The University of Texas at El Paso
Master of Science in Mental Health Counseling Program

Annual Report
(2017-2018)

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CACREP Liaison
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Introduction

The Mental Health Counseling (MHC) Program was officially instated as a Master of Science (M.S.) Program in the College of Education at UTEP beginning in the 2017 Fall term. This represented a significant change from the program’s prior designation as a concentration under the Masters of Education (M.Ed.) Program in Counseling which also had a concentration in School Counseling. The change to the M.S. degree is representative of the clinical behavioral health focus of mental health counseling.

In November 2017, the MHC Program submitted an application for accreditation and a copy of the MHC Program Self-Study Report to the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). This report was the culmination a process of identification, examination, and modification of various aspects of the program’s policies, procedures and documentation processes, clinical training expectations, curriculum and pedagogy, student learning outcomes assessment efforts, and community stakeholder engagement and advisement activities to comply with the standards set forth by CACREP for accreditation as a Clinical Mental Health Counseling specialty program.

An On-Site Visit Team from CACREP conducted a campus visit in late July 2018. In early September 2018, the MHC program received a report from that team which provided their evaluation of the state of compliance of the MHC Program with the 2016 CACREP Standards. The body of the report was generally complementary of the MHC Program and its compliance with the Standards with a few exceptions. In early October 2018, the MHC Program submitted
its response the On-Site Visit Team Report providing additional evidence of compliance with the 2016 Standards.

**The MHC Program received a full 8-year accreditation by CACREP in mid-January 2019.** This is a significant accomplishment for a program on their first application for accreditation. To comply with the Standards as an accredited program, the MHC Program must create and disseminate an annual report that includes: (1) a summary of the results of a program’s annual review/self-evaluation, (2) subsequent program modifications, and (3) any other substantial program changes.

**Description of the MHC Program Annual Review and Self-Evaluation Process**

The MHC Program follows a comprehensive plan to collect, review, and analyze empirical information regarding its students and their course-based and clinical learning outcomes. During the Summer term, data collected for the previous year (i.e. Summer, Fall, and Spring terms) are reviewed. Learning outcome data routinely includes information about student knowledge, skills, and professional dispositions and performance on a comprehensive exam required for graduation. In addition, demographic information, pass rates on professional evaluation tests, graduation rates, and job placement rates are reviewed. When available, the program reviews systematic follow-up studies of alumni surveys, clinical site supervisor surveys, and employer surveys. Based on these reviews, the MHC Program faculty make recommendations for program modifications when indicated and create a plan for implementation of the needed changes. During the 2017-2018 review period, the MHC Program did not collect alumni, site-supervisor, or employer survey data.

**Student Learning Outcome Assessment**

The CACREP Standards specify that there should be evidence of student learning to substantiate that students have sufficiently acquired the knowledge and skills required by the standards. The standards require that there are multiple measures of learning gathered at multiple points in time as a student progresses through the program. The MHC Program measures in specific courses,
taken by students at various points in the program, key knowledge and skills linked to the program’s goals and objectives and relevant CACREP Standards. The measures include quiz/test scores and scoring rubrics for applied learning activities, especially in the clinical practicum and internship courses. An additional measurement tool, the Counselor Preparation Comprehensive Examination (CPCE), is a nationally administered comprehensive examination that assesses knowledge of content in each of the eight CACREP Common Core Areas identified below:

1. Professional Counseling Orientation and Ethical Practice
2. Social and Cultural Diversity,
3. Human Growth and Development,
4. Career Development,
5. Counseling and Helping Relationships,
6. Group Counseling and Group Work,
7. Assessment and Testing,

Students take the CPCE as an exit exam in their next to last semester prior to graduation. Because the CPCE test scores are not standardized, in order to evaluate MHC students’ level of performance, the average MHC student raw scores on the CPCE are compared to the average of all students nationally who complete the same version of the exam.

