

1996 DIRECTORS' SURVEY SUMMARY DATA
Raw data reported outside brackets (frequency data inside)

NOTE ON INTERPRETING THIS SUMMARY: There is missing data for nearly every question in this year's survey: most Directors skip a question or two. The result is that percentages may not add up to 100 for some questions. Please assume that the differences indicate missing data, or "no response" to a question. Numbers correspond to questions on survey, those that have been omitted are highlighted in comments. Thank you!

DEMOGRAPHIC INFORMATION

Directors' Gender

Male	184	(54.4%)
Female	151	(44.7%)

Directors' Racial/Ethnic Identification

African American	20	(5.9%)
Asian American	2	(0.6%)
Hispanic American	7	(2.1%)
Native American	7	(2.1%)
White/Caucasian	291	(86.1%)
Other	5	(1.5%)
No response	6	(1.8%)

TOTAL
(N=338)

COMMENTS

1. Centers that charge fees for the following services:			Income Generated
a) Personal counseling to students	58	(17.2%)	x=\$15,814 Range 30 to 65,500 (% has doubled in 1yr.)
b) Personal counseling to faculty/staff	23	(6.8%)	x=\$21,983 Range 100 to 150,000 (up 3.1%)
c) Personal counseling to alumni	9	(2.7%)	x=\$3,790 Range 500 to 10,000
d) Personal counseling to community	9	(2.7%)	x=\$12,874 Range 500 to 40,000
e) Career counseling to students	31	(9.2%)	x=\$3,093 Range 750 to 10,000 (up 4.5%)
f) Career counseling to faculty/staff	20	(5.9%)	x=\$1,308 Range 150 to 5,000
g) Career counseling to alumni	35	(10.4%)	x=\$1,738 Range 150 to 12,000
h) Career counseling to community	26	(7.7%)	x=\$1,065 Range 100 to 5,000
i) Career testing to students	87	(25.7%)	x=\$2,109 Range 25 to 27,000 (up 6.7%)
j) Career testing to faculty/staff	52	(15.4%)	x=\$964 Range 50 to 5,000 (up 4.2%)
k) Career testing to alumni	60	(17.8%)	x=\$2,053 Range 20 to 27,000
l) Career testing to community	51	(15.1%)	x=\$2,175 Range 50 to 27,000
m) Personality testing to students	75	(22.2%)	x=\$1,100 Range 40 to 5,000 (up 6.6%)
n) Personality testing to faculty/staff	34	(10.1%)	x=\$780 Range 50 to 2,000
o) Personality testing to alumni	23	(6.8%)	x=\$639 Range 50 to 2,000
p) Personality testing to community	24	(7.1%)	x=\$674 Range 50 to 2,000
2. Centers which collect third party payments for personal counseling:	16	(4.7%)	
3. Centers that are supported by a mandatory fee:	125	(37.0%)	Up 9.0% from 1995
4. Centers that took a budget cut in 1995-1996:	111	(32.8%)	
5. How these budget cuts affected the 111 Centers that responded to #4: (Directors checked all responses that applied):			
a) Reduction in salaries	9	(8.0%)	
b) Reduced staff	55	(49.5%)	
c) Reduction in interns/grad assistants	11	(9.9%)	
d) Reduced "other costs" budget	81	(72.9%)	
e) Reduction in professional development funds	40	(36.0%)	
6. Centers where budget cuts resulted in reductions in programming for special issues (multiculturalism, women, minorities):	49	(14.5%)	
7. Professional development money available for the following staff members:			
a) Director	305	(90.2%)	x=\$1,015 Range 100 to 4,000
b) Training Director	117	(34.6%)	x=\$782 Range 100 to 3,100
c) Assistant Director/Program Coordinator	134	(39.6%)	x=\$692 Range 150 to 3,100
d) Professional Counselors	280	(82.8%)	x=\$605 Range 100 to 3,100
e) Secretarial Staff	165	(48.8%)	x=\$255 Range 25 to 3,100
8. Centers where its necessary to make a presentation at a conference or serve on a committee to receive travel money:			
a) Director	25	(7.4%)	
b) Counseling staff	33	(9.8%)	
9. How travel money is divided:			
a) Available travel money is divided equally	126	(37.3%)	13 Directors stated that their Vice President/Dean makes this decision.
b) Director makes decision based on merit of request	144	(42.6%)	

	TOTAL (N=338)		COMMENTS
c) Travel money is tied to money generated by staff	2	(0.6%)	
10. Institutions considering the following: (Directors checked all responses that applied)			Institutions considering reorganizing the Counseling Center are up 4.4%. The consideration of outsourcing/privatizing is up 3.9% from 1995, and 8.9% since 1994.
a) Downsizing Student Affairs	88	(26.0%)	
b) Reorganizing Student Affairs	185	(54.7%)	
c) Downsizing the Counseling Center	43	(12.7%)	
d) Reorganizing the Counseling Center	81	(24.0%)	
e) Outsourcing/Privatizing the Counseling Center	65	(19.2%)	
11. Directors that feel there is a real possibility that outsourcing/privatization may happen on their campus:	31	(9.2%)	
12. Centers that have had records or counselors subpoenaed in the past year:	77	(22.8%)	Reasons for requests included: personal injury(9), sexual assault(9), sexual abuse(5), custody cases(5), divorce proceedings(4), sexual harassment(4), disability(3). See Appendix E for examples.
13. Centers where it was necessary to comply with the subpoena:	56	(72.7%)	Percentages for questions 13 & 14 are based on the 77 respondents for question 12.
14. Subpoenaed records were used:			
a) in support of a claim by Center client	55	(71.4%)	
b) against a client	27	(35.0%)	
15. Counselors who had to appear in court:	12	(3.6%)	
17. Centers that have a policy on what should be included in case notes:	101	(29.9%)	Some Centers willing to share their policies include: #8; #25; #48; #76; #118; #149; #193; #241; #297; & #318.
18. Centers that have had suits against them in the past year:	6	(1.8%)	Suits included: discrimination, dismissal of a work study student, and suing a center for not meeting the needs of a learning disabled student.
19. Directors who have had to discipline or terminate a counselor or intern in the past year due to unethical practices:	19	(5.6%)	Reasons for counselor discipline/termination include: dual relationships(7), confidentiality issues(3), incomplete case notes(3).
20. Centers that have experienced other legal/ethical dilemmas in the past year:	93	(27.5%)	For descriptions of dilemmas see Appendix A.
21. Centers that have gained new staff positions in the past year:			
a) Professional	42	(12.4%)	
b) Clerical	18	(5.3%)	
c) Graduate student assistant or 1/2 time intern	28	(8.3%)	
d) Intern (full time)	15	(4.4%)	
22. Centers that have lost a staff position in the past year (not replaced)			Centers lost more professional positions than they gained, but found an increase in graduate assistants and interns.
a) Professional	52	(15.4%)	
b) Clerical	19	(5.6%)	
c) Graduate student assistant or 1/2 time intern	15	(4.4%)	
d) Intern (full time)	4	(1.2%)	
23. Centers that hire part-time counselors during the year:	121	(35.8%)	
24. Centers that have seen an increase in hiring these part-time employees over the past five years than previously.	76	(22.5%)	This shows a 4.1% increase since 1994.
25. Average salaries for professional staff hired in the past year:			
	Minority Male	Minority Female	Caucasian Male
a) Director	58,000 n=1	N/A	57,500 n=14
b) Training Director	N/A	42,000 n=1	52,000 n=10
c) Assistant or Associate Director	N/A	46,500 n=2	44,400 n=4
d) Counselor with Ph.D. and experience	58,000 n=2	43,000 n=12	39,500 n=2
e) Counselor with new doctorate	38,000 n=4	36,000 n=7	38,000 n=3
			42,000 n=13
			34,000 n=6
			34,000 n=24

