SCHOOL OF PROFESSIONAL AND APPLIED PSYCHOLOGY

DEPARTMENT OF COUNSELING
MS IN MENTAL HEALTH COUNSELING

PCOM™

MS Mental Health Counseling Program Annual Assessment Report

2022-2024 Annual Report

Master of Science – Mental Health Counseling

Counseling Program Mission Statement

The mission of the Master of Science in Mental Health Counseling program is to prepare highly skilled, self-aware, compassionate counselors who provide evidence-based, culturally sensitive, and collaborative treatment using a whole person approach.

Grounded in the cognitive-behavioral tradition, this program trains practitioner-scholars to offer assessment, therapeutic interventions, consultation, program evaluation and follow-up services using a collaborative integrative approach. Incorporating knowledge of the biopsychosocial model, the program provides a foundation for ethical practice and advocacy that facilitates the well-being of individuals, families and communities. The program also trains students to work collaboratively in multidisciplinary settings as health service professionals and to engage in self-care and self-reflection.

The MHC degree program prepares master's level graduates with the attitudes, knowledge and skills to obtain credentialing as a licensed professional counselor in many states, become advocacy-oriented practitioners and/or pursue further doctoral training.

Program Objectives

The MS in Mental Health Counseling program:

- Meets the requirements for licensure as a licensed professional counselor in Pennsylvania, New Jersey and many other states;
- Graduates students who have a strong counseling identity and are competent in clinical skills and cognitive behavioral interventions;
- Facilitates standardized patient (SP) experiences for students as a way to assess students' clinical skills;
- Provides students with Interprofessional Education (IPE) experiences in which they collaborate with students and faculty across disciplines as a way to learn with, from and about each other.

A. *Core Counseling Student Learning Objectives*

Consistent with the program's mission and vision, all graduates demonstrate competency in program requirements. Graduates also demonstrate competency in their respective specialty area.

Upon completion of the MS in Mental Health Counseling Program, students will be able to:
1. Demonstrate an understanding of the multiple professional roles and functions of counselors across specialty areas (Professional Counseling Orientation & Ethical Practice);
2. Employ a professional counseling identity that includes the integration of self as a vehicle for self-awareness and reflective practices (Professional Counseling Orientation & Ethical Practice);

3. Practice counseling in an ethical and legal manner that aligns with the American Counseling Association (ACA) (Professional Counseling Orientation & Ethical Practice);
4. Analyze individual and family development theories and models across the lifespan (Human Growth & Development);
5. Evaluate career development theories and models as they relate to the interrelationships of the client's world of work, mental well-being, relationships, and other life roles and factors (Career Development);
6. Demonstrate application of multicultural counseling competencies and social justice advocacy efforts (Social & Cultural Diversity);
7. Utilize counseling theories to guide case conceptualization, treatment planning, and clinical practice (Counseling & Helping Relationships);
8. Apply the theoretical foundations of group counseling and group work to maximize group effectiveness and address the cultural needs of clients (Group Counseling & Group Work);
9. Select, administer, and interpret assessments and test that are grounded in evidence-based counseling practices (Assessment & Testing);
10. Use ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research (Research & Program Evaluation);
11. Demonstrate a comprehensive understanding of Cognitive Behavioral Therapy (CBT) in theory and practice (Specialty Area: CBT);
12. Apply the principles of working in an Inter-professional collaborative team aimed at treating the whole person (Specialty Area: Interdisciplinary whole person approach).

B. *Clinical Mental Health Student Learning Objectives*

1. Demonstrate knowledge and skills to provide appropriate intake, assessment, diagnosis, and treatment planning for a wide range of mental health disorders to individuals across various levels of care;
2. Demonstrate knowledge and practices regarding a systematic approach to creating and maintaining collaborative service plans and advocacy needs in response to diverse community, wellness and mental health issues, and crises.

Summary of Program Changes for Fall 2023 - Summer 2024
The MS Mental Health Counseling faculty and Chair, students, and other stakeholders provided feedback, and along with the data received by the assessment process and the following data driven changes were made.

Program Changes Include:
1. Hired a full-time core faculty member, Dr. Nic Schmoyer who started April 1st, 2024.
2. The department chose to implement the CPCE so we can better assess how the program conveys the necessary information across various CACREP domains and evaluate student retention of those facets.
3. Updates to curriculum:
   a. Discontinued the correctional course due to low enrollment and alumni and community feedback.
   b. Changed name of COUN 527: Community Based Interventions to COUN 527: Advanced Issues in Clinical Mental Health Counseling and modified content to align with all content standards associated with the 2024 CACREP Clinical Mental Health Counseling Specialization
   c. Created the curriculum for Fall 2025 when the college goes to trimesters.
4. Amended and enhanced the Remediation Policy to be more student friendly and incorporate gatekeeping remediations.
5. Stacked classes to decrease the number of days students are on campus and allow them more opportunities to fulfill internship hours at their sites.
6. Re-instituted the adjunct mentoring program starting Fall 2024.
7. Dr. Nic Schmoyer will serve as the liaison from the MS Mental Health Counseling program on the IPE committee.
8. Chose to offer only the Clinical Mental Health Counseling concentration due to new CACREP requirements for faculty serving as concentration coordinators.

Section 2. Student Assessment

Core faculty review student academic quality indicators (KPI's & Grades) and student dispositions at the end of every term. Advisors address mild concerns on an individual basis, Student Performance and Evaluation Committee (SPEC) addresses moderate concerns, and the College Registrar, in consultation with the MS Counseling Chair, handles if a student fails a course.

KPI's - 95.5% of students passed their KPI on the first attempt for the past two years (2022-2023 and 2023-2024 academic years). Per the disposition data, a total of three students did not pass their KPI on the first attempt in the listed time span. One-hundred percent of the students passed by their second attempt to pass a KPI.

Grades (overall) - Our goal is to create a system of tracking grades by student, over terms, and across years. Students are permitted to earn a B- in a course, but must maintain a GPA above a 3.0. Most students earn grades above a B+ (3.33). Average GPAs for the 2023-2024 academic year range from 3.82 to 3.88.

Term	Average GPA of Students
Summer 2023	3.82
Fall 2023	3.87
Winter 2023-24	3.86
Spring 2024	3.88

STEPPS - Core faculty (and formerly STEPPS reviewers) review Standardized Training and Evaluation of Psychologists and Psychotherapists (STEPPS) results with students on an individual basis after each STEPPS experience. Any concerns with students' STEPPS are brought to the Core faculty (at times, students may have to re-do their STEPPS experience in order to receive a passing grade). Any student who is not successful in passing their STEPPS for a second time meets with the PAS committee and a remediation plan is created. STEPPS I is ten minutes, STEPPS II is 15 minutes, STEPPS III (suicide assessment) is 30 minutes, STEPPS IV and V are 45 minutes. STEPPS III is virtual so students can practice online sessions. STEPPS I and II take place during the students' first term, STEPPS III during their second term, STEPPS IV during their third term, and STEPPS V is the students' comprehensive exam video.

