *background check vendor conducts a thorough and in-depth review* ($45.00)
* Submission of 3 references using reference form specific to CPC, which aligns with CPC Program Learning Goals.
  + One reference from professional who has worked in counseling/mental health arena is preferred
  + One reference from academic setting
  + One reference from pastor
  + Omit close personal friends and family members as referees.
* ***Applicant is then cleared to apply for a counseling degree and the administration shifts from Admissions to the Counseling Department***

**Step 2: Pre-Gate 1 Group Interview Application Packet Required by Counseling Department**

**Responsible: Department of Counseling and Pastoral Care**

***Packet includes:***

* ***Counseling degree admission essay instructions***

*Counseling Degree Admission Essay.* CPC Applicant Essay with 300 word limit per question (CPC will develop rating scale for faculty use)[[7]](#footnote-7)

* Counselors of faith have at least two sources of information that they can draw upon to counsel others. Imagine a continuum where #1 represents the position of “using Bible only” and #5 represents the position of “using psychological studies only”. Where would you currently place yourself on this continuum? Why?[PLO#3]
* Describe how relating to persons who are different from you [race, gender, age, economic, sexual orientation] has impacted you. [PLO#2; CACREP I.K.1]
* Discuss your career goals and how this degree helps you to move toward them [PLO#4; CACREP I.K.3]
* ***Assessment instruments [LEMI, FIRO-B, MMPI]***

CPC Administrative Assistant compiles applicant folders. Completed folders are distributed among CPC Program faculty, who use a rubric to review each folder prior to the interview day. Program faculty meet prior to the interview day to discuss applicants and to finalize details for the interview day.

***Step 3 Gate 1 Group Interview Day***

Gate 1 process Reviewed and affirmed at Feb 1, 2012 CPC Dept. mtg.

Essay addition to admission requirements approved by SPT at Sept. 17, 2012 mtg.

Essay addition to admission requirements approved by CC at Sept. 17, 2012 mtg.

Gate 1 reviewed, evaluated, and modified by CPC at its 10.29.12 mtg.

***Gate 1 Day:***

1. Warm welcome to applicants to MA degree programs
   1. All applicants, faculty, and staff should have name tags with print large enough to read first name from a distance
2. Introduce faculty and staff who are present
3. Location of rest rooms & any hospitality beverages/food if provided
4. Review of schedule of the day
   1. Group interaction around questions -- two 60min rounds w 15 min break
   2. Q & A with faculty about degrees [large group]
   3. Q & A with students. Students wrap up and accompany applicants to lunch.
5. Explain Group interaction process
   1. Applicants will self-organize into discussion group(s)
   2. Each group will be assigned to a room and the group will work in that room for the entire Group discussion period.
   3. Faculty will rotate between groups **at the break.**
   4. Group interaction time will be divided into 15 minute segments. Your group will have 15 minutes to discuss the different questions that will be given to you throughout the morning. [**Note: if the group discussion is profitable, observers can make a decision to let the discussion proceed. If discussion has “died”, observers can ask the next question].**
   5. Faculty are observers. They will give no additional direction to the group beyond the question for that time period. They will not participate in the group interaction. It is up to the group to be sure that all have an opportunity to participate.
   6. The first round of questions is from 9:00-10:00. Break at 10:00. Second round of questions from about 10:15-11:15.

**Gate 1 Group Discussion Questions**

1. Why did you choose to apply to one of Asbury Seminary’s counseling programs?
2. Counselors of faith have at least two sources of information that they can draw upon to counsel others. Imagine that #1 represents the position of “Bible only” and #5 represents the position of “psychological studies only”. Where would you place yourself on that continuum? Why?
3. What issues of diversity are you most uncomfortable with? How does your discomfort show up in your thoughts, feelings, and behaviors?
4. Discuss the kind of person that would make you the most uncomfortable if that person were assigned to you as a client? Why? What would that other person experience that would clue him/her into your distress?
5. Describe the characteristics that you possess that you believe are consistent with being a good counselor. How do you see these characteristics functioning in a counseling session?
6. Describe and discuss aspects of yourself that may prove to be hindrances to your capacity to counsel another person. How might these characteristics show up when you are counseling another person?
7. Some people run away from the problems of others. Other people never met a problem that they didn’t feel obligated to fix. Pretend that there is a continuum in the room that runs from 1 to 5, and imagine where you would fall on that continuum if #1 was “running away” from others’ problems and #5 was feeling responsible to attend to every problem that someone you know is having. Why did your place yourself there.
8. How do you react when your interpersonal relationships are in conflict or filled with tension?

Group Interaction Protocol

1. Remind the group of these basic directions:
   1. You will be given a question to discuss. There are no “right and wrong” answers to these questions.
   2. You will have approximately 15 minutes to discuss each question. We will tell you when the 15 minutes are up.
   3. The faculty will not participate in your discussion. They are observers only.
   4. At 10:00 we will take a 15 minute break.
   5. This group discussion portion of the morning ends at 11:15am
2. Faculty act as time keepers for the 15 minute rounds. So in your observation teams be sure that you know who is watching the clock ☺.
3. Suggested things to watch for: who takes the lead; who speaks first; who facilitates the discussion; quality of responses; ease of interaction with other participants; does anyone dominate? And etc.
4. The first hour of the group discussion focuses on your beliefs about the counseling process.
5. THEN after break: The second round of group discussion presents questions that are about the Person of the counselor, that is, the focus is not on the client, but on you, the counselor.

|  |
| --- |
| **New Admissions Recommendation Form for all CPC MA Degrees** |
| Use likert scale for all items with space for comment. |
| Demonstrates a level of self-disclosure appropriate to the setting. |
| Demonstrates a respect for others' boundaries. |
| Demonstrates ability to accurately interpret others' interpersonal cues. |
| View of others is free from cultural, gender, or racial stereotypes. |
| Is able to engage others' respectfully when disagreements arise. |
| Seeks out the perspectives of those who may hold different views than his/her view. |
| Believes that psychology is a valuable component of effective counseling for Christians. |
| Believes that the Bible is the only resource required for effective counseling. |
| Shows an interest in how theological resources can inform counseling practice. |
| Can identify his/her strengths. |
| Can identify areas for growth. |
| Possesses appropriate self-worth. |
| Can see how his/her life experiences influences his/her ministry. |
| Does not take over another when tension arises in their relationship. |
| Easily gives up their perspective when tension arises in their relationship. |
| Withdraws from another when conflict or tension arises in their relationship. |
| Manages his/her anxiety that might otherwise interfere with relationships or job performance. |
| Participates in Christian practices that deepen his/her spiritual life. |
| Others would identify this person as one who is maturing in his/her faith. |
| Regularly participates in a faith community. |

Approved by CPC at the 2/1/12 dept meeting

Emailed to Carolyn Clayton, Matthew and Eric 2/22/12

**Composite Rubric for rating applicants: Admissions Portfolio and Quality of Group Interaction**

**1=Beginning or None of the time**

**2=Developing or Some of the time**

**3= Accomplished or Most of the time**

**4=Exemplary or All of the time**

**Sample**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Documentation** | **Application Criteria** | **1** | **2** | **3** | **4** |
| GPA | GPA |  |  |  |  |
| References | Supportiveness of references for admission |  |  |  |  |
| Admission Essay  Norm group: Compared to “ideal applicant” | Understanding of integration is compatible with department’s |  |  |  |  |
| Openness to working with culturally different people |  |  |  |  |
| Goodness of fit with career goals of degree of choice |  |  |  |  |
| Overall quality of pre-admission essay |  |  |  |  |
| Life Experience Memory Inventory | Absence of red flags in narrative |  |  |  |  |
| MMPI | Absence of red flags in profile |  |  |  |  |
| Firo-B | Absence of red flags in profile |  |  |  |  |
| Group Interview--  Quality of interactions in terms of: | Appropriate Boundary Maintenance |  |  |  |  |
| Respect for Diversity |  |  |  |  |
| Position on Integration |  |  |  |  |
| Management of anxiety |  |  |  |  |
| Degree of engagement |  |  |  |  |
| Contributes to group process |  |  |  |  |
| Absence of problematic interactions with others |  |  |  |  |
|  |  |  |  |  |  |

Appendix C

Gate 2

**Gate 2 Self-Assessment Portfolio Instructions**

**Updated 04/10/13**

***Introduction***

In order to insure that students in Asbury Seminary’s counseling degree programs (MA:MHC, MA:MFC, MA:PC) are ready for their practicum experience, each student will prepare a Self-Assessment Portfolio. This portfolio is developed and maintained by the student. It is presented to the Counseling and Pastoral Care faculty prior to the student’s Second Gate meeting. Students schedule their Second Gate during the semester before the student begins CO705 or PC655 or PC660.Students must pass the Second Gate successfully before they can enroll in practicum.

*Purpose of the Second Gate*

Goal 1: The first goal of this gating process is to assess student readiness for participation in supervised practicum experiences as part of the counseling degree programs (MA:MHC, MA:MFC, MA:PC) at Asbury Theological Seminary.

Goal 2: The second goal of this gating process is to engage students who show evidence of professionally harmful or deficient behavior in the course of their time as a student at Asbury Theological Seminary.

The materials that follow will help you to develop your Self-Assessment Portfolio. Keep in mind that this Portfolio is your documentation to the faculty of your professional readiness for practicum so you want it to be an accurate reflection of your competence and professionalism.

***Steps to prepare your Self-Assessment Portfolio***

Students will present their own *self-assessment portfolio* which includes a written self-evaluation narrative, completion of the self-evaluation assessment, sample papers/ formation projects from classes that the students deems relevant to the portfolio, and a draft of a professional development plan. Students are responsible for the development, maintenance, and presentation of their portfolio.

1. Read the gating policy and understand the purpose and the function of the second gate.
2. Develop a “Curriculum Vitae.” See instructions. Imagine that you are presenting this to a potential practicum site supervisor as you prepare your document.
3. Prepare your self-evaluation narrative. This essay addresses the six target areas of the second gate (boundary maintenance, respect for diverse opinions theoretical/theological integration, appropriate use of self, clinical skills, and spiritual formation).
4. Complete the likert scale assessment of each area.
5. Preparation of three essays.
   1. Essay 1 - Integration: Review the integration paper that you prepared for CO601 or CO600. If you applied to one of the counseling degree programs in Fall 2012 or after that semester, you may update your Integration essay from your application material. Develop a **900 word** [about 3 pages] essay that discusses how your understanding of the integration of theology and counseling has evolved, grown, and/or changed since you began your counseling program. This paper should include a clear statement of the current theoretical position from which you intent to counsel. Use of citations and scholarly references is strongly encouraged.
   2. Essay 2 – Diversity: Develop a **600-word** essay that discusses how your interaction with persons who are different from you has impacted who you are today. Compare who you are today with who you were at the time you entered your counseling program in terms of how persons who are different from you [e.g., ethnicity, culture, economics, gender, sexual orientation, etc.] have impacted your personal growth and professional development. Use of references is strongly encouraged.
   3. Essay 3 – Professional Identity: Develop a **600-word** essay that discusses to degree to which you embrace a professional identity as a licensed professional counselor (if you are in the MAMH), a licensed marriage and family therapists (if you are in the MAMF), or a pastoral counselor (if you are in the MAPC). Begin by using a 1 to 5 scale to rate the degree to which you have embraced a professional identity with 1 being “I do not hold to his professional identity at all” and 5 being “I fully embrace this professional identity.” In what ways have you gained clarity over the course of your degree program about what this professional identity means to you today? Use of references is strongly encouraged.
6. Update your Rule of Life that you prepared in CO601 or CO600 or IS501/CD501. Do not submit your original paper. Reflect upon your experiences with your original plan, and then discuss the changes that you need to make to integrate practices that presently support you in your spiritual growth? [600-900 words]
7. Prepare your Professional Development Plan using the format provided in these instructions.
8. Email the Administrative Assistant to the Counseling and Pastoral Care Department with 2 names of peers who could fill out the Peer Evaluation on your behalf.
9. Include a copy of your current degree plan (this can be printed off of OneATS under Registrar/degree plans). Fill this out with the classes you have already taken.
10. Compile your portfolio by organizing the above documents in a three-ring binder and turn it in to the Administrative Assistant two weeks before the scheduled interview.

**Self Evaluation Narrative**

Six counselor developmental areas are listed below. In response to each of the developmental areas, discuss the degree to which you are wrestling with this component of counselor development. Provide evidence of your growth in each area by citing specific experiences that you have had in counseling classes or in your life that relate to each area. As appropriate describe areas of vulnerability/weakness with which you struggle within each of the areas. Your professional development plan should reflect your strategy for enhancing your strengths and for remediating the vulnerabilities you have identified.

Remember this is not a theoretical discussion of an area; that is, it is not a theoretical discussion of dual relationships [boundary maintenance]. Instead talk about yourself and how well you do with each specific target area [where you maintain appropriate professional boundaries and where you struggle with maintaining appropriate boundaries].

Your response to each area should be approximately 300-400 words in length.

Boundary Maintenance

*Appropriate boundary maintenance* refers to a quality of relating in which there is healthy self-disclosure and respect for others, as well as the abilities to participate in a group and pick up on interpersonal cues.

Humble respect for persons of diverse opinions

*Humble respect for persons of diverse opinions* is demonstrated in the ability to dialogue effectively and respectfully. This area involves the abilities to understand diverse opinions and seek out alternative interpretations. This is related to the Diversity essay. The difference is that this question asks you to reflect upon the development of your skills and your comfort level in engaging clients who are different from you [race, culture, socio-economics, sexual orientation, etc.] in a counseling context. Do you believe that you are able to work with all clients who come to you for counseling? What areas of cultural diversity in counseling will present you with the greatest challenges?