	TOTAL (N=338)		COMMENTS
f) Counselor with A.B.D.	40,000 n=3	30,000 n=1	35,000 n=5 31,000 n=10
g) Counselor with MA and experience	39,000 n=2	35,000 n=4	31,100 n=7 31,000 n=19
h) Counselor with new M.A.	35,500 n=1	31,000 n=3	27,000 n=4 18,000 n=4
l) Counselor with MSW and experience	31,000 n=2	21,000 n=1	N/A 31,000 n=4
j) Counselor with new MSW	N/A	32,000 n=1	30,000 n=1 18,000 n=1
k) Counselor with BA	N/A	36,000 n=1	N/A 36,000 n=1
l) Psychiatrist/MD (annual salary)	N/A	N/A	90,000 n=1 87,000 n=2
m) Psychiatrist/MD (hourly rate)	N/A	165 n=1	70 n=3 110 n=2
n) Other	N/A	N/A	25,500 n=2 6,000 n=2
26. Average salary paid to professional staff according to number of years in the position (One representative salary reported per category when available):			
	4-6 years in position	9-11 years in position	15+ years in position
a) Director	57,361; Range 17-62K(n=109)	58,974; Range 30-98K(n=66)	64,191; Range 35-95K(n=101)
b) Training Director	46,008; Range 30-91K(n=30)	52,151; Range 33-72K(n=13)	60,041; Range 45-78K(n=23)
c) Clinical Director	46,332; Range 29-66K(n=18)	50,899; Range 40-68K(n=9)	64,936; Range 58-72K(n=5)
d) Associate Director	44,592; Range 33-66K(n=16)	47,856; Range 39-60K(n=13)	55,779; Range 34-78K(n=14)
e) Assistant Director	39,171; Range 28-66K(n=23)	45,823; Range 33-56K(n=9)	52,830; Range 30-70K(n=12)
f) Counselor with Ph.D.	38,785; Range 22-57K(n=134)	46,354; Range 28-79K(n=64)	53,828; Range 25-96K(n=66)
g) Counselor with M.A./M.Ed.	31,183; Range 13-53K(n=88)	38,669; Range 25-58K(n=43)	45,134; Range 25-86K(n=49)
h) Counselor with M.S.W.	35,300; Range 17-64K(n=39)	38,222; Range 24-52K(n=20)	47,321; Range 32-60K(n=15)
i) Counselor who is A.B.D.	34,602; Range 30-44K(n=11)	42,500; Range 32-49K(n=4)	44,383; Range 30-60K(n=11)
j) Psychiatrist (annual salary)	85,573; Range 31-118K(n=11)	95,000; Range 78-107K(n=3)	85,092; Range 16-120L(n=8)
k) Psychiatrist (hourly consultation)	95; Range 42-170/hour (n=42)	98; Range 84-120/hour (n=6)	78; Range 32-115/hour (n=4)
27. Centers give counselors time off for consultation:			
a) Half a day per week		32 (9.5%)	
b) Full day per week		7 (2.1%)	
c) Other	56 (16.6%)		
d) No		235 (69.5%)	
28. Schools which provide psychiatric services on campus			
a) In Counseling Center only		83 (24.6%)	
b) In Student Health Center only		55 (16.3%)	
c) In both Counseling and Student Health Centers		21 (6.2%)	
d) Other settings		33 (9.8%)	
e) No psychiatric services		143 (42.3%)	
29. Number of psychiatric consultation hours available per week:		x=17.8; Range .5 to 100 hours (n=161)	
30. Centers that require students receiving medication from an on-campus psychiatrist be followed in the Counseling Center for psychotherapy:		79 (23.4%)	The majority seem to be willing to provide meds for students who are not in therapy or who are being seen elsewhere.
31. Center clients obtain prescriptions from these campus sources (directors checked all that applied):			
a) Psychiatrist	177 (52.4%)		
b) MD, non-psychiatrist	147 (43.5%)		
c) Nurse Practitioner	35 (10.4%)		
32. Number of FTE mental health professionals which provide services to students on campus (includes all paid staff and interns at Centers and other service units on campus except for services provided by students in departmental clinics):		x=6.7 Range 1 to 32 (n=321)	See next section for ratios according to school size.
Approximate ratio of mental health counselors to FTE students:		1 to 1598	
33. Career counseling takes place in the following locations:			
a) Primarily in the Counseling Center:		98 (29.0%)	
b) Primarily in a separate career development, or placement office:		185 (54.7%)	
c) Shared equally between a. and b.:		38 (11.2%)	
34. Number of Centers in which career counseling has been moved out of the Counseling Center:		40 (11.8%)	
Number of Centers in which career counseling has been moved into the Counseling Center:		13 (3.8%)	
Number of Centers where such moves are being considered:		16 (4.7%)	

