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## **2023-2024 Alumni Satisfaction Survey**

### **(1) The data that will be collected;**

The CTC alumni satisfaction survey and post-graduate employment surveys have been collected using Qualtrics, a data collection software program. These two distinct tools have been developed to gather specific information from program graduates, after they have left the program.

The target population for the “Alumni Satisfaction Survey” is alumni of the CTC graduate program. The target population of the “Post-Graduate Employment Survey” is also alumni of the CTC graduate program. The first focuses on student satisfaction with their training experience in the CTC. The latter focuses on alumni experiences seeking employment in the mental health field following their graduation from the CTC graduate training program.

### **(2) A procedure for how and when data will be collected;**

After the program leadership and faculty developed the data collection instruments, the CTC program’s Manager of Clinical Sites and Community Relations created the CTC the two tools using Qualtrics (i.e., software program). An invitation for survey completion was sent to the target population via e-mail with a unique URL attached into the email. This survey is disseminated annually with an approximately 12-16 weeks response period.

### **(3) A method for how data will be reviewed or analyzed;**

The instruments used in this section gather both qualitative and quantitative data. A descriptive analysis of all independent and dependent variables have been conducted. Summary statistics, such as means, ranges, and standard deviations have been reported for each variable. Thematic analysis of qualitative items have also been completed.

This analysis has been conducted by the assistant director with the role as CACREP liaison. The data from the 2021-2022 academic year have been reviewed during a programmatic data evaluation meeting held on February 8, 2023. The data from the 2022-2023 academic year was reviewed at the next data review meeting or likely February, 2024. Results of this survey will help guide and inform program improvements and ensure that alumni have the appropriate knowledge and skills that they need to be employed and work in the counseling field.

The “Alumni Feedback Survey” instrument includes the following scoring guide for alumni to rate themselves. The scores represent a point-scale and range from 1-5. Scores that are higher (closer to 5) indicate a more favorable response. Scores that are lower (closer to 2) indicate a less favorable response.

Table 1.

Community and Trauma Counseling Program			
Scoring Scale			
Alumni Satisfaction Survey			
1	Extremely Dissatisfied	4	Somewhat Satisfied
2	Somewhat Dissatisfied	5	Extremely Satisfied
3	Neither Satisfied nor Dissatisfied	N/A	Not Applicable

Aggregated data have been calculated from the annual administration of the survey. In addition to this broad summary of the data from each of these instruments, we have also conducted a more detailed item-by-item analysis of the participant responses. In this more detailed analysis, we have examined each group of respondents and their items on specific questions. In addition to these descriptive statistics, Assistant Director of CTC acting as CACREP liaison have also provided analysis results of every item.

#### **(4) An explanation for how data will be used for curriculum and program improvement;**

As noted earlier, the data that is being collected is both qualitative and quantitative in nature. Descriptive analysis (descriptive statistics of quantitative data and thematic analysis of qualitative data) will be conducted by the program director or a faculty proxy. This will then be used for systematic program improvement.

The specific details of program improvement are driven by the results on the Alumni Satisfaction Survey. For example, this survey provides the program with feedback on students' experiences of instructional effectiveness, academic knowledge received, faculty mentorship, and more. We also ask graduates about the strengths of their graduate program and how it prepared them for the field. If in analyzing our data we identify a trend that suggests our alumni need additional skills in specific areas, then our faculty (via our regular program meetings) would discuss ways in which we need to modify or adjust programming to respond to this feedback.

If students indicated that they did not feel prepared for the workforce, or did not have positive mentorship experiences, the program would adjust accordingly. This might mean strengthening our mentorship program by providing direct training for faculty on how to facilitate mentorship or improve advising practices. If students indicated that their practicum supervisors were not effective, this would also require action on the part of our faculty and clinical supervisors. As noted earlier, every single item will receive a detailed analysis and discussion for “program evaluation implications” which can be found in the “deeper dive” document attached here. Figure X, for example, notes the following in response to the data from question #1 on the Alumni Satisfaction Survey.

**Item Analysis Summary:** All questions in this instrument used a point scale for responses. For this scale, 5=Extremely Satisfied, 1= Extremely Dissatisfied. The data from *Q#1 (N=7)* of the *Graduate Satisfaction Survey* suggests that students were satisfied in their overall evaluation of the curriculum, with **42.86.43% or 3 graduates of the 7 responses** indicating that they were extremely satisfied with the program curriculum.

**Program Evaluation Implications:** After being reviewed at a program wide faculty meeting or data review meeting, the CTC team will discuss implications for program evaluation and improvement. In this case, we will consider the ways in which we can continue to offer strong curricular programming to our students and ensure similarly positive scores in the future.

