

**NATIONAL SURVEY OF
COUNSELING CENTER DIRECTORS**

1997

**ROBERT P. GALLAGHER
UNIVERSITY OF PITTSBURGH
334 WILLIAM PITT UNION
PITTSBURGH, PA 15260**

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INTERNATIONAL ASSOCIATION OF COUNSELING SERVICES, INC.

Copies of this monograph may be ordered directly from the International Association of Counseling Services, 101 South Whiting Street, Suite 211, Alexandria, VA 22304. The cost of the monograph is \$10. All orders must include payment.

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SERIES NUMBER 8G

**International Association of Counseling Services, Inc.
An Accrediting Association**

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IACS MONOGRAPH SERIES

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 the Association 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.

Titles in The Professional Series are selected to meet the needs of IACS members.

Steve Sena, Series Editor

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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. It began as a project of the Urban Task Force of the Association of University College Counseling Center Directors, and is now a joint endeavor of AAUCD and the International Association of Counseling Services.

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.

Survey highlights are provided followed by data broken down by institution size. Responses to certain items are coded, allowing opportunity for directors to contact colleges for further information on programs or initiatives that they have undertaken. A directory of all participants is provided to assist with these networking opportunities.

The 1997 survey includes data provided by directors from 331 counseling centers, representing institutions from 46 states and 4 provinces.

- 71.4% of directors are in favor of a professional standard stating that psychologists and counselors are not permitted to release student information to anyone other than another treating professional (barring court order). (Item 29)
- Average salary information for different professionals including breakdowns for length of employment is provided. (Item 30)
- 17% of the new directors hired were non-Caucasian, which is down 6% since 1996. The 2:1 female to male ratio for hires has continued now for the fifth straight year. (Item 31)
- The number of schools that are willing to provide services to individuals not affiliated with the university (26.6%) is down 17.5% since 1990. Of the 88 centers which provide services to non-affiliated individuals, only 27.8% believe their schools will assume legal responsibility. (Item 32)
- 32.5% of centers will generally provide counseling for students who are temporarily out of school and 42.6% will do so in exceptional cases. When a student in therapy withdraws from school and is unlikely to return, 52.9% of centers will see the student until a referral can be arranged, and 28% would see the student once and provide referral names. (Items 34 & 35)
- 64.3% of schools provide psychiatric services on campus. Centers report an average of 18.3 psychiatric consultation hours available per week. (Items 37 & 38)
- 37.8% of centers require students receiving medication from an on-campus psychiatrist to be followed in the counseling center for psychotherapy (up 14.4% since 1996). Students obtain prescriptions from the following campus sources: psychiatrist (68.3%), MD/non-psychiatrist (61.6%), and Nurse Practitioner (42.5%). The number of nurse practitioners prescribing medication has doubled since 1996. (Item 40)
- In centers with psychiatrists on-staff, the psychiatrists typically provide the following services: prescribing medication (90.9%), psychiatric assessment (88.4%), and individual consultation with staff (77.3%). (Item 41)
- The average ratio of mental health professionals to FTE students is 1 to 1,599. This ratio varies by school size. (Item 42)
- The average number of sessions per week that is considered a full case load for a counselor who does only counseling is 25.2. (Item 43)
- Full time counselors spend an average of 60.4% of their time on Direct Service, 21.2% on Indirect Service, 12.8% on Administrative Service, and 5.2% on other activities. (Item 44)
- 68.2% of directors report that their center is involved in their school's retention efforts. (Item 45)
- 23.0% of centers contribute to the Living Learning and Service Learning programs on their campuses. (Item 46)
- A comparison of vice presidents and director's ratings of counseling services are provided. Directors consistently underestimated VP ratings. (Item 48)

SURVEY HIGHLIGHTS

- In 1996-1997, 11.8% of centers charged a fee for personal counseling, 4.6% collected third party payments, and 40.4% were fully or partially supported by a mandatory fee. (Items 1, 2, & 3)
- 47.5% of centers received a FIPSE grant and 17.0% of centers received other types of grants this year. For a list of grants, see Appendix A. (Item 4 & 5)
- See Appendix B for innovative income earning strategies. (Item 6)
- The salary budgets of 8.8% of the centers increased above the cost of living, while 52.4% stayed about even with the cost of living. Most other costs budgets (81.7%) lost ground to the cost of living. (Item 7)
- The average amount of professional development money available for directors is \$1,097; for training directors \$860; for assistant directors \$725; for professional counselors \$656; and for secretarial staff \$222. (Item 8)
- 24.4% of student affairs areas were downsized and 53.5% were reorganized. About 10% of counseling centers were downsized or reorganized. Three of the reporting directors indicated that their centers were privatized during 1996-97; 4% (compared to 9.2% in 1996) think that this is a possibility on their campuses. (Item 9)
- Directors who think there is a real possibility of outsourcing on their campus (4.0%) is down 5.2% since 1996. (Item 10)
- 39.3% of centers gained new staff positions (up 8.9% since 1996) and 20.5% lost staff positions without a replacement (down 6.1% since 1996). (Items 11 & 12)
- 20.4% of centers had records subpoenaed in the past year (down 7.6% from 1995). In 75.4% of these cases, it was necessary for the center to comply with the subpoena. (Items 13 & 14)
- 5 centers had suits against them in the past year. (Item 18)
- 19 (5.8%) directors had to discipline or terminate a counselor or intern in the past year due to unethical practice (a 3% increase from 1994). (Item 19)
- 27.7% of centers have faced legal or ethical dilemmas in the past year. See Appendix C. (Item 21)
- A comparison of director's and vice president's views on when directors should inform VP's of certain student problems is provided. (Item 22)
- The number of directors who believe case notes should be maintained in a central office file (53.5%) is up 15.5% since 1991. (Item 24)
- The number of directors that typically provide clients with access to case notes on request (56%) is up 2.4% since 1995. (Item 25)
- The number of centers that inform students about pressured release of information has gone down 11.9% since 1995. 51.6% of directors report that providing information about pressured release has resulted in students deciding not to proceed with therapy at least occasionally. (Items 26 & 27)



University of Pittsburgh

Student Affairs
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November 1, 1997

Dear Colleague:

Enclosed are the results of the 16th Annual National Survey of Counseling Center Directors. As in previous reports, highlights of the findings are provided, followed by the statistical summaries broken down by school size. Also included are listings of innovative programs, ethical dilemmas, recommended readings/videos, and methods of gaining additional financial support for counseling services. The report concludes with the names and addresses of the respondents for networking purposes.

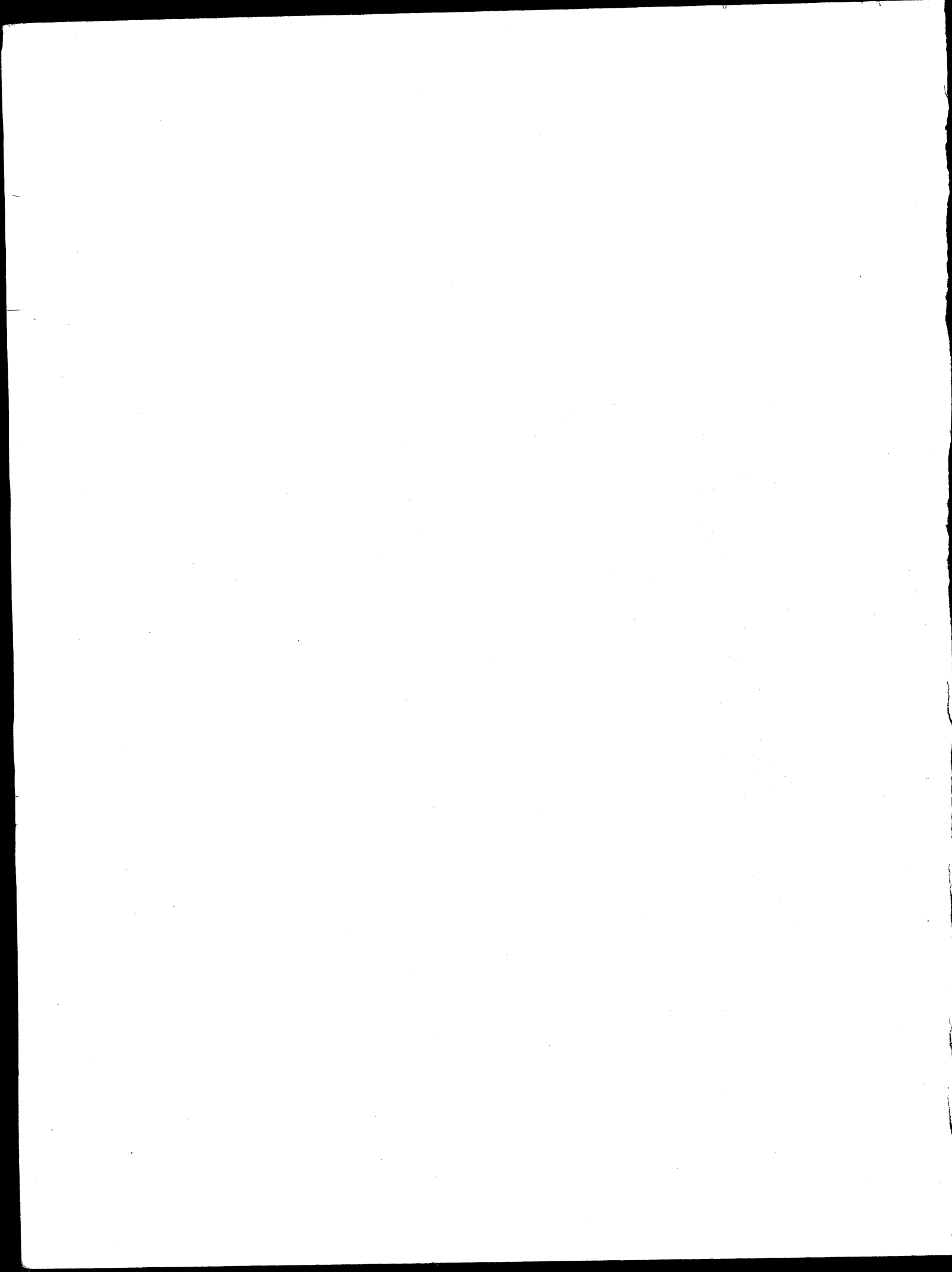
At the request of participants, the salary data is broken down for entry positions and for six different "years in position" groupings. Please note that on question 8, the average amount of professional money that was reported for different positions is probably overstated. The means were based on the number that responded to that question. For instance, the average money available for secretaries is the mean for the 186 centers that responded to the question. The average would have been considerably lower if the 145 directors who did not respond were included. You might also want to pay particular attention to question 22, 23, and 48 where comparative data from Directors and their Vice Presidents are provided.