	TOTAL (N=338)		COMMENTS
35. Centers that contract with staff on how they spend their time:	98	(29.0%)	
36. Centers which limit the number of counseling sessions allowed a client:			
Yes	166	(49.1%)	Av. # of sessions per client - x=5.2; Range 1.5 to 20
No limit	168	(49.7%)	Av. # of sessions per client - x=5.3; Range 1.2 to 16
37. Average number of sessions per client in the past year:	x= 5.2; Range 1 to 20 (n=319)		
38. Number of clients seen each week to be considered a full caseload for a counselor who does only counseling:	x=24.93; Range 12.5 to 38 (n=311)		
39. Average time counselors spent on direct service during busy season:	x=24.0; Range 5 to 36 (n=299)		
Percentage of work week:	x=64.4%; Range .75% to 100% (n=295)		
40. Average percentage of staff time devoted to:			
a) Personal counseling	x=64.3%; Range 10% to 100% (n=324)		
b) Career counseling	x=15.3%; Range 1% to 70% (n= 179)		
c) Academic (student skills)	x=12.5%; Range 1% to 60% (n=168)		
d) Other	x=26.6%; Range 2% to 70% (n=184)		
41. Directors said the amount of staff time spent on the following activities is increasing, decreasing, or staying the same:			
a) Individual personal counseling	Increasing 131 (38.8%)	Decreasing 33 (9.8%)	Staying the same 167 (49.4%)
b) Group therapy	90 (26.6%)	79 (23.5%)	111 (32.8%)
c) Structured groups	80 (23.7%)	61 (18.0%)	145 (42.9%)
d) Individual career counseling	52 (15.4%)	47 (13.9%)	101 (29.9%)
e) Group career counseling	37 (10.9%)	25 (7.4%)	69 (20.4%)
f) Consultation/Outreach	186 (55.0%)	13 (3.8%)	124 (36.7%)
42. Centers that permit counselors to use offices for after hours private practice:	76	(22.5%)	This represents a 2.7% decrease since 1995.
Fees charged per hour for after hour office use:	x=\$5.00	(n=4)	Most counselors pay no fee for after hours office use.
43. Centers utilizing computers for the following functions:			
a) Scheduling	92	(27.2%)	
b) Billing	24	(7.1%)	
c) Maintaining client case notes	112	(33.1%)	
d) Program to output clinicians caseload and turnover	62	(18.3%)	
e) Database on services/activities	242	(71.6%)	
f) Electronic mail	290	(85.8%)	
g) On line services	188	(55.6%)	
44. Centers using Internet/on line services for the following:			
a) Consults	96	(28.4%)	
b) Downloading articles	153	(45.3%)	
c) Electronic support groups	52	(15.4%)	
d) On-line counseling	6	(1.8%)	
e) Counseling Center home page	117	(34.6%)	
45. Present concerns of Centers: (Directors checked all that applied)			
a) Waiting list problems	81	(24.0%)	
b) An increase in the number of students with severe psychological problems	255	(75.4%)	
c) An increase in sexual assault cases	86	(25.4%)	
d) An increase in crisis counseling	147	(43.5%)	
e) Pressure on the Center to do more about drug and alcohol abuse on campus	124	(36.7%)	
f) The need to find better referral sources for students who need long-term help	211	(62.4%)	
g) Referrals by outside agencies to your Center of clients needing long-term therapy	77	(22.8%)	
h) Responding to the needs of learning disabled students	181	(53.6%)	
i) A growing demand for services with no increase in resources or fewer resources	214	(63.3%)	
46. Due to ADA, the number of Center directors that believe:			
a) It is reasonable to provide ongoing weekly therapy for students with psychological disabilities:	45	(13.3%)	13 Centers stated that reasonable services should be provided only if the Center has the resources. One center (the University of Arizona) provided a helpful response;
b) Students with psychological disabilities should be			

	TOTAL (N=338)		COMMENTS
accommodated by a case management approach:	178	(52.7%)	"therapy per se is not an accommodation, it is treatment student is eligible for crisis intervention/brief therapy JUST AS ANY OTHER STUDENT. There's a critical issue here: accommodation vs. treatment in ADA."
c) Providing this accommodation is too heavy a burden on colleges and universities:	73	(21.6%)	
47. Centers that have a Learning Disabilities Specialist on campus:	203	(60.1%)	
48. Learning Disabilities Specialist reports to:			
a) Counseling Center	34	(16.7%)	
b) Learning Center	53	(26.1%)	
c) Disability Services Office	83	(40.8%)	
d) Other	45	(22.1%)	
49. Centers providing on call services for students:	250	(74.0%)	
Participants in the service:			Others participating in on-call services: CMHC/local hospital(12), C.C. Director(6), Student Health(3), resident directors(3), Campus Police(2).
a) Center staff	230	(68.0%)	
b) Center interns	63	(18.6%)	
c) Center practicum students	7	(2.1%)	
d) Other Student Affairs professionals	64	(18.9%)	
On call participants are contacted by:			Other methods of contact include: phone/cell phone (41), Campus Police(23), Residence Life(12), and crisis line(7).
a) Beeper	129	(38.2%)	
b) Rotating on-call list	120	(35.5%)	
50. Methods of counselor compensation for after hours work			13 Centers stated that counselors receive informal comp. or flex time.
a) Release time:	92	(27.2%)	
b) Extra pay:	6	(1.8%)	
c) Considered part of the job with no extra compensation:	173	(51.2%)	
51. Centers involved with other campus offices or departments in a crisis intervention team:	226	(66.9%)	
Number of Centers for whom involvement in a crisis team has been a positive experience:	210	(92.9%)	
52. Centers shared the following types of information with crisis team members without a release:			
a) Client is or is not continuing in therapy	39	(11.5%)	
b) Client is responding well or not well to therapy	24	(7.1%)	
c) Client is or is not a suicidal risk	150	(44.4%)	
d) Client presents or does not present a danger to someone else	162	(47.9%)	
53. Centers with someone on campus assigned to coordinate services for those who have been sexually assaulted:	180	(53.3%)	
This responsibility has been assigned as:			
a) An add-on responsibility to someone with other duties	141	(78.3%)	
b) A full time responsibility for one or more persons	37	(20.5%)	
54. Centers with obsessive pursuit cases in the past year:	167	(49.4%)	Actual # of cases were 315 with 8 persons killed by an obsessive pursuer and 22 injured.
Comments: See Appendix F			
57. Centers that had to hospitalize a student for psychological reasons within the past year:	281	(83.1%)	A total of 1,431 students were hospitalized in the past year. The mean # per school was 5.7. One school hospitalized 80 students.
58. Directors who would notify parents against a student's wishes if the student is hospitalized for psychological reasons:			
a) Yes, but only if student is under age	121	(35.8%)	
b) Yes, but only if student is still being supported by parents, or requires parents' insurance coverage	42	(12.4%)	
c) Yes, in all cases	38	(11.2%)	
d) No	104	(30.8%)	
59. Campuses that had an enrolled <u>student</u> suicide in the 95-96 school year:	93	(27.5%)	131 students in total. \bar{x} =1.68; Range 1 to 7
60. Centers that had a <u>client</u> suicide in the 95-96 school year:	36	(10.7%)	47 clients in total. \bar{x} =1.34; Range 1 to 8

