Process Evaluation of Training Model for School-Based Mental Health

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Abstract

There is a need to examine collaborative mental health practices in geographic regions serving high populations of under-represented minority and low socio-economic status youth in order to reduce the barriers in access to care and support. In response, a counselor education program at a large land-grant university in the Southwestern United States worked in collaboration with a local school district to create a school-based mental health program. The program provides no-cost and timely mental health counseling services to students and their families using a practicum training model. This article presents process evaluation data that examine program level functioning during the implementation stage of the training model. Implications for program improvements in the next phase of implementation are discussed as well as implications of this type of service delivery model within the context of counselor education and social justice.

Keywords: School, Mental Health, Counselor Education, Social Justice

Introduction

In the U.S., ethnic minority youth (i.e., African American and Latinx) and youth from other underrepresented groups (i.e., LGBTQ+) are less likely to receive mental health care than their White counterparts, even when faced with similar mental health problems (de Haan, Boon, Vermeiren, & Joop, 2012; Rider, McMorris, Gower, Coleman, & Eisenberg, 2018). Addressing the mental, emotional, and behavioral needs of underserved youth populations is a growing priority that is met with the need to reduce barriers impacting access to care. Evidence of large unmet mental health needs for underrepresented minority (URM and low socio-economic status (SES) children and adolescents suggests that barriers to access, including cost and transportation, significantly impact the utilization of mental health services among this population and other groups of under-represented youth. The observed underutilization of mental health services among youth has pointed to the need for more innovative approaches for service delivery. In the context of youth mental health care, embedding mental health services in school settings holds promise in increasing their utilization of mental health services (Merianos, Vidourek, & King, 2017). Improving the quality of services and overall mental health outcomes for youth in under-resourced communities compels schools and communities to respond to the unique barriers that impede their ability to access services.

Mental Health and School-Aged Youth

Mental health problems remain a leading cause of disability among children and adolescents, with estimates suggesting that they affect between 10%- 20% of youth worldwide (Kieling et al., 2011). Over the past 20 years, national dialogue on child mental health care has reached a promising peak in the wake of alarming tragedies related to youth suicide and school-shootings. The surge of research interest, advocacy, and activity within the broader American culture are promising, but access to services remains a challenge. Estimates for racial and ethnic minority youth populations from nationally representative data reveal a higher prevalence of mental health problems for these youth compared to their counterparts, suggesting the critical need to further examine the relationships between sociocultural factors and mental health needs (Substance Abuse and Mental Health Services Administration, 2011). Previous research provides several explanations for why individuals from URM and low SES groups face an increased risk for developing mental, emotional, and behavioral problems. Cost and insurance barriers impacting access to care continue to impede those in need of mental health services across all ages and races/ethnicities in the U.S. (Cummings, Wen, & Druss, 2013; Rowan, McAlpine, & Blewett, 2013).

The State of Mental Health in America 2020 report released by Mental Health America (2019), a community-based nonprofit organization, reports evidence of disparities faced by individuals impacted by mental health problems. For youth ages 12-17, the prevalence of major depressive episodes was found to have increased from 8.66 percent to 13.01 percent between the years 2012 to 2017 (Mental Health America, 2019). Consistent with this trend, a separate study published in the same year found that between 2008 and 2017, the proportion of adolescents who reported experiencing psychological distress within the past 30 days increased by 71 percent (Twenge et al., 2019).

Ensuring that youth have better access to mental health care requires states to engage in practices that address social inequities that contribute to unmet needs for mental health treatment among youth. With the prevalence of mental health problems continuing to increase among youth, eliminating cost-related barriers to care must be prioritized (Whitney & Peterson, 2019). The knowledge and identification of barriers affecting children, especially from URM groups, is an essential step in advancing school-based mental health practices (Kataoka, Zhang, & Wells, 2002).

School-Based Mental Health

In response to the unmet mental health needs of youth, school-based mental health services continue to be a promising strategy for addressing significant barriers to accessing care. As school-based mental health continues to expand, particularly in communities traditionally underserved, it is necessary to examine the strengths and challenges regarding service delivery. Previous studies are supporting school-based health centers (SBHCs) as a viable option for providing mental health care to youth, highlight the need to refine existing service and delivery models. Ali and colleagues (2019) attempted to identify shared characteristics among youth who receive mental health treatments and services in educational settings. Using data from the 2012-2015 National Survey on Drug Use and Health they concluded that, although schools play an essential role in providing mental health services to students in general, youth identifying as low-income and coming from racial/ethnic minority groups are more likely to access services exclusively in educational settings (Ali, West, Teich, Lynch, Mutter, & Dubenitz, 2019).

