

Clinical Counseling Program
(formerly Substance Abuse and Clinical Counseling)
2016 CACREP Vital Statistics Survey

(Filled Thursday, August 04, 2016)

Institutional Information

1.) Name of Your Institution:

Please provide the name of the institution where your program is located.

East Carolina University, Greenville NC

2.) Institution Type:

Please select the category that describes your institutional control or affiliation.

Public

3.) Association for Counselor Education and Supervision Region (ACES) Region:

Please identify the ACES region in which your counseling program is located.

Southern (SACES)

4.) Do you have a CACREP-accredited ADDICTION COUNSELING program?

No

5.) Do you have a CACREP-accredited CAREER COUNSELING program?

No

6.) Do you have a CACREP-accredited CLINICAL REHABILITATION COUNSELING program that is dually accredited as a MENTAL HEALTH COUNSELING program?

No

7.) Do you have a CACREP-accredited CLINICAL MENTAL HEALTH COUNSELING program?

Yes

7. A.) What is the minimum number of credit (semester) hours required for your CLINICAL MENTAL HEALTH COUNSELING degree?

For programs operating on a quarter hour system: Please convert the minimum number of required quarter hours to semester hours by multiplying the number of quarter hours by $2/3$ to provide your answer. (Example: If the minimum number of quarter hours required for a degree is 72, then $72 \times (2/3) = 48$ semester hours.)

62 semester hours

7. B.) How many students are currently enrolled in your CLINICAL MENTAL HEALTH COUNSELING program?

Please provide a headcount of students currently enrolled in your Clinical Mental Health Counseling program ("currently enrolled" = students enrolled in your program at the time this survey is being completed).

64

CLINICAL MENTAL HEALTH COUNSELING PROGRAM/STUDENT OUTCOMES

Unless a specific time frame is identified, you should respond to the questions below using the most recent data you have available for the program.

7. C.) How many students graduated from your CLINICAL MENTAL HEALTH COUNSELING program in the past year?

Please provide the combined total number of graduates from Summer 2015, Fall 2015, and Spring 2016.

14

7. D.) To the best of your knowledge, what is the completion rate of students from your CLINICAL MENTAL HEALTH COUNSELING program?

To the best of your ability, please use the following information as a guide to report your program's completion rate: A program's completion rate is defined as the percentage of admitted students who graduate from the program within the expected time period. If you admit both full-time and part-time students into the program, you may have two completion rates based on differences between full-time and part-time students' expected time from admission to graduation. If this is the case, your program's completion rate is the average of the full-time student completion rate and the part-time student completion rate.

95%

7. E.) To the best of your knowledge, what is the licensure [or certification] examination pass rate of students graduating from your **CLINICAL MENTAL HEALTH COUNSELING program?**

Please use the drop down menu below to choose the licensure [or certification] examination pass rate, to the best of your knowledge, of students from your program.(NOTE: CACREP does not dictate the applicable licensure [or certification] examination for any program area in any state. Please provide the licensure [or certification] examination pass rate for the examination that is currently available for students in this program.)

100%

7. F.) To the best of your knowledge, what is the job placement rate of graduates from your **CLINICAL MENTAL HEALTH COUNSELING program who were actively seeking employment?**

To the best of your ability, please use the following calculation as a guide to report your program's job placement rate:Numerator:the number of students who, within 180 days of the day they received their master's counseling degree [in a given award year], obtained employment in the recognized occupation for which they were trained or in a related comparable recognized occupation.Denominator:the number of students who, during the award year, received the master's counseling degree awarded for successfully completing the program and were actively seeking employment.

100%

7. G.) Within your academic unit, do you have a second program accredited as a **CLINICAL MENTAL HEALTH COUNSELING program?**

Please note, this option is for programs that have two or more programs currently accredited as CMHC programs. Only select "Yes" if you have a second CMHC program for which you need to report vital statistics.

No

8.) Do you have a CACREP-accredited **MARRIAGE, COUPLE, AND FAMILY COUNSELING program?**

No

9.) Do you have a CACREP-accredited **SCHOOL COUNSELING program?**

No

10.) Do you have a CACREP-accredited STUDENT AFFAIRS AND COLLEGE COUNSELING program?

No

Applications and Non CACREP Programs

11.) How many applications for your MASTER'S level CACREP-accredited program(s) did you receive in the past year?

