

**NATIONAL SURVEY OF
COUNSELING CENTER DIRECTORS**

1998

**ROBERT P. GALLAHGER
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334 WILLIAM PITT UNION
PITTSBURGH, PA 15260**

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INTERNATIONAL ASSOCIATION OF COUNSELING SERVICES, INC.

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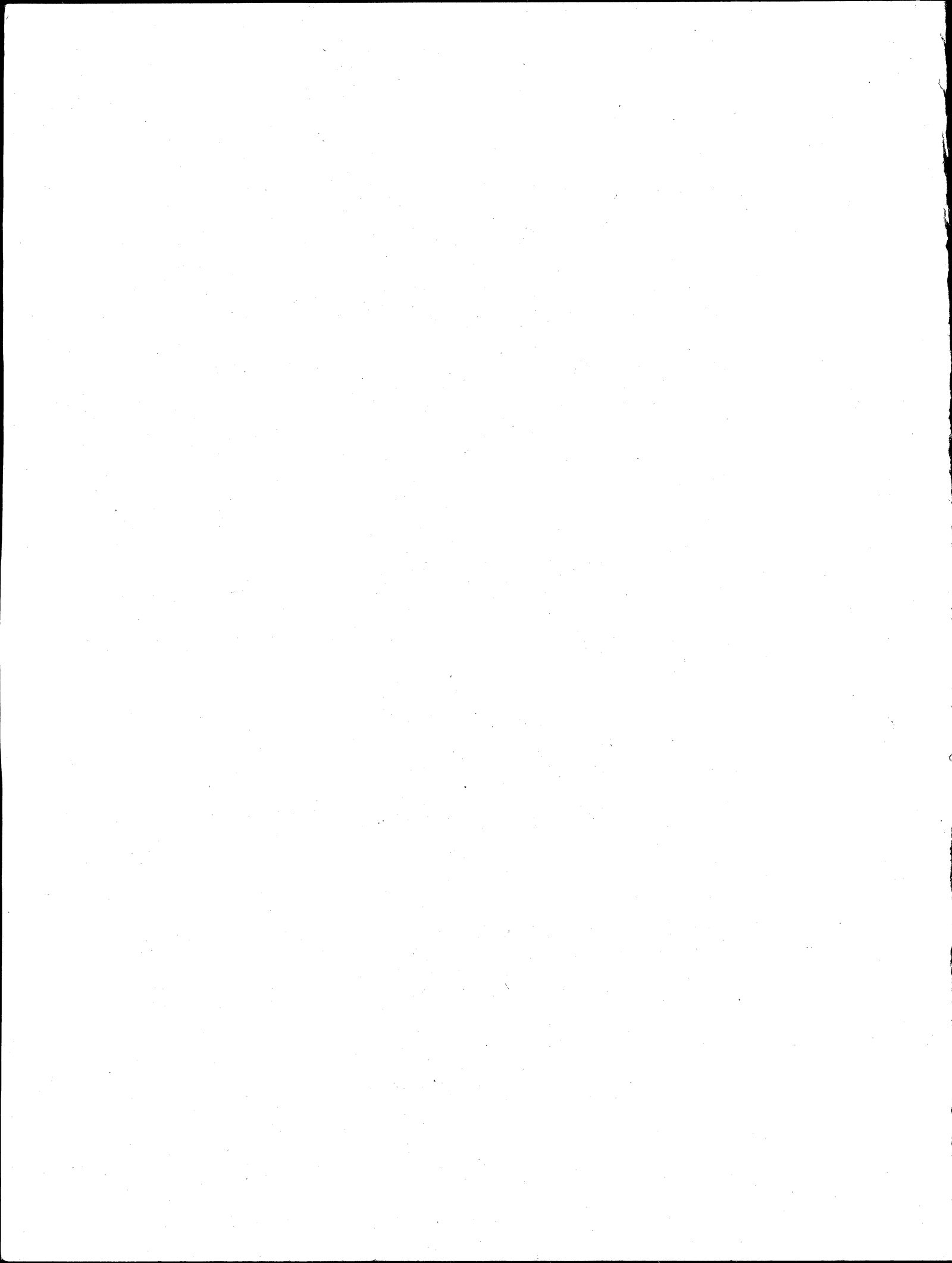
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The publisher of this monograph is the International Association of Counseling Services (IACS).

