

STUDENT LEARNING ASSESSMENT REPORT

PROGRAM: Ed.D. Counselor Education and Supervision (CES)

SUBMITTED BY: DR. LISA JACKSON CHERRY

DATE: SEPTEMBER 30, 2016

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PLEASE REFER TO THE FOLLOWING LIST TO DEFINE THE COMMON ACRONYMS FOR PROFESSIONAL ORGANIZATIONS IN THIS REPORT:

CES: COUNSELOR EDUCATION AND SUPERVISION

CACREP: COUNCIL OF THE ACCREDITATION OF COUNSELING AND RELATED EDUCATIONAL PROGRAMS

NCATE: NATIONAL COUNCIL FOR THE ACCREDITATION FOR TEACHER EDUCATION

NBCC: NATIONAL BOARD FOR CERTIFIED COUNSELORS

ACA: AMERICAN COUNSELING ASSOCIATION

ASCA: AMERICAN SCHOOL COUNSELOR ASSOCIATION

VCA: VIRGINIA COUNSELORS ASSOCIATION

VSCA: VIRGINIA SCHOOL COUNSELORS ASSOCIATION

THIS REPORT WILL ADDRESS THE DOCTORAL PROGRAM (ED.D.) IN COUNSELOR EDUCATION AND SUPERVISION HOUSED IN THE DEPARTMENT OF COUNSELING:

EXECUTIVE SUMMARY

[From the 2016-2017 Marymount University Graduate Catalog](#)

[Program description from the Course Catalog: Counselor Education and Supervision \(Ed.D.\)](#)

Beginning fall 2016, the Ed.D. in counselor education and supervision, accredited by CACREP, will no longer accept new students. Students currently enrolled in the program should consult the catalog received at the time of matriculation for program requirements.



From the 2015-2016 Marymount University Graduate Catalog (please note: revised outcomes were submitted for catalog changes for the 2016-2017 Marymount University Graduate Catalog. No revisions were listed and the do the outcomes below do not reflect the current outcomes that are being assessed in this report):

This doctoral program prepares professional counselor educators and supervisors who will function in a wide variety of settings and who will demonstrate advanced clinical and supervisory competencies and effective ethical decision making and practices. Students will be prepared to serve as the next generation of leaders in the counseling profession as educators, researchers, clinicians, and supervisors.

Students admitted for doctoral study must have completed programs of study that meet Council for Accreditation of Counseling and Related Educational Programs (CACREP) entry-level (master's) standards.

Upon successful completion of this program, students will be able to

- develop an identity as counselor educators and demonstrate evidence of professional leadership potential;
- demonstrate clinical skills and show the ability to articulate the practice and philosophy through writing, supervision, and teaching;
- show evidence of effective teaching strategies and the utilization of appropriate technology, clinical practices, supervision skills, consultative skills, and research; and
- demonstrate multicultural competence in teaching, research, supervision, and clinical practice.

List all of the program's learning outcomes: *(regardless of whether or not they are being assessed this year)*

Learning Outcome	Year of Last Assessment	Assessed This Year	Year of Next Planned Assessment
1. Students will develop an identity as counselor educators and will demonstrate evidence of professional leadership potential	Never assessed		2017
2. Students will demonstrate advanced clinical skills and effective treatment planning in the practice of professional counseling	Never assessed	X	*2018
3. Students will demonstrate effective clinical supervision skills and approaches in clinical supervision	Never assessed	X	*2018



4. Students will effectively conduct and analyze research that adds to the knowledge base of the counseling profession	Never assessed	X	*2018
5. Students will show evidence of effective teaching strategies.	Never assessed		2017

**per consultation with Ann Bourdinot, we will assess every year unless the final student graduates by the time the 2018 PIE report is due.*

Describe how the program’s outcomes support Marymount’s mission, strategic plan, and relevant school plan:

The University Mission, Strategic Plan, School of Education and Human Services Strategic Plan, and the Mission of the Department of Counseling emphasize academic excellence at the graduate level. The mission of the doctoral program is to train doctoral level students who will be the next generation of leaders in the counseling profession serving as counselor educators (university level teachers), supervisors, researchers, and clinicians. The Ed.D. is the terminal degree in the field of counselling.

As of fall 2016, the program is no longer admitting student.

Provide a brief description of the assessment process used including strengths, challenges and planned improvements and provide evidence of the existence of a culture of continuous improvement based on assessment:

The department is continually assessing learning outcomes and discussing various measures to implement to make the programs stronger. All the counseling programs are accredited by an external accreditation body, the Council for the Accreditation of Counseling and Educational Related Programs (CACREP) 2009 Standards. The self-studies were submitted in spring 2016, on campus CACREP Team visit conducted in August 2016, and follow-up report submitted to CACREP. The only standard not met was due to the need for updated information regarding the FTE to student ratio. A final decision will be rendered in January 2017. We are currently reviewing 2016 CACREP Standards to be certain we will be in compliance.

