

**THE PALO ALTO UNIVERSITY COUNSELING DEPARTMENT  
OUTCOMES, LESSONS LEARNED AND RECOMMENDATIONS  
Analysis and Report for Calendar Year 2018**

*Final Version: Dated 15 July 2019*

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## **INTRODUCTION TO THE OUTCOMES ASSESSMENT AND PROGRAM REVIEW PROCESS**

The Palo Alto University Counseling Department has developed and implemented a comprehensive assessment plan that guides both student-level and program-level assessment. The Counseling faculty participate in regular review of curriculum, processes, student learning, and student and program outcomes through a systematic process of evaluation and assessment.

According to the comprehensive assessment plan the Palo Alto University Counseling faculty reviewed the research findings on faculty, clinical supervisors, students and graduates. The period of examination was from January 2018 through December 2018. The faculty also reviewed the previous 2017 report and noted how the strategic initiatives were met or unmet as it came up with new recommendations for 2019-20.

As required by its professional accreditor, The Council for Accreditation of Counseling and Related Educational Departments (CACREP) the Counseling Department publishes an annual data report on its website and shares the posting of this data with students, faculty, site-supervisors, and university leadership. In addition, the Counseling Department collects and posts each year outcome data as required by CACREP to include student graduation rates and pass rates on credentialing exams.

The M.A. in Counseling Programs are accredited under CACREP 2009 standards, but per CACREP policy 2.h., the department is moving towards adhering to 2016 standards. Towards this end, the department has engaged in two main activities during 2018:

- 1) Mapping the counseling curriculum to 2016 CACREP standards.
  - a. Updating all master syllabi to identify 2016 curriculum standards met in the course.
  - b. Creating a new curriculum matrix showing 2016 CACREP core and specialty standards mapped to courses.
- 2) Identifying key performance indicators (KPI's) linked to Program/Student learning outcomes.

Currently the Department hosts a single degree with two program emphases. It is the M.A. in Counseling with the Clinical Mental Health Counseling emphasis and the Marriage, Child and Family Counseling emphasis. This report focuses on that degree with its two emphasis areas.

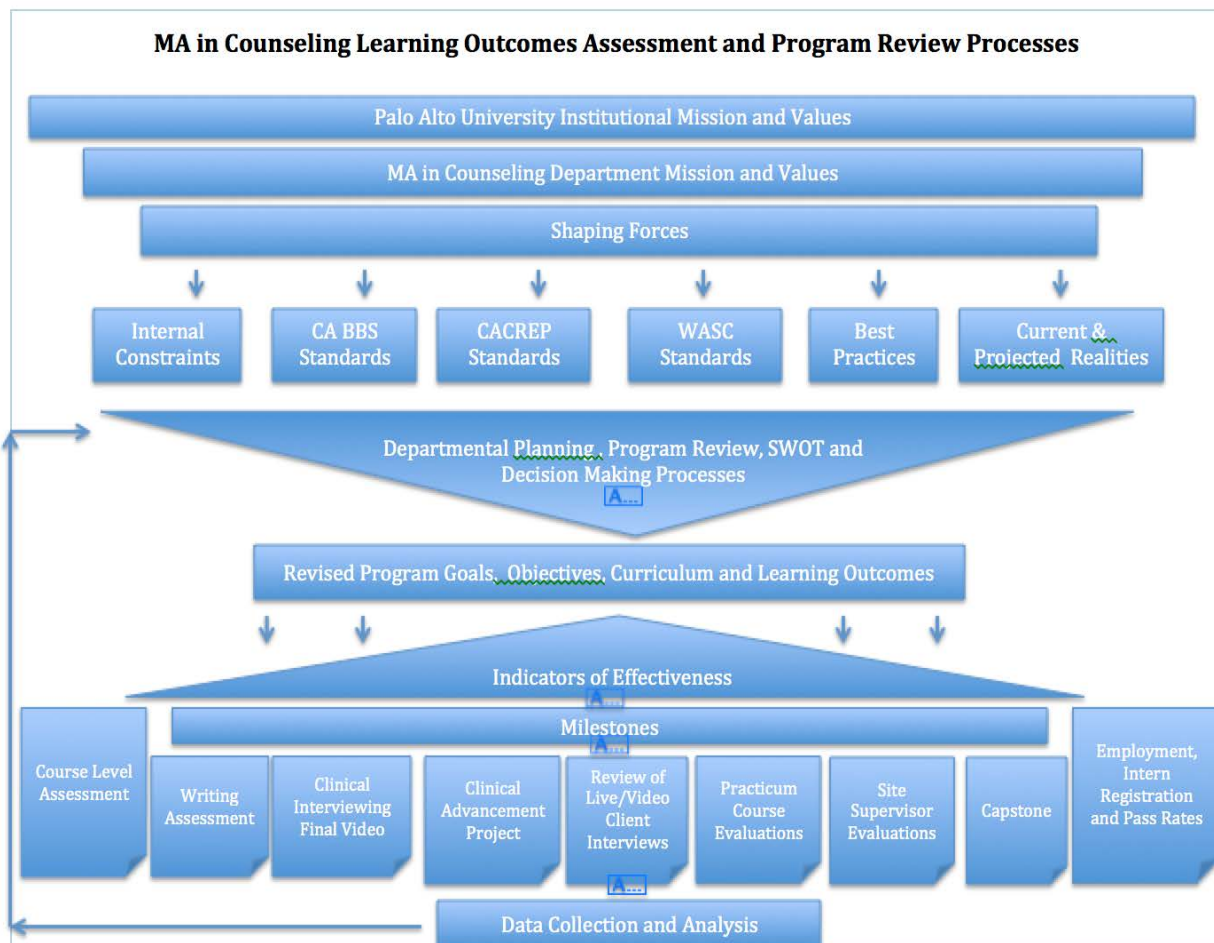
As evidenced by the developed comprehensive assessment plan, the M.A. in Counseling Department uses several sources of student-level data to evaluate student progress and outcomes. Some key areas include:

- a) Student learning outcomes in courses and other program activities (i.e. clinical interviewing, capstone project, practicum) that align with all specialty-area curriculum standards.
- b) Clinical skills as assessed by faculty at multiple points through the program with use

- of the Clinical Competencies Scales-Revised (CCS-R).
- Site supervisor and faculty supervisor assessments of student clinical work using the CCS-R.
  - Annual Student Survey Results.
  - Capstone Project data including comprehensive case study of an actual client at the student's training site.
  - Credentialing exam pass rates.
  - Student and Faculty demographics.

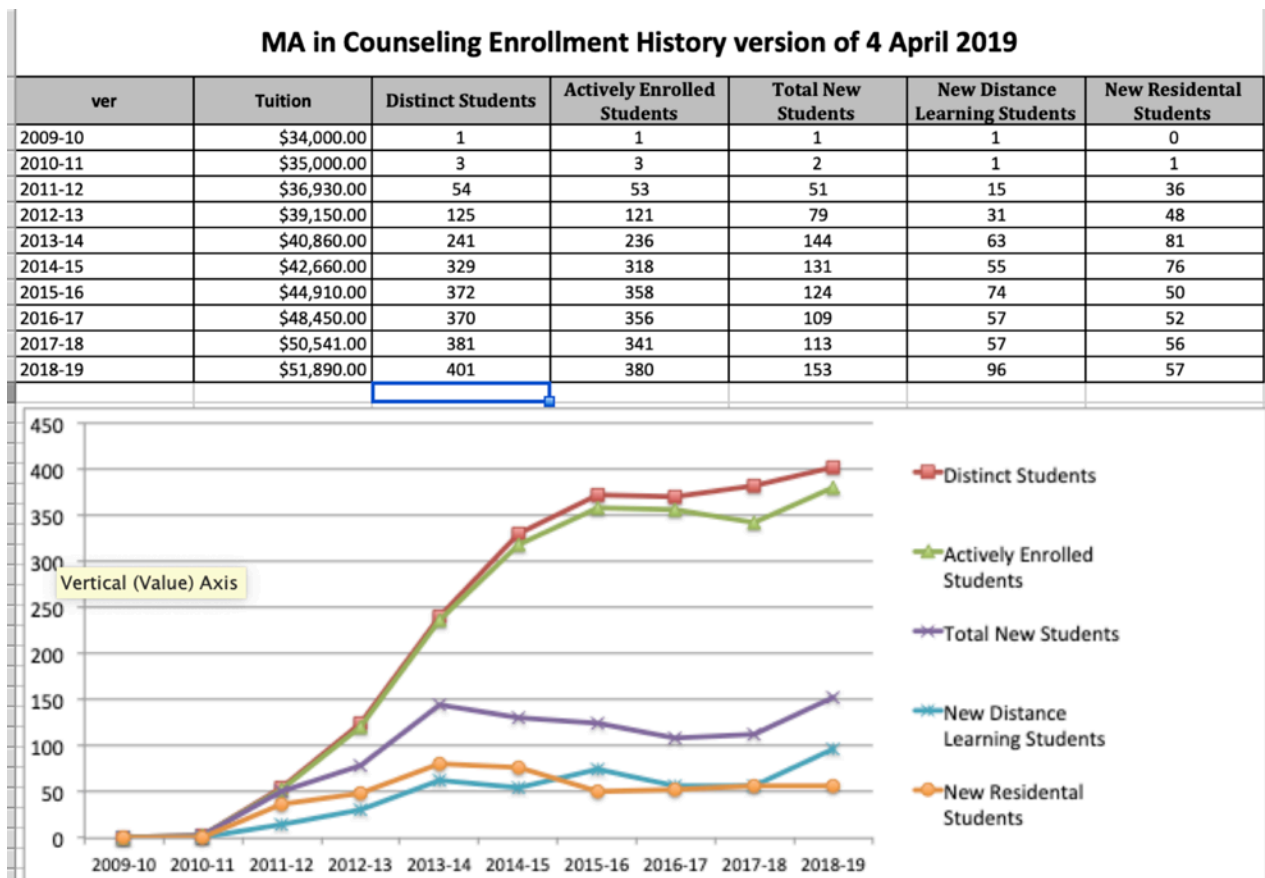
Student progress is evaluated annually by the Counseling Department's Student Progress Committee (SPC). This information is shared with students and if remediation activities are needed, the student's faculty advisor engages with them in this process.

The M.A. in Counseling Program developed a graphic to demonstrate how data gathered is systematically used to make decisions about the program and student learning (see below). The data collection and analysis for each student-level assessment milestone indicated above is also examined by the program faculty in aggregate to make decisions about program effectiveness and possible changes to be made to mission, goals, processes, and curriculum.



## STUDENT ENROLLMENT, RETENTION AND GRADUATION RATES

During the 2018 Academic Year starting with the Fall term approximately 401 distinct students were actively enrolled throughout the year with approximately 300 enrolled during any one quarter. The overall on-time completion rate during this period was 78.8%. Please note that the term "On time" is defined as finishing within 11 terms for full time students, and within 16 terms for part time students.