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.

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Steve Sena, Series Editor

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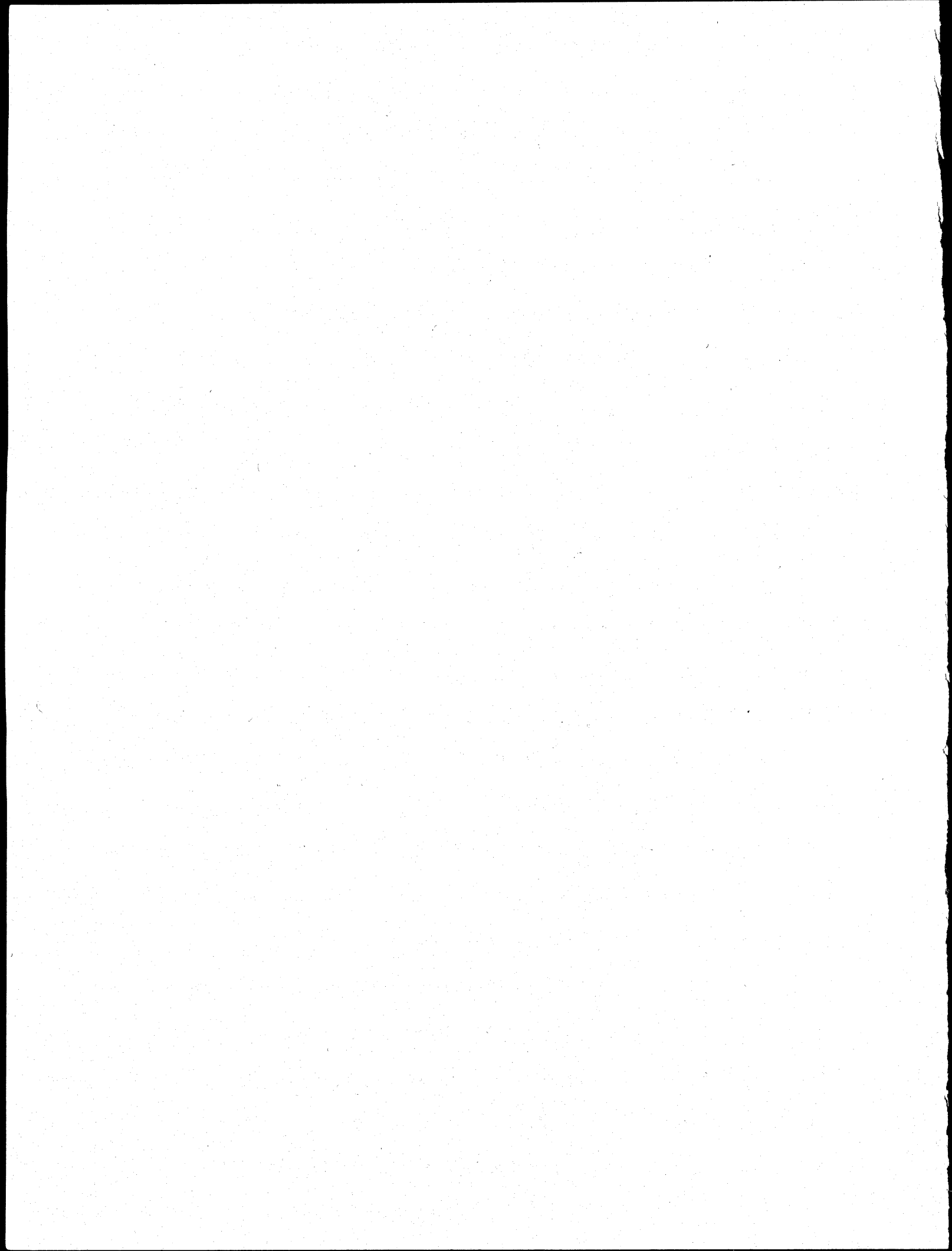
OVERVIEW

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.