Scholarly efforts to restore balance in our schools through increased focus on student mental health and well-being have led to the recent edition of the *Handbook of School-based Mental Health Promotion: An Evidence-Informed Framework for Implementation* (Leschied, Saklofske, Flett, 2018). Paying especially close attention to the problem of how schools and program providers can implement programs most effectively, authors present critical themes in the successful implementation of school-based mental health services. Such themes include fostering interdisciplinary collaboration, increasing student and family engagement in program development, establishing quality service evaluation tools, and promoting culturally competent practice. With these considerations in mind, we believe the school-based mental health programs can maximize opportunities available for collaboration between local schools and counselor education programs as a strategy for increasing access to services for school-aged youth.

Social Justice, Counselor Education, and School-Based Mental Health

Many American schools continue to face the systemic challenges associated with meeting the mental health needs of all students. As schools seek more holistic frameworks that can support students' social-emotional and mental health needs, it is important that they carefully consider the cultural and linguistic diversity of today's youth. Additionally, schools must avoid isolating the role of racial and ethnic minority status and low SES status in contributing to disparities in mental health care. For example, findings from the Medical Expenditure Panel Survey for the years 2006-2012 show that, across all states, Black and Latinx children made 47 percent and 58 percent fewer visits to mental health professionals compared to white children (Marrast, Himmelstein, Woolhandler, 2016).

There is a need to examine collaborative mental health practices in geographic regions serving high populations of URM and low SES youth in order to develop ways to reduce the disadvantages experienced in access to care and support. A potential strategy in doing so is acquiring evidence on how counselor education programs integrate social justice and multicultural theory into practice. The understanding that cultural diversity and concerns impact mental health and overall well-being is at the core of multicultural and social justice competencies as initially introduced by Sue, Arredondo, and McDavis (1992). However, counselor trainees have reported a perceived disconnect between the social justice theory they are exposed to and their training in the community (Beer, Spanierman, Greene, & Todd, 2012). Practicum experiences that immerse trainees in providing services to diverse and disadvantaged populations under direct supervision is a suitable approach to reducing this gap. In the context of school-based mental health, creating practicum experiences for mental health counselors in schools has the potential to increase social equity in schools that need new systems of support.

Practicum Training Model as an Approach to Service Delivery

A successful collaboration between schools, communities, and families is one way to provide accessible mental health services for children, but as noted previously, research on mental health access for URMs such as Latinx youth makes it clear that any service model must consider culturally relevant barriers to access. There is a need to examine collaborative mental health practices in communities serving high populations of URM and low SES youth in order to develop ways to reduce the disadvantages experienced in access to care and support.

The work presented here focuses on a year-long collaboration between a large land-grant university in the Southwestern United States and a local school district with a high percentage of Latinx (64%) and low SES (66% eligible for free or reduced lunch) youth. Specifically, it is a collaboration between the university's counselor education program and the school district's four Family Resource Centers (FRCs).

Many counselor education programs across the country utilize a training clinic model. However, such training clinics are typically housed in universities or run as university extension clinics (Myers & Smith, 1994). The model that was developed for this program is new is not an extension of previous work. It is school-based and, therefore, embedded within the communities that are being served. This unique program makes free and timely mental health counseling services available, to any enrolled student or family, using a practicum training model. Under supervision, Master's level counseling students provide individual, group, and family counseling to enrolled students and their families, free of charge with no insurance required. This is an approach to mental health service provision that can potentially reduce significant barriers and improve access to mental health counseling. It is also a model that can be used in other school districts across the city and state, or even nationwide, with minimal resources. The model is also intended to reduce the stigma associated with mental health counseling. By embedding the programming in the district resource centers where students and families are already able to access services such as a food pantry, clothing bank, computer labs, school supplies, hygiene supplies, child care, and parenting workshops, we believe it will be more comfortable and more routine for students and families to seek help for mental health concerns when needed.