Table 1, Table 2, and Table 3 present the aggregate student learning outcome assessment data for 2017-2018, for each of the MHC Program learning goals. As specified in the Table 1, MHC Goal #1 refers to student acquisition of foundational content knowledge for each of the eight CACREP Common Core Areas identified by Objectives a-h. The data presented is the aggregate average of student learning outcome measures for the Summer 17, Fall 17, Spring 18, and Summer 18 semesters and includes course based exam scores (Outcome Data 1) and CPCE scores (Outcome Data 2). For that period, the MHC Program met or exceeded the standards compliance benchmarks set by the program for 17 out of 18 (i.e. 94 %) of the measures of foundational knowledge. There was only 1 out of 18 (i.e. 6%) of the measures where the minimum score for meeting the standard was not met. This occurred in the measurement of
knowledge of research and program evaluation in EDPC 5310 – Applied Research Design. The average exam score for the 4 semesters for that course fell only 3/100 of a point short of meeting the compliance benchmark. However, the measured level of that knowledge on the CPCE substantially exceeded the benchmark suggesting students are actually acquiring a good foundational base of research and program evaluation knowledge when compared to other students nationally.
Table 1. Mental Health Counseling Program Student Learning Goals and Learning Outcomes Data (Summer 2017, Fall 2017, Spring 2018, Summer 2018)

**Goal #1: Knowledge in Core Counseling Subject Areas**

<table>
<thead>
<tr>
<th>MHC Program Objectives Core Foundational Knowledge</th>
<th>Relevant CACREP Common Core Area Standard</th>
<th>Outcome Data 1* Average Course Exam Scores</th>
<th>Outcome Data 2** Average CPCE Scores (Ratio of UTEP Mean/US Mean)</th>
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<tbody>
<tr>
<td>a. Become knowledgeable about the counseling profession and ethical practice in counseling</td>
<td>2.F.1.i. Ethical standards of professional counseling organizations and credentialing bodies and applications of ethical and legal considerations in professional counseling</td>
<td>EDPC 5324 – Ethics, Legal, and Professional Issues in Counseling Average = 86.0 Meets Standards</td>
<td>Professional Orientation and Ethical Practice Average = 1.12 Exceeds Standards</td>
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<td>b. Become knowledgeable about social and cultural diversity</td>
<td>2.F.2.a. Multicultural and pluralistic characteristics within and among diverse groups nationally and internationally</td>
<td>EDPC 5346 – Counseling Multicultural and Diverse Populations Average = 91.5 Exceeds Standards</td>
<td>Social and Cultural Diversity Average = .99 Meets Standards</td>
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<td>c. Become knowledgeable about human growth and development</td>
<td>2.F.3.a. Theories of individual and family development across the lifespan</td>
<td>EDPC 5317 – Human Growth &amp; Development Average = 83.8 Meets Standards</td>
<td>Human Growth &amp; Development Average = 1.16 Exceeds Standards</td>
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<td>d. Become knowledgeable about career development</td>
<td>2.F.4.a. Theories and models of career development, counseling, and decision making</td>
<td>EDPC 5320 – Lifestyle &amp; Career Development Average = 91.6 Exceeds Standards</td>
<td>Career Development Average = 1.12 Exceeds Standards</td>
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<td>e. Become knowledgeable about helping relationships, counseling theories and the counseling process from individual and family system perspectives</td>
<td>2.F.5.a. Theories and models of counseling</td>
<td>EDPC 5341 – Theories of Counseling Average = 84.0 Meets Standards</td>
<td>Helping Relationships Average = 1.09 Exceeds Standards</td>
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<td></td>
<td>2.F.5.g. Essential interviewing, counseling, and case conceptualization skills</td>
<td>EDPC 5339 – Techniques of Counseling Average = 93.0 Exceeds Standards</td>
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<td>2.F.5.b. A systems approach to conceptualizing clients</td>
<td>EDPC 5360 – Introduction to Marriage and Family Therapy Average = 94.0 Exceeds Standards</td>
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<td>f. Become knowledgeable about group work</td>
<td>2.F.6.b. Dynamics associated with group process and development</td>
<td>EDPC 5338 – Group Counseling Average = 97.0 Exceeds Standards</td>
<td>Group Work Average = 1.05 Exceeds Standards</td>
</tr>
</tbody>
</table>
g. **Become knowledgeable about assessment**  
2.F.7.f. Use of assessments relevant to academic/educational, career, personal, and social development  
**EDPC 5335 – Principles of Appraisal and Assessment**  
**Assessment**  
**Average = 91.7** Exceeds Standards

| h. **Become knowledgeable about research and program evaluation** | 2.F.8.f. Qualitative, quantitative, and mixed research designs | **EDPC 5310 – Applied Research Design** | **Research and Program Evaluation**  
**Assessment**  
**Average = 79.7** Approaches Standards  
**Average = 1.15** Exceeds Standards