Describe how the program implemented its planned improvements from last year:

N/A.

This program has not been assessed to date. This is the first PIE report for the program. Additionally, as of fall 2016, the program is no longer admitting students.

Outcome	Planned Improvement	Update <i>(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</i>

Provide a response to last year's University Assessment Committee review of the program's learning assessment report:

N/A

This program has not been assessed to date. This is the first PIE report for the program. Additionally, as of fall 2016, the program is no longer admitting students.

Outcomes Assessment 2015-2016

Learning Outcome 1:

(#2 listed in original Learning Outcomes) Students will demonstrate advanced clinical skills and effective treatment planning in the practice of professional counseling

Assessment Activity

Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	Performance Standard <i>Define and explain acceptable level of student performance.</i>	Data Collection <i>Discuss the data collected and student population</i>	Analysis <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>
<p>OM#1: Clinical skills assessed in CE801: Clinical Skills Assessment Lab through video observation with rubric (direct). This is a capstone class.</p>	<p>OM#1: The rubric (see in exhibits) measures demonstrated clinical skills through the use of videotapes in this capstone class. An acceptable score of 84% is deemed acceptable in the course. 84% is a B in the department grading scale and a B is the minimum grade accepted for the class.</p>	<p>OM#1: The data collected consists only of doctoral students admitted in the CES program enrolled in CE801 (2 cohorts). The faculty member of the course views and scores each video using a rubric. Nine (9) students were used for this assessment report.</p>	<p>OM#1:</p> <ol style="list-style-type: none"> The faculty member assigned to the class (the class has been staffed with same faculty for all students across cohorts) personally evaluates the clinical skills for all through students' and provides an overall mean score to the department assessment coordinator used for this report. Nine (9) Students and 4 videos per students from 2 cohorts were assessed for the report. A minimum score of 84% is deemed acceptable. <p>Findings: Four tapes are required during CE801. Nine students were included in the sample of this report (2 cohorts of students). The minimum acceptable score is 84%. Eighty-four percent (84%) is a B in the departmental grading distribution and a B is the minimum score required for the class. Scores ranged from 82%-93%. One score fell below the minimum score deemed acceptable for this portion of the class.</p>

<p>OM#2: Graduate Student Survey (indirect). Likert scale of 1-5 (1=Poor; 2=Needs Improvement; 3=Satisfactory; 4=Very Good; 5=Excellent)</p>	<p>OM#2: Graduate Survey was distributed via survey monkey to the 4 graduating students. Program aims for a score of Very Good to Excellent. Satisfactory is deemed acceptable.</p>	<p>OM#2: To date, 4 students have graduated from the CES program. The four students who graduated were sent a confidential survey monkey for graduating students assessing all learning outcomes.</p>	<p>OM#2:</p> <ol style="list-style-type: none"> 1. Survey monkey compiles and analyzes the data from the survey. Five learning outcomes were included in this survey and listed verbatim in the survey. 2. The 4 graduating students from the CES program were sent the survey and all 4 responded. Program aims for a score of Very Good to Excellent. Satisfactory is deemed acceptable. <p>Findings: All 4 students rated this learning outcome as Excellent</p>
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Interpretation of Results

Extent this learning outcome has been achieved by students *(Use both direct and indirect measure results):*

Clinical skills rubric (direct measure): All students with the exception of one in the CES program have met the minimum score deemed acceptable for advanced clinical skills demonstration prior to candidacy. One student needed additional video demonstration to increase their level of competency. Students are expected to meet a minimum of 3 mental health well visits with clients and most carry a caseload of 4-6 clients on a caseload. The scores from the 4 video demonstrations per student viewed by the professor are averaged for one score total score for this report. Students must score a minimum score of an 84% on the clinical skills demonstration. An 84% is a B in the department's grading scale.

Graduate Student Survey (indirect measure): All four students who have graduated from the doctoral program, to date, completed the survey which specifically requested information on the learning outcomes. All 4 students rated this outcome as excellent (5) on a score of 1-5.

Program strengths and opportunities for improvement relative to assessment of outcome:

Clients participating in the mental health wellness visits are enrolled in the clinical mental health counseling program. There are a number of student-clients who stay on waiting lists to take advantage of this opportunity. If a doctoral student is not meeting the minimum score, additional students may be assigned to the doctoral student and increased supervision will also occur. If the student still does not meet the minimum clinical score, the student is brought up on student review (outlined in the student handbook) and remediation may occur. If the remediation is not effective, transition out of the program may be an option. In the sample for this report, one student fell below the minimum acceptable averaged score for the clinical skills. The student was followed for two additional semesters under the supervision of two faculty and required to submit additional videos for clinical reviews. This was required to meet candidacy. The student improved the overall scores.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

Due to the decision that the doctoral program not admit any further students into the program, the last cohort who was admitted completed this course in spring 2016. Since the program was new, the faculty met throughout the year for program revisions.