2022-23
Fall Term: STEPPS 2 - 1 redo
Winter Term: STEPPS 3 - 2 redos
Spring Term: STEPPS 4 - 3 redos

2023-24
Fall Term: STEPPS 2 - 6 redos
Winter Term: STEPPS 3 - 4 redos
Spring Term: STEPPS 4 - 7 redos

Students improved on most of the criteria for STEPPS exercises except in a few areas. Overall, the averages were in passing range. Faculty identified having the student assess for cultural, ethical, or spiritual issues that may influence how client processes dx as an area we have to do a better job of discussing, role modeling, and practicing. We also highlighted that students sometimes get consumed with meeting the "requirement" of the STEPPS exercise and miss certain criteria. Students are scoring very well (99-100%) on the confidentiality portion of STEPPS come STEPPS V. The confidentiality portion is the highest scoring section overall. Some of the lower scores (ex., FDIP, closing, goals for next session, etc.) are because students are not required to do these until the latter STEPPS. For instance, confidentiality isn't a requirement until STEPPS III.

STEPPS 2023-2024	I avg	II avg	III avg	IV avg	V avg
1.Did the learner:Verify the client's name pronouns? State their name?	78.0%	85.8%	91.7%	92.2%	96%
2.Did the learner engage in professionally appropriate small talk?	86.4%	93.3%	88.3%	86.2%	100%
Note: This may be because students were concerned about meeting the goal instead of building a connection first					
3.Did the learner: State position? Inform client of work w/supervisor	96.9%	98.3%	100%	100%	100%
4.Did the learner discuss confidentiality?	86.4%	95%	98.3%	100%	100%
5. Did the learner discuss Lethality aspect of confidentiality?	87.9%	89.2%	97.5%	96.5	99%
6. Did the learner discuss mandated Reporting aspect of confidentiality?	85.6%	86.7%	93.3%	97.4%	99%

7. Did the learner discuss Release of Information exceptions confidentiality?	84.9%	86.7%	91.7%	98.2%	99%
8. Did the learner set up the agenda, establish goals, gather Info, advise Note?	77.3%	87.5%	90.8%	90.5%	87%
Note: Students may have not done all three of these (likely not said took notes because they weren't going to take notes)					
9. Did the learner introduce the therapeutic approach of CBTmodel?	90.9%	100%	96.7%	100%	96%
10. Did the learner ask "What brings you in today?"	72.7%	80%	85%	94.8%	96%
11. What was the quality of the learner's nonverbal communication in the client's initial disclosure?	74.2%	70%	91.7%	86.2%	90%
Note: Faculty believe this may be because of students' nerves					
12. Did the learner reflect the client's initial disclosure w/ an appropriate empathic statement?	72.7%	75%	90%	89.6%	96%
Case Specific: Did the learner ask "FDIP"?	30.3%	55%	66.7%	75.8%	78%
Were the verbal and non-verbal behaviors of the learner appropriate for the client's needs?	80.3%	81.7%	95%	87.9%	98%
Did the learner use appropriate minimal encouragers	69.7%	81.7%	95%	87.9%	98%
Did the learner utilize a balance of open and close-ended quests?	69.7%	86.7%	96.7%	89.6%	100%
Did the learner paraphrase client's content effective & accurately in 1- 2 sent?	62.1%	70%	91.7%	91.3%	90%
Did the learner accurately reflect the client's feelings?	37.9%	68.3%	81.7%	89.6%	92%
Did the learner have an organized approach?	68.2%	58.3%	65%	70.6%	92%
Did the learner use transitional statements?	37.8%	61.7%	65%	79.3%	90%
Is the learner clearly in control by directing the session?	72.7%	61.7%	66.7%	77.5%	96%
Note: Students struggle w/organizing the suicide assessment and their first time after the "what brings you in"					
Does the learner maintain professional demeanor	98.5%	93.3%	98.3%	100%	100%
Did the learner ask non-leading questions?	62.1%	75%	76.7%	77.5%	88%
Did the learner ask clear and direct questions one at a time?	48.5%	68.3%	66.7%	62.0%	86%
Did the learner elicit concerns and/or questions?	65.2%	74.2%	80%	83.6%	91%
What was the quality of the learner's nonverbal communication?	69.7%	70%	86.7%	77.6%	98%
What was the quality of the learner's verbal communication?	76.5%	77.5%	82.5%	87.1%	92%
Did the learner ask client to think about goals to bring to next session for tx?	27.3%	36.7%	53.3%	96.5%	96%
29. Did the learner adequately summarize what was discussed?	15.2%	43.3%	70%	86.2%	96%
Did the learner solicit feedback from client on how session went?	3%	33.3%	36.7%	96.6%	100%

Did the learner demonstrate receptiveness of feedback, positive or negative, by remaining professional through the feedback session?	93.9%	83.3%	83.3%	100%	100%

Note: STEPPS II is usually the first experience that students do not pass; Some students place blame on inconsistency among faculty when they don't pass/ receive feedback; We are looking more into this.

SUICIDE ASSESSMENT (STEPPS III)

Did the learner ask patient if having thoughts of suicide or killing themselves (not "hurting") in context of appropriate depression symptoms (such as related hopeless or statement indicating suicide)?			96.7%		
Did the learner ask client if made current attempts to commit suicide?			70%		
Did the learner ask client if they have ever made a prior attempt/gesture?			96.7%		
FDIP – Did the learner ask specific FDIP?			80%		
Did the learner ask client if they have a plan to commit suicide?			100%		
Did the learner ask client about actions to further their plan?			73.3%		
Did the learner ask client if they have access to means			100%		
Did the learner ask client if they have the intent to kill themselves?			93.3%		
Did the learner ask client about protective factors			83.3%		
Did learner ask client about thoughts related to relevant symptoms?				96.6%	96%
Did the learner provide accurate summarization by connecting client's thoughts/feelings/ behaviors to the symptoms?				88.8%	87%
Did the learner accurately identify precipitating event to cause sxs?				96.6%	100%
Did the learner present reasonable provisional diagnosis to client?				100%	92%
Did the learner assess for cultural, ethical, or spiritual issues that may influence how client processes dx?				50%	66%

Faculty Need to evaluate this response

Did the learner reinforce efficacy of CBT for the treatment of dx?				84.5%	92%

Site supervisor evaluations 2024 (Upon Graduation) - Upon graduation, our students average scores that ranged between a 4.5 and 4.94 across all domains. Their highest domain was Therapeutic Relationship Skills (4.78) and then Use of Supervision (4.77). Average scores for the CBT and Therapeutic Skills domain was 4.66, with Professionalism (4.69) and Assessment and Treatment Planning (4.55) being the lowest domains. Some of the higher scores were maintaining confidentiality of clients (4.94), receptive to feedback from supervisor (4.94), and incorporating feedback from supervisor (4.94). Upon conversation, faculty postulated that students may be receptive to and incorporate feedback due to receiving feedback from faculty on their STEPPS. Some of the lower scoring areas were arriving on time for work and appointments (4.5), adopting a hypothesis testing approach to clinical decision making (4.5), writing treatment plans with an interprofessional approach (4.55), and identifying relevant techniques for preventing relapse. providing DSM diagnosis (4.41). Faculty attribute some of these lower scoring domains to some being advanced skills.