Please identify the number of master's program applications you received from June 1, 2015 to May 31, 2016.

54

12.) Non-CACREP-Accredited Programs:

Please check all programs offered by your academic counseling unit that are NOT ACCREDITED by CACREP.

- Counselor Education and Supervision (doctoral)
- Rehabilitation Counseling

Masters Students w Disabilities

13.) Are you able to provide information about the number of students with disabilities enrolled in your CACREP-accredited MASTER'S level counseling program(s)?

You will be asked to provide the number of students with disabilities by gender. Only select "Yes" if you have information about students with disabilities by gender.

Yes

13. A.) How many MALE students with disabilities are enrolled in your CACREP-accredited MASTER'S level counseling programs(s)?

1

13. B.) How many FEMALE students with disabilities are enrolled in your CACREP-accredited MASTER'S level counseling program(s)?

2

13. C.) Alternative Identity: (optional)

If there are students with disabilities enrolled in your CACREP-accredited master's level program(s) who identify with a gender category different from above (e.g., transgender), use the text box below to report this information for these students. Please identify one or more alternative/preferred gender categories as well as the headcount of students with disabilities included in each category you list. Note, there is a 500 word limit for responses.

None

Masters Student Demographics

14.) Are you able to provide racial/ethnic background information about students enrolled in your CACREP-accredited MASTER'S level counseling program(s)?

You will be asked to provide the number of students in each racial/ethnic category by gender. Only select "Yes" if you have information about each racial/ethnic category by gender.

Yes

14. A.) MASTER'S Student Demographics:

Please provide the headcount of students currently enrolled in your CACREP-accredited master's level program(s) for each category below. (NOTE: nonresident alien is defined as "A person who is not a citizen or national of the United States and who is in this country on a visa or temporary basis and does not have the right to remain indefinitely.")*All categories require an answer. If you do not have any students that identify with a particular category, please enter "0".

Variable	Response
14. A.) MASTER'S Student Demographics: MALE: African American/Black	1
14. A.) MASTER'S Student Demographics: FEMALE: African American/Black	6
14. A.) MASTER'S Student Demographics: MALE: American Indian/Native Alaskan	0
14. A.) MASTER'S Student Demographics: FEMALE: American Indian/Native Alaskan	0
14. A.) MASTER'S Student Demographics: MALE: Asian American	0
14. A.) MASTER'S Student Demographics: FEMALE: Asian American	0
14. A.) MASTER'S Student Demographics: MALE: Caucasian/White	7
14. A.) MASTER'S Student Demographics: FEMALE: Caucasian/White	49
14. A.) MASTER'S Student Demographics: MALE: Hispanic/Latino/Spanish American	0

14. A.) MASTER'S Student Demographics: FEMALE: Hispanic/Latino/Spanish American	1
14. A.) MASTER'S Student Demographics: MALE: Native Hawaiian/Pacific Islander	0
14. A.) MASTER'S Student Demographics: FEMALE: Native Hawaiian/Pacific Islander	0
14. A.) MASTER'S Student Demographics: MALE: Multiracial	0
14. A.) MASTER'S Student Demographics: FEMALE: Multiracial	0
14. A.) MASTER'S Student Demographics: MALE: Other/Undisclosed	0
14. A.) MASTER'S Student Demographics: FEMALE: Other/Undisclosed	0
14. A.) MASTER'S Student Demographics: MALE: Nonresident Alien	0
14. A.) MASTER'S Student Demographics: FEMALE: Nonresident Alien	0

14. B.) Alternative Identity: (optional)

If there are students enrolled in your CACREP-accredited master's level program(s) who identify with another gender category (e.g., transgender) or race/ethnicity that does not fit with the categories previously provided, use the text box below to report demographic information for these students. Please identify one or more alternative/preferred gender categories as well as the headcount of students included in each category you list and their corresponding race/ethnicity. Note, there is a 500 word limit for responses.

None.

15.) Do you have a CACREP-accredited doctoral degree program in COUNSELOR EDUCATION AND SUPERVISION?

No

16.) How many FULL-TIME faculty members do you have in your academic counseling unit? If you have a CES doctoral program, your academic counseling unit is comprised of both your CES doctoral program and your master's level counseling program(s).