I want to express my appreciation to those of you who participated in the survey and I hope that the findings will be helpful to you in your work.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Gallagher".

Robert P. Gallagher
Interim Vice Chancellor of Student Affairs



30. Average salary paid to professional staff according to number of years in the position (one representative salary reported per category when available):

	<u>1-3 years in position</u>	<u>4-6 years in position</u>	<u>7-9 years in position</u>
a) Director	50,500 Range 25-77K (n=59)	58,400 Range 35-88K (n=42)	56,400 Range 29-95K (n=44)
b) Training Director	44,800 Range 38-53K (n=18)	47,400 Range 33-62K (n=20)	52,400 Range 37-76K (n=11)
c) Assistant or Associate Director	42,700 Range 32-60K (n=27)	46,600 Range 33-65K (n=25)	44,300 Range 30-62K (n=20)
d) Counselor with Ph.D. & Experience	39,800 Range 28-62K (n=77)	42,500 Range 29-80K (n=73)	44,600 Range 31-70K (n=56)
e) Counselor with new doctorate	36,200 Range 25-53K (n=60)	37,500 Range 30-46K (n=10)	44,100 Range 42-46K (n=4)
f) Counselor who is A.B.D.	32,500 Range 17-41K (n=18)	31,400 Range 27-35K (n=4)	n/a
g) Counselor with M.A. & experience	30,500 Range 22-42K (n=42)	33,500 Range 19-48K (n=43)	37,500 Range 25-62K (n=35)
h) Counselor with new M.A.	28,100 Range 16-40K (n=23)	28,800 Range 27-30K (n=3)	28,000 (n=1)
i) Counselor with M.S.W. & experience	33,900 Range 25-47K (n=19)	34,400 Range 26-45K (n=16)	42,200 Range 33-53K (n=16)
j) Counselor with new M.S.W.	32,000 Range 24-39K (n=6)	34,000 Range 28-40K (n=2)	n/a
k) Counselor with BA	n/a	35,000 (n=1)	n/a
l) Psychiatrist/M.D. (annual salary)	93,700 Range 75-110K (n=5)	99,100 Range 77-136K (n=9)	117,000 Range 86-150K (n=4)
m) Psychiatrist/M.D. (hourly rate)	87.00 Range 42.00-185.00 (n=21)	97.00 Range 45.00-150.00 (n=15)	80.00 Range 58.00-120.00 (n=7)
n) Other(e.g. Post Doc, AOD Counselor, Nurse Pract.)	26,700 Range 15-56K (n=6)	34,000 (n=1)	47,000 (n=1)

30.

	<u>10-12 years in position</u>	<u>13-15 years in position</u>	<u>15+ years in position</u>
a) Director	51,100 Range 30-110K (n=44)	60,800 Range 30-85K (n=14)	69,100 Range 40-104K (n=62)
b) Training Director	54,500 Range 36-73K (n=16)	48,400 Range 42-54K (n=3)	60,800 Range 41-81K (n=19)
c) Assistant or Associate Director	46,800 Range 35-66 (n=14)	54,800 Range 40-73 (n=9)	59,900 Range 38-81K (n=26)
d) Counselor with Ph.D. & Experience	51,500 Range 34-89K (n=39)	51,600 Range 39-64 (n=15)	57,000 Range 38-81K (n=48)
e) Counselor with new doctorate	45,000 Range 36-54K (n=2)	n/a	40,000 Range 33-48K (n=2)
f) Counselor who is A.B.D.	36,200 Range 31-45K (n=4)	37,000 (n=1)	44,800 Range 31-53K (n=5)
g) Counselor with M.A. & experience	39,600 Range 27-63K (n=27)	34,800 Range 25-44K (n=3)	47,000 Range 25-72K (n=28)
h) Counselor with new M.A.	63,000 (n=1)	n/a	46,300 Range 44-49K (n=2)
i) Counselor with M.S.W. & experience	46,900 Range 35-63K (n=15)	38,200 Range 35-41K (n=4)	50,600 Range 35-76K (n=13)
j) Counselor with new M.S.W.	63,000 (n=1)	n/a	40,000 (n=1)
k) Counselor with BA	63,000 (n=1)	n/a	35,000 (n=1)
l) Psychiatrist/M.D. (annual salary)	94,500 Range 85-104K (n=4)	106,100 Range 87-125K (n=2)	105,000 Range 100-110k (n=2)
m) Psychiatrist/M.D. (hourly rate)	92.00 Range 72.00-125.00 (n=5)	125.00 (n=1)	92.00 Range 45.00-120.00 (n=5)
n) Other	37,500 Range 30-45K (n=2)	n/a	33,800 (n=1)

31. Average salaries for professional staff hired in the past year -- reported for total data only:

	Minority Male	Minority Female	Caucasian Male	Caucasian Female	
a) Director	n/a	42,000 n=2	62,600 n=6	48,000 n=17	The ratio of female to male hires continues to increase it is now 2.4 to 1.
b) Training Director	n/a	n/a	39,400 n=2	48,700 n=3	
c) Assistant or Associate Director	n/a	45,000 n=1	40,000 n=1	43,000 n=6	
d) Counselor with Ph.D. & Experience	39,000 n=4	43,800 n=3	39,300 n=10	42,500 n=21	
e) Counselor with new doctorate	34,000 n=2	35,200 n=5	38,500 n=8	35,600 n=23	
f) Counselor who is A.B.D.	36,300 n=2	32,500 n=3	30,600 n=4	33,100 n=5	
g) Counselor with M.A. & experience	28,900 n=2	33,800 n=4	21,000 n=2	30,200 n=18	
h) Counselor with new M.A.	26,500 n=1	29,500 n=2	28,300 n=3	27,600 n=7	
i) Counselor with M.S.W. & experience	40,000 n=1	n/a	38,000 n=1	30,900 n=6	
j) Counselor with new M.S.W.	n/a	21,000 n=1	n/a	36,500 n=2	
k) Counselor with BA	n/a	n/a	n/a	28,000 n=1	
l) Psychiatrist/M.D. (annual salary)	n/a	n/a	98,500 n=2	99,000 n=2	
m) Psychiatrist/M.D. (hourly rate)	n/a	120.00 n=2	89.00 n=7	123.00 n=4	
n) Other (e.g. Post Doc, Nurse Practitioner, Network Analyst)	n/a	n/a	30,000 n=1	28,000 n=3	

	<u>Under 2,500</u> n = 60	<u>2,500 - 7,500</u> n = 92	<u>7,500 - 15,000</u> n = 79	<u>Over 15,000</u> n = 95	<u>TOTAL</u> n = 331	<u>COMMENTS</u>
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32. Centers that provide services to individuals not affiliated with the university (e.g. children of faculty, walk-ins from the community, students from other schools)

12 (20.0%)	20 (21.7%)	26 (32.9%)	30 (31.6%)	88 (26.6%)
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A 17.5% decrease since 1990. Note: 27.8% of these schools will assume legal responsibility.

34. Centers that provide counseling for students who are temporarily out of school (e.g. withdrawn but expected to return)

16 (26.7%)	30 (32.6%)	22 (27.8%)	37 (39.8%)	107 (32.5%)
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42.6% of these provide services only in exceptional cases.

35. When a student in therapy withdraws from school and is unlikely to return, Directors said they would continue therapy:

a) As long as necessary	0 (0.0%)	3 (3.3%)	3 (3.8%)	1 (1.1%)	7 (2.1%)	Several Centers would provide therapy for one more semester (6), until the end of current semester (6), or for one month (5).
b) Until the typical limit on the number of sessions	2 (3.3%)	1 (1.1%)	6 (7.7%)	8 (8.4%)	17 (5.2%)	
c) Until a referral could be arranged	36 (60.0%)	49 (53.8%)	34 (43.6%)	52 (54.7%)	174 (52.9%)	
d) One termination session would be held and referral names provided	21 (35.0%)	31 (34.1%)	21 (26.9%)	18 (18.9%)	92 (28.0%)	

36. Centers where malpractice insurance is:

a) Paid for by institution	32 (53.3%)	44 (48.4%)	17 (21.5%)	30 (31.6%)	124 (37.6%)
b) Paid for by counselors	7 (11.7%)	13 (14.3%)	18 (22.8%)	18 (18.9%)	57 (17.3%)
c) Not used; counselors are covered by general institutional insurance for all employees	21 (35.0%)	30 (33.0%)	40 (50.6%)	34 (35.8%)	127 (38.5%)

	<u>Under 2,500</u> (n = 60)	<u>2,500 - 7,500</u> (n = 92)	<u>7,500 - 15,000</u> (n = 79)	<u>Over 15,000</u> (n = 95)	<u>TOTAL</u> (n = 331)	<u>COMMENTS</u>
37. Schools which provide psychiatric services on campus						
a) In Counseling Center only	10 (16.7%)	26 (28.3%)	25 (31.6%)	22 (23.2%)	83 (25.1%)	The total number of schools that provide psychiatric services is up 8.9% since 1995.
b) In Student Health Center only	2 (3.3%)	5 (5.4%)	18 (22.8%)	32 (33.7%)	57 (17.2%)	
c) In both Counseling & Student Health Centers	2 (3.3%)	4 (4.3%)	4 (5.1%)	19 (20.0%)	29 (8.8%)	
d) Other settings	7 (11.7%)	19 (20.7%)	4 (5.1%)	12 (12.6%)	44 (13.3%)	
e) No psychiatric services	39 (65.0%)	38 (41.3%)	28 (35.4%)	10 (10.5%)	118 (35.6%)	
38. Number of psychiatric consultation hours available per week:	x=5.6	x=9.1	x=15.4	x=28.9	x=18.3	Range 1- 140
39. Students receiving medication from an on-campus psychiatrist:						
a) Must be in therapy with a Counseling Center therapist	9 (40.9%)	21 (48.8%)	22 (44.9%)	21 (26.9%)	73 (37.8%)	Directors requiring students receiving meds to be in therapy with a CC therapist is up 14.4% since 1991.
b) Must be in therapy with either a Center therapist or an external therapist	5 (22.7%)	7 (16.3%)	8 (16.3%)	17 (21.8%)	38 (19.7%)	
c) Can obtain medication without on-going therapy	8 (36.4%)	3 (34.9%)	19 (38.8%)	40 (51.3%)	82 (42.5%)	
40. Center clients receive medication from the following campus sources (Directors checked all that applied):						
a) Psychiatrist	17 (41.5%)	42 (63.6%)	47 (68.1%)	76 (86.4%)	183 (68.3%)	The number of Nurse Practitioners prescribing medication has doubled since 1996.
b) M.D., non-psychiatrist	27 (65.9%)	37 (56.1%)	44 (63.8%)	55 (62.5%)	165 (61.6%)	
c) Nurse practitioner	11 (26.8%)	15 (22.7%)	14 (20.3%)	18 (20.5%)	59 (22.0%)	
41. Functions performed by psychiatrist:						
a) Psychiatric assessment	18 (81.8%)	44 (84.6%)	44 (88.0%)	66 (93.0%)	176 (88.4%)	Psychiatrists also participate in CC training programs and seminars (6).
b) Prescribing medication	19 (86.4%)	47 (90.4%)	46 (92.0%)	66 (93.0%)	180 (90.9%)	
c) Individual consultation with other professional staff	13 (59.1%)	35 (67.3%)	41 (82.0%)	63 (88.7%)	153 (77.3%)	
d) Consultation at case conference meetings	11 (50.0%)	23 (44.2%)	24 (48.0%)	36 (50.7%)	94 (47.5%)	Psychiatrists are providing less therapy than previous years.
e) Supervision of interns	0 (0.0%)	1 (1.9%)	6 (12.0%)	12 (16.9%)	19 (9.6%)	
f) Staff presentations	4 (18.2%)	17 (32.7%)	15 (30.0%)	30 (42.3%)	66 (33.3%)	
g) Providing therapy	2 (9.1%)	6 (11.5%)	6 (12.0%)	15 (21.1%)	30 (15.2%)	
h) Other	1 (4.5%)	8 (15.4%)	6 (12.0%)	7 (9.9%)	22 (11.1%)	
42. Approximate ratio of FTE mental health professionals (includes all paid staff and interns at centers and other service units on campus except for services provided by students in departmental clinics) to FTE students	1 to 800	1 to 1,219	1 to 1,791	1 to 2,332	1 to 1,599	The range varies from 1 to 130 to 1 to 8,500.
43. Number of clients seen each week to be considered a full case load for a counselor who does only counseling	x=25.6 Range 16-35	x=25.3 Range 10-35	x=24.6 Range 15-33	x=25.3 Range 15-33	x=25.2 Range 10-35	An average of 25 clients/week

