We thank you for your time spent taking this survey.
Your response has been recorded.

This survey is to be completed by all CACREP-accredited programs and must be submitted by December 15, 2025. NOTE: All data for this report should be from Academic Year 2024-2025. If you have any questions or need assistance in completing this survey, please contact the CACREP office at 703.535.5990 or cacrep@cacrep.org.

Institution Name:

STEPHEN F. AUSTIN STATE UNIVERSITY

Institution Type:

◉ **Public**
○ Non-Profit Private
○ For-Profit

Institution's Headquarters

Texas ▾

Do you have a CACREP-accredited ADDICTION COUNSELING program?

○ Yes
◉ **No**

Do you have a CACREP-accredited CAREER COUNSELING program?

○ Yes
◉ **No**

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

◉ **Yes**

◯ No

What is the minimum number of credit hours required for your CLINICAL MENTAL HEALTH COUNSELING degree? Choose one

◉ **Semester**

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60
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◯ Quarter

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How many students were enrolled in your CLINICAL MENTAL HEALTH COUNSELING program in the reporting period? If none, enter "0".

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62
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How many students graduated from your CLINICAL MENTAL HEALTH COUNSELING program in the reporting period? If none, enter "0".

14

What percentage of students complete their degree in your CLINICAL MENTAL HEALTH COUNSELING program within the time to degree established by the institution?

| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

Percentage

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?

- [ ] No Exam
- [ ] 1-10%
- [ ] 11-20%
- [ ] 21-30%
- [ ] 31-40%
- [ ] 41-50%
- [ ] 51-60%
- [ ] 61-70%
- [ ] 71-80%
- [ ] 81-90%
- [x] **91-100%**
- [ ] No graduates took the exam
- [ ] Unknown if graduates took the exam

To the best of your knowledge, what is the combined employment and doctoral admissions rates of graduates from your CLINICAL MENTAL HEALTH COUNSELING program who were actively seeking employment?

○ No graduates
○ 0-10%
○ 11-20%
○ 21-30%
○ 31-40%
○ 41-50%
○ 51-60%
○ 61-70%
○ 71-80%
○ 81-90%
◉ **91-100%**

Do you have a second CACREP-accredited CLINICAL MENTAL HEALTH COUNSELING program with a concentration/emphasis?
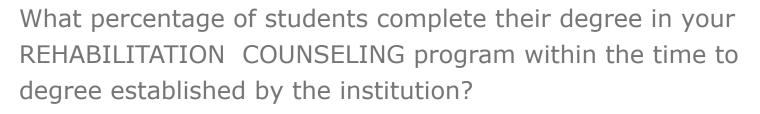
○ Yes
◉ **No**

Do you have a CACREP-accredited dually-titled CLINICAL REHABILITATION/CLINICAL MENTAL HEALTH COUNSELING program?

○ Yes
◉ **No**

Do you have a CACREP-accredited CLINICAL REHABILITATION COUNSELING program?

○ Yes
◉ **No**

Do you have a CACREP-accredited COLLEGE COUNSELING AND STUDENT AFFAIRS or STUDENT AFFAIRS AND COLLEGE COUNSELING program?

○ Yes
◉ **No**

Do you have a CACREP-accredited MARRIAGE, COUPLE, AND FAMILY COUNSELING program?

○ Yes
◉ **No**

Do you have a CACREP-accredited REHABILITATION COUNSELING program?

◉ **Yes**
◯ No

What is the minimum number of credit hours required for your REHABILITATION COUNSELING degree? Choose one

◉ **Semester**

> 60

◯ Quarter

>

How many students were enrolled in your REHABILITATION COUNSELING program in the reporting period? If none, enter "0".

> 3

How many students graduated from your REHABILITATION COUNSELING program in the reporting period? If none, enter "0".

> 3

What percentage of students complete their degree in your REHABILITATION COUNSELING program within the time to degree established by the institution?

| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

Percentage

To the best of your knowledge, what is the licensure [or certification] examination pass rate of students graduating from your REHABILITATION COUNSELING program?