In reviewing the exit statements by withdrawing students there was no clear pattern. The reasons for leaving prematurely ranged from a realization that counseling was not the right career for them, unexpected personal life changes, a problem with heavy work requirements, and several deciding to transfer to clinical doctoral programs. Only a handful of students were dismissed for issues of personal fit and/or academic concerns. A small number of students were concerned that due to their physical location and/or unstable living situation (in the military, overseas, remote location, etc.). Also, over 90% of the students who withdrew had a positive experience and would recommend it to others.

One concern expressed by the faculty is the need to engage in early gatekeeping and to institute early meaningful remediation plans and when those remediation plans fail to counsel out students unfit for the profession earlier than later.

In 2018 there were 14 referrals to the Student Evaluation Committee (SEC) for academic concerns (9 referrals) and dispositional concerns (5 referrals). The table below reflects the current state of these referrals. It also includes updates on referrals made in 2017 but carried through to 2018.

	In Process	Remediated	Resulting in withdraw or dismissal
2017 Referrals (continued into 2018)	1 (resulted in new referral in 2018)	5	2-Withdraw 1-Dismissal
2018 Referrals	11	1	2-Withdraw

The function and process of the SEC is under review and will involve increased collaboration with the Office of Student Services. The guidelines for this collaboration are not yet firmly in place but are under development for Fall term 2019.