	<u>Under 2,500</u> (n = 60)	<u>2,500 - 7,500</u> (n = 92)	<u>7,500 - 15,000</u> (n = 79)	<u>Over 15,000</u> (n = 95)	<u>TOTAL</u> (n = 331)	<u>COMMENTS</u>
44. The percentage of time a full time counselor spends on the following areas during Fall and Spring terms						is consistent for all school sizes.
a) Direct Service (individual and group counseling, intakes, assessment, crisis intervention, C & O for students)	x=64.1 Range 30-90	x=61.8 Range 25-95	x=59.3 Range 35-90	x=57.5 Range 20-100	x=60.4 Range 20-100	
b) Indirect Service (supervision, RA/peer/clinical training, consultation, case notes, other outreach)	x=19.8 Range 5-70	x=19.9 Range 1-50	x=21.8 Range 8-40	x=22.9 Range 5-35	x=21.1 Range 1-70	
c) Administrative Service (staff meetings, committee work, center mgmt., professional development)	x=11.2 Range 0-39	x=13.4 Range 0-40	x=12.8 Range 0-40	x=12.8 Range 0-35	x=12.8 Range 0-40	
d) Other (research, teaching, etc.)	x=4.8 Range 0-50	x=4.3 Range 0-30	x=5.4 Range 0-25	x=6.6 Range 0-50	x=5.2 Range 0-50	
45. Centers involved in their school's retention efforts:	36 (61.0%)	69 (77.5%)	52 (67.5%)	69 (62.8%)	221 (68.2%)	
46. Schools that have a significant:						
a) Living Learning Program	13 (22.4%)	15 (18.1%)	15 (20.8%)	26 (29.9%)	70 (23.0%)	23% of Counseling Centers contribute to both of these activities.
b) Service Learning Program	24 (40.7%)	43 (50.0%)	32 (43.2%)	30 (34.9%)	130 (41.9%)	
48. Presented below are the ratings provided by Directors and Vice Presidents for determining how <u>essential</u> particular services are. The ratings range from 5 = Highly Essential to 1 = Not At All Essential. The percentages presented here reflect the combined percentage of Directors and Vice Presidents who rated the service as Very Essential, and Highly Essential .						

	<u>Director Rating</u>	<u>VP Rating</u>	<u>Director's Prediction of VP Rating</u>
a) Extensive psychotherapy (6 months or longer) for all students who might benefit.	25.0%	12.0%	11.1%
b) Group therapy	52.0%	59.0%	35.9%
c)** Brief counseling (up to 12 sessions) with whatever problems students bring to the Center.	97.2%	99.0%	90.5%
d)** Crisis intervention (responding to serious student crises such as suicide attempts and psychotic breakdowns).	99.1%	99.0%	99.0%
e) The training of resident hall staff or others on campus who work with students	71.0%	82.0%	68.2%
f)** Treatment of whatever length is necessary for students who have been sexually assaulted on campus	75.5%	71.0%	68.3%
g) Specialized sexual assault counseling program (apart from traditional counseling program).	36.7%	51.0%	34.9%
h) Campus research, e.g. surveys that help to educate the campus community about student characteristics or needs.	39.8%	52.0%	34.7%
i) Research for publication.	15.6%	10.0%	6.2%
j) Learning skills or study skills program.	42.4%	49.0%	37.4%
k) Psychiatrists providing psychotherapy (in addition to doing psychiatric assessment and prescribing medication).	13.9%	23.0%	6.6%
l) Psychiatric assessment and prescriptions.	73.7%	55.0%	47.2%
m) The acceptance of mandated referrals by the Counseling Center from judicial boards and administrators	22.3%	41.0%	52.8%
n) Structured groups on assertiveness, social skills, etc.	49.5%	40.0%	41.4%
o)** Consultation with faculty, staff, and administrators	93.0%	86.0%	85.0%
p) Serving as campus mediators	24.8%	26.0%	23.9%
q)** Serving on crisis intervention teams with other campus professionals	88.3%	90.0%	81.2%

Director and Vice President ratings were not all that different. However, Director's consistently underestimated how their VP's would rate services.

** The five services rated most highly are indicated by an asterisk.

	<u>Under 2,500</u> (n = 60)	<u>2,500 - 7,500</u> (n = 92)	<u>7,500 - 15,000</u> (n = 79)	<u>Over 15,000</u> (n = 95)	<u>TOTAL</u> (n = 331)	<u>COMMENTS</u>
49. Centers that have taken the following actions to effectively manage case loads:						
a) Seeing more students in therapy less than once a week	28 (56.0%)	85 (92.3%)	58 (89.2%)	70 (81.4%)	222 (78.4%)	The number of Centers seeing clients more than 1x a week and no longer offering holding appt.'s is up 13% over 1995. Centers that have reduced the number of clients seen more than once a week is up 18% over 1995. Other actions include utilizing a brief treatment model (14), and making more referrals (13).
b) Reducing the number of students seen more than once a week	25 (50.0%)	42 (53.2%)	33 (50.8%)	41 (47.7%)	142 (50.2%)	
c) No longer having holding appointments for students	24 (48.0%)	38 (48.1%)	29 (44.6%)	31 (36.0%)	123 (43.5%)	
d) Using a waiting list "support" group (students attend group until an individual appt. is available)	1 (2.0%)	4 (5.1%)	8 (9.4%)	11 (12.8%)	23 (8.2%)	
e) Assigning more students to groups directly from intake/assessment	5 (10.0%)	10 (12.7%)	19 (29.7%)	37 (43.0%)	71 (25.2%)	
f) Using a telephone assessment/intake system	6 (12.0%)	6 (7.6%)	4 (6.3%)	5 (5.8%)	22 (7.8%)	
g) Using a computerized assessment/intake system	1 (2.0%)	1 (1.3%)	2 (3.1%)	7 (8.1%)	11 (3.9%)	
h) Other	11 (22.0%)	21 (26.6%)	14 (21.9%)	24 (27.9%)	71 (25.2%)	
50. Center Directors that have noticed an increase in students with the following problems over the past five years:						
a) Severe psychological problems	47 (79.7%)	80 (87.0%)	65 (83.3%)	74 (80.4%)	270 (82.8%)	
b) Sexual assault concerns (on campus)	30 (51.7%)	47 (51.1%)	35 (44.9%)	49 (53.8%)	163 (50.3%)	
c) Problems related to earlier sexual abuse	37 (63.8%)	69 (75.0%)	54 (69.2%)	81 (86.3%)	224 (68.9%)	
d) Alcohol problems	35 (60.3%)	48 (52.2%)	47 (60.3%)	51 (55.4%)	186 (57.2%)	
e) Other illicit drug use	32 (55.2%)	39 (42.4%)	33 (42.3%)	42 (46.2%)	148 (45.7%)	
f) Learning disabilities	50 (86.2%)	84 (91.3%)	64 (83.1%)	76 (82.6%)	279 (86.1%)	
51. Center staff generates a DSM-IV diagnosis of students:						
a) Yes, on most clients	11 (18.6%)	16 (17.6%)	19 (24.4%)	31 (33.3%)	78 (23.9%)	Up 7.8% since 1993
b) Yes, on about half of clients	4 (6.8%)	4 (4.4%)	9 (11.5%)	5 (5.4%)	23 (7.1%)	
c) Yes, but on a small percentage of clients	16 (27.1%)	34 (37.4%)	16 (20.5%)	23 (24.7%)	89 (27.3%)	
d) Never, or very rarely	28 (47.5%)	37 (40.7%)	34 (43.6%)	34 (36.6%)	136 (41.7%)	
52. The ADA requires schools to provide reasonable accommodations for students with psychological disabilities. The number of Center Directors that believe:						
a) Providing ongoing counseling support places too heavy a burden on colleges and universities	10 (16.9%)	16 (17.6%)	20 (26.0%)	32 (34.8%)	80 (24.7%)	Most directors stated that services provided should fall within the normal limits of services for the Center.
b) Ongoing weekly therapy should be provided in these cases	13 (22.0%)	18 (19.8%)	7 (9.1%)	8 (8.7%)	47 (14.5%)	
c) Accommodations should be made but with a case management approach	33 (55.9%)	48 (52.7%)	44 (57.1%)	42 (45.7%)	169 (52.2%)	
53. Centers providing on-call services for students						
	47 (83.9%)	63 (76.1%)	55 (72.4%)	64 (68.8%)	230 (74.8%)	

