



MENTAL HEALTH COUNSELING & BEHAVIORAL MEDICINE PROGRAM

**DIVISION OF GRADUATE MEDICAL SCIENCES
BOSTON UNIVERSITY SCHOOL OF MEDICINE**

**Comprehensive Evaluation Plan
Annual Report 2019-2020**

PROGRAM INTRODUCTION

The Mental Health Counseling and Behavioral Medicine (MHCBM) Program is a two-year Master of Arts program designed to meet the educational requirements for licensure as a Mental Health Counselor in the Commonwealth of Massachusetts as granted by the Massachusetts Board of Allied Mental Health Professions. Program faculty also work closely with students to ensure that they meet requirements for licensure in states all across the country.

The curriculum consists of a combination of academic coursework and clinical fieldwork experiences that align with the standards set forth by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The program is CACREP-accredited in the specialty area, Clinical Mental Health Counseling. Students generally complete the program in two years of full-time study. Students are encouraged to identify topics of interest and are provided with education and experience related to those interests. They are also exposed to a wide array of patient populations, clinical topics, and career paths.

Students are very well-trained in clinical assessment and diagnosis, theory and application, and modalities of care. The Program's emphasis on behavioral medicine and neuroscience provides students with a unique education in integrated care. Teaching faculty routinely integrate health/wellness and behavioral health throughout the curriculum. Because the Program is housed in an academic medical center, students have a unique opportunity to avail themselves of clinical, research, and training opportunities throughout the center and are exposed to cutting-edge therapies and interventions.

PROGRAM EVALUATION

The Program has developed a Comprehensive Evaluation Plan to systematically evaluate its objectives as well as student learning with the overarching goal of curriculum and program improvement. Data from multiple sources are collected and analyzed throughout the academic year. Thus, program modifications are data-driven and empirically-based through the use of objective information systematically collected from faculty and site supervisors at planned timepoints throughout the academic year. The culmination of the evaluation process is typically an annual report written at the end of the summer prior to the beginning of the upcoming Fall semester.

This report illustrates the degree to which the MHCBM Program met its three objectives during the 2019-2020 academic year. As described below, the Program converted to the 2016 CACREP Standards in late Summer 2019. Thus, the data and findings highlighted in this reported are based solely on the assessment of the 1st-year cohort of students (Class of 2021). For this conversion, the Program recruited stakeholders to provide input to the revision of program

objectives (in accordance with 2016 CACREP Standard 2.B) as well as the creation of key performance indicators and identification of professional dispositions.

Findings from these assessments resulted in action items and program modifications to ensure that the Program is meeting its objectives and students are obtaining requisite knowledge and skills for working in behavioral healthcare as license-eligible mental health counselors. Program evaluation is a continual agenda item on the faculty and staff meetings throughout the academic year. Assessment procedures, data collection strategies and tools, the comprehensive student database, and analytic methods are reviewed and discussed.

At the conclusion of each academic year, the core faculty and staff hold an annual retreat to analyze the data and findings for identifying action items and needed program modifications. The Program's CACREP liaison is responsible for spearheading this effort and writing the annual report, which is subsequently disseminated electronically via the Program's website.

PROGRAM CONVERSION TO THE 2016 CACREP STANDARDS

The MHCBM Program was initially accredited in 2014 under the 2009 CACREP Standards. As a consequence to the publication of the 2016 CACREP Standards, the Program began a conversion process to the updated standards, which was formally started in early 2018 when two core faculty members attended a CACREP Self-Study Workshop, which was funded by a mini-grant for program learning outcomes assessment from the Boston University Office of the Provost. This workshop focused on assessment of student learning and program evaluation, in addition to providing a thorough review of the 2016 CACREP Standards.

In May 2019, a committee of four faculty members held a two-day retreat to finalize the conversion, which again was grant-funded by the Boston University Office of the Provost. The main activities of the retreat included the following: 1) reviewing the 2016 CACREP Standards; 2) updating the Program's mission statement; 3) developing new Program objectives; 4) creating a matrix of the 2016 CACREP Standards mapping onto Program courses; 5) identifying and defining key performance indicators (KPIs); 6) identifying and defining professional dispositions; and 7) establishing assessment metrics for the KPIs and professional dispositions.

Program Objectives

Although the mission statement was left essentially intact, the Program objectives were changed, specifically objectives #2 and #3. The rationale for these alterations was to align and meet the 2016 CACREP Standards regarding the evaluation of program objectives (Standard IV.B-D). The objectives and corresponding evaluation measures are as follows:

At the completion of the MHCBM Program, students are able to:

- 1) Demonstrate the knowledge, skills, attitudes, and values that uniquely embody clinical mental health counselors
 - a. Measure: Aggregate student assessment data on key performance indicators of student knowledge, skills, and professional dispositions
 - b. Measure: Data from systematic follow-up studies of graduates, site supervisors, and employers of program graduates.
- 2) Collaborate with persons of varied backgrounds, identities, and experiences as part of a vibrant learning environment that reflects the diverse communities in which they will be working
 - a. Measure: Demographic and other characteristics of applicants, students, and graduates
 - b. Measure: Data from systematic follow-up studies of graduates, site supervisors, and employers of program graduates
- 3) Establish that they possess the requisite knowledge to become licensed to practice as mental health counselors within the healthcare workforce
 - a. Measure: Data from systematic follow-up studies of graduates, site supervisors, and employers of program graduates.

To validate the relevance and timeliness of the Program objectives, a survey was sent in June 2019 to all current students (Class of 2020), local Program alumni who've supervised or taught Program students, and field supervisors who've each supervised several Program students. Specifically, they were requested to rate to what extent they believe that the objectives "*reflect what our program needs to do to educate and train our students to be competent, effective, and ethical mental health counselors in today's landscape of healthcare*". Across all respondents (n=16), the vast majority (87.5%) endorsed that they "strongly agree" (12.5% = "somewhat agree") the objectives reflect what our students need regarding their education and training. Validating qualitative data include the following comments:

- *"The program objectives seem to address the need for holistic preparation in order to be successful in the field."*
- *"Feel these updated objectives strongly meet the needs of the students' education and training experiences."*
- *"I think they are good for the students/practicing counselors."*
- *"The combination of needing to demonstrate knowledge skills and value to become mental health counselors is an exceptional goal of the program."*

Coursework and Standards Matrix

A significant portion of the retreat was devoted to reviewing the 2016 CACREP Standards for the eight core areas as well as the specialty area, clinical mental health counseling. Decisions were made as to where each standard is addressed. The table below documents where each of these standards is found in the Program curriculum.