### **Recommendations from the examination of enrollment, retention and graduation rates:**

#### Previous

1. Conduct a more thorough analysis of risk, retention and success factors.
2. Use the risk, retention and success factors to improve student selection, faculty advising, remediation, and student services.
3. Strengthen advising of part time students.
4. Reexamine our degree plan, courses and sequence.

#### Proposed

1. Work with the Office of Student Services in developing support services for distance learning students as well as those taking courses residentially.
2. Develop better collaborative processes with the Office of Student Services in order to institute early, meaningful remediation plans and when those remediation plans fail to counsel out students unfit for the profession earlier than later.
3. Develop more practicum and internship placement options for locally and distance learning students.
4. Explore the use of telemedicine and virtual clinic training as an option for distance learning and residential students to accrue practicum and internship hours for graduation.

## 2018 STUDENT PROFILE BY GENDER AND ETHNIC DIVERSITY

The following chart describes the breakdown of the Counseling Department Student enrollment by gender and ethnicity.

<b>Counseling Department Student Ethnic and Gender Breakdown</b>				
	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Percent</b>
American Indian or Alaska Native	0	1	1	0%
Asian	4	35	39	11%
Black or African American	1	13	14	4%
Hispanic or Latino	10	35	45	13%
Native Hawaiian or Other Pacific Islander	0	0	0	0%
White	30	120	150	43%
Multiracial	8	54	62	18%
Other/Undisclosed	5	18	23	7%
Nonresident Alien	1	14	15	4%
<b>Total #</b>	<b>59</b>	<b>290</b>	<b>349</b>	<b>100%</b>
<b>Total %</b>	<b>17%</b>	<b>83%</b>	<b>100%</b>	

The 2018 group of students was predominately female (83%), and non-white (50%) with seven percent choosing the category of other or non-disclosed. Hispanic and Latinos were the two highest represented group. Overall the student body appears diverse while individual categories such as black males are underrepresented.

One of the limitations of this data is that the university gender data gathered is binary (male and female) and does not capture those who do not fit these discrete categories.

The core faculty statistics below demonstrate that they are not as diverse as the student body they serve. The adjunct faculty appears similarly diverse.

<b>Counseling Department Core Faculty Ethnic and Gender Breakdown</b>				
	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Percent</b>
American Indian or Alaska Native	0	0	0	0%
Asian	0	2	2	15%
Black or African American	0	0	0	0%
Hispanic or Latino	0	0	0	0%
Native Hawaiian or Other Pacific Islander	0	0	0	0%
White	4	6	10	77%
Multiracial	0	0	0	0%
Other/Undisclosed	0	1	1	8%
Nonresident Alien	0	0	0	0%
<b>Total #</b>	<b>4</b>	<b>9</b>	<b>13</b>	<b>100%</b>
<b>Total %</b>	<b>31%</b>	<b>69%</b>	<b>100%</b>	

**Recommendations from the examination of gender and ethnic diversity:**

1. Continue with the efforts to nurture and sustain the diverse student that exists.
2. Review how data on gender, sexual identity and racial identity is collected by the university in order to develop a more accurate and complex profile of the student body.
3. Continue outreach activities in recruiting a diverse core and adjunct faculty.
4. Encourage promising students and alumni of color to pursue doctoral degrees in Counselor Education and Supervision in order to diversify the future pool of faculty candidates within the profession.



## CLINICAL INTERVIEWING VIDEOS IN THE CLINICAL INTERVIEWING COURSE

All students are required to successfully complete the Clinical Interviewing Course prior to beginning the Practicum sequence. A key outcome for the course and the program is the completion of a videotaped practice interview to standard. The Counselor Competency Scale (CCS-R) as the primary rubric for evaluating the practice videos and final videos for the class.

The *Counseling Competencies Scale—Revised* (CCS-R) is designed to measure counseling competencies within two domains/factors:

- Counseling skills and therapeutic conditions and
- Counseling dispositions and behaviors.

Additionally, the CCS-R contains five supervisor-rater evaluation response categories that include

1. Harmful
2. Performing Below Expectations
3. Performing Near Expectations
4. Meeting Expectations
5. Exceeds expectations

During the Summer of 2018, CCS-R results indicated that the two areas of greatest strength were in the areas of non-verbal communication and facilitating a therapeutic environment.

