

National Survey of Counseling Center Directors 2010

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Table of Contents

Project Support	2
Overview	3
Survey Highlights	4
Director's Data	10
Survey Data	11
Alphabetical Listing of Participants	25
Alphabetical Listing of Schools	29

Project Support

This project could not be accomplished without the financial support of the Provost's Office at the University of Pittsburgh, the space provided by the School of Education's Department of Administrative and Policy Studies, and the assistance of the Technical Support Office.

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ACCA Website: www.collegecounseling.org

The publisher of this monograph is the International Association of Counseling Services (IACS). As the accrediting agency for counseling centers in a wide variety of settings, the primary objective for IACS is the maintenance of quality service delivery. The basic purposes of the Association are to encourage and aid counseling centers and agencies to meet high professional standards, to inform the public about those that are competent and reliable, and to foster communication among the centers and agencies.

IACS Website: www.iacinc.org

Overview

The National Survey of Counseling Center Directors has been conducted since 1981 and includes data provided by the administrative heads of college and university counseling centers in the United States and Canada.

The survey attempts to stay abreast of current trends in counseling centers and to provide counseling center directors with ready access to the opinions and solutions of colleagues to problems and challenges in the field. The areas addressed cover a range of concerns including budget trends, current concerns, innovative programming, and a number of other administrative, ethical and clinical issues.

2010 Survey Highlights

More complete data by institutional size are provided with the survey data.

1. 58% of directors and 69% of staff in the survey are women. Most directors identify themselves as counseling psychologists (38%). 24% are clinical psychologists, 19% are professional counselors, 8.5% are social workers, and 4% are mental health professionals. Two directors are psychiatrists. Others include student personnel administrators (6), nurse or nurse practitioners (5), marriage and family therapists (4), a physician and a school psychologist.
2. The 320 centers surveyed represent 2.75 million students who are eligible for counseling services at their institutions.
3. 6.7% of centers charge for personal counseling, down from a peak of 17.2% in 1996. Only 1.9% of centers collect third party payments. The mean fee centers charge is \$14.00 and the mean annual income is \$41,000 (Items 1-2).
4. 42.5% of centers are supported by mandatory fees; 23% comes from student health fees, 16% from a student life fee, and 3.5% from a counseling center fee (Item 3).
5. 10.8% of enrolled students sought counseling in the past year. This represents approximately 317,000 students from the surveyed schools. 38.3% (almost 4 times as many) were seen by counselors in other contexts (workshops, orientations, classroom presentations, etc.) (Items 4 & 6).
6. The ratio of counselors to students is 1 to 1,600. Smaller schools have better ratios (Item 5).
7. 27% of centers tend to place limits on the number of client counseling sessions allowed. 44% do not have a session limit policy but promote their centers as a short-term service and rely on counselors to make responsible judgments about how long a student can be seen. 29% tend to see students as long as necessary to resolve the presenting problems but will make external referrals when clinically advisable (Item 7).
8. The average number of counseling sessions for all students is 5.6 sessions per client. Based on earlier surveys this average tends to be approximately the same for time-limited counseling centers and for centers that do not have formally established limits (Item 8).
9. 56% of schools have on-campus psychiatric services available to students. On average these schools provide 20 hours a week of psychiatric consultation. When broken down further, for every 1,000 students there are, on average, 1.8 psychiatric consultation hours per-week available (Items 9-10).

10. 24% of center clients are on psychiatric medication. This is up from 20% in 2003, 17% in 2000, and 9% in 1994. In addition, 85% of directors believe that there is an increase in the number of students coming to campus who are already on psychiatric medication. Also 13.6% of counseling center clients are referred to a psychiatrist for further evaluation, (Items 11-14).
11. 91% of directors report that the recent trend toward greater number of students with severe psychological problems continues to be true on their campuses. In addition, over the past five years, the following percentage of directors have noted increases in the following problems: (Items 15a-15k)
- 70.6% Crisis issues requiring immediate response
 - 68.0% Psychiatric medication issues.
 - 60.0% Learning disabilities.
 - 45.7% Alcohol abuse.
 - 45.1% Illicit drug use (Other than alcohol).
 - 39.4% Self-injury issues (e.g. Cutting to relieve anxiety).
 - 25.2% On-campus sexual assault.
 - 24.3% Eating disorders
 - 23.2 Career planning issues.
 - 23.1% Problems related to earlier sexual abuse.
12. 28.6% of centers have a waiting list problem during the busy time of the year (Item 16).
13. What centers do to manage case-loads (Item 17).
- 76.6% Clients who are not in crisis are seen less frequently.
 - 66.6% Staff take on an overload during busy times.
 - 56.6% No automatic weekly appt. Appt. Scheduled as schedule permits.
 - 48.4% Staff manage caseloads so no wait list develops.
 - 20.6% Part time staff added during busy times.
 - 16.9% Staff work overtime without compensation or release time.
 - 12.8% Clients, not in critical need, moved into groups.
 - 11.6% Staff work overtime for compensation or release time.
 - 11.9% Other: triage, half-hour appointments, brief therapy models, referral.
14. Directors report that 44% of their clients have severe psychological problems. 6.3% of these have impairment so serious that they cannot remain in school or can only do so with extensive psychological/psychiatric help, while 37.7% experience severe problems but can be treated successfully with available treatment modalities (Items 18-19).
15. Item 20 provides information on what centers are doing to address the increase of students with serious psychological problems.

- 59.4% increased the amount of time training faculty and others to respond in a helpful way to students in trouble and to make appropriate referrals.
- 55.6% served on campus-wide Student Assistance Committees.
- 54.7% provide psycho-educational assistance on center websites.
- 53% expanded external referral networks.
- 49.1% increased training for staff in working with difficult cases.
- 31.2% increased counseling center staff.
- 28.1 % increased psychiatric consultation hours.
- 19.9% increased part-time counselors during busy time of year.
- 17.5% increased training for staff in time-limited therapy.
- Other actions taken include providing more mandated suicide assessments, providing gatekeeper training to students, faculty and staff, extended evening hours, and making more use of peer education groups.

16. 283 centers hospitalized an average of 8 students per school (2,200 students in all) for psychological reasons. The average number of hospitalizations per 1,000 students was 1.4 (Items 21-22).

17. The percentage of directors that report staff are spending an increased amount of time on the following activities is as follows: (Item 23)

- personal counseling (74.3%),
- campus consulting (74%),
- responding to parents (53.6%),
- case documentation (51.3%),
- group therapy (34.7%),
- committee work (34%),
- structured groups (23.1%).

18. Activities that centers have taken to more efficiently manage caseloads(Item 24):

- No longer providing students with a regular holding appointment. Students make next appointment as counselor's schedule allows. (50.6%)
- Once schedules are full, new clients are distributed equally among counselors and they are responsible for managing their case load. (23.4%)
- Using a computerized assessment/intake system. (15%)
- Assigning more students to groups directly from intake/assessment. (14.7%)
- Using telephone assessment/intake system. (9.1%)
- Using a waiting list "support" group until individual counseling is available. (3.4%)
- Other strategies: an urgent care triage system, stress management classes, and reminders to staff to refer out whenever possible. (11.9%)

19. Directors reported 133 student suicides in the past year. 13% of these were current or former center clients, 79% were males, 88% were undergraduates, and only 19% of the suicides occurred on-

campus. 83% were Caucasian, 7% were Asian or Pacific Islanders and 4 % were African American. To the extent that it was known, 84% of the students were depressed, 56% had relationship problems, 20% had academic problems, 18% had financial concerns, and 12% had health issues. In addition, 27% were on psychiatric medication, and 18% were known to have had previous psychiatric hospitalizations. Directors, however, did not know the previous psychiatric history of 64% of these students. Also, 28% committed suicide by hanging, 25% by use of a firearm, 9% by ingesting toxic substances, 6% by jumping, and 32% by other methods (Items 25-35).

