



**Department of Disability and Psychoeducational Studies  
M.A. Program in Counseling**

**Annual Report: School Counseling Specialization  
2015-2016**

## **STUDENT INFORMATION**

The program received 40 applications for the 2016-2017 academic year. Twenty-four students were admitted and as of June 1, 2015, and 20 have enrolled for fall semester.

Twelve students graduated in May 2016, and five completed in December 2015.

Of the newly admitted students, the program coordinator nominated ten students for Graduate Access Fellowships (after they submitted applications); four students received \$4,000 each towards their tuition. The Steve and Nancy Lynn Scholarship for School Counseling students was awarded to two second-year students (Danielle Gianotti and Colleen Holliday); each received \$5,750 for the 2016-2017 academic year.

The program received program approval from the Arizona Board of Behavioral Health Examiners (AzBBHE). This facilitates the process by which graduates who earned their degree prior to CACREP accreditation are evaluated. So far, we have had five graduates take and pass the NCE exam and receive certification to be a Licensed Associate Counselor (LAC).

## **CACREP**

Following the site visit in Fall 2015, the School Counseling program received full accreditation until March 31, 2024.

## **ASSESSMENT**

**Praxis:** The Praxis Exam (5421: Professional School Counseling) was taken by 17 students this academic year. The mean score was 174.59. ETS does not publish percentiles for scores on this exam, but the highest passing score required by any of the 21 states that uses the Praxis as part of its certification process is 156. We also have mean scores on the subtests, which allow us to examine our curriculum for any areas in which our students are less proficient. Means are as follows: Foundations (20 possible): 16.75; Delivery (48 possible): 39.08, Management (13 possible): 13.42; and Accountability (24 possible): 18.42.

**Standards Assessment:** In May 2016, graduating students were asked to take the new School Counseling Standard Assessment as a pilot. They were aware that their scores would not affect their status in any way. The average score was 75.8%, with a range from 66.6% to 81.7%.

Items that were most often answered incorrectly include: The National Defense Education Act (1958) required states to submit plans ... ; According to federal law pertaining to school records, parents or guardians of children under the age of 18 have the legal right to ...; \_\_\_\_\_ is the national credentialing organization for professional counselors; The theory supported by ASCA (2010) is ...; A school counselor could best use the sociogram shown above to assess which of the following elements of fifth-grade students' social development?

### **SCHOOL-BASED MENTAL HEALTH PROJECT**

Dr. Falco presented the project concept to administrators from Sunnyside and Sahuarita school districts. She drafted a Memorandum of Agreement that defines the scope of the project and responsibilities of all parties, which is pending approval from the University Office of General Council. We anticipate that at least one site will be operating before May 2017.

### **SCHOOL COUNSELING PROGRAM ADVISORY BOARD**

An advisory board was formed, composed of the school counseling faculty, the department head, a current graduate student, directors of counseling from three area districts, three school counselors who are also alumnae of the program, one retired counselor educator, and an adjunct faculty/school counselor, and one superintendent of an area district. We had the first meeting in December 2015. In the initial meeting, the group suggested revisions to the program Mission statement and Objectives. They also strongly recommended that the program provide training in classroom management to students before they enroll in their first practicum.

### **TRAINING IN CLASSROOM MANAGEMENT**

A theme that emerged in the 2014-2015 survey and from the Advisory Board was the critical need for training in classroom management. To address that need, we have arranged to record Flowing Wells School District's highly regarded full day teacher induction booster program on classroom management on August 19, 2016. The program faculty will determine how to use this training to meet the need. One possibility is to require that students all watch/engage with the training prior to starting internship. We may turn this into an interactive online training.

### **FIELD EXPERIENCES**

The practicum and internship experiences are critical for students in the program. Students have an opportunity to apply their skills in an authentic setting under the supervision of both qualified site supervisors and a university supervisor. Because of the importance of these experiences in students' professional development, we compiled the ratings on their evaluation forms here in order to provide an overview of their skills.

