Clinical Mental Health Counseling Program (MFT & LPCC)
Program Outcomes Report for date range 2012-2014
Report date: March 26, 2014

Curriculum Revision

In 2012 what was then the Community Counseling Program began implementation of a significant curriculum revision. The Curriculum revision incorporated the following:

* Changes to the educational requirements for MFT licensure described in California Senate Bill 33, including enhancing coursework requirements in public mental health practice such as documentation, case management practice, recovery-oriented care, cultural diversity related to California’s needs, working with the severely mentally ill, collaborative treatment, disaster and trauma response, and a variety of other areas of focus.

* The additional content required to meet the educational requirements of the Licensed Professional Clinical Counselor (LPCC) licensure category, newly created in California by Senate Bill 788.

* Changes to national accreditation requirements outlined by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). This included changing the name of the specialization program from Community Counseling to Clinical Mental Health Counseling.

Notable Changes to the CMHC Program Included:

* Academic coverage is now required for all students engaged in Pre-M.A. clinical direct service work. Now, any time a student is working directly with clients at a site setting, that student will participate in—in addition to site based individual and group supervision—a campus-based clinical consultation seminar.

* The elimination of the research grant proposal requirement to fulfill, along with the formal case report, the requirements of the M.A. thesis. The grant proposal has been replaced with a standardized comprehensive exit exam.

* The addition of a nationally standardized exit exam, the Counselor Preparation Comprehensive Exam. Now, in the Spring of 2014, the implementation is almost complete. The first group of CMHC students, who entered the program in 2012, took the nationally standardized CPCE (Counselor Preparation Comprehensive Exam). Compared to the national average (of programs that use the CPCE as an exit exam) of 85.61 (SD=15.21), this cohort averaged 94.28 (SD= 7.52), suggesting that the CMHC program’s outcomes are at or above the national average. We will continue to use the CPCE as a barometer of the effectiveness of our curricular offerings and of student learning across CACREP core content areas.
* Increasing program coverage of Chemical Dependency, psychopharmacology, and Multicultural issues.

* Reduction in cohort size to improve program quality, to reduce the faculty:student ratio, and to focus support and attention where needed.

* Inauguration of an advisory board, designed to provide feedback to program faculty on the educational and clinical needs of the regional community.

Additional Changes To The Program That Are Coming Soon Include:

* Addition of a new faculty member, Dr. Tiffany O’Shaughnessy. Dr. O’Shaughnessy will begin in the Fall of 2014.

* Revision of the Mission statement and program objectives to reflect the changing character of the program.

* Revision of the comprehensive evaluation process to reflect the revised mission and objectives.

* The addition of a student learning outcomes component to refine our ability to determine whether students are learning what is taught, and that what is taught is useful for practicing counselors and therapists.

Graduate Outcomes

The CMHC program accepts approximately 20 students yearly, starting in the Fall semester. In the Spring of 2013, 21 students graduated from the CMHC Program. In the Spring of 2014, 23 are projected to graduate, for a total of 44 students over the 2013-2014 academic years.

All 2013 graduates pursued MFT Clinical Intern registration, and many also pursued LPCC Clinical Intern registration. Since accumulation of clinical hours normally takes at least two years beyond graduation, licensure completion rates are not available for recent graduates.

Licensure/Certification Pass Rates for SSU CMHC Students

For the reporting period of Jan 1, 2013 to June 30, 2013, the following scores are available:

For the MFT Written Exam, 3 failed and 6 passed, for a 66.67% pass rate, compared to the mean of 62% for all California schools. On the MFT Clinical Vignette exam, 2 failed
and 13 passed, for an 86.67% pass rate, compared to the mean of 82% for all California schools. Because the LPCC is so new in California, only grandparented students have taken the LPCC Law and Ethics Exam. Of those, 1 failed and 3 passed, for a 75% pass rate, compared to a of 81.45% for all California schools. These scores suggest that the SSU CMHC program at least prepares trainees in a manner comparable with other counseling M.A. programs statewide, and it appears from these data that generally our preparation is somewhat above the average of programs statewide. The anomalous sub-average scores for the LPCC Law and Ethics Exam fit with the fact that, all graduates prior to the 2014 graduates, were not being trained in a comprehensively organized LPCC-prepatory program; at this time, all students receive a curriculum that prepares them for both MFT and LPSS licensure paths.

The CMHC program is housed in the Department of Counseling at Sonoma State University. Class sizes for lecture classes range from the upper teens to the mid 20s. Class sizes for clinical/direct service courses range from 7 students in the Clinical Practicum (Coun 510B) to up to 12 students in the Clinical Traineeship (Coun 515A/B).

Conclusion:

In the context of the many changes to the field in recent years, the SSU CMHC M.A. program is thriving. We look forward to opportunities to fine-tune the changes brought about by the 2012 curriculum revision. We look forward to continuing to educate psychotherapists for the regional community into the future.