	<u>Under 2,500</u> (n = 60)	<u>2,500 - 7,500</u> (n = 92)	<u>7,500 - 15,000</u> (n = 79)	<u>Over 15,000</u> (n = 95)	<u>TOTAL</u> (n = 331)	<u>COMMENTS</u>
54. Participants in the on-call service (percentages based on number who responded Yes to #53):						
a) Center staff	42 (82.4%)	64 (92.8%)	56 (96.6%)	58 (86.6%)	224 (89.6%)	Others participating in on-call services: Community MH Center (13), CC Director (7), Residence Life (4) and Student Health Service (4).
b) Center interns	2 (3.9%)	10 (14.5%)	14 (24.1%)	26 (38.8%)	53 (21.2%)	
c) Center practicum students	0 (0.0%)	1 (1.4%)	5 (8.6%)	4 (6.0%)	10 (4.0%)	
d) Other Student Affairs professionals	20 (39.2%)	12 (17.4%)	12 (20.7%)	8 (11.9%)	55 (22.0%)	
e) Other	11 (21.8%)	15 (23.2%)	8 (13.8%)	12 (17.9%)	47 (18.8%)	
55. On-call participants are contacted by (% based on # 53):						
a) Beeper	29 (58.0%)	43 (62.3%)	34 (57.6%)	39 (59.1%)	149 (59.8%)	Center staff are also contacted via regular phone (24), residence life staff (5) and the health service/infirmary (4)
b) Cell phone	4 (8.2%)	8 (11.6%)	7 (11.9%)	10 (15.2%)	29 (11.7%)	
c) Rotating on-call list	15 (30.6%)	25 (36.2%)	27 (45.8%)	36 (54.5%)	106 (42.7%)	
d) Other	18 (36.7%)	23 (33.3%)	16 (27.1%)	16 (24.2%)	74 (29.8%)	
56. Methods of counselor compensation for after hours work (% based on #53):						
a) Release time	2 (3.8%)	8 (10.5%)	7 (11.1%)	7 (10.8%)	24 (9.2%)	
b) Informal comp. or flex time	17 (32.7%)	37 (48.7%)	24 (38.1%)	26 (40.0%)	108 (41.4%)	
c) Considered part of the job with no extra compensation	31 (59.6%)	31 (40.8%)	27 (42.9%)	28 (43.1%)	117 (44.8%)	
57. In the past year, Center staff were contacted on-call (% based on #53):						
a) Rarely - a few times a term	39 (72.2%)	50 (67.6%)	32 (53.3%)	35 (53.8%)	159 (61.6%)	
b) Moderately - several times a month	15 (27.8%)	18 (24.3%)	24 (40.0%)	22 (33.8%)	81 (31.4%)	
c) Frequently - multiple calls each week	0 (0.0%)	6 (8.1%)	4 (6.7%)	8 (12.3%)	18 (7.0%)	
58. Percentage of on-call contacts resulting in on-call person returning to campus after hours:						
	x=24.6%	x=24.9%	x=23.0%	x=16.3%	x=22.1%	
59. Centers involved with other campus offices or departments in a crisis intervention team:						
	34 (59.6%)	61 (68.5%)	50 (65.8%)	67 (72.0%)	216 (67.5%)	
Centers where involvement in a crisis intervention team has been a positive experience:						
	34 (91.9%)	58 (93.5%)	51 (98.1%)	64 (94.1%)	211 (94.2%)	
60. Centers with obsessive-pursuit cases in the past year:						
	20 (33.9%)	44 (48.9%)	38 (48.1%)	51 (55.4%)	155 (47.7%)	A total of 350 cases with 25 persons injured, x= 2.5 range 1-12, and 1 person killed.
Several cases involved email (3), international students (2), a delusional student, a former employee, and the mother of a student.						
63. Centers that had to hospitalize a student for psychological reasons in the past year:						
	43 (75.4%)	76 (84.4%)	66 (85.7%)	83 (89.2%)	271 (84.2%)	A total of 1,238 students were hospitalized last year. The mean number per school was 5.5.

	<u>Under 2,500</u> (n = 60)	<u>2,500 - 7,500</u> (n = 92)	<u>7,500 - 15,000</u> (n = 79)	<u>Over 15,000</u> (n = 95)	<u>TOTAL</u> (n = 331)	<u>COMMENTS</u>
64. Campuses that had an enrolled <u>student</u> suicide in the 96-97 school year:	3 (5.1%)	15 (16.3%)	30 (38.0%)	51 (56.0%)	100 (30.9%)	A total of 121 students, x=1.6, Range 1-6
64. Campuses that had an enrolled <u>client</u> suicide in the 96-97 school year:	2 (3.4%)	2 (2.2%)	4 (5.1%)	18 (19.6%)	26 (8.0%)	No school reported more than one client suicide.
66. Centers that have had legal action taken against them following a client or former client suicide:	1 (1.7%)	0 (0.0%)	1 (1.3%)	4 (4.3%)	6 (1.8%)	2 settled out of court, 1 in favor of the Center, 1 still in progress. 486 cases total, x=3.1 Range 1-15
68. Centers that have had to notify a third party about a potentially suicidal student during the past year:	31 (52.5%)	56 (62.2%)	46 (59.7%)	52 (55.9%)	186 (58.0%)	
69. Centers that notify the following without student permission when the student is a suicidal risk:						
a) Resident Life staff	27 (54.0%)	45 (60.8%)	31 (50.8%)	37 (49.3%)	142 (53.8%)	Centers also notified
b) Family	27 (54.0%)	35 (47.3%)	30 (49.2%)	48 (64.9%)	142 (54.0%)	Dean of Students (18)
c) Vice President	30 (60.0%)	28 (37.8%)	14 (23.0%)	14 (18.7%)	88 (33.3%)	Campus/Local Police (11)
d) Other	10 (20.0%)	24 (32.4%)	25 (41.0%)	27 (36.5%)	87 (33.1%)	friends/roommates (8) and family (3).
70. Centers that have had to give warning during the past year to a third party about a student who posed a danger to another person:	7 (11.9%)	19 (20.7%)	15 (19.7%)	18 (20.2%)	61 (19.0%)	85 total cases
71. Centers notified (Percentages based on #70):						
a) Campus Police	5 (71.4%)	13 (72.2%)	10 (71.4%)	12 (70.6%)	41 (70.7%)	Centers also notified
b) Potential victim	6 (85.7%)	12 (66.7%)	12 (85.7%)	15 (88.2%)	47 (81.0%)	Dean of Students or
c) Other	2 (28.6%)	5 (27.8%)	5 (35.7%)	2 (11.8%)	15 (25.9%)	VP (10)
72. 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	3 (6.3%)	7 (9.0%)	9 (13.6%)	24 (28.9%)	43 (15.4%)	
b) Faculty member or supervisor	21 (43.8%)	47 (60.3%)	46 (69.7%)	68 (81.9%)	185 (66.3%)	
c) Another student	42 (87.5%)	66 (84.6%)	55 (83.3%)	69 (83.1%)	235 (84.2%)	
73. Directors that have noticed an increase in the number of clients reporting being sexually abused as children:	32 (55.2%)	59 (64.8%)	49 (62.0%)	56 (60.2%)	199 (61.0%)	
74. Centers where staff have had training in the past year on how to work with students who have been sexually abused as children:						
a) Yes	7 (12.3%)	29 (31.5%)	28 (36.8%)	21 (23.1%)	85 (26.5%)	Number of Centers who had training in past year is down 14% since 1995
b) No, but we have had training in the past few years	28 (49.1%)	39 (42.4%)	39 (51.3%)	60 (65.9%)	168 (52.3%)	
c) No, but we could use some training in this area	22 (38.6%)	24 (26.1%)	9 (11.8%)	10 (11.0%)	69 (21.2%)	

	<u>Under 2,500</u> (n = 60)	<u>2,500 - 7,500</u> (n = 92)	<u>7,500 - 15,000</u> (n = 79)	<u>Over 15,000</u> (n = 95)	<u>TOTAL</u> (n = 331)	<u>COMMENTS</u>
75. Centers that participated in Depression Screening Day:	21 (35.6%)	33 (36.3%)	37 (46.8%)	40 (42.0%)	134 (40.9%)	
Number of students screened:	x=31.2 Range 0-150	x=51.7 Range 0-350	x=61.5 Range 0-147	x=41.9 Range 0-158	x=40.1 Range 0-350	
A total of 5,335 persons screened for depression. The percentage of students referred for treatment (either internal or external) was approximately 30% for all school sizes.						
77. Centers that participated in Anxiety Screening Day:	11 (18.6%)	33 (36.3%)	31 (39.7%)	28 (29.8%)	105 (32.1%)	
Number of students screened:	x=26.5 Range 0-75	x=26.6 Range 0-199	x=18.0 Range 0-72	x=20.4 Range 0-80	x=22.1 Range 0-199	
A total of 2,325 persons screened for anxiety. The percentage of students referred for treatment (either internal or external) was approximately 30% for all school sizes.						
79. Centers that have seen one or more HIV positive clients within the past year:	8 (13.6%)	21 (23.6%)	32 (41.6%)	53 (57.0%)	116 (35.8%)	Up 10% since 1996. 186 total cases x=2.4, Range 1-10
80. Directors who felt that any of these HIV positive clients posed a risk to any third party:	1 (12.5%)	4 (21.1%)	6 (18.2%)	6 (13.3%)	17 (15.9%)	3 Centers gave warning in 1997, compared to only 1 in 1996.
81. 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	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (3.3%)	3 (0.9%)	
b) Would encourage disclosure but otherwise take no action	27 (47.4%)	52 (59.8%)	52 (67.5%)	52 (57.1%)	187 (59.0%)	Directors who would take action b) is up 10% since 1996, and those who would take action c) is up 4.4%.
c) Would inform the client that if he/she did not inform partner that you would be ethically bound to do so	26 (45.6%)	29 (33.3%)	21 (27.3%)	27 (29.7%)	104 (32.8%)	
d) Other	4 (7.0%)	6 (6.9%)	4 (5.2%)	9 (9.9%)	23 (7.3%)	
82. For a list of particularly helpful books and/or journal articles see Appendix D						
83. For a list of particularly good professional development videotapes, see Appendix E						
84. For a list of innovative programs, see Appendix F						
85. Centers that have an APA approved internship program:	2 (3.5%)	4 (4.3%)	13 (16.5%)	42 (45.2%)	61 (18.7%)	
Responses to questions 86-92 are based on the number of schools that have APA approved internship programs (n=61).						
86. Average number of hours per week devoted by the training Director to the administration of the program:	x=17. Range 14-20	x=8.5 Range 4-15	x=12.0 Range 2-20	x=11.7 Range 2-25	x=11.8 Range 2-25	
87. Number of hours of total staff time per week devoted to internship training program:	x=15 (n=1)	x=45.3 Range 25-80	x=32.4 Range 11-60	x=33.0 Range 5-86	x=33.4 Range 5-86	
Number of hours of staff training time per intern:	x=3.8	x=11.3 Range 8-20	x=13.7 Range 4-58	x=9.3 Range 3-17	x=10.4 Range 3-58	