- [ ] No Exam
- [ ] 1-10%
- [ ] 11-20%
- [ ] 21-30%
- [ ] 31-40%
- [ ] 41-50%
- [ ] 51-60%
- [ ] 61-70%
- [ ] 71-80%
- [ ] 81-90%
- [x] **91-100%**
- [ ] No graduates took the exam
- [ ] Unknown if graduates took the exam

To the best of your knowledge, what is the combined employment and doctoral admissions rates of graduates from your REHABILITATION COUNSELING program who were actively seeking employment?

- ○ No graduates
- ○ 0-10%
- ○ 11-20%
- ○ 21-30%
- ○ 31-40%
- ○ 41-50%
- ○ 51-60%
- ○ 61-70%
- ○ 71-80%
- ○ 81-90%
- ◉ **91-100%**

Do you have a CACREP-accredited SCHOOL COUNSELING program?

- ◉ **Yes**
- ○ No

What is the minimum number of credit hours required for your SCHOOL COUNSELING degree? Choose one

◉ **Semester**

| 60 |

○ Quarter

| |

How many students were enrolled in your SCHOOL COUNSELING program in the reporting period? If none, enter "0".

| 2 |

How many students graduated from your SCHOOL COUNSELING program in the reporting period? If none, enter "0".

| 2 |

What percentage of students complete their degree in your SCHOOL COUNSELING program within the time to degree established by the institution?

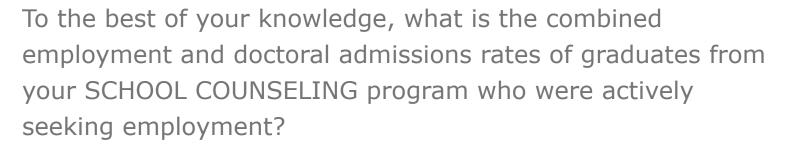| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

Percentage

○

To the best of your knowledge, what is the licensure [or certification] examination pass rate of students graduating from your SCHOOL COUNSELING program?

- ☐ No Exam
- ☐ 1-10%
- ☐ 11-20%
- ☐ 21-30%
- ☐ 31-40%
- ☐ 41-50%
- ☐ 51-60%
- ☐ 61-70%
- ☐ 71-80%
- ☐ 81-90%
- ☑ **91-100%**
- ☐ No graduates took the exam
- ☐ Unknown if graduates took the exam

To the best of your knowledge, what is the combined employment and doctoral admissions rates of graduates from your SCHOOL COUNSELING program who were actively seeking employment?

○ No graduates
○ 0-10%
○ 11-20%
○ 21-30%
○ 31-40%
○ 41-50%
○ 51-60%
○ 61-70%
○ 71-80%
○ 81-90%
◉ **91-100%**

How many total applications were received for all of your MASTER'S LEVEL CACREP-ACCREDITED DEGREE PROGRAMS in the reporting period? If none, enter "0".

94

How many total students were offered admission to all of your MASTER'S LEVEL CACREP-ACCREDITED DEGREE PROGRAMS in the reporting period? If none, enter "0".

33

Are you able to provide demographic information about students enrolled in your CACREP-accredited MASTER'S level COUNSELING program(s)?

- ⦿ **Yes**
- ○ No

Master's Student Demographics: Please provide the number of students currently enrolled in your CACREP-accredited master's level program(s) for each category below. If you are unable to answer for a particular category or do not have any students that identify with a particular category, please enter "0".

	Male	Female	Non-Binary/Gender Fluid
American Indian or Native Alaskan	0	0	
Asian	0	1	
Black	2	1	
Hawaiian Native or Pacific Islander	0	0	
Hispanic	1	9	
Multiracial	0	3	
Other/Not Listed	0	2	
White	4	32	
International Student	0	0	
Active Duty Military	0	0	
Veteran	0	0	
With a Disability	0	0	

Do you have a CACREP-accredited COUNSELOR EDUCATION AND SUPERVISION program?

○ Yes
◉ **No**

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

☐ Degree Program Name

☐ Certificate Program Name

☑ **All degree programs are CACREP accredited**

Are you able to provide demographic information about FULL-TIME faculty members in your academic counseling unit?