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* Standards Compliance Rating Scale for Course Exams/Assignments: **Approaches** = Score of 70-79; **Meets** = Score of 80-89; **Exceeds** = Score of 90-100.

** Counselor Preparation Comprehensive Examination (CPCE) is a nationally administered exam that covers the eight core foundational knowledge expectations of the CACREP Standards. The scores on each of the eight scales are compared to the national mean score for each scale. The Standards Compliance Rating Scale for the ratio of UTEP mean score/National mean score for the CPCE: **Approaches** = Ratio of .80-.89; **Meets** = Ratio of .90-.99; **Exceeds** = Ratio of 1.00 or above.
As specified in the Table 2, MHC Goal #2 refers to student acquisition of Clinical Mental Health Counseling **specialty foundational knowledge and skills** related to the CACREP Specialty Area Standards identified by Objectives a-d. The data presented is the aggregate average of student learning outcome measures for the Summer 17, Fall 17, Spring 18, and Summer 18 semesters and includes course-based exam scores and assignment scoring rubric scores (Outcome Data 1), and clinical evaluation rubric scores (Outcome Data 2). For that period, the MHC Program met or exceeded the standards compliance benchmarks set by the program for 14 out of 14 (i.e. 100 %) of the measures of Clinical Mental Health Counseling specialty foundational knowledge and skills. Note that there is evidence of the sequential development of skills in the clinical courses as average student evaluation scores (Outcome Data 2) improved from just meeting standards to exceeding standards as students’ progressed from the EDPC 5371 Counseling Practicum to EDPC 5372 Counseling Internship I to EDPC 5373 Counseling Internship II.
## Table 2. Mental Health Counseling Program Student Learning Goals and Learning Outcomes Data
(Summer 2017, Fall 2017, Spring 2018, Summer 2018)

**Goal #2: Knowledge, Development and Demonstration of Clinical Mental Health Counseling Skills and Practices**

<table>
<thead>
<tr>
<th>MHC Program Objectives</th>
<th>Relevant CACREP Specialty Area Standard</th>
<th>Outcome Data 1*</th>
<th>Outcome Data 2**</th>
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</thead>
<tbody>
<tr>
<td><strong>Specialty Foundational Knowledge</strong></td>
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</tbody>
</table>
| a. Develop and demonstrate foundational knowledge regarding the provision of mental health treatment services including treatment models, agency operations, and the principles of clinical mental health counseling | 5.C.1.b. Theories and models related to clinical mental health counseling | EDPC 5341 – Theories of Counseling Exam  
Average = 84.0  Meets Standards | EDPC 5371 – Counseling Practicum Clinical Evaluation Form Item #7  
Average = 3.2  Meets Standards |
| | | EDPC 5322 - Mental Health Counseling Case Study Assignment Scoring Rubric  
Average = 95.0  Exceeds Standards | EDPC 5372 – Counseling Internship I Clinical Evaluation Form Item #7  
Average = 4.0  Exceeds Standards |
| | | | EDPC 5373 – Counseling Internship II Clinical Evaluation Form Item #7  
Average = 4.4  Exceeds Standards |
| **Specialty Contextual Dimension Skills** | | | |
| b. Develop and demonstrate skills in addressing issues of diversity and providing advocacy | 5.C.2.j. Cultural factors relevant to clinical mental health counseling | EDPC 5322 – Mental Health Counseling Exam  
Average = 86.0  Meets Standards | EDPC 5371 – Counseling Practicum Clinical Evaluation Form Item #7  
Average = 3.2  Meets Standards |
| | | | EDPC 5372 – Counseling Internship I Clinical Evaluation Form Item #7  
Average = 4.0  Exceeds Standards |
| | | | EDPC 5373 – Counseling Internship II Clinical Evaluation Form Item #7  
Average = 4.4  Exceeds Standards |
| **Specialty Contextual Dimension Skills** | | | |
| c. Develop and demonstrate skills in clinical assessment, evaluation, diagnosis | 5.C.2.d. Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the | EDPC 5345 – Abnormal Human Behavior Exam  
Average = 92.8  Exceeds Standards | EDPC 5371 – Counseling Practicum Clinical Evaluation Form Item #14  
Average = 3.7  Meets Standards |
| | | | |
| treatment planning, and intervention | Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) | EDPC 5372 – Counseling Internship I Clinical Evaluation Form Item #14 Average = 4.1 Exceeds Standards EDPC 5373 – Counseling Internship II Clinical Evaluation Form Item #14 Average = 4.6 Exceeds Standards | *Item 14: “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. Differentiates between diagnoses and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.” |
| Specialty Practice Skills d. Develop and demonstrate skills in clinical assessment, evaluation, diagnosis, treatment planning, and intervention | 5.C.3.b. Techniques and interventions for prevention and treatment of a broad range of mental health issues | EDPC 5373 – Counseling Internship II Case Study Assignment Scoring Rubric Average = 86.5 Meets Standards | EDPC 5371 – Counseling Practicum Clinical Evaluation Form Item #2 Average = 3.6 Meets Standards EDPC 5372 – Counseling Internship I Clinical Evaluation Form Item #2* Average = 4.1 Exceeds Standards EDPC 5373 – Counseling Internship II Clinical Evaluation Form Item #2* Average = 4.6 Exceeds Standards |