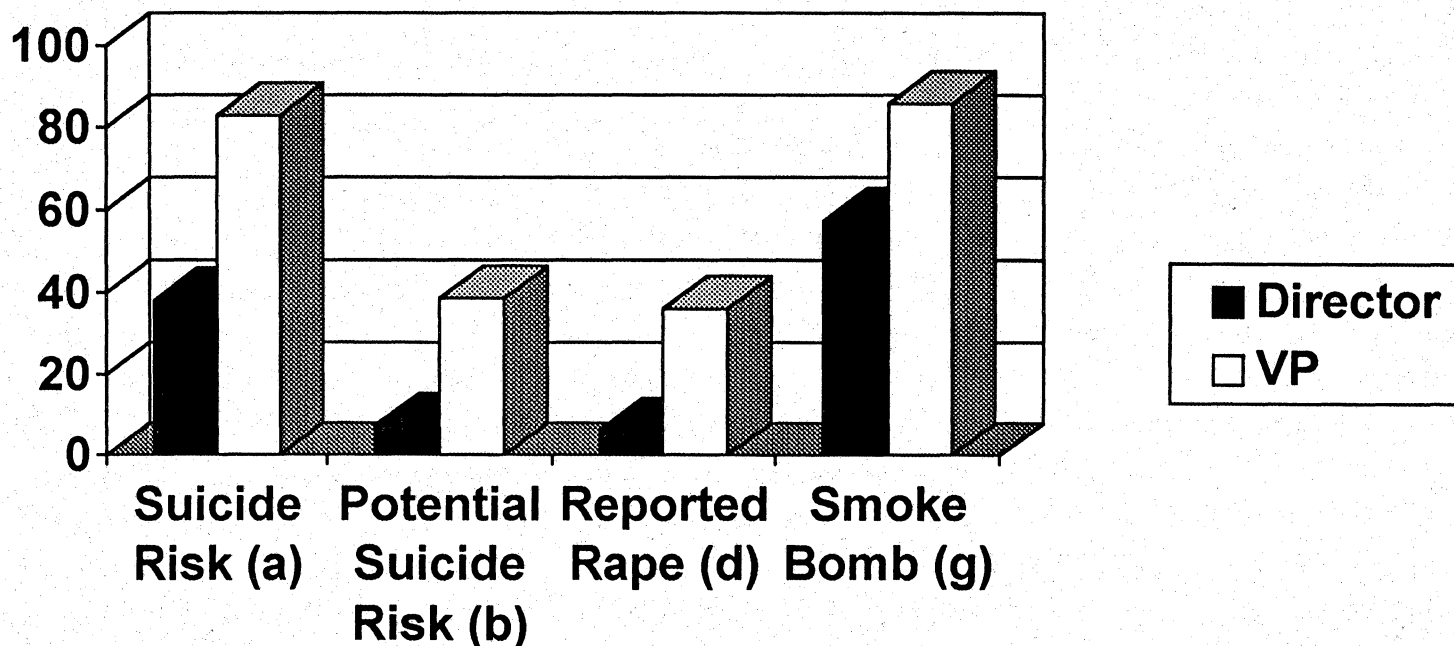
	<u>Under 2,500</u> (n = 60)	<u>2,500 - 7,500</u> (n = 92)	<u>7,500 - 15,000</u> (n = 79)	<u>Over 15,000</u> (n = 95)	<u>TOTAL</u> (n = 331)	<u>COMMENTS</u>
89. Center Directors who think that it has been cost effective to provide an accredited training program:						
a) Yes, very much so	2 (66.7%)	4 (100.0%)	8 (57.1%)	23 (53.5%)	37 (57.8%)	This data suggests broad support for the belief that these programs are cost effective
b) Yes, moderately	0 (0.0%)	0 (0.0%)	6 (42.9%)	14 (32.6%)	20 (31.3%)	
c) No, it has not been cost effective, but it makes us a better Center	1 (33.3%)	0 (0.0%)	0 (0.0%)	6 (14.0%)	7 (10.9%)	
d) No, it has not been cost effective and we should probably use the money for full-time staff	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
90. Directors note the following benefits of having an APA accredited training program: (Directors checked all that applied)						
a) The increased staff members at half the cost	1 (50.0%)	3 (75.0%)	11 (78.6%)	26 (60.5%)	41 (65.1%)	Other benefits include Diversity (5) and increasing quality of services (5)
b) Maintain professional status for the Center in the academic community	2 (100.0%)	4 (100.0%)	11 (78.6%)	40 (93.0%)	57 (90.5%)	
c) Attract staff	1 (50.0%)	3 (75.0%)	11 (78.6%)	37 (86.0%)	52 (82.5%)	
d) Intellectual stimulation of bringing in young scholars	2 (100.0%)	4 (100.0%)	12 (85.7%)	43 (100.0%)	61 (96.8%)	
e) Other	0 (0.0%)	2 (50.0%)	3 (21.4%)	7 (16.3%)	12 (19.0%)	
91. Directors note the following negatives as a result of having an accredited training program (Directors checked all that applied):						
a) The training focus detracts from the broader Center mission	0 (0.0%)	0 (0.0%)	5 (38.5%)	5 (11.6%)	10 (16.4%)	Another negative was that the training program takes away from the amount of time staff have to spend on clinical service.
b) APA guidelines are not always in the best interest of the Center	0 (0.0%)	2 (66.7%)	6 (46.2%)	14 (32.6%)	22 (36.1%)	
c) Other	0 (0.0%)	0 (0.0%)	3 (23.1%)	7 (16.3%)	10 (16.4%)	
d) No negatives	2 (100.0%)	1 (33.3%)	2 (15.4%)	20 (46.5%)	25 (41.0%)	
92. In the past five years, Center training programs have been:						
a) Initiated	1 (33.3%)	2 (16.7%)	4 (22.2%)	4 (18.2%)	11 (20.0%)	
b) Increased	2 (66.7%)	7 (58.3%)	11 (61.1%)	15 (68.2%)	35 (63.6%)	
c) Reduced	0 (0.0%)	2 (16.7%)	3 (16.7%)	1 (4.5%)	6 (10.9%)	
d) Eliminated	0 (0.0%)	1 (8.3%)	0 (0.0%)	2 (9.1%)	3 (5.5%)	
93. Centers utilizing the following types of outcomes assessment: (Director's checked all that applied)						
a) General student evaluation forms	35 (79.5%)	71 (87.7%)	60 (88.2%)	84 (93.3%)	254 (88.5%)	Other types of outcomes assessment: Client Satisfaction Survey (6), Research Consortium Survey (5), and Center-developed surveys (5).
b) Pre and Post testing	3 (6.8%)	13 (16.0%)	10 (14.7%)	18 (20.2%)	44 (15.4%)	
c) Post therapy assessment of goal attainment	8 (18.2%)	18 (22.2%)	20 (29.4%)	23 (25.8%)	70 (24.5%)	
d) Other	5 (11.4%)	10 (12.3%)	7 (10.3%)	7 (7.9%)	29 (10.1%)	
94. Centers that ask on an evaluation form if counseling has helped students to remain enrolled in an institution:						
	18 (31.6%)	33 (37.1%)	42 (53.8%)	54 (58.1%)	148 (46.1%)	Up 5.0% since 1996 52.5% respond positively

	<u>Under 2,500</u> (n = 60)	<u>2,500 - 7,500</u> (n = 92)	<u>7,500 - 15,000</u> (n = 79)	<u>Over 15,000</u> (n = 95)	<u>TOTAL</u> (n = 331)	<u>COMMENTS</u>
95. Centers that ask on an evaluation form if counseling has						
helped with students academic performance	17 (30.4%)	39 (45.3%)	35 (46.1%)	51 (54.8%)	144 (45.7%)	Up 7.5% since 1996. 54.9% responded positively
96. Centers that accept mandated referrals from a campus administrator or Judicial Board:						
a) For assessment and counseling	29 (51.8%)	46 (50.0%)	30 (39.0%)	38 (40.4%)	144 (44.4%)	23.1% of Directors
b) For assessment only	22 (39.3%)	31 (33.7%)	30 (39.0%)	40 (42.6%)	127 (39.2%)	have noticed an increase
c) Do not accept mandated referrals	5 (8.9%)	15 (16.3%)	17 (22.1%)	16 (17.0%)	53 (16.4%)	in the # of mandated referrals
97. Reasons mandated students are referred to Centers:						
a) Drug and alcohol violations	41 (78.8%)	66 (89.0%)	44 (73.3%)	52 (67.5%)	208 (77.3%)	Referrals for D&A
b) Disruptive behavior	35 (67.3%)	59 (78.7%)	52 (86.7%)	68 (88.3%)	219 (81.4%)	violations up 10% over
c) Sexual assault	13 (25.0%)	18 (24.0%)	13 (21.7%)	25 (32.5%)	70 (26.0%)	1996 referrals for
d) Severe depression	22 (42.3%)	24 (32.0%)	16 (26.7%)	17 (22.1%)	82 (30.5%)	disruptive behavior up
e) Expression of suicidal ideation	30 (57.7%)	41 (54.7%)	32 (53.3%)	34 (44.2%)	139 (51.7%)	13.9% since 1996
f) Other	13 (25.0%)	12 (16.0%)	6 (10.0%)	15 (19.5%)	46 (17.1%)	
Centers are also accepting mandated referrals for physical assault/threat of violence (14), academic problems (11) and eating disorders (7).						
98. Director's personal feelings about mandated referrals for counseling:						
a) I am very much in favor of providing this service	9 (17.3%)	6 (7.7%)	8 (12.7%)	9 (11.1%)	32 (11.5%)	Directors who aren't crazy
b) I'm not crazy about it, but believe that some students can be helped through the process	33 (63.5%)	55 (70.5%)	43 (68.3%)	55 (67.9%)	189 (67.7%)	about mandated counseling
c) I am opposed to mandatory counseling	10 (19.2%)	17 (21.8%)	12 (19.0%)	17 (21.0%)	58 (20.8%)	but believe some students can be helped (b) is up 7.9% since 1996.
99. 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 result in additional sanctions against the student	17 (35.4%)	23 (31.5%)	28 (49.1%)	31 (45.6%)	101 (40.2%)	The varied responses to these questions raise a
b) same as (a), but no additional sanctions for choosing not to continue counseling	11 (22.9%)	20 (27.4%)	18 (31.6%)	17 (25.0%)	68 (27.1%)	number of issues that suggest the need for further
c) Student must comply with a certain # of counseling sessions established by a judicial board/administration	8 (16.7%)	3 (4.1%)	4 (7.0%)	4 (5.9%)	19 (7.6%)	debate on this topic.
d) Student must comply with a certain number of counseling sessions determined by the counselor after an assessment has been made	6 (12.5%)	14 (19.2%)	2 (3.5%)	6 (8.8%)	28 (11.2%)	
e) Student must continue in counseling until counselor determines that enough counseling has occurred	2 (4.2%)	5 (6.8%)	2 (3.5%)	4 (5.9%)	13 (5.2%)	
f) Other	4 (8.3%)	8 (11.0%)	3 (5.3%)	6 (8.8%)	22 (8.8%)	