20. When a client is a suicidal risk but does not meet criteria for involuntary hospitalization, 41% of directors would not notify anyone without a signed release from the student, 22% would notify the person to whom they report, 13% would notify family, and 5% would notify residence life staff. 19% of the directors in this situation stated that their response would vary depending on the specific situation. (Item 36)
21. 63 centers (20%) in the past year gave 99 warnings about students who posed specific dangers to others. 57% of these warnings were given to police, 52% to the potential victim, and 36.5% to others such as campus safety, Chief Student Affairs Officer, residence life staff and parents of the distressed and threatening student (Items 37-39).
22. 59% of directors report that because of recent tragedies on college campuses they have experienced increased pressure to share their concerns about troubled students who might pose a risk to others even if not to a specific person. Because of this reality, 49% of directors report that they are more likely to ask such students for permission to contact parents, residence life staff or higher level administration about their concern, 28% are more likely to increase the level of therapy for these students, 27% will refer these students out to settings more capable of treating such students, and 9% will express their concerns to student and alert appropriate others, even without the student's permission (Items 40-41).
23. 28% of directors report a marked increase in student violence on college campuses over the past five years (Item 42).
24. Approximately 60% of counseling centers now ask former clients if their counseling experience helped them remain enrolled in their institutions and whether it helped with their academic performance. In spite of the fact that most students do not come to counseling centers for these specific reasons, 59% indicated that it helped them remain in school and 60% stated that counseling helped better their academic performance. (Items 43-44)
25. 67.3% of directors reported that their job was more stressful than it was 5 years earlier. If only directors who had been in that position 5 years ago were queried, then the percentage would have been 94.6%. The reasons given included: time pressures (75%), increased administrative demands (74%), budget issues (65%), Managing the increased pressures on center due to the increasing complexity of student problems (61%), and growing expectations on campus for counseling centers

to reduce the possibility of tragic campus events (46%). Other contributors to director stress are included in the main body of the report. (Items 45-46)

26. 95% of directors report that female students tend to over utilize their services relative to their campus percentage while the vast majority of directors state that men, international students, African American students and sexual minorities tend to underutilize counseling services. (Item 47)
27. 65% of center clients are female and 35% are male. (Item 48)
28. 9.4% of counseling center clients are referred out to external practitioners for more specialized or intensive treatment. (Item 49)
29. 76% of centers receive requests from government agencies accompanied by a student release form requesting information about a former client's psychological history. 29% of centers receive similar requests from Law Boards. Less than 15% of centers have a policy indicating that no information will be provided. Most will provide some information but vary in whether they will first contact the former client. Most centers 67% do not typically inform clients that in the future they may be pressured to sign such release forms. (Items 51-53)
30. While 64% of directors would be in favor of a professional standard stating that mental health professionals are not permitted to release student records to anyone other than other treating professionals (barring a court order) even with the signed release of the client, most write-in comments opposed such a standard. These respondents felt that the standard would be overly protective, overkill, simplistic, not in the student's best interest, and that it is a mistake to assume that law bars and federal agencies would be punitive in their hiring of individuals who had a psychotherapy history. Those in favor express concern about blanket release forms, the fact that the information may be quite old and not particularly relevant, that providing even non-critical information makes our confidentiality policies meaningless, and that making judgments based on earlier counseling sessions about whether a person is a risk to others goes beyond most of our skill levels. The intensity of the responses suggests that this would be a good topic for further discussion on the listserv or at a future conference. (Item54)
31. A full-time counselor whose primary responsibility is counseling has, on average, a case load of 25.6 client contact hours per week. This is approximately true across all institutional size dimensions. (Item 55)
32. A dozen years ago Total Quality Management (TQM) was highly recommended as a strategy for managing counseling programs. 42% of today's directors have never heard of it, and only 6% of directors utilize it. (Item 56)
33. Directors reported that they were involved with 358 cases of obsessive pursuit or stalking during the past year. They also noted that 168 students were physically injured and 7 were killed by their

pursers. (Items 57-60)

34. 44% of responding centers hire part-time counselors every year for an average salary of \$33 per hour. No additional benefits are provided. 77% of their time is devoted to direct service and 93% of directors find them to be extremely helpful or moderately helpful in managing the center's caseload. (Item 61-63)
35. Many schools evaluate counseling center staff using an institution wide format with ratings such as underperforming, performing at an expected level, going beyond an accepted level, and in some instances achieving at an unusually exceptional level. Frequently the expectation is that most people are performing at an accepted level and are only rated higher if strong measurable evidence can be provided. 75% of directors believe that their counselors are doing very good work and that giving them a "doing their job" rating is viewed as a "C" grade. They find this form of assessment to be bureaucratic, unproductive and demoralizing. (Item 64)
36. When directors were asked what kind of criteria they use to assess staff performance, 64.4% used both job description and annual goal setting, 48.4% use criteria based on job description alone, 42% establish goals annually for each staff member, 24% use client outcome data, and 11% have counselors contract for services to be provided in any given year. (Item 65)
37. 42.7% of centers that utilize client evaluations now do these evaluations online. and 26% are moving in this direction. (Item 66)
38. 21.2 % of responding centers are IACS accredited. The benefits listed include increased status and credibility on campus (88%), greater respect by administration (88%) helps to maintain professional standards (83%), supports requests for new positions or salary increases (65%), the valuable feedback generated by having an external review (65%), and it helps in generating new ideas (32%). (Item 67)
39. When directors were asked about the disadvantages of IACS accreditation, most of the respondents were not from accredited centers and stated that this was because of expense. Several individual responses included remarks that the process takes too long, that field visitors don't always come from similar sized institutions, that insisting front-office staff be professional is unrealistic for some centers, that the standards don't work for integrated health and counseling programs and that the recommended counselor student ratio of 1-1000 or 1,500 doesn't reflect the ratio in different size institutions. (Item 68)
40. Check item 70 for director's salaries broken down by size of institution, number of FTE staff, and experience as director.

2010 Director's Survey Data

Director's Professional Identity:

Clinical Psychologist	23.5%	75
Counseling Psychologist	37.9%	121
Psychiatrist	0.6%	2
Mental Health Professional	4.4%	14
Social Worker	8.5%	27
Student Personnel Administrator	1.9%	6
Professional Counselor	19.4%	62
Other	3.8%	12

Director's Gender:

Male	41.8%	133
Female	58.2%	185

Racial/Ethnic Background:

African American	6.2%	20
Hispanic American	2.2%	7
Native American	0%	0
White/Caucasian	86.9%	278
Asian American	2.5%	8
Other	2.2%	7

School Status:

Private	52.4%	167
Public or State Related	47.6%	152

Staff Member's Gender

Female	68.66%	1284
Male	31.34%	586

Staff Member's Orientation

Gay/Lesbian/Bisexual	10.49%	183
Heterosexual	89.51%	1561

Staff Member's Ethnicity

African American	8.12%	165
Asian American	5.66%	115
Hispanic American	4.43%	90
Native American	0.3%	6
Other	10.53%	214
White/Caucasian	70.98%	1443

Total number of students eligible for counseling in the 320 schools represented in the survey: 2,752,000

	School Size															
	Under 2,500 n=91			Between 2,500 - 7,500 n=102			Between 7,500 - 15,000 n=63			Over 15,000 n=64			Total n=320			
	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	
1.) Do you charge a fee for personal counseling?																
Yes		2.2%	2		5%	5		9.5%	6		12.9%	8		6.7%	21	
No		97.8%	87		95%	96		90.5%	57		87.1%	54		93.3%	294	
1a.) If yes, how much do you charge per session (in US dollars)?																
		5	5		18.8	10 – 30		19.2	4 – 50		11.4	5 – 24		14.2	4 – 50	
1b.) Annual income earned?																
		43.7K	0 – 86K		34.2K	0 – 103K		37.3K	0 – 105.5K		53.6K	0 – 240K		41.2K	0 – 240K	
2.) Do you collect third party payments?																
Yes		0%	0		2%	2		1.6%	1		4.8%	3		1.9%	6	
No		100%	90		98%	100		98.4%	61		95.2%	60		98.1%	311	
3.) Is your center supported by a mandatory fee?																
No		66.3%	59		58.4%	59		50%	31		51.6%	32		57.6%	181	
Yes, one that is specifically identified as being for the counseling center.		0%	0		2%	2		6.5%	4		8.1%	5		3.5%	11	
Yes, through a student health fee.		12.4%	11		25.7%	26		33.9%	21		22.6%	14		22.9%	72	
Yes, through a general student life fee for all student services.		21.3%	19		13.9%	14		9.7%	6		17.7%	11		15.9%	50	
4a.) Total number of students eligible for counseling on your campus:																
		1.6K	500 – 2.5K	147.4K	4.5K	1.5K – 7.5K	451.5K	10.3K	7.5K – 14.5K	651.8K	23.8K	15K – 40K	1501.4K	8.7K	500 – 40K	2752K
4b.) Total number of students who sought counseling during past year for individual or group counseling.																
		254.8	100 – 2.1K	21.4K	461.8	100 – 2.9K	41.1K	828.3	100 – 3.9K	49.7K	1.5K	200 – 6.4K	80.8K	670.1	100 – 6.4K	193K
4c.) Percentage of student body that sought counseling last year:																
		16.2%	5-140%	84	10.5%	2-72%	88	7.9%	1-37%	60	6%	1-19%	55	10.8%	1.2-140%	287
5b.) Ratio of mental health professionals to students:																
		1 : 875.6	1:125-1:2.5K		1 : 1.5K	1:450-1:6.5K		1 : 1.8K	1:500-1:4.7K		1 : 2.5K	1:875-1:9K		1 : 1.6K	1:125-1:9K	
6.) Approximately how many students a year have contact with your staff apart from individual or group counseling? (This would include workshops, orientation programs, classroom presentations, etc.)																
		756.1	0 – 2K	62K	1.5K	500 – 6K	142K	3.8K	500 – 12.5K	210.5K	6.7K	500 – 20K	363.5K	2.7K	0 – 20K	778K
6a.) Percentage of student body seen in other contexts during the year:																
		51.4%	20-100%	79	34.1%	7-100%	92	35.8%	4-100%	56	28.9%	2-100%	54	38.3%	1.8-100%	281