Additionally, as noted earlier, cohort response means will be calculated in individual and aggregate form. This will allow for analysis within each cohort, and across all response cohorts.

Table 2. Summary Scores of Alumni Satisfaction Survey

<b>Instrument Name:</b>							
<b>4. Alumni Satisfaction Survey</b>							
<b>Aggregated Means and Cohort Means Per Item</b>							
<i>Please use the scoring scale to indicate your personal evaluation of each of the following aspects of the program:</i>							
Scale: 1= Extremely Dissatisfied 2= Somewhat Dissatisfied 3 = Neither Satisfied nor Dissatisfied 4= Somewhat Satisfied 5=Extremely Satisfied	Fall 2018 Alumni Response Cohort Means	Fall 2019 Alumni Response Cohort Means	Fall 2020 Alumni Response Cohort Means	Fall 2021 Alumni Response Cohort Means	Fall 2022 Alumni Response Cohort Means	Fall 2023 Alumni Response Cohort Means	
	N=27	N=12	N=9 (Incomplete / Temp/ Sample)	N=14	N=7	N=7	
<b>Program Components</b>							
General evaluation of the program curriculum	4.33	4.55	4.50	4.00	4.43	3.71	
General evaluation of academic knowledge received	4.52	4.73	4.38	4.00	4.00	3.83	
Self-evaluation of in-program skills developed (i.e. techniques)	4.33	4.36	4.25	3.86	3.86	3.71	
Evaluation of program support throughout practicum field experience	4.07	4.45	4.00	3.29	3.71	3.57	
Evaluation of program support throughout internship field experience	4.22	4.55	4.38	3.64	3.86	3.71	
General evaluation of instructional effectiveness	4.19	4.36	4.25	4.00	3.86	3.71	
Evaluation of faculty competence	4.44	4.64	4.75	4.14	4.29	4.00	
Evaluation of faculty accessibility / availability	4.59	4.73	4.25	3.57	4.71	4.00	
General evaluation of academic advisement	4.15	4.27	4.13	3.64	4.00	4.14	
Evaluation of facilities and resources	4.15	4.45	4.14	3.86	4.43	4.00	
Evaluation of practicum/internship site supervisors' competence/effectiveness	4.11	4.55	4.88	4.29	3.29	4.14	
Evaluation of faculty as mentors to you	4.48	4.18	4.13	3.86	4.29	4.29	

Evaluation of in-program student evaluation procedures (i.e., did you feel the procedures used to evaluate you were valid and effective?)	4.07	4.36	4.25	4.07	4.14	4.00	
Evaluation of program duration	4.63	4.82	4.75	4.29	4.43	4.14	
<b>Knowledge Attainment in Specific Curricular Areas</b>							
Ethical and legal issues in your profession	4.26	4.45	3.89	4.00	4.43	4.14	
Trauma-informed care	4.89	4.82	4.88	4.43	4.57	4.29	
Addictions	4.15	4.36	3.50	3.64	2.86	3.86	
Disaster / Psychological First Aid skills	4.63	4.27	3.50	3.79	3.86	3.57	
Small group dynamics and counseling	4.04	4.36	3.50	3.50	4.29	3.57	
Theories of counseling	4.37	4.45	4.25	4.14	4.71	4.71	
Career and lifestyle counseling	3.78	4.27	2.88	3.36	4.00	3.29	
Multicultural counseling	4.56	4.36	3.50	3.93	3.86	3.57	
Human growth and development	4.74	4.36	4.00	3.93	4.29	4.14	
General evaluation of practicum experiences	3.92	4.36	4.14	3.71	3.57	3.71	
General evaluation of internship experiences	4.33	4.55	4.63	3.79	4.00	3.57	
Large group dynamics and counseling	4.04	4.30	3.00	3.29	3.57	3.57	
School counseling	2.81	3.90	2.00	3.00	2.43	2.86	
Standardized (i.e., group) testing	3.44	3.90	2.63	3.36	2.57	3.43	
Crisis intervention/counseling	4.11	4.30	3.88	3.86	3.57	3.71	
Consultation	3.48	3.70	3.50	3.50	3.57	3.14	
Psychological clinical diagnosis	4.15	4.20	3.88	4.00	3.86	3.86	
Professional credentialing	3.56	3.90	2.38	3.07	3.57	2.86	
Theories of personality	4.11	4.20	3.38	4.14	3.86	2.86	
Family counseling	4.37	4.30	2.63	3.21	3.71	3.29	
Case management/planning	3.44	3.80	2.88	3.64	3.00	3.43	
Professional organizations	3.96	3.90	3.38	3.71	3.86	3.43	
Research and statistics	3.81	4.30	3.13	3.13	3.86	3.29	
Advocacy	3.93	4.10	3.75	4.07	4.14	3.71	
General evaluation of practicum site supervisor(s)	3.85	4.50	3.38	3.43	3.86	3.57	
General evaluation of internship site supervisor(s)	4.33	4.70	4.88	3.71	4.14	4.29	
General evaluation of practicum site.	3.67	4.40	3.63	3.86	3.43	3.57	
General evaluation of internship site.	4.22	4.60	4.75	3.93	4.29	4.29	
<b>Skill Attainment While in Program</b>							
Individual counseling skills	4.56	4.55	4.63	4.00	4.29	3.86	