	<u>Under 2,500</u> (n = 60)	<u>2,500 - 7,500</u> (n = 92)	<u>7,500 - 15,000</u> (n = 79)	<u>Over 15,000</u> (n = 95)	<u>TOTAL</u> (n = 331)	<u>COMMENTS</u>
100. Type of information provided to the mandator for Centers that accept mandated students:						
a) Confirmation of initial visit	37 (74.0%)	54 (73.0%)	41 (71.9%)	45 (60.8%)	180 (69.2%)	
b) Confirmation that student has complied with recommendations for treatment	19 (38.8%)	32 (43.2%)	20 (35.1%)	22 (29.7%)	95 (36.7%)	
c) Statement of progress	6 (12.2%)	12 (16.2%)	6 (10.5%)	9 (12.2%)	33 (12.7%)	
d) No information provided	4 (8.2%)	7 (9.5%)	7 (12.3%)	18 (24.3%)	36 (13.9%)	
101. Centers report their degree of success with mandated students:						
a) Very successful	4 (8.0%)	2 (2.7%)	0 (0.0%)	1 (1.4%)	7 (2.7%)	
b) Successful	4 (8.0%)	10 (13.7%)	6 (10.3%)	12 (16.4%)	33 (12.7%)	
c) Moderately successful	23 (46.0%)	34 (46.6%)	27 (46.6%)	31 (42.5%)	115 (44.4%)	
d) Mildly successful	15 (30.0%)	21 (28.8%)	20 (34.5%)	27 (37.0%)	86 (33.2%)	
e) Not successful	4 (8.0%)	6 (8.2%)	5 (8.6%)	2 (2.7%)	18 (6.9%)	

Percentage of directors and vice presidents who believe that the VP should be informed even without the client's consent if a client: is a serious suicidal risk, is a potential suicide risk, reports a rape by a resident assistant, or plans to set off a smoke bomb. Director percentages are shown on the left and VP percentages are shown on the right. Excerpted from Question # 22.

WHEN SHOULD DIRECTORS INFORM THEIR VICE PRESIDENT ABOUT A CLIENT?



APPENDIX A**Grants Received to Support Counseling Services - Question #5**
(Programs listed with ID numbers for networking purposes)**Drug/Alcohol**

- 015 The Alcohol/Drug Task Force solicits funds from local taverns and liquor stores for prevention/education programs.
- 095 NJ Higher Ed. Consortium on Alcohol and other Drug Abuse Prevention and Ed. Jersey City Alliance to Combat Drug and Alcohol Abuse.
- 097 State alcohol funds.
- 105 Robert Wood Johnson Grant - to develop effective ways to reduce binge drinking on college campuses.
- 109 State Grant to fund Alcohol and Other Drug Counselor.
- 221 Alcohol Awareness.

Federal

- 083 US Department of Education, Student Support Services Grant.
- 298 Federal (PHSP) Interdisciplinary Rural Training Grant.

Institution-Affiliated

- 065 University (Presidential) award for mediation programs for students.
- 191 Grants from campus organizations for special events.
- 283 University gift.
- 302 Several small institution-affiliated grants.

Local/Private

- 053 Peer education - local grants.
- 097 Private foundation development grant.
- 178 Funding for a Peer Education Program - local foundation.
- 191 Appalachian Regional Commission Funding (job loss counseling).

Minorities

- 054 Grant to hire and train Native American Psychology Intern.
- 144 Grant from Bureau of Indian Affairs to hire Native American Counselor.
- 147 PSU Opportunity Grant for Minority Services.
- 216 Hewlett Foundation for a Multicultural Program.

Parental

- 055 Gift from parents of former students.
- 254 Parent's Association - VCR /Camera Equipment.
- 306 Internal Parents Fund Foundation Grant.

Special Needs

- 024 Government envelope funding for Special Needs Services.
- 032 Grant for career counseling of disabled.
- 215 Career Education for first-generation, low income.
- 330 Scholarship and funding for treatment, testing, and medication for students who cannot afford to pay or who do not have insurance.

Specific Funding

- 031 Reimbursement from Academic Department for teaching classes.
- 122 Faculty Research Grant.
- 188 Dedicated gift to provide emergency services needed by clients (Pay-back Loan Program).
- 196 Grant from volunteer group to be used for purchasing books and videos for the Library.
- 295 State funded HIV anonymous counseling and testing site.
- 320 VA grant for Vocational Assessment.

State

- 118 Government grant to student services including counseling.
- 189 New York State Division of Criminal Justice Services.
- 311 State grant for needy students.

Training

- 059 Endowment for a social work intern.
082 Grants for continuing education for professional staff.
327 Training grants.

Grants Received by More than One Institution

- NCAA Grant, re: substance abuse and athletes (110, 164).
- Title III Funds (014, 084, 110, 172, 314).
- Trio (049, 130).
- Moneys received by Alumni/Private Benefactors (039, 090, 191, 202, 227, 232, 299, 302).

APPENDIX B**Innovative Incomes to Support Counseling Services - Question #6**
(Programs listed with ID numbers for networking purposes)**Additional Services Provided**

- 011 Implemented an after hours clinic to serve faculty, staff, and community - Bill third party insurance.
 036 Provide some EAP services to Human Resources Office.
 081 Continuing Education.
 096 Provided counseling services for two off-site divisions of Johns Hopkins University.
 141 Counseling Service for the Community.
 147 Contracted with Athletics to provide services for athletes.
 176 Services to non-enrolled clients.
 217 Contract with housing units to provide consultation and classes.
 250 Athletic Department funding for services to student athletes.
 303 (1) Clinical service to all faculty/staff and their dependents; (2) Pre-hire assessment, consult to other university departments; (3) Management, organizational consulting to other university departments.
 327 Consultation with Athletics.

Fees

- 066 Began charging a fee for services.
 171 Hired a Family Nurse Practitioner, 20 hrs/week, paid for on a fee-for-services basis.
 256 Raised fees, putting a higher fee at the 9-20th counseling session. Charge significant fees for labor intensive ADHD assessment and intervention.
 256 Opened up psychiatric services - charge \$25 for evaluation and \$10 for follow-up.

Career

- 079 Career counseling and testing to the surrounding community priced at the current market rate.
 095 Charge a fee to non-student for career testing.
 141 Career testing for the community.
 184 Career testing for alumni.
 230 Offer community enrollment in career counseling groups.
 241 Non-student Career Counseling.
 303 Vocational counseling to alumni and community.

Programs

- 065 Mediation program for students.
 164 Diversion program for alcohol-related offenders in cooperation with the D.A.'s office.
 183 Co-sponsored Speed Reading Program.
 205 Speed Reading Program and Getting Ready for College Program.
 257 Diversionary Program for students who are first time offenders referred by the District Criminal Court Disciplinary Program.

Structural/Organizational Changes

- 151 Developed two satellite offices within departments. In return, they supply funding for additional FTEs.
 216 Medical School supports one position for counseling services we provide at the medical school.
 256 Raised productivity standard to 75% with clinicians being scheduled at 83% to achieve standard.
 256 Contract with Dept. of Psychiatry faculty for faculty-level psychiatrists (cheaper than hiring community psychiatric labor).
 328 Merge with training clinic of University's PsyD Program - income generating.

Testing/Consultation (Due to repeated entries, ID numbers are provided after the entry.)

- CLEP Testing (191).
- Consultations to auxiliaries (226).
- Consultation with local businesses and government (122, 224, 251, 266).
- LD and ADHD Assessment Program (048, 175, 266).
- MAT Testing (242, 313).
- Provide National Tests (157).
- Testing of police candidates, police officers, and jailers (166, 199).
- Testing Services - client and non-client (226, 227, 316).

Training/Teaching

- 035 Held Continuing Education classes.
- 036 Team teach in Freshman Year Experience course.
- 063 Funds for University through courses offered for academic credit - 40 credits a year.
- 187 GRE Preparation Course.
- 212 Offerings in Integrative Health: Biofeedback, T'ai Chi, and Quigong.
- 227 Continuing Education Workshops.

Miscellaneous

- 001 Charge for participation in career fairs.
- 014 Red Ribbon Run for Alcohol and other drug programming.
- 075 Road Race (small income but better than nothing since we don't have a budget).
- 090 Charge employers for career fairs.
- 202 Run a coffeehouse which generates money for ongoing operating expenses.
- 232 Sale of self-help brochures.
- 317 Wilderness Outings.
- 326 Applied for NCAAW contest prize of \$1000.

APPENDIX C

Ethical Dilemmas - Question #21

Confidentiality/Release of Information Issues

- State law requires that police records are public, including referrals of students to the counseling center.
- How much to disclose to parents of missing 21-year-old graduate student about therapy.
- Multiple requests for disclosure of records by students and outside parties.
- Confidentiality issues in a homicide case.
- How involved to get in a "domestic violence" situation when the victim did not want it reported.
- Long-term client wanted copy of her confidential counseling record for her personal use/information and we did not yet have a written policy on how to respond to these requests.
- Issues concerning confidentiality and suicidal students, coordinating care between two therapists (one at home, one here).
- Housing requested knowledge of a client who had been missing from the room. Parents and police were searching for her. She had been homicidal and requested not to notify anyone.
- Ethical Dilemmas around issues of confidentiality between Student Affairs Personnel and counselor.
- Dean's Office wants us to inform them of at-risk students who have a safety contract with us. We are waiting a ruling from Ethics committee, N H Psychological Association.
- Confidentiality issues regarding pressure to release information to VP and Executive Administration without a release.
- Boyfriend of a client came to see her counselor under false pretenses, then demanded information and that his side of the story be heard. He was loud, intimidating, intense, unreasonable. Client was advised of contact and cautioned.
- Determining how to release process oriented documented old files, working out confidentiality issues.

Mandated Reporting

- Several institutions expressed concern about reporting child abuse, suicidal intent, and duty to warn. Specifically, what is the counseling center's responsibility in instances that directly endanger the client or involve individuals not under the scope of the center's services.

Dual Relationship Issues

- Ongoing issues with dual relationships which arise out of the conflict between administrative/supervision duties and counseling duties.
- Dual relationships between counselor's assigned activities with students, not concerning counseling situations.
- Dual role issues with OD consultation in department where staff have been clients.
- Being asked to serve as a "guardian" for a student when he wanted to come on campus.

Email

- Use of email for clinical work and communication has been terminated and translated into a policy since patient privacy cannot be protected.
- Issues related to information disclosure on the Directors' net - confidential issues discussed.

Mandatory Services/Hospitalizations

- Suspension of a student due to non-compliance with a mandatory support program.
- Students who violate probation that include mandatory counseling - some legal discussions have occurred.
- Threat of lawsuit for wrongful hospitalization.
- Clients threatening suit due to involuntarily commitment.
- Client was neglecting herself with medical problems, off-campus, over 21. Was not being honest about how much she was complying. Had duty to warn concerns.