This was a transitional year in the use of Tevera for the inputting of data and tracking of student progress. Some of the faculty who taught Clinical Interviewing used the platform for video submission and review, and other did not. As of the writing of this report, all future video submissions and CCS-R completion for the Clinical Interviewing class will be in the system, Tevera.

### **Recommendations from the Clinical Interviewing Course:**

#### Previous

1. Improve use of the CCS-R for the course to ensure both inter-rater reliability and the ratings of clinical skills are valid and not inflated.
2. Review the course as a key gate keeping course to ensure that student dispositional issues are identified early in order to remediate them effectively.
3. Standardize the course and course shell with a very standardized evaluation.
4. Investigate the weighting of the behavioral and dispositional issues.
5. Ensure the online versus residential programs.

#### Proposed

1. Improve use of the CCS-R for the course to ensure both inter-rater reliability and the ratings of clinical skills are valid and not inflated.
2. Review the course as a key gate keeping course to ensure that student dispositional issues are identified early in order to remediate them effectively.
3. Standardize the course and course shell with a very standardized evaluation.

4. Investigate the weighting of the behavioral and dispositional issues.
5. Ensure the online versus residential programs.

## STUDENT SELF EVALUATIONS

In Fall 2018 104 students engaged in a self-assessment on regular basis using the Counselor Competency Scale (CCS-R) as the primary rubric for evaluating their initial clinical practice at their practicum site.

The *Counseling Competencies Scale—Revised* (CCS-R) is designed to measure counseling competencies within two domains/factors:

- Counseling skills and therapeutic conditions and
- Counseling dispositions and behaviors.

Additionally, the CCS-R contains five supervisor-rater evaluation response categories that include

1. Harmful
2. Performing Below Expectations
3. Performing Near Expectations
4. Meeting Expectations
5. Exceeds expectations

The mean scores of student self-ratings ranged from a low of 3.76 on Question 1G which referred to question 1g on advanced reflection: meaning, including values and core beliefs. Their highest mean score was 4.52 referring to Question 2I on openness to feedback.

It is interesting to note that their self-evaluations are lower than their supervisors' and instructors', demonstrating some level of intellectual and cultural humility.

### **Recommendations from Student Self Evaluations:**

Previous

1. Encourage the use of CCS-R self evaluations with students to identify discrepancies.
2. Increase the standardization and training on the use of the CCS-R.

Proposed

1. Increase the standardization and training on the use of the CCS-R.

## PRE-PRACTICUM CLINICAL COMPETENCY ASSESSMENT

All students also must complete the Clinical Competency Assessment as well as the Clinical Interviewing Video prior to beginning the Practicum sequence. In this assessment each student must conduct an intensive case study of a fictitious client case. With the guidance of program faculty, they complete this formal written document and submit it for review and evaluation. Successful completion demonstrates they know 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.

The Clinical Competency Assessment measures clinical proficiency on five domains of:

- Clinical Assessment
- Diagnostic Formulation
- Case Conceptualization
- Treatment Planning
- Clinical Report Writing

These domains are for students in all phases of the program. A sixth domain related to formal APA formatted writing competency is used only for end of program students.

On each subscale students are evaluated on a scale of 1 to 5.

5-The professional counselor performs extremely well in this area

4-The professional counselor's performance level is more than adequate in this area

3-The professional counselor possesses adequate competence in this area

2-The professional counselor possesses competence in this area but needs to improve performance

1-The professional counselor clearly lacks competence in this area

During 2018 there was a 100% pass rate with all students meeting the basic competencies. Each was found clinically competent able to move into their practicum experience.

### **Recommendations from the findings of the Clinical Advancement Course:**

1. Explore integrating the Pre-Practicum Clinical Competency Assessment into existing coursework such as Diagnosis and Treatment Planning and eliminating the assessment process as part of a standalone course.

## PRACTICUM EVALUATIONS BY SITE SUPERVISOR

In Fall 2018 104 students were evaluated by their site supervisors using the Counselor Competency Scale (CCS-R) as the primary rubric for evaluating their real world behavior at their clinical site.

