2013-14 Systematic Program Evaluation Report

The faculty considers input from many sources as it strives for continual improvement of program offerings and components. These sources include information from surveys; evaluations from current site supervisors; input from advisory boards, alumni, and current students; as well as consideration of current trends in the profession gained from accrediting agencies, colleagues, professional publications and listservs. The examples in this document stem from feedback received from the 2008-2011 Surveys of Graduates and their Employers, from School Counseling and Clinical Mental Health Counseling Advisory Committee meetings, from meetings and consultation with clinical site supervisors, and from feedback solicited from current campus and online students.

Examples of Program Modifications Made

A. IN CURRICULUM

Input: From graduates: need more time practicing skills and techniques. Need training in suicide assessment and prevention plus how to respond to natural disasters and other emergencies. Also more training in crisis counseling.

From employers: high praise for clinical abilities, keep that emphasis. From advisory groups: continue to emphasis the one-on-one counseling skills which are the reputation of graduates of the WFU program. Need for crisis intervention on the increase.

Modification: Added second required skills and techniques course 739: Advanced Skills and Crisis Management.

Input: From advisory groups: counselors need to know what happens in court if subpoenaed to testify. Also need information about involuntary commitments and the use of mediation as an alternative to legal action.

Initiative: Added visits to juvenile court and other court experiences to summer school courses.

Input: From graduates and site supervisors: need more training in generating evidence-based treatment planning as required by insurance companies.

Modification: Added instruction about treatment planning to 771: Clinical Mental Health course and 770: Mental and Emotional Disorders. Added practice producing treatment plans to internship course requirements.

Input: From online students: A career interest of many is working with military personnel, veterans and their families.

From advisory panel: No need to offer as many ethics related seminars now that Jurisprudence exam is required and awards CEU’s.

Initiative: Offered a Spring 2014 public seminar on “Working with members of the military and their families” and streamed live for current online students.

B. IN CLINICAL EXPERIENCES
Input
From site and faculty supervisors of interns: Need quicker access to time logs to monitor that student interns are meeting contact hour requirements.
Initiative: Logs have been automated and are shared bi-weekly with supervisors.

Input
From Graduates: Need more assistance finding practicum and internship placements.
Initiative: Added a full-time Clinical Experience Coordinator. Added a Clinical Experience Handbook that incorporated more information about the timing and process of finding clinical sites.

C. ON-LINE PROGRAM STRUCTURE

Input
From Students and Site Supervisors in the School Counseling track: Do not allow internships to fall during the summer semester due to lack of year-round schools.
Modification: Changed the sequence of courses for online students to avoid summer internships.

Input
From Students: Hard on families when assignments are due during the holidays.
Modification: Added Thanksgiving, Easter and spring breaks to existing December holiday break.

Input
From Students at Residency: Suggested scheduling Service Learning activities and Research Poster Presentations on different days.
Modification: Schedule was revamped.