* Standards Compliance Rating Scale for Course Exams/Assignments: **Approaches** = Score of 70-79; **Meets** = Score of 80-89; **Exceeds** = Score of 90-100.

** Clinical evaluation rubric scale are scored as follows: 1 = Unsatisfactory, 2 = Marginal, 3 = Satisfactory, 4 = Good, 5 = Exemplary.

** Standards Compliance Rating Scale for Clinical Rubrics: **Approaches** = Score of 2 – 2.9; **Meets** = Score of 3 – 3.9; **Exceeds** = Score of 4 – 5.
As specified in Table 3, MHC Goal #3 refers to student knowledge, development, and demonstration of the acquisition of Clinical Mental Health Counseling professional dispositions identified by Objectives a-d. These objectives are linked to a CACREP Core Area standard regarding personal and professional self-evaluation. The data presented is the aggregate average of the student learning outcome measures for the Summer 17, Fall 17, Spring 18, and Summer 18 semesters. The data includes scores from a rubric completed by students’ clinical supervisors who assess students’ personal and professional characteristics and potential for growth (Outcome Data 1) during EDPC 5371 – Counseling Practicum. Clinical supervisors also evaluate students’ abilities to recognize their limitations as clinical mental health counselors and to seek supervision or refer clients, when appropriate (Outcome Data 2), during EDPC 5371 – Counseling Practicum, EDPC 5372 – Counseling Internship I, and EDPC 5373 – Counseling Internship II. The MHC Program met or exceeded the standards compliance benchmarks set by the program for 7 out of 7 (i.e. 100 %) of the measures of student knowledge, development, and demonstration of the acquisition of Clinical Mental Health Counseling professional dispositions. Note that there is evidence of the sequential development of professional dispositions as average student evaluation scores (Outcome Data 2) improved from just meeting standards to exceeding standards as students’ progressed from the EDPC 5371 Counseling Practicum to EDPC 5372 Counseling Internship I to EDPC 5373 – Counseling Internship II.
Table 3. Mental Health Counseling Program Student Learning Goals and Learning Outcomes Data  
(Summer 2017, Fall 2017, Spring 2018, Summer 2018)

Goal #3: Knowledge, Development and Demonstration of Clinical Mental Health Counseling Professional Dispositions

