

Respondent	Feedback	Faculty Review	Modification(s) Made Based on Feedback	Discussion and/or Other Program Changes
Alum	I would have loved an entire class on grief and loss, or sexuality/sexual health in mental health.	While grief and loss and sexuality are covered in other classes, faculty agree that dedicated courses in these topics would be useful. Additionally, some state counseling boards (not VA) require such courses.	The program director will explore the possibility of an elective in sexual health.	Dr. Horst has a colleague who may be able to offer an elective or continuing education seminar on sexual health and CMHC.
Alum	It might be nice to have more information or discussions on navigating aspects of work within community mental health agencies, such as Medicare/aid, how to do brief/solution-focused counseling, and working within a particular service model.	Courses such as COUN 507: PIFE and COUN 637: Career Development have been enhanced to include more of this information.	Dr. Horst will review this in COUN 507 and will discuss how this material is covered with the instructor for COUN 637	No further discussion or action.
Alum	Really appreciated the discussions with and presentations by professionals currently working in the field. In addition to those already offered, perhaps could bring in folks to talk about common challenges and how to navigate, such as burnout, bureaucracy, weak or difficult supervision, etc.	COUN 507 and COUN 509: Supervision and Consultation discuss this material.	Dr. Horst, who teaches both COUN 507 and COUN 509 will link conversations regarding burnout and challenging supervision between the classes.	No further discussion or action.
Alum	It would be great to learn more about the licensing process.	This licensing process is covered in the annual residency meeting and classes, such as COUN 507, COUN 528, COUN 689, and COUN 690.	Faculty are satisfied with how the licensure process is covered. The PPC will reassess in 2020 based on survey feedback, course evaluations, and feedback on the residency meeting.	No further discussion or action.

Alum	Prepare future students for the amount of paperwork that they will be doing on the job.	Students practice completeing comparable paperwork requirements during internship.	Practicum and internship faculty supervisors will continue to monitor satisfactory completion of clinical documentation by checking-in with site supervisors and by reviewing site supervisor evaluations of student performance. Courses discussing clinical documentation and treatment planning will retain those elements.	No further discussion or action.
Alum	We got very little time spent on how to work with clients in acute crisis (beyond the ASIST training) or with serious mental illness or in serious poverty, dissociating or psychotic: so more of that where possible. We also could use deeper and more ubiquitous discussions on trauma and its impact on literally everything.	Faculty discussed the ways this content is covered in COUN 587, COUN 527, and how student clinical work is supported in COUN 528, COUN 689, and COUN 690.	Drs. Czyszczon and Hammond will review curricular information and prattice of acute crisis and SMI in COUN 587 and 527.	No further discussion or action.
Alum	Each setting and student will be different. While the program works very well for my own approach, more dx experience during internship and a stronger theoretical foundation may have been helpful in talking with potential supervisors/employers.	Faculty discussed the development of an additional psychopathology course.	Dr. Hammond will explore how best to offer a second psychopathology course.	No further discussion or action.
Alum	Not sure if possible, but reduced requirement/encouragement for bringing individual work to class experiences. Would appreciate more division in that area between class and individual life history. Sometimes felt like individual experiences got in the way of whole class/cohort learning.	Faculty believe that inner-work and self-exporation is crucial to quality counselor training. Elements of this process are welcome in the classroom.	Faculty will continue to work with students around how much "space" an individuals personal process is or isn't occupying in the learning environment.	No further discussion or action.

Alum	I feel a 3 year program would allow for greater intentional coursework once internship begins. I would have liked to have had a bit more theory once we began working with clients - both to better develop a theoretical base and gain confidence in talking about perspectives. Perhaps multiple theory classes during the program - moving from a wide lens to a personal lens.	Faculty have considered moving to the program to a primarily 3-year model. Many reasons supporting this change were discussed. Faculty discussed the idea of multiple theories courses. General consensus was that one theories course is sufficient since theories of psychotherapy are reviewed in multiple courses.	Dr. Horst will explore implications for moving to offering a primarily 3-year program, while maintaining the option for students to complete the program in 2-years.	No further discussion or action.
Employer	Crisis work is challenging, and much of the professional 'expertise' is only acquired through doing. Having students know themselves well, and be able to manage their own 'stuff' when dealing with other people's 'stuff' is vital/critical. Self-care is extremely important.	Faculty agreed with the sentiment expressed here. Faculty affirmed the importance of "inner-work".	No action needed.	No further discussion or action.
Employer	Because our agency functions through a brief model of treatment, more familiarity with brief work or CBT/ACT interventions could be beneficial. Additional exposure to risk assessment and building confidence in clinical expertise may also be considered.	More information on brief therapies had been included in the curriculum, in particular, MI, Brief Crisis Intervention, and ASIST. COUN 557 covers risk assessments, as do courses such as COUN 528, COUN 689, and COUN 690.	Faculty discussed ways that risk assessment and brief interventions could be practiced experientially. Drs. Czyszcon, Cline, Hammond, and Horst will identify places for this in relevant courses and bring ideas to a future faculty meeting.	No further discussion or action.
Employer	Continue to strengthen adaptability to varying settings for counseling services. Many Residents are going to need to gather those residency hours in some non-traditional places and should be prepared to adapt their approaches to meet clients where they are at, in both an emotional sense and in the physical setting they find themselves in.	Faculty agreed with the sentiment expressed here.	No action needed.	No further discussion or action.
Supervisor	Continue to be realistic about differences in private practice vs. public mental health.	Faculty expressed agreement.	No action needed.	No further discussion or action.

Supervisor	Having a broad spectrum of types/settings of counseling.	Faculty continue to work on expanding practicum and internship placement sites, especially in rural and medically underserved areas, in alignment with the goals of our HRSA BHWET Grant.	The professional practice coordinator will continue to work towards developing new partnerships with sites in rural area and MUCs.	Faculty reaffirmed the importance of a broad spectrum of practice settings.
Supervisor	Documentation, I believe this is an area that most programs don't address enough.	Clinical documentation is covered throughout the curriculum, including, but not limited to COUN 507, COUN 509, COUN 527, COUN 530, COUN 528, COUN 689, and COUN 690.	No action at this time.	Faculty discussed adopting a text for COUN 528 or COUN 689/690 to support student knowledge and practice of clinical documentation.