Growing theological/theoretical integration

*Growing theological/theoretical integration* is demonstrated in a maturing biblically grounded theological understanding of God and persons, along with an informed theoretical perspective of the counseling role. This is related to the Integration essay. The difference is that this question as you to discuss how you have experienced working “integratively” in counseling role plays and how your ability to think Christianly about therapeutic issues has matured since your admission into the degree plan.

Appropriate use of self

*Appropriate use of self* refers to a growing self-awareness based in an understanding of personal strengths and limitations. This area also suggests an understanding of the impact of life experiences and personal development on the counseling role.

Adequate clinical skills

*Adequate* c*linical skills* involve the capacity to manage personal anxiety, establish and maintain rapport, reflect feelings and content, ask honest open-ended questions, and differentiate self from others.

Maturing spiritual formation

*Maturing spiritual formation* refers to a deepening understanding of and commitment to holiness as expressed in the three core areas of the Christian Formation Program at Asbury Theological Seminary [Loving Community, Loving Mission, Loving Transformation].

SELF - EVALUATION

Directions: Use each continuum to indicate your understanding of your readiness for practicum in the following areas. Assuming that everyone has growth areas, it is expected that most students will receive 2's and 3's.

Key: 1 = Student seems to struggle greatly with this and/or to have little awareness of his/her issues in this area.

2 = Student seems to struggle somewhat with this and/or has moderate awareness of his/her issues in this area.

3 = Student functions adequately in this area.

4 = Student demonstrates self-awareness and intentional growth in this area.

5 = Student demonstrates outstanding mastery of this area.

1. Appropriate boundary maintenance: Effective therapists maintain appropriate boundaries through a) healthy self-disclosure, b) respect for others’ boundaries, c) ability to invite others to participate in group process, and d) ability to pick up on others’ interpersonal cues.

1 2 3 4 5

1. Respect for persons of diverse opinions: Effective therapists demonstrate a willingness to engage in dialogue. They are open to understanding diverse opinions and seek out alternative interpretations.

1 2 3 4 5

1. Integration of theoretical and theological understanding with counseling practice: Effective therapists work toward a thorough integration of biblically grounded theological understandings and informed theoretical perspectives in their counseling role.

1 2 3 4 5

1. Appropriate use of self: Effective therapists work from a point of growing self-awareness by understanding their strengths and limitations, and the impact of life experiences and personal development on their work with families.

1 2 3 4 5

1. Clinical Skill: Effective therapists demonstrate the ability to manage anxiety, to ask honest, open questions and to differentiate themselves from others.

1 2 3 4 5

1. Maturing spiritual formation: Effective therapists demonstrate a commitment to developing and deepening their spiritual life.

1 2 3 4 5

GATE 2 PROFESSIONAL DEVELOPMENT PLAN

Directions: Identify significant areas of professional growth you would like to experience during your practicum experience. Next identify *resources* available to foster growth in these areas.

**1. Target Area: Theoretical Foundations**

If I successfully attend to this area I will be able to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate current level of mastery

1 (poor) 2 3 4 5 (excellent)

These are the things I will do to help me attain this goal (resources)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Target Area: Therapeutic Skills (e.g., assessment, joining, escalating conflict, etc.)**

If I successfully attend to this area I will be able to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate current level of mastery

1 (poor) 2 3 4 5 (excellent)

These are the things I will do to help me attain this goal (resources)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Target Area: Ethical Understandings (e.g., confidentiality, reporting laws, etc.)**

If I successfully attend to this area I will be able to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate current level of mastery

1 (poor) 2 3 4 5 (excellent)

These are the things I will do to help me attain this goal (resources)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Target Area:** Professional Practice (e.g., appointment logistics, termination, etc.)

If I successfully attend to this area I will be able to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate current level of mastery

1 (poor) 2 3 4 5 (excellent)

These are the things I will do to help me attain this goal (resources)

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**5. Target Area:** Use of Self (e.g., one’s own family of origin issues, difficult kinds of client issues, etc.)

If I successfully attend to this area I will be able to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate current level of mastery

1 (poor) 2 3 4 5 (excellent)

These are the things I will do to help me attain this goal (resources)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Target Area:** Spiritual Formation (e.g., relationship with God, involvement with faith community, social holiness, etc.)

If I successfully attend to this area I will be able to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate current level of mastery

1 (poor) 2 3 4 5 (excellent)

These are the things I will do to help me attain this goal (resources)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Curriculum Vitae Outline

Think of this as a specialized resume. Imagine that you are applying for a practicum/internship site position and that you will mail this document to your potential site supervisor. Imagine that the quality of the format and your responses will determine whether or not you will be offered a placement.

This document does not ask for your entire educational or work experience, but seeks to highlight the activities and experiences that you have had relevant to your counseling degree and your professional preparation since you entered Asbury Seminary.

Prepare a document that includes **all** of the categories below:

1. Name, address, contact information
2. Professional Mission Statement [What is your purpose now in pursuing this degree? Keep this short – a few sentences]
3. Professional Goals [e.g., attain license status as LPC, LMFT, LMHC, etc.; pursue doctoral studies in \_\_\_\_; enter chaplaincy; seek ordination in \_\_\_\_ (church/denomination); go on the mission field; open a private practice, etc.]
4. Denominational/church affiliation [if appropriate to your circumstances, e.g. seeking ordination]
5. Memberships in Professional Organizations [i.e., ACA, AAMFT, KCA, KAMFT, CAPS, AACC]
6. Professional Development Activities. [List the workshops, seminars, conferences that you have attended that are related to your degree plan and professional goals]
7. Work or volunteer experience since you entered Asbury Seminary that is relevant to your counseling degree and professional goals.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Curriculum Map Rubric for Theological Integration**  **Paper** | **Exemplary**  Student exceeds assignment requirements & expectation  4 | **Accomplished**  Student meets assignment requirements and expectations  3 | **Developing**  Student somewhat meets assignment requirements & expectations  2 | **Beginning**  Student inconsistently meets assignment requirements & expectations  1 |
| **Introduction** | Composed paragraphs that clearly stated the paper’s purpose, explicitly identifying the key points to be compared and contrasted. Paragraphs contain necessary citation(s). | Composed paragraphs that clearly stated the paper’s purpose, identifying the key points to be compared and contrasted. Citations are missing. | Composed one paragraph that summarized the paper’s purpose. Listed the key points from each reading to be compared and contrasted. Citations are missing. | Composed one paragraph that listed the key points from each reading to be compared and contrasted. Citations are missing. Main purpose of the paper is not stated. |
| **Body** | Provides evidence of critical analysis using research, experience and factual evidence; evidence of thorough review of contemporary counseling research in light of biblical and theological understanding; engages scholarly literature in a manner that extends knowledge base past a simple book/article review; provides evidence of a faith/theological based approach to the understanding of the whole person and their human condition | Provides evidence of critical analysis using research, experience and factual evidence; some evidence of thorough review of contemporary counseling research in light of biblical and theological understanding shown; tends to engage scholarly literature from a few sources review; there is some evidence of a faith/theological based approach to the understanding of the whole person and their human condition | Provides some evidence of critical analysis using research, experience and factual evidence; little evidence of thorough review of contemporary counseling research in light of biblical and theological understanding shown; engages scholarly literature from a simple book/article review; almost no evidence of a faith/theological based approach to the understanding of the whole person and their human condition | Provides little evidence of critical analysis using research, experience and factual evidence; no evidence of thorough review of contemporary counseling research in light of biblical and theological understanding shown; engages scholarly literature from a simple book/article review; lacks evidence of a faith/theological based approach to the understanding of the whole person and their human condition. |
| **Conclusions and Recommendations** | Conclusions and recommendation are logical and reasonable; clearly states the advantages and limitations of the position presented. | Conclusions and recommendation are logical and reasonable; states a few advantages and limitations of the position presented. | Conclusions and recommendation are logical and reasonable; there is a brief conversation about possible advantages and limitations of the position presented. | Conclusions and recommendation are questionable and not reasonable; there is no clarity about any advantages or limitations of the position presented. |
| **Grammar and mechanics** | Sentence fluency is coherent, unified, varied; sentence structure complete; correct spelling, punctuation, capitalization; varied diction, word choices. Paper length requirement met. | Sentence fluency correct, varied; Minor errors in structure (fragments, run-ons), correct spelling punctuation, capitalization; limited diction, word choices. Paper length requirement met. | Relatively few errors in sentence fluency; multiple fragments/run-ons, poor spelling, punctuation and capitalization; limited diction, uses trite words, slang, or contractions. Paper length 10% below minimum required. | Significant errors in sentence fluency and structure, spelling, punctuation and capitalization; diction weak or inappropriate. Paper length 20% below minimum requirement. |
| **Format** | Appearance is readable and neat; correct use of APA, margins, font size/style, pagination, title page; reference page correctly formatted, double spaced, in-text citations correctly used. | Appearance is readable and neat; most of paper uses correct APA margins, font size and style, pagination, title page; reference page generally consistent with APA style, in-text citations used correctly. | Readability and neatness of paper are compromised by the number of errors; APA format is inconsistent and inadequate; reference page in inconsistent with APA format, required in-text citations are missing. | Disorderliness of paper makes it difficult to read; several format errors; significant errors in APA format, many in-text citations are missing. |

Edited vth 8/15/12

Appendix D

Gate 3 Instructions

**GATE 3 Portfolio Instructions**

**Updated 11/1/12**

*Introduction*

When students are completing their counseling degree (MA:MHC, MA:MFC, MA:PC), students will prepare a Self-Assessment Portfolio. This portfolio is developed and maintained by the student. It is presented to the Counseling and Pastoral Care faculty prior to the student’s Third Gate meeting and serves as an exit interview.

Your Gate 3 Portfolio builds upon what you prepared for your Gate 2 interview. Keep in mind that this Portfolio is your documentation to the faculty of your professional readiness for the world of professional counseling or pastoral counseling so you want it to be an accurate reflection of your competence and professionalism.

*Steps to prepare your Gate 3 Self-Assessment Portfolio*

Students will present their own *self-assessment portfolio* which includes a written self-evaluation narrative, an updated version of your Rule of Life, and an evaluation of your degree of completion of the professional development plan that you developed for Gate 2. Your portfolio will also include the exit essay that presents your current understanding of integration. You are responsible for the development, maintenance, and presentation of their portfolio.

1. Read the gating policy and understand the purpose and the function of the third gate.
2. Update your Gating Curriculum Vitae (see instructions). Prepare this document as if your were presenting it to a potential employer.
3. Prepare your self-evaluation narrative, including the self-evaluation likert scale. The essay reflects your self-assessment of your growth and development in terms of the six target areas of the second gate (boundary maintenance, respect for diverse opinions theoretical/theological integration, appropriate use of self, clinical skills, and spiritual formation).
4. Write three essays.
   1. **Essay 1 – Integration: Follow the instructions for the Integration Essay that you will get from the Administrative Assistant.**
   2. Essay 2 – Diversity: Develop a **600-word** essay that compares who you are today with who you were at the time that you prepared your Gate 2 portfolio in terms of how persons who are different from you [e.g., ethnicity, culture, economics, gender, sexual orientation, etc.] have impacted your personal growth and professional development. Use of references is strongly encouraged.
   3. Essay 3 – Professional Identity: Develop a **600-word** essay that discusses the degree to which you have embraced a professional identity as a licensed professional counselor (if you are in the MAMH), a licensed marriage and family therapists (if you are in the MAMF), or a pastoral counselor (if you are in the MAPC). Begin by using a 1 to 5 scale to rate the degree to which you have embraced a professional identity with 1 being “I do not hold this professional identity at all” and 5 being “I fully embrace this professional identity.” In what ways have you gained clarity since Gate 2 about what this professional identity means to you today? Use of references is strongly encouraged.
5. Discuss how you have implemented your Rule of Life since Gate 2 and discuss how you have grown as a maturing Christian since Gate 2. What practices do you intend to maintain after graduation? [600-900 words]
6. Using the form provided discuss how well you implemented your Gate 2 Professional Development Plan from Gate 2. What are you plans to grow as a professional after your graduation?
7. Include a copy of your degree audit that the Registrar’s Office sent to you.
8. Include a copy of the most recent evaluation from your internship site supervisor.
9. Email to the Administrative Assistant to the Counseling and Pastoral Care Department the names of 2 peers who could fill out the Peer Evaluation.
10. Compile your portfolio by organizing the above documents in a three-ring binder.

**You will also be asked to respond to a case study appropriate to your degree as part of your Gate 3 interview. You will review a copy of the case study immediately prior to your interview.Curriculum Vitae for Gate 3**

Review and update the Curriculum Vitae that you prepared for Gate 2. Remember that this document does not ask for your entire educational or work experience, but seeks to highlight the activities and experiences that you have had relevant to your counseling degree since Gate 2. **Prepare this document as if you were presenting it to a prospective employer.**

This document includes all of the categories below:

1. Name, address, contact information
2. Professional Mission Statement [What is your purpose for your work as a mental health professional?]
3. Professional Goals [e.g., attain license status as LPC, LMFT, LMHC, etc.; pursue doctoral studies in \_\_\_\_; enter chaplaincy; seek ordination in \_\_\_\_ (church/denomination); go on the mission field; open a private practice, etc. ]
4. Denominational/church affiliation
5. Memberships in Professional Organizations [i.e., ACA, AAMFT, KCA, KAMFT, CAPS, AACC]
6. Professional Development Activities. [List the workshops, seminars, conferences that you have attended that are related to your degree plan]
7. Work or volunteer experience since you entered Asbury Seminary that is relevant to your counseling degree [You can include your practicum/internship experience here]

**Self Evaluation Narrative**

Six counselor developmental areas are listed below. In response to each of the developmental areas, discuss the degree to which you are wrestling with this component of counselor development. Provide evidence of your growth in each area by citing specific experiences that you have had in counseling classes or in your life that relate to each area. As appropriate describe areas of vulnerability/weakness with which you struggle within each of the areas. You should refer to ways that you have changed between Gates 2 and 3. Your Gate 3 professional development plan should reflect your strategy for enhancing your strengths and for remediating the vulnerabilities you have identified.