The *Counseling Competencies Scale—Revised* (CCS-R) is designed to measure counseling competencies within two domains/factors:

- Counseling skills and therapeutic conditions and
- Counseling dispositions and behaviors.

Additionally, the CCS-R contains five supervisor-rater evaluation response categories that include

1. Harmful
2. Performing Below Expectations
3. Performing Near Expectations
4. Meeting Expectations
5. Exceeds expectations

The mean scores of site supervisor ratings ranged from a low of 3.79 on Question 1h which referred to confrontation.

The highest mean score was 4.51 referring to Question 2I on openness to feedback. This was nearly identical to the students' self-assessment mean of 4.52.

Overall these first quarter practicum students performed very well with no significant low mean scores.

### **Recommendations from Practicum Evaluations by Site Supervisor Evaluations:**

Previous

1. Work to ensure the validity of the scoring of students by the Site Supervisors.

Proposed

1. Work to ensure the validity of the scoring of students by the Site Supervisors.
2. Continue to enhance the use of Tevera for all evaluations and paperwork associated with Practicum.

## **PRACTICUM EVALUATIONS BY COURSE INSTRUCTORS**

Practicum Course Instructors also evaluate all practicum students each quarter using the CCS-R. These individuals have the ability to look at any evaluation by any site supervisor or previous instructor in the student's portfolio.

The mean scores of faculty ratings ranged from a low 3.97 for Question 1C- Use of Appropriate Open & Closed Questioning. Their highest mean score was 4.53 for Question 11- Facilitate Therapeutic Environment: Respect & Compassion.

Overall the faculty instructors rated the students higher than site supervisors and student self ratings. No low scores for any question stood out as a concern.

### **Recommendations from the Course Instructors:**

#### Previous

1. Review how the CCS-R is introduced and used in Clinical Interviewing.
2. Use the CCS-R as a basis for orienting faculty in order to improve inter rater reliability next year.

#### Proposed

1. Use the CCS-R as a basis for orienting faculty in order to improve inter rater reliability next year.
2. Continue to enhance the use of Tevera for all evaluations and paperwork associated with Practicum.

## END OF PROGRAM CAPSTONE ASSESSMENT

All students must complete a Capstone Project in order to graduate. In this assessment each student must conduct an intensive case study of one of their cases from the clinical work. With the guidance of program faculty, they complete this formal written document and submit it for review and evaluation. Successful completion demonstrates they know 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.

In this final assessment, 100% of the students completed the assessment to standard. This reflects the quality of the students, but it also reflects the hard work of the Capstone instructors and the previous hard work of the Clinical Training Director, the practicum course instructors, the practicum site supervisors, and all of the other course faculty in preparing students for this final assessment.

The same Clinical Competency Assessment is used to measure Capstone clinical proficiency on five domains of:

- Clinical Assessment
- Diagnostic Formulation
- Case Conceptualization
- Treatment Planning
- Clinical Report Writing

These domains are for students in all phases of the program. A sixth domain related to formal APA formatted writing competency is used only for end of program students.

On each subscale students are evaluated on a scale of 1 to 5.

5-The professional counselor performs extremely well in this area

4-The professional counselor's performance level is more than adequate in this area

3-The professional counselor possesses adequate competence in this area

2-The professional counselor possesses competence in this area but needs to improve performance

1-The professional counselor clearly lacks competence in this area

During 2018 there was a 100% pass rate with all students meeting the basic competencies. Each was found clinically competent able to move into the world or professional work as a counselor. The only consistent concern is that some students still struggle with writing, even at the end of their graduate education.

### **Recommendations from the Capstone Project:**

**1.** Explore the potential of integrating the outcomes assessment features of the Capstone Project into the final phase of clinical work as part of the practicum course.

## ANNUAL STUDENT SURVEY

The 2018 Student Survey was implemented by the Palo Alto University Department of Institutional Research. All students were sent links to a Qualtrics survey and were given multiple opportunities to respond. Ultimately 65 Counseling Department students completed the survey. This is out of a potential 285 enrolled students in Spring 2018 for a 23% response rate.

The Department of Counseling received the raw data in Fall 2018 and prepared the information for analysis using the Statistical Package for the Social Sciences (SPSS).