	TOTAL (N=338)		COMMENTS
61. Centers that have had legal action taken against them following a client or former client suicide:	4	(1.2%)	Three were settled out of court, one judgment in favor of center, and one case is still in progress.
63. Centers that have had to notify a third party about a potentially suicidal student during the past year:	165	(48.8%)	481 cases in all; \bar{x} =3.4; Range 1 to 20.
64. Centers that notify the following without student permission when student is a suicidal risk:			
a) Residence Life	154	(45.6%)	
b) Family	142	(42.0%)	
c) Vice President	74	(21.9%)	
d) Other	118	(34.9%)	
65. Centers that typically notify the following when a student is hospitalized:			
a) Residence Life Staff	107	(31.7%)	
b) Family	142	(42.0%)	
c) Vice President	110	(32.5%)	
d) Other	112	(33.1%)	
66. Centers that have had to give warning during the past year to a third party about a student who posed danger to another person:	60	(17.8%)	73 actual cases.
Centers notified:			
a) Campus Police	41	(68.3%)	
b) Potential victim	40	(66.6%)	
c) Other	16	(26.6%)	
67. Directors that have noted a difference in violent incidents involving students:			
a) Noticed an increase over last five years	180	(53.3%)	
b) Remained the same over last five years	140	(41.4%)	
c) Noticed decrease over last five years	6	(1.8%)	
68. Centers that have written statements or policies on the following:			
a) Having an emotionally disturbed student removed from the residence halls or school	127	(37.6%)	A list of school ID numbers for networking purposes: 9, 45, 72, 105, 114, 138, 166, 337
b) Having a psychotic student hospitalized	124	(36.7%)	2, 43, 75, 124, 138, 169, 218, 312
c) Dealing with a potentially suicidal student	203	(60.1%)	5, 49, 73, 103, 155, 171, 219, 332
d) Dealing with a potentially violent student	149	(44.1%)	8, 44, 79, 113, 148, 173, 215, 313
e) Risks of counseling	96	(28.4%)	13, 48, 69, 130, 168, 210, 314, 334
f) Kinds of client problems appropriate to be seen at the Counseling Center	157	(46.4%)	11, 53, 87, 101, 157, 185, 213, 333
g) How to handle a sexual assault case	153	(45.3%)	18, 47, 84, 126, 162, 192, 214, 325
h) Returning a student who had left because of psychiatric problems, to classes or residence hall	116	(34.3%)	20, 58, 95, 120, 154, 198, 206, 327
For other policies see Appendix D			
69. Directors that know of students who have come to their Center in the past year because of sexual exploitation or harassment by:			
a) another therapist	51	(15.1%)	
b) faculty member on supervisor	207	(61.2%)	
c) another student	278	(82.2%)	
70. Centers that have thoroughly reviewed APA ethical guidelines for working with multicultural students:	44	(13.0%)	
72. Number of Centers where staff have received training in treating diverse ethnic groups:	258	(76.3%)	
73. Centers that provide inservice workshops pertaining to counseling diverse ethnic groups:	189	(55.9%)	
74. Percentage of Center clientele who were seen for eating disorders in the past year:	\bar{x} =6.5%; Range 0% to 73% (n=209)		
75. Centers that have seen one or more HIV positive clients within the past year:	116	(34.3%)	