	School Size														
	Under 2,500 n=91			Between 2,500 - 7,500 n=102			Between 7,500 - 15,000 n=63			Over 15,000 n=64			Total n=320		
	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#
7.) Check the statement below that is most in line with your session limit policy:															
We tend to limit (with some exceptions) the number of client counseling sessions allowed.		20.9%	19		22.8%	23		32.3%	20		37.1%	23		26.9%	85
We do not have a session limit policy, but promote our center as a short-term counseling service and rely on clinicians (with some oversight) to make responsible judgments about how long a student can be seen.		33%	30		49.5%	50		45.2%	28		50%	31		44%	139
We tend to see students as long as it takes to resolve the issues that brought them to the counseling center, but will make external referrals when deemed clinically advisable.		46.2%	42		27.7%	28		22.6%	14		12.9%	8		29.1%	92
8.) What was your client session average last year?															
	5.8	3 – 20		5.8	2 – 20		5.5	2 – 9		5.2	1 – 12		5.6	1 – 20	
9.) Are there on-campus psychiatric services available at your school?															
Yes		33%	30		51.5%	52		66.1%	41		87.3%	55		56.2%	178
No		67%	61		48.5%	49		33.9%	21		12.7%	8		43.8%	139
10.) If yes, number of psychiatric consultation hours available per week:															
	8.6	1 – 54		10.6	1 – 80		19.4	2 – 166		36.6	2 – 175		20.2	1 – 175	
10a.) Psychiatric consultation hours per 1000 students:															
	4.6	1-22	28	2.2	0-12	49	1.9	0-13	40	1.5	0-7	50	1.8	0.1-21.6	167
11.) Has there been an increase in the number of students arriving on your campuses that are already on psychiatric medication?															
Yes		81%	68		85.4%	82		80.4%	45		94.7%	54		85%	249
No		19%	16		14.6%	14		19.6%	11		5.3%	3		15%	44
12.) Estimate what percentage of your center's clients are taking psychiatric medication:															
	25.2%	2 – 60%		23.3%	1 – 60%		23.4%	1 – 60%		23.3%	4 – 41%		23.9%	1 – 60%	
13.) Approximately what percentage of your clients are referred for psychiatric evaluation?															
	11.9%	1 – 35%		12.9%	0 – 50%		14.4%	0 – 50%		16.5%	0 – 60%		13.6%	0 – 60%	
14.) There has been a widely reported trend in recent years of an increase in students arriving at counseling centers with serious psychological problems. Has this been true at your center?															
Yes		86.5%	77		91.7%	88		89.8%	53		95%	57		90.5%	275
No		13.5%	12		8.3%	8		10.2%	6		5%	3		9.5%	29
Compared to five years ago, what changes have you noticed in the number of clients with:															
15a.) Severe Psychological Problems															
Increase		77%	67		85.6%	83		76.3%	45		93.3%	56		82.8%	251
No Change		21.8%	19		14.4%	14		23.7%	14		6.7%	4		16.8%	51
Decrease		1.1%	1		0%	0		0%	0		0%	0		0.3%	1

	School Size														
	Under 2,500 n=91			Between 2,500 - 7,500 n=102			Between 7,500 - 15,000 n=63			Over 15,000 n=64			Total n=320		
	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#
15b.) Sexual Assault Concerns (on campus)															
Increase		22.1%	19		25.8%	25		25.4%	15		28.8%	17		25.2%	76
No Change		76.7%	66		72.2%	70		67.8%	40		66.1%	39		71.4%	215
Decrease		1.2%	1		2.1%	2		6.8%	4		5.1%	3		3.3%	10
15c.) Problems Related to Earlier Sexual Abuse															
Increase		23%	20		28.6%	28		16.9%	10		20.3%	12		23.1%	70
No Change		74.7%	65		71.4%	70		83.1%	49		78%	46		75.9%	230
Decrease		2.3%	2		0%	0		0%	0		1.7%	1		1%	3
15d.) Alcohol Problems															
Increase		48.3%	42		48%	47		40.7%	24		43.3%	26		45.7%	139
No Change		50.6%	44		49%	48		57.6%	34		56.7%	34		52.6%	160
Decrease		1.1%	1		3.1%	3		1.7%	1		0%	0		1.6%	5
15e.) Other Illicit Drug Use															
Increase		46%	40		41.8%	41		42.4%	25		51.7%	31		45.1%	137
No Change		50.6%	44		56.1%	55		54.2%	32		48.3%	29		52.6%	160
Decrease		3.4%	3		2%	2		3.4%	2		0%	0		2.3%	7
15f.) Learning Disabilities															
Increase		64.4%	56		66%	64		45.6%	26		57.6%	34		60%	180
No Change		35.6%	31		32%	31		54.4%	31		42.4%	25		39.3%	118
Decrease		0%	0		2.1%	2		0%	0		0%	0		0.7%	2
15g.) Self-Injury (e.g., cutting)															
Increase		37.2%	32		37.8%	37		37.3%	22		47.5%	28		39.4%	119
No Change		55.8%	48		56.1%	55		57.6%	34		49.2%	29		55%	166
Decrease		7%	6		6.1%	6		5.1%	3		3.4%	2		5.6%	17
15h.) Eating Disorders															
Increase		27.9%	24		17.3%	17		34.5%	20		20.7%	12		24.3%	73
No Change		66.3%	57		76.5%	75		63.8%	37		75.9%	44		71%	213
Decrease		5.8%	5		6.1%	6		1.7%	1		3.4%	2		4.7%	14
15i.) Career Planning Issues															
Increase		27.4%	23		22.3%	21		24.6%	14		16.7%	9		23.2%	67
No Change		70.2%	59		71.3%	67		64.9%	37		68.5%	37		69.2%	200
Decrease		2.4%	2		6.4%	6		10.5%	6		14.8%	8		7.6%	22
15j.) Medication Issues															
Increase		70.6%	60		62.2%	61		62.7%	37		79.3%	46		68%	204
No Change		27.1%	23		37.8%	37		37.3%	22		20.7%	12		31.3%	94
Decrease		2.4%	2		0%	0		0%	0		0%	0		0.7%	2