Advocacy Project - All students devote at least ten hours toward an advocacy project and then create a poster detailing their advocacy poster. Faculty grade the Advocacy poster during the advocacy project fair and will either verbally ask clarifying questions during the experience, ask the student to re-present their material, or fail the student for their attempt. All students received a "P" on their advocacy project.

CPCE results 2024

As can be seen from the chart below, our students scored above the national average in all of the eight domains except Research and Program Evaluation (-0.1 below national average). We had students score a perfect score 17/17 in Research and Program Evaluation, Assessment and Testing, and Counseling and Helping Relationships. We also had student(s) score a near perfect 16/17 in the Career Development section. We had a student score a 5/17 in Counseling and Helping Relationships. Lastly, our students' scores are less-variable than the national averages.
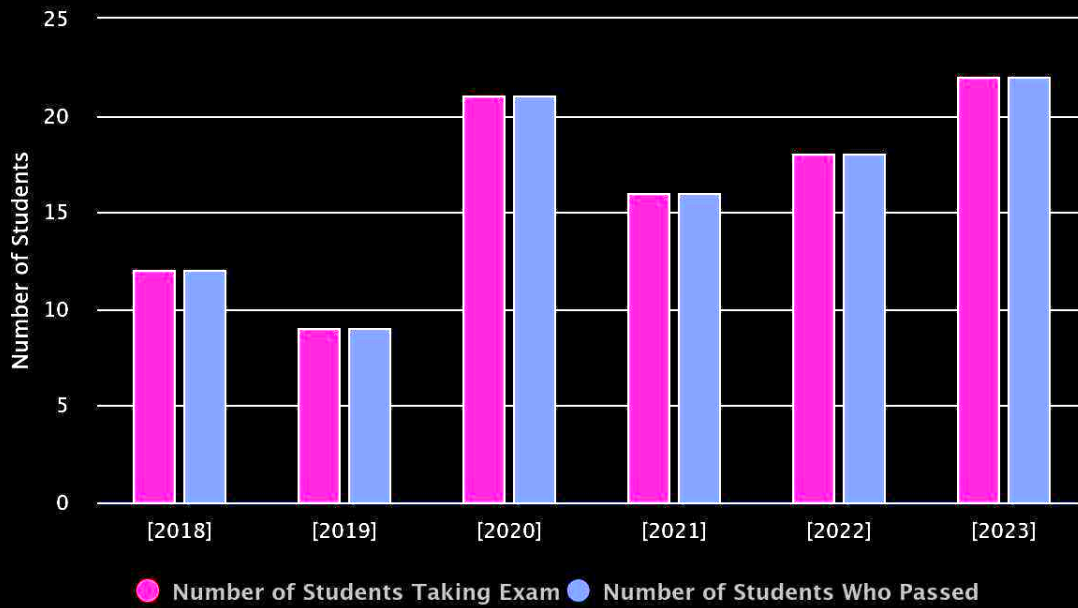
CPCE Results 2024

Section	Items	n	Mean	SD	Min	Max	Overall N	Overall Mean	Overall SD	Overall Min	Overall Max
C1: Prof Coun Orientat & Ethical Practice (+2)	17	21	11	1.9	7	14	1756	10.8	2.4	3	17
C2: Soc Cultural Diversity (+0.9)	17	21	11	2.3	6	15	1756	10.1	2.4	3	17
C3: Human Growth Devel (+1)	17	21	12	1.7	8	15	1756	11	2.6	0	17
C4: Career	17	21	12	2.1	8	16	1756	11.1	2.6	0	17

Develop (+0.9)											
C5: Coun & Help Relation (+0.3)	17	21	11	2.5	5	17	1756	10.7	2.7	1	17
C6: Group Coun /Work (+1.9)	17	21	12	2	6	14	1756	10.1	2.7	1	17
C7: Asses & Testing (+1.2)	17	21	12	2.5	6	17	1756	10.8	2.7	1	17
C8: Research/ Progr Eval (-0.1)	17	21	12	1.9	8	17	1756	12.1	2.3	3	17
Total	136	21	92	11	63	17	1756	86.5	15.2	37	122

NCE

We continue to have a 100% first-time pass rate on the National Counseling Exam (NCE). As can be seen from the chart below, our graduates scored above the mean in all areas of the National Counseling Examination (NCE) for the Fall 2023 administration. Our strongest area (5.1 pts above the national mean) is counseling and helping relationships. We also scored at least three points above the national average in areas of clinical focus (+3.3) and counseling skills and interventions (+3.2). We chose to evaluate the Social and Cultural Foundations (+0.4), Career and Vocational Counseling (+0.5), and Research and Program Evaluation (+0.6) courses due to our lower scores (although still higher than the national average) in these areas. Changes included having these courses be taught by a full-time core faculty member (PhD in CES), change in assignments that are based on information covered by the NCE, more hands-on activities, and different books (for the research and program evaluation course).

National Counselor Examination for Licensure and Certification (NCE) Results

Bar chart showing Number of Students (y-axis, 0 to 25) by year [2018] through [2023]. Pink bars = Number of Students Taking Exam; Blue bars = Number of Students Who Passed.