Small group counseling skills	4.19	4.36	3.88	3.77	3.86	3.57	
Multicultural counseling skills	4.37	4.18	3.63	3.69	4.43	3.71	
Large group counseling/guidance skills	4.00	4.18	3.13	3.31	3.14	3.29	
Career and lifestyle counseling skills	3.81	4.18	2.25	3.31	3.71	3.43	
Crisis intervention/counseling skills	4.26	4.36	4.13	3.85	4.00	3.57	
Child and adolescent counseling skills	4.44	4.64	3.63	3.85	3.57	4.00	
Family counseling skills	4.30	4.36	2.88	3.38	3.86	3.29	
Consultation skills	3.63	4.00	2.88	3.38	3.71	3.14	
Case planning/management skills	3.74	4.27	2.75	3.77	3.43	3.14	
Psychological clinical diagnosis skills	4.26	4.00	4.13	4.23	4.00	3.86	
Assessment skills	4.26	4.27	3.25	4.00	4.00	3.86	
Couples/marriage counseling skills	4.07	4.00	2.25	3.00	3.43	2.71	

**Qualitative Feedback**

**What were the major strengths of the preparation program(s) from which you graduated?**

**2018: (Thematic Analysis)**

- Supportive and knowledgeable faculty and staff
- Integrated emphasis on trauma-informed practices

**2019: (Thematic Analysis)**

- Trauma focus and integration
- Responsive and knowledgeable faculty

**2020: (Thematic Analysis)**

- Strong, competent, passionate faculty
- Peer relationships
- Trauma-informed, multi-culturally competent
- Integration of childhood / youth populations

**2021: (Thematic Analysis)**

- Being trauma informed. Everyone I interviewed or spoke with was interested in the name of the program and the focus on trauma and community.
- Focus on trauma

- Having a trauma informed focus has been extremely beneficial in my career and has helped me be a better counselor to my clients. In particular, Craig Strickland's course on the neurobiology of trauma is still helpful for me today. In addition, the disaster course came in handy over the past year and half working with clients throughout the pandemic. It was super helpful to use as the disaster response curve as a framework to help clients understand why they were feeling what they were feeling over the last few years.
- I liked a lot of the classes. Majority of them were really informative and prepared me.
- I really appreciated the reflections we were able to do in various classes. I found the classes to be helpful because both my practicum and internship placement was in an art therapy setting and although it was useful to learn about how to apply my knowledge in art therapy and counseling, I did not get the experience of using assessments or doing any kind of intakes, etc. Learning about how to do those things in the classroom setting has made me more confident to enter the field of counseling and art therapy.
- Major strengths include trauma informed counseling, the full-time professors were solid teachers and accessible when we were in person. This was not a strength when we moved to online. Small cohorts were a strength of the program.
- There was a significant amount of discussion about the various aspects of one's life that could affect/trigger one's mental illness, including trauma, addiction, & poverty among others. I believe this was an extremely valuable discussion to have throughout the program as it is so significant in our clients' lives.
- There were no strengths. This program was a mess. If it was not apparent I was incredibly dissatisfied with my experience at this school. I have felt gaslit, unheard, mistreated, and spoken down to.

**2022: (Thematic Analysis)**

- Trauma informed, multicultural infused throughout the program
- Neurobiology, Theory/Theorist, pathopsychological, Trauma Theory, DMS-5, Diagnosis, case studies, Evidence Base Practice and Marriage and Couples Therapy.
- Strengths of the program are the community itself such as relationships/support within the cohort and with professors
- Trauma-informed perspective for all classes. Extremely beneficial due to the prevalence of trauma in the general population
- It's focus on community and multicultural care. It's focus on empathy.