	School Size															
	Under 2,500 n=91			Between 2,500 - 7,500 n=102			Between 7,500 - 15,000 n=63			Over 15,000 n=64			Total n=320			
	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	
15k.) Crisis Issues Requiring Immediate Response																
Increase		57%	49		69.4%	68		72.9%	43		79.7%	47		68.5%	207	
No Change		39.5%	34		30.6%	30		27.1%	16		20.3%	12		30.5%	92	
Decrease		3.5%	3		0%	0		0%	0		0%	0		1%	3	
16.) Do you typically have a waiting list problem during your busy times of the year?																
Yes		16.9%	15		18.6%	18		39.7%	25		50%	31		28.6%	89	
No		83.1%	74		81.4%	79		60.3%	38		50%	31		71.4%	222	
17.) Whether or not you have a waiting list problem, how do you manage your resources to avoid the problem or keep it at a manageable level? (Check all that apply)																
Part time staff are added during busy times.		12.1%	11		15.7%	16		27%	17		34.4%	22		20.6%	66	
Staff take on an overload at busy times and reduce other center involvements.		62.6%	57		63.7%	65		71.4%	45		71.9%	46		66.6%	213	
Staff work overtime for compensation or later release time.		19.8%	18		11.8%	12		9.5%	6		1.6%	1		11.6%	37	
Staff work overtime without compensation or release time.		27.5%	25		14.7%	15		9.5%	6		12.5%	8		16.9%	54	
Staff are expected to manage case load so that no wait list develops.		44%	40		53.9%	55		52.4%	33		42.2%	27		48.4%	155	
Some clients are seen less frequently.		64.8%	59		75.5%	77		85.7%	54		85.9%	55		76.6%	245	
Clients are not automatically provided a regularly scheduled weekly appointment. Following each appointment, they schedule their next appointment as the counselor's schedule allows.		42.9%	39		56.9%	58		66.7%	42		65.6%	42		56.6%	181	
Clients not in critical need of individual help are moved into groups.		1.1%	1		6.9%	7		22.2%	14		29.7%	19		12.8%	41	
It is not a manageable problem given our limited resources.		5.5%	5		2.9%	3		1.6%	1		10.9%	7		5%	16	
Other: Referral out, triage, half-hour appointments, refer to on-line self help, phone triage, Using Cumming's brief intermittent model.		7.7%	7		9.8%	10		12.7%	8		20.3%	13		11.9%	38	
18.) What percentage of your clients would you say have impairment so severe that they are unable to remain in school or can only do so with on-going psychological/psychiatric assistance?																
		5.4%	1 – 40%		5.8%	0 – 25%		5.2%	0 – 20%		9.5%	1 – 33%		6.3%	0 – 40%	
19.) What percentage of your clients have periods of severe distress (depression, anxiety, panic attacks, suicidal ideation, etc.) but can be treated successfully within the time-limits and available treatment modalities existing at your center?																
		33.5%	1 – 98%		38.9%	1 – 98%		39.1%	1 – 95%		40.8%	0 – 95%		37.7%	0 – 98%	
19a.) Total percent of your clients that have severe problems																
		39%	2-100%	83	44%	2-100%	89	43.2%	2-100%	55	50.2%	1-100%	55	43.6%	1-100%	282

	School Size															
	Under 2,500 n=91			Between 2,500 - 7,500 n=102			Between 7,500 - 15,000 n=63			Over 15,000 n=64			Total n=320			
	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	
20.) What actions has your center taken to help handle the increase in the number of students with more serious psychological problems? (Check all that apply)																
Increased training for staff in working with difficult cases		42.9%	39		45.1%	46		55.6%	35		57.8%	37		49.1%	157	
Increased training for staff in time-limited therapy		12.1%	11		15.7%	16		23.8%	15		21.9%	14		17.5%	56	
Increased counseling staff		30.8%	28		26.5%	27		27%	17		43.8%	28		31.2%	100	
Increased psychiatric consulting hours		19.8%	18		31.4%	32		25.4%	16		37.5%	24		28.1%	90	
Increased part-time counselors during busy time of year		13.2%	12		16.7%	17		23.8%	15		26.6%	17		19.1%	61	
Increased time spent training faculty and others on campus to help them respond well to students in trouble and to make more appropriate referrals		49.5%	45		55.9%	57		66.7%	42		71.9%	46		59.4%	190	
Served on a student assistance committee		47.3%	43		51%	52		60.3%	38		70.3%	45		55.6%	178	
Offered psycho-educational assistance on a center webpage		25.3%	23		46.1%	47		54%	34		43.8%	28		41.2%	132	
Expanded external referral network		54.9%	50		51%	52		55.6%	35		56.2%	36		54.1%	173	
Other:		7.7%	7		5.9%	6		9.5%	6		7.8%	5		7.5%	24	
21.) Has your center hospitalized a student for psychological reasons in the past year?																
Yes		84.4%	76		90.8%	89		93.7%	59		96.7%	59		90.7%	283	
No		15.6%	14		9.2%	9		6.3%	4		3.3%	2		9.3%	29	
22.) If yes, how many were hospitalized?																
		3.9	0 – 29	303	5.3	0 – 30	456	10.2	1 – 42	560	15.4	2 – 100	831	7.9	0 – 100	2.2K
22a.) Hospitalizations per 1000 students:																
		2.5	0-16	75	1.2	0-5	84	1	0-4	55	0.7	0-4	54	1.4	0.1-16	268
Is the amount of time your staff is spending on the following activities increasing, decreasing, or staying the same?																
23a.) Individual Personal Counseling																
Increasing		76.4%	68		77.3%	75		73.3%	44		67.2%	41		74.3%	228	
Saying the Same		21.3%	19		20.6%	20		25%	15		31.1%	19		23.8%	73	
Decreasing		2.2%	2		2.1%	2		1.7%	1		1.6%	1		2%	6	
23b.) Group Therapy																
Increasing		22.2%	18		24.7%	23		43.3%	26		58.3%	35		34.7%	102	
Saying the Same		66.7%	54		67.7%	63		36.7%	22		35%	21		54.4%	160	
Decreasing		11.1%	9		7.5%	7		20%	12		6.7%	4		10.9%	32	
23c.) Structured Groups																
Increasing		12.8%	10		22%	20		22.8%	13		38.3%	23		23.1%	66	
Saying the Same		73.1%	57		62.6%	57		57.9%	33		53.3%	32		62.6%	179	
Decreasing		14.1%	11		15.4%	14		19.3%	11		8.3%	5		14.3%	41	
23d.) Campus Consulting																
Increasing		70.5%	62		75%	72		78.3%	47		71.7%	43		73.7%	224	
Saying the Same		29.5%	26		25%	24		18.3%	11		26.7%	16		25.3%	77	
Decreasing		0%	0		0%	0		3.3%	2		1.7%	1		1%	3	

	School Size														
	Under 2,500 n=91			Between 2,500 - 7,500 n=102			Between 7,500 - 15,000 n=63			Over 15,000 n=64			Total n=320		
	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#
23e.) Responding to Parents															
Increasing		59.8%	52		49%	47		50.8%	30		55%	33		53.6%	162
Staying the Same		40.2%	35		50%	48		49.2%	29		45%	27		46%	139
Decreasing		0%	0		1%	1		0%	0		0%	0		0.3%	1
23f.) Committee Work															
Increasing		45.3%	39		30.9%	30		35%	21		21.7%	13		34%	103
Staying the Same		41.9%	36		59.8%	58		48.3%	29		61.7%	37		52.8%	160
Decreasing		12.8%	11		9.3%	9		16.7%	10		16.7%	10		13.2%	40
23g.) Case Documentation															
Increasing		53.4%	47		52.1%	50		46.7%	28		51.7%	31		51.3%	156
Staying the Same		46.6%	41		43.8%	42		51.7%	31		45%	27		46.4%	141
Decreasing		0%	0		4.2%	4		1.7%	1		3.3%	2		2.3%	7
24.) Have you taken any of the following actions to more effectively manage caseloads? (Check all that apply)															
No longer holding appointments for students (instead of having a regular time each week, students make next appointment as counselor's schedule allows)		38.5%	35		49%	50		63.5%	40		57.8%	37		50.6%	162
Using a waiting list "support" group until individual counseling is available		0%	0		1%	1		6.3%	4		9.4%	6		3.4%	11
Assigning more students to groups directly from intake/assessment		3.3%	3		5.9%	6		23.8%	15		35.9%	23		14.7%	47
Using telephone assessment/intake system		7.7%	7		6.9%	7		11.1%	7		12.5%	8		9.1%	29
Using computerized assessment/intake system		7.7%	7		11.8%	12		19%	12		26.6%	17		15%	48
Scheduling all counselors with a certain number of new clients each week regardless of how full their caseload is, and giving them responsibility for managing their case load		16.5%	15		17.6%	18		28.6%	18		37.5%	24		23.4%	75
Other: Urgent care triage, stress management class, staff reminders to refer out whenever possible.		15.4%	14		9.8%	10		14.3%	9		7.8%	5		11.9%	38
25.) How many students on your campus committed suicide in the past year?															
	0	0 - 1	4	0.2	0 - 2	16	0.6	0 - 8	35	1.5	0 - 6	78	0.5	0 - 8	133
If you have had one or more student suicides in the past year, please fill this out to the extent that you are able to do so.															
Q26.) Center Client															
No		85.71%	6		94.44%	17		81.58%	31		88.89%	64		87.41%	118
Yes		14.29%	1		5.56%	1		18.42%	7		11.11%	8		12.59%	17
Q27.) Gender															
Female		20%	1		37.5%	6		9.09%	3		23.08%	18		21.21%	28
Male		80%	4		62.5%	10		90.91%	30		76.92%	60		78.79%	104