◉ **Yes**
○ No

FULL-TIME Faculty Demographics: Please provide the number of full-time faculty members in your academic counseling unit for each category below. If you are unable to answer for a particular category or do not have any students that identify with a particular category, please enter "0".

	Male	Female	Non-Binary/Gender Fluid
American Indian or Native Alaskan	0	0	
Asian	0	0	
Black	0	0	
Native Hawaiian or Pacific Islander	0	0	
Hispanic	0	0	
Multiracial	0	0	
Other/Not Listed	0	0	
White	1	1	
Veteran	0	0	
With a Disability	0	0	

What are the most significant barriers or challenges your program is currently facing (e.g., enrollment, faculty resources, student support, accreditation requirements)?

Responses will not be used to evaluate or penalize program. The information collected is for the purpose of informing broader understanding, identifying trends, and guiding future policy.

Our program has experienced a sustained decline in enrollment, largely influenced by administrative decisions not to replace faculty in the School Counseling and Rehabilitation Counseling concentrations and the eventual closures of these two concentrations in 2024. As faculty numbers decreased, students were advised not to pursue or switch into these concentrations due to the possibility of future discontinuation. This contributed directly to declining interest and weakened the program's ability to recruit new students, despite continued regional demand for professionals in both School Counseling and Rehabilitation Counseling. Additionally, as faculty in our program retired or resigned, they were not always replaced but those faculty lines were moved to other programs. Another major challenge involves program visibility and autonomy in communication. The content and presentation of the program's website are largely controlled by University Marketing, limiting our ability to represent the strengths, outcomes, and value of the program to prospective students and community partners. As a result, the website does not reflect the rigor, relevance, or quality of the education provided. Basic information is provided but that does not always reflect the depth and breadth of the program. Institutional restructuring has also had a destabilizing effect. Restructuring is often announced without advance notice, and new structural changes frequently begin just as previous ones have concluded. These rapid shifts have contributed to uncertainty in program direction, planning, and faculty retention. The instability in administrative leadership from the department level up has had a destabilizing effect on faculty with uncertainty from year to year on basic department policies and procedures. Additionally, administrative assistants were reassigned leading to a learning curve for new ones. Significant restructuring will be occurring again in the fall of 2025. Finally, continuous faculty turnover remains one of the most persistent barriers. Because replacement hiring has been limited due to cost-saving measures, the number of faculty has steadily declined from year to year. Faculty lines are often moved to other programs. Even when new faculty

were hired, many left within one to two years, which made it difficult to sustain consistent course offerings and ensure long-term program development.

What successes or available resources have contributed most to your program's growth, effectiveness, or ability to support students?
Responses will not be used to evaluate or penalize program. The information collected is for the purpose of informing broader understanding, identifying trends, and guiding future policy.

Although overall growth has been limited due to ongoing faculty shortages, one of the program's notable strengths has been our commitment to maintaining CACREP's 12:1 student-to-faculty ratio. Rather than expanding enrollment beyond what could be supported with available faculty, the program prioritized student success, and the quality of supervision and instruction. This reflects a strong student-centered approach to program management and demonstrates faculty dedication to upholding accreditation standards even under constraint. In addition, the program continues to benefit from faculty who are deeply invested in student learning and professional development. Their commitment to mentoring, supervision, and advising has helped students remain successful despite limited staffing and slow institutional hiring. The program's commitment to maintaining appropriate ratios, prioritizing quality over volume, and retaining engaged faculty who support students holistically has helped ensure that enrolled students receive the individualized attention necessary for academic and clinical success. Also having a dedicated Counseling Training Clinic within the program has been a significant resource to our students in terms of accomplishing their practicum hours, and hands on skill training.

What is CACREP doing well for your program that you appreciate?

We appreciate that CACREP accreditation ensures students meet nationally recognized preparation standards, enhancing their professional readiness and employability. Being accredited also compels our university leadership to provide the required support for the program such as dedicated administrative staff and other resources.

What would you like to see CACREP do differently in its current services?