- [2018]: 12 / 12
- [2019]: 9 / 9
- [2020]: 21 / 21
- [2021]: 16 / 16
- [2022]: 18 / 18
- [2023]: 22 / 22

Number of Students Taking Exam ● **Number of Students Who Passed**

⊗ nbcc

Descriptive Statistics on Philadelphia College of Osteopathic Medicine

Program: *Mental Health Counseling*

National Clinical Mental Health Counseling Examination

Examination Cycle:	Fall 2023		
Form Number:	165323	Passing Score:	59
Number Tested Nationally:	258	Number Tested in Program:	1
Number Passed Nationally:	174	Number Passed in Program:	1
National Pass Rate:	67%	Program Pass Rate:	100%

Domain Scores

	Items	Program Results		National Results	
		Mean	Std Dev	Mean	Std Dev
Professional Practice and Ethics	15	9	-	8.8	2.0
Intake, Assessment, and Diagnosis	25	18.0	-	16.3	2.8
Treatment Planning	15	8	-	10.1	2.1
Counseling Skills and Interventions	30	21.0	-	17.5	3.9
Core Counseling Attributes	15	8	-	8.8	2.0
Score	100	64.0	-	61.6	9.0

nbcc

Descriptive Statistics on Philadelphia College of Osteopathic Medicine

Program: Mental Health Counseling

National Counselor Examination			
Examination Cycle:	Fall 2023		
Number Tested Nationally:	3523	Number Tested in Program:	22
Number Passed Nationally:	3202	Number Passed in Program:	22
National Pass Rate:	91%	Program Pass Rate:	100%

Work Behaviors and Domains

	Items	University Results		National Results	
		Mean	Std Dev	Mean	Std Dev
Professional Practice and Ethics	19	13.0	2.7	10.6	3.1
Intake, Assessment and Diagnosis	19	15.3	1.4	13.4	2.5
Areas of Clinical Focus	47	35.9	3.1	32.6	4.7
Treatment Planning	14	12.4	1.4	11.6	1.9
Counseling Skills and Interventions	48	36.0	3.5	32.8	6.1
Core Counseling Attributes	13	11.0	1.5	10.0	1.9
Score	160	123.5	9.7	111.1	16.5

CACREP Content Areas

	University Results		National Results	
	Mean	Std Dev	Mean	Std Dev
Professional Counseling Orientation and Ethical Practice	9.2	1.2	8.1	1.8
Social and Cultural Diversity	6.2	0.7	5.8	1.0
Human Growth and Development	11.0	1.4	9.8	2.0
Career Development	9.4	1.6	8.9	2.0
Counseling and Helping Relationships	48.9	3.7	43.8	6.9
Group Counseling and Group Work	14.9	2.2	14.0	3.1
Assessment and Testing	21.1	2.7	18.5	3.6
Research and Program Evaluation	2.8	0.9	2.2	1.2
Score	123.5	9.7	111.1	16.5

nbcc.

Descriptive Statistics on Philadelphia College Of Osteopathic Medicine

Program: Mental Health Counseling

National Counselor Examination			
Examination Cycle:	Fall 2022		
Number Tested Nationally:	3151	**Number Tested in Program:**	18
Number Passed Nationally:	2498	**Number Passed in Program:**	18
National Pass Rate:	79%	**Program Pass Rate:**	100%

Work Behaviors and Domains	Items	University Results		National Results	
		Mean	Std Dev	Mean	Std Dev
Professional Practice and Ethics	19	16.4	3.0	15.1	4.2
Intake, Assessment and Diagnosis	19	14.4	2.0	12.4	3.1
Areas of Clinical Focus	47	32.4	5.2	29.7	5.5
Treatment Planning	14	10.7	1.8	9.9	2.1
Counseling Skills and Interventions	48	34.7	4.5	33.3	6.2
Core Counseling Attributes	13	9.9	1.9	9.7	2.5
Score	160	118.6	13.0	110	18.6

CACREP Content Areas	University Results		National Results	
	Mean	Std Dev	Mean	Std Dev
Professional Counseling Orientation and Ethical Practice	9.8	2.1	9.6	2.7
Social and Cultural Diversity	2.8	0.6	2.8	0.9
Human Growth and Development	10.9	2.3	10.3	2.4
Career Development	10.9	2.4	9.7	2.6
Counseling and Helping Relationships	40.5	4.7	37.1	6.9
Group Counseling and Group Work	19.3	3.5	19.5	3.8
Assessment and Testing	18.9	2.6	16.6	4
Research and Program Evaluation	5.4	1.1	4.4	1.5
Score	118.6	13.0	110	18.6

As can be seen from the chart above, our graduates scored at or above the mean in all but one area of the National Counseling Examination (NCE) for the Fall 2022 administration. Our strongest area (3.4 pts above the national mean) is counseling and helping relationships. We also scored at least two points above the national average in intake, assessment, and diagnosis (+2), areas of clinical focus (+2.7) and assessment and testing (+2.3).

Comprehensive Exam Video

All students passed their comprehensive exam video on their first try which is fairly typical for PCOM MS Counseling students over the years. Average scores ranged from 66 - 100% of meeting the criteria. Students struggled with identifying cultural, ethical, or spiritual issues during the session; this may be due to the case.

STEPPS V (Comprehensive Exam Video) 2024	V avg
1.Did the learner:Verify the client's name pronouns? State their name?	96%
2.Did the learner engage in professionally appropriate small talk?	100%
3.Did the learner: State position? Inform client of work w/supervisor	100%
4.Did the learner discuss confidentiality?	100%
5. Did the learner discuss Lethality aspect of confidentiality?	99%
6. Did the learner discuss mandated Reporting aspect of confidentiality?	99%
7. Did the learner discuss Release of Information exceptions confidentiality?	99%
8. Did the learner set up the agenda, establish goals, gather Info, advise Note?	87%
9. Did the learner introduce therapeutic approach of CBTmodel?	96%
10. Did the learner ask "What brings you in today?"	96%
11. What was the quality of the learner's nonverbal communication in client's initial disclosure?	90%
12. Did the learner reflect the client's initial disclosure w/ an appropriate empathic statement?	96%
Case Specific: Did the learner ask "FDIP"?	78%
Were the verbal and non-verbal behaviors of the learner appropriate for the client's needs?	98%
Did the learner use appropriate minimal encouragers	98%
Did the learner utilize a balance of open and close-ended quests?	100%
Did the learner paraphrase the client's content effectively & accurately in 1- 2 sent?	90%
Did the learner accurately reflect the client's feelings?	92%
Did the learner have an organized approach?	92%
Did the learner use transitional statements?	90%
Is the learner clearly in control by directing the session?	96%
Does the learner maintain professional demeanor	100%
Did the learner ask non-leading questions?	88%