<table>
<thead>
<tr>
<th>MHC Program Objectives Counseling Professional Dispositions</th>
<th>Relevant Common Core Area Standard</th>
<th>Outcome Data 1* Average Rating of Dispositions</th>
<th>Outcome Data 2* Average Clinical Evaluation Rubric Scores (Same data applies for each Goal 3 Objective)</th>
</tr>
</thead>
</table>
| **a.** Develop and demonstrate intrapersonal awareness and an accurate understanding of the basic motivations of self, including the relationship between personal beliefs, thoughts, feelings, actions and professional functioning | 2.F.1.k. Strategies for personal and professional self-evaluation and implications for practice | **EDPC 5371 – Counseling Practicum Personal and Professional Characteristics and Potential for Growth Scoring Rubric Item # 1***  
Average = 4.0  Exceeds Standards | **EDPC 5371 – Counseling Practicum Clinical Evaluation Form Item #6**  
Average = 3.7  Meets Standards  
**EDPC 5372 – Counseling Internship I Clinical Evaluation Form Item #6**  
Average = 4.4  Exceeds Standards  
**EDPC 5373 – Counseling Internship II Clinical Evaluation Form Item #6**  
Average = 4.8  Exceeds Standards |
| **b.** Develop and demonstrate emotional sensitivity, interpersonal respect, and professional decorum in all professional interactions | 2.F.1.k. Strategies for personal and professional self-evaluation and implications for practice | **EDPC 5371 – Counseling Practicum Personal and Professional Characteristics and Potential for Growth Scoring Rubric Item # 3**  
Average = 3.9  Meets Standards | *Item 6: “Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.”* |

*Item 1: “Displays ability to accurately understand the basic motivations of self. Demonstrates a level of understanding regarding the relationship of personal beliefs, thoughts, feelings, and actions of self…”

*Item 3: “Consistently able to demonstrate emotional sensitivity to self and others. Emotional presentation (mood and/or affect) is congruent and stable…”
| d. Develop and demonstrate ethical responsibility, and the attitudes, demeanor, and maturity necessary to perform the duties of a professional counselor | 2.F.1.k. Strategies for personal and professional self-evaluation and implications for practice | EDPC 5371 – Counseling Practicum Personal and Professional Characteristics and Potential for Growth Scoring Rubric Item # 6 Average = 4.0 Exceeds Standards *Item 6: “Demonstrates a high level of quality in the performance of expected agency, school, and/or counseling duties.” |

* Clinical evaluation rubric scale are scored as follows: 1 = Unsatisfactory, 2 = Marginal, 3 = Satisfactory, 4 = Good, 5 = Exemplary. Standards Compliance Rating Scale for Clinical Rubrics: **Approaches** = Score of 2 – 2.9; **Meets** = Score of 3 – 3.9; **Exceeds** = Score of 4 – 5.
**Discussion of Student Learning Outcomes**

During 2017-2018, the MHC Program was highly successful in meeting the benchmark levels it set for itself for student achievement of the learning goals and for meeting the relevant CACREP Standards. This is a testimony to the quality of the learning environment, the quality of academic instruction, and the quality of clinical instruction and supervision. Through the design of its courses and its faculty efforts to teach material in relevant and useful formats, the program has facilitated consistently relatively high levels of performance in the acquisition of foundational content knowledge and skills. The progression towards a high level of clinical skill attainment by MHC Program students is also evident. The product of the program’s faculty supervision of students in conjunction with that provided by site supervisors during the students’ clinical training is manifest in the consistently high clinical performance scores. In addition, MHC Program faculty members have established high standards of ethical and professional behavior from students as they progress through the program. Faculty education regarding professionalism and modeling thereof, was clearly demonstrated by students throughout their clinical training.

**Review of Performance Data Related to Program Modifications Initiated in Response to the 2016-2017 MHC Program Annual Review**

The MHC Program made some program modifications in 2017-2018 in response to 2016-2017 MHC Program Annual Review data. The following data offers evidence of the impact of those modifications.

There were concerns in 2016-2017 over the effectiveness of the program in meeting CACREP Standards related to knowledge of Career Development (MHC Program Goal #1, Objective d. CACREP Standard 2.F.4.a. – “Theories and models of career development, counseling, and decision making.”) In response to those concerns, the MHC Program made an enhanced effort to orient all adjunct instructors who teach that course and to require consistent use of the electronic learning platform (i.e. Blackboard) in the course. As indicated in Table 1, the MHC Program
exceeded the standards compliance benchmark on the course-based measure (Outcome Data 1) and on the CPCE (Outcome Data 2).