A critical component in counselor education training is the practicum experience because counselor competence has a direct influence on the quality of counseling services received by clients (Bradley & Fiorini, 1999). This practicum training model provides graduate students with a unique opportunity to develop clinical counseling skills, including multicultural competence, by creating a community-based learning experience. Grounded practice and experiential learning introduce counselors-in-training to systemic barriers to access where their direct service can effect change. The purpose of this article is to present information about the model of service provision as well as process evaluation data that examine program level functioning during the implementation stage.

Method

Given that the program is still in its early stages, this evaluation is exploratory and uses a process evaluation framework to examine aspects of implementation (Saunders, Evans, & Joshi, 2005). Process evaluation is used to monitor and document program implementation and can be used as an aid in understanding the relationship between specific program elements and program outcomes during later stages of evaluation A program or intervention may have limited effects either because of weaknesses in its design or because it is not adequately implemented. On the other hand, positive outcomes can sometimes be achieved even when intervention or program was not delivered fully as intended. New or unconventional programs usually undergo some tailoring when implemented, and capturing what is delivered in practice can enable evaluators to make more responsive adaptations to improve program function (Moore et al., 2015). In this case, process evaluation data can help

inform the counselor education program about successes and challenges associated with this practicum training model and allow stakeholders to make real-time adjustments during the critical, early phase of implementation.

In addition to what was delivered, process evaluation can usefully investigate how a program was delivered. This can provide policymakers and practitioners with vital information about how the program might be replicated or implemented in other contexts. Issues considered may include training and support, communication and management structures, and how these structures interact with implementers' attitudes and circumstances to shape the program or intervention. Therefore, the purpose of this work is to provide rich, descriptive data that capture staff and counseling student perspectives on the implementation of the school-based mental health service model as well as their experiences during the practicum.

An online survey was developed specifically for program providers (graduate counseling students and school district staff). Basic demographic information (age, gender, race/ethnicity) was collected in addition to responses from nine open-ended questions to allow respondents the opportunity to provide as much detail as possible. The survey was designed to capture staff and counseling student perspectives on the implementation of the new school-based model as well as their experiences and understanding about the program as it relates to their development as practitioners. Using a process evaluation framework, examples of question items include: What are the program goals? What resources do you feel are needed for successfully implementing the program? To what extent have you received or are receiving training/supervision to support service delivery? and, What challenges are being faced in successfully implementing the program?" The complete survey is included in Appendix A.

After receiving university IRB approval, the survey was administered to all current counseling practicum students and school district staff and was completed by the following: graduate counseling students (n= 11), and school district staff (n =3). The response rate was 85%. Respondents' age range was 22 years to 50 years old, with reported ethnicities being White/Caucasian (54%), Hispanic (18%), Filipino/Caucasian (9%), Hispanic/Black (9%), and Asian (9%). Ten respondents (90%) were female, and one (10%) was male.

Qualitative Data Analysis

A content analysis (Hsieh & Shannon, 2005) using inductive thematic coding (Thornburg, Perhamus, & Charmaz, 2014) was used to analyze the data from the open-ended survey responses. In a content analysis of qualitative survey data, the textual responses are condensed into content-related categories and, when the respondents' words are coded into similar categories, they reflect shared meanings (Elo & Kyngas, 2007). The qualitative content analysis focuses on the interpretation of textual data through the identification of themes or patterns that emerge directly from the words of the respondents, and a systematic process of coding (Hsieh & Shannon, 2005). This approach allows for in-depth understandings of respondents' experiences without the imposition of pre-existing categories (Downe-Wamboldt, 1992; Hsieh & Shannon, 2005).

The process for identifying codes for this analysis was iterative. First, two coders read and re-read responses from two surveys to become familiar with the texts and note any patterns. Next, notes from the initial review were used to generate a list of potential coding categories. Some codes were then collapsed into higher-order categories. Using the preliminary codes to establish the codebook, coders analyzed data from the two surveys by using a coding matrix to tally the frequency of codes contained in each response. The initial coding resulted in the inter-rater agreement of .74. Therefore, the coders conferred to establish a clear consensus of the textual meaning of all open-ended questions that guided the creation of the codebook. Subsequent coding of the two surveys resulted in the inter-rater agreement of .93, which was deemed acceptable to proceed. The final coding procedure consisted of eleven themes and two overarching domains, (1) practicum student process, and (2) program process that corresponded to specific survey questions. See Table 1 for the codebook used for the analysis.