Remember this is not a theoretical discussion of an area; that is, it is not a theoretical discussion of dual relationships [boundary maintenance]. Instead talk about yourself and how well you do with each specific target area [where you maintain appropriate professional boundaries and where you struggle with maintaining appropriate boundaries].

Your response to each area should be approximately 300-400 words in length.

Boundary Maintenance

*Appropriate boundary maintenance* refers to a quality of relating in which there is healthy self-disclosure and respect for others, as well as the abilities to participate in a group and pick up on interpersonal cues.

Humble respect for persons of diverse opinions

*Humble respect for persons of diverse opinions* is demonstrated in the ability to dialogue effectively and respectfully. This area involves the abilities to understand diverse opinions and seek out alternative interpretations.

Growing theological/theoretical integration

*Growing theological/theoretical integration* is demonstrated in a maturing biblically grounded theological understanding of God and persons, along with an informed theoretical perspective of the counseling role.

Appropriate use of self

*Appropriate use of self* refers to a growing self-awareness based in an understanding of personal strengths and limitations. This area also suggests an understanding of the impact of life experiences and personal development on the counseling role.

Adequate clinical skills

*Adequate* c*linical skills* involve the capacity to manage personal anxiety, establish and maintain rapport, reflect feelings and content, ask honest open-ended questions, and differentiate self from others.

Maturing spiritual formation

*Maturing spiritual formation* refers to a deepening understanding of and commitment to personal and social holiness as expressed in the six core areas of the Christian Formation Program at Asbury Theological Seminary.

SELF – EVALUATION SCALE

**Directions**: Use each continuum to indicate your understanding of your readiness for practicum in the following areas. Assuming that everyone has growth areas, it is expected that most students will receive 2's and 3's.

Key: 1 = Student struggles greatly with this and/or to have little awareness of his/her issues in this area.

2 = Student struggles somewhat with this and/or has moderate awareness of his/her issues in this area.

3 = Student functions adequately in this area.

4 = Student demonstrates self-awareness and intentional growth in this area.

5 = Student demonstrates outstanding mastery of this area.

1. Appropriate boundary maintenance: Effective therapists maintain appropriate boundaries through a) healthy self-disclosure, b) respect for others’ boundaries, c) ability to invite others to participate in group process, and d) ability to pick up on others’ interpersonal cues.

1 2 3 4 5

1. Respect for persons of diverse opinions: Effective therapists demonstrate a willingness to engage in dialogue. They are open to understanding diverse opinions and seek out alternative interpretations.

1 2 3 4 5

1. Integration of theoretical and theological understanding with counseling practice: Effective therapists work toward a thorough integration of biblically grounded theological understandings and informed theoretical perspectives in their counseling role.

1 2 3 4 5

1. Appropriate use of self: Effective therapists work from a point of growing self-awareness by understanding their strengths and limitations, and the impact of life experiences and personal development on their work with families.

1 2 3 4 5

1. Clinical Skill: Effective therapists demonstrate the ability to manage anxiety, to ask honest, open questions and to differentiate themselves from others.

1 2 3 4 5

1. Maturing spiritual formation: Effective therapists demonstrate a commitment to developing and deepening their spiritual life.

1 2 3 4 5

GATE 3 Review of PROFESSIONAL DEVELOPMENT PLAN

Directions: Create a document that uses the format below. This document evaluates the extent to which you achieved your Gate 2 Professional Development Plan.

**1. Target Area: Theoretical Foundations**

* Restatement of Gate 2 Goal
* Brief narrative evaluation of the extent to which I achieved my professional development in this area
* Activities that helped me to attain an increased level of mastery were:
* Obstacles that I experienced in working on this goal were:

Gate 3 level of mastery

1 (poor) 2 3 4 5 (mastery)

**2. Target Area: Therapeutic Skills (e.g., assessment, joining, escalating conflict, etc.)**

* Restatement of Gate 2 Goal:
* Brief narrative evaluation of the extent to which I achieved my professional development in this area
* Activities that helped me to attain an increased level of mastery were:
* Obstacles that I experienced in working on this goal were:

Gate 3 level of mastery

1 (poor) 2 3 4 5 (mastery)

**3. Target Area: Ethical Understandings (e.g., confidentiality, reporting laws, etc.)**

* Restatement of Gate 2 Goal:
* Brief narrative evaluation of the extent to which I achieved my professional development in this area
* Activities that helped me to attain an increased level of mastery were:
* Obstacles that I experienced in working on this goal were:

Gate 3 level of mastery

1 (poor) 2 3 4 5 (mastery)

**4. Target Area:** Professional Practice (e.g., appointment logistics, termination, etc.)

* Restatement of Gate 2 Goal:
* Brief narrative evaluation of the extent to which I achieved my professional development in this area
* Activities that helped me to attain an increased level of mastery were:
* Obstacles that I experienced in working on this goal were:

Gate 3 level of mastery

1 (poor) 2 3 4 5 (mastery)

**5. Target Area:** Use of Self (e.g., one’s own family of origin issues, difficult kinds of client issues, etc.)

* Restatement of Gate 2 Goal:
* Brief narrative evaluation of the extent to which I achieved my professional development in this area
* Activities that helped me to attain an increased level of mastery were:
* Obstacles that I experienced in working on this goal were:

Gate 3 level of mastery

1 (poor) 2 3 4 5 (mastery)

**6. Target Area:** Professional Practice (e.g., appointment logistics, termination, etc.)

* Restatement of Gate 2 Goal:
* Brief narrative evaluation of the extent to which I achieved my professional development in this area
* Activities that helped me to attain an increased level of mastery were:
* Obstacles that I experienced in working on this goal were:

Gate 3 level of mastery

1 (poor) 2 3 4 5 (mastery)

**7. Target Area:** Spiritual Formation (e.g., relationship with God, involvement with faith community, social holiness, etc.)

* Restatement of Gate 2 Goal:
* Brief narrative evaluation of the extent to which I achieved my professional development in this area
* Activities that helped me to attain an increased level of mastery were:
* Obstacles that I experienced in working on this goal were:

Gate 3 level of mastery

1 (poor) 2 3 4 5 (mastery)

**Gate 3 Integration Paper Instructions**

The integration of counseling and theology is a thread that runs through our entire program. During your application for admission (Gate 1), you answered questions about your understanding of integration at that point in time. Then you wrote your first paper on the integration of counseling and theology in one of your first counseling courses (CO600 or CO601). Next you updated your thinking at Gate 2. Now you have an opportunity to pull together your course work and your field experience. In this final paper on the integration of counseling and theology we ask you to provide evidence of critical analysis, theological and psychological integration using research and factual evidence; plus an understanding of whole persons and their human condition in light of scriptures by writing a paper that will:

1). State *your theory of choice* to counseling (contemporary);

2). Review your theory of counseling by engaging scholarly literature in a manner that extends your demonstrated knowledge base past a simple book/article review.

3). Provide evidence of *a biblical, faith/theological based approach* to the understanding of the *whole person* and *their human condition*;(in other words, show evidence of integration of psychology and the bible, theology/faith in your writing)

4). Provide some conclusions and recommendations that are logical and reasonable; that clearly state the *advantages* and *limitations* of the position you presented.

5). Include APA formatted reference list.

Paper length: 5-7 pages (not counting reference list, using 12 pt. font, 1” margins all around)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Curriculum Map Rubric for Theological Integration** | **Exemplary**  Student exceeds assignment requirements & expectation  4 | **Accomplished**  Student meets assignment requirements and expectations  3 | **Developing**  Student somewhat meets assignment requirements & expectations  2 | **Beginning**  Student inconsistently meets assignment requirements & expectations  1 |
| **Introduction** | Composed paragraphs that clearly stated the paper’s purpose, explicitly identifying the key points to be compared and contrasted. Paragraphs contain necessary citation(s). | Composed paragraphs that clearly stated the paper’s purpose, identifying the key points to be compared and contrasted. Citations are missing. | Composed one paragraph that summarized the paper’s purpose. Listed the key points from each reading to be compared and contrasted. Citations are missing. | Composed one paragraph that listed the key points from each reading to be compared and contrasted. Citations are missing. Main purpose of the paper is not stated. |
| **Body** | Provides evidence of critical analysis using research, experience and factual evidence; evidence of thorough review of contemporary counseling research in light of biblical and theological understanding; engages scholarly literature in a manner that extends knowledge base past a simple book/article review; provides evidence of a faith/theological based approach to the understanding of the whole person and their human condition | Provides evidence of critical analysis using research, experience and factual evidence; some evidence of thorough review of contemporary counseling research in light of biblical and theological understanding shown; tends to engage scholarly literature from a few sources review; there is some evidence of a faith/theological based approach to the understanding of the whole person and their human condition | Provides some evidence of critical analysis using research, experience and factual evidence; little evidence of thorough review of contemporary counseling research in light of biblical and theological understanding shown; engages scholarly literature from a simple book/article review; almost no evidence of a faith/theological based approach to the understanding of the whole person and their human condition | Provides little evidence of critical analysis using research, experience and factual evidence; no evidence of thorough review of contemporary counseling research in light of biblical and theological understanding shown; engages scholarly literature from a simple book/article review; lacks evidence of a faith/theological based approach to the understanding of the whole person and their human condition. |
| **Conclusions and Recommendations** | Conclusions and recommendation are logical and reasonable; clearly states the advantages and limitations of the position presented. | Conclusions and recommendation are logical and reasonable; states a few advantages and limitations of the position presented. | Conclusions and recommendation are logical and reasonable; there is a brief conversation about possible advantages and limitations of the position presented. | Conclusions and recommendation are questionable and not reasonable; there is no clarity about any advantages or limitations of the position presented. |
| **Grammar and mechanics** | Sentence fluency is coherent, unified, varied; sentence structure complete; correct spelling, punctuation, capitalization; varied diction, word choices. Paper length requirement met. | Sentence fluency correct, varied; Minor errors in structure (fragments, run-ons), correct spelling punctuation, capitalization; limited diction, word choices. Paper length requirement met. | Relatively few errors in sentence fluency; multiple fragments/run-ons, poor spelling, punctuation and capitalization; limited diction, uses trite words, slang, or contractions. Paper length 10% below minimum required. | Significant errors in sentence fluency and structure, spelling, punctuation and capitalization; diction weak or inappropriate. Paper length 20% below minimum requirement. |
| **Format** | Appearance is readable and neat; correct use of APA, margins, font size/style, pagination, title page; reference page correctly formatted, double spaced, in-text citations correctly used. | Appearance is readable and neat; most of paper uses correct APA margins, font size and style, pagination, title page; reference page generally consistent with APA style, in-text citations used correctly. | Readability and neatness of paper are compromised by the number of errors; APA format is inconsistent and inadequate; reference page in inconsistent with APA format, required in-text citations are missing. | Disorderliness of paper makes it difficult to read; several format errors; significant errors in APA format, many in-text citations are missing. |

Edited vth 8/15/12

Appendix E

Case Study and Evaluative Rubric

**GATE 3 MAMH CASE STUDY (Adult: Sandra)**

Sandra is a 32-year-old single African American mother of 2 boys (ages 11 and 14) by different fathers. She works at the local hospital as a custodian mainly in the pediatric intensive care unit. In the past Sandra lived off of public assistance and worked various part-time restaurant jobs. She obtained her current job through a public work assistance program after getting her GED and has been with the hospital for a year now.

Sandra grew up with an alcoholic mother whom she describes as “diagnosed schizophrenic”, and reports she learned early in life how to take care of herself. She doesn’t know her father, just knows his first name is James. Sandra reported in her early years missing a lot of school. The days she was in school Sandra seldom understood what teachers were talking about. Sandra got along with most people but occasionally caused problems in the classroom for excessive talking and some “mess’n round”. She dropped out of high school her junior year at age 17 after getting pregnant with her first child.

Sandra describes herself as friendly and talkative. However, Sandra admits she has long struggled with feelings of insignificance, especially when she feels down; and has feelings of shame for some things she experienced growing up. She reports having anger toward her mother, but her anger has lessoned over the years. Sandra reports a number of male paramours that have moved in and out of her apartment since she was 19 years of age. Sandra reports her last paramour was often verbally abusive to her “making me feel bad about myself”. When they would argue, which seemed to be often, Sandra reports some of those arguments would lead to physical fights between them. They finally broke up 3 months ago. She has no siblings and currently has little contact with her mother. She describes a good group of people at church she calls her “family” and is proud that she takes care of herself and her boys.

However, over the past few months Sandra says “I feel lousy and I don’t know how what to do”. The past number of weeks Sandra states she has felt unusually fatigued and reports increasing difficulty concentrating at work. Her supervisor has been getting on her lately for not being thorough in her job responsibilities. Her co-workers have commented that she has been quiet and withdrawn the past few weeks, which is totally out of character for her. At home she feels her boys are arguing and fussing more than usual and she admits to being short tempered and irritable with them. On weekends she sleeps until late morning and feels like doing nothing but watching TV most of the time “when I’m not working”. Occasionally her children have caught her crying and when they ask what is wrong she will yell at them to go play in their room.

Sandra has found herself increasingly unhappy with her life. Although she denies any past suicidal ideation, Sandra has been having frequent thoughts of wishing she were dead. She says that she shouldn’t feel such a sense of “doom and gloom” and feels helpless to change anything.

Sandra states that two weeks ago she went to her primary care physician and disclosed her struggles. Her doctor gave her a prescription for an SSRI and tells her she needs to see a counselor along with taking medication. Sandra states her doctor is willing to talk to you about her needs and asks if you can give her doctor a quick call. When asked what she wants out of counseling, Sandra says she needs to get “myself together”. She wants to “feel better” and get back to her “normal self”.