Did the learner ask clear and direct questions one at a time?	86%
Did the learner elicit concerns and/or questions?	91%
What was the quality of the learner's nonverbal communication?	98%
What was the quality of the learner's verbal communication?	92%
Did the learner ask client to think about goals to bring to next session for tx?	96%
29. Did the learner adequately summarize what was discussed?	96%
Did the learner solicit feedback from client on how session went?	100%
Did the learner demonstrate receptiveness of feedback, positive or negative, by remaining professional through the feedback session?	100%
Did the learner ask patient if having thoughts of suicide or killing themselves in context of appropriate depression symptoms (such as related hopeless or statement indicating suicide)?	n/a
Did the learner ask client if made current attempts to commit suicide?	n/a
Did the learner ask client if they have ever made a prior attempt/gesture?	n/a
FDIP – Did the learner ask specific FDIP?	n/a
Did the learner ask client if they have a plan to commit suicide?	n/a
Did the learner ask client about actions to further their plan?	n/a
Did the learner ask client if they have access to means	n/a
Did the learner ask client if they have the intent to kill themselves?	n/a
Did the learner ask client about protective factors	n/a
Did learner ask client about thoughts related to relevant symptoms?	96%
Did the learner provide accurate summarization by connecting client's thoughts/feelings/ behaviors to the sxs?	87%
Did the learner accurately identify precipitating event to cause sxs?	100%
Did the learner present reasonable provisional diagnosis to client?	92%
Did the learner assess for cultural, ethical, or spiritual issues that may influence how client processes dx?	66%
Did the learner reinforce efficacy of CBT for the treatment of dx?	92%

Section 3: Program Evaluation

Program Evaluation Narrative: The MS Mental Health Counseling department holds at least two all day retreats; one during the summer and the other during the winter months. Faculty review programmatic and student data, curriculum, and CACREP requirements during these retreats.

The program has identified the following as goals for the 2024-25 + academic year:

- Increase data collection
- increase sites for students to use (PCBH)
- Review Mission
- Submit for CACREP; respond to feedback from CACREP
- Review all suggestions from larger Annual Report
- Have a MS Counseling faculty member on the IPE Advisory Board
- Add a STEPPS experience (STEPPS V)
- Acclimate new faculty member
- Create backup cases for STEPPS

SWOT Analysis -2024
Faculty teaching the group course conduct a S.W.O.T. analysis with the students enrolled in the group course. We conduct this exercise to demonstrate how a task group is run. However, we also collect data (with student consent).

	Comment from Student	How to Address?
	Community-oriented	Continue to create opportunities to build community
	Faculty with diverse backgrounds	Share more about our different backgrounds
	Faculty gives great feedback and is accessible *	
	Faculty open to help out when I need accommodation	Discuss in faculty meeting how to be consistent with last-minute accommodations for students.
	Well thought-out curriculum	
	Helps for Licensing	
	Accepting, Supportive, and Flexible	
	Small class size *	Continue to keep classes to low enrollment.
	Holistic Approach	stress this more; incorporate more opps for this
	Different VIew Points	
Strengths	Nice people	
	Night Classes	
	Collaborative	
	Values students/connections	
	Values student input	continue to create opps for student input; share how we use their input
	Great Advocate	
	Focus on self-care/understanding	incorporate more?
	Friendship	
	Knowledgeable faculty	
	Done in 2 years	
	Practice (STEPPS) **	

	Prestige	
	Faculty *** , Professors	
	Teaching styles (engaging) *	shadow each other teaching?
	Evidence based	
	Inclusiveness	
	The push for Self-care (even though I hate it)	
	Focus on the whole person	
	Internship sites	
	Small cohort (feels like family) *	
	Attempt to be diverse	
	NCE Passing rate	
	LGBTQ	
	Profs being accessible and personal with students	
Weaknesses	Inconsistency	*This is in relation to faculty grading; So, we created faculty mentoring and put this on the agenda
	No breaks in between terms	This will fix itself once we go to semesters (Fall, Spring, Summer)
	Lack of communication between faculty **	When asked in an ambassador mtg students shared this was in relation to different sections among adjuncts and STEPPS; so, we created a STEPPS coordinator and have faculty mentoring adjuncts; most core are leads on classes
	Inconsistency with internship (misinformation)	DCT reviewed slides
	I was not aware there of summer term	reviewed webpages; put in Orientation powerpoint
	Lack of respect (perceived) from other programs/campus community	
	not CACREP accredited	working on it
	it feels like our program is constantly in a period of transition	Dr. Corbin has been Chair for 4 yrs; Dr. Newton in her position for 3 years; Dr. T for one year; Dr. Nic just hired. The transitions the students are seeing are good ones that will lead to a stronger counseling identity (no more 48 credit program; more counselors as adjuncts; etc.) Some of the transition is out of our control (ie. semesters).
	lack of variety with class time	Unfortunately, we do not have enough students to offer different sections of courses; we did stack courses

	Lack of cohesion with the rest of PCOM (activities, intramurals, etc.)	Students were unaware of intramurals and the MS Counseling intramural basketball team
	No recycling on campus	let plant opps know
	So much money :(	We are about average; see chart
	Other programs don't know we exist	
	Teeny tiny campus	
	Limited to one site for pract/int	
	Internship selection process **	Addressed concerns with DCT
	Cost *	We are about average
	Communication between profs & CLAC	We increased communication; meet as a full faculty twice a year and designated Dr. Nic as STEPPS coordinator
	Transparency on expectations for program/more info on differences between part time and full time	Put on Orientation powerpoint
	"Read the handbook"	As a means to maintain consistency among the program and for students to know where to access information in the future, we direct students to the handbooks.
	Internship holes/fact that we have to "get accepted" to internship	There is a system of checks and balances and gatekeeping.
	More detailed training for CLAC actors *	WE increased communication w/CLAC; meet as a faculty twice a year and designated Dr. Nic as STEPPS coordinator
	Communication to students	Funny; some students shared we send too many emails; others said they wanted more communication in writing. Chair offers student ambassador meetings a few times a year and about two students show up. THe student representatives also created an anonymous form for students to fill out with agenda items to bring to their meetings with me.
	Scheduling of internship & classes (for those who have jobs)	We stacked classes and made all second year courses on the same days (Mon-Wed)
	More timely responses from staff/faculty	The expectation that we respond to students within 48 hours was reiterated to faculty;
	Lack of internships in NJ	DCT will try to get more sites in NJ
	Interrator reliability in STEPPS reviews and differences in feedback	We will review the same STEPPS video Fall 2024
Opportunities	Help us find internship/practicum	DCT created Q & A sessions for students
	Connections	Considering doing a networking alumni event
	Networking opportunity *	Considering doing a networking alumni event