Table 1 Codebook for analysis

Student Process Code	
Skill development	Responses that convey feelings about the practicum and counseling skills in practice (confidence, rewarding, growing/growth, need to be flexible, etc.)
University supervision	Reponses that convey experiences with university supervision (helpful, supportive, often enough, opportunity to receive help, etc.)
Site supervision	Responses that convey experiences with site supervision as they relate to student perspective (site supervision was helpful, [site supervisor] was responsive to needs, etc.)
Engagement	Responses that convey the degree to which students were engaged with service delivery from the student perspective (high engagement, very involved, on site often, etc.)
Program Process Code	
Space	Responses that convey issues related to space and program functioning (the need for more space, more rooms, managing space, etc.)
Resources	Responses that convey the need for resources (such as assessments, file folders, parent contact info., etc.)
Scheduling	Responses that convey issues related to scheduling (logistics, communication around scheduling, coordinating with other FRC services, the need for an improved process for scheduling, etc.)
Site supervision	Responses that convey experiences with site supervision as they relate to program functioning (the need for more site supervision, the need for a dedicated site supervisor, etc.)
More counselors	Responses that convey the need for additional counselors
FRC staff	Responses that convey issues related to staff participation in program function (the need for additional staff training)
Language/bilingual issues	Responses that convey issues concerning language barriers and/or the need for more bilingual counselors

Results

Table 2 provides descriptive frequencies for each of the eleven themes, organized by the domain (student process and program process). The student process captures responses that reflect aspects of the program that were germane for the practicum and/or clinical training of Master's level students. For example, responses that described student experiences with site or university supervision, skill development, or professional growth were coded within the student process domain. The program process captures responses that reflect aspects of the program that were germane for program functioning. For example, responses that described student or staff experiences with managing schedules, organizing referral and intake paperwork, or the need for additional staff training were coded within the program process domain. For student process, the most frequently coded themes were skill development (i.e., responses that conveyed feelings about the practicum and counseling skills in practice including confidence, rewarding, growth, flexibility, etc.), site supervision (i.e., responses that conveyed experiences with university supervision from the student perspective including helpful, responsive to needs, etc.), and engagement (i.e., responses that conveyed the degree to which students were engaged in service delivery from the student perspective including, high student engagement, very involved on-site, on-site often, etc.).

Table 2 Descriptive frequencies of coding categories

Student Process Code	**Q1**	**Q4**	**Q5**				**frequency**
Skill development	9	1					10
University supervision			5				5
Site supervision	4		5				9
Engagement		7					7
Program Process Code	**Q2**		**Q6**	**Q7**	**Q8**	**Q9**	
Space	3		4	3	2	2	14
Resources	6		3	2	1	2	14
Scheduling	2		4	2	4	3	15
Site supervision	3		2	3	1	2	11
More counselors			3	1			4
FRC staff			5	2	1	2	10
Language/bilingual issues	2		2	2	1	1	8

Note. Inter-rater agreement = .93.

For program process, the most frequently coded themes were **scheduling** (i.e., responses that conveyed issues related to scheduling including logistics, communication around scheduling, the need for an improved process, etc.), **space** (i.e., responses that conveyed a issues related to space and program functioning including the need for more space, more rooms, managing space, etc.), **resources** (i.e., responses that conveyed the need for resources such as assessments, file folders, parent contact information, etc.), and **site supervision** (i.e., responses that convey experiences with site supervision as they related to program functioning including the need for more site supervision, the need for a dedicated site supervisor, etc.). The need for additional staff training, as well as concerns about language barriers (i.e., the need for additional bilingual counselors), also appeared with relatively high frequency. One survey question (Q3) asked specifically for respondents to describe the program goals, and responses to this question revealed unanimous agreement regarding the purpose of the program. Example responses to this question are included below:

- "To reach school community members who do not have good access to mental health services."
- "To provide mental health services to students and families by reducing barriers & increasing accessibility."
- "To provide children and families counseling at no cost, as well as to reduce the stigma surrounding mental health."

In summary, findings suggest that practicum students were highly engaged with service delivery and found the program model to be a rewarding and meaningful experience. Beyond that, findings suggest that the training model is effective at supporting practicum students' clinical skill development when coupled with site and university supervision that is responsive to their needs. Furthermore, the findings confirm the need to plan carefully for logistical considerations during the implementation. Having a referral system in place, providing appropriate professional development to staff, and training practicum students on the intake and note-taking procedures before providing services are crucial for successful implementation. There is a need to make real-time changes to program processes, especially as they relate to space and scheduling in order to successfully build-out a new program. Findings from process evaluation data enable stakeholders and service providers the

ability to address challenges in real-time and, therefore, avoiding difficulties that could potentially derail the efforts in the long-term.