Number of HIV positive clients seen in the past year:	x=2.7; Range 1 to 20 (205 cases)		
76. Directors who felt that any of these HIV positive clients posed a risk to any third party:	20	(5.9%)	Only 1 Center found it necessary to give warning to a third party.
77. How Directors would generally handle it if an HIV positive client states that he/she has not informed his/her partner of the health situation:			
a) Would take no action	4	(1.2%)	Directors said they would respond to this issue in a number of other ways as well, including: consultation with colleagues(10), seeking legal counsel(9), and informing their Public Health Department
b) Would encourage disclosure but otherwise take no action	172	(50.9%)	
c) Would inform client that if he/she did not inform partner, that you would be ethically bound to do so	96	(28.4%)	
d) Other	42	(12.4%)	
79. Directors feelings about mandatory reporting law regarding therapist/client sex:			
a) Opposed	118	(34.9%)	Directors from Colorado, New Mexico, and California report that therapist/client sex is a criminal offense. CA counselors are mandated to educate on this issue and to give clients a booklet, "Professional therapy never includes sex."
b) In favor	81	(24.0%)	
c) Ambivalent	110	(32.5%)	
80. Centers that are taking the following actions to prepare for managed care: (Directors checked all that applied)			
a) Using DSM coding on all/most clients	72	(21.3%)	
b) No longer counting client cancellations or no-shows as part of counselor contact hours	47	(13.9%)	
c) Requiring written treatment plans	69	(20.4%)	
d) Requiring more detailed documentation of treatment progress	91	(26.9%)	
e) Increased emphasis/training on quality assurance and utilization review methods	88	(26.0%)	
f) Increased emphasis on consultation/outreach to campus community	188	(55.6%)	
g) Increased emphasis/training on short-term counseling	192	(56.8%)	
h) Lobbying government officials and/or insurance companies on inclusion of Counseling Centers as preferred providers	14	(4.1%)	
i) Other	20	(5.9%)	
81. Number of Centers that offer group counseling:	289	(85.5%)	
82. Centers where filling personal growth groups has been more difficult:	156	(46.2%)	
83. Considering the resources involved, Directors believe that:			
a) Groups are still more cost efficient than individual counseling:	150	(44.4%)	
b) They are worth doing because they are so effective:	270	(79.9%)	
c) They promote training opportunities for interns:	114	(33.7%)	
84. For a list of professional development video tapes, see Appendix B			
85. For a list of innovative programs see Appendix C			
86. Highest degree held by Directors:			
a) Doctorate - Clinical Psychology	77	(22.8%)	Other degrees included; Humanities/Heurophilosophy, D.Min. Marriage and Family Counseling, and an MBA.
b) Masters - Clinical Psychology	3	(.9%)	
c) Doctorate - Counseling Psychology	127	(37.6%)	
d) Masters - Counseling Psychology	12	(3.6%)	
e) Doctorate - Counseling/Counselor Ed./MH.	46	(13.6%)	
f) Masters - Counseling/Counselor Ed./M.H.	30	(8.9%)	
g) Doctorate - Student Personnel	9	(2.7%)	
h) Masters - Student Personnel	4	(1.2%)	
i) MSW	6	(1.8%)	
j) MD	3	(.9%)	
k) Other	18	(5.3%)	
87. Number of Centers with an APA approved internship program:	56	(16.6%)	
88. Average number of hours per week devoted by the Training Director to the administration of the program:	x=11.0; Range 1 to 25 (n=54)		
89. Average number of hours of total staff time per week devoted to internship training program:	x=32.4; Range 1 to 90		The data for this question reflects 47 Directors

			who also responded yes to question # 87.
90. Centers that ask on an evaluation form if counseling has helped students to remain enrolled in an institution:	139	(41.1%)	x=51.7% of the students responded positively.
91. Centers that ask on evaluation forms if counseling has helped with students academic performance:	129	(38.2%)	x=60.0% of the students responded positively.
92. Directors who rated their job on a stress dimension said it is a:			
a) Relatively high stress job	137	(40.5%)	59.8% of Directors find the job more stressful now than 5 years ago.
b) Moderately stressful	176	(52.1%)	
c) Relatively low stress job	21	(6.2%)	
94. Length of time as a director:			
a) 0 - 5 years	120	(35.5%)	
b) 6 - 10 years	91	(26.9%)	
c) 11 - 15 years	55	(16.3%)	
d) 16 - 20 years	33	(9.7%)	
e) 21+ years	29	(8.6%)	
95. Number of Directors who held the following positions before becoming Counseling Center Directors.			
a) Associate Director	46	(13.6%)	Other positions held include; private practice(10), faculty positions(9), positions at local MH centers(5), and doctoral intern positions(4).
b) Assistant Director	30	(8.9%)	
c) Training Director	14	(4.1%)	
d) Clinical Director	6	(1.8%)	
e) Staff Psychologist	155	(45.9%)	
f) Other	78	(23.1%)	
96. What previous Director did after leaving Directorship:			
a) Went back to staff position	36	(10.7%)	Others went to: positions at local CMHC(8), the business sector(7), deceased(6), faculty positions(3), and prison work(3).
b) Moved to another directorship	38	(11.2%)	
c) Moved to higher administrative position	39	(11.5%)	
d) Moved to faculty position	31	(9.2%)	
e) Retired	57	(16.9%)	
f) Went into private practice	170	(50.2%)	
97. Reason last professional staff member left Center:			
a) Dismissed	29	(8.6%)	Other reasons for leaving include; retired(34), family (13), going to positions at local CMHC(8), entering the business sector(7).
b) Left for equivalent position in another Center	32	(9.5%)	
c) Left for promotion at another Center	21	(6.2%)	
d) Went into private practice	65	(19.2%)	
e) Took an academic position	28	(8.3%)	
f) Took an administrative position	17	(5.0%)	
g) Left the field	17	(5.0%)	
h) Other	112	(33.1%)	
98. Centers that have established career ladders in their Center:	43	(12.7%)	Most have very limited ladders. Some have administrative ladders (assistant director, associate director), some rotate administrative positions, and some have a senior psychologist category and a variety of coordinating roles.
99. Directors who report to the Student Health Service Director:	36	(10.7%)	
101. Centers that have Student Health Service report to them:	33	(9.8%)	
102. Centers that have successfully dismissed a psychologist/counselor in the past five years due to poor performance:	39	(11.5%)	1 counselor filed with Affirmative Action Office and 3 filed suits.
Number of dismissals that led to an official grievance:	10	(25.6%)	
104. Centers that have been unsuccessful in attempts to dismiss a psychologist/counselor in the past five years:	11	(3.3%)	Reasons include lack of support from boss, or from Human Resources. Affirmative Action Office and the union also blocked 2 dismissals.
105. Centers that have utilized a peer review team to evaluate the performance of staff member whose work is below standards:	18	(5.3%)	
106. Centers that have taken initiatives in the past year to build community within their Center and/or Student Affairs:	179	(53.0%)	Large numbers of Centers utilized team building retreats(36) bi-monthly lunches(13), increased outreach work(10), and collaborative programming.
107. Usage of Center by different student populations relative to their percentage on campus.			Next year, other groups will be included, such as; athletes, student leaders, Latino, Native Americans, etc..