2016 CACREP Standards	Techniques	Group	Psychopath	Research	Assessment	Orientation Neuro	Theory	S&CF	Neuro	Psychopharm	Practicum	Internship	HG&D	BMed	Addictions	Ethics	Career
5.C.2.a						X											
5.C.2.b			X														
5.C.2.c						X											
5.C.2.d			X														
5.C.2.e														X	X		
5.C.2.f			X			X											
5.C.2.g									X					X			
5.C.2.h										X							
5.C.2.i						X										X	
5.C.2.j	X		X		X	X	X	X								X	
5.C.2.k						X											
5.C.2.l						X										X	
5.C.2.m																X	X
5.C.3.a			X		X												
5.C.3.b	X										X	X					
5.C.3.c												X				X	
5.C.3.d						X								X			
5.C.3.e						X											

*PG = Process Group

Key Performance Indicators

As described in the 2016 CACREP Standards (Standard IV.F), KPIs need to be established for the assessment of students’ knowledge and skills. Therefore, a total of 10 KPIs were identified and defined—eight corresponding to each core area; one for the Program’s specialty area (i.e., clinical mental health counseling); and one specific to behavioral medicine and neuroscience.

Table 2

Key Performance Indicator	Below Expectations	Meets Expectations	Exceeds Expectations
1. <i>Professional Counseling Orientation and Ethical Practice</i> . Recognizes and applies professional ethical standards.	Does not meet expectations for level of training and experience when evaluating ethical dilemmas and establishing and maintaining relationships with clients, evidenced by one of the following:	Meets expectations for level of training and experience when evaluating ethical dilemmas and establishing and maintaining relationships with clients, evidenced by both of the following: <ul style="list-style-type: none"> • Understands the importance of 	Surpasses expectations for level of training and experience when evaluating ethical dilemmas and establishing and maintaining relationships with clients, evidenced by the following:

Key Performance Indicator	Below Expectations	Meets Expectations	Exceeds Expectations
	<ul style="list-style-type: none"> • Does not demonstrate understanding of ethical standards • Does not demonstrate synthesis of professional ethical standards into decision making 	<ul style="list-style-type: none"> maintaining appropriate boundaries with clients • Incorporates knowledge of ethical standards whenever establishing new professional relationships and work with clients 	<ul style="list-style-type: none"> • Evaluates the context of a given situation and applies sound decision making skills to maintain appropriate boundaries with clients and to help them clinically
<p><i>2. Social and Cultural Diversity.</i> Demonstrates knowledge, awareness, skills, and attitudes of sensitivity and respect for differences related to cultural diversity.</p>	<p>Does not meet expectations for level of training and experience when interacting and/or collaborating with people with diverse backgrounds and identities, evidenced by one of the following:</p> <ul style="list-style-type: none"> • Does not demonstrate self-awareness regarding issues of diversity • Does not demonstrate an attitude of openness regarding issues of diversity 	<p>Meets expectations for level of training and experience when interacting and/or collaborating with people with diverse backgrounds and identities, evidenced by both of the following:</p> <ul style="list-style-type: none"> • Demonstrates self-awareness regarding issues of diversity • Enters into collaborative relationships with an attitude of openness regarding issues of diversity 	<p>Surpasses expectations for level of training and experience when interacting and/or collaborating with people with diverse backgrounds and identities, evidenced by both of the following:</p> <ul style="list-style-type: none"> • Consistently demonstrates self-awareness regarding issues of diversity • Enters into collaborative relationships with sensitivity, respect, and awareness regarding issues of diversity
<p><i>3. Human Growth and Development.</i> Develops self-awareness into beliefs about what impacts the student’s own development, and the development of their clients.</p>	<p>Does not meet expectations for level of training and experience when discussing beliefs about what impacts their own personal development and the development of their clients</p>	<p>Meets expectations for level of training and experience when discussing beliefs about what impacts their own personal development and the development of their clients</p>	<p>Surpasses expectations for level of training and experience when discussing beliefs about what impacts their own personal development and the development of their clients</p>

Key Performance Indicator	Below Expectations	Meets Expectations	Exceeds Expectations
<p>4. <i>Career Development.</i> Understands the history and development of career and vocational counseling.</p>	<p>Does not meet expectations for level of training and experience when discussing the history and development of career and vocational counseling</p>	<p>Meets expectations for level of training and experience when discussing the history and development of career and vocational counseling</p>	<p>Surpasses expectations for level of training and experience when discussing the history and development of career and vocational counseling</p>
<p>5. <i>Helping Relationships.</i> Develops treatment alliance and employs counseling techniques that are consistent with client presentation and the selected theoretical approach.</p>	<p>Does not meet expectations for level of training and experience when demonstrating counseling techniques while working with clients, evidenced by the following:</p> <ul style="list-style-type: none"> • Haphazardly employs counseling skills without regard to the client’s needs, and without considering the selected theoretical approach 	<p>Meets expectations for level of training and experience when demonstrating counseling techniques while working with clients, evidenced by the following:</p> <ul style="list-style-type: none"> • Attends to the needs of the client, and uses counseling skills that are consistent with the selected theoretical approach 	<p>Surpasses expectations for level of training and experience when demonstrating counseling techniques while working with clients, evidenced by both of the following:</p> <ul style="list-style-type: none"> • Interprets the interpersonal dynamics present and adapts to the needs of the client • Employs counseling skills that are consistent with the selected theoretical approach
<p>6. <i>Group Counseling.</i> Understands dynamics associated with group process and development.</p>	<p>Does not meet expectations for level of training and experience when leading and co-leading groups, evidenced by one of the following:</p> <ul style="list-style-type: none"> • Does not positively influence interpersonal dynamics 	<p>Meets expectations for level of training and experience when leading and co-leading groups, evidenced by both of the following:</p> <ul style="list-style-type: none"> • Positively influences interpersonal dynamics 	<p>Surpasses expectations for level of training and experience when leading and co-leading groups, evidenced by both of the following:</p> <ul style="list-style-type: none"> • Demonstrates advanced skills such as immediacy and

Key Performance Indicator	Below Expectations	Meets Expectations	Exceeds Expectations
	<ul style="list-style-type: none"> Does not demonstrate basic skills of linking, drawing out, and summarization 	<ul style="list-style-type: none"> Demonstrates basic skills of linking, drawing out, and summarization 	<p>process illumination/ commentary, blocking, and diverting</p> <ul style="list-style-type: none"> Positively influences interpersonal dynamics that enhances group process and development
<p><i>7. Assessment and Testing.</i> Assesses to understand before intervening, including evaluation for suicide/homicide risk and reporting requirements.</p>	<p>Does not meet expectations for level of training and experience when conducting assessments to understand client presentation and needs, evidenced by the following:</p> <ul style="list-style-type: none"> Gathers information to assess needs and next steps in the counseling process, but does not demonstrate knowledge and skill in safety/risk assessments nor reporting requirements 	<p>Meets expectations for level of training and experience when conducting assessments to understand client presentation and needs, evidenced by the following:</p> <ul style="list-style-type: none"> Gathers information to assess needs and next steps in the counseling process, including safety/risk assessments and reporting requirements 	<p>Surpasses expectations for level of training and experience when conducting assessments to understand client presentation and needs, evidenced by both of the following:</p> <ul style="list-style-type: none"> Gathers information to assess needs and next steps in the counseling process, including safety/risk assessments and reporting requirements Makes intervention decisions that are informed by a thorough assessment
<p><i>8. Research and Program Evaluation.</i> Critically evaluates research related to counseling practice.</p>	<p>Does not meet expectations for level of training and experience in critically evaluating research related to counseling</p>	<p>Meets expectations for level of training and experience in critically evaluating research related to counseling practice,</p>	<p>Surpasses expectations for level of training and experience in critically evaluating research related to</p>