Sexual Harassment

- Former client requesting client notes to use in university law suit. Sexual harassment reported by client where therapist could not share information.
- Allegation of sexual harassment by a client about another client.

Staff Issues

- Clerical support staff - individual arrested and convicted of felony prescription fraud and mismanagement of fees collected for tests administered through this department.
- Clerical staff developed inappropriate relationship with at least one client. Nothing extremely serious (e.g., sexual contact) but has presented problems with treatment.
- Licensure to Career Development staff. Professional counselors are required to receive LPC. Definition of Career Development staff does not exactly match laws which dictate licensures.
- Past staff member who was promoted to Assoc. VP came into the Center and looked at a student file, disregarding our policy and procedures.
- Post-doc had a three week psychiatric hospitalization. Issue regarding her ability to return to service.
- Title of staff who are not yet licensed as psychologists: State law changed and we are no longer exempt from that part of the practice act.
- We expected to be subpoenaed on behalf of a faculty member whose contract was terminated in part because of his advising students, which we had supported. Subpoenas never arrived and he lost his case.
- Concerns about chronologically gifted staff member becoming less competent.
- Staff member wanted to return to work after medical leave but was not yet ready to return.
- After termination, a counselor continued to falsify information about the center, resulting in jeopardizing one internship source.
- Poor professional relationship with psychiatrist - raised a complaint that counseling center staff were not competent.
- With pressure of "Process Redesign", some staff got into my files.
- An intern was diagnosed with Hepatitis A.
- Having to give a poor evaluation to a depressed intern.
- Post-doc arrested, later convicted.

Systems Issues

- Student made a suicide attempt and was hospitalized and then we were called. Questions arose regarding our obligation to notify the Dean of Student Affairs and RD.
- A male student came in for counseling stating he had "sexually touched" his 12 year old female cousin as she slept. Were we legally obligated to report child sexual abuse that occurred in another state?
- Demand by a student to be included in a group. Therapist felt that inclusion would be harmful to the group and offered other services. Student claimed discrimination, wrote letter of complaint to University administrators and threatened media exposure.
- Consulted college attorney about reporting requirements for past sexual abuse where abuser was in a position of working with children.
- Administrator required confidential information. This was successfully resolved by citing APA ethical guidelines and PA law.
- How to provide care to suicidal and behavioral management student separated from University.
- Decide what, if any, responsibility we had to a former client who had been placed on medication through psychiatric consultation, had never officially terminated treatment, and later requested follow up medication in time when psychiatrist not on duty.
- Sticky situation attempting to balance MH needs of an international student, needs of campus, and INS regulations.
- Graduate student in Clinical Psychology petitioned to be allowed to do training in Center, even though former client. Did not allow.
- Question as to whether parental informed consent is necessary for providing services to students under 18.
- Making decisions about writing letters for students wishing to withdraw.
- Working with a student who has a lawsuit against the University.
- Whether; and/or how to comply with subpoena.
- Student requesting counseling because of a relationship with a psychology professor.
- Conflict with Counselor Education Program concerning their admission practices using the MMPI-2. Counseling Center was administering the MMPI-2.
- Requests from administration for compulsory counseling and reporting back.
- Ethical concerns about referrals due to limitation on scope-of -practice.
- When to notify other areas of institution about at-risk students.
- Clients reporting unethical behavior on the part of a community psychologist but unwilling to report it to the Board of Psychology.
- Re-admission of a student to the university following a voluntary medical/psychiatric withdrawal.

APPENDIX D**Frequently Recommended Books, Journals, and Articles - Question #82****Highly Recommended Books**

- "7 Habits of Highly Successfully People" by Steven Covey
- "Emotional Intelligence" by Goleman
- "First Things First" by Covey
- "When Anger Hurts" by McKay
- "Clinician's Guide to Mind Over Mood" by Christine Pedesky
- "Clinical Handbook of Psychological Disorders" by David Barlow

Books on Diagnostic/Treatment

- "Cognitive Behavioral Therapy of Borderline Personality Disorder" by Marsha Linehan
- "Treating Borderline Personality Disorder - DBT" by Marsha Linehan
- "Trans Theoretical Analysis Systems of Psychotherapy" by Prochastia
- "Making Contact: Uses of Language in Therapy" by Havens
- "Psychoanalytic Psychotherapy in a College Context" by Robb May
- "Schema-Focused Cognitive Therapy" by Young
- "Doing Psychotherapy" by Basch
- "Changing for Good" by Prochasha et al
- "Working with Resistant Clients" by Stork
- "Neurotic Conflict" by Karen Horney
- "Anger" by Madow
- "Learned Hopelessness" by Seligman
- "EMDR: The Breakthrough Therapy" by Shapiro and Forrest

Handbooks/Manuals

- "Skills Training Manual" by Marsha Linehan
- "Clinical Handbook of Psychological Disorders" by David Barlow
- "Student Learning Imperative Manual" - helped us change our workshops

Books on Boundaries

- "Boundaries" by Anne Kalherive
- "Boundaries and Boundary Violations" by Gobbard and Lester

Books on Brief Therapy

- "Brief Therapy" by O'Hanlon
- "A Primer of Brief Psychotherapy" by John F. Cooper
- "Brief vs. Long Psychotherapy : When, Why, and How" by James Paul Gustafson

Books on Couples

- "We Can Work It Out" by Natorias & Marcus

Books on Eating Disorders

- "Brief Therapy with Eating Disorders" by Barbara McFarland

Books on Gay and Lesbian Issues

- "Ethnic and Cultural Diversity Among Lesbians and Gay Men" - Beverly Greene, ed.

Books on Gender Issues

- "Gender Issues" by Nutt et al
- "Men's Psychological Development: A Relational Perspective" by S. Bragman, MD, Ph.D.
- "The Myth of Male Power" by Warren Farrell
- "Women's Growth in Connection" by Jordan, et al
- "Women's Growth in Diversity: More Writings from the Stone Center"

Books on PTSD

- "A Clinical Handbook/Practical Therapist Manual for Assessing and Treating Adults with PTSD" by Michenbaum
- "Handbook of Post-Traumatic Therapy" (1994) M. Williams and J. Sommer, eds.

Books on Self-Help

"Beyond the Road Less Traveled" by M. Scott Peck

"Care of the Soul" by Thomas Moore

"Ten Days to Self-Esteem" by David Burns

"Think Straight, Feel Great" by Borchudt

"Thought Without a Thinker" by Mark Epstein

Book on Supervision/Training

"Fundamentals of Clinical Supervision" by Bernard and Goodyear

"Sexual Feelings in Psychotherapy: Explorations for the Therapist and Therapist in Training" by Pope, Sonne, and Holroyd

Books on Violence/Abuse

"Breaking Down the Wall of Silence" by Alice Miller

"Treatment of the Sexually Abused Male" by Mic Hunter

"Violence Prediction" by Harold V. Hall

"Working with Adult Incest Survivors" by Kishner, Kirshner, and Rappaport

Miscellaneous Books

"Crisis Dreaming" by Cartwright

"Education and Identity", 2nd Ed. by Chickering and Reisser

"Sex in the Forbidden Zone" by Petter Rutter, MD

"Character Styles" by Stephen Johnson

Articles

"The Effectiveness of Psychotherapy" by Martin Seligman. American Psychologist.

"APA Div. 12 Task Force Report and Recommendation re: Empirically Validated/Supported Treatments"

"Linking Psychologists and Family Physicians for Collaborative Practice", Prof Psych, 1995, 25 (132-138)

"Harvard Mental Health Newsletter, Alliance for the Mentally Ill Advocate"

"Parent Grief and Children's Behavior" - ACA Journal (June 1997)

"The Student Learning Imperative" - ACPA article

Article in American Psychologist by S. Blatt on Perfectionism

Journals

Counseling Psychologist

Disabilities in Higher Education - Newsletter

Journal of College Student Development

Journal of College Student Psychotherapy

Journal of Counseling Development, Counseling Student on Campus

Journal of Learning Disabilities

Professional Psychology: Research and Practice - APA Journal

APPENDIX E**Video Tapes used in Professional Development - Question #83**
(Purchasing source was not provided for some tapes.)**Diagnostic/Treatment**

- "1990's - Videos on Current Psychotherapies" - APA
- "Approaches to Psychotherapy" - Strupp, Beck, Michenbaum
- ***"Assessment and Treatment of Psychological Disorders" - Series by Newbridge Professionals
- ***"C-B Treatment of Borderline Personality Disorder" - Marsha Linehan
- ***"Closet Narcissistic Disorder; The Masterson Approach"
Newbridge Communications, 333 E. 38th Street, New York, NY 10016
- "Comorbid Anxiety and Depression" - Michenbaum
- "Coping with Depression" - Courage to Change (800) 440-4003
- ***"DSM IV - Diagnostic Interview" - Behavioral Science Book Club
- ***"DSM-IV Tapes" - Series through Newbridge
- "Healing and the Mind" - with Bill Moyers
- "Legacy of Unresolved Loss" (Family Treatment) - Monice McGoldrick
Newbridge Communications, 333 E. 38th St. New York, NY 10016
- "Mend Emotions, Unresolved Loss" - Newbridge Series
- "Mixed Anxiety and Depression" - Michenbaum -Behavioral Science Book Service
- "Solution Focused Therapy" - Peller and Walsler, Chicago, IL
- "Solution Focused Therapy with Insoo Kim Berg"
- "The Tenure of Dr. Fabrikant" - Documentary: paranoid faculty member kills 4 colleagues.
Barna Alper Productions, Toronto, CAN (416) 979-0676
- "Treating Personality Disorder: The Dialectical Approach" (1995) - Marsha Linehan
Call #2840 Guilford Publications, NY
- ***"Treating Time Effectively: The First Session in Brief Therapy" - Simon Budman
Guilford Press ISBN 0-89862-984-5
- "Understanding Borderline Personality" - Marsha Linehan

Eating Disorders

- "Bulimia, a High Price for Looking Good" - K. Castleberry
Awareness Production, Radford, VA 24141
- "Eating Disorders Screening Video"
- "In Their Own Words" (personal accounts of eating disorders) - Gurze
- **"Slim Hopes"
Media Education Foundation, 26 Center Street, Northampton, MA 01060
(413) 586-4170

Gay and Lesbian Issues

- "All God's Children" (gay and lesbian issues in African American Community)
- "Relationships Presenting Issues: Psychotherapy with Gay and Lesbian Clients"
Buendia Productions, Santa Anna, CA, (800) 513-1092

Group Therapy

- "Yalom: Group Psychotherapy Tapes"

Family/Couple Work

- "Anger Management in Couples Work"
- "The Angry Couple"
Newbridge Communications, 333 E. 38th Street, New York, NY 10016