Greater than

Equal to

Less than

			TOTAL (N=338)		COMMENTS
a)	Men	4	(1.2%)	70	(20.7%) 241 (71.3%)
b)	Women	246	(72.8%)	60	(17.8%) 9 (2.7%)
c)	International Students	34	(10.1%)	130	(38.5%) 140 (41.4%)
d)	Sexual Minorities	41	(12.2%)	117	(34.6%) 95 (28.1%)
e)	African American Students	53	(15.7%)	136	(40.2%) 117 (34.6%)
108.	Number of Directors who anticipate future changes in the way counseling services are provided:	159	(47.0%)		Changes included; greater use of technology(16) and brief therapy models(16), more outreach(13), more groups (10), more emphasis on retention services(5) more academic services(4), more responsibility within Student Affairs(4), and charging fees for services(4).
109.	Centers that accept mandated referrals from a campus administrator or Judicial Board:				
a)	for assessment and counseling	145	(42.9%)		21.0% of Centers have noticed an increase in the number of mandated referrals.
b)	for assessment only (no mandatory counseling)	141	(41.7%)		
c)	we accept no mandated referrals	47	(13.9%)		
110.	Reasons that mandated students are referred to Centers:				Other reasons mandated students are referred to Centers include; violence(11), academic performance(7), eating disorders(6), psychotic behavior(4), re-admittance after hospitalization(2), psychological and health reviews(2), and domestic violence(1).
a)	drug and alcohol violations	224	(66.3%)		
b)	disruptive behavior	228	(67.5%)		
c)	sexual assault	93	(27.5%)		
d)	severe depression	100	(29.6%)		
e)	expression of suicidal intention	171	(50.6%)		
f)	other	41	(12.1%)		
111.	Directors personal feelings about mandated referrals for counseling:				
a)	I'm very much in favor of providing this service	44	(13.0%)		
b)	I'm not crazy about it, but believe that some students can be helped through the process	202	(59.8%)		
c)	I am opposed to mandatory counseling	85	(25.1%)		
112.	Centers that utilize the following policies regarding mandatory counseling:				
a)	Student merely needs to show up to comply, once a counselor explains services student can choose to engage in counseling or not - this may, however, result in additional sanctions against the student	82	(24.3%)		
b)	Same as (a) but no additional sanctions for not choosing to participate in counseling	81	(24.0%)		
c)	Student must comply with certain number of counseling sessions established by judicial board and administration	23	(6.8%)		
d)	Student must comply with certain number of counseling sessions determined by the counselor after an assessment has been made.	38	(11.2%)		
e)	Student must continue in counseling until counselor determines enough counseling has occurred.	10	(3.0%)		
113.	Types of information provided to the mandator for Centers that accept mandated students:				
a)	Confirmation of initial visit	191	(56.5%)		
b)	Confirmation that student has complied with recommendation for treatment	100	(29.6%)		
c)	Statement of progress	29	(8.6%)		
d)	No information is provided	23	(6.8%)		
114.	Centers report their success with mandated referrals:				
a)	Very successful	7	(2.1%)		An excellent review of varying positions on mandatory referrals can be found in the <u>Journal of College Student Psychotherapy</u> Vol. 9, no.4, 1995.
b)	Successful	41	(12.1%)		
c)	Moderately successful	121	(35.8%)		
d)	Mildly successful	92	(27.2%)		
e)	Not successful	16	(4.7%)		

Appendix A

Ethical Dilemma's - Question 20

Confidentiality/Release of Information Issues

Discussed information with Residence Life Staff without client signing a release because I felt she was in danger of harm to herself.

A student committed suicide and we struggled with how much information to divulge to parents.

Continuing issues with confidentiality policy vis a vis Student Health Service which is administratively separate from us.

Assist. VP asked us to do an evaluation on student returning to school after being dismissed 12 years ago for suicide attempt. This is now illegal under ADA.

Counselor who left institution wanted a former clients case notes in order to write a collaborative book with client. Client signed a release form to do this but I viewed it as a dual relationship with a client who had just terminated.

Whether to report sexual abuse by a former teacher.

Higher level administrator asked for information on a student involved in a disciplinary action without a release of information. When not given, the administrator expected us to create a policy change.

Duty to warn involving a faculty member

While against our policy to do so, we were asked to respond to a question about an ex-client in order for that person to become employed.

Client complained formally about services of Center but would not authorize release of counseling session information, some of which included admission of illegal activities.

When to break confidentiality - a student with suicidal thoughts and drinking heavily does not show up for appointment and does not return our calls.

Student had HIV testing, said would kill self if positive. Dilemma involved how to intervene given confidentiality of HIV testing.

Couples Counseling Issues

Client at end of treatment requests counselor to support her divorce against husband. This was not a major focus of counseling work, and also we don't do this kind of work.

Request for the release of records for couples counseling with only one couple signing.

Dual Relationship Issues

Counselor/ombudsman dual role and case involving sexual harassment of student by a faculty member.

Conflict of interest when seeing students off campus.

Supervisor of a graduate student developed what had the appearance of a dual relationship with that assistant.

Staff member began to date practicum student.

Email

What to do when client Emailed suicide intent and counselor did not get to Email until 4 days later - 3 day weekend. What is liability for Email? Temporary solution: do not give out Email address to students and Email back to students that we do not conduct treatment via Email and clinical issues (involving medication, side effects, etc.) must be dealt with over phone or in person to ensure a "live professional" gets the message.

Staff Issues

Intern was disciplined by academic committee for academic judgment problem and excluded for a quarter. We allowed intern to continue as non-enrolled in order to provide continuity of care for client load.

Learning that past intern had practiced beyond scope of competence while on internship.

I was working with a clinician I felt was impaired and should suspend or cut back her practice, but couldn't find help in figuring out the process for encouraging such a change.

Staff member had psychotic break and returned to work after 4 and a half month sick leave. Eight months after return to work is still not "ready" to see difficult clients. Normal job description includes supervision of psychology intern. Dilemma: assign supervision responsibilities or not? How long is reasonable to wait to return to a full job? This is not a disability accommodation case.