1. Identify legal and/or ethical issue(s) present in the scenario and possible responses to manage issues.
2. Diagnose a main treatment concern based on presenting information and discuss rationale for diagnosis.
3. Identify theoretical orientation approach you would use and discuss why it is a fit for this case.
4. Discuss assessment(s) tool, if any, you would use and why.
5. Formulate a treatment plan identifying (1) one problem statement, (2) one treatment goal, (3) two treatment objectives for the goal, and (4) one Intervention strategy for each objective.
6. Describe your course of treatment.

**GATE 3 MAMH CASE STUDY: SANDRA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Beginning**  Did not meet requirements or expectations in this skill  (1 point) | **Developing**  Somewhat meets requirements and expectations in this skill  (2 point) | **Accomplished**  Meets requirements and expectations in this skill  (3 points) | **Exemplary**  Exceeds requirements and expectations in this skill  (4 points) |
| **1. Identify ethical and/or legal issues present in the scenario and possible responses to manage issues.** | Did not recognize ethical/legal issues and responses  Or identified ethical concerns not present in case scenario. | Recognized 1-2 issue present (as defined below)  AND a reasonable response to manage issue.  OR provided weak management responses to identified ethical/legal issues. | Recognized at least 3 ethical issues present (as defined below)  AND provided reasonable responses to managing issues. | Recognized all 4 issues present (as defined below)  AND provided reasonable responses to managing issues. |
|  | 1. My competency to treat client’s sociocultural identity   Reasonable Response: *Seek supervision, seek competency through trainings and workshops.*   1. My competency to treat presenting issue of client   Reasonable Response: *Seek supervision, seek competency through trainings and workshops.*   1. Possible suicidal ideation   Reasonable Response: *Assess further, seek supervision or consult with colleagues, develop safety plan, if necessary hospitalization.*   1. Confidentially   Reasonable Response: *Let client know you cannot speak to anyone regarding her care or status with you unless client signs a release of information specifically allowing communication with her primary care physician. Have client sign a release then send a copy to the PCP. Then contact the PCP to obtain information.*  NOTES: | | | |
| **2. Diagnose a main treatment concern based on presenting information and discuss rationale for diagnosis.** | Did not recognize a treatment concern.  OR identified something other than Depression as treatment concern. | Recognizes “Depression” as treatment focus.  OR Recognizes Depression as treatment focus and over-diagnosis of client with Major Depressive D/O without seeing need to assess further for this diagnosis. | Recognizes Depression as treatment issue AND limits diagnosis to Depression NOS (or DSM311)  May recognize need to assess further for Maj. Dep. D/O. (or DSM 296.xx) | Recognizes Depression NOS (or DSM311) as appropriate diagnosis given limited info presented in scenario.  AND recognizes need to assess further for Maj. Dep. D/O. (or DSM 296.xx)  AND Expressed concern for possible client trauma issue and need to assess further. |
|  | *IF* identifies something other than depression, score 1 point and redirect client to use a diagnosis of depression for rest of case study.  NOTES: | | | |
| **3. Identify and summarize a theoretical orientation and explain why it is a fit for this case.** | Did not identify a theoretical orientation  OR was ambivalent on theoretical orientation  OR identified an theoretical orientation but conceptualized inaccurate | Identified a theoretical orientation but conceptualized the theory with some inaccuracy.  OR rationale for identified theoretical orientation was very weak. | Reasonably conceptualized theoretical orientation with reasonable rationale as to why treatment theory is best to use with client and presenting issue. | Coherently states a theoretical orientation with good evidence and rationale for why this treatment theory is best for client and presenting issue. |
|  | NOTES: | | | |
| **4. What assessment tools would you use (if any)and why.** | Does not discuss any assessment process. | Simply states a need to assess client without clear idea of what is being assessed  OR simply states no need to assess client without any clear reason to this assertion. | Has reasonable idea on need to assess client for “diagnostic clarification” and/or “level of depression”, with a basic defined process, but may not have a specific tool(s) in mind.  OR provides a reasonable rationale for not using any formal assessment tools with this client. | Coherently states need to assess either for “diagnostic clarification” or “level of depression”, what specific assessment tool(s) and process to be used.  AND speculates on what elevations would be expected given client presentation.  OR provides a strong rationale for not using any formal assessment tools based on stated theoretical orientation. |
|  | NOTES: | | | |
| **5. Formulate a treatment plan:**  ***a. Problem Statement***  (i.e., simple pithy statement of client issue and evidence for issue) | Does not provide a problem statement for the treatment plan. | Provides weak problem statement on depression. | Problem statement identifies depression as the problem without providing evidence of problem.  OR provides a problem statement that is not a concise statement. | Coherently states a concise one-sentence problem statement that identifies the problem (depression) and evidence of problem. |
|  | **Problem Statement** should be a simple one-sentence statement of client issue with evidence provided.  Example: *Client reports depression as evidenced by reported fatigue, difficulty concentrating, loss of interests, increased sleep, depressed mood, and sense of helplessness.*  NOTES: | | | |
| ***b. One Treatment Goal* Statement**  (i.e., problem restated in the positive, broad behavioral outcome goal for the client to meet) | Does not provide a treatment goal for the problem statement  OR gives a treatment goal not related to the problem statement | Treatment plan is minimally related to problem statement or client symptoms  (e.g., Client needs to learn to accept life’s difficulties…) | Gives a treatment goal that addresses depression or an identified depressive symptom BUT is not stated as a behavioral outcome statement  (e.g., Client wants to feel better) | Coherently states in one-sentence a treatment goal that identifies a behavioral outcome related to treating client overall depression or specific depressive symptoms. |
|  | **One Treatment Goal** restates the problem in the positive overall goal for client to meet. Goal should be a behavioral outcome statement. (i.e., NOT “client will feel better)  Example: *Treatment will seek to reduce depressive symptoms while increasing overall functioning*  NOTES: | | | |
| ***c. Two Treatment Objective Statements***  (i.e., measurable behavioral outcome statement on what the client will do, and based on above stated theoretical orientation.) | Does not provide any treatment objectives;  OR treatment objective(s) not related to stated goal;  OR objectives are what the counselor will do and not what the client will do. | Provides only one (or 1 good) measurable behavioral outcome objective statement;  OR objective(s) is weakly related to goal statement;  AND objective(s) is weakly associated with stated theoretical orientation. | Provides two reasonably measurable behavioral outcome objective statements;  AND reasonably tied to goal statement;  OR reasonably tied to theoretical orientation. | Provides two measureable behavioral outcome objective statements;  AND concisely indicating what the client will do; and  AND logically connected to goal statement; and    AND based on stated theoretical orientation. |
|  | **Two Objectives** (i.e., measurable outcome statement on what the client will do, based on above stated theoretical orientation)  Example 1: (if CBT) Client will identify at least three cognitive thinking errors related to depressed feelings and demonstrate reframe of thinking errors in session.  Example 2: (if CBT) Client will engage in a minimum 3 social support activities a week for 4 consecutive weeks  NOTES: | | | |
| ***d.* *Intervention Strategy***  (i.e., What the counselor will do to bring about change based on theoretical orientation) | Does not provide any stated intervention strategy statement.  OR statement is on what the client will do and not what the counselor will do. | Provides only one (or 1 good) intervention strategy on what the counselor will do;  OR intervention(s) is weakly associated with stated objective(s)  AND intervention(s) is weakly associated with stated theoretical orientation. | Provides two reasonable intervention strategies on what the counselor will do;  AND reasonably tied to respective objective statement;  OR reasonably tied to theoretical orientation. | Coherently provides two intervention strategies on what the counselor will do;  AND is coherently tied to each respective objective statement;  AND is coherently tied to stated theoretical orientation. |
|  | **Interventions** (i.e., what the counselor will do, based on above stated theoretical orientation.)  Example for above objective 1: (if CBT) Educate client on relationship between thinking errors and depressed feelings, and teach ABC reframing technique.  Example for above objective 2: (if CBT) Aid client to utilize social supports and increase positive activities to reduce isolating behaviors.  NOTES: | | | |
| **6. Describe your course of treatment.** | Does not provide any course of treatment | Course of treatment is given in very general of terms;  OR course of treatment is inconsistent with stated theoretical orientation.  OR course of treatment is inconsistent with presenting issue, stated goals, objectives, and interventions;  INCLUDES 1-2 of below:   1. Assessing psychsocial hx and presenting symptoms; 2. Any other assessment (test) process; 3. Establishing Rapport; 4. Developing treatment plan with client; 5. Aspects of implementing treatment plan; 6. Expected treatment progress. | Course of treatment is given in reasonable terms with some inconsistency based on stated theoretical orientation, AND/OR inconsistency in logic based on presenting issue, stated goal, objectives, and interventions;  INCLUDES 3-4 of below:   1. Assessing psychsocial hx and presenting symptoms; 2. Any other assessment (test) process; 3. Establishing Rapport; 4. Developing treatment plan with client; 5. Aspects of implementing treatment plan; 6. Expected treatment progress. | Coherently provides a course of treatment consistently formulated on client presentation, identified treatment issue, goals, objectives and interventions, and grounded in stated theoretical perspective.  INCLUDES ALL:   1. Assessing psychsocial hx and presenting symptoms; 2. Any other assessment (test) process; 3. Establishing Rapport; 4. Developing treatment plan with client; 5. Aspects of implementing treatment plan; 6. Expected treatment progress. |
|  | NOTES: | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Appendix F**  **MA Mental Health Curriculum Map and Chart Associating Courses with Gate Categories** | | | | | | | | | | | | | | | | | | | | |
|  | Program Learning Outcomes | Gate 1: Admission | CO601 | CO610 | CO  622 | CO  624 | CO  625 | CO  655 | CO  660 | CO  675 | CO  680 | Gate 2 | CO  700 | CO  705 | CO  706 | CO  715 | CO  720 | CO  725 | CO  730 | Gate 3 |
| 1 | Demonstrate mastery of clinical skills in individual and group settings at an accomplished level, including an ability to articulate the theoretical foundations upon which these skills are built. |  |  |  |  |  |  |  |  |  |  |  |  | Emphasized Assessed Direct | Emphasized Assessed Direct |  |  |  |  |  |
| 2 | Practice professional behavior that maintains appropriate professional boundaries, conforms to ethical standards, and reflects respect and sensitivity for persons from diverse backgrounds. |  |  | Introduced Assessed Direct |  |  |  |  |  |  |  | Reinforced Assessed Indirect & Direct |  | Emphasized Assessed Direct | Emphasized Assessed Direct |  |  |  |  |  |
| 3 | Practices theoretical/theological integration, which is demonstrated in a maturing biblically grounded theological understanding of God and persons, along with an informed theoretical perspective of the counseling role. | Introduced Assessed Indirect Direct | Introduced Assessed Direct |  |  |  |  |  |  |  |  | Reinforced Assessed Direct |  |  |  |  |  |  |  | Emphasized Assessed Direct |
| 4 | Identifies self as a professional counselor. |  |  |  |  | Emphasized Assessed Direct |  |  |  |  |  | Reinforced Assessed Indirect |  |  |  |  |  |  |  | Emphasized Assessed Direct |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PLOs (2012-2013) | Former Degree Plan Goals | Gate Policy Categories | Courses by Gate Categories | |
| Required | Elective |
| 1. Demonstrate mastery of clinical skills in individual and group settings at an accomplished level, including an ability to articulate the theoretical foundations upon which these skills are built. | Apply relevant truths discovered through the behavioral sciences, informed by biblical theological studies, to enhance their counseling practice. | Demonstrates mastery of adequate clinical skills  Demonstrates appropriate use of self | CO601  CO655  CO660  CO675  CO680  CO700  CO705  CO706  CO715  CO720  CO725 | CO520  CO600  CO611  CO618  CO623  CO626  CO627  CO672  CO708  CO735  CO740 |
| 2. Practice professional behavior that maintains appropriate professional boundaries, conforms to ethical standards, and reflects respect and sensitivity for persons from diverse backgrounds. | Conducts themselves in a professional manner appropriate to the setting. | Maintains appropriate professional boundaries.  Demonstrates humble respect for persons of diverse opinions | CO610  CO700  CO705  CO706  CO730 |  |
| 3. Practices theoretical/theological integration, which is demonstrated in a maturing biblically grounded theological understanding of God and persons, along with an informed theoretical perspective of the counseling role. | Integrates self-knowledge, personal faith, and ethical practice to facilitate their work with clients.  Understands Scripture as foundation to the practice of counseling.  Understands theology as foundational to the practice of counseling. | Practices theological/theoretical integration  Manifests maturing spiritual formation | CO601  CO622  CO660 | CO515  CO526  CO615  CO616  CO620  CO621  CO626  CO654 |
| 4. Identifies self as a professional counselor. | Be developing an identity as a professional counselor. |  | CO624  CO700  CO705  CO706 |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Appendix G**  **2013 MA MENTAL HEALTH Alumni Learning Outcome Evaluation (April 16th-May 7th)** | | | | | | | | | | | | |
| Response Rate: 20% (N=25, n=5) | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Assess the degree to which your Asbury Theological Seminary clinical mental health counseling degree has prepared you ...** | Strongly Agree (4) | | Agree (3) | | Disagree (2) | | Strongly Disagree (1) | | Not Applicable (0)\* | | Mean | Standard Deviation |
| # | % | # | % | # | % | # | % | # | % |
| 1. … for the real world of counseling. | 1 | 0.20 | 4 | 0.80 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.20 | 0.45 |
| 2. … to understand the theory(s) behind the counseling process. | 2 | 0.40 | 3 | 0.60 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.40 | 0.55 |
| 3. … to apply techniques to assist various types of clients. | 1 | 0.20 | 4 | 0.80 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.20 | 0.45 |
| 4. … to use the current DSM to make an accurate diagnosis. | 1 | 0.20 | 4 | 0.80 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.20 | 0.45 |
| 5. … to work with supervisors, other counselors, and clients. | 2 | 0.40 | 3 | 0.60 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.40 | 0.55 |
| 6. … to set professional goals. | 2 | 0.40 | 2 | 0.40 | 1 | 0.20 | 0 | 0.00 | 0 | 0.00 | 3.20 | 0.84 |
| 7. … to apply principles of diversity to various counseling populations. | 2 | 0.40 | 3 | 0.60 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.40 | 0.55 |
| 8. … to integrate spirituality with counseling in a manner that is consistent with the ethical standards of the counseling profession and the policies of the counseling site. | 3 | 0.60 | 2 | 0.40 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.60 | 0.55 |
| 9. … understand what it means to be a professional counselor. | 3 | 0.60 | 2 | 0.40 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.60 | 0.55 |
| 10. … to apply ethical standards of the counseling profession. | 1 | 0.20 | 3 | 0.60 | 1 | 0.20 | 0 | 0.00 | 0 | 0.00 | 3.00 | 0.71 |
| 11. … to work with clients from developmental perspectives in multicultural contexts. | 2 | 0.40 | 3 | 0.60 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.40 | 0.55 |
| 12. … to understand career development and the impact of related life factors on career development. | 1 | 0.20 | 4 | 0.80 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.20 | 0.45 |
| 13. … to provide group approaches in counseling in a multicultural society | 3 | 0.60 | 2 | 0.40 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.60 | 0.55 |
| 14. … to conduct and understand assessments of individuals. | 3 | 0.60 | 2 | 0.40 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.60 | 0.55 |
| 15. … to understand research methods. | 1 | 0.20 | 4 | 0.80 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.20 | 0.45 |
| 16. … to understand needs assessment. | 2 | 0.40 | 3 | 0.60 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.40 | 0.55 |
| 17. … to understand program evaluation. | 1 | 0.20 | 3 | 0.60 | 1 | 0.20 | 0 | 0.00 | 0 | 0.00 | 3.00 | 0.71 |
| 18. … to maintain appropriate professional boundaries in individual and group counseling settings. | 3 | 0.60 | 2 | 0.40 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.60 | 0.55 |
| 19. … to understand your strengths and limitations. | 3 | 0.60 | 2 | 0.40 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.60 | 0.55 |
| 20. … to manage your personal anxiety during counseling or supervision sessions. | 3 | 0.60 | 1 | 0.20 | 1 | 0.20 | 0 | 0.00 | 0 | 0.00 | 3.40 | 0.89 |
| \*Not Applicable excluded from Mean and SD. |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **2013 MA MENTAL HEALTH Alumni Learning Outcome Evaluation (April 16th-May 7th)** | | | | | | |
| Response Rate: 20% (N=25, n=5) | | | | | | |
| 34. Would you share your counseling salary range with us? | # | % |  | 39. Licensure [check all that apply] | # | % |
| I prefer not to do so. | 1 | 0.20 |  | I am not pursuing licensure or certification | 1 | 0.20 |
| Under $5,000 | 1 | 0.20 |  | LPC | 0 | 0.00 |
| $5,000-10,000 | 0 | 0.00 |  | LPCA | 2 | 0.40 |
| $10,000-15,000 | 0 | 0.00 |  | LMHC | 1 | 0.20 |
| $15,000-20,000 | 1 | 0.20 |  | Registered MHC Intern | 0 | 0.00 |
| $20,000-30,000 | 1 | 0.20 |  | Psychologist | 0 | 0.00 |
| $30,000-40,000 | 0 | 0.00 |  | LMFTA | 0 | 0.00 |
| $40,000-50,000 | 1 | 0.20 |  | Registered MHC Intern | 0 | 0.00 |
| $50,000-60,000 | 0 | 0.00 |  | LMFT | 0 | 0.00 |
| $60,000-70,000 | 0 | 0.00 |  | Other | 1 | 0.20 |
| $70,000-80,000 | 0 | 0.00 |  |  |  |  |
| $80,000-90,000 | 0 | 0.00 |  | 35. Have you pursued any additional counseling certifications? | # | % |
| $90,000-100,000 | 0 | 0.00 |  | No | 5 | 1.00 |
| Over $100,000 | 0 | 0.00 |  | Yes, Emotionally Focused Therapist | 0 | 0.00 |
|  |  |  |  | Yes, Gottman Certified Relationship Therapist | 0 | 0.00 |
| 37. To what professional organizations do you belong? | # | % |  | Yes, Registered Play Therapist | 0 | 0.00 |
| None | 4 | 0.80 |  | Yes, Other | 0 | 0.00 |
| American Counseling Association | 0 | 0.00 |  |  |  |  |
| American Association of Christian Counselors | 0 | 0.00 |  | 41. Have you pursued or are you currently enrolled in education beyond your MA degree? | # | % |
| American Association for Marriage and Family Therapy | 0 | 0.00 |  | No | 5 | 1.00 |
| American Psychological Association | 0 | 0.00 |  | Yes, PhD | 0 | 0.00 |
| American Association of Pastoral Counselors | 0 | 0.00 |  | Yes, PsyD | 0 | 0.00 |
| Association for Clinical Pastoral Education | 0 | 0.00 |  | Yes, EdD | 0 | 0.00 |
| Christian Association for Psychological Studies | 0 | 0.00 |  | Yes, Dmin | 0 | 0.00 |
| Society for Pastoral Theologians | 0 | 0.00 |  | Yes, Second MA degree | 0 | 0.00 |