**Internship Evaluation Form Mean Ratings (Range 1 (low) to 5 (high))**

Item	Mean Rating
1. Professional in attire and appearance.	4.68
2. Functioned without close supervision and approached problems proactively and/or creatively.	4.55
3. Dependable, a reliable team member, flexible in meeting worksite needs.	4.71
4. Received and implemented constructive feedback.	4.50
5. Provided constructive feedback in an appropriate manner.	4.38
6. Demonstrated growth [increased skill and knowledge] and increasing independence.	4.59
7. Completed total number of hrs/days in a timely manner and as scheduled.	4.64
8. Developed positive relationships with all agency staff, and with community service or resource providers.	4.53
9. Communicated about and developed a plan of action to avoid incidents of tardiness and absence.	4.56
10. Demonstrated knowledge of professional organizations and their standards and credentials.	4.40
11. Adhered to exemplary ethical and legal standards.	4.73
12. Maintained confidentiality of all site staff and of all those served including verbal, electronic, and print media and asked Supervisor when in doubt.	4.81
13. Interacted with peers, site staff and all agency levels, and as an agency representative within the community, in a professional, respectful and cooperative manner.	4.67
14. Used technology in the role of counselor.	4.65
15. Demonstrated proper boundaries and comportment toward site staff and those served; and can verbally report violations to Site Supervisor when necessary.	4.75
16. Recognized own counseling imitations and sought supervision &/or referred individuals as indicated.	4.36
17. Aware of professional issues: Scope of provider status, expert witness status, disclosure guidelines, scope of privilege.	4.40
18. Drew from and applied current and relevant resources/ research to inform, and meet service-provision needs.	4.50
19. Demonstrated tact, self-awareness, sensitivity to others, and an ability to relate to diverse populations.	4.55
20. Used strategies reflecting sensitivity to culture (diversity, equity), learning styles, developmental stage, gender, special needs, and socio-economic backgrounds.	4.64
21. Demonstrated the ability to use educational, vocational, personal and social information to facilitate decision-making, and prepare individuals for future personal, interpersonal, educational, or vocational	4.48

opportunities.	
22. Implemented program principles/strategies designed to enhance the progress and development of others.	4.50
23. Suggested, advocated for and implemented prevention and intervention plans [developmental issues, health & wellness, communication/language, resiliency, motivation, current status versus goals, etc.]	4.35
24. Provided effective individual and group counseling and guidance to promote personal, interpersonal, professional development.	4.57
25. Provided effective small group counseling [psycho-educational, psychotherapeutic, task, peer-led] and guidance to promote learning and eliminate/minimize barriers.	4.53
26. Understood the range mental health services network: Inpatient, day programs, partial care, outpatient, intensive outpatient, aftercare, etc.	4.38
27. Made appropriate community referrals for needed resources/services for individuals and their families, via agency-updated referral information, to promote understanding and seamless access.	4.34
28. Identified symptoms or indicators for co-occurring conditions, substance disorders, personality, mood, aggression, danger to self/others, persistently and acutely disabled.	4.17
29. Analyzed assessment data resulting in valid inferences when evaluating needs and the effectiveness of implemented treatments or programs.	4.14
30. Demonstrated ability to assess and manage: intake interview [includes taking history], suicide risk, psychosocial and medical status, mental status, service planning, discharge planning.	4.33
31. Selected and appropriately used assessment strategies/tools [DSM, Adult Recovery Teams, Child-Family Teams, psychometrics, IEP meetings, etc.] to evaluate presentation; progress; career, personal, and social development.	4.29
32. For mental/behavioral conditions: Applied knowledge regarding stages of dependence, stages of change, and stages of recovery to implement the appropriate treatment modality and placement criteria within the care continuum.	4.25
33. Participated in conferences and consultations reflecting principles & competencies in prevention, education, learning, diagnosis, treatment, referrals, etc. throughout the service continuum.	4.36
34. Understood roles and responsibilities in trauma or crisis or disaster preparation/response as needed and via drills.	4.29
35. Understood how services/programs [& policy], entitlements, and accountability/ regulations; and administration and finance interact in service delivery opportunities.	4.63

### Practicum Evaluation Form Mean Ratings (Range 1 (low) to 5 (high))

Item	Mean Rating
1. Functioned without close supervision and approached problems proactively and/or creatively.	4.27
2. Dependable, a reliable team member, flexible in meeting worksite needs.	4.50
3. Received and implemented feedback constructively.	4.47
4. Demonstrated growth (increased skill and knowledge) and increased independence.	4.36
5. Completed total number of hours/days as scheduled.	4.46
6. Developed positive relationships with agency staff and with community service or resource providers.	4.20
7. Adhered to exemplary ethical and legal standards.	4.53
8. Recognized own counseling limitations and sought supervision and/or referred individuals as indicated.	4.38
9. Demonstrated tact, self-awareness, sensitivity to others, and an ability to relate to diverse populations.	4.60
10. Used strategies reflecting sensitivity to culture (diversity, equity), learning styles, developmental stage, gender, special needs, and socio-economic backgrounds.	4.47
11. Provided effective individual and group counseling and guidance to promote personal, interpersonal, professional development.	4.13
12. Demonstrated ability to assess and manage: intake interview [includes taking history, suicide risk, psychosocial and medical status, mental status, service planning, discharge planning.	3.71
13. Selected and appropriately used assessments/tool to evaluate client presentation, progress, career, personal and social development.	4.00
14. For mental/behavioral conditions: Applied knowledge regarding stages of dependence, stages of change, and stages of recovery to implement the appropriate treatment modality and placement criteria within the care continuum.	3.71
15. Participated in conferences and consultations reflecting principles & competencies in prevention, education, learning, diagnosis, treatment, referrals, etc. throughout the service continuum.	4.20

### Surveys

We did not survey graduates, employers, or site supervisors this year. We will resume this practice in Spring 2017. Regarding graduates, we did not want to burden them since we also asked them to complete the standards assessment, which is new. We want to make modifications to the survey to align them more closely with CACREP standards than course titles.