Key Performance Indicator	Below Expectations	Meets Expectations	Exceeds Expectations
	practice, evidenced by the following: <ul style="list-style-type: none"> • Does not use this information to inform decision-making 	evidenced by the following: <ul style="list-style-type: none"> • Uses this information to inform decision-making 	counseling practice, evidenced by the following: <ul style="list-style-type: none"> • Uses this information effectively and thoughtfully to inform decision-making
<p>9. <i>Clinical Mental Health Counseling.</i> Understands and applies theories and methods derived from the mental health counseling field to the assessment, case conceptualization, prevention, and treatment of health and mental health conditions.</p>	Does not meet expectations for level of training and experience in understanding and applying theories and methods derived from the mental health counseling field to their work with clients, evidenced by one of the following: <ul style="list-style-type: none"> • Conducts an inadequate assessment to understand client presentation and needs • Plans a clinically contraindicated course of treatment 	Meets expectations for level of training and experience in understanding and applying theories and methods derived from the mental health counseling field to their work with clients, evidenced by both of the following: <ul style="list-style-type: none"> • Conducts an adequate assessment to understand client presentation and needs • Plans a clinically indicated course of treatment 	<ul style="list-style-type: none"> • Surpasses expectations for level of training and experience in understanding and applying theories and methods derived from the mental health counseling field to their work with clients • Conducts a thorough assessment to understand client presentation and needs • Plans a coherent and appropriate course of treatment • Considers generalization of treatment gains
<p>10. <i>Behavioral Medicine and Neuroscience.</i> Conceptualizes and demonstrates how a behavioral medicine framework and neuroscience evidence can inform mental health counseling practices</p>	Does not meet expectations for level of training and experience in conceptualizing and demonstrating how a behavioral medicine framework and neuroscience evidence can inform their work with clients, evidenced by the following:	Meets expectations for level of training and experience in conceptualizing and demonstrating how a behavioral medicine framework and neuroscience evidence can inform their work with clients, evidenced by the following:	Surpasses expectations for level of training and experience in conceptualizing and demonstrating how a behavioral medicine framework and neuroscience evidence can inform their work with

Key Performance Indicator	Below Expectations	Meets Expectations	Exceeds Expectations
	<ul style="list-style-type: none"> Does not use this information to inform decision-making 	<ul style="list-style-type: none"> Uses this information to inform decision-making 	clients, evidenced by the following: <ul style="list-style-type: none"> Uses this information effectively and thoughtfully to inform decision-making and treatment planning

The aforementioned survey and respondents were also used to validate the newly developed KPIs. Specifically, they were asked to rate the extent to which they agree that the KPIs are important to assess because they represent integral areas of student knowledge and skills related to the Program objectives. Identical to the findings of the objectives, 87.5% endorsed that they “strongly agree” the KPIs are important to assess. Validating qualitative data include the following comments:

- *“Clear and effective language used to outline performance indicators.”*
- *“All of the performance indicators listed above are important to the education of future counselors.”*
- *“Again, they are extensive and positive. Don't have anything to add.”*
- *“The proposed key performance indicators are necessary for all new mental health counselors to possess to success in the field as professionals.”*

Professional Dispositions

Professional dispositions were identified and defined per 2016 CACREP Standards (Standard IV.G). As highlighted in the Standards, a total of nine dispositions were created that encompass *“commitments, characteristics, values, beliefs, interpersonal functioning, and behaviors that influence the counselor's professional growth and interactions with clients and colleagues”*.

Table 3

Professional Disposition	Below Expectations	Meets Expectations
Written expression. Understands context, audience, and purpose, and demonstrates a clear focus on writing tasks	Does not meet expectations for level of training with writing tasks, evidenced by the following : <ul style="list-style-type: none"> Does not write with sufficient quality regarding 	Meets expectations for level of training and experience with writing tasks, evidenced by the following: <ul style="list-style-type: none"> Writes with sufficient quality regarding syntax, semantics,

Professional Disposition	Below Expectations	Meets Expectations
	syntax, semantics, and overall grammar that meets professional standards	and overall grammar that meets professional standards
<p>Verbal expression. Has appropriate verbal behaviors in interpersonal interactions with clients, peers, supervisors, staff, and faculty</p>	<p>Does not meet expectations for level of training and experience with verbal behaviors in interpersonal interactions with clients, peers, supervisors, staff, and faculty, evidenced by one or more of the following:</p> <ul style="list-style-type: none"> ● Does not engage in challenging conversations in a respectful manner ● Does not communicate thoughts and feelings directly to other people as appropriate ● Does not integrate feedback and modify verbal behaviors 	<p>Meets expectations for level of training and experience with verbal behaviors in interpersonal interactions with clients, peers, supervisors, staff, and faculty, evidenced by all of the following:</p> <ul style="list-style-type: none"> ● Engages in challenging conversations in a respectful manner ● Communicates thoughts and feelings directly to other people as appropriate ● Integrates feedback and modifies verbal behaviors
<p>Nonverbal expression. Has appropriate nonverbal behaviors in interpersonal interactions with clients, peers, supervisors, staff, and faculty</p>	<p>Does not meet expectations for level of training and experience with nonverbal behaviors in interpersonal interactions with clients, peers, supervisors, staff, and faculty, evidenced by the following:</p> <ul style="list-style-type: none"> ● Does not nonverbally communicate attending behavior and active listening 	<p>Meets expectations for level of training and experience with nonverbal behaviors in interpersonal interactions with clients, peers, supervisors, staff, and faculty, evidenced by the following:</p> <ul style="list-style-type: none"> ● Nonverbally communicates attending behavior and active listening
<p>Comportment. Is respectful, thoughtful, and responsive, as well as follows through and is appropriate within professional interactions, including ethical guidelines of the profession</p>	<p>Does not meet expectations for level of training and experience with respectfulness, thoughtfulness, and responsiveness as well as within professional</p>	<p>Meets expectations for level of training and experience with respectfulness, thoughtfulness, and responsiveness as well as</p>

Professional Disposition	Below Expectations	Meets Expectations
	<p>interactions, evidenced by one or more of the following:</p> <ul style="list-style-type: none"> ● Does not present self professionally, both in-person and in the use of communication technology ● Does not follow through on commitments ● Does not adhere to expectations regarding assignments and scheduled meetings ● Is not responsive to all professional communications ● Does not accept responsibility for one’s role in situations ● Does not adhere to academic honesty policy of university ● Does not take actions in the best interests of their clients ● Does not recognize and practice within ethical guidelines of the profession of clinical mental health counseling, including the ACA Code of Ethics and AMHCA Code of Ethics 	<p>within professional interactions, evidenced by all of the following:</p> <ul style="list-style-type: none"> ● Presents self professionally, both in-person and in the use of communication technology ● Follows through on commitments ● Adheres to expectations regarding assignments and scheduled meetings ● Is responsive to all professional communications ● Accepts responsibility for one’s role in situations ● Adheres to academic honesty policy of university ● Takes actions in the best interests of their clients ● Recognizes and practices within ethical guidelines of the profession of clinical mental health counseling, including the ACA Code of Ethics and AMHCA Code of Ethics
<p>Emotional regulation. Is emotionally regulated and appropriate in interpersonal interactions with clients, peers, supervisors, staff, and faculty</p>	<p>Does not meet expectations for level of training and experience with emotional regulation and appropriateness in interpersonal interactions with</p>	<p>Meets expectations for level of training and experience with emotional regulation and appropriateness in interpersonal interactions with</p>