	School Size														
	Under 2,500 n=91			Between 2,500 - 7,500 n=102			Between 7,500 - 15,000 n=63			Over 15,000 n=64			Total n=320		
	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#
Q28.) Status and Years of Study															
Undergrad 1		50%	2		28.57%	4		4.17%	1		14.29%	7		15.38%	14
Undergrad 2		0%	0		50%	7		16.67%	4		16.33%	8		20.88%	19
Undergrad 3		25%	1		7.14%	1		33.33%	8		30.61%	15		27.47%	25
Undergrad 4		0%	0		0%	0		37.5%	9		24.49%	12		23.08%	21
Undergrad 5+		0%	0		0%	0		0%	0		2.04%	1		1.1%	1
Graduate		25%	1		14.29%	2		8.33%	2		12.24%	6		12.09%	11
Q29.) Method															
Firearm		25%	1		26.67%	4		23.53%	8		25.35%	18		25%	31
Hanging		50%	2		40%	6		23.53%	8		26.76%	19		28.23%	35
Jumping		0%	0		6.67%	1		5.88%	2		5.63%	4		5.65%	7
Poison		0%	0		6.67%	1		8.82%	3		9.86%	7		8.87%	11
Other		25%	1		20%	3		38.24%	13		32.39%	23		32.26%	40
Q30.) Location															
On Campus		25%	1		31.25%	5		17.65%	6		17.11%	13		19.23%	25
Near Campus		0%	0		18.75%	3		5.88%	2		18.42%	14		14.62%	19
Off Campus		75%	3		50%	8		76.47%	26		64.47%	49		66.15%	86
Q31.) Risk Factors															
Depression		66.67%	2		92.86%	13		72%	18		87.76%	43		83.52%	76
Grades/Academic		0%	0		28.57%	4		20%	5		18.37%	9		19.78%	18
Money/Finances		0%	0		64.29%	9		20%	5		4.08%	2		17.58%	16
Legal Concerns		0%	0		0%	0		12%	3		4.08%	2		5.49%	5
Health Issues		0%	0		14.29%	2		20%	5		8.16%	4		12.09%	11
Relationship Issues		100%	3		50%	7		60%	15		53.06%	26		56.04%	51
Q32.) Ethnicity															
Asian/Pacific Islander		0%	0		6.25%	1		9.68%	3		5.88%	4		6.72%	8
African American		25%	1		0%	0		9.68%	3		1.47%	1		4.2%	5
Native American/Alaskan		0%	0		0%	0		0%	0		0%	0		0%	0
White/Caucasian		75%	3		93.75%	15		70.97%	22		86.76%	59		83.19%	99
Latino/Latina		0%	0		0%	0		3.23%	1		2.94%	2		2.52%	3
Multi-Ethnic		0%	0		0%	0		6.45%	2		2.94%	2		3.36%	4
Q33.) Previous Attempts															
Yes		0%	0		6.67%	1		12.9%	4		11.76%	8		11.02%	13
No		25%	1		13.33%	2		19.35%	6		10.29%	7		13.56%	16
Don't Know		75%	3		80%	12		67.74%	21		77.94%	53		75.42%	89
Q34.) On Psychiatric Medication															
Yes		50%	2		25%	4		15.15%	5		15.49%	11		17.74%	22
No		0%	0		18.75%	3		33.33%	11		12.68%	9		18.55%	23
Don't Know		50%	2		56.25%	9		51.52%	17		71.83%	51		63.71%	79
Q35.) Prior Psychiatric Hospitalization															
Yes		0%	0		18.75%	3		21.21%	7		8.22%	6		12.7%	16
No		25%	1		18.75%	3		36.36%	12		17.81%	13		23.02%	29
Don't Know		75%	3		62.5%	10		42.42%	14		73.97%	54		64.29%	81

	School Size																			
	Under 2,500 n=91			Between 2,500 - 7,500 n=102			Between 7,500 - 15,000 n=63			Over 15,000 n=64			Total n=320							
	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#					
36.) When a student is a suicidal risk, but does not meet criteria for an involuntary commitment, who, if anyone, would you notify without a student release?																				
No One		34.5%	30		42.7%	41		38.3%	23		48.4%	30		40.7%	124					
Resident Life Staff		5.7%	5		6.2%	6		6.7%	4		1.6%	1		5.2%	16					
Family		5.7%	5		11.5%	11		13.3%	8		24.2%	15		12.8%	39					
Chief Student Affairs Office or Other Person to Whom you Report		36.8%	32		26%	25		15%	9		1.6%	1		22%	67					
Other: Depends on situation		17.2%	15		13.5%	13		26.7%	16		24.2%	15		19.3%	59					
37.) Has your Center had to give warning during the past year to a third party about a student who posed a specific danger to another person?																				
Yes		11.2%	10		21.6%	21		17.7%	11		33.9%	21		20.3%	63					
No		88.8%	79		78.4%	76		82.3%	51		66.1%	41		79.7%	247					
38.) If yes, how many cases?																				
		1	0 – 2	14		1	0 – 3	29		1.2	0 – 5	21		1.5	0 – 4	35		1.2	0 – 5	99
39.) Who was notified?																				
Police		10%	1		61.9%	13		72.7%	8		66.7%	14		57.1%	36					
Potential Victim		30%	3		52.4%	11		54.5%	6		61.9%	13		52.4%	33					
Other: Campus safety, Chief Student Affairs Officer, Residence Life, Parents of distressed student.		70%	7		23.8%	5		36.4%	4		33.3%	7		36.5%	23					
40.) Given some of the tragedies that have occurred on college campuses in recent years due to emotionally disturbed students, have you been under pressure to share your concerns about troubled students who might pose a risk to others although not to a specific person?																				
Yes		55.1%	49		63.9%	62		58.7%	37		55.7%	34		58.7%	182					
No		44.9%	40		36.1%	35		41.3%	26		44.3%	27		41.3%	128					
41.) If yes, how has your center responded? (Check all that apply)																				
We are more sensitive to these issues and are more likely to increase the level of therapy for these individuals		20.9%	19		29.4%	30		33.3%	21		29.7%	19		27.8%	89					
We are more sensitive to these issues and more likely to refer these students to more appropriate settings		24.2%	22		24.5%	25		31.7%	20		28.1%	18		26.6%	85					
We are more likely to address our concerns with these students and ask for their permission to alert family, residence life staff, or higher level administration about our concerns		47.3%	43		47.1%	48		54%	34		50%	32		49.1%	157					
We are more likely to express our concerns to the student and alert others, as indicated above, without their permission		11%	10		8.8%	9		3.2%	2		14.1%	9		9.4%	30					
Our handling of such individuals has not changed		9.9%	9		11.8%	12		9.5%	6		6.2%	4		9.7%	31					
42.) Some Directors have noted a marked increase in violent incidents involving students, ranging from assaults to murders. In your opinion, have incidents of violence among students on your campus:																				
Increased over the last five years		20.5%	18		29.2%	28		27.9%	17		38.3%	23		28.2%	86					
Remained the same over the last five years		76.1%	67		68.8%	66		68.9%	42		61.7%	37		69.5%	212					
Decreased over the last five years		3.4%	3		2.1%	2		3.3%	2		0%	0		2.3%	7					
43.) Does your Center ask on an evaluation form if counseling has helped with a student's decision to remain enrolled in your institution?																				
Yes		51.7%	45		57.3%	55		68.3%	43		63.9%	39		59.3%	182					
No		48.3%	42		42.7%	41		31.7%	20		36.1%	22		40.7%	125					