	Reputable	
	Well-recognized school of medicine	
	Well-respected community *	
	Info sessions for other programs	WE offer these during the second year and this activity was completed during the first
	Location	
	More internship sites	Added 5 sites 2024-25
	better communication *	
	Research (individual & with faculty)	Three of the three full time faculty are working with students on articles
	IPE Experiences	We are offering more every year; Nic represents MS Coun on IPE Board
	Offers resources	
	Good advisement	
	Bring alumni speakers	We do this during the second year and this activity was completed during the first
	Free parking	
	Lots of new friends & connections	We are offering more social events
	Community involvement in (1st year)	
	Advertisement	
	More diverse program tracks/paths	Consider this after initial CACREP accreditation
	More diversity	Working on this
	Flexibility w internship hours	Internship hours are between student and site
	Better personal counseling options	RElayed this message to stud affairs
	More integration/representation between programs/school in general	Need examples here
	More realistic STEPPS conditions	WE increased communication w/CLAC; meet as a faculty twice a year and designated Dr. Nic as STEPPS coordinator
	IPE and actual other involvement with other PCOM programs	
	Increase Collaboration with community mental health organizations	
Threats	CACREP	working on it
	Different school that appreciates and recognizes our program *	
	Big focus on DO Students	Now bring Pres & VP into Orientation; mention how President asked to create MHTF; MHTF initiatives too;

Scholarships	We have about as many as we can; workstudy may look for more opportunities? Work w/financial aid
Other college competitors	
Small	Small is what makes us , us
Class time and day flexibility *	WE offer our program at night so students can work
Price	We are about average
"life coaching"	Students believe the life coaching profession is a threat; we are incorporating the differences between LPC and life coaching into Prof orientation and ethics course
Lots of faculty turnover	Dr. Corbin has been Chair for 4 yrs; Dr. Newton in her position for 3 years; Dr. T for one year; Dr. Nic just hired. The transitions the students are seeing are good ones that will lead to a stronger counseling identity (more counselors as adjuncts; etc.).
Unpaid Internships :(**	We wish!
Cost (No grants) *	We are about average
Location	
Entry level salary is low	We have a presence on PCA advocacy board
Pending CACREP Accreditation	
AI Taking our jobs	
Limited breaks before classes restart **	This will resolve itself once we go to semesters (Fall, Spring, Summer)
Not being a part of the counseling compact (PA)	We have a presence on PCA Advocacy board
Lack of NJ Internship sites	DCT working on this; increased by one site
Laws preventing ethical practice	

Graduate Survey 2020-24 (administered right before students graduate the program)

Trends of Survey Data: Students graduating in 2023 indicated mixed perceptions of the effectiveness of the program at meeting goals and program objectives, with mixed satisfaction and likelihood to recommend the program. This may be due to transitional factors as the department searched for new full-time faculty and continued to cement itself as a counseling program versus a counseling psychology program. Prior students have indicated the program being effective in preparing graduates to integrate physical and mental health concerns as part of a biopsychosocial orientation, conceptualize ethical and legal issues associated with the counseling profession, engage in effective case conceptualization and treatment planning, build and maintain a positive therapeutic alliance, and effectively use a Cognitive-Behavioral Therapy approach. Areas that were less highly rated included assessment & testing, and research practices; this was particularly true for 2023 graduates. Across graduates, the most consistent challenging experiences within the program were ongoing communication practices by department faculty and the Interprofessional Education (IPE) experiences required for the counseling program. Graduates' experiences tended to be mixed over practicum placement processes, and endorsed positive experiences when it came to faculty engagement and advising, the STEPPS experiences, and educational resources (e.g., classroom quality, library resources, Blackboard). Graduates expressed greater likelihood to achieve licensure as a professional counselor after 2020 and were less likely to go on for a doctoral degree in clinical psychology (PsyD). Trends in qualitative feedback included a call for more intentionality in cultural diversity in the curricula and faculty, more consistency in full-time faculty, and more effective and open channels of communication for program-related events and requirements (e.g., STEPPS, IPE, practicum and internship).

Use of Data to Structure Program: To improve the program, faculty in the Department of Counseling at PCOM used the data to conceptualize areas of growth and implement meaningful changes to improve the program. Since 2023 graduates shared their experiences, the Department of Counseling at PCOM hired two additional full-time faculty members who have expressed commitment to the program (i.e., Dr. Brandon Tomlinson & Dr. Nic Schmoyer) and have a more diverse faculty when compared to prior years; the program is also searching for a fifth faculty member and is prioritizing increasing the diversity of faculty.
In order to improve communication across various facets of the program that have been challenging for students, specific faculty have been assigned as coordinators and/or liaisons.

Dr. Lisa Corbin continues to serve as the Program Director and manages general updates and communication with students; Dr. Kerri Newton continues to serve as the Director of Clinical Training and is the primary point of contact for practicum and internship communication and issues; Dr. Brandon Tomlinson is the new comprehensive examination coordinator and communicates comprehensive examination details; and Dr. Nic Schmoyer is the new STEPPS coordinator to communicate STEPPS related expectations and details to students and adjunct faculty. Dr. Nic Schmoyer has also been asked to serve as IPE liaison, allowing the Department of Counseling to have a more intentional role within the greater IPE program. Related to student alignment with the counseling profession, the program has intentionally hired additional counselor educators to cement a professional identity as a counselor among graduates.

Alumni Survey

The 2024 Alumni survey was administered in July 2024. Respondents graduated between the years of 2004 and 2023 with approximately 27% having graduated from the 48 credit masters program (no longer in existence) and 73% from the 60 credit MS in Mental Health Counseling program. Seventy-one percent of alumni reported working at a private practice, 15% in a community mental health organization, 14% in a medical/hospital setting, 3.85% (1 person) in a VA, 7.6% (2 alumni) are adjunct faculty, and 7.6 % are students. Responses from the "other category were non-profit training facility, clinical research, insurance provider, and disruptive event management. Alumni, by self-report, work with a diverse population, with the percentages below noting the number of graduates who regularly work with the listed demographics:

Answer Choices	Responses	
African-American/Black	84.62%	22
Hispanic/Latinx	80.77%	21
Asian/Pacific Islander	73.08%	19
Indigenous American/Alaska Native	38.46%	10
Multiethnic	84.62%	22
Immigrant	57.69%	15
People with Disabilities	65.38%	17
The Elderly	57.69%	15
Children	46.15%	12
LGBTQ+	88.46%	23
Other (please specify)	11.54%	3

One-hundred percent of alumni who responded to this survey said that PCOM education and training facilitated their achievement of their career goals. Approximately 54% said CBT was their primary theoretical orientation and the other 46% identified they use various theoretical and integrated approaches such as DBT, ACT, and IFS. Only 16% of clients reported working for a non-profit organization. Thirty one percent of respondents reported that they make use of the income based repayment plan, 15% reported they do not use the income based repayment plan, 42% said it was not applicable, and 12% said they do not know what the income based repayment plan is. Ten students said paying back loans was not applicable to them and this is probably because they've already paid off their loans. Interestingly, eight respondents reported

belonging to a professional listserv; six identified a psychological listserv as their professional listserv (two respondents didn't identify which listserv they belong to). Eight of 26 respondents reported belonging to the Pennsylvania Counseling Association, with seven reporting being involved in leadership roles within a professional organization. We anticipate participation in counseling associations to increase as the program graduates alumni more embedded in the counseling identity. Twenty three percent stated they were either enrolled in or had been previously enrolled in a doctoral program with all but one of these respondents saying they were enrolled in a Clinical Psychology program and two stated they intend to enroll in a doctoral program.