Appendix H

**Professional Identity Data from Gate 2 & 3 Portfolios/Wilmore**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Spring 2013 Gating  Gate 2: N = 6  Gate 3: N = 13 | | | | |
| Professional Identity | Gate 2 | | Gate 3 | |
|  | Y | N | Y | N |
| Theory consistent with degree |  | 3 | 5 | 1 |
| Member of professional organization. | 1 | 5 | 5 | 7 |
| Attended professional conference. | 1 | 5 | 3 | 9 |
| Intends licensure | 5 | 1 | 13 | 0 |

Appendix I

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013 CPC Stakeholders Survey (April 16th-May 7th)** | | | | | | | | | | | | |
| Response Rate: 41% (N=58, n=24) | | | | | | | | | | | | |
| **Please indicate the extent to which your perceptions agree with the following:** | Strongly Agree (4) | | Agree (3) | | Disagree (2) | | Strongly Disagree (1) | | Not Observed/Not Applicable (0)\* | | Mean | Standard Deviation |
| # | % | # | % | # | % | # | % | # | % |
| 1. This master’s program has prepared my employee/supervisee for the real world of counseling. | 3 | 0.13 | 20 | 0.83 | 1 | 0.04 | 0 | 0.00 | 0 | 0.00 | 3.08 | 0.41 |
| 2. My employee/supervisee understands the theory(s) behind the counseling process. | 8 | 0.33 | 16 | 0.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.33 | 0.48 |
| 3. My employee/supervisee can apply techniques to assist various types of clients. | 8 | 0.33 | 13 | 0.54 | 2 | 0.08 | 0 | 0.00 | 1 | 0.04 | 3.26 | 0.62 |
| 4. My employee/supervisee can use the current DSM to make an accurate diagnosis. | 3 | 0.13 | 15 | 0.63 | 1 | 0.04 | 0 | 0.00 | 5 | 0.21 | 3.11 | 0.46 |
| 5. My employee/supervisee is prepared to work with supervisors, other counselors, and clients. | 11 | 0.46 | 10 | 0.42 | 3 | 0.13 | 0 | 0.00 | 0 | 0.00 | 3.33 | 0.70 |
| 6. My employee/supervisee can set professional goals. | 12 | 0.50 | 12 | 0.50 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.50 | 0.51 |
| 7. My employee/supervisee can apply principles of diversity to various counseling populations. | 8 | 0.33 | 13 | 0.54 | 2 | 0.08 | 0 | 0.00 | 1 | 0.04 | 3.26 | 0.62 |
| 8. My employee/supervisee can integrate spirituality with counseling in a manner that is consistent with the ethical standards of the counseling profession and the policies of the counseling site. | 8 | 0.33 | 14 | 0.58 | 1 | 0.04 | 0 | 0.00 | 1 | 0.04 | 3.30 | 0.56 |
| 9. My employee/supervisee understands what it means to be a professional counselor. | 9 | 0.38 | 14 | 0.58 | 1 | 0.04 | 0 | 0.00 | 0 | 0.00 | 3.33 | 0.56 |
| 10. My employee/supervisee can apply ethical standards of the counseling profession. | 9 | 0.38 | 15 | 0.63 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.38 | 0.49 |
| 11. My employee/supervisee can work with clients from developmental perspectives in multicultural contexts. | 5 | 0.21 | 18 | 0.75 | 1 | 0.04 | 0 | 0.00 | 0 | 0.00 | 3.17 | 0.48 |
| 12. My employee/supervisee understands career development and the impact of related life factors on career development. | 6 | 0.25 | 15 | 0.63 | 1 | 0.04 | 0 | 0.00 | 2 | 0.08 | 3.23 | 0.53 |
| 13. My employee/supervisee is competent to provide group approaches in counseling in a multicultural society. | 4 | 0.17 | 11 | 0.46 | 1 | 0.04 | 0 | 0.00 | 8 | 0.33 | 3.19 | 0.54 |
| 14. My employee/supervisee knows how to conduct and understand assessments of individuals. | 4 | 0.17 | 18 | 0.75 | 0 | 0.00 | 1 | 0.04 | 1 | 0.04 | 3.09 | 0.60 |
| 15. My employee/supervisee understands research methods, needs assessment, and program evaluation. | 3 | 0.13 | 14 | 0.58 | 2 | 0.08 | 0 | 0.00 | 5 | 0.21 | 3.05 | 0.52 |
| 16. My employee/supervisee can maintain appropriate professional boundaries in individual and group counseling settings. | 8 | 0.33 | 16 | 0.67 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.33 | 0.48 |
| 17. My employee/supervisee understands his/her strengths and limitations. | 10 | 0.42 | 12 | 0.50 | 2 | 0.08 | 0 | 0.00 | 0 | 0.00 | 3.33 | 0.64 |
| 18. My employee/supervisee can manage his/her personal anxiety during counseling or supervision sessions. | 7 | 0.29 | 17 | 0.71 | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 | 3.29 | 0.46 |

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|  |

Appendix J

MA Mental Health Graduating Student Survey 2013

Evaluation Report: M.A. Graduating Student Survey 2012

N=17, n=14 (82%)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Question** | **n or Mean** | **% or SD** |  | **Question** | **n or Mean** | **% or SD** |
| **1. On which campus did you complete the majority of your work?** | | |  | **6. How many children do you have?** | Mean = .79 | SD = 1.05 |
| Asbury Cluster Education | 0 | 0 |  | 0 children | 8 | 0.57 |
| Florida | 5 | 0.36 |  | 1 child | 2 | 0.14 |
| Kentucky | 9 | 0.64 |  | 2 children | 3 | 0.21 |
| Online Courses | 0 | 0.00 |  | 3 children | 1 | 0.07 |
| **2. What is your gender** | | |  | **7. In which geographical area did you spend most of your time growing up?** | | |
| Female | 8 | 0.57 |  | Midwest | 0 | 0.00 |
| Male | 6 | 0.43 |  | Northeast | 3 | 0.21 |
| **3. What is your age?** | Mean = 33.29 | SD = 9.96 |  | Southeast | 10 | 0.71 |
| **4. What was your marital status upon entering Seminary?** | | |  | Southwest | 0 | 0.00 |
| Single; Never-Married | 6 | 0.43 |  | Western | 1 | 0.07 |
| Married | 6 | 0.43 |  | Outside U.S.A. | 0 | 0.00 |
| Divorced/Single | 0 | 0.00 |  | **8. What is your intended area of ministry?** | | |
| Divorced/Remarried | 0 | 0.00 |  | Chaplaincy | 0 | 0.00 |
| Widowed | 1 | 0.07 |  | Counseling | 14 | 100.00 |
| **5. What is your marital status upon graduating from Seminary?** | | |  | Evangelism/Missions | 0 | 0.00 |
| Single; Never-Married | 2 | 0.14 |  | Pastoral | 0 | 0.00 |
| Married | 11 | 0.79 |  | Teaching | 0 | 0.00 |
| Divorced/Single | 0 | 0.00 |  | Other | 0 | 0.00 |
| Divorced/Remarried | 0 | 0.00 |  |  |  |  |
| Widowed | 1 | 0.07 |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Question** | **n or Mean** | **% or SD** |  | **Question** | **n or Mean** | **% or SD** |
| **9. What was your college G.P.A.?** | | |  | **12. How many years have you taken to earn your degree?** | | |
| 4.00-3.50 | 8 | 0.57 |  | 1 year | 0 | 0.00 |
| 3.49-3.00 | 3 | 0.21 |  | 2 years | 3 | 0.21 |
| 2.99-2.50 | 3 | 0.21 |  | 3 years | 5 | 0.36 |
| 2.49-2.00 | 0 | 0.00 |  | 4 years | 3 | 0.21 |
| **10. What is your seminary G.P.A.?** | | |  | 5 years | 1 | 0.07 |
| 4.00-3.50 | 11 | 0.79 |  | 6 years | 1 | 0.07 |
| 3.49-3.00 | 2 | 0.14 |  | 7 years | 1 | 0.07 |
| 2.99-2.50 | 1 | 0.07 |  | **13. Have you been appointed to a ministry position as of today?** | | |
| 2.49-2.00 | 0 | 0.00 |  | Yes | 6 | 0.43 |
| **11. How much debt did you incur as a direct result of seminary?** | | |  | No | 8 | 0.57 |
| None | 1 | 0.07 |  | **14. If you answered "Yes" to Question #13, what is the ministry position to which you have been appointed?** | | |
| Less than $5,000 | 0 | 0.00 |  | Adult Ministries | 0 | 0.00 |
| $5,000-$10,000 | 1 | 0.07 |  | Chaplain | 0 | 0.00 |
| $10,000-$15,000 | 1 | 0.07 |  | Children's Ministries | 2 | 0.14 |
| $15,000-$20,000 | 1 | 0.07 |  | Counselor | 4 | 0.29 |
| $20,000-$25,000 | 1 | 0.07 |  | Director of Christian Education | 0 | 0.00 |
| $25,000-$30,000 | 2 | 0.14 |  | Evangelist | 0 | 0.00 |
| $30,000-$35,000 | 1 | 0.07 |  | Missionary | 0 | 0.00 |
| $35,000-$40,000 | 1 | 0.07 |  | Pastor (Senior / Assoc / Assist / Youth) | 0 | 0.00 |
| $40,000 or more | 5 | 0.36 |  | Teacher | 0 | 0.00 |
|  | | |  | Other | 0 | 0.00 |