Learning Outcome 2:

(#2 listed in original Learning Outcomes) Students will demonstrate effective clinical supervision skills and approaches in clinical supervision

Assessment Activity

<p>Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i></p>	<p>Performance Standard <i>Define and explain acceptable level of student performance.</i></p>	<p>Data Collection <i>Discuss the data collected and student population</i></p>	<p>Analysis <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i></p>
<p>OM#1: Clinical skills assessed in CE809: Clinical Supervision Lab through video observation with rubric (direct). This is a capstone class.</p>	<p>OM#1: The rubric (see in exhibits) measures demonstrated clinical skills through the use of videotapes in this capstone class. An acceptable score of 84% is deemed acceptable in the course. 84% is a B in the department grading scale and a B is the minimum grade accepted for the class.</p>	<p>OM#1: The data collected consists only of doctoral students admitted in the CES program enrolled in CE809. The faculty member of the course views and scores each video using a rubric. Nine (9) students were used for this assessment report.</p>	<p>OM#1:</p> <ol style="list-style-type: none"> 1. The faculty member assigned to the class (the class has been staffed with same faculty for all students across cohorts) personally evaluates the clinical skills for all through students' and provides an overall mean score to the department assessment coordinator used for this report. 2. Nine (9) students and 4 video tapes per students were assessed for the report. A mean score of 84% is deemed acceptable. All students met the minimum score deemed as acceptable. Final scores in this capstone skill demonstration ranged from 90-95%. <p>Findings: Four tapes are required during CE809. 9 students were included in the sample of this report (2 cohorts of students). The minimum acceptable score is 84%. 84% is a B in the departmental grading distribution and a B is the minimum score required for the class. Scores ranged from 90%-95% with all scores meeting the acceptable minimum score deemed as acceptable.</p>

<p>OM#2: Graduate Student Survey (indirect). Likert scale of 1-5 (1=Poor; 2=Needs Improvement; 3=Satisfactory; 4=Very Good; 5=Excellent)</p>	<p>OM#2: Graduate Survey was distributed via survey monkey to the 4 graduating students. Program aims for a score of Very Good to Excellent. Satisfactory is deemed acceptable.</p>	<p>OM#2: To date, 4 students have graduated from the CES program. The four students who graduated were sent a confidential survey monkey for graduating students assessing all learning outcomes.</p>	<p>OM#2:</p> <ol style="list-style-type: none"> 1. Survey monkey compiles and analyzes the data from the survey. Five learning outcomes were included in this survey and listed verbatim in the survey. 2. The 4 graduating students from the CES program were sent the survey and all 4 responded. Program aims for a score of Very Good to Excellent. Satisfactory is deemed acceptable. <p>Findings: All 4 students rated this learning outcome as Excellent</p>
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Interpretation of Results

Extent this learning outcome has been achieved by students *(Use both direct and indirect measure results):*

Clinical supervision skills rubric (direct measure): All students in the CES program have met the minimum score deemed acceptable for clinical supervision. Students must score a minimum score of an 84% on the clinical skills demonstration. An 84% is a B in the department’s grading scale.

Graduate Student Survey (indirect measure): All four students who have graduated from the doctoral program, to date, completed the survey which specifically requested information on the learning outcomes. All 4 students rated this outcome as excellent (5) on a score of 1-5.

Program strengths and opportunities for improvement relative to assessment of outcome:

If a doctoral student is not meeting the minimum score, additional supervision may be assigned to the doctoral student and increased supervision will also occur by the faculty member. If the student still does not meet the minimum clinical score, the student is brought up on student review (outlined in the student handbook) and remediation may occur. If the remediation is not effective, transition out of the program may be an option. Most students continue in the clinical supervision after this class for additional hours towards the Approved Clinical Supervisor credential. To date, all students who have graduated also have acquired this credential.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

Due to the decision that the doctoral program not admit any further students into the program, the last cohort who was admitted completed this course in spring 2016. Since the program was new, the faculty met throughout the year for program revisions.