Sixty two percent hold licensure as a professional counselor, 12% plan on obtaining licensure, and 16% do not want to pursue licensure as a professional counselor. Twelve respondents reported holding a PA license, five a NJ license, two a DE license, one a HI and CA license, one a VA license, and two a Florida license. Almost all respondents (15 of the 16respondents) stated it took them between 2 and 3 years to complete their licensure hours. Only one respondent reported taking four years to obtain licensure. About 54% of alumni reported having a job that supplied them with supervision. Twenty alumni reported taking the NCE exam and twenty alumni reported passing the NCE on their first-attempt. Our alumni report engaging in continuing education (89% of respondents), give professional presentations (38%), two reported publishing scholarly work (7.8%), and pro bono work (38%). Ten of the 26 respondents reported engaging in advocacy work. About half of respondents (50%) rated their self-care as satisfactory with 23% stating their self-care was very good, another 23% indicating that they need to improve their self-care, and one person shared that they rate their self-care as excellent.

Alumni of the counseling program indicated the effectiveness of the M.S. in Mental Health counseling program in achieving the primary program objectives aligned with CACREP standards and the mission of PCOM. The highest rated objectives (weighted $M \geq 4$) included the Cognitive Behavioral Therapy Specialty Area (4.54/5), Counseling & Helping Relationships (4.31/5), Group Counseling & Group Work (4.15/5), and Counseling Orientation & Ethics (average of 4.08/5 between three objectives). Alumni largely indicated that the program assisted them in developing the necessary competencies to provide high-quality CBT interventions, aligning with the program's foundation in and emphasis on teaching CBT as an empirically supported treatment. Similarly, alumni perceived the program was effective in facilitating the development of counselors who practice ethically from a counseling identity, able to create strong therapeutic relationships, and effectively provide therapeutic group services. Regarding specific skills & professional development, alumni highlighted the effectiveness of the program in assisting with gathering clinical information towards developing a cohesive case conceptualization & communication of the case conceptualization (4.31/5), forming therapeutic alliances (4.31/5), developing willingness to accept and use feedback (4.27/5), and development of a counselor identity (4.12/5).

The program alumni indicated that the lowest rated program objectives included Career Development (3.38/5) and Assessment & Testing (3.54/5). While these scores indicated that the lowest rated program objectives were still rated as effective, program faculty initiated changes to the curriculum over the years. The primary change was oriented towards having full-time counselor educators (FTCE) teach these courses, with the Career Development course being

taught by a FTCE from 2019 and the Assessment & Testing course being taught by a FTCE from 2023. Since these changes, perceived effectiveness of the program for these objectives has risen. For the remaining program objectives and counseling competencies in the alumni survey, was 3.77/5, indicating moderately high effectiveness of the program. Since the counseling program has transitioned to having a FTCE as the program director and hiring FTCEs in 2020, alumni overwhelmingly indicate the effectiveness of the program as 'Extremely' or 'Very Much' for each of the program objectives & competencies. This highlights the continuous evolution of the program to be more intentionally aligned with CACREP standards and requirements for FTCEs to be the primary educators in counseling programs.

The majority of respondents (70%) stated that they are very satisfied with their PCOM educational experience, 23% said they are moderately satisfied, and 8% (2 respondents) reported feeling neither satisfied nor dissatisfied.

Open-ended responses from alumni	What instituted within the past three years
need more courses on child and adolescent development (2)	Created the child & adol course (ran Spring 2024)
need more courses on LGBTQ+ (1)	Created the Human Sexuality course (ran Spring 2024)
How to find a job	Instituted Career workshops (started Fall 2023) as a part of the practicum and internship courses.
Advocate for self	Strengthened the professional advocacy portion of the ethics course by incorporating how to be a good consumer of supervision. Firmed up class content regarding professional identity and scope of practice for counselors to allow students to practice confidently within sai scope. Creating a how to advocate for self in professional settings workshop for practicum & internship orientation.
Information on how to start a private practice	Instituted Career workshops (started Fall 2023) as a part of the practicum and internship courses and included how to start a private practice.
what other job can hold with an LPC	Dr. Corbin created a "what can you do with an LPC" video for the webpage and professional orientation and ethics course. There is a lecture in the class adding to the content of this video.
More education on treatment plans and note taking	Created the Advanced Clinical Mental Health course (ran Fall 2023+)

need more help with finding a practicum placement (2018 graduate)	Hired a new Director of Clinical Training.
Need more mentorship (2020 graduate)	Faculty provide advising each term, have worked with students on research, and are more involved in the program.
learn more about PhD/PsyD programs	Instituted Career workshops (started Fall 2023) as a part of the practicum and internship courses. We hold a PsyD workshop and a PhD in Counselor Education workshops.
turnover was an issue	We have had the same faculty since 2022.

2023 Employer Survey - alumni are asked to have their employers complete a survey

Ninety two percent of Employers rated our alumni in the excellent or very good category in 15 of the 18 program objective/ core CACREP areas. The only area to earn a rating of fair by one employer was Demonstration of an understanding of the multiple professional roles and functions of counselors across specialty areas. It appears our strongest area (100% of employers rated our graduates between an Excellent or Very Good) was in their Ability to work collaboratively with peers, colleagues, students, faculty, supervisors, members of other disciplines, clients, and community organizations.

	Excellent	Very Good	Good	Fair	Poor	No Basis to Judge	Total	Weighted Average
Demonstration of an understanding of the multiple professional roles and functions of counselors across specialty areas	71.43% 10	21.43% 3	0.00% 0	7.14 % 1	0% 0	0% 0	14	1.36
Employing of a professional counseling identity that includes the integration of self as a vehicle for self-awareness and reflective practices	42.86% 6	50% 7	7.14% 1	0% 0	0% 0	0% 0	14	1.64
Practice counseling in an ethical and legal manner that aligns with the American Counseling Association (ACA)	78.57% 11	14.29% 2	7.14% 1	0% 0	0% 0	0% 0	14	1.29
Analyze individual and family development theories and models across the lifespan	57.14% 8	21.43% 3	14.29 % 2	0% 0	0% 0	7.14% 1	14	1.79
Evaluate career development theories and models as they relate to the interrelationships of the client's world of work, mental well-being, relationships, and other life roles and factors	35.71% 5	50.00% 7	7.14% 1	0% 0	0% 0	7.14% 1	14	1.93
Utilize counseling theories to guide case conceptualization, treatment planning, and clinical practice	71.43% 10	21.43% 3	7.14% 1	0% 0	0% 0	0.00% 0	14	1.36