Some faculty members have a very bad attitude about granting ADA accommodation.

Staff member failed to follow protocol for student who returned to campus after suicide attempt (at home) student subsequently attempted a second time on campus within one week after first attempt.

Dealing with an intern who might not be adequately skilled to pass.

Dealing with a staff member who had significant family problems affecting her ability to come to work. Family leave was granted.

Staff psychologist wanted to "go after" a student who told untruths about her outside of the counseling relationship - and after client stopped coming. Psychologist "incensed" that her reputation was at stake.

A "Post Doc" trainee expected to have his orals in October, so we introduced him as "doctor" and he has signed his charts as "Ph.D.". however, it is May and he still has not had his orals. I plan to put a note of explanation in the front of each of his charts.

Systems Issues

Student hospitalized for drug overdose. College responded as soon as alerted to the problem; however, student had been using for five days straight prior to notification. Student's physician says that "someone" was negligent. Law suit may be pending.

Legal/Ethical responsibility to homeless student who has severe pathology.

Legal/ethical responsibility issues involved in dealing with student's being seen by private therapist but student uses our on-call system for emergencies.

Denial of services when student presents treatment needs beyond role/mission of our center.

Integration with Health Center - differences with medical/mental health practices and how to compromise.

Administrative pressure not to advertise services for gay/lesbian/bisexual individuals

Appendix B

Video Tapes used in Professional Development - Question 84

Drugs and Alcohol

"Marijuana in the Nineties", FMS Productions
"Eddy Talks" from BACCHUS
"Hard Facts About Drugs" and "Waking Up From Dope"
Educational Video Network. 1341 19th Street. Huntsville, TX 77340

Eating Disorders

"Eating Disorders on College Campuses" - provided for the National Eating Disorders Week
"Slim Hopes"
Media Education Foundation, 26 Center Street, Northhampton, MA 01060, (413) 586-4170
"The Famine Within"

Family/Couple Work

"The Angry Couple", Susan Hestler
Newbridge Professional Programs, P.O. Box 949, Hicksville, NY 11802

General Skills/Psychology

Diagnosing DSM IV
DeShazer - "Coming Through the Ceiling" - Solution-Focused Therapy
Tapes accompanying the Comer text on Abnormal Psychology
Tapes from the Erikson Foundation
"Closet Narcissistic Disorder: The Masterson Approach"
Newbridge Professional Programs, P.O. Box 949, Hicksville, NY 11802
Robert Coles - ACPA talk in Boston, 3/95
Video series from Newbridge Professional Program
Bradshaw tapes
APA tape on PR for psychologists
"ADD from A to Z" by Dr. Hollowell, M.D.
"Depression: A Cognitive Therapy Approach", Aurthur Freeman
"Mixed Anxiety and Depression: A Cognitive Behavioral Approach" - D. Michenbaum
"Assessment and Treatment of Psychological Disorders"
Newbridge Professional Programs, 338 East 38th Street, New York, NY 10016
"The Compulsive Mind" (OCD)
"Depression" Films for Humanities and Sciences
"Lily" Comorbidity Depression and Anxiety, see Lily Pharmaceutical Rep.
"Brief Therapy", Budman
"Love and Work: One Woman's Study" - Menninger
"A Different Reality" - pertained to disabilities
"Panic Attacks" from NIMH

Group Therapy

"Understanding Group Therapy", Yalom Tapes
University of CA extension
Peg Carrol - ACA "Group Work: Leading the here and now" Provocative and illust. for
intern training

Multiculturalism/Diversity

Sankofa - Feature film on slavery in US - very powerful, provoked good discussion
"Color of Fear"
Lee Kin Wah, Stir Fry Productions, 1222 Preservation Park Way, Oakland, CA 94162,
1-800-370-STIR
"Cold Water" - understanding cultural differences of college students
"Skin Deep" - Diversity issues

Sexual Assault/Rape/Abuse

"The Abused Woman", Lenore Walker (Newbridge)
"Acquaintance Rape"
"Rape Assessment Procedures"
"Sexual Assault" - Learning Corp. of America
"Playing the Game" about date rape
Healthvisions Productions
"Women and Violence"
"Trauma and Memory Parts I and II"
"False Prophets of the False Memory Foundation"

Miscellaneous

"No Greater Love"

"The Collector" about sexual obsession/fatal attraction

A Trans Gender Tape

UNH Health Services, Durham, NH

"Power Dead Even Rule" by Dr. Pat Heim, Cor-vision

"Dancing Outlaw"

"Violence in the Community"

Appendix CInnovative Programs (programs listed with ID numbers for networking purposes) - Question 85**Academic Enhancement/Faculty Assistance**

038 Working with departments to develop a plan when dealing with potentially dangerous students in the classroom and their office.
033 Faculty/Staff Guide for Dealing with Emotionally Distressed Students
094 Letter to students on probation inviting them in for counseling
102 Stating new program for students called LEAP (Learning Enhancement Assessment Process). This is an individual and seminar process to help students locate learning problems and find solution sources.
110 1. Academic Success Cafe, 2. Peer Education Outreach Programs (Spring Marigold Giveaway & Field of Dreams Contest), 3. Work with sports teams
160 Student engagement in learning, "Take a Professor to Lunch" program
318 Intensive program to cope with test anxiety
278 Surveyed Dept. Chairpersons on the consultation needs of their faculty
303 1. Counseling Services Research Team - undergraduate students(18) mentored collaboratively by Psychology Professors and Counseling Director doing applied counseling research, 2. Success Seminar - co-taught by C.C. and Academic skills for students at risk academically.

Career

030 Career workshop for students wanting to go to graduate school. Addresses how, when, where to apply, getting information, and preparing for graduate school while in undergrad.
229 Resume kit - a joint venture with a private printing company which provides (donates) resume printing business cards and computer disks to UCS - proceeds from sales (\$20/kit) go to UCS career library acquisitions, and equipment maintenance.