Learning Outcome 3:

(#4 listed in Learning Outcomes) Students will effectively conduct and analyze research that adds to the knowledge base of the counseling profession

Assessment Activity

<p>Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i></p>	<p>Performance Standard <i>Define and explain acceptable level of student performance.</i></p>	<p>Data Collection <i>Discuss the data collected and student population</i></p>	<p>Analysis <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i></p>
<p>OM#1: Students comprehensive research skills are assessed during the CE815: Empirical Bases of Research class with rubric (direct). This is a capstone class required before advancing to comprehensives and dissertation.</p>	<p>OM#1: The second rubric in this class measures this learning outcome rubric (see in exhibits). An acceptable score of 80% is deemed acceptable in the course.</p>	<p>OM#1: The data collected consists only of doctoral students admitted in the CES program enrolled in CE815. The faculty member of the course scores each chapter of this proposal, often the basis for the dissertation. This one rubric, in a series of rubrics, measures the ability to create and understand research designs in order to select appropriate methodology for a research study. CE815 and dissertation. Nine (9) students were used for this assessment report.</p>	<p>OM#1:</p> <ol style="list-style-type: none"> 1. The faculty member assigned to the class (the class has been staffed with same faculty for all students across cohorts) personally evaluates the clinical skills for all through students' and provides an overall mean score to the department assessment coordinator used for this report. 2. Nine (9) students were assessed for the report. A score of 80% is deemed acceptable. All students met the minimum score deemed as acceptable. Final scores in this capstone research course ranged from 80-100%. <p>Findings: Nine papers were scored over two cohorts required during CE815. The minimum acceptable score is 80%. Scores ranged from 80%-100% with all scores meeting the acceptable minimum score deemed as acceptable.</p>

<p>OM#2: Comprehensive Written and Oral Examinations evaluated by the student's dissertation committee (committee of 3 FT faculty in the department). A rubric is used for the scoring of the comprehensive question (direct)</p>	<p>OM#2: Students must receive a score of PASS from their committee</p>	<p>OM#2: 13 students have advanced to written and oral comprehensives. Students have 4 written comprehensive questions to answer; one focuses on research understanding. Faculty score each question using a rubric as a guide for the P/F grade.</p>	<p>OM#2:</p> <ol style="list-style-type: none"> 1. Students select their dissertation committee who serves as the committee for reviewing the written and oral comprehensives. Three FT faculty from the department of counseling serve on the student's committee. These three faculty members review the 4 questions required of each student. The rubric is used as a guide for the scoring of each question. Students either receive a PASS, FAIL, or REWRITE. Students can re-write a maximum of 2 questions only once. 2. 12 students have received a final score of PASS on this comprehensive examination. 4 students have since graduated from the program. Three students received a PASS with revisions or a rewrite. One student withdrew from the program. <p>Findings: 12 students have successfully completed written and oral comprehensives. One student withdrew from the program during the revisions of written comprehensives.</p>
<p>OM#3: Graduate Student Survey (indirect). Likert scale of 1-5 (1=Poor; 2=Needs Improvement; 3=Satisfactory; 4=Very Good; 5=Excellent)</p>	<p>OM#3: Graduate Survey was distributed via survey monkey to the 4 graduating students. Program aims for a score of Very Good to Excellent. Satisfactory is deemed acceptable.</p>	<p>OM#3: To date, 4 students have graduated from the CES program. The four students who graduated were sent a confidential survey monkey for graduating students assessing all learning outcomes.</p>	<p>OM#3:</p> <ol style="list-style-type: none"> 3. Survey monkey compiles and analyzes the data from the survey. Five learning outcomes were included in this survey and listed verbatim in the survey. 4. The 4 graduating students from the CES program were sent the survey and all 4 responded. Program aims for a score of Very Good to Excellent. Satisfactory is deemed acceptable. <p>Findings: Three (3) students rated this learning outcome as Excellent and one (1) student rated this learning outcome</p>

			as Very Good. All 4 scores met the minimum rating deemed acceptable.
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Interpretation of Results

Extent this learning outcome has been achieved by students *(Use both direct and indirect measure results):*

All 12 students, with the exception of one student who withdrew) who advanced to this level of the program has met the minimum score deemed as acceptable and passing for this learning outcome.

Program strengths and opportunities for improvement relative to assessment of outcome:

In coursework, if a doctoral student is not meeting the minimum score, the student is brought up on student review (outlined in the student handbook) and remediation may occur. If the remediation is not effective, transition out of the program may be an option. Once a student advances to candidacy and has completed their coursework, the student must pass the written and oral comprehensives to move to the dissertation process. Students are permitted to rewrite two questions in their written comprehensive portion of the program. A student with minimal concerns may have a PASS and must respond to the concerns during the oral comprehensives. If students do not PASS the oral comprehensives or do not achieve a PASS on all four comprehensive questions after the permitted re-writes, the student is transitioned out of the program.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

Due to the decision that the doctoral program not admit any further students into the program, the last cohort who was admitted completed this course in spring 2016. Since the program was new, the faculty met throughout the year for program revisions.

Appendices

See EXHIBITS following the summary section of this report. When pasting the exhibits into this document, the alignment was reconfigured on some exhibits.

EXHIBITS

Supervisor's Name: _____
Date: _____

CE809: Faculty Supervisor's Evaluation of Doctoral Supervisor

CACREP Doctoral Standards: Section IV Doctoral Learning Outcomes (B.1) Demonstrates the application of theory and skills of clinical supervision, (B.2) Develops and demonstrates a personal style of supervision, (A.4) Understands legal, ethical, and multicultural issues associated with clinical supervision.