Professional Disposition	Below Expectations	Meets Expectations
	<p>clients, peers, supervisors, staff, and faculty, evidenced by one or more of the following:</p> <ul style="list-style-type: none"> ● Does not act thoughtfully rather than impulsively ● Does not effectively manage and respond to an emotional experience ● Does not effectively manage conflict ● Is not emotionally flexible and adaptable in response to social cues and others' needs 	<p>clients, peers, supervisors, staff, and faculty, evidenced by all of the following:</p> <ul style="list-style-type: none"> ● Acts thoughtfully rather than impulsively ● Effectively regulates and responds to an emotional experience ● Effectively manages conflict ● Is emotionally flexible and adaptable in response to social cues and others' needs
<p>Interpersonal boundaries. Demonstrates consistent and appropriate boundaries</p>	<p>Does not meet expectations for level of training and experience with boundaries, evidenced by one or more of the following:</p> <ul style="list-style-type: none"> ● Does not maintain appropriate physical and emotional boundaries ● Is not aware of one's impact on others ● Does not respect the stated boundaries of others 	<p>Meets expectations for level of training and experience with boundaries, evidenced by all of the following:</p> <ul style="list-style-type: none"> ● Maintains appropriate physical and emotional boundaries ● Is aware of one's impact on others ● Respects the stated boundaries of others
<p>Openness to feedback and self-reflection. Is open to feedback and implements recommended changes</p>	<p>Does not meet expectations for level of training and experience with openness to feedback and self-reflection, evidenced by one or more of the following:</p> <ul style="list-style-type: none"> ● Does not attempt to learn from the perspectives of others without attempting to change their position 	<p>Meet expectations for level of training and experience with openness to feedback and self-reflection, evidenced by all of the following:</p> <ul style="list-style-type: none"> ● Attempts to learn from the perspectives of others without attempting to change their position

Professional Disposition	Below Expectations	Meets Expectations
	<ul style="list-style-type: none"> ● Is not open to learning ● Is not open to receiving feedback and does not make needed changes ● Does not seek out opportunities for personal growth, support, and any needed behavioral changes ● Is not open to risk, uncertainty, and fear 	<ul style="list-style-type: none"> ● Is open to learning ● Is open to receiving feedback and makes needed changes ● Seeks out opportunities for personal growth, support, and any needed behavioral changes ● Is open to risk, uncertainty, and fear
<p>Career goals. Has career goals in alignment with the roles and functions of professional counselors within the behavioral healthcare workforce</p>	<p>Does not meet expectations for level of training and experience with engagement in promoting their growth and development as a professional counselor within the behavioral healthcare workforce, evidenced by one or more of the following:</p> <ul style="list-style-type: none"> ● Does not have career goals that align with entering and working within the helping professions ● Does not understand the identity, roles, and function of professional counselors 	<p>Meets expectations for level of training and experience with engagement in promoting their growth and development as a professional counselor within the behavioral healthcare workforce, evidenced by all of the following:</p> <ul style="list-style-type: none"> ● Has career goals that align with entering and working within the helping professions ● Understands the identity, roles, and function of professional counselors
<p>Respect for individual and group differences. Has multicultural competencies in interactions with clients, peers, staff, faculty, and supervisors</p>	<p>Does not meet expectations for level of training and experience with multicultural competencies in interactions with clients, peers, staff, faculty, and supervisors, evidenced by one or more of the following:</p> <ul style="list-style-type: none"> ● Is not willing to work with people who identify cultures, backgrounds, 	<p>Meets expectations for level of training and experience with multicultural competencies in interactions with clients, peers, staff, faculty, and supervisors, evidenced by all of the following:</p> <ul style="list-style-type: none"> ● Is willing to work with people who identify cultures, backgrounds, beliefs,

Professional Disposition	Below Expectations	Meets Expectations
	beliefs, experiences, and values that differ from the student's own <ul style="list-style-type: none"> ● Does not collaborate and cooperate with others ● Does not demonstrate the core characteristics of a counselor, including unconditional positive regard, empathic understanding, warmth, and treating others with dignity, respect, and kindness 	experiences, and values that differ from the student's own <ul style="list-style-type: none"> ● Collaborates and cooperates with others ● Demonstrates the core characteristics of a counselor, including unconditional positive regard, empathic understanding, warmth, and treating others with dignity, respect, and kindness

Again, the aforementioned survey and respondents were also used to validate the newly developed professional dispositions. Specifically, they were asked to rate the extent to which they agree that the professional dispositions are important to assess in our students because they influence their professional growth and interactions with clients and colleagues. In this case, 93.8% endorsed that they “strongly agree” the dispositions are important to assess. Validating qualitative data include the following comments:

- *“Well rounded objectives that outline the requirements of an effective provider.”*
- *“All of the qualities listed above are important to the counseling profession.”*
- *“I think they are excellent goals. I don't have anything else to add.”*
- *“I really like these, especially those related to comportment, boundaries, and emotional regulation.”*

EVALUATION OF PROGRAM OBJECTIVES

As outlined above, the Program revised its objectives as well as identified and defined student KPIs and professional dispositions in 2019 to align with the 2016 CACREP Standards. Each KPI is assessed at introductory and mastery levels with a specified assignment or assessment. Course instructors provide these ratings using a rubrics-driven, 3-point Likert scale: 1) Below Expectations; 2) Meets Expectations; and 3) Exceeds Expectations.

The Program maintains a database for tracking student performance on KPIs across courses and identifying areas where a student may need additional support or training. Faculty advisors meet with students after each semester to review their progress, which partly consists of an assessment

of student performance on the KPIs. The form used for these reviews is included in Appendix A. A plan for remediation is made if a student performs “Below Expectations” on any KPI.

KPIs are also analyzed in aggregate to determine which assignments are (or aren’t) helping students demonstrate the required knowledge and skills as well as to identify KPIs in which students consistently underperform. During the summer, data collected throughout the academic year are presented to faculty at the annual retreat. The analyzed data are consequently used to guide program improvement, which may include the modification of one or more areas (e.g., course assignments, course content, instruction mode and delivery, and course sequencing).

The following timeline delineates when introductory and mastery level assignments for the KPIs are assessed.