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 1998 survey includes data provided by directors from 325 counseling centers, representing institutions from 45 states and 3 provinces.



SURVEY HIGHLIGHTS

- In 1997-1998, 15.8% of centers charged a fee for personal counseling to students (up 4% since 1997), 4.4% collected third party payments, and 42.2% were fully or partially supported by a mandatory fee. (Item 1, 2, & 3)
- 23.6% of centers took innovative action to earn income this year (up 4% over last year). (Item 4)
- The salary budgets of 55% of centers increased 1-3% and those of 21.7% of centers increased 4% or more. 29.6% of centers reported an increase in their other costs budget, which is up 11.3% since 1997. (Item 5)
- Six directors reported that their center has been outsourced or privatized -- this number has doubled since 1997. (Item 6)
- 43% of centers gained new staff positions (up 12.8% since 1996) and 14.7% lost staff positions without a replacement (down 26.6% since 1996). (Items 7 & 8)
- 20.4% of centers had records subpoenaed in the past year. In 80% of these cases, it was necessary for the center to comply with the subpoena. (Items 9 & 10)
- 6 centers had suits against them in the past year. Examples are provided. (Item 14)
- 40.3% of centers have faced legal or ethical dilemmas in the past year (up 12.6% since 1997). Examples are provided in Appendix A. (Item 15)
- 27.2% of directors reported utilizing TQM at their center (up 11.7% since 1993). 34.8% of these directors have found this to be an effective managerial approach. (Item 19)
- 46.7% of directors reported feeling that their administrative duties are very demanding and have to take work home with them. (Item 21)
- Directors from larger centers carry smaller case loads but directors from small centers are somewhat more inclined to find thoughts about administrative tasks intruding on their therapy sessions. (Items 22 & 23)
- Directors reported the following benefits of their job: variety of work (90.1%), professional autonomy (80.4%), supportive staff (73.3%), personal growth (63.0%), and the opportunity to mentor (60.2%). (Item 24)
- Directors indicated that the following are sources of moderate to high stress on their job: time pressures (91.9%), work load (88.2%), and staff conflicts (65.7%). (Item 25)
- 29.3% of directors practice meditation. 41.5% of center staff meditate. (Item 26)
- In the past 5 years, 62.4% of directors have had their administrative duties increased. Of these, 25.2% have assumed responsibility for other administrative units outside the counseling center, and 19.7% have had other administrative units placed under the center. (Item 27)
- Directors most commonly identify themselves as: Counseling Psychologists (47.5%), Clinical Psychologists (25.6%), and Professional Counselors (14.7%). (Item 28)
- Total salaries for new staff are presented according to gender and minority status in Item 29. The breakdown of salary data for new staff by institutional size is available in Appendix B.