Apply the theoretical foundations of group counseling and group work to maximize group effectiveness and address the cultural needs of clients	42.86% 6	35.71% 5	7.14% 1	0% 0	0% 0	14.29% 2	14	2.07
Use ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research	71.43% 10	14.29% 2	7.14% 1	0% 0	0% 0	7.14% 1	14	1.57
Apply the principles of working in an Inter-professional collaborative team aimed at treating the whole person	71.43% 10	14.29% 2	14.29% 2	0% 0	0% 0	0% 0	14	1.43
Ability to work collaboratively with peers, colleagues, students, faculty, supervisors, members of other disciplines, clients, and community organizations	71.43% 10	28.57% 4	0.00% 0	0% 0	0% 0	0% 0	14	1.29
Ability to form a working alliance with patients and clients	85.71% 12	7.14% 1	7.14% 1	0% 0	0% 0	0% 0	14	1.21
Ability to accurately and effectively diagnose and define clinical problems by properly implementing evidence based assessments and measurements	50.00% 7	35.71% 5	14.29% 2	0% 0	0% 0	0% 0	14	1.64
Ability to gather appropriate clinical information, form a case conceptualization, and communicate results in an ethical and professional manner	71.43% 10	21.43% 3	7.14% 1	0% 0	0% 0	0% 0	14	1.36
Ability to effectively formulate and implement empirically supported cognitive and behavioral intervention strategies appropriate for individual and culturally diverse populations in	71.43% 10	21.43% 3	7.14% 1	0% 0	0% 0	0% 0	14	1.36

interprofessional/multi disciplinary settings								
Ability to effectively implement interventions	64.29% 9	28.57% 4	7.14% 1	0% 0	0% 0	0% 0	14	1.43
Ability to recognize the importance of multicultural sensitivity and/or responsiveness, knowledge, and understanding about ethnically and racially different individuals	78.57% 11	14.29% 2	7.14% 1	0% 0	0% 0	0% 0	14	1.29
Ability to provide culturally competent services in all of their professional roles and to integrate an awareness of individual and cultural diversity into ethical decision making	64.29% 9	28.57% 4	7.14% 1	0% 0	0% 0	0% 0	14	1.43
Ability to demonstrate a commitment to actively engaging in advocacy efforts that develop the individual, a group, or the profession	50.00% 7	42.86% 6	7.14% 1	0% 0	0% 0	0% 0	14	1.57

As you can see from the data below, almost all of the respondents placed our alumni in categories of Excellent (a 5/5) and Very Good (a 4/5) in every category. The only categories in which employers rated our alumni as "good" (a 3/5) were their ability to pursue scholarly activity in counseling, conduct psychological assessments, provide consultation and educational services, the graduate's demonstration of professional advocacy activities, and administration and management skills.

	Excellent	Very Good	Good	Fair	Poor	No Basis to Judge	Total	Weighted Average
The graduate's ability to provide services to culturally and individually diverse clients	64.29% 9	35.71% 5	0.00% 0	0.00% 0	0% 0	0.00% 0	14	1.36
The graduate's ability to pursue scholarly activity in Counseling	42.86% 6	42.86% 6	14.29% 2	0.00% 0	0% 0	0.00% 0	14	1.71

							Total	Weighted Average
Overall quality of program in preparing the graduate to ultimately practice as a counselor	64.29% 9	35.71% 5	0.00% 0	0.00% 0	0% 0	0.00% 0	14	1.36
Your current level of satisfaction with our graduate's professional work	85.71% 12	14.29% 2	0.00% 0	0.00% 0	0% 0	0.00% 0	14	1.14
Our graduate's ability to practice counseling from the cognitive behavioral model	78.57% 11	21.43% 3	0.00% 0	0.00% 0	0% 0	0.00% 0	14	1.21
Our graduate's ability to conduct psychological assessments	42.86% 6	35.71% 5	14.29% 2	0.00% 0	0% 0	7.14% 1	14	1.93
Our graduate's ability to select and deliver effective clinical interventions	57.14% 8	42.86% 6	0.00% 0	0.00% 0	0% 0	0.00% 0	14	1.43
Our graduate's demonstration of practicing in an ethical manner	85.71% 12	14.29% 2	0.00% 0	0.00% 0	0% 0	0.00% 0	14	1.14
Our graduate's ability to provide consultation and educational services	71.43% 10	14.29% 2	7.14% 1	0.00% 0	0% 0	7.14% 1	14	1.57
Our graduate's ability to function collaboratively as a team member	78.57% 11	21.43% 3	0.00% 0	0.00% 0	0% 0	0.00% 0	14	1.21
Our graduate's demonstration of professional advocacy activities	64.29% 9	21.43% 3	14.29% 2	0.00% 0	0% 0	0.00% 0	14	1.50
Our graduate's commitment to lifelong learning	64.29% 9	35.71% 5	0.00% 0	0.00% 0	0% 0	0.00% 0	14	1.36
Our graduate's use of scientifically derived knowledge	78.57% 11	21.43% 3	0.00% 0	0.00% 0	0% 0	0.00% 0	14	1.21
Our graduate's administration and management skills	50.00% 7	28.57% 4	7.14% 1	0.00% 0	0% 0	14.29% 2	14	2.00

After reviewing the data from the Employer survey, faculty made these changes:
- Incorporate and present research opportunities to current students and alumni; demonstrate how we as clinicians are pursuing educational opportunities
- Change the tests & Measurements course to focus on psychological assessments that counselors can engage in and have the students engage in them.
- Incorporate consultation into the Advanced CMH course
- Have a professional development workshop on advocacy after graduation
- Enforce the importance of administrative and management skills.

Open Ended Responses (General comments and suggestions for improving the MS Counseling Program:

Open Ended Response from Employers	PCOM Faculty Response
My only suggestion is to expand the focus of your program so that CBT is not the only therapeutic modality your graduates are comfortable using. While CBT is extremely effective and widely used, not all clients will respond well to it and it would just add a layer of versatility to your clinicians	● We discuss w/ students how they can add to their theoretical orientation. ● We offer electives in other therapeutic interventions (DBT, ACT, etc.) ● We will offer faculty conversation/workshops on other therapeutic approaches.
Additional teaching and guidance surrounding routine paperwork (service plans, notes, requested support letters, etc.)	● We now teach students about routine paperwork, tx plans, sx's, etc. in the Advanced CMH course.
We have been very impressed with the graduates from PCOM and their ability to conceptualize cases and implement interventions. We find the PCOM grads to be very professional, well-educated, and ready to grow into seasoned therapists. Thank you!	● Use this feedback on the website