Multiculturalism/Diversity

- **"Color of Fear"
Lee Kin Wah, Stir Fry Productions, 1222 Preservation Park Way, Oakland, CA 94162
(800) 370-STIR

Sexual Assault/Rape

"Date Rape"

**"Playing the Game" -about Date Rape. Intermedia, Seattle WA (800) 553-8336

"Rape Sensitivity" -Seattle Police Dept. Video Unit

"Without Consent" -about Date Rape. Intermedia, Seattle WA (800) 553-8336

Miscellaneous

Anxiety video materials of all types by Newbridge

"Blue Eyed, Brown Eyed"

"Critical Incident Stress Debriefing"

"Dr. Katz"

"Fr. Martin"

"Killing Us Softly"

"Managed Care" - audio tape by Michael Hoyt from the Cape Cod Seminars

"Marijuana in the 90's" - CAS Productions

"MMPI-2 Evaluation of Jeffrey Dahmer" - Caldwell reports

"Relational Theory" - audio tape by Baker-Miller from the Cape Cod Seminars

"Retention of the Adult Learner"

"Understanding Trauma"

"Watch this movie and call me in the Morning" - General Resource on Videos

"When Billy Broke His Head"

"Yoga Now" - White Lion Press

"Your Healing Breath" - Ruella Frank

****Videos that have been recommended more than once.**

APPENDIX F**Examples of Innovative Programs - Question #84**
(Programs listed with ID numbers for networking purposes)**Academic Enhancement/Faculty Assistance**

- 032 Published a "Dealing with Distressed Students" brochure.
- 081 Assessment of Suspended Students.
- 084 Outreach Activities - If a professor/instructor will be out of town for a class or two, we assist them by doing proactive programs on various topics. The profile of topics has been developed by professionals in the particular subject areas.
- 199 Making Academic Success Happen (MASH).
- 226 Math Confidence Groups.
- 232 Dissertation Consultative Program.
- 256 Brochure for faculty and staff: "Managing Difficult Student Behavior".
- 266 LD, ADHD, Neuropsych. Program - Partnership with another university to collaborate in research initiatives.
- 305 Academic Success Program.
- 330 Retention Program, Student First Program.

Career

- 079 Career Development Program for Student Athletes.
- 192 Vocational Identity Project.
- 215 Academic Retention via Career Work.
- 238 Career Readiness Testing of all incoming students.
- 247 Student Career Group, Student, and Faculty Advisory Committees.
- 316 First Step: Career Exploration for High School Seniors/Freshmen.

Computer Technology

- 180 Counseling Center Web Site.
- 241 Link to Virtual Pamphlet Collection on WWW Page.
- 246 Computer disk 'Kiosk' mailed to all APA programs to advertise our Center. The program is interactive and downloading of forms is permitted.
- 279 Computerized scheduling and record-keeping system.

Discussion Groups

- 059 SACS Lunches (Student Affairs Colloquium Series) - Distribute short readings for a monthly series of discussion meetings.
- 232 Intergroup Relations/Dialogue Group Program.
- 283 "Food for Thought" - Students gather for free pizza, soda, a video (John Bradshaw, John Gray, etc.), and discussion. It is held in public location - good for attendance and profile.

Drug and Alcohol

- 015 Alcohol /Drug Task Force (composed of faculty/staff/students) to address substance abuse issues on campus.
- 116 Started a Coalition (multidisciplinary) to address Binge Drinking of Campus.
- 196 Substance Abuse Program with CSAC.
- 257 Diversionary Program - adjunct psychoeducational program for first time substance abuse offenders in student population.
- 273 Intensive Outpatient (alcohol/drug) Program.
- 302 Grant program to support student groups on creatively addressing issues of alcohol/ drug use and violence.

Eating Disorders

- 149 We formed a treatment team for students with eating disorders. It includes assessment (initial & ongoing) by MD, regular consultations with R.D., and individual and group therapy.
- 183 Management of Eating Disorder Cases with Health Services.
- 322 Eating Disorders Clinic.

Gay/Lesbian

- 210 Gay, Lesbian, and Bi Mentor Program.

Minority/Multiculturalism

- 054 Annual Diversity Action Plan.
- 092 Campus Bias Incident Role Play (an experiential exercise for diversity awareness workshops).
- 122 Diversity Quilt.
- 137 KBO - An Academic Counseling Program for African American Students.
- 223 Graduate Intern Training Seminar on multicultural development as a therapist.

Peer Education

- 001 Peer Advising Program.
- 002 Sexual Assault Victim's Advocacy Program – Peer advocates to respond to sexual assaults.
- 008 Peer mentoring program targeted at transfers. Successful transfers are selected and trained to use the mentor model of Bill Gray and will mentor 1 hour per week with an assigned transfer until Thanksgiving.
- 095 Peers Educating Peers (PEP) Program.
- 128 HIV - Peer Educators Program. Thirty active freshmen conduct programs regularly on campus and a coalition has been established with other nearby universities.
- 179 Athlete to Athlete Peer Program.
- 245 Peer organization to assist with outreach programming.
- 275 Peer Mentoring Programs for Asian Pacific Americans; Latino/Hispanic; and Gay, Bi, Lesbian students.
- 299 Peer-Based Suicide Prevention Program.
- 300 Peer Counseling Program.
- 303 Continuing Panel of undergraduates who advise on campus issues.
- 321 Sexual Assault Information Team - Peer-run support service to help and encourage students to find appropriate treatment options.

Psychoeducational

- 010 Anger Management Module - Used for mandated students and psycho-educational programs. Includes self-assessment, watching a video tape called "Cruel Spirit," and discussion.
- 121 Recently developed a Credit Learning Skills Course. Waiting for Senate approval.
- 182 Male Health: Socialization, Attitudes, Mental Health, and Morality.
- 189 NCBI Training, Seven Habits of Highly Effective People Training, 7 Habits Credit Courses, Exploring Wellness/Peer Educator Credit Courses.
- 193 Smart Sex.
- 202 Conflict Coaching - Conflict style is examined through one-to-one interactions between the student and a trained peer with help from an expert in mediation.
- 203 Weekly Workshops - Open to all University Personnel.
- 234 The Center staff has been training fraternity and sorority leaders to conduct programs for their new Greek members (pledges) on interpersonal relationships, date rape, and alcohol use. The Center staff will continue to serve as consultants to these Greek leaders.
- 298 Interdisciplinary Rural Health Training Program between Counseling Center and family medicine, nursing, social work, and psychology departments.

Resources

- 032 Publish a 2-page listing of community resources every two years.
- 068 A single page, Quick Referral Guide based on student concerns.
- 141 Consultation Program with our law school. One-half day a week, a counselor is based there to do training, consultation, and some drop-in time for students. These students may then be referred to the Center for Counseling.
- 211 Development of a Career Choice and Study Skills Self-Assessment Form which assesses students' needs in these areas and then recommends particular services based on the results.

Relaxation/Stress Reduction

- 010 Comprehensive proposal for a biofeedback laboratory to deal with stress, anxiety, self-regulation.
- 050 Wellness Day - Exhibits on healthy life style, interactive tests. Stress Free Zones - during finals, rooms to relax or play games.
- 154 Currently developing a "Stress Management Laboratory" using computerized EEG biofeedback.
- 165 Relaxation Station - A relaxation program not requiring a staff member's presence. It is available in the University Center Building.
- 235 Set up relaxation room for clients.

Sexual Assault/Abuse/Violence

- 002 Sexual Assault Victim's Advocacy Program - Peer advocates to respond to sexual assaults.
- 015 Sexual Assault Crisis Team - Trained student volunteers respond to sexual assault crises.
- 067 Sexual Assault - Two convicted sex offenders, along with the Sex Crimes Division of the Police, speak in a group format about their approaches and how to protect yourself.
- 193 High school Sexual Assault Program.
- 199 Victory Over Violence Program (A week long program).
- 300 Sexual Assault Services.
- 302 Grant program to support student groups on creatively addressing issues of alcohol/ drug use and violence.
- 321 Sexual Assault Information Team - Peer-run support service to help and encourage students to find appropriate treatment options.
- 329 Sexual Assault Advisors - Faculty/administrators help victims obtain needed resources, file charges, etc.

Therapeutic

- 092 Suicide/Suicide Attempt Psychological Autopsy.
- 157 Crisis Response Development.
- 191 Post-traumatic stress debriefing following a tragedy; Cooperative on-call system with the local hospital's Psychiatric Unit.
- 233 Transition Issues Support Group for students experiencing career, academic, or graduation transitions.
- 250 Contractual arrangement with the Athletic Department to provide MH services to student athletes.

Miscellaneous

- 030 Campus Organizational Consultation Program. Counseling Center Director works half-time in Organizational Development work for University Administration.
- 169 Outreach programs: to seniors, sports teams re. homophobia.
- 183 Management of referrals/mandated clients from Dean.
- 197 A series of radio programs on 8 world religions, followed by a roundtable discussion among the participating clergy.
- 207 Screening of Campus Police Officers.
- 272 Have organized an Intern "reunion" to include all interns for past 12 years.
- 288 Staff exchange with Ed. Psych. Dept. UCC teaches classes and faculty see clients and run groups.
- 289 An extensive training program for 20, 20-hour/week interns - largely master's level.
- 318 Safe Zone Trainings for interested faculty and staff.

The following pages contain directories to assist you in matching counseling centers with their identification numbers. Beginning on this page is an alphabetical listing by last name of all counseling center directors. On the following pages is a list which is organized alphabetically by institution name. Some institutions whose surveys were not included in the data analysis can be found at the end of that list.

ALPHABETIZED LISTING OF PARTICIPANTS - Directory number follows name.

Aiken, Jim	029	Casey, Dan	179	Ferrari, Nancy	311
Alexander, Beverly L.	285	Chagnon, Jean	040	Filicetti, Peter	103
Alford, Karola	064	Chandler, David	163	Foreman, Milton E.	222
Alishio, Kip C.	123	Cimboic, Peter	041	Fox, Ray P.	279
Allbritten, Bill	130	Clack, Jim	059	Frank, Edith	133
Allen, Richard D.	219	Clark, Al	271	Friedman, Scott	080
Anton, William D.	274	Closs, Cathie	024	Frizzell, Christine	240
Arce, Elsa,	045	Coffman, Janet	173	Fuchs, Kathleen Fi.	104
Atkins, Pam	193	Cogdal, Pamela	122	Fulks, Nikki J.	234
Atkinson, M. Bernard	109	Colvin Walker, Jen	063	Fygetakis, Leah M.	021
Aylmer, Robert C.	283	Cook, Donelda A.	111	Gabbard, Clinton E.	151
Azar, James A.	159	Coonce, Jan	153	Gale, Diane	190
Backels, Steve	148	Cooper, Stewart E.	302	Garni, Ken	188
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