General Comments

1.	Theory (<i>Learning outcome B.1</i>)	Poor	Outstanding							
	a. Demonstrates application of theory and skills of clinical supervision	1	2	3	4	5	6	7		
	b. Is aware and involved in the issues being discussed.	1	2	3	4	5	6	7		
2.	Growth									
	a. Uses personal experience with clients to further supervisee's	1	2	3	4	5	6	7		
	b. Uses personal feelings and insights to further supervisee's	1	2	3	4	5	6	7		
3.	Rapport (<i>Learning outcome B.2</i>)									
	a. Develops and demonstrates personal style of supervision	1	2	3	4	5	6	7		
	b. Makes it easy for supervisee to share counseling strengths and weaknesses with	1	2	3	4	5	6	7		
4.	Facilitation, Ethics, Diversity awareness (<i>Learning outcome A.4</i>)									
	a. Initiates helpful discussions of supervisee's competencies and	1	2	3	4	5	6	7		
	b. Initiates helpful discussions about supervisee's areas of growth.	1	2	3	4	5	6	7		
	c. Understands legal, ethical, and multicultural associated with clinical supervision	1	2	3	4	5	6	7		

Climate and Relationship

		Poor			Outstanding			
1.	Is comfortable in the role of supervisor.	1	2	3	4	5	6	7
2.	Is open and flexible to supervisee's wants & needs.	1	2	3	4	5	6	7
3.	Is responsible as a supervisor.	1	2	3	4	5	6	7
5.	Shares and negotiates expectations of supervision.	1	2	3	4	5	6	7
6.	Is willing to take risks.	1	2	3	4	5	6	7
7.	Initiates a working relationship.	1	2	3	4	5	6	7

Implementation

1.	Models specific interventions.	1	2	3	4	5	6	7
2.	Presents alternative interventions (D.3).	1	2	3	4	5	6	7
3.	Helps supervisee identify movement or lack of movement in the client (D.3).	1	2	3	4	5	6	7
4.	Aids supervisee's conceptualization of client's behavior (D.3).	1	2	3	4	5	6	7
5.	Generates hypotheses about client behavior.	1	2	3	4	5	6	7
6.	Focuses on exploration of supervisee's feelings.	1	2	3	4	5	6	7
7.	Focuses on content of the counseling session.	1	2	3	4	5	6	7

8. Focuses on process of the counseling session. 1 2 3 4 5 6 7

Supervisor responses that facilitate the **most** growth: _____

Supervisor responses that facilitate the **least** growth: _____

Grade: _____



Ed.D. Counselor Education and Supervision
Comprehensive Examination Offsite Questions
Summer 2016

Offsite Questions Instructions:

You are required to complete two (2) offsite questions in the time allotted. Responses to both questions must *strictly adhere to APA 6th ed.* Content for each question is to be between 12-20 pages excluding the title page and references. Each question should have appropriate and applicable and relevant supporting citations. *Failure to properly cite sources or evidence of plagiarism will result in an automatic failure of the question.* Use of headers is required for multipart questions. Writing must demonstrate organized, structured, and sequential thought using clear, concise language. To receive full consideration all parts of the question must be answered.

Students will be required to send a confirmation email to Dr. Cooper indicating that they received the offsite questions. *A hard copy of the two offsite examination question responses must be returned to the Ballston Main Counseling Office by 3:00 p.m. Friday June 10, 2016.* Students must hand the examination questions to Connie DeFranco who will indicate the date and time the examinations were received directly on the exams. *Students must send an electronic copy of both offsite examination question responses via email to Dr. Cooper by 3:00 p.m. (jcooper@marymount.edu)* Failure to abide by this deadline will result both questions being disqualified and students will have to retake the offsite questions at a time determined by the Department Chair and Ed.D. Coordinator.

Good Luck!!

Offsite Question #1

You and your colleagues are planning to conduct a mixed methods research study that will attempt to answer the following research question: Do spiritual/religious affiliation, activities, and practices; beliefs; support; and parental age predict coping for parents with a child with a disability? You are expected to provide citations for this question.

- 1) Formulate and provide a detailed research outline that will include the specific and sequential steps that will be undertaken to conduct this study.
- 2) Provide a detailed methods section. Discuss in your methods section all of the following issues:
 - a) **Participants:** Provide an overview of what information should be reported in this section. Discuss who will be the participants for this study and why, your selection criteria, the sampling method used and your rationale for this, and other information might you consider reporting in this section. Discuss the importance of estimating nonresponse rates and why that needs to be considered as part of the study's method.
 - b) **Instruments:** There is no instrument identified that will adequately measure the constructs under study. Your research team determines that a new instrument will need to be developed. Discuss the steps in detail that are needed to develop this instrument. Also, discuss what statistical procedure will be used to assist in final item development and your rationale for this procedure. Discuss in detail what information needs to be reported in this section.
 - c) **Procedures:** Discuss in detail the procedures that will be undertaken to gather participants. Explain how you plan to follow-up (applying concepts from Dillman's method) with prospective participants once the initial invitation is sent. Given your response to the nonresponse rate issue raised in section (a) discuss how you will address the nonresponse rate issue as part of the study procedures.
- 3) In the results section there is specific information/data that needs to be reported. Prior to analyzing the results, talk in detail about the pre-analysis steps that need to be conducted.