Please provide only the number of faculty members with full-time appointments in your academic counseling unit. This should be a whole number (i.e., no decimals or fractions).

17.) Are you able to provide racial/ethnic background information about FULL-TIME faculty members in your academic counseling unit?

Similar to the student demographic question, you will be asked to provide the number of full-time faculty in each racial/ethnic category by gender. Only select "Yes" if you have information about each racial/ethnic category by gender.

Yes

17. A.) FULL-TIME Faculty Demographics:

Please provide the headcount of full-time faculty members in your academic counseling unit for each category below. (NOTE: nonresident alien is defined as "A person who is not a citizen or national of the United States and who is in this country on a visa or temporary basis and does not have the right to remain indefinitely.")*All categories require an answer. If you do not have any full-time faculty that identify with a particular category, please enter "0".

Variable	Response
17. A.) FULL-TIME Faculty Demographics: MALE: African American/Black	0
17. A.) FULL-TIME Faculty Demographics: FEMALE: African American/Black	0
17. A.) FULL-TIME Faculty Demographics: MALE: American Indian/Native Alaskan	0
17. A.) FULL-TIME Faculty Demographics: FEMALE: American Indian/Native Alaskan	0
17. A.) FULL-TIME Faculty Demographics: MALE: Asian American	0
17. A.) FULL-TIME Faculty Demographics: FEMALE: Asian American	0
17. A.) FULL-TIME Faculty Demographics: MALE: Caucasian/White	6
17. A.) FULL-TIME Faculty Demographics: FEMALE: Caucasian/White	4
17. A.) FULL-TIME Faculty Demographics: MALE: Hispanic/Latino/Spanish American	0
17. A.) FULL-TIME Faculty Demographics: FEMALE: Hispanic/Latino/Spanish American	0
17. A.) FULL-TIME Faculty Demographics: MALE: Native Hawaiian/Pacific Islander	0
17. A.) FULL-TIME Faculty Demographics: FEMALE: Native Hawaiian/Pacific Islander	0
17. A.) FULL-TIME Faculty Demographics: MALE: Multiracial	0
17. A.) FULL-TIME Faculty Demographics: FEMALE: Multiracial	0
17. A.) FULL-TIME Faculty Demographics: MALE: Other/Undisclosed	0

17. A.) FULL-TIME Faculty Demographics: | FEMALE: Other/Undisclosed

0

17. A.) FULL-TIME Faculty Demographics: | MALE: Nonresident Alien

0

17. A.) FULL-TIME Faculty Demographics: | FEMALE: Nonresident Alien

0

17. B.) Alternative Identity: (optional)

If there are full-time faculty members in your academic counseling unit who identify with another gender category (e.g., transgender) or race/ethnicity that does not fit with the categories previously provided, use the text box below to report demographic information for these faculty members. Please identify one or more alternative/preferred gender categories as well as the headcount of full-time faculty members included in each category you list and their corresponding race/ethnicity. Note, there is a 500 word limit for responses.

None.

Program Questions

18.) This year CACREP sponsored its third "CACREP Advocacy Week" which took place February 22-26, 2016. To the best of your knowledge, please indicate the Advocacy Week activities in which students and/or faculty members from your program(s) participated.

Use these Advocacy Week activity examples as a reference for your response: *Transformational Advocacy (ex: viewed Chi Sigma Iota's instructional video on transformational advocacy; engaged in recommended advocacy strategies) *Social Network Advocacy (ex: promoted public awareness of counselors by sharing information via social networks and/or posting about current professional issues in online forums) *Political Advocacy (ex: wrote to state licensure board, department of education, or appropriate government representative(s) advocating for unified educational standards for counselors and/or licensure portability) *Program Advocacy (ex: developed an advocacy project to address a need within your own program and/or raised campus and community awareness about your counseling program) *Professional Advocacy (ex: created a video about your advocacy efforts on behalf of the profession for the Advocacy Week Video Contest)

- Program Advocacy

19.) If you have any comments or suggestions related to CACREP Advocacy Week, please share them below.

None.

Contact Info/Comments

20.) Please provide a contact email address:

This address will be used if the CACREP office has any questions about the information provided in this survey.

athertonw@ecu.edu

21.) Final comments? Please share them below:

Please note, there is a 500 word limit for comments.

None.