**2023: (Thematic Analysis)**

- I felt prepared to approach clients empathetically using trauma-informed approaches and different cultural lenses.
- Trauma-informed information taught in every single class.
- Social and cultural diversity, research, marriage and family, research, the layout of the logs to track hours.
- I am sorry to say this, but everything I learned here I had already learned in my undergraduate or my own personal studies. I did not feel prepared; In fact, I felt I was thrown into my internship with no real tools except for active listening and no strong guidance. When I connected with my peers at my internship and heard what they were learning in the classroom, how they engaged with the interventions with themselves and their peers...I was embarrassed and felt I missed out. I also did not

	<p>feel supported, i was told to “push through” “this is the real world”...etc, which is ironic being that we are in the mental health field. By the time I graduated, I was burnt out, and no longer interested in the field.</p>
	<p><b>In what ways could the preparations program(s) from which you graduated have been <u>improved</u>? What would you like to have added? Deleted?</b></p>
	<p><b>2018: (Thematic Analysis)</b></p> <ul style="list-style-type: none"> <li>● Greater, more intentional focus on diversity and cultural competence</li> <li>● Some redundancy in course work in trauma, crisis response</li> <li>● Need additional support in helping students get credentialed</li> </ul> <p><b>2019: (Thematic Analysis)</b></p> <ul style="list-style-type: none"> <li>● Need more group work</li> <li>● Need more post-graduation support, licensure etc.</li> <li>● More remedial support in math for research / statistics</li> <li>● Internship supervisors needing to be more trauma-informed</li> <li>● More skills-based classes across curriculum</li> <li>● Track-up cohort, not always positive presence / influence</li> </ul> <p><b>2020: (Thematic Analysis)</b></p> <ul style="list-style-type: none"> <li>● Need more support in preparing for licensure, job searches etc</li> <li>● Negative track-up cohort influence</li> <li>● More support for those outside of Philadelphia area</li> <li>● More assessment focused on youth populations, including scoring and analyzing</li> <li>● Addictions not appropriate for intensive course</li> <li>● Art therapy specialization lacking depth and organization</li> </ul> <p><b>2021: (Thematic Analysis)</b></p> <ul style="list-style-type: none"> <li>● Delete the pharmacology course and instead integrate common medications into other courses. Go beyond the book for career counseling. CIP information processing model, design thinking, and other books like "you majored in what?" are really awesome at helping to describe career counseling in a way that feels more fun and interesting, while engaging the whole person. There is also a lot of really cool identity based work that can be done within career counseling that we did not touch on while i was a student</li> <li>● Doing both Child Trauma and Addictions in a one-week pre fall class was terrible. I felt that I did not learn much in either of them. The classes were too long and there was too much info crammed into the few days we had to do everything. I feel like</li> </ul>



we missed a LOT of information and learning. Having the career counseling class for a full semester seemed like a complete waste of time. The course would be better suited to a pre semester class. I know that those of us taking specializations did not have Advanced Interventions 2, and we did not learn those techniques like EMDR, etc that I think would have been helpful to learn about. I know I would have liked to learn more about what I heard they covered in that class. I would skip the standardized patient experiences. I did not find them helpful or realistic. I found that the actors would only follow the script and did not want to use anything but talk therapy. It was also hard to try to show a long term relationship with the SPE actor with no prep time. I felt that these experiences were not a true indicator of my counseling skills.

- I felt it was a lot of information crunched into two years, however, I think the program being offered in two years makes sense! I think communication could be a huge improvement. In light of the pandemic, communication via email was not very useful. But I feel the program is supported by offering Town Hall meetings, which I think is a great way to continue to communicate amongst the program, even with classes being in person again- still providing a space via Zoom to discuss any concerns or ideas.
- I think addictions and child trauma should be moved to a full semester class. There's too much info for it to be 1 week in the summer time. Also being in a small group with a mixed group of people didn't really teach me how to be a good group co-facilitator.
- I would have liked to see more information provided regarding licensure outside of Pennsylvania. I got licensed in NJ but felt there was little guidance of the process/procedures & felt unprepared when I started the application process.
- I would of added more information based around involuntary commitments (when appropriate and not) crisis support and resolution, and treatment planning.
- Not as much focus on working with adults as I would have appreciated, not as much information on licensure and next steps in other states, some practicum/internship sites could be vetted a bit more.
- teaching students how to go into their own practice
- The entire staff needs a reset. With both katherines and yoon suh as the exceptions but everyone needs to reevaluate their participation in the psychological harm done to students
- I felt it was a lot of information crunched into two years, however, I think the program being offered in two years makes sense! I think communication could be a huge improvement. In light of the pandemic, communication via email was not very useful. But I feel the program is supported by offering Town Hall meetings, which I think is a great way to continue to communicate amongst the program, even with classes being in person again- still providing a space via Zoom to discuss any concerns or ideas.
- I would of added more information based around involuntary commitments (when appropriate and not) crisis support and resolution, and treatment planning.
- There was poor administration and low academics. I did not feel challenged academically the whole program and received little meaningful support through many issues. I was ignored when asking several questions and providing feedback. I could never recommend this program in good faith.