- 4) You find that there is a moderate-to-large amount of missing data across the study variables. Talk about the steps you plan to take to address missing data, the types of missing data that may be encountered, how you would determine the type of missing data for this study, and how you plan to remedy the missing data problem. Make sure you provide a specific plan and rationale for how you plan to address missing data.

In addition, you need to identify the type of quantitative design you will be using and your rationale for this. You should identify the type of statistical analysis that will best answer the question and a detailed rationale for this statistical procedure. Provide evidence as to how many participants were deemed acceptable to run the analysis and talk about the procedure you would use to determine an a priori sample size.

Given the statistical analysis selected, provide an overview of the assumptions that will be tested and what methods you will use to test these assumptions.

- 5) Qualitative research part: Identify the qualitative tradition you believe would work best, and your rationale for it. You should state your qualitative question from the qualitative tradition you chose. What are (a) some underlying questions; (b) your philosophical assumptions, and (4) interpretive theoretical lens that would support your approach.

Lastly, describe at least three ways in which you could ensure the credibility and trustworthiness of your qualitative research.

- 6) Outline what potential limitations exist that you identified from conducting this study. What would you consider including in the future research section to improve this study?

Grading Rubric
Offsite Question #1

To assist you in answering this question, the following should be included as a minimum. Additional information to used to help provide clarification or to help explain their process should be weighed as part of the final pass/fail decision.

1. There should be evidence of:
 - a. a **detailed research outline** for this question where the specific sections and subsections are included and in the proper sequence. For example the **methods section** should include subsections of participants, instruments, and procedures and each should be detailed based on what is stated under 2a, b, and c.
 - b. The **results section** should be outlined based on what is provided under questions 3-5.
 - c. The outline should state a **discussion and limitations section**.

2. **Methods:** For this question, three distinct sections should be evident.
 - a. **Participants:** Under the participants section, you want to look for:
 1. detailed information on the targeted audience based on the research question (should be targeting parents with a child with a disability and a rationale for why they are selecting the sample they plan to use).
 2. They should provide detailed selection criteria for inclusion into the study, how they plan to sample (provide a specific sampling type and their rationale for this).
 3. They need to discuss the importance of considering nonresponse rates and how that will affect the sample size.
 4. Mention conducting an a priori power analysis in this section or in the preanalysis steps section under the results.

 - b. **Instruments:**
 1. Since they need to develop an instrument, they should first discuss the steps needed to develop a new instrument.
 - a. Did they mention conducting a thorough review of the literature?

- b. Based on this review, the next step is the item development process, including the specific items for each of the constructs, the constructs to be measured (these should match the variables in the research question), engaging in face and content validity, pilot testing the instrument items with a similar sample, revising/deleting items that are not appropriate/applicable.
- c. Do they talk about conducting a pilot study using the new instrument (they should mention the sample size for this pilot study and their rationale for the sample size).
- d. Do they should talk about using **exploratory factor analysis (EFA)** to determine final instrument items. They should:
 1. Cite the adequacy of sample size for the EFA, correlation of at least .3 with at least on other item for initial inclusion
 2. Mention diagonal of correlation matrix of greater than .4
 3. State the percentage of correlations significant at the .01 or .05 level
 4. Report that Kaiser-Meyer-Olkin or KMO should be $> .70$
 5. Indicate that Bartlett's Test of Sphericity (chi square) should be significant
 6. Use principle component analysis (orthogonal rotation)--If they use something else, do they provide a rationale for this
 7. Report examining the eigenvalues (they should report eigenvalues greater than 1 will be retained for the initial extraction) and scree test for the initial extraction.
 8. Mention retaining items with communalities of .50 or above.
 9. Report Cronbach's alpha for the final factor solution. (*Note: since they are not actually conducting the study they only need to mention what would be needed for EFA and the process they underwent to obtain the final factor structure*)

c. **Procedures:**

1. Do they provide a detailed description of the procedures used to gather participants (mailing list, listserv, flyers, agencies etc.)?
2. How do they propose to conduct the study (online, interviews, etc.) and does this seem feasible?
3. Did they secure IRB--they should make mention of this