	School Size														
	Under 2,500 n=91			Between 2,500 - 7,500 n=102			Between 7,500 - 15,000 n=63			Over 15,000 n=64			Total n=320		
	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#
43a.) If yes, what percentage responded positively?															
	63.1%	0 – 100%		55.7%	0 – 98%		55.1%	0 – 99%		63.6%	0 – 95%		59%	0 – 100%	
44.) Does your Center ask on evaluation forms if counseling has helped with the student's academic performance?															
Yes		54.7%	47		61.1%	58		67.8%	40		78.3%	47		64%	192
No		45.3%	39		38.9%	37		32.2%	19		21.7%	13		36%	108
44a.) If yes, what percentage responded positively?															
	59.7%	0 – 100%		63.6%	10 – 99%		59%	6 – 96%		58.8%	0 – 97%		60.4%	0 – 100%	
45.) How stressful is your job now as compared to five years ago?															
More stressful		64.8%	57		63.8%	60		77.4%	48		66.1%	41		67.3%	206
Less stressful		5.7%	5		4.3%	4		1.6%	1		3.2%	2		3.9%	12
No change		18.2%	16		18.1%	17		9.7%	6		11.3%	7		15%	46
N/A (not a director five years ago)		11.4%	10		13.8%	13		11.3%	7		19.4%	12		13.7%	42
46.) Which of the following contribute to the stress of your position? (Check all that apply)															
Time pressures		72.5%	66		68.6%	70		82.5%	52		81.2%	52		75%	240
Staff conflicts		19.8%	18		25.5%	26		23.8%	15		46.9%	30		27.8%	89
Staff morale		29.7%	27		32.4%	33		39.7%	25		48.4%	31		36.2%	116
Budget issues		53.8%	49		65.7%	67		74.6%	47		68.8%	44		64.7%	207
Fighting for adequate staff salaries		40.7%	37		39.2%	40		46%	29		45.3%	29		42.2%	135
Pressure from administration for more information about clients		29.7%	27		18.6%	19		23.8%	15		12.5%	8		21.6%	69
Increasing administrative demands of job		68.1%	62		71.6%	73		77.8%	49		81.2%	52		73.8%	236
Managing increased demand on staff time because of growing complexity of client problems		57.1%	52		55.9%	57		65.1%	41		71.9%	46		61.2%	196
Lack of staff understanding about the complexity of your job		23.1%	21		23.5%	24		17.5%	11		15.6%	10		20.6%	66
Lack of appreciation from administration		27.5%	25		25.5%	26		19%	12		17.2%	11		23.1%	74
Providing professional development opportunities for staff given budget limitation		31.9%	29		26.5%	27		42.9%	27		35.9%	23		33.1%	106
Growing expectations for Center to reduce the possibility of tragic campus events (shootings, multiple suicides, etc.)		40.7%	37		40.2%	41		47.6%	30		60.9%	39		45.9%	147
Liability issues		42.9%	39		32.4%	33		38.1%	24		42.2%	27		38.4%	123
Other: Frequent changes in administration, conflicting messages about mission, maintaining relationship with Student health, politics, lack of campus understanding about our role, union issues.		14.3%	13		12.7%	13		11.1%	7		4.7%	3		11.2%	36
Some student groups may use your services in numbers that approximate the percentage of these students on campus. Indicate below which groups tend to overutilize and which groups underutilize the services relative to campus percentages.															
47a.) Men															
Overutilize		4.8%	3		0%	0		2.1%	1		2.1%	1		2.1%	5
Underutilize		95.2%	59		100%	77		97.9%	47		97.9%	47		97.9%	230

	School Size														
	Under 2,500 n=91			Between 2,500 - 7,500 n=102			Between 7,500 - 15,000 n=63			Over 15,000 n=64			Total n=320		
	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#
47b.) Women															
Overutilize		92.2%	47		94.9%	56		95.2%	40		97.6%	40		94.8%	183
Underutilize		7.8%	4		5.1%	3		4.8%	2		2.4%	1		5.2%	10
47c.) International Students															
Overutilize		5.3%	3		5.6%	4		14.9%	7		17.9%	7		9.8%	21
Underutilize		94.7%	54		94.4%	67		85.1%	40		82.1%	32		90.2%	193
47d.) Sexual Minorities															
Overutilize		27.9%	12		15.5%	9		27%	10		29%	9		23.7%	40
Underutilize		72.1%	31		84.5%	49		73%	27		71%	22		76.3%	129
47e.) African American Students															
Overutilize		8.3%	4		12.3%	8		20%	8		30.8%	12		16.7%	32
Underutilize		91.7%	44		87.7%	57		80%	32		69.2%	27		83.3%	160
If your school is all male or all female please do not answer this question:															
48a.) What percentage of your clients are male?															
		32.6%	0 – 90%		33.4%	2 – 60%		35.3%	4 – 55%		38.1%	20 – 70%		34.5%	0 – 90%
48b.) What percentage of your clients are female?															
		65.9%	0 – 85%		66.3%	39 – 90%		64.1%	45 – 90%		61.7%	30 – 80%		64.9%	0 – 90%
49.) What percentage of your clients are referred to external practitioners for more specialized or intensive treatment?															
		9.5%	0 – 70%		8.4%	0 – 40%		9.1%	0 – 50%		11.3%	0 – 60%		9.4%	0 – 70%
50.) Does your center receive requests from governmental agencies, accompanied by a student release form, asking for information about a client's psychological history?															
Yes		62.1%	54		72.9%	70		85.2%	52		91.9%	57		76.1%	233
No		37.9%	33		27.1%	26		14.8%	9		8.1%	5		23.9%	73
50a.) When such a request if made, do you provide the requested information?															
No information will be provided including whether student had been a client		5.1%	3		2.6%	2		1.8%	1		1.8%	1		2.8%	7
Will inform the requester that student was seen at the center and provide no other information		6.8%	4		10.5%	8		5.5%	3		5.4%	3		7.3%	18
Will sit with representative and review information deemed to be relevant to position under consideration		27.1%	16		35.5%	27		23.6%	13		44.6%	25		32.9%	81
Since student has given a blanket release, we provide whatever information is requested		25.4%	15		10.5%	8		14.5%	8		12.5%	7		15.4%	38
Other: Case by case determination, not before speaking with students, only provide termination summary.		35.6%	21		40.8%	31		54.5%	30		35.7%	20		41.5%	102
51.) Does your center receive requests from Law Boards, accompanied by a student release form, asking for information about a client's psychological history?															
Yes		15.9%	14		20%	19		26.7%	16		38.7%	24		23.9%	73
No		84.1%	74		80%	76		73.3%	44		61.3%	38		76.1%	232

	School Size														
	Under 2,500 n=91			Between 2,500 - 7,500 n=102			Between 7,500 - 15,000 n=63			Over 15,000 n=64			Total n=320		
	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#
52.) When such a request is made, do you provide the requested information?															
No information will be provided including whether student had been a client		22.2%	4		7.1%	2		0%	0		3.8%	1		7.6%	7
Will inform requester that student was seen at Center and provide no other information		5.6%	1		10.7%	3		10%	2		7.7%	2		8.7%	8
Will sit with representative and review information deemed to be relevant to position under consideration		27.8%	5		21.4%	6		10%	2		34.6%	9		23.9%	22
Since student has given a blanket release we provide whatever information is requested		16.7%	3		17.9%	5		20%	4		23.1%	6		19.6%	18
Other		27.8%	5		42.9%	12		60%	12		30.8%	8		40.2%	37
53.) If your center receives such requests and you feel legally obligated to share client information, does your center inform current clients that in the future, they may be pressured to sign release of information forms if seeking employment in government agencies or seeking admittance to the bar?															
Yes		30.4%	17		31.2%	20		39.1%	18		34%	17		33.3%	72
No		69.6%	39		68.8%	44		60.9%	28		66%	33		66.7%	144
53a.) If no, is it because you believe it will discourage a student from seeking needed help?															
Yes		27.3%	9		34.9%	15		25.9%	7		21.2%	7		27.9%	38
No		72.7%	24		65.1%	28		74.1%	20		78.8%	26		72.1%	98
54.) Would you be in favor of a professional standard stating that psychologists and counselors are not permitted to release student records to anyone other than other treating professionals (barring a court order) even with the signed release of the client? (The standard would be designed to protect against pressured signing of release forms: i.e. for government background checks, or as part of an application to take the bar exam)															
Yes		65.9%	54		67.4%	62		64.3%	36		54.4%	31		63.8%	183
No		34.1%	28		32.6%	30		35.7%	20		45.6%	26		36.2%	104
While 64% of directors approve such a standard, a majority of the 47 who wrote in comments tended to oppose such a policy. Their responses included such comments as "overly protective", "simplistic", "overkill", "too restrictive", "too black and white", "a non-issue", and "not in the student's best interest". These respondents also suggested that such a policy may block students from getting jobs that require clearances, that in many states the law requires that records be provided to the clients themselves upon request, and that it is a mistake to assume that law bars and federal agencies would be punitive in their hiring against individuals who had a psychotherapy history.															
Those in favor of clearer policies in this area are concerned about blanket release forms students are required to sign, about the fact that the information sought is often quite old and in many cases not relevant, that even providing non-critical information makes our confidentiality statements meaningless, and that making judgments based on earlier counseling sessions about whether a person is a risk to other people goes beyond most of our skills.															
The passionate tenor of these responses suggest that this would be worthy of additional discussion, either on the listserv, or at a future AUCCCD, or ACCA conference.															
55.) If a full-time counselor on your staff were to do nothing but individual counseling and attend staff meetings, what would you consider a full case load? (answer in client hours per week)															
		26	15 – 60		25.1	15 – 37		25.9	15 – 60		25.4	17 – 50		25.6	15 – 60
56.) A dozen years ago, there was much discussion at counseling center directors meetings about the utilization of Total Quality Management (TQM) strategies for managing counseling programs. In 1993, 12% of directors subscribed to this approach and five years later the percentage had more than doubled to 27%. At this point in time, does this strategy continue to have meaning for you?															
Yes, it is currently being used in our center		2.2%	2		11.6%	11		3.3%	2		5%	3		5.9%	18
No, it is not being used		37.1%	33		42.1%	40		36.7%	22		33.3%	20		37.8%	115
No, I remember it, but it is no longer considered to be a useful management strategy		2.2%	2		8.4%	8		21.7%	13		23.3%	14		12.2%	37
No, I have never heard of it		57.3%	51		35.8%	34		31.7%	19		38.3%	23		41.8%	127
Other		1.1%	1		2.1%	2		6.7%	4		0%	0		2.3%	7

