

ALUMNI SURVEY 1 YR POST GRAD (2010 COHORT) July 2013 N = 12/21 = 57%*

***We were able to send out all survey links with current emails. Increased response rate reflects improved contact information.** (2011 = 46%; 2012 = 42%). However, response rate still low. How do we improve this? Perhaps Annual Assessment Report or other means of reaching out to alumni? Can we develop an alumni association with news? Ask current students what will motivate their responses?

1. Are you employed? 100% Yes 100% counseling
25% Administration
17% Training
17% Teaching
25% Client advocate
17% Support staff
8% Other (Recreation Therapy)
2. Are you attending school? 92% No; 8% Yes MBA – Healthcare Administration
3. Are you a registered counseling intern? 67% Yes; 25% In future; 8% No plans
4. Which professional organizations do you belong to? 25% ACA; 83% AMHCA
5. Have you attended trainings and conferences? 75% Yes
6. What are your future plans?
Private practice (6/12)
Agency work
Certified in art therapy and movement therapy
CADC
Early Intervention Specialist
Work with veterans
Ph.D, Psy.D.,(3/12)
7. MHC faculty were helpful to my professional growth. (5.9 ave.)
Most were very helpful.
Want more attention to writing treatment plans and utilizing diagnostic criteria and language.
I had problems with one professor.
8. MHC faculty were knowledgeable in the field of counseling. (6.6 ave.)
Family and Couples class was really about family. Only spent hour or two on couples counseling. Guest speaker would help. Preferred more on couples.

9. Field placements matched my career goals. (5.7 ave.)

Helped me find work post-degree, but not in the field in which I want to end up.

A solid experience, but this was not true for everyone in my cohort.

10. I was satisfied with the MHC program structure. (5.8 ave.)

11. The program helped me achieve my career goals. (6.3 ave.)

12. I would recommend this program to others. (6.3 ave.)

A life-changing program. Worthwhile even if I wasn't going into mental health field.

Program is strong on counseling skills and mediocre academically. I was really only deeply influenced by one professor in the academic setting.

13. How did the MHC program help in your career?

I am employed and using my degree.

The balance of theory and practical application.

Helped me "hit the ground running" in terms of being a competent counselor (practicum and internship very helpful. I've used something from just about every course out in real world).

The internship experience got me an interview with future employer.

I was able to get a job back home with my degree. I am gaining a lot of advocacy experience and it is opening doors to other opportunities closer to more counseling focused work. The skills I learned in the MHC program are definitely useful in my work and I feel that I am prepared in result of what I learned.

SOU's program helped me to learn the profession as well as aided me in creating connections in the community that have helped me find work and begin my private practice.

Excellent professors and lots of hands on opportunities to practice

I learned a great deal in the program, but in the end, I'm pursuing a model that wasn't covered in the program, so I'm not using much directly. However, it all contributes to an understanding of the human psyche and relationships. And of course I absolutely needed some specific information such as Patho-psychology and Ethics.

The MHC program helped affirm my interest in the field of mental health and the helping profession.

Very little in the program was directed toward the business side of counseling careers such as all the intricacies of running a private practice. I have not experienced a strong connection/communication between the MHC program and local/regional mental health providers. It feels as though the program is churning out 20+ counselors/year without any real idea of the local job market or what happens after graduation.

14. What changes would you suggest for the MHC program?

More on couples/relationship counseling (2)

More current information on psychopharmacology (2)

More on treatment planning (3) and diagnosis and diagnostic language.

Classes focusing on specific treatment modalities (CBT, Gestalt, ACT, etc.).

More practicum hours; perhaps two different types of sites,

Greater availability of research opportunities

Less focus on writing and more on real world opportunities in our local communities.

Clearer communication about expectations; what each student needs to work on.

More financial aid

More on the practicalities of getting started in career

More modern, direct knowledge about the profession.

More cohesive scheduling of classes

Replace professor with whom I had difficulty.

Take a survey at the beginning of the second year to get an idea of where students are planning to begin their careers or internships (which states). Then create an assignment during winter term where students do their own research and make connections with agencies and professionals in the state of their choice to set up a possible internship for licensure (depending on the states requirements). The faculty can create a quick guide as to resources they may know of or have found themselves to help students who are not finding answers. Whether the students choose to follow through after graduation is up to them. But I think this pushes students to have a plan if they don't already have one and it would be helpful to learn about different state requirements.