Appendix K

MA in Mental Health Course CACREP SLOs

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The Counseling and Pastoral Care [CPC] Department is preparing the MAMH for a self-study based on the 2009 Standards established by the Council on Accreditation for Counseling and Related Educational Programs [CACREP.org]. “Input standards” are designated by “II.G…” and the CPC faculty translated them into SLOs. “Output standards/SLOs” are designated by the prefix “CMHC…” [Community Mental Health Counseling].** | | | | | |
| **The 2012-2013 MAMH Degree plan includes a category of “Human Development – CO615, CO620, CO621, CO622”. In the 2013-2014 degree plan this category has been eliminated and replaced by the requirement of CO622 Theories of Personality Across the Lifespan. [Evidence is found in the minutes of the Curriculum Committee from 2011-2012/5-14-12]. It was the intent of the CPC Dept. that this change would be implemented in 12-13, but the CC postponed the change to 13-14 b/c of the timing with which the request came before the CC.** | | | | | |
|  |  | **MAMH PLO** | | | |
| **COURSE** | **Course SLOs/Sample of CACREP standards associated with course** | Demonstrates mastery of skills for individual and group settings at an accomplished level, including the ability to articulate the theoretical foundations upon which these models are built. | Practices professional behavior that maintains appropriate boundaries, conforms to ethical standards, and reflects respect and sensitivity for persons from diverse backgrounds. | Practices theological/theoretical integration, which is demonstrated in a maturing biblically grounded theological understanding of God and persons along with an informed theoretical perspective of the counseling role. | Identifies self as a professional counselor |
| **CO601 Counseling Theories & Techniques** | II.G.5.d. Knows counseling theories that provide models to conceptualize client presentation and that help to select appropriate counseling interventions. Students will know models of counseling that are consistent with current professional research and practice in the field. Students will begin to develop a personal model of counseling; |  |  | CO601 Integration Paper 5 Views Rubric |  |
| II.G.5.e. Understand a systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions. |  |  |  |  |
| CMHC A.1 Understands the history, philosophy, and trends in CMHC. |  |  |  |  |
| CMHC A.5 Understands a variety of models and theories related to CMHC, including methods, models, and principles of clinical supervision. |  |  |  |  |
| CO610 Ethics | II.G.1.b. Understands professional roles, functions, and relationships with other human service providers, including strategies for interagency/interorganization collaboration and communications; |  | Final Exam Items |  |  |
| II.G.1.d. Knows self-care strategies appropriate to the counselor role; |  |  |  |  |
| II.G.1.f. Knows professional organizations, including membership benefits, activities, services to members, and current issues; |  |  |  |  |
| II.G.1.g. Understands professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues; |  |  |  |  |
| II.G.1.j. Knows ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling. |  | Final Exam Items |  |  |
| CMHC A.2 Understands the ethical and legal considerations specifically related to the practice of CMHC. |  | Final Exam Items |  |  |
| CMHC A.4 Understands the ethical and legal considerations specifically related to the practice of CMHC. |  | Final Exam Items |  |  |
| CMHC B.1 Demonstrates the ability to apply & adhere to ethical and legal standards in clinical mental health counseling. |  |  |  |  |
| CO620 Moral Development | Articulate predominate moral developmental perspectives and consider their presuppositions and implications for moral judgment, religious education, and other dimensions of ministry |  |  |  |  |
|  | Discuss the interaction of biological, cognitive, affective, moral and faith components that contribute to moral development across the lifespan. |  |  |  |  |
|  | Evaluate moral development perspectives from within a Wesleyan theological understanding. |  |  |  |  |
|  | Formulate questions and dialogue regarding the relationship of human development issues and the theological doctrines of creation, sin, the nature of human beings, redemption, and grace. |  |  |  |  |
|  | Distinguish between different conceptualizations of justice and relate these to Biblical revelation. |  |  |  |  |
|  | Identify probable gender differences and racial differences in moral reasoning and their  implications for ministry. |  |  |  |  |
|  | Reconstruct from their own experience personal transitions and movements through  stages of development with a view toward embracing the whole of God’s redemptive  pattern. |  |  |  |  |
|  | Commit to ministry applications that are sensitive and responsive to the appropriate  developmental level of the individuals in one’s target population. |  |  |  |  |
|  | Understand suffering and pain as important mechanisms for transformation and  articulate a theology that accounts for and comprehends their significance. |  |  |  |  |
|  |  |  |  |  |  |
| CO622 Theories of Personality Development Across the Life Span | CMHC A.5 Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision. |  |  |  |  |
|  | CMHC A.9 The student understands the impact of crises, disasters, and other trauma-causing events on people. |  |  |  |  |
|  | CMHC C.6 Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. |  |  |  |  |
|  | CMHC D.3 Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities |  |  |  |  |
|  | CMHC D.9 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. |  |  |  |  |
|  | CMHC F.1 Maintains information regarding community resources to make appropriate referrals. |  |  |  |  |
|  | CMHC G.1 Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans. |  |  |  |  |
|  | CMHC L.3 The student differentiates between diagnosis & developmentally appropriate reactions during crises disasters, & other trauma-causing events. |  |  |  |  |
| **CO621 Psychology of Religion** | be able to think about how the psyche works in religious thought, feeling, and behavior. |  |  |  |  |
|  | Become familiar with the psychological methods and tools by which religion is studied. |  |  |  |  |
|  | Explore the interplay of religion and culture as it affects individuals. |  |  |  |  |
|  | Develop awareness of approaches to evaluating the effects of religion upon  individuals' lives in counseling and pastoral counseling settings. |  |  |  |  |
|  |  |  |  |  |  |
| **CO624 Community Counseling** | II.G.1 a. Knows history and philosophy of the counseling profession; |  |  |  |  |
| II.G. b. Understands professional roles, functions, and relationships with other human service providers, including strategies for interagency/inter-organization collaboration and communications; |  |  |  | Professional Identity Paper |
| II.G.1. f. Knows professional organizations, including membership benefits, activities, services to members, and current issues; |  |  |  | Professional Identity Paper |
| II.G.1.g. Understands professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues; |  |  |  | Professional Identity Paper |
| I.G.1.i. Understands advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients, |  |  |  |  |
| II.G.5. a. Adopts an orientation to wellness and prevention as desired counseling goals. |  |  |  | Professional Identity Paper |
| II.G.5. b. Identifies counselor characteristics and behaviors that influence helping processes |  |  |  | Professional Identity Paper |
| II.G.5. f. Knows a general framework for understanding and practicing consultation |  |  |  | Professional Identity Paper |
| II.G.8. d. Knows Principles, models, and applications of needs assessment, program evaluation, and the use of findings to effect program modification. |  |  |  |  |
| CMHC A. 1. Understands the history, philosophy, and trends in clinical mental health counseling. |  |  |  |  |
| CMHC A. 3. Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams. |  |  |  | Professional Identity Paper |
| CMHC A. 4. Knows the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling. |  |  |  | Professional Identity Paper |
| CMHC A8. Understands the management of mental health services and programs, including areas such as administration, finance, and accountability. |  |  |  | Professional Identity Paper |
| CMHC C1. Describes the principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society. |  |  |  |  |
| CMHC C3. Knows the models, methods, and principles of program development and service delivery (e.g., support group, peer facilitation training, parent education, & self-help) |  |  |  |  |
| CMHC C. 5. Understand the range of mental health service delivery – such as inpatient, outpatient, partial treatment and aftercare – and the clinical mental health counseling services network |  |  |  |  |
| CMHC C. 8. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders. |  |  |  |  |
| CMHC D. 3. Promotes optimal human development, wellness, & mental health through prevention, education, and advocacy activities |  |  |  |  |
| CMHC E. 1. Understands how living in a multicultural society affects clients who are seeking clinical mental health counseling services. |  |  |  |  |
| CMHC E. 4. Understands effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling. |  |  |  |  |
| CMHC E. 6. Knows public policies on the local, state, and national levels that affect the quality and accessibility of mental health services. |  |  |  |  |
| CMHC F. 2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients. |  |  |  | Professional Identity Paper |
| CMHC I. 2. Knows models of program evaluation for clinical mental health programs |  |  |  |  |
| CMHC J. 2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments. |  |  |  |  |
| CO655 The Counseling Relationship: Process & Skills | II.G.5.a The student understands an orientation to wellness and prevention as desired counseling goals. |  |  |  |  |
| II.G.5.b The student understand counselor characteristics and behaviors that influence helping processes. |  |  |  |  |
| II.G.5.c The student understands essential interviewing and counseling skills |  |  |  |  |
| CMHC B.1 The student demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling. |  |  |  |  |
| CMHC D.9 The student 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. |  |  |  |  |
| CMHC H.4. The student applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality & placement criteria within the continuum of care. |  |  |  |  |
| The student understands the theological assumptions, biblical foundations, and spiritual platform that relate to understanding persons and the nature of wellness. |  |  |  |  |
| **CO660: Crisis Counseling** | II.G.1.c Understands counselors’ roles and responsibilities as members of an interdisciplinary emergency management response team during a local, regional, or national crisis, disaster, or other trauma-causing event. |  |  |  |  |
| II.G.1.d Understands self-care strategies appropriate to the counselor’s role. |  |  |  |  |
| II.G.3.e Understands the effects of crises, disasters, and other trauma-causing events on people of all ages. |  |  |  |  |
| II.G.5.g Understands crisis intervention and suicide prevention models, including the use of psychological first aid. |  |  |  |  |
| CMHC A.2 Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling. |  |  |  |  |
| CMHC A.9 The student understands the impact of crises, disasters, and other trauma-causing events on people. |  |  |  |  |
| CMHC A.10 The student understands the operation of an emergency management system within clinical mental health agencies and in the community. |  |  |  |  |
| CMHC B.1 The student demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling. |  |  |  |  |
| CMHC C.6 The student understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events. |  |  |  |  |
| CMHC D.4 The student applies effective strategies to promote client understanding of and access to a variety of community resources. |  |  |  |  |
| CMHC D. 6 The student demonstrates the ability to use procedures for accessing and managing suicide risk. |  |  |  |  |
| CMHC G.3 Understands basic classifications, indication, and contraindications of commonly prescribed psychopharmacological medication so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified. |  |  |  |  |
| CMHC F. 1 The student maintains information regarding community resources to make appropriate referrals. |  |  |  |  |
|  | CMHC K.5 The student understands appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event. |  |  |  |  |
| CMHC L.3 The student differentiates between diagnosis & developmentally appropriate reactions during crises disasters, & other trauma-causing events. |  |  |  |  |
| The student will understand theological assumptions and biblical foundation that support intervention during crisis, disaster, and trauma. |  |  |  |  |
| CO 675: Group Counseling | **II.G.6.a** Knows Principles of group dynamics, including group process components, developmental state theories, group member’s roles and behaviors, and therapeutic factors of group work; |  |  |  |  |
| **II.G.6.b** Understands Group leadership or facilitation styles and approaches, including characteristics of various types of group leaders and leadership styles; |  |  |  |  |
| **II.G.6.c** Knows Theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature; |  |  |  |  |
| **II.G.6.d** Understands Group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and methods of evaluation of effectiveness; |  |  |  |  |
| **II.G.6.e** Participates as group members in a small group activity, approved by the program, for a minimum of 10 click hours over the course of one academic term. |  |  |  |  |
| **CMHC A.2** Understands the ethical and legal considerations specifically related to the practice of CMHC. |  |  |  |  |
| **CMHC C.3** Knows the models, methods, and principles of program development and service delivery (e.g., support group, peer facilitation training, parent education, and self-care). |  |  |  |  |
| CO680: Career Counseling | II.G.4.a. – Understands career development theories and decision-making models; |  |  |  |  |
| II.G.4.b. – Understands career, avocational, educational, occupational and labor market information resources, and career information systems; |  |  |  |  |
| II.G.4.c. – Understands career development program planning, organization, implementation, administration, and evaluation; |  |  |  |  |
| II.G.4.d. – Understands interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development; |  |  |  |  |
| II.G.4.e. – Understands career and educational planning, placement, follow-up, and evaluation; |  |  |  |  |
| CO 700 Counseling Practicum | **CMHC B.1** Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling. |  |  |  |  |
| **CMHC C.5** Understands the range of mental health service delivery – such as impatient, outpatient, partial treatment and aftercare – and the clinical mental health counseling services network. |  |  |  |  |
| **CMHC C.7** Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. |  |  |  |  |
| **CMHC D.6** Demonstrates the ability to use procedures for assessing and managing suicide risk. |  |  |  |  |
| **CMHC D.7** Applies current record-keeping standards related to clinical mental health counseling. |  |  |  |  |
| **CMHC D.9** Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and seek supervision or refer clients when appropriate. |  |  |  |  |
| **CMHC F.3** Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations. |  |  |  |  |
| **CMHC H.2** Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management. |  |  |  |  |
| **CMHC L.1** 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 impairment. |  |  |  |  |
| **CMHC L.2** Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating individuals. |  |  |  |  |
| **CMHC L.3** Differentiates between diagnosis and developmentally appropriate reactions during crisis, disasters, and other trauma-causing events. |  |  |  |  |
| Through practicum experiences and group discussion students will also gain insight of learned theological assumptions and biblical foundation and integration into the practice of professional counseling |  |  |  |  |
| **CO705 Counseling Internship – One** | **CMHC B.1** Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC C.7** Knows the principles, models, and documentation formats of bio-psycho-social case conceptualization and treatment planning. | Supervisor Evaluation Form | Supervisor Evaluation Form |  |  |
| **CMHC C.9** Understands the professional issues relevant to the practice of clinical mental health counseling. | Supervisor Evaluation Form | Supervisor Evaluation Form |  |  |
| **CMHC D.5** Demonstrates appropriate use of culturally responsive individual, couple, family, group and systems modalities for initiating, maintaining, and terminating counseling. | Supervisor Evaluation Form | Supervisor Evaluation Form |  |  |
| **CMHC D.6** Demonstrates the ability to use procedures for assessing and managing suicide risk. | Supervisor Evaluation Form | Supervisor Evaluation Form |  |  |
| **CMHC D.7** Applies current record-keeping standards related to clinical mental health counseling. | Supervisor Evaluation Form | Supervisor Evaluation Form |  |  |
| **CMHC D.9** Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and seek supervision or refer clients when appropriate. | Supervisor Evaluation Form | Supervisor Evaluation Form |  |  |
| **CMHC F.3** Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations. | Supervisor Evaluation Form | Supervisor Evaluation Form |  |  |
| **CMHC H.2** Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management. | Supervisor Evaluation Form | Supervisor Evaluation Form |  |  |
| **CMHC H.3** Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. | Supervisor Evaluation Form | Supervisor Evaluation Form |  |  |
| **CMHC J.1** Applies relevant research findings to inform the practice of clinical mental health counseling. | Supervisor Evaluation Form | Supervisor Evaluation Form |  |  |
| **CMHC J.3** Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs. | Supervisor Evaluation Form | Supervisor Evaluation Form |  |  |
| **CMHC L.1** 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 impairment. | Supervisor Evaluation Form | Supervisor Evaluation Form |  |  |
| **CMHC L.2** Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating individuals. | Supervisor Evaluation Form | Supervisor Evaluation Form |  |  |
| **CMHC L.3** Differentiates between diagnosis and developmentally appropriate reactions during crisis, disasters, and other trauma-causing events. | Supervisor Evaluation Form | Supervisor Evaluation Form |  |  |
| Through practicum experiences and group discussion students will also gain insight of learned theological assumptions and biblical foundation and integration into the practice of professional counseling |  |  |  |  |
| **CO 706 Counseling Internship --Two** | **CMHC B.1** Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC C.7** Knows the principles, models, and documentation formats of bio-psycho-social case conceptualization and treatment planning. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC C.9** Understands the professional issues relevant to the practice of clinical mental health counseling. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC D.5** Demonstrates appropriate use of culturally responsive individual, couple, family, group and systems modalities for initiating, maintaining, and terminating counseling. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC D.6** Demonstrates the ability to use procedures for assessing and managing suicide risk. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC D.7** Applies current record-keeping standards related to clinical mental health counseling. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC D.9** Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and seek supervision or refer clients when appropriate. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC F.3** Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC H.2** Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC H.3** Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC J.1** Applies relevant research findings to inform the practice of clinical mental health counseling. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC J.3** Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC L.1** 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 impairment. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC L.2** Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating individuals. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| **CMHC L.3** Differentiates between diagnosis and developmentally appropriate reactions during crisis, disasters, and other trauma-causing events. | Supervisor Evaluation Form for CO705, 706 | Supervisor Evaluation Form for CO705, 706 |  |  |
| Through practicum experiences and group discussion students will also gain insight of learned theological assumptions and biblical foundation and integration into the practice of professional counseling |  |  |  |  |
| **CO 715 Assessment Inventories in Counseling** | II.G.7.a Knows Historical perspectives concerning the nature and meaning of assessment |  |  |  |  |
| II.G.7.b Understands Basic concepts of standardized and non-standardized testing and other assessment techniques, including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, psychological testing, and behavioral observations; |  |  |  |  |
| II.G.7.c Understands Statistical concepts, including scales of measurement, measure of central tendency, indices of variability, shapes and types of distributions, and correlations; |  |  |  |  |
| II.G.7.d Reliability (i.e., theory of measurement error, models of reliability, and the use of reliability information). |  |  |  |  |
| II.G.7.e Undetstands Validity (i.e., evidence of validity, types of validity, and the relationship between reliability and validity) |  |  |  |  |
| II.G.7.f Understands Social and cultural factors related to the assessment and evaluation of individuals, groups, and specific populations |  |  |  |  |
| II.G.7.g Knows Ethical strategies for selecting, administering, and interpreting assessment and evaluation instruments and techniques in counseling |  |  |  |  |
| CMHC G.1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans. |  |  |  |  |
| CMHC G.2. Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments. |  |  |  |  |
| CMHC H.2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management. |  |  |  |  |
| CMHC K.4. Understands the relevance and potential biases of commonly used diagnostic tools w/multicultural populations. |  |  |  |  |
|  | The student will understand and integrate theological assumptions and biblical foundation with ethical counseling theory and practice. |  |  |  |  |
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| **CO 720 Psychopathology: Theory & Assessment** | II.G.3.f. The student can provide an understanding of human behavior, including an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior. |  |  |  |  |
| II.G.3.g. The student can provide an understanding of the etiology of addictions and addictive behaviors, including strategies for prevention, intervention, and treatment. |  |  |  |  |
| CMHC A. 6. The student recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders. |  |  |  |  |
| CMHC A. 9. The student understands the impact of crises, disasters, and other trauma- causing events on people. |  |  |  |  |
| CMHC C. 2. The student knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders. |  |  |  |  |
| CMHC C. 4. The student knows the disease concept and etiology of addiction and co- occurring disorders. |  |  |  |  |
| CMHC C. 5. The student understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network. |  |  |  |  |
| CMHC C. 8. The student recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders. |  |  |  |  |
| CMHC D. 1. The student uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling. |  |  |  |  |
| CMHC G. 1. The student knows the principles of assessment, case conceptualization, theories of human development and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans. |  |  |  |  |
| CMHC J. 1. The student applies relevant research findings to inform the practice of clinical mental health counseling. |  |  |  |  |
| CMHC K. 1. The student knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). |  |  |  |  |
| CMHC K. 2. The student knows the impact of co-occurring substance use disorders on medical and psychological disorders. |  |  |  |  |
| CMHC K. 3. The student understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care. |  |  |  |  |
| CMHC L. 1. The student 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. |  |  |  |  |
| CMHC L. 2. The student is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals. |  |  |  |  |
| CMHC L. 3. The student differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events. |  |  |  |  |
| The student understands theological and biblical perspectives that relate to human psychopathology. |  |  |  |  |
| **CO725 Research Seminar: Theory & Design** | II.G.8.a Knows The importance of research in advancing the counseling profession; |  |  |  |  |
|  | II.G.8.b Understands Research methods such as qualitative, quantitative, single-case designs, action research, and outcome-based research |  |  |  |  |
|  | II.G.8.c Understands Statistical methods used in conducting research and program evaluation |  |  |  |  |
|  | II.G.8.d Understands Principles, models, and applications of needs assessment, program evaluation, and the use of findings to effect program modification |  |  |  |  |
|  | II.G.8.e Understands The use of research to inform evidence-based practice |  |  |  |  |
|  | II.G.8.f Understands Ethical and culturally relevant strategies for interpreting and reporting the results of research and/or program evaluation studies |  |  |  |  |
| I.1 Understand how to critically evaluate research relevant to the practice of clinical mental health counseling. |  |  |  |  |
| I.2 Know models of program evaluation for clinical mental health programs. |  |  |  |  |
| I.3 Know evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling. |  |  |  |  |
| J.1 Apply relevant research findings to inform the practice of clinical mental health counseling. |  |  |  |  |
| J.2 Develop measurable outcomes for clinical mental health counseling programs, interventions, and treatments. |  |  |  |  |
| J.3 Analyze and use data to increase the effectiveness of clinical mental health counseling interventions and programs. |  |  |  |  |
| II.G.8.a The importance of research in advancing the counseling profession; |  |  |  |  |
|  |  |  |  |  |  |
| **CO730 Advanced Issues in Cross-Cultural Counseling** | CMHC D.2 Students will demonstrate developing multicultural competency in counseling families and individuals, marked by: Foundational Knowledge & Application . |  |  |  |  |
| CMHC E.1 Students Understand how living in a multicultural society affects clients who are seeking clinical mental health counseling services. |  |  |  |  |
| CMHC E.2 Students Understand the effects of racism, discrimination, sexism, power, privilege, & oppression on one's own life & career & those of the client. |  |  |  |  |
| CMHC E.5 Students Understand the implications of concepts such as internalized oppression & institutional racism, as well as the historical & current political climate regarding immigration, poverty, & welfare |  |  |  |  |
| CMHC F.3 Students Demonstrate the ability to modify counseling systems, theories, techniques, & interventions to make them culturally appropriate for diverse populations. |  |  |  |  |
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| GATE 1:  Admissions | Applicants will submit an essay in response to the prompt: Counselors of faith have at least two sources of information that they can draw upon to counsel others. Imagine a continuum where #1 represents the position of “using Bible only” and #5 represents the position of “using psychological studies only.” Where would you currently place yourself on this continuum? Why? |  |  | Applicant Evaluation Rubric |  |
| Applicants will submit an essay in response to the prompt: Describe how relating to persons who are different from you [race, gender, age, economic, sexual orientation] has impacted you. |  | Applicant Evaluation Rubric |  |  |
| Applicants will submit an essay in response to the prompt: Discuss your career goals and how this degree helps you move toward them. |  |  |  | Applicant Evaluation Rubric |
|  |  |  |  |  |  |
| Gate 2: Successful completion of Gate 2 provides faculty approval to enroll in field placement when all academic requirements are fulfilled. | Student will complete a portfolio that includes written documents that address PLOs | Gate 2.3 Evaluation Rubric | Gate 2.3 Evaluation Rubric | Gate 2.3 Evaluation Rubric | Gate 2.3 Evaluation Rubric |
| Students will participate in an interview with a departmental faculty member and an interviewer invited by the department. | Gate 2.3 Evaluation Rubric | Gate 2.3 Evaluation Rubric | Gate 2.3 Evaluation Rubric | Gate 2.3 Evaluation Rubric |
|  |  |  |  |  |  |
| Gate 3: Assessment during students’ final semester prior to graduation. | Student will complete a portfolio that includes written documents that address PLOs | Gate 2.3 Evaluation Rubric | Gate 2.3 Evaluation Rubric | Gate 2.3 Evaluation Rubric | Gate 2.3 Evaluation Rubric |
| Students will participate in an interview with a departmental faculty member and an interviewer invited by the department. | Gate 2.3 Evaluation Rubric | Gate 2.3 Evaluation Rubric | Gate 2.3  Evaluation Rubric | Gate 2.3 Evaluation Rubric |
| Students will respond to a case study that they receive 30 minutes prior to their Gate 3 interview | Case Study rubrics | Case Study rubrics | Case study rubrics |  |
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CO515: Forgiveness in the Counseling Process