Table 4

	1 st Year		2 nd Year	
	<i>Fall</i>	<i>Spring</i>	<i>Fall</i>	<i>Spring</i>
KPI 1	I			M
KPI 2		I		M
KPI 3		I	M	
KPI 4	I			M
KPI 5		I		M
KPI 6	I			M
KPI 7	I			M
KPI 8	I		M	
KPI 9		I		M
KPI 10		I		M

I = Introductory; M = Mastery

EVALUATION OF PROFESSIONAL DISPOSITIONS

Per 2016 CACREP Standards, the Program’s faculty systematically and continually assesses each student’s professional dispositions at the following timepoints: 1) admissions interview; and 2) end of the 1st, 2nd, and 3rd semesters of study*. Evaluation can also occur at any point during the Program when a student demonstrates problems with professional dispositions. The following rubric is used for assessing professional dispositions and the program’s response.

Table 5

	Below Expectations	Meets Expectations
Program Action	Applicant: may be declined admission to the Program.	No action required. Student is meeting or exceeding

	Below Expectations	Meets Expectations
	Student: must participate faculty-determined remediation activities. Students who continue to demonstrate problematic professional dispositions during or following remediation may be dismissed from the Program.	expectations of the Program.

* Beginning in the 2020-2021 academic year, site supervisors will also assess students during Practicum and Internship.

FINDINGS OF KPIS, PROFESSIONAL DISPOSITIONS, DEMOGRAPHICS, EMPLOYMENT, & LICENSURE

To gradually and methodically implement the Program’s conversion to the 2016 CACREP Standards, the faculty decided to assess and collect data on only the 1st-year students beginning in Fall 2019. The table below outlines the overall student performance on the KPIS at the Introductory level.

Table 6

Key Performance Indicators for Class of 2021 (Admitted 2018-2019)

	Introductory			
	<i>n</i>	%BE	%ME	%EE
KPI 1	35		45.7	54.3
KPI 2	34		88.2	11.8
KPI 3	34		11.8	88.2
KPI 4	35	14	66	20
KPI 5	34	3	65	32
KPI 6	35		91.4	8.6
KPI 7	35		91.4	8.6
KPI 8	35		87.5	12.5
KPI 9	34	2.9	97.1	
KPI 10	35		100	

BE = Below Expectations; ME = Meets Expectations; EE = Exceeds Expectations

As shown in Table 6, the most significant finding is that 14% of students scored “Below Expectations” on KPI 4 (Career Development). One student failed their practicum training and thus scored “Below Expectations” on KPI 9 (Clinical Mental Health Counseling).

Table 7 illustrates students’ performance on the identified professional dispositions at the first two assessment timepoints (Time 3 is at the Fall semester of Year 2). As can be seen, significant progress was observed in six of the nine dispositions in which all students were rated as “Meets Expectations” across all dispositions at Time 2.

Table 7

*Professional Dispositions for Class of 2021 (Admitted 2018-2019)**

	Time 1			Time 2**		
	<i>n</i>	%BE	%ME	<i>n</i>	%BE	%ME
Written Expression	36	8.3	91.7	35	0	100
Verbal Expression	36	11.1	88.9	35	0	100
Nonverbal Expression	36	2.8	97.2	35	0	100
Compartment	36	11.1	88.9	35	0	100
Emotional Regulation	36	5.6	94.4	35	0	100
Interpersonal Boundaries	36	0	100	35	0	100
Openness to Feedback	36	2.8	97.2	35	0	100
Career Goals	36	0	100	35	0	100
Respect for Individual & Group Differences	36	0	100	36	0	100

BE = Below Expectations; ME = Meets Expectations

*One part-time student is included

**One student took a leave of absence

Table 8 outlines the demographic data of all students during the 2019-2020 academic year. Across the two cohorts, 85.5% identified as female, 13.0% as male, and 1.5% as non-binary. Two-thirds of the students identified as Caucasian/white. In contrast, 8.7% were African-American/black, 13.0% were Asian-American, 7.2% were Latin-American, and 1.4% were multi-racial. This year’s students also comprised 8.7% of international status.

Table 8

Student Demographics (2019-2020; N = 69)*

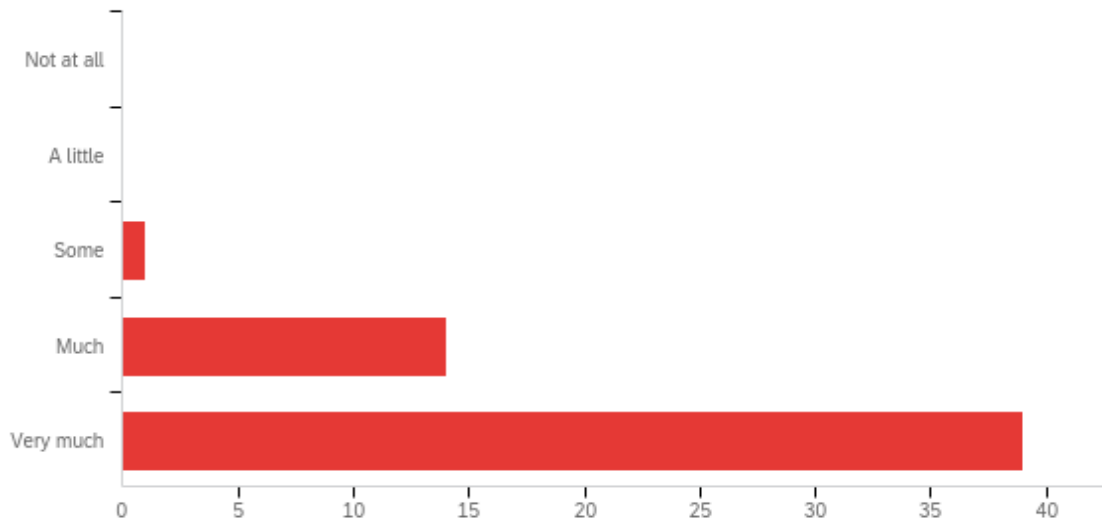
	Male (%)	Female (%)	Non-Binary (%)
African-American/Black	0 (0)	6 (10.2)	0 (0)
American Indian/Native Alaskan	0 (0)	0 (0)	0 (0)
Asian-American	2 (22.2)	7 (11.9)	0 (0)
Caucasian/White	7 (77.8)	39 (66.1)	1 (100)
Hispanic/Latino/Spanish American	1 (11.1)	4 (6.8)	0 (0)
Native Hawaiian/Pacific Islander	0 (0)	0 (0)	0 (0)
Multiracial	0 (0)	1 (1.7)	0 (0)
International Student/Non-Resident	0 (0)	6 (10.2)	0 (0)

*Males = 9 (13.0%); Females = 59 (85.5%); Non-Binary = 1 (1.5%)

Findings from Graduates

To measure the Program’s objectives, data are also collected from graduates. The results from the survey of recent graduates is illustrated below (Class of 2019, 2018, and 2017). Given that the objectives were updated after these former students graduated, they were asked to provide an overarching rating on the extent to which they believe that the Program meets its objectives. Graduates (N = 54) overwhelmingly indicated that the Program objectives are being met (98.2%). Only one graduate (1.8%) provided a “Some” rating.

Figure 1



Graduates were also asked about employment status immediately post-graduation as well as licensure status. Of those alumni who sought employment within the first six months after graduating (N=53), 98% (52/53) obtained a position within that timeframe. For graduates who took a licensure or certification exam and provided passing score data (N=31), 100% passed (90% on the first time).