	School Size														
	Under 2,500 n=91			Between 2,500 - 7,500 n=102			Between 7,500 - 15,000 n=63			Over 15,000 n=64			Total n=320		
	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#
57.) Has your center handled any obsessive pursuit or stalking cases in the past year?															
Yes		35.2%	31		43%	40		59.7%	37		55.9%	33		46.7%	141
No		64.8%	57		57%	53		40.3%	25		44.1%	26		53.3%	161
58.) If yes, approximately how many cases have you handled?															
	1.6	1 – 10	51	2.3	1 – 6	91	2.6	1 – 15	90	3.9	0 – 25	126	2.6	0 – 25	358
59.) To your knowledge, how many persons on your campus were killed by an obsessive pursuer in the past year?															
	0	0	0	0	0 – 2	4	0	0 – 1	1	0	0 – 1	2	0	0 – 2	7
60.) To your knowledge, how many persons on your campus were physically injured by an obsessive pursuer in the past year?															
	0.1	0 – 2	12	0.4	0 – 4	35	1	0 – 30	58	1.3	0 – 25	63	0.6	0 – 30	168
61a.) Do you hire part-time counselors who receive salary but no other benefits?															
Yes		41.4%	36		37.2%	35		51.6%	32		49.2%	30		43.8%	133
No		58.6%	51		62.8%	59		48.4%	30		50.8%	31		56.2%	171
61b.) If yes, what hourly salary do you pay?															
	33.8	11 – 80		34	8 – 75		30	0 – 75		34.8	12 – 75		33.2	0 – 80	
62.) When part-time (paid by the hour) counselors are utilized, what percentage of their time is devoted to direct service?															
	79.4%	0 – 100%		78.7%	40 – 100%		75.1%	0 – 100%		75.2%	0 – 100%		77.1%	0 – 100%	
63.) How helpful have these part-time counselors been at reducing your caseload?															
Extremely helpful		69.2%	27		64.9%	24		66.7%	24		63.2%	24		66%	99
Moderately helpful		28.2%	11		24.3%	9		25%	9		31.6%	12		27.3%	41
Mildly helpful		2.6%	1		10.8%	4		8.3%	3		5.3%	2		6.7%	10
64.) Many university wide assessment forms encourage raters to indicate whether a staff member is underperforming, performing at an expected level, going beyond an expected level of performance, and in some instances achieving at an unusually exceptional level. There is often an expectation for directors who use such a rating system to rate most staff in the "doing their job" category and to give strong measurable evidence when someone is rated at a higher level. If you have had to use such a format, what is your opinion of its usefulness?															
It is an effective way to do this kind of assessment		17%	9		21.1%	15		28.9%	13		37.2%	16		25%	53
Since most of our counselors are doing very good work, they find it demoralizing when they receive a "doing their job" rating which they view as a "C" grade. It is an unproductive bureaucratic process that does not work for us		83%	44		78.9%	56		71.1%	32		62.8%	27		75%	159
65.) Whether or not you use an institution assessment tool, what kind of criteria do you use to form your own assessment of staff performance? (Check all that apply)															
Criteria based on job descriptions		37.4%	34		48%	49		58.7%	37		54.7%	35		48.4%	155
Counselors evaluated according to client outcome data		23.1%	21		23.5%	24		30.2%	19		20.3%	13		24.1%	77
Goals are established annually for each staff member		35.2%	32		44.1%	45		41.3%	26		48.4%	31		41.9%	134
Both job description and annual goal setting are used		69.2%	63		63.7%	65		68.3%	43		54.7%	35		64.4%	206
Each counselor contracts annually for services that are to be provided that year		4.4%	4		8.8%	9		12.7%	8		21.9%	14		10.9%	35
Other: Self-evaluation, follow tenure process, client evaluations.		7.7%	7		8.8%	9		4.8%	3		7.8%	5		7.5%	24

	School Size															
	Under 2,500 n=91			Between 2,500 - 7,500 n=102			Between 7,500 - 15,000 n=63			Over 15,000 n=64			Total n=320			
	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	
66.) For those of you who typically ask clients to evaluate the counseling they receive at your center, are you now doing these evaluations online?																
Yes		51.9%	41		38.6%	32		31.6%	18		47.3%	26		42.7%	117	
No, but we are moving in this direction		15.2%	12		27.7%	23		35.1%	20		29.1%	16		25.9%	71	
No		32.9%	26		33.7%	28		33.3%	19		23.6%	13		31.4%	86	
67.) Is your center IACS accredited?																
Yes		3.4%	3		13.7%	13		30.6%	19		49.2%	30		21.2%	65	
No		96.6%	85		86.3%	82		69.4%	43		50.8%	31		78.8%	241	
68.) If your center is IACS accredited, what are the benefits of IACS accreditation? (Check all that apply)																
Increases status and credibility of center on campus		100%	3		84.6%	11		78.9%	15		93.3%	28		87.7%	57	
Supports requests for new resources		33.3%	1		61.5%	8		63.2%	12		50%	15		55.4%	36	
Supports requests for new staff positions and salary increases		33.3%	1		46.2%	6		68.4%	13		73.3%	22		64.6%	42	
The valuable feedback generated by an outside review and evaluation		33.3%	1		76.9%	10		68.4%	13		60%	18		64.6%	42	
Helps us to maintain professional standards		100%	3		76.9%	10		89.5%	17		80%	24		83.1%	54	
Accreditation is respected by administrators		66.7%	2		92.3%	12		89.5%	17		86.7%	26		87.7%	57	
Generates new ideas		66.7%	2		30.8%	4		36.8%	7		26.7%	8		32.3%	21	
Other		0%	0		7.7%	1		5.3%	1		0%	0		3.1%	2	
69.) Please list any disadvantages to IACS accreditation:																
While most counseling centers that are IACS accredited report great benefits to their accreditation, directors were also asked if there were any disadvantages to IACS accreditation 38 directors responded. Most of these were not from accredited centers and 32 (84%) of them indicated that the primary problem was expense. The other respondents commented that standards do not take school size into consideration, that the process takes too long, that field visitors should come from similar types of institutions, that insisting front office staff be professionals is unrealistic for some centers, that the standards don't work for integrated health and counseling programs that have a shared electronic health record and that the ratio of 1-1,000 Or 1,500 doesn't reflect the ratios in different size institutions.																
List Directors salary for the appropriate staff size and experience level category.																
70a.) 1 FTE																
Under 5 years as director		51.5K	0 – 89K	26	54.2K	0 – 80K	12	34.2K	0 – 103K	5	65K	45K – 100K	3	51.2K	0 – 103K	46
5-10 years as director		46.7K	0 – 90K	10	73.2K	60K – 100K	5	71.7K	0 – 155K	3	65K	50K – 82K	4	59.5K	0 – 155K	22
Over 10 years as director		46.6K	0 – 77K	17	43.7K	0 – 74K	7	30.2K	0 – 86K	5	57.5K	55K – 60K	2	44K	0 – 86K	31
70b.) 2-3 FTE																
Under 5 years as director		56.1K	38K – 75K	9	73.5K	40K – 140K	12	86K	79K – 93K	2	50K	50K	2	66.4K	38K – 140K	25
5-10 years as director		62.9K	41K – 86K	7	56K	39K – 74K	9	77.5K	65K – 90K	2	55K	55K	2	60.4K	39K – 90K	20
Over 10 years as director		72.4K	14K – 125K	17	74.2K	51K – 120K	14	109.5K	99K – 120K	2	60K	60K	2	74.5K	14K – 125K	35
70c.) 4-7 FTE																
Under 5 years as director		71K	55K – 87K	2	78.3K	62K – 95K	11	76.6K	48K – 105K	12	67K	55K – 75K	6	75K	48K – 105K	31
5-10 years as director		88.5K	68K – 109K	2	82.6K	56K – 119K	9	75.5K	53K – 111K	11	64.8K	60K – 75K	4	77.3K	53K – 119K	26
Over 10 years as director		103.7K	85K – 123K	3	84.4K	59K – 115K	14	77.9K	63K – 105K	10	89.6K	65K – 130K	8	85.4K	59K – 130K	35