- Average salary information for different professionals including breakdowns for length of employment is provided in Item 30. Average salary information is provided according to school size in Appendix C.
- The type of paid benefits available for different staff, including professional development money is provided. (Item 31)
- The number of centers that hire part time counselors who receive salary but no other benefits is 40.1% (up 4.3% since 1996). (Item 32)
- Part time counselors provide: individual counseling (95.3%), group counseling (59.3%), outreach programming (48.7%), and workshops (48.0%). 92.2% of directors find these counselors to be moderately to extremely helpful for reducing caseload. (Items 33 & 34)
- 55.0% of centers utilize an institution-wide format for staff evaluations and 32.5% utilize an evaluation format specifically designed for the center (up 10.5% since 1993). The methods by which these evaluations are used is available. (Items 37 & 38)
- Centers that evaluate staff base their evaluative criteria on: job descriptions (61.7%) annual goal setting; (46.9%), or a combination (56.2%), and only 17.9% of centers use client outcome data as part of the evaluative process. (Item 39)
- 73% of centers store client information on computers (up 39% since 1993). Data is provided on what information is stored, how it is protected, and who has access. (Items 41-45)
- Centers are now using e-mail/internet for the following: psychoeducation (48.7%), personal client contact (35.4%), career information (26.2%), databases (7.7%), and chat rooms around specific themes for students (4.6%). (Item 46)
- For information on how directors feel about the use of e-mail with clients in different situations, see Item 47.
- 62 centers (19.3%) are part of a student health service (up 7.2% since 1993). Of these, 90% were once independent. 19 centers, however, used to be part of a student health service and are now independent. (Item 48)
- 102 centers reported that they were administratively linked with a student health service (SHS). In 35 (34.3%) of these, the counseling center (CC) director reports to the SHS director, in 32 (31%), the CC director is responsible for both the center and SHS. (Item 50)
- 20.5% of centers have at some time had a merger of the mental health components of the student health service (SHS) and the counseling center (CC). Where these mergers occurred, 55% were in the direction of the SHS and 45% were in the direction of the CC. 11% of centers reported that such mergers are being considered. (Items 51 & 52)
- 49.8% of schools provide psychiatric services on campus. Centers report an average of 18 psychiatric consultation hours per week with an average of 1.6 psychiatric consultation hours per week per 1,000 students. (Items 52, 54, 55)
- 45.6% of centers require students receiving medication from an on-campus psychiatrist to be followed in the counseling center for psychotherapy (up 22.2% since 1991, up 7.8% since 1997). Students obtain psychiatric medication from the following on-campus providers: psychiatrist (72.8%), M.D. non-psychiatrist (62.1%), and Nurse Practitioners (25.1%). (Item 57)

- The average ratio of mental health professionals to FTE students is 1 to 1517. This ratio varies by school size. (Item 58)
- The average number of sessions per week that is considered a full case load for a counselor who does only counseling is 24.7. (Item 61)
- Full time counselors spend an average of 60% of their time on Direct Service, 21% on Indirect Service, 13% on Administrative Service, and 5% on other activities. (Item 62)
- Information on how centers typically handle "no-shows" is provided. Most centers (83.8%) will not maintain a holding appointment past 2 "no-shows". (Items 63-65)
- 82.0% of all center staff are Caucasian, 9.1% are African American, 4.4% are Hispanic American, 2.8% are Asian American, and 0.7% are Native American. The female to male ratio is approximately 2 to 1, and the percentage of "out" gay/lesbian/bisexual counselors is 9.5%. (Item 68)
- Directors reported the greatest increase over the past 5 years in the following student problems: learning disabilities (76.6%), severe psychological problems (75.3%), problems related to earlier sexual abuse (48.4%), and alcohol related problems (44.7%). (Item 69)
- 28.6% of centers generate a DSM-IV diagnosis on most clients (up 12.5% since 1993). (Item 70)
- 46.4% of centers saw obsessive pursuit cases this past year (277 cases in all). 20 persons were injured and 5 persons were killed. (Item 71)
- 86.9% of centers had to hospitalize a student for psychological reasons in the past year. The average number of hospitalizations was 5.8. (Item 74)
- 26.9% of schools had a student suicide last year. 11.9% of centers had a client suicide, with 2 centers reporting legal action against them. (Items 77 & 78)
- 63.7% of centers notified a third party about a potentially suicidal student last year (up 15.5% from 1996). Information about how centers handle potentially suicidal students is provided. (Items 80 & 81)
- 14.6% of centers gave Tarasoff type warnings in the past year (down 4.4% since 1997). Information is provided for how centers handle clients who pose a danger to others and who was notified. (Items 82-85)
- 41.0% of centers participated in Depression Screening Day, with an average of 37 persons screened, and 37% referred for treatment. (Items 86 & 87)
- 26.6% of centers participated in Anxiety Screening Day, with an average of 29 persons screened, and 26% referred for treatment. (Items 89 & 90)
- 33% of centers have seen one or more HIV positive clients within the past year. 7.2% of these directors felt that they had HIV students who posed a potential risk to a third party (down 8.7% since 1997), and of these, none found it necessary to warn a third party. (Items 93 & 94)
- For a list of recommended professional development video tapes, see Appendix D.
- For a list of innovative programs, see Appendix E.

- Centers are currently using the following types of outcome assessment: general student evaluation forms (89.8%), post therapy assessment of goals (19.4%), and pre and post testing (14.5%). (Item 98)
- The typical rate of return for student evaluations of therapy is 45.9%. 73.8% of centers reported that their percentage of positive ratings is above 90%. (Item 100)
- 42.3% of centers accept mandated referrals for assessment and counseling, 43.9% accept referrals for assessment only, and 13.8% do not accept mandated referrals. 25.6% of directors have noticed an increase in the number of mandated referrals. (Item 103)
- The most common types of mandated referrals seen by centers are: disruptive behavior (75.0%), drug and alcohol violations (74.6%), and expression of suicidal ideation (47.8%). Information on policies regarding mandatory counseling is provided. (Items 104 7 105)
- Regarding mandatory referrals, 75.7% of centers will provide confirmation of the initial visit to the mandator. 36.0% will confirm that the student has complied with the recommendation for counseling. 15.4% will provide a statement of progress, and 8.1% will provide no information at all. (Item 106)
- Of the directors who have received the results of this survey in the past, about 3/4 have shared data with their boss. 64% have shared data at a staff meeting, 55% have distributed the survey to staff, 52% have quoted data for in-house institutional reports, and 42% have used the data to support requests for new resources. The number of directors who use the directory part of the survey to contact others (25.9%) is down 32.1% from 1993. This is probably due to the increased communication by way of e-mail. (Item 110)

1998 DIRECTOR'S SURVEY SUMMARY DATA
Raw data reported outside brackets (frequencies inside)

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

DEMOGRAPHIC INFORMATION

Director's Gender			Director's Racial/Ethnic Identification		
Male	171	(53.3%)	African American	12	(3.8%)
Female	150	(46.7%)	Asian American	2	(0.6%)
			Hispanic American	12	(3.8%)
			Native American	1	(0.3%)
			White/Caucasian	289	(90.9%)
			Other	2	(0.6%)
			No response	7	(2.0%)

	<u>Under 2,500</u>	<u>2,500 - 7,500</u>	<u>7,500 - 15,000</u>	<u>Over 15,000</u>	<u>TOTAL</u>	<u>COMMENTS</u>
	n = 63	n = 95	n = 73	n = 94	n = 325	
1. Centers that charge fees for the following services:						Annual income generated
a) Personal counseling to students	3 (4.8%)	11 (11.6%)	13 (17.8%)	24 (26.1%)	51 (15.8%)	\bar{x} = \$1,500 Range 1-6K
b) Personal counseling to faculty/staff	0 (0.0%)	11 (11.6%)	9 (12.5%)	4 (4.3%)	24 (7.4%)	\bar{x} = \$8,200 Range 50.00-60K
c) Personal counseling to alumni	2 (3.2%)	5 (5.3%)	1 (1.4%)	4 (4.3%)	12 (3.7%)	\bar{x} = \$3,200 Range 200-10K
d) Personal counseling to community	1 (1.6%)	4 (4.2%)	1 (1.4%)	1 (1.1%)	7 (2.2%)	\bar{x} = \$1,900 Range 500.00-6K
e) Career counseling to students	3 (4.8%)	4 (4.2%)	10 (13.9%)	11 (11.8%)	28 (8.7%)	\bar{x} = \$2,800 Range 500.00-1K
f) Career counseling to faculty/staff	1 (1.6%)	4 (4.2%)	9 (12.5%)	7 (7.5%)	21 (6.5%)	\bar{x} = \$1,000 Range 180.00-2K
g) Career counseling to alumni	3 (4.8%)	7 (7.4%)	9 (12.5%)	12 (12.9%)	31 (9.6%)	\bar{x} = \$470 Range 100.00-1K
h) Career counseling to community	2 (3.2%)	8 (8.5%)	9 (12.5%)	13 (14.1%)	32 (10.0%)	\bar{x} = \$2,500 Range 90.00-4K
i) Career testing to students	7 (11.1%)	18 (19.1%)	26 (36.6%)	33 (35.9%)	84 (26.3%)	\bar{x} = \$1,400 Range 7.00-9K
j) Career testing to faculty/staff	0 (0.0%)	13 (13.8%)	18 (25.0%)	16 (17.4%)	47 (14.6%)	\bar{x} = \$400 Range 10.00-2K
k) Career testing to alumni	3 (4.8%)	20 (21.1%)	17 (23.6%)	20 (21.7%)	60 (18.7%)	\bar{x} = \$460 Range 10.00-2.5K
l) Career testing to community	2 (3.2%)	12 (12.6%)	13 (18.1%)	19 (20.7%)	46 (14.3%)	\bar{x} = \$1,800 Range 10.00-3K
m) Personality testing to students	7 (11.1%)	10 (10.5%)	22 (30.6%)	30 (32.3%)	69 (21.4%)	\bar{x} = \$960 Range 7.00-1K
n) Personality testing to faculty/staff	0 (0.0%)	6 (6.3%)	10 (13.9%)	10 (10.8%)	26 (8.0%)	\bar{x} = \$1,000 Range 30.00-4K
o) Personality testing to alumni	1 (1.6%)	3 (3.2%)	7 (9.7%)	6 (6.5%)	17 (5.3%)	\bar{x} = \$1,000 Range 30.00-4K
p) Personality testing to community	2 (3.2%)	3 (3.2%)	5 (6.9%)	4 (4.3%)	14 (4.3%)	\bar{x} = \$2,200 Range 35.00-1K
2. Centers that collect third party payments for personal counseling:	0 (0.0%)	3 (3.2%)	3 (4.1%)	8 (8.7%)	14 (4.4%)	
3. Centers that are fully or partially supported by a mandatory fee:	23 (36.5%)	30 (31.9%)	33 (46.4%)	49 (53.3%)	135 (42.2%)	
4. Centers taking innovative action to earn income:	6 (9.5%)	16 (17.4%)	18 (25.4%)	35 (38.0%)	75 (23.6%)	Up 4% since 1997

	<u>Under 2,500</u> (n = 63)	<u>2,500 - 7,500</u> (n = 95)	<u>7,500 - 15,000</u> (n = 73)	<u>Over 15,000</u> (n = 94)	<u>TOTAL</u> (n = 325)	<u>COMMENTS</u>
5. How Center budgets have fared in the past year:						
Salaries:						
a) Decreased	2 (3.3%)	4 (4.2%)	3 (4.1%)	5 (5.4%)	14 (4.3%)	
b) Stayed the same	17 (27.9%)	20 (21.1%)	14 (19.2%)	10 (10.8%)	61 (18.9%)	
c) Increased 1-3%	31 (50.8%)	59 (62.1%)	37 (50.7%)	50 (53.8%)	177 (55.0%)	
d) Increased 4-6%	10 (16.4%)	11 (11.6%)	17 (23.3%)	22 (23.7%)	60 (18.6%)	
e) Increased 7% or more	1 (1.6%)	1 (1.1%)	2 (2.7%)	6 (6.5%)	10 (3.1%)	
Other Costs Budget:						
a) Increased	15 (24.2%)	30 (31.6%)	23 (31.9%)	27 (29.3%)	95 (29.6%)	Up 11.3% since 1997.
b) Remained the same	42 (67.7%)	54 (56.8%)	43 (59.7%)	51 (55.4%)	190 (59.2%)	
c) Decreased	5 (8.1%)	11 (11.6%)	6 (8.3%)	14 (15.2%)	36 (11.2%)	
6. Centers that have been outsourced or privatized:						
a) Yes	3 (4.8%)	2 (2.1%)	0 (0.0%)	1 (1.1%)	6 (1.9%)	
b) No, but under consideration	0 (0.0%)	2 (2.1%)	0 (0.0%)	1 (1.1%)	3 (0.9%)	
7. Centers that have gained new staff positions in the past year:						
a) Professional	15 (23.8%)	12 (12.6%)	11 (15.1%)	23 (24.7%)	61 (18.8%)	Centers gaining
b) Clerical	2 (3.3%)	7 (7.4%)	4 (5.5%)	8 (8.8%)	21 (6.6%)	professional staff up
c) Graduate Student Assistant or 1/2 time Intern	5 (8.2%)	11 (11.7%)	6 (8.3%)	13 (14.3%)	35 (11.0%)	6.4% since 1996.
d) Intern (full time)	1 (1.6%)	4 (4.3%)	4 (5.6%)	12 (13.0%)	21 (6.6%)	
8. Centers that have lost staff positions in the past year:						
a) Professional	3 (4.8%)	4 (4.2%)	4 (5.5%)	12 (12.9%)	23 (7.1%)	Centers losing professional
b) Clerical	2 (3.3%)	4 (4.2%)	4 (5.5%)	3 (3.3%)	13 (4.1%)	staff down 8.3% since 1996
c) Graduate Student Assistant or 1/2 time Intern	2 (3.3%)	1 (1.1%)	1 (1.4%)	3 (3.3%)	7 (2.2%)	
d) Intern (full time)	1 (1.7%)	0 (0.0%)	1 (1.4%)	2 (2.2%)	4 (1.3%)	
9. Centers that have had records subpoenaed in the past year:	4 (6.3%)	12 (12.6%)	23 (31.5%)	27 (29.0%)	66 (20.4%)	52 of these centers
11. Subpoenaed records were used:						complied with the
a) In support of a claim by a Center client	3 (75.0%)	8 (80.0%)	17 (81.0%)	21 (95.5%)	49 (87.5%)	subpoena.
b) Against a client	2 (50.0%)	6 (75.0%)	7 (53.8%)	10 (58.8%)	25 (59.5%)	Percentages based on
12. Centers where counselors had to appear in court as a result of subpoena:	0 (0.0%)	4 (33.3%)	2 (9.5%)	6 (23.1%)	12 (19.0%)	number of subpoenaed
14. Centers that have had suits brought against them in the past year:	0 (0.0%)	2 (2.1%)	1 (1.4%)	3 (3.2%)	6 (1.9%)	centers.
1997-1998 Suits: Sexual harassment, false memories, involuntary hospitalization, unprofessional conduct of a therapist, and one client suing all treatment providers.						
15. Centers that have experienced other legal or ethical dilemmas in the past year:	25 (41.7%)	35 (37.2%)	33 (47.8%)	33 (36.7%)	126 (40.3%)	See Appendix A for
						examples of dilemmas.

	<u>Under 2,500</u> (n = 63)	<u>2,500 - 7,500</u> (n = 95)	<u>7,500 - 15,000</u> (n = 73)	<u>Over 15,000</u> (n = 94)	<u>TOTAL</u> (n = 325)	<u>COMMENTS</u>
16. Center directors reporting that the legal and ethical dilemmas were resolved to their satisfaction:	19 (82.6%)	29 (70.7%)	26 (68.4%)	24 (64.9%)	98 (70.5%)	
17. Centers taking special action to alleviate or prevent staff burnout:	18 (31.0%)	41 (43.2%)	29 (41.4%)	48 (51.6%)	136 (43.0%)	Down 19% since 1993.
Some commonly used methods to prevent staff burnout were: Flextime, social lunches and celebrations, money for professional development, retreats, staff development, team building, mental health days, and adequate consultations and supervision. Some creative options included a monthly in-service with a massage therapist, use of humor, & participatory management.						
18. Status of Total Quality Management (TQM) Movement:						
a) Schools currently using TQM	5 (8.1%)	19 (20.4%)	15 (20.8%)	33 (35.9%)	72 (22.6%)	While there seems to be a declining interest in using TQM among institutions, there seems to be an increase in the number of Centers using TQM (up 11.7%) since 1993.
b) Schools not currently involved in TQM	46 (74.2%)	59 (63.4%)	41 (56.9%)	51 (55.4%)	197 (61.8%)	
c) TQM is being considered	2 (3.2%)	3 (3.2%)	3 (4.2%)	2 (2.2%)	10 (3.1%)	
d) TQM was tried and abandoned	4 (6.5%)	10 (10.8%)	7 (9.7%)	5 (5.4%)	26 (8.2%)	
e) Total Quality what?	5 (8.1%)	2 (2.2%)	6 (8.3%)	1 (1.1%)	14 (4.4%)	
19. Centers utilizing TQM:	2 (7.1%)	12 (26.1%)	12 (29.3%)	21 (36.2%)	47 (27.2%)	
Beliefs about this approach:						
a) Effective	0 (0.0%)	4 (33.3%)	2 (20.0%)	10 (45.5%)	16 (34.8%)	Percentages based on total responses to this item. 14% of Directors that responded.
b) Ineffective	2 (3.2%)	3 (25.0%)	1 (10.0%)	1 (4.5%)	7 (15.2%)	
c) Have mixed feelings	0 (0.0%)	5 (41.7%)	7 (70.0%)	11 (50.0%)	23 (50.0%)	
20. Institutions with new management strategies that are replacing TQM:	7 (15.2%)	17 (23.6%)	10 (19.2%)	12 (14.8%)	46 (18.3%)	
21. Directors who feel their administrative responsibilities are:						
a) Very demanding, I have to take work home with me	29 (46.8%)	45 (47.9%)	30 (41.1%)	47 (50.0%)	151 (46.7%)	
b) Moderately demanding, but I can get it all done in the work day	28 (45.2%)	40 (42.6%)	41 (56.2%)	44 (46.8%)	153 (47.4%)	
c) The administrative tasks are relatively undemanding at our Center	5 (8.1%)	9 (9.6%)	2 (2.7%)	3 (3.2%)	19 (5.9%)	
22. Directors who see clients in addition to their administrative responsibilities:						
a) Yes, carry a heavy case load	41 (66.1%)	38 (40.0%)	13 (17.8%)	16 (17.0%)	108 (33.3%)	
b) Yes, but only a moderate case load	18 (29.0%)	36 (37.9%)	41 (56.2%)	32 (34.0%)	127 (39.2%)	
c) Yes, but carry only a few clients	2 (3.2%)	19 (20.0%)	17 (23.3%)	38 (40.4%)	76 (23.5%)	
d) No clients	1 (1.6%)	2 (2.1%)	2 (2.7%)	8 (8.5%)	13 (4.0%)	
23. The effect of administrative responsibilities on Director's counseling effectiveness:						
a) I often find myself thinking about administrative tasks when I should be focusing on my client	5 (8.2%)	5 (5.4%)	8 (11.1%)	3 (3.5%)	21 (6.7%)	Directors from small centers seem to have more problems with this. Probably related to their heavier caseloads.
b) On occasion thoughts about administrative tasks intrude on my counseling	29 (47.5%)	44 (47.3%)	33 (45.8%)	36 (41.9%)	142 (45.5%)	
c) I have been able to keep my head pretty clear of administrative tasks when I am counseling	27 (