Qualitative data were also collected, which validates the quantitative findings—some of which are highlighted below:

- *I feel as though the program does meet these objectives.*
- *The program meets these objectives well.*
- *This program has prepared me extremely well for work in this field.*
- *I think the MHCBM program at BU does a great job meeting these objectives.*

Areas for improvement identified by the qualitative data including the following:

- Documentation training
- Culture and diversity education and training
- Science-based counseling practices
- Diversity of student body

- Licensure exam preparation

Our most recent graduates were also specifically surveyed (Class of 2020; n =12). Because they received one-half of their education and training after the Program’s objectives were revised, they were asked to rate the Program’s attainment of each one. The findings are illustrated in the following figures.

Figure 2: To what extent do you believe that the Program meets its first objective?

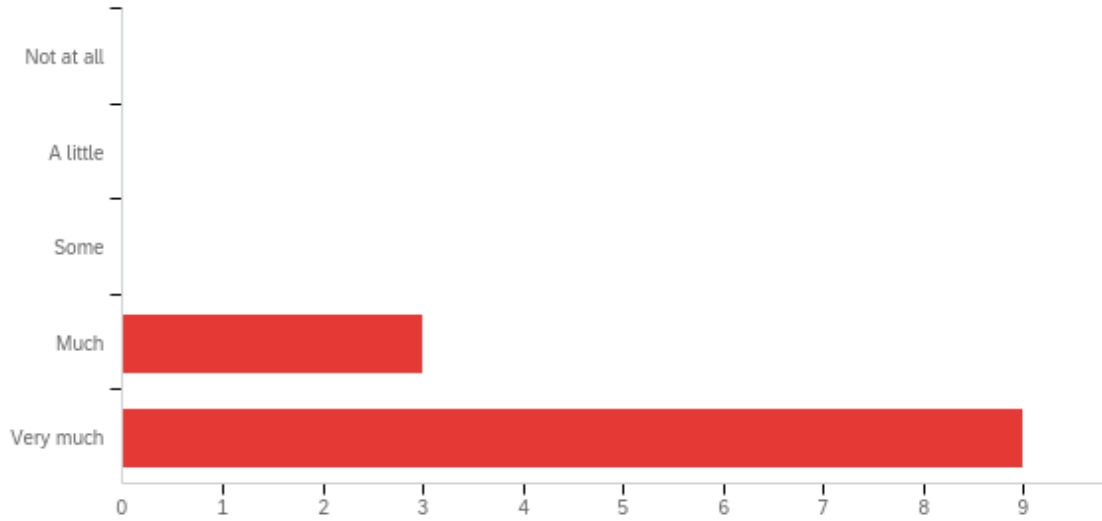


Figure 3: To what extent do you believe that the Program meets its second objective?

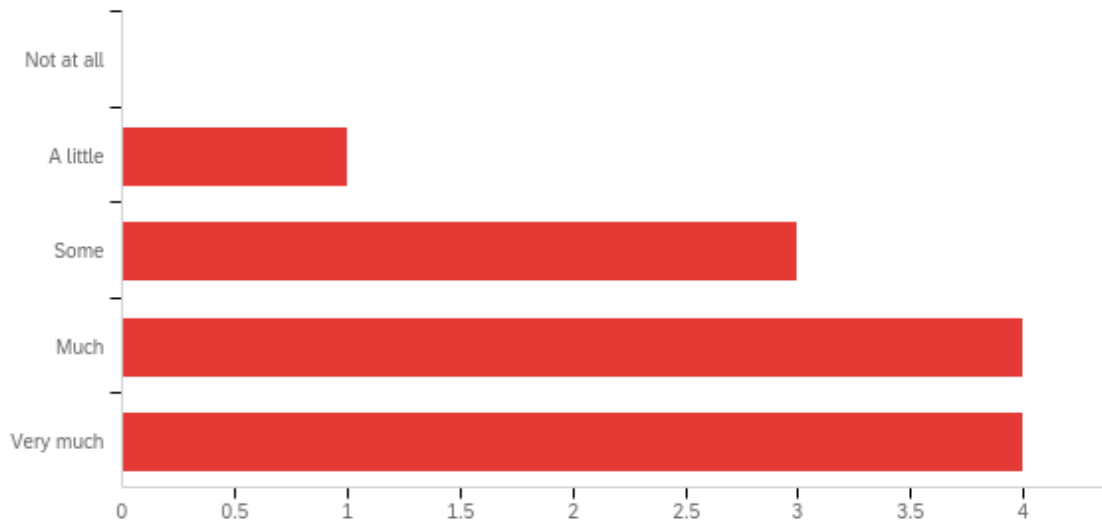
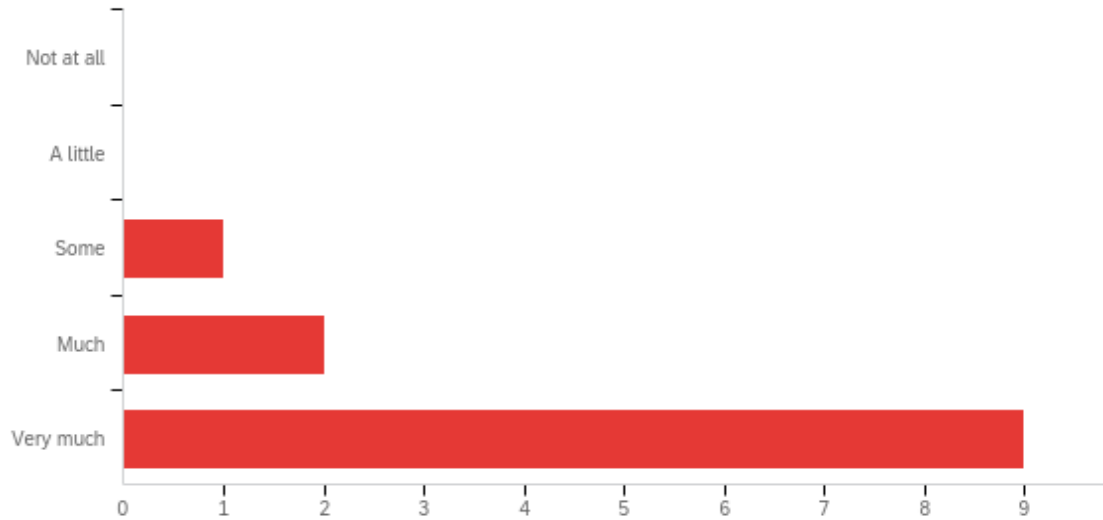