	School Size														
	Under 2,500 n=91			Between 2,500 - 7,500 n=102			Between 7,500 - 15,000 n=63			Over 15,000 n=64			Total n=320		
	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#	mean	range or %	#
70d.) 8-11 FTE															
Under 5 years as director	61K	61K	1	96.5K	89K – 104K	2	87.3K	72K – 107K	3	77.1K	0 – 112K	8	80.9K	0 – 112K	14
5-10 years as director				101K	101K	1	89.7K	78K – 107K	6	75.8K	0 – 117K	12	81.5K	0 – 117K	19
Over 10 years as director				107K	101K – 113K	2	69.8K	11K – 101K	4	92.3K	70K – 118K	7	87.6K	11K – 118K	13
70e.) 12-16 FTE															
Under 5 years as director				130K	110K – 150K	2	92K	92K	1	88.1K	69K – 108K	8	96.1K	69K – 150K	11
5-10 years as director				100K	100K	1	160.5K	96K – 225K	2	86.8K	14K – 110K	12	97.5K	14K – 225K	15
Over 10 years as director				89K	89K	1	132K	132K	1	104.4K	85K – 120K	5	106.1K	85K – 132K	7
70f.) 17+ FTE															
Under 5 years as director							0	0	1	104.2K	74K – 125K	8	92.7K	0 – 125K	9
5-10 years as director							90.5K	76K – 105K	2	101.5K	85K – 135K	4	97.8K	76K – 135K	6
Over 10 years as director				12K	12K	1				116.2K	90K – 140K	6	101.3K	12K – 140K	7

Alphabetical Listing of Participants

307 - Abel, Dianna
245 - Abiko, Geneva
295 - Achter, John
27 - Adams, Doug
297 - Alexander, Bill
173 - Alvarez, Jacqueline
39 - Arce, Elsa
184 - Assing, Wayne
21 - Atkinson, Eva
191 - Azar, Jim
286 - Baez, Thomas
299 - Balderrama, Sylvia
263 - Barkis, Marita
157 - Barnette, Vivian
282 - Barr, Victor
116 - Barresi, Joseph
206 - Bassi-Cook, Teresa
251 - Beale, Charles
6 - Bearce, Jacqueline
271 - Beattie, Greg
198 - Becker, Ronald
28 - Berkow, Daniel
197 - Berney, Jan
33 - Betsworth, Deborah
229 - Billard, Trisha
121 - Birky, Ian
300 - Bishop, Lisa
285 - Blankenship, Lise
76 - Bloom, Linda
166 - Boone, Rebecca
60 - Booth, Ann
186 - Bottone, Fran
151 - Brasel, Stephen
288 - Brian, Tom J
306 - Brounk, Thomas
69 - Brown, Steve
83 - Brunner, Jon
74 - Bucell, Michael
90 - Buhrow, William
159 - Burns, Bill
227 - Busse, Wilma
284 - Cannici, James
243 - Carter, Leonard
125 - Cathey, Ronald
32 - Catlett, Jennifer
44 - Celentana, Marc
2 - Chester, Cathie
109 - Chew Jr, Lloyd
113 - Cobb, Shirley
256 - Cochran, Sam
5 - Collins, Wanda
13 - Commerford, Mary
26 - Compliment, Brad
108 - Conboy, Ruth
88 - Conway, Christine
170 - Cook, Colleen
308 - Cook-Nobles, Robin
298 - Cooper, Stewart
3 - Cornish, Peter
187 - Cox, Hap
164 - Crowley, Tim
175 - Culotta, Cheryl
126 - Daley, Kathleen
15 - Danchise, Roger
317 - Dasey-Morales, Maureen
178 - Davant, Elizabeth
258 - Davenport, Melanie
89 - Deakin, Spencer
165 - Dellutri, Alexandra
169 - Douce, Louise
22 - Dougher, Kirk
20 - Duarte, Melanie
167 - Dunkle, John
179 - Dunn-Steinke, Molly
292 - Dupont, Paul
136 - Edwards, Jon
130 - Ellis, Diane
14 - Eriksson-Capes, Barbara
208 - Ettinger, Sherri
205 - Evans, Katherine
267 - Everhart, Deborah
195 - Ewing, Michael
118 - Farer-Singleton, Pamela
319 - Ferden, Pat
236 - Finkelstein, Jerry
154 - Fisher, Anne
305 - Fisher, Bonnie
148 - Fleck, Patti J.

119 - Forbes, Karen
 150 - Friedman-
 Lombardo, Jaclyn
 260 - Frizzell, Christine
 266 - Fuller, Rice
 155 - Gallagher, Abisola
 46 - Galvinhill, Paul
 93 - Ganske, Katie
 261 - Gilleylen, Carl
 318 - Gold, Anna
 156 - Goodrich-Pelletier,
 Monica
 133 - Grayson, Paul
 147 - Greiner, Doug
 162 - Gunn, Chris
 200 - Hamby, Marcia
 303 - Hamilton, Lisa
 225 - Hammock, Cheryl
 246 - Hammond, Laura
 10 - Hankes, Doug
 11 - Hanlon, Marcia
 226 - Hannigan, Terence P
 190 - Hanson, Rick
 111 - Harper, Deborah
 19 - Harrar, William
 283 - Hart, Jenifer
 221 - Hattauer, Edward
 213 - Hebert, Barbara
 71 - Hemlick, Lisa
 291 - Hensley, Bridgette
 180 - Hershbell, Anne
 220 - Herzbrun, Michael
 9 - Hestand, Phil
 216 - Hill, Curt
 65 - Hollingsworth,
 Kathy
 153 - Hopkins, Nina
 304 - Horton, Jane
 242 - Hotaling, Marcus
 280 - Hughes, Nancy
 82 - Hynes, Robert
 215 - Irvin, ValaRay
 52 - Jabs, Carol
 17 - Jenkins, Marshall
 217 - Jones, Doug
 29 - Jordan, Christy
 202 - Jorgensen-Funk,
 Sandy
 252 - Kahn, Al
 18 - Kane, Abby
 106 - Kaplan, Daniel
 105 - Karmis, Beth
 311 - Kasprowicz, Alfred
 99 - Kazin, Bob
 4 - Kelemen, Franklin
 290 - Kennedy, Patrick
 110 - Kincade, Elizabeth
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 57 - Koshork, Lori
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 265 - Kuo-Jackson,
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 62 - Lanfear, Jeffrey
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 49 - MacQuiddy, Susan
 25 - Maggitti, Sara
 131 - Malloy, Leanne
 149 - Mancini, Franca
 47 - Mann, Warrenetta
 146 - March, Cynthia
 144 - Margolis, Gary
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 100 - McArdle, Eliza
 24 - McCool, Joan
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 255 - Miller, Kelly
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 161 - Minatoya, Lydia
 115 - Mond, Michael
 107 - Moorman, Annorah

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 320 - Morse, Charles
 38 - Nanna, Glenda
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 112 - Pellerin, Frankie
 276 - Perez, Carilu
 94 - Perez, Ruperto
 310 - Perone, Julie
 218 - Peterson, Michael
 92 - Phillips, MJ
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 264 - Portnoy, Robert
 259 - Pressler, Edna
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 117 - Quigley, Brian
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 35 - Rayburn, Monroe
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 219 - Ruthrauff, Terry
 158 - Salter, Lee
 152 - Santiago, Michelle
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