Discussion

This study presents process evaluation data from the perspective of program providers of a school-based mental health program in the Southwestern United States. The program was designed to improve the accessibility of services by those who might otherwise encounter barriers to care while also providing authentic, high-quality clinical training for counseling graduate students. Considering the need for mental health services among students and families in this school district, we view the training model and evaluation data as an opportunity for social action.

It is important to keep in mind that content analysis was used here to understand the findings of this process evaluation, and process evaluation was used as a form of action research to inform the implementation of this particular program. As such, the evaluation serves two main purposes. First, findings highlight both successes and challenges during the implementation phase. Second, they are intended to support the overarching purpose of the work, which is to highlight, for the reader, how such a program might be implemented and/or modified to meet the needs of other communities. In order to fully capture the meaning and implications of the survey responses for program implementation, we felt it useful to parse (or create more) categories instead of collapsing categories. This led to the creation of codes for the "student process" and "program process," which enabled us to use the responses to organize a set of recommendations.

Taken together, the findings from the survey responses suggest that the program is functioning well and as intended during its pilot/early phase. Responses from students and staff indicated that the practicum students are highly engaged in service delivery and that their experiences have contributed to their professional skill development. Responses to the question about program goals reflected unanimous agreement, which demonstrates that the stakeholders in this sample have a clear understanding of the nature and purpose of the service delivery model. This is crucial for the long-term success of the program because it imbues the service model with a sense of shared purpose. Without this at its foundation, the program could suffer from competing visions or lack of clarity regarding the roles and responsibilities of the service providers.

Responses to other questions about program implementation reflect areas of program functioning that can guide improvements going forward. Specifically, the most frequently coded responses were related to the program process and included: the need for additional space, the need for scheduling support, the need for additional (physical) resources, and the need for additional FRC staff training. Based on the frequency of these responses, key recommendations are made taking into consideration near- and long-term aims as well as factors that are under the direct control of the program administrators. Recommendations are organized according to the following four components: funding strategies to support staffing position, revisions to the current paperwork management system, professional development for resource center staff, and opportunities for continued collaboration between the university counselor education program and the school district.

These recommendations can be used to guide improvements as the program progresses and inform similar programs that might be implemented in other contexts. Coded qualitative data from this process evaluation serve as a useful reference point for ongoing evaluation, including data collection targeting different aspects of the program, including the perspectives of those receiving services. A process evaluation framework provides insight into how a program is implemented, as well as the opportunity to engage in areas of action research by guiding training, practice, and program development through real-time adaptations.

Recommendations for Program Improvements

The apparent need for additional staff to support administrative duties, such as client scheduling, necessitates action in seeking creative funding strategies to build the capacity of this type of service-delivery model. Since its launch, the program has relied on a free scheduling application to manage client appointments across all four practicum sites. The program recently secured short-term foundation funding that will support a full-time coordinator position to assist with program administration that will account for scheduling support.

From the practicum student perspective, the program's current system for managing paperwork was viewed as cumbersome, requiring further modification and revision. Therefore, recommendations include an alpha-numeric filing system so that client records could be accessed more efficiently by day and client initials. Ensuring that all necessary forms (i.e., referral and intake) were placed in client files before the first appointment was also recommended.

Before this evaluation, the counselor education faculty engaged in training through existing district-wide professional development for school counselors. The opportunity was intended to provide the district's school counselors specialized training on using an updated online referral system. Though beneficial, respondents expressed the need for additional professional development for all affiliated program staff (i.e., district administrators and FRC staff). Specifically, recommendations include professional development that focuses on making appropriate referrals in addition to information about how to use the online referral system. Another recommendation for program improvement is additional training for FRC staff so that they are more familiar with the scheduling procedures so that they can better respond to parent inquiries and walk-in requests. Here, we remind readers that the findings from this evaluation are intended to highlight both successes and challenges during the program implementation phase. Findings are limited to this particular program and are not intended to generalize to other settings with other populations. Rather, these findings describe how such a program might be implemented and/or modified to meet the needs of other communities.