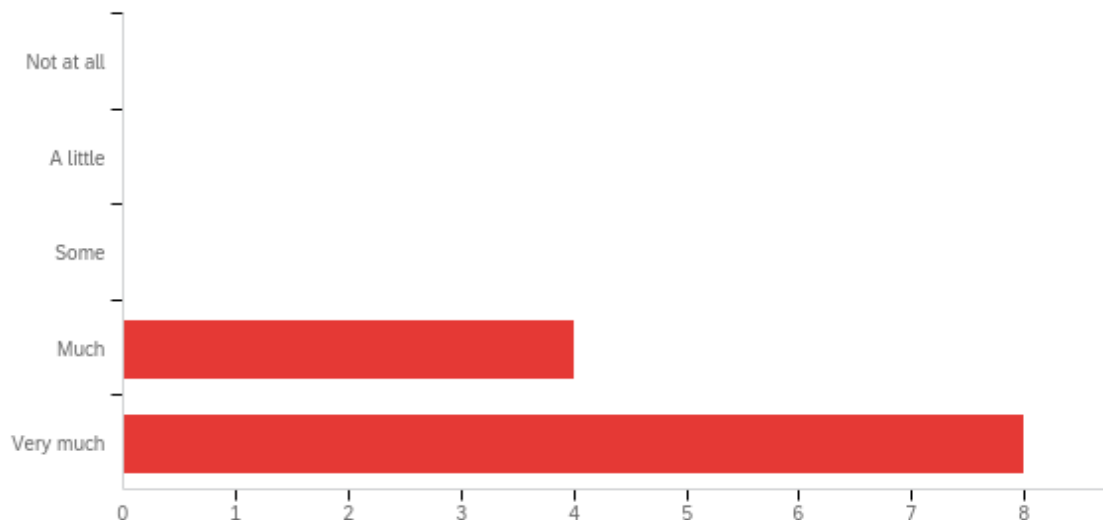
Figure 4: To what extent do you believe that the Program meets its third objective?



Clearly, the Program meeting its second objective was rated the lowest by our most recent graduates. Specifically, one-third of them endorsed that the Program meets this objective only “Some” or “A Little”. One evident contributing factor to these ratings is the limited diversity of this cohort regarding their backgrounds and identities. Specifically, this group comprises only 11% males and 29% minorities—Asian and Pacific Islander (20%), Latino/Hispanic (3%), and Black/African American (6%) with five (14%) being international.

This cohort of graduates was also asked to rate what extent the Program prepares its students to demonstrate knowledge and skills in the eight core counseling areas highlighted in the 2016 CACREP Standards. As shown below, all rated the Program quite highly.

Figure 5



Qualitative data were also collected, which validates the quantitative findings—some of which are highlighted below:

- *MHCBM aims to strongly address these core areas in theory and application, with emphasis and connections throughout academics and training.*
- *We had specific classes for each of these areas and professors often integrated the material throughout the different classes.*
- *I felt more prepared than other interns at each of my clinical sites because of this program in each of the areas.*

Findings from Site Supervisors and Employers

To measure the Program's objectives, data are also collected from site supervisors and employers of graduates. Site supervisors (n = 5) and employers (n = 18) collectively rated that the Program meets its objectives to a great extent. (i.e., all ratings > "Some"). Specifically, "Very Much" was endorsed by 82.6%, 94.4%, and 78.3% of them across objectives #1, #2, and #3, respectively. The remaining respondents all endorsed "Much".

Site supervisors and employers were also asked to rate the extent that the program prepares its graduates to demonstrate knowledge and skills in the eight core counseling areas outlined in the 2016 CACREP Standards. Again, the respondents collectively provided quite high ratings (i.e., all ratings > "Some"). Specifically, "Very Much" was endorsed by 78.3% of them and the remaining respondents endorsed "Much" at 21.7%.

PROGRAM MODIFICATIONS

Mission Statement, Program Objectives and Vision Statement

As part of the process in developing this report, the faculty and staff revisited the Program's mission statement, program objectives and vision statement. First, they decided that the mission statement was fundamentally a lengthy description of what the Program is and does rather than a concise and cogent outline of its overarching aim. Therefore, the statement was revised to be brief, to illustrate the Program's uniqueness, and to capture the essence of the Program's purpose and goals. Second, because the corresponding objectives were worded as learning outcomes, they were reworked so that true objectives are now articulated. Third, the term, "evidence-based", in the vision statement was replaced with "research-based". This change was made to more clearly emphasize the use of counseling practices grounded in scientific research. These updates read as follows:

MISSION

The mission of the Mental Health Counseling and Behavioral Medicine Program at Boston University School of Medicine is to educate and train future clinical mental health counselors to help enhance the health and wellness of individuals with diverse identities and backgrounds.

The Program's curriculum emphasizes best practices for counseling approaches across behavioral healthcare and integrated care settings that serve varied cultural and clinical populations and promote healthcare equity. Accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP), the Program places great value on excellence, diversity, integrity, social justice, advocacy, collegiality, equity of opportunity, and transdisciplinary collaboration.

PROGRAM OBJECTIVES

The MHCBM Program's objectives are to:

- *Instill in students the knowledge, skills, attitudes, and values that uniquely embody clinical mental health counselors*
- *Educate and train students of varied backgrounds, identities, and experiences as part of a vibrant learning environment that reflects the diverse communities in which they will be working*
- *Prepare students for the process to become licensed to practice as mental health counselors within the healthcare workforce*

VISION

The MHCBM Program strives to be a national leader in counselor education by preparing future generations of clinical mental health counselors to use research-based practice to enhance the health and wellness of diverse patient/client populations.

Professional Dispositions

One of the identified and defined dispositions was named “*Comportment*”, which is aligned with a customary term used by academics when referring to appropriate, acceptable student behavior. However, several students commented that the word is antiquated, likely refers to behavior that is acceptable from the perspective of Western cultures, and thus disregards what is considered to be appropriate behavior in other cultures. Thus, the term, “*Professionalism*”, was put in its place, which highlights students' behavior in their role as future behavioral healthcare professionals.

Program Objectives

No modifications were made in response to the data collected for Objective #1. Although 14% of students scored “Below Expectations” on KPI 4 (Career Development), the faculty and staff decided that this outcome was an expected variation of student learning and performance rather than reflective of ineffective teaching or an unreliable and invalid assessment of the KPI.

In regard to Objective #2, several modifications were (or will be) made based on the findings. First, to increase the diversity of matriculated students and their retention, a two-phase rubric was created to assess prospective students throughout the Program's admissions process. The rubric was developed to align with Section 1 (K & L) of the 2016 CACREP Standards. The first phase is a prescreen of applications conducted by Program staff based on four indices: 1) grade

point average (overall undergraduate or completed graduate degree); 2) ranking of college or university where applicant's undergraduate degree was conferred; 3) diversity of background and identity; and 3) personal and professional life experience. The second phase is a thorough review of applications conducted by Program faculty based on five indices: 1) letters of recommendation; 2) counselor identity; 3) essay response; 4) experience with vulnerable populations; and 5) overall writing skills. After an initial rubric was made, pilot tests were conducted using application materials from a handful of previously matriculated students to ensure that the rubric is reliable. The final rubric can be found in Appendix B.

Second, a "high touch" strategy was developed to help ensure that applicants feel connected to the Program throughout the admissions process. The approach includes online information sessions conducted via Facebook Live; continual communication with prospective students through the use of telephone calls, video chat sessions, and emails; and the establishment of recruitment pipelines especially for diverse applicants, such as direct ties with historically black colleges and universities.