The 2016-2017 MHC Program Annual Review data revealed an inconsistency in the clinical students’ capacity to meet or exceed standards regarding planning and implementing treatment interventions (MHC Program Goal #2, Objective d, CACREP Clinical Mental Health Counseling Specialty Practice Standard 5.C.3.b – “Techniques and interventions for prevention and treatment of a broad range of mental health issues”). Student performance on a formal written case study of a client they counseled during their practicum/internship is a course-based measure related to this standard. The case study is a capstone project completed in EDPC 5373 – Counseling Internship II that results in a presentation of the case to the faculty and other students. To insure that students would be more consistent in meeting this standard, faculty agreed that students should be required to re-submit the case study until they met the standard, prior to approving them for graduation, and to provide them tutorial feedback to assist in this endeavor. As indicated in Table 2, in 2017-2018, the MHC Program met the standards compliance benchmark on the Case Study Scoring Rubric (Outcome Data 1). Clinical supervisor’s ratings on the clinical evaluation form regarding students’ ability to use “the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling” (Outcome Data 2) also provides evidence of MHC students’ ability to engage in effective treatment planning and clinical interventions. The MHC Program met or exceeded the standards compliance benchmark on this measure in 2017-2018.

**Program Aspects under Review or Modification Based on 2017-2018 Program Review**

In the 2017-2018 Program Review meeting, the MHC Program faculty concluded that there were no areas of instruction that needed modification based on the student learning outcome data that was summarized in Tables 1, 2, or 3 above. However, the On-Site Visit Team Report, submitted by the CACREP team, identified some aspects of the MHC Program that might possibly need modification to be in total compliance with the CACREP Standards. These have been the
primary focus of the MHC Program’s review and/or modifications during the 2017-2018 including those identified below.

**Program Modifications Regarding Clinical Supervision** - The CACREP team raised a question regarding the frequency of individual clinical supervision of the students enrolled in the counseling practicum class. The CAREP Standards indicate that students must “… have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum…”. The standards further indicate that the supervision be provided by a counseling program faculty member or by a site supervisor working in consultation on a regular schedule with a counseling program faculty member. It was the team’s view that the MHC Program should have been providing the weekly hour of required supervision since it did not “directly supervise” the site supervisor. The team also raised a question regarding the frequency of group clinical supervision of the students enrolled in the counseling practicum and internship classes. The CACREP Standards indicate that students must “… participate in an average of 1.5 hours per week of group supervision on a regular schedule throughout the practicum.” The team interpreted that standard to require a weekly group supervision meeting of a minimum of 1.5 hours. Additionally, the team raised a question regarding the number of students that enrolled in a practicum class. The CACREP Standards indicate that if the program faculty provides supervision, practicum and internship class sizes should not exceed a 1:6 faculty to student ratio (i.e. there should be no more than 6 students in each section of that class). The MHC Program reviewed the manner in which it was meeting the stated CACREP Standards, and was confident it complied. However, until clarification could be obtained from the CACREP Board, and in order to receive full consideration for accreditation, the program made the following modifications beginning in the 2018 Fall Term:

EDPC 5371 – Counseling Practicum course was modified to include no more than 6 students, to meet weekly for 1.5 hours instead of biweekly for 3 hours, and to require the faculty instructor of the course to provide 1 hour of either individual or triadic supervision each week for each of the 6 students.
EDPC 5372 – Counseling Internship I and EDPC 5373 Counseling Internship II courses were modified to meet weekly for 2.0 – 2.5 hours instead of bi-weekly for 3 hours.

**Program Modifications Regarding Orientation of Site Supervisors** – The CACREP Team raised questions regarding adequacy of orientation for its site supervisors. Although these supervisors are provided a site supervisor orientation handbook when they first begin supervising, the MHC Program decided they could enhance the orientation process by: 1) insuring that site supervisors have a thorough orientation to the program’s clinical training expectations each year, and 2) in providing regularly scheduled professional development opportunities each year. The program began developing a formal site supervisor orientation and professional development plan for implementation in 2019.