Computer Technology

010 Interactive display for College Health Fair. Includes C.C. video, C.C. Jeopardy game, and a "feelings poster" prize.
062 A media campaign associated with advertising a series of diversity workshops
122 Monthly Email "newsletter" to university community
196 WEB site
247 Internet Addictions/Internet Relationships
291 Meeting Maker: so all counselors can schedule appointments, File Maker Pro: can access general inf. on all students to make intake more confidential

Drug and Alcohol

015 CHOICE - Choosing Health Options Involving Community Education: an alcohol and other drug education program.
099 Beating the Winter Blues, Natural Highs - student sponsored alternatives to alcohol/drug use, Marijuana Recovery Group

Eating Disorders

312 Campus-wide comprehensive eating disorders treatment program, drawing in depts. of psychology, nutrition, and health education, student health center, life skills coordinator and others. This program has several components; screening, individual and group therapy, nutrition consultations, health evaluations, psychoeducational workshops, body image and relaxation group, telephone support network, etc...
256 Body and Soul: Finding Balance with Food and Body Image.

Peer Educational

073 Peer counselors and freshman advisors working together.
087 Peer education for HIV
148 Peer Sex Education
210 Peer counseling program - upperclassmen assist freshmen students during orientation, registration, and throughout their first year of college.
254 M-Pact (Michigan Peers Creating Trust) a peer advising program for student athletes. Program is co-facilitated by Center and Athletics staff.

Psychoeducational

022 Psychoeducational classes (1 credit, P/F on 10 topics, new parenting services in conjunction with school counseling program.
126 Film Series - contemporary movie is shown on Sunday night in a residence hall and the film is then discussed relative to college student development issues.

- 204 Weekly live radio program on Health and Mental Health called, "Taking Care of Yourself" - guest interview format.
- 308 Development and promotional packets on key student issues, e.g., procrastination, depression, relationships, study skills

Minority/Multiculturalism

- 155 Sister Circle - support group for women minority faculty/staff
- 171 "Counseling Center Self-Guided Tour" computer program
- 177 Peer helper program for Gay, Lesbian, and Bi-sexual
- 180 Diversity Retreat for graduate students in Law, Business, Medicine, Psychology
- 200 Women of Color Group, Brother to Brother Group

Sexual Assault/Abuse

- 002 SAVAP - Sexual Assault Victims Advocate Program: a 24/7 on-call system of peers to respond to victims of sexual assault.
- 079 "Let's Talk About Sex Program", "The Great Shape Debate Program" - Body image, self-esteem, and nutrition, "Relationship Abuse Prevention Week".
- 206 Victory over violence week, Hispanic Policy Network, Minority drop-in counseling program
- 225 2 part group therapy program for resolving past abuse issues, Level I - 6 week, cognitive/psychoeducational, Level II - open ended/process oriented.

Appendix DOther Counseling Center Policy Statements - Question 68

Policy statements followed by school ID numbers for easy reference.

ADHD informed consent/screening:	297	
AIDS Policy:	165, 201, 318	
Abortions:	119	
Auditory Counseling:	059	
Behavioral Review Committee:	328	
Use of Ritalin:	012	
Child Abuse Reporting/ Sexual Abuse:	118, 201	
Client Dissatisfaction with Therapist:	119	
Client's Rights and Responsibilities:	121, 324	
Crisis Management/Intervention:	014, 108, 119, 162	
Confidentiality:	027, 098, 109, 119, 157, 176, 301, 306, 316, 324	
Conflict of Interest:	095, 118	
Couples Counseling:	145	
Critical Incident Debriefing:	204	
Death of a Student:	221, 260, 285	
Disability Assessment:	221	
Drug and Alcohol Abuse:	014, 022, 058	
Dual Relationships:	030, 095, 146, 312	
Eating Disorders:	103, 188, 279	
Eligibility for Services:	306	
Email:	044, 062	
Hospitalization/Emergency:	103, 279	
Impaired Trainee:	030	
Informed Consent:	098, 122	
International Students:	103	
Internship Program:	118	
Mandated Counseling/Forced Referral:	118, 221	
Medication only with concurrent Tx.:	124	
Missed Appointments:	027	
Peer Counselor Training:	210	
Psych. Emergency:	081	
Psychological Evaluations:	119	
Racial Harassment:	254	
Recommendations and Evaluations:	118	
Referrals:	306	
Release of Records:	118, 161, 206, 306	
Responding to Media Inquiries:	206	
Sexual Assault/Harassment:	014, 037, 188, 204, 254	
Students Going Abroad:	103	
Supervision Notes:	201	
Supervision:	312	
Trainees who wish to utilize counseling:	312	
Treatment of Minors:	204	
Troubled Student Policy:	272	
Use of Psychiatric Services:	124, 286, 303	
Violent Clients:	275	
Visitors in the Counseling Center:	275	
Volunteer Counselors:	306	

Appendix EComments on Subpoena's - Question 16

- Student was involved in a frat hazing case
- Client sues fast food chain for ill-cooked meat and his resultant "fast food phobia"
- The client had been sexually assaulted and the ASSAILANT sued the CLIENT
- Raw data and computerized test interpretation, state's attorney general said we had to give it to him.
- Woman's complaint of rape against a police officer. Judge subpoenaed records, determined whether they would be used in court.
- Sexual harassment cases against the university.

Appendix FExamples of Obsessive Pursuit Cases - Question 56

- We counseled a female student who was followed across country. Stalker matriculated from same university, moved into same apartment complex. Stalker eventually drilled a hole in the floor to enter the apartment of our client. He was convicted. Counselor was at trial for support.
- One staff member has been harassed now for 7 years.
- Threatened to be a unabomber
- The pursuer, who was in counseling was encouraged to write a letter and refrain from his pursuit. He wrote a 71 page letter, but ceased the pursuing.
- One of our staff (female) personnel by a former client (female)
- Jealousy/obsessive relationships are a particular issue among our Hispanic students
- One young man felt that God wanted him back with his ex-girlfriend and had student ministry prayer groups pray for this while he was stalking her.
- Kidnapping at gun point
- Student infatuation with professor ended up in court where student was mandated counseling and warned to stay away. Student did NOT understand the problem.
- Of note: 2 pursuers committed suicide.