Third, discussions have continued to identify novel ways to recruit and matriculate diverse students. Two ideas that will be strongly considered are offering a full, 2-year scholarship to a student who is an underrepresented minority and creating a standing recruitment advisory committee with several members who are underrepresented minorities.

Fourth, internal activities will continue to be identified and created to promote diverse student retention. One activity that was successfully launched in Summer 2020 is a book club run by students (with one faculty advisor). To capitalize on the present-day Black Lives Matter and racial/social justice movement, the club chose to read and discuss *Just Mercy* by Bryan Stephenson.

One modification was made in response to the data collected for Objective #3. Although a quite high percentage of alumni successfully passed licensing/certification exams, some of the qualitative data indicate that more preparation for licensure exams is desirable. Therefore, our program has begun offering the National Counselor Examination (NCE) in the Spring semester for our 2nd-year students. One of the core faculty members has taken the lead in shepherding students through the process as well as conducting a review session to help them prepare for the exam.

Appendix A: Student Progress Review Form



Boston University School of Medicine
 Graduate Medical Sciences
 Mental Health Counseling & Behavioral Medicine Program

Student Progress Review Form

Student: _____ BU ID: _____ Advisor Name: _____
 Date of Review Meeting: _____

Key Performance Indicators:

Level key: I = Introductory, M = Mastery

Rating key: 1 = Below Expectations, 2 = Meets Expectations, 3 = Exceeds Expectations

Key Performance Indicator	Intro	Mastery
1. <i>Professional Counseling Orientation and Ethical Practice.</i> Recognizes and applies professional ethical standards.		
2. <i>Social and Cultural Diversity.</i> Demonstrates knowledge, awareness, skills, and attitudes of sensitivity and respect for differences related to cultural diversity.		
3. <i>Human Growth and Development.</i> Develops self-awareness into beliefs about what impacts the student’s own development, and the development of their clients.		
4. <i>Career Development.</i> Understands the history and development of career and vocational counseling.		
5. <i>Helping Relationships.</i> Employs counseling techniques that are consistent with client presentation and the selected theoretical approach.		
6. <i>Group Counseling.</i> Understands dynamics associated with group process and development.		
7. <i>Assessment and Testing.</i> Assesses to understand before intervening, including evaluation for suicide/homicide risk and reporting requirements.		
8. <i>Research and Program Evaluation.</i> Critically evaluates research related to counseling practice.		
9. <i>Clinical Mental Health Counseling.</i> Understands and applies theories and methods derived from the mental health counseling field to the assessment, prevention and treatment of health and mental health conditions.		
10. <i>Behavioral Medicine and Neuroscience.</i> Conceptualizes and demonstrates how a behavioral medicine framework and neuroscience evidence can inform mental health counseling interventions.		

Professional Dispositions

Key: 1 = Area for Growth, 2 = Area of Competence

Professional Dispositions	Fall 1 st year Student Rating	Fall 1 st year Faculty Rating	Spring 1 st year Student Rating	Spring 1 st year Faculty Rating	Fall 2 nd year Student Rating	Fall 2 nd year Faculty Rating
<i>Written Expression</i>						
<i>Verbal Expression</i>						
<i>Nonverbal Expression</i>						
<i>Compartment</i>						
<i>Emotional Regulation</i>						
<i>Interpersonal Boundaries</i>						
<i>Openness to Feedback and Self-Reflection</i>						
<i>Career Goals</i>						

<i>Respect for Cultural Differences</i>						
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Referral to Professional Growth Plan:

Date of Growth Plan:

Comments:

Degree Requirements Checklist

Dates Reviewed with students: _____

Course Name	Course Number	Semester Completed/ Semester Expected to Complete	Grade Received	✓ If need to retake course
Counseling Techniques	MH 703	Fall 2019		
Group Dynamics	MH 704	Fall 2019		
Psychopathology	MH 705	Fall 2019		
Research and Evaluation	MH 707	Fall 2019		
Basic Mental Health Assessment	MH 710	Fall 2019		
Orientation to Professional Counseling	MH 901	Fall 2019		
Process Group				
Counseling Theory	MH 701	Spring 2020		
Social, Cultural, and Spiritual Foundations	MH 706	Spring 2020		
Neuroscience for Mental Health Professionals	MH 709	Spring 2020		
Psychopharmacology	MH 810	Spring 2020		
Practicum Supervision Site:	MH 902	Summer 2020		
Human Growth and Development	MH 708			
Professional Orientation & Ethics	MH 702			
Behavioral Medicine & Applied Health Psychology	MH 714			
Career and Vocational Counseling	MH 716			
Addictions	MH 812			
Internship (Fall) Site:	MH 921 A1/B1/C1/D1			
Internship (Spring) Site:	MH 922 A1/B1/C1/D1			

**Clinical Field Research Seminar	MH 814			
**Theory and Practice of Child & Adolescent Counseling	MH 717			
**Marriage and Family Counseling (Elective)	MH 712			
**Human Sexuality	MH 713			
**Psychological Trauma Across the Lifespan	MH 718			

Courses elsewhere

Course Name	Academic Institution	Grade Received	MHBM Course Equivalence	Credits Accrued

Practicum Site: _____

Internship Site: _____

Total Credits: _____

Degree form signed: Yes _____ No _____

Advisor Signature: _____ **Date:** _____ **(Final Evaluation Date)**

Appendix B: Student Admissions Rubric

Phase 1 (Pre-Screening)

Criteria	Scoring
GPA (overall undergraduate OR completed graduate degree)	7 = 3.8 – 4.0 6 = 3.6 – 3.79 5 = 3.4 – 3.59 3 = 3.2 – 3.39 1 = 3.0 – 3.19 0 = < 3.0
Ranking of Prior University Degree*	3 = Comparable institution (top 100 universities in the US or in the world) 2 = Ranked in National Universities or National Liberal Arts Colleges (US top 200) or internationally ranked (top 500 universities in the world) 0 = Not a ranked institution (domestic or international)
Diversity	3 = Self-identified underrepresented minority status** 0 = No self-identified minority status
Experience	2 = >25 years of age 0 = <25 years of age
TOTAL	/ 15

Phase 2 (Faculty Review)

Criteria	Scoring
Letters of Recommendation	0 = At least one recommendation letter does not endorse candidate or letters are generic/brief/superficial 1 = Recommendation letters strongly endorse candidate
Counselor Identity	0 = Narrative is not particularly compelling regarding desire to become a counseling practitioner; for example, student wants to become a lab-based researcher 1 = Narrative is compelling regarding desire to become a counseling practitioner
Essay Response	0 = Concerns about boundaries and/or management of personal concerns 1 = Appropriate boundaries and clearly managing any personal concerns
Experience with Vulnerable Populations*	0 = No direct experience working with vulnerable populations 1 = At least 1 year of direct experience in working with vulnerable populations
Overall Writing Skills (Syntax, Grammar)	0 = Significant and frequent writing errors; difficult to read 1 = Minor and infrequent writing errors; writing is high quality and easy to read
TOTAL	/ 5