**2022: (Thematic Analysis)**

- More focus on addictions and child trauma (they were pre fall classes and should have been a semester long class), add in a class on psychopharmacology, less focus on Career counseling ( was a semester, could have been a pre fall)

- More prepared for the NCC, and Accreditation
- I would have liked it to be more academically challenging. Additionally, it would be beneficial to provide more opportunity for application and practice of interventions and skills. Addition of treatment planning, note taking, etc would have been helpful, as well. Always, I think there is opportunity to incorporate more DEI and cultural competency, especially related to racial realities in Philadelphia
- More focus on skills versus theories
- I feel like I learned very little practical skills or hard knowledge. It was almost entirely focused on soft skills, which is good in some ways but also made me extremely unprepared to work in the field. I had a horrible experience with my internship and received no meaningful help and saw how unethical people in the field and this program acted which was very disappointing. I also feel the price was much too high especially with online classes after Covid started. In addition, the quality of instruction was low in many class (disorganized and lessons without a purpose seemingly). Administration was severely slow and unorganized as well when dealing with students.

**2023: (Thematic Analysis)**

- I wish there were more opportunities to develop understanding of advanced interventions and strategies.
- Populations and topics were completely skipped over or barely discussed such as LGBTQ, cultures other than Black and Hispanic (like Middle Eastern, Native American/Indian, or Asian minorities) Grief, sex therapy including sexual assault treatment and care, marriage and couples therapy, adhd, and autism and other intellectual disabilities. The loss of the option to join class over zoom during a still active pandemic made the experience very difficult for many students who actually became injured, sick, or pregnant. Many professors would not offer office hours or answer emails of questions from the class. Sometimes when a professor answered, they would be reluctant to answer a question or put the student down for asking causing students to not feel comfortable asking a question (I have felt this from a few certain professors.) Some teachers were very biased in the classes they taught because the material either doesn't line up with their values or they openly do not want to teach the material so they switch it to something they'd rather teach causing us to miss out on important information and practices. There were too many SPE's: this was helpful for the first semester or even year but once we are in practicum and internship, we are dealing with multiple real life clients that the SPE seems pointless by then. The verbatim was more tedious than helpful. Listening to the sessions alone helps us realize what we say too often or how to rephrase things. The DAP notes were most beneficial. The one Saturday that was meant to be a IPE was completely useless. I was excited thinking we were all going to be divided into small groups so we all get a chance to participate and meet students from other programs. However, I, as well as many others, were extremely disappointed when it turned into us watching a handful of students role play. Exams and quizzes actually helped me learn more and prepare for the NCE. As much as I enjoyed not having as many tests, this would be beneficial to help students learn. It was obvious which professors actually cared or enjoyed teaching classes and helping students. Unfortunately, some showed clear favoritism towards students. Lastly, I feel disappointed to say that as a mental health program, mental health was not something professors nor the department took into consideration when working with students. We are not superheroes and life gets difficult at times. Losing a letter grade over uncontrollable life events takes a huge mental toll on students.
- More info about addictions for people not in the track - more about diagnosing
- More interventions being taught

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|  | <ul style="list-style-type: none"><li>• I think it felt that there were a lot of “filler” classes. It would’ve been great if we actually were able to practice with peers weekly (interventions). I was shocked and surprised that we were never encouraged to look within ourselves, and required to go to therapy. Every time anyone tried to go deeper, they were shut down and told “this is not therapy”. Which is not wise, many schools across the world utilize this approach, I’m not sure why Jefferson’s program fell flat on this. Also, Self care needs to be taught (it should have its own course). Carrying a piece of paper around is not self care. The program size was too big, professors didn’t even know all their students by name. It was a disappointing experience. I hope that the program can learn from their mistakes to make it a more impactful, growth full and supportive program for new students to come. I also was heartbroken to hear how some of the students were treated, it was unethical. Students in pain, mentally and physically, forced to skip classes without zoom access. Penalize for missing one class, even my undergraduate was more understanding and mindful of students well-being. They worked with me, worked for my success, and for my growth and education...I can’t say the same about jefferson. Once again, you would think in a program for mental health professors would be mindful of this but all I saw was burnt out everywhere and poor morale within the community trauma counseling faculty (a large number of faculty left in my two years at Jefferson).</li></ul> |
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