This program is a service delivery model that centers on collaboration to effectively bring both services and clinical knowledge to participating students and their families. The future impact and success of the program will rely heavily on the continued collaboration between the university counselor education program and the school district. The need for additional physical space for private sessions is pressing because it limits the number of appointments that can be scheduled at any given practicum site. For example, the program may receive five referrals at one site, with requested appointment times between 5:00pm-7:00pm, but the site only has two private rooms available. It is recommended that program administrators continue to collaborate to find creative ways to address the challenges of scheduling that are being faced. One recommendation is to explore the feasibility of utilizing a "tele-counseling" model when appropriate. This would allow for the scheduling of some appointments in a virtual space, thus alleviating some of the need for physical space to accommodate appointment requests. It would also create training opportunities for practicum students who would need to become familiar with state laws concerning HIPPA as well as ethics and best practices for conducting counseling online.

Conclusion: Practicum Training as Social Justice Work

Contextual teaching and learning have essential applications in counselor education programs (Granello, 2000). Grounded practice and experiential learning introduce counselors-in-training to the realities of the authentic community contexts in which counseling and collaboration serve those in need. Such clinical training introduces them to practices that are set in contexts that closely resemble the settings and political realities they will face after graduation. The program presented here, as a model and approach to service delivery, situates learning experiences in authentic activities designed to benefit actual students and families in the community, which aligns the counselor education program with actions among others nationwide to expand community-

based learning experiences and promote an ethos of appreciation of diversity, inclusivity, and social justice. In this case, a collaborative community partnership helped ensure that the services are responsive to the needs of the community, and embedding services in the school district's resource centers were essential for addressing the barriers to mental health services that were present for this population.

Social justice reflects a fundamental valuing of fairness and equity in resources, rights, and treatment for marginalized individuals and groups of people who do not share equal power in society because of their immigration, racial, ethnic, age, socioeconomic, religious heritage, physical ability, or sexual orientation status groups (Fondacaro & Weinberg, 2002; Prilleltensky & Nelson, 1997). In order to address social justice issues, some counselors and counseling psychologists in the United States have adopted a professional commitment to social change at the national or international level (Collison, Osborne, Gray, House, Firth, & Lou, 1998). Others have been involved primarily at a domestic level by being concerned with helping individuals in the U.S. to deal with the personal, societal, and institutional barriers that impede their development or access to opportunities. Both of these levels of involvement in social justice issues, however, are critical in understanding the interdependence of macrosystems and microsystems in people's lives, especially in the lives of marginalized populations (Constantine, Hage, Kindaichi, & Bryant, 2007).

To prepare counselors and counseling psychologists for social justice roles, graduate training programs need to assist students in developing competencies to intervene at broader levels (Toporek, Gerstein, Fouad, Roysircar, & Israel, (2006). By implementing a program within the community that is being served, the training model described in this article provides graduate students in counseling with an opportunity to translate their academic knowledge into real-world contexts. It is one way to help students develop multicultural competence and social justice roles because it works to provide students with a practical understanding of large-scale societal inequities, along with mechanisms by which they may intervene to effect change (Kenny & Gallagher, 2000). In addition, this type of practicum training model can provide opportunities to gain valuable research, evaluation, and program development skills in the context of community mental health settings, which counselor and counseling psychology trainees could then transfer to other related settings (Kenny & Gallagher, 2000). With the increasing realization that counseling paradigms which focus solely on the individual without regard for environmental factors (i.e., barriers to access) are limiting, we argue that the model presented here creates a more explicit connection between oppression and mental health issues (Jacobs, 1994) and opportunities for counselors and counseling psychologists to intervene effectively at a systemic level.

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Appendix A

	Qualitative open-ended questions
Q1	Briefly describe your experience with your practicum at the program (i.e., how often are you there? What is it like working at your site? Has your experience been mostly positive? Negative? Neutral?). What would you like us to know about your experience working there?
Q2	What resources do you feel are needed for successfully implementing the program?
Q3	What are the program goals? What are your thoughts and feelings about the progression of the program so far?
Q4	To what extent are the counseling students engaged in service delivery?
Q5	To what extent have you received or are receiving training/supervision to support service delivery?
Q6	What challenges are being faced in implementing the program?
Q7	What improvements do you feel are needed to improve the implementation of the program?
Q8	What external factors that are beyond your control do you feel are having an impact on the implementation of program?
Q9	Briefly describe recommendations for future implementation and service delivery

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