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| Student Learning Outcomes |
| 1. Articulate forgiving, repenting, and reconciling processes from biblical contexts and theological perspectives. |
| 1. Describe the psychological foundations of forgiving, repenting, and reconciling. |
| 1. Apply counseling strategies to case studies. |

CO520: Narrative Therapy

1. Develop a basic understanding of the issues of postmodern theory and techniques of narrative counseling.
2. Integrate narrative theory with the practice of narrative counseling.
3. Understand the importance of exegesis in Biblical counseling.
4. Examine the importance of asking timely, well-formulated questions.
5. Explore how their own lives have been authored and discover ways to reauthor themselves from the perspective of the biblical metanarratives.
6. Find cross-cultural means of communication,
7. Discover ways to become practitioners of Narrative Counseling,

CO623 Play Therapy

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| 1. An understanding of the philosophical basis of & rationale for play therapy |
| 2. An understanding of the history of play therapy & various theoretical approaches |
| 3. The basic communication skills utilized in play therapy (tracking, facilitative responses, etc.) |
| 4. Knowledge regarding the rationale & selection of toys & play materials, & how to modify materials in various settings |
| 5. Knowledge of effective consultation and advocacy strategies with significant others of the child client, including teachers, courts, agencies (e.g., CPS); and parents, including consults, interventions, training |
| 6. The ability to conceptualize the child client in a consistent theoretical model and express this both verbally and in writing |
| 7. A basic understanding of the ethics of working with minors |
| 8. An understanding of the impact of culture on the play therapy process |
| 9. An overview & understanding of group play therapy, filial therapy, family play therapy, sandtray therapy, and application to other populations |
| 10. An understanding of the dynamics of the child client- counselor relationship |
| 11. An understanding of awareness of self as a vehicle for providing mental health assistance to others. |

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| 12. The ability to perform appropriate tasks in various stages of therapy & develop a treatment plan informed by a DSM diagnosis |
| 13. The ability to use the staffing experience to develop personal, professional, peer and client growth |
| 14. An understanding of research to determine effective play therapy interventions to use with children and families |
| 15. An ability to utilize electronic media to find standards of practice, research & professional resources helpful to play therapy, including access & exploration of Association for Play Therapy web site |

CO625

1. Provide a sound rationale for conceptualizing the problem of an addictive disorder;
2. Become familiar with the different models of conceptualization and treatment of addictions;
3. Examine how all addictions impact an individual’s abilities to form a meaningful relationship with Jesus Christ;
4. Identify the fundamental elements of an effective program for treating addictive disorders;
5. Develop a general chemical dependency assessment approach;
6. Gain a basic understanding of dual diagnosis and how it can effect counseling strategies and treatment;
7. List goals and objectives for treating an addictive disorder;
8. Explain the change process;
9. Understand the process of recovery;
10. Outline the attributes and expected skills of an effective addiction's counselor;
11. Comprehend the issues related to families who are affected by a member suffering from an addiction;
12. Understand the importance of community based support in maintaining change in persons in recovery from an addiction.