4. What recruitment materials did they include (e.g., invitation letter, instrument, etc.)
 5. Did they provide details on follow-up procedures [they should be following Dillman's method (for the purpose of this question do they indicate a follow-up at 1,3, and 7 weeks or some formal designated time frame — minimum at 1 and 3 weeks — will be acceptable).
3. **Results:** *(since they will not be conducting the study, the results section will not contain specific data. Rather what they should be providing is information on preanalysis steps and assumptions based on the statistical analysis provided)*
- a. Provide detailed description about the preanalysis steps taken. Specifically they should outline steps to check for outliers, miscoded data, missing data. Running frequency reports is the best way to check for outliers and miscoded data.
4. For the missing data, they should mention how they plan to address missing data. They should indicate
- a. **whether missing data are present,**
 - b. **make mention of rates of missing data across nonignorable variables and for the overall study,**
 - c. justification that the **rates of missing data are acceptable** given the study's unique components and factors
 - d. **the type(s) of missing data** and rationale for determining this pattern (report testing missing data using Little's MCAR test and interpreting what the results would indicate,
 - e. the approach used to **rectify the missing data** (e.g., imputation procedure, deletion, etc.) and justification for the procedure used and
 - f. any concerns **missing data may have on study results.**
 - g. In the **limitations section**, they should mention any concerns the missing data may have on the study or the results.

What type of **quantitative design** are they proposing to answer the RQ (should use a *quantitative descriptive survey design*) and what type of statistical analysis (RQ is set up for OLS multiple regression). In both cases they should provide a rationale these.

If not covered under number 2 they should mention conducting an a priori power analysis and what components are involved in conducting a power analysis (alpha level, effect size--medium, power level (1-β), directionality, and type of statistical analysis conducted).

They should clearly indicate the assumptions that should be tested for multiple regression (normality, independence, linearity, homogeneity of variance, and fixed X--see matrix below) and how they would test for them.

Assumption	Test for Assumption
Independence	<ul style="list-style-type: none"> Residual plots of e vs. the predicted values of the DV Y and of the e vs. each IV X. Want to see a residuals fall into a random pattern with points within absolute value of 2
Homogeneity of variance	<ul style="list-style-type: none"> Plot (a) studentized residuals against unstandardized predicted values and (b) studentized residuals vs. each X. (<i>Remember homogeneity is when DV has same variance for all values of IV</i>) Look for constant spread of residuals
Normality	<ul style="list-style-type: none"> Examine skewness & kurtosis of unstandardized residual (within range of absolute value of 2.0). Histogram, boxplots, Q-Q plots, & Stem-and-leaf K-S or S-W of unstandardized residual > .05

Linearity	<ul style="list-style-type: none"> • Scatterplot of Y vs. X • Residual plot of e vs. X (within ± 2 or $3 \pm$ SE residual)
Fixed X	<ul style="list-style-type: none"> • Values are fixed rather than random variables

5. Qualitative research should state which qualitative tradition works best if they were to conduct a qualitative analysis. Did they provide a rationale for this?
 - a. Does the qualitative question align with the qualitative tradition selected.
 - b. Do they provide underlying questions for the tradition selected.
 - c. Do they state their philosophical assumptions
 - d. Do they provide an interpretive lens to support their approach
 - e. Do they provide three ways to ensure credibility and trustworthiness

6. **Limitations:** Do they address potential limitations for this study? If so do the limitations seem reasonable based on their responses to the other questions? How do they related these limitations to future research (i.e., what would they propose might be some considerations to enhance future research. For example, they may mention the need to gather further psychometrics on the instrument, issues with missing data on results, etc.)

CE 815 RUBRIC FOR CHAPTER 3 RESEARCH DESIGN & METHODOLOGY

Criterion	1	3	5	Score & Comments
Research Design Demonstrate the ability to create research designs appropriate to quantitative and qualitative research designs (CACREP Doctoral Standard Section IV.F.2)	Unable to effectively demonstrate the ability to create research designs appropriate to quantitative and qualitative research designs as related to proposed study.	Adequately demonstrates the ability to create research designs appropriate to quantitative and qualitative	Clearly demonstrates the ability to create research designs appropriate to quantitative and qualitative research designs as related to proposed study.	
Research Method	No research method identified or incorrectly identified.	Correct identification of methodology but an underdeveloped rationale for	Correct identification of methodology and well-developed rationale for selection of research	