Ultimately the top three predictors in this analysis could account for nearly 70% of the explained variance in student satisfaction

- Q71- I feel a sense of identity and community as a student in the Counseling program.
- Q27-Overall quality of teaching.
- Q20- Availability of faculty for advice and consultation outside of class.

The main conclusions are as follows:

1. The top faculty/ advisor predictors of student satisfaction are the faculty's helpfulness in dealing with student academic difficulties and their availability for consultation outside of class.
2. The top predictors of student academic satisfaction are Canvas courses set up properly to enhance and facilitate learning as well as quality teaching overall.
3. The top non-academic predictor of student satisfaction was having a sense of identity and student in the counseling program.

In a subsequent analysis of the 80 questions asked the differences between residential and online were explored only 4 were significantly different at a significance level of .05 or less. These differences could be by chance alone but three were clustered around the issues of clinical training. It appears some online students would like more support in securing clinical placements and improving their clinical training overall. It is not clear if this is due to real inequities or a perception that residential students have more access and support.

### Recommendations from the Annual Student Survey

1. Continue to emphasize quality advising and teaching.
2. Find ways to increase a greater sense of counselor identity and community within the department.
3. Examine how to improve perceptions/reality of clinical support for distance learning students.



## EMPLOYMENT, REGISTRATION AND LICENSURE RATES

The Department of Institutional Research last surveyed alumni employment status in 2017 to determine employment rates in the six month following graduation. The rates in 2017 were

- 54% for Clinical Mental Health Counseling
- 46% for Marriage, Child and Family Counseling

The calculations were as follows:

**Numerator:** the number of students who, within 180 days of the day they received their master's counseling degree [in a given award year], obtained employment in the recognized occupation for which they were trained or in a related comparable recognized occupation.

**Denominator:** the number of students who, during the award year, received the master's counseling degree awarded for successfully completing the program and were actively seeking employment.

The program faculty reviewed the registration and licensure of students. Masters graduates from the Counseling program wanting to practice in California generally must first register (or gain similar status depending on the state) with their respective state to engage in initial clinical practice. These practicing professionals in this initial post-masters phase are generally called Associate MFTs, Registered Associate MFTs, Associate PCCs or Registered Associate PCCs (see California rules at [http://www.bbs.ca.gov/pdf/title\\_change\\_faq.pdf](http://www.bbs.ca.gov/pdf/title_change_faq.pdf)).

As of 1 September 2017 there was record that 165 students were registered/licensed in California and 16 in China. Efforts are underway to check on the licensed status of students in other states, territories and countries is underway

In California these Registered professionals take a Law and Ethics Exam in the first year of their registered status in order to renew their registered status each year.

During the period of Registration the practicing professionals in California must receive regular supervision by a licensed professional possessing two years of post-masters experience. They must then accrue approximately 3,000 hours (specific hours are state specific) needed to apply for licensure which in short is unsupervised professional practice.

California licensure is similar to most other states in that once the Registered Professional completes the required 3,000 hours they then take a final exam. Upon successfully passing the exam they are then issued a license to replace their registration status.

The following charts compare PAU graduates with the rest of California on both the Law and Ethics and Clinical Exams. The data is from the official source of California exam statistics at <https://www.bbs.ca.gov/exams/news.html>

<b>2016 Exam Statistics</b>				
<b>LICENSE</b>	<b>Law and Ethics-CA</b>	<b>Law and Ethics-PAU</b>	<b>Clinical Exam-CA</b>	<b>Clinical Exam-PAU</b>
<b>Marriage and Family Therapy</b>	<b>N=9919 73% Pass</b>	<b>N=27 81% Pass</b>	<b>N=2409 75% Pass</b>	<b>N=1 100% Pass</b>
<b>Professional Clinical Counselor</b>	<b>N=562 71% Pass</b>	<b>N=3 100% Pass</b>	<b>N=28 78% Pass</b>	<b>N=0</b>