CO672 Relational Psychodynamics

1. Understand the broader principles of relational psychodynamic theory and the more specific  applications of Attachment Theory.
2. Comprehend the practical importance of Trinitarian theology for work in relational contexts.
3. Increase their knowledge of current research concerning neuroscience, psychodynamic  methods, and the relational process.
4. Expand their understanding of Christian counseling from a psychodynamic framework.
5. Extend their understanding of their role as empathic agents of change in an inter-subjective  process.
6. Reflect on their personal impact on relationships with others – learn “mindful” techniques to  be a “participant-observer” (Safran & Muran, 2000) in a counseling relationship.
7. Enhance their relational skills in working with clients from a psychodynamic perspective.
8. Consider appropriate boundaries and other ethical issues involved in relational practice.

CO740 Cognitive-Behavioral Therapy

1. Gain an understanding of the relationship of Christian principles to cognitive- behavioral approaches.
2. Develop an understanding of the theoretical formulations of various cognitive- behavioral theories.
3. Gain first-hand experience with the techniques of cognitive-behavioral methods.

Appendix L

MA in Mental Health Counseling PLOs and Gate 1, 2, 3 Artifacts

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| MAMF PLOs | Gate Policy Categories | Gate 1: Admission Referral Letter Questions | Gate 1: Admission Essays Questions | Gate 1: Admissions Group Interview Questions | Gate 2 & 3 Artifacts and  Faculty Evaluation of Candidate Performance During Gate 2 or 3 Interview |
| 1. Demonstrate mastery of clinical skills in individual and group settings at an accomplished level, including an ability to articulate the theoretical foundations upon which these skills are built. | Demonstrates mastery of adequate clinical skills | Does not take over another when tension arises in their relationship.  Easily gives up their perspective when tension arises in their relationship.  Withdraws from another when conflict or tension arises in their relationship.  Manages his/her anxiety that might otherwise interfere with relationships or job performance. |  | Discuss the kind of person that would make you the most uncomfortable if that person were assigned to you as a client? Why? What would that other person experience that would clue him/her into your distress?  Some people run away from the problems of others. Other people never met a problem that they didn’t feel obligated to fix. Pretend that there is a continuum in the room that runs from 1 to 5, and imagine where you would fall on that continuum if #1 was “running away” from others’ problems and #5 was feeling responsible to attend to every problem that someone you know is having. Why did your place yourself there.  How do you react when your interpersonal relationships are in conflict or filled with tension? | Gate 2 & 3 Peer Feedback Forms  Gate 2 & 3 Candidate Self-evaluations  Gate 2: Faculty observation from classroom experiences  Gate 3 Case Vignette presentation  Gate 3: Internship Supervisor evaluation form  Gate 2: Professional Development Plan  Gate 3: Reflection on Implementation of Professional Development Plan |
| Demonstrates appropriate use of self | Can identify his/her strengths.  Can identify areas for growth.  Possesses appropriate self-worth.  Can see how his/her life experiences influences his/her ministry. |  | Describe the characteristics that you possess that you believe are consistent with being a good counselor. How do you see these characteristics functioning in a counseling session?  Describe and discuss aspects of yourself that may prove to be hindrances to your capacity to counsel another person. How might these characteristics show up when you are counseling another person? | Gate 2 & 3 performance during interview/faculty assessment based on professional judgment |
| 2. Practice professional behavior that maintains appropriate professional boundaries, conforms to ethical standards, and reflects respect and sensitivity for persons from diverse backgrounds. | Maintains appropriate professional boundaries. | Demonstrates a level of self-disclosure appropriate to the setting.  Demonstrates a respect for others' boundaries.  Demonstrates ability to accurately interpret others' interpersonal cues. | Describe how relating to persons who are different from you [race, gender, age, economic, sexual orientation] has impacted you. |  | Faculty observation of candidate performance during Gate 2 & 3 interview |
| Demonstrates humble respect for persons of diverse opinions | View of others is free from cultural, gender, or racial stereotypes.  Is able to engage others' respectfully when disagreements arise.  Seeks out the perspectives of those who may hold different views than his/her view. |  | What issues of diversity are you most uncomfortable with? How does your discomfort show up in your thoughts, feelings, and behaviors? | Gate 2 Essay 2 – Diversity: Develop a **600-word** essay that discusses how your interaction with persons who are different from you has impacted who you are today. Compare who you are today with who you were at the time you entered your counseling program in terms of how persons who are different from you [e.g., ethnicity, culture, economics, gender, sexual orientation, etc.] have impacted your personal growth and professional development. Use of references is strongly encouraged.  Gate 3: Gate 3 Integration Essay  1). State *your theory of choice* to counseling (contemporary);  2). Review your theory of counseling by engaging scholarly literature in a manner that extends your demonstrated knowledge base past a simple book/article review.  3). Provide evidence of *a biblical, faith/theological based approach* to the understanding of the *whole person* and *their human condition*;(in other words, show evidence of integration of psychology and the bible, theology/faith in your writing)  4). Provide some conclusions and recommendations that are logical and reasonable; that clearly state the *advantages* and *limitations* of the position you presented.  5). Include APA formatted reference list.  5-7 pages in length |
| 3. Practices theoretical/theological integration, which is demonstrated in a maturing biblically grounded theological understanding of God and persons, along with an informed theoretical perspective of the counseling role. | Practices theological/theoretical integration | Believes that psychology is a valuable component of effective counseling for Christians.  Believes that the Bible is the only resource required for effective counseling.  Shows an interest in how theological resources can inform counseling practice. | Counselors of faith have at least two sources of information that they can draw upon to counsel others. Imagine a continuum where #1 represents the position of “using Bible only” and #5 represents the position of “using psychological studies only.” Where would you currently place yourself on this continuum? | Counselors of faith have at least two sources of information that they can draw upon to counsel others. Imagine that #1 represents the position of “Bible only” and #5 represents the position of “psychological studies only”. Where would you place yourself on that continuum? Why? | Gate 2 & 3: Updated Rule of Life  Gate 2 Essay 1 - Integration: Review the integration paper that you prepared for CO601 or CO600. If you applied to one of the counseling degree programs in Fall 2012 or after that semester, you may update your Integration essay from your application material. Develop a **900 word** [about 3 pages] essay that discusses how your understanding of the integration of theology and counseling has evolved, grown, and/or changed since you began your counseling program. This paper should include a clear statement of the current theoretical position from which you intent to counsel. Use of citations and scholarly references is strongly encouraged. |
| 4. Identifies self as a professional counselor. | Manifests maturing spiritual formation | Participates in Christian practices that deepen his/her spiritual life.  Others would identify this person as one who is maturing in his/her faith.  Regularly participates in a faith community. | Discuss your career goals and how this degree helps you to move toward them |  | Gate 2 Essay 3 – Professional Identity: Develop a **600-word** essay that discusses to degree to which you embrace a professional identity as a licensed professional counselor. Begin by using a 1 to 5 scale to rate the degree to which you have embraced a professional identity with 1 being “I do not hold to his professional identity at all” and 5 being “I fully embrace this professional identity.” In what ways have you gained clarity over the course of your degree program about what this professional identity means to you today? Use of references is strongly encouraged. |

Appendix M

MA in Mental Health Counseling (MAMH) PLOs x Student Learning Outcomes in the 2009 Standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) for a specialization in Clinical Mental Health Counseling[[8]](#footnote-8)

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| MAMH PLOs | Clinical Mental Health Counseling Student Learning Outcomes |
| 1. Demonstrates mastery of skills for individual and group settings at an accomplished level, including the ability to articulate the theoretical foundations upon which these models are built. | CMHC A.5 Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision.  CMHC A.6 Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.  CMHC A.9 Understand the impact of crisis, disasters, and other trauma-causing events on people.  CMHC A.10 Understands the operation of an emergency management system within clinical mental health agencies in the community.  CMHC C.1 Describes the principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society.  CMHC C.2 Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.  CMHC C.3 Knows the models, methods, and principles of program development and service delivery (e.g. support groups, peer facilitation training parent education, self-help).  CMHC C.4 Knows the disease concept and etiology of addiction and co-occurring disorders.  CMCH C.6 Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.  CMHC C.7 Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.  CMHC C.8 Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.  CMHC D.1 Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.  CMHC D.4 Applies effective strategies to promote client understanding of and access to a variety of community services.  CMCH D.6 Demonstrates the ability to use procedures for accessing and managing suicide risk.  CMCH D.8 Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.  CMCH E.3 Understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders.  CMCH F.1 Maintains information regarding community resources to make appropriate referrals.  CMHC G.1 Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.  CMCH G.2 Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.  CMCH G.3 Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified.  CMHC G.4 Identifies standard screening and assessment instruments for substance use disorders and process addictions.  CMCH H.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.  CMHC H.2 Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and case management.  CMHC H.3 Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring disorders.  CMHC H.4 Applies 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.  CMHC I.1 Understands how to critically evaluate research relevant to the practice of clinical mental health counseling.  CMHC I.2 Knows models of program evaluation for clinical mental health counseling.  CMHC I.3 Knows evidence-based treatment and basic strategies for evaluating counseling outcomes in clinical mental health counseling.  CMHC J.1 Applies relevant research findings to inform the practices of clinical mental health counseling  CMHC J.2 Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.  CMHC J.3 Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.  CMHC K.1 Knows the principles of the diagnostic process, including differential diagnosis, and the use of the current diagnostic tools, such as the current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM).*  CMHC K.2 Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.  CMHC K.3 Knows the impact of co-occurring substance use disorders on medical and psychological disorders.  CMCH K.5 Understands appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event.  CMHC L.1 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 disorders.  CMHC L.2 Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.  CMHC L.3 Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events. |
| 2. Practices professional behavior that maintains appropriate boundaries, conforms to ethical standards, and reflects respect and sensitivity for persons from diverse backgrounds. | CMHC A.2 Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling.  CMHC B. 1 Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.  CMHC D.2 Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.  CMHC D.5 Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.  CMCH D.7 Applies current record-keeping standards related to clinical mental health counseling.  CMHC D.9 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.  CMHC E.1 Understands how living in a multicultural society affects clients who are seeking clinical mental health counseling services.  CMCH E.2 Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one’s own life and career and those of the client.  CMCH E.5 Understands the implications of concepts such as internalized oppression and institutional racism, as well as the historical and current political climate regarding immigration, poverty, and welfare.  CMCH F.3 Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.  CMHC K.4 Understands the relevance and potential biases of commonly used diagnostic tools with multicultural populations. |
| 3. Practices theological/theoretical integration, which is demonstrated in a maturing biblically-grounded theological understanding of God and persons, along with an informed theoretical perspective of the counseling role. | CACREP does not include SLOs for theological integration. |
| 4. Identifies self as a professional counselor. | CMHC A.1. Understands the history, philosophy, and trends in clinical mental health counseling.  CMHC A.3 Understands the roles and functions of clinical mental health counselors in various practices settings and the importance of relationships between counselors and other professionals including interdisciplinary treatment teams.  CMHC A.4 Knows the professional organizations, preparation standards, and credentials relevant to the practices of clinical mental health counseling.  CMHC A.7 Is aware of professional issues that affect clinical mental health counselors (e.g. core provider status, expert witness status, access to and practice privileges within managed care systems).  CMHC A.8 Understands the management of mental health services and programs, including areas such as administration, finance, and accountability.  CMHC B.2 Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.  CMHC B.5 Understands the range of mental health service delivery – such as inpatient, outpatient, partial treatment and aftercare – and the clinical mental health counseling services network.  CMHC C.9 Understands professional issues relevant to the practice of clinical mental health counseling.  CMHC D.3 Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.  CMHC E.4 Understands effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling.  CMHC E.6 Knows public policies on the local, state, and national levels that affect the quality and accessibility of mental health services.  CMCH F.2 Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients. |

1. Items a, b, and c are adapted from Section 1.K of the 2009 CACREP Standards. [↑](#footnote-ref-1)
2. Practicum regularly happens after a student, going full time, has accumulated about 24 hours and has completed all of the course prerequisites for practicum. It is our intent that the second gate process happen around the “mid-way” point. For example, if a full-time student starts in Fall, the second gate process happens during the following Spring semester [with most students registering for practicum for the following summer or the next fall]. For a full-time student who starts in a Spring semester, the second gate process happens in the next Fall semester. For part-time students, the second gate process should occur between 15-24 hours and prior to enrolling in practicum. [↑](#footnote-ref-2)
3. A minimum of two faculty members of the CPC Department will be present at the second and third gate interviews [↑](#footnote-ref-3)
4. “Impairment” is the term used in license laws for professional counselors and marriage and family therapists. [↑](#footnote-ref-4)
5. See CPC Gate Policy [↑](#footnote-ref-5)
6. The CPC department recognizes that attending a group interview may create a financial hardship for some USA students and may be impossible for international students. Applicants in those situations are exempted from the Group Interview process and will participate in an individual interview with a faculty member of CPC instead. [↑](#footnote-ref-6)
7. Questions updated at 10.29.12 CPC Dept. mtg. [↑](#footnote-ref-7)
8. The Department of Counseling and Pastoral Care is preparing a self-study, which is to be submitted no later than 9.1.2014 [↑](#footnote-ref-8)