General Comments: Final Score: __

		CE801/803/805	
Counselor: _____ Client # _____ Session # _____	Taping# _____ of 4	Clinical Skills Assessment Lab Client Taping Rubric	
Criteria Informed Consent (1 pt) <i>Session #1 only*</i> (Demonstrate knowledge of all aspects of informed consent process including confidentiality, exceptions to confidentiality, client rights & responsibilities, and taping) Score _____ Basic Skills (4 pts): Understood and effectively used active listening, paraphrasing, summarizing (summary of previous session), ROF, prompts, probes, open questions Score _____ Adv. Skills (4 pts): Advanced empathy, confrontation, immediacy, self-disclosure, silence, clarification, interpretation, & information giving (if skills not demonstrated and not applicable adjust total score use ND) Score _____	Helpful/Additive (+2) Disclosure and limits of confidentiality are discussed with client (+4) Skills used effectively in session. Client appears to be comfortable and willing to explore presenting issue(s) as a result of counselor's use of skills. Counselor consistently applies appropriate skill(s) given client statement(s) (CACREP Doctoral Standards Section IV Doctoral Learning Outcomes G.2.) (+4) Skills used effectively in session. Client appears to be comfortable and willing to explore presenting issue(s) as a result of counselor's use of skills. Counselor consistently applies appropriate skill(s) given client statement(s) (CACREP Doctoral Standards Section IV Doctoral Learning Outcomes G.2.)	Helpful/Facilitative (+1) Disclosure and limits of confidentiality are vaguely discussed with client or not in totality (+3) Skills are inconsistently used but generally effective in creating therapeutic movement. At times client responses are superficial due to counselor's skill selection. (+2) Skills are inconsistent and hinder development of therapeutic movement. counselor asking too many questions and not following client responses (CACREP Doctoral Standards Section IV Doctoral Learning Outcomes G.2.) (+3) Skills are inconsistently used but generally effective in creating therapeutic movement. At times client responses are superficial due to counselor's skill selection. (+2) Skills are inconsistent and hinder development of therapeutic movement. counselor asking too many questions and not following client responses (CACREP Doctoral Standards Section IV Doctoral Learning Outcomes G.2.)	Not Helpful Ineffective (0) No disclosure given. Lack of confidentiality not discussed in beginning of session (+1) Skills not effective. Poor communication with client related to presenting issue. Counselor keeps conversation superficial and does not use appropriate skills based on response. Lacks understanding of certain skills (CACREP Doctoral Standards Section IV Doctoral Learning Outcomes G.2.) (+1) Skills not effective. Poor communication with client related to presenting issue. Counselor keeps conversation superficial and does not use appropriate skills based on response. Lacks understanding of certain skills (CACREP Doctoral Standards Section IV Doctoral Learning Outcomes G.2.)
Length of Session (2 pts) Session length is of sufficient length to demonstrate skill usage, conceptualization of client problem, and evidence of rapport Score _____	(+2) Session is of significant length to fully comprehend/address presenting issues and fully assess skill use (45-50 minutes)	(+1) Session length provides partial comprehension of issues; skill use not fully indicated (40-44 minutes)	(0) Session length insufficient to comprehend/address presenting issue and to assess skill use (minutes)
Clarity Present Issue (3 pts) Demonstrate counselor understanding	(+3) Demonstrates comprehension of presenting issue & makes it focus of session	(+2) Comprehends presenting issue but does not consistently focus on it in	(+1) Vaguely comprehend presenting problem and do

<p>of client's presenting issue(s) as evidenced through use of appropriate skills and the focus of session</p> <p>Score _____</p>	<p>(CACREP Doctoral Standards Section IV Doctoral Learning Outcomes G.2., H.2., H.3.)</p>	<p>session (CACREP Doctoral Standards Section IV Doctoral Learning Outcomes G.2., H.2., H.3.)</p>	<p>make it a focus of session (CACREP Doctoral Standards Section IV Doctoral Learning Outcomes G.2., H.2., H.3.)</p>	<p>feedback; rejects notion of countertransference</p>
<p>Written Critique (3 pts) Captures counselor strengths, weaknesses, content of session, counselor issues/concerns. Demonstrates appropriate ethical and legal issues using decision making model explained in class. Demonstrates effective application of various counseling theories & ability to assess needs & techniques to help students become effective counselors</p> <p>Score _____</p>	<p>(+3) Critique well written; accurately reflects content of session; clearly demonstrates counselor strengths & weaknesses (CACREP Doctoral Standards Section IV Doctoral Learning Outcomes D.3., G.2., H.3.)</p>	<p>(+2) Critique has some minor errors but does convey essence of session; misses some key issues; clarity needed on counselor strengths and weakness (CACREP Doctoral Standards Section IV Doctoral Learning Outcomes D.3., G.2., H.3.)</p>	<p>(+1) Critique not well developed; did not convey essence of session; errors in strengths and weaknesses (CACREP Doctoral Standards Section IV Doctoral Learning Outcomes D.3., G.2., H.3.)</p>	
<p>Supervision Feedback (3 pts) Accepts feedback from supervisors and peers; understands and applies feedback appropriately; addresses countertransference and personal issues</p> <p>Score _____</p>				
<p>Total Pts (Session #1) _____ /20</p> <p>Total Pts (Sessions) _____ /19</p>	<p>Feedback:</p>			

*Candidates will have multiple clients and multiple first tapings.



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