<b>2017 Exam Statistics</b>				
<b>LICENSE</b>	<b>Law and Ethics-CA</b>	<b>Law and Ethics-PAU</b>	<b>Clinical Exam-CA</b>	<b>Clinical Exam-PAU</b>
<b>Marriage and Family Therapy</b>	<b>N=2187 65% Pass</b>	<b>N=77 87% Pass</b>	<b>N=983 54% Pass</b>	<b>N=11 73% Pass</b>
<b>Professional Clinical Counselor</b>	<b>N=252 67% Pass</b>	<b>N=18 61% Pass</b>	<b>N=28 86% Pass</b>	<b>N=0</b>

<b>2018 Exam Statistics (January through June)</b>				
<b>LICENSE</b>	<b>Law and Ethics-CA</b>	<b>Law and Ethics-PAU</b>	<b>Clinical Exam-CA</b>	<b>Clinical Exam-PAU</b>
<b>Marriage and Family Therapy</b>	<b>N=2691 77% Pass</b>	<b>N=35 97% Pass</b>	<b>N=2540 67% Pass</b>	<b>N=12 67% Pass</b>
<b>Professional Clinical Counselor</b>	<b>N=489 60% Pass</b>	<b>N=14 86% Pass</b>	<b>N=104 69% Pass</b>	<b>N=0</b>

### **Recommendations from Employment, Registration and Licensure rates**

1. Work with Institutional Research to implement an updated employer survey.
2. Work with the Alumni Office to increase awareness of alumni outside of California as well as those registering as Counselors within the state.
3. Conduct a study of exam preparation programs in order to make recommendations to students and alumni
4. Coordinate with the NBCC to take the NCE/NCMHCE prior to graduation to become National Board Certified Counselors.

## REVIEW OF PAST STRATEGIC INITIATIVES AND ACCOMPLISHMENTS

The Palo Alto University M.A. in Counseling Programs outcomes report is created every year to highlight the changes made in the program as a result of assessments completed through the year. Here are a few highlights of key needs identified at the time of that report:

1. Study the risk, retention and success factors to improve student selection, faculty advising, and remediation.
  - a. Action Taken: Ongoing
2. Institutionalize, advertise and enforce course pre-requisites, especially for enrollment in practicum.
  - a. Action Taken: Ongoing
3. Continue to develop the reliability of scoring in Clinical Interviewing, Clinical Advancement, and other key courses to ensure evaluations serve as effective key gate keeping courses in identifying students with behaviors and dispositions that could make them unfit for the profession.
  - a. Status: Ongoing
4. Restructure the Counseling Program in to a Department of Counseling in support of the strategic plan.
  - a. Status: Action Completed
5. Begin the transition to the 2016 CACREP Standards.
  - a. Action Taken: Near Completion.
6. Develop a full proposal for a Ph.D. in Counselor Education and Supervision.
  - a. Status: In Progress
7. Conduct a preliminary study of a potential fully online, undergraduate program in Human Services as a unique degree with minimal overlap with the current Bachelors in Psychology and Social Action.
  - a. Status: In Progress

## **STRATEGIC INITIATIVES FOR 2019**

Based on the data collected and analyzed for 2018, the Counseling Department has developed strategic initiatives for the 2019-2020 academic year.

- 1.** Develop better collaborative processes with the Office of Student Services in order to institute early, meaningful remediation plans and when those remediation plans fail to counsel out students unfit for the profession earlier than later.
- 2.** Explore the use of telemedicine and virtual clinic training as an option for distance learning and residential students to accrue practicum and internship hours for graduation.
- 3.** Explore integrating the Pre-Practicum Clinical Competency Assessment into existing coursework such as Diagnosis and Treatment Planning and eliminating the assessment as part of a standalone course.
- 4.** Explore the potential of integrating the outcomes assessment features of the Capstone Project into the final phase of clinical work as part of the practicum course.
- 5.** Complete the transition to the 2016 CACREP Standards.
- 6.** Complete the proposal for a Ph.D. in Counselor Education and Supervision.
- 7.** Complete the proposal for a Bachelors program in Human Services.
- 8.** Work with an instructional design professional to develop a more professional and consistent Canvas set of courses implemented in all courses.
- 9.** Explore potentials for expanded community partnership between PAU and Family Connections to include, but not limited to: service learning, clinical training, and research through Registered Play Therapy Certificate, Latinx Mental Health Specialization Certificate, and Family Systems class series.