One area for potential enhancement involves recognizing that not all counseling students seek careers exclusively as practitioners. Similar to psychology, counseling degrees can also prepare graduates for roles in research, policy, higher education, or behavioral health administration. We encourage CACREP to consider pathways that acknowledge and support non-clinical professional trajectories alongside practitioner-focused training. Additionally, we believe that the current 60–credit-hour structure may not sufficiently accommodate the depth and breadth of competencies required for clinical practice. Critical domains such as assessment, research, diagnosis using DSM-5-TR criteria, and substance use counseling are too expansive to be fully developed within a single three-credit course. For instance, assessment requires fluency in psychometric foundations, administration and interpretation of standardized tools, report writing, ethical application across diverse populations, and integration with treatment planning—skills that typically extend well beyond the scope of one semester. Research competency similarly demands more than basic familiarity; students need exposure to quantitative, qualitative, and mixed-method designs, data analysis, program evaluation, grant writing, and the application of research to evidence-based practice in real clinical contexts. Diagnostic training under DSM-5-TR is equally demanding. With hundreds of disorders categorized across neurodevelopmental, mood, anxiety, trauma- and stressor-related, personality, and substance-induced conditions, many of which require careful differential diagnosis and knowledge of specifiers, students are challenged to develop mastery in too limited a timeframe. Some disorders, such as autism spectrum disorder, intellectual developmental disorder, and certain neurocognitive conditions, fall outside the counseling scope of diagnosis. Nevertheless, counselors must be able to recognize symptoms, understand diagnostic boundaries, and collaborate competently with other providers. Substance use counseling is yet another area that warrants deeper preparation: understanding neurobiology of addiction, co-occurring disorders, withdrawal syndromes, harm-reduction models, relapse prevention, and community-based treatment systems could easily occupy two to three sequenced courses to ensure graduates practice safely and responsibly. We also observe variability in foundational knowledge among students entering from non–social science undergraduate backgrounds. While many excel with adequate support, others require additional grounding in human development, behavioral theory, and introductory counseling concepts to begin graduate-level work successfully. CACREP might consider allowing or encouraging programs to require supplemental coursework (e.g., 9–12 credits) for students lacking social science preparation, in addition to an increased credit requirement for all concentrations. For these reasons, we believe that expanding credit hour requirements would allow programs to teach these competencies more thoroughly and reduce the pressure to compress essential content into already overly condensed course structures. A robust curriculum would support stronger clinical readiness and increase public safety. Future CACREP models might benefit from a tiered curriculum structure that blends

master's-level training with doctoral-level depth in selected areas to ensure competent clinical practice, advanced scholarship, and leadership capacity in the field.

What services or resources would you like to see CACREP add or develop that would better serve you and your program?

We would like to see CACREP expand the availability of educational and professional development resources to support both students and programs more effectively. Similar to what APA provides, CACREP could develop structured tutorials focused on core clinical and academic competencies. Examples of high-value tutorials include: APA-style academic writing Clinical documentation (case notes, treatment plans, assessment reports, and discharge summaries) Case conceptualization models and application Critical evaluation of research These resources could be integrated into coursework, offered as independent modules, or provided as supplemental self-paced learning opportunities outside of class. Making these tutorials accessible would help standardize essential skills across programs and contribute to student readiness for practicum and professional practice. We can think of many more resources that would enhance the value of CACREP standardization in counselor education.

Please provide a name **and contact email address** of the person completing this survey. This address will be used if the CACREP office has any questions about the information provided in this survey.

Wycliffe Njororai; Wycliffe.Njororai@sfasu.edu

Use this space to clarify or explain any answers provided? Or, any comments that you would like to share.

REMINDER: Student Outcomes (CACREP 2024 Standard 2.E.2) must be made publicly available on your program's website. The information to be posted includes the following four data points regarding each of your accredited specialized practice area: (a) number of graduates in the past year, (b) degree completion rate, (c) licensure or certification examination pass rate, and (d) combined employment and doctoral admissions rate of students/graduates.

Once your 2024-2025 data has been posted, send the website URL to cacrep@cacrep.org.

You will NOT receive a copy of your completed survey. Please click the arrow at the bottom of the page and download the PDF for your records.
You will be contacted if we have any questions about your submitted survey.

◉ **I understand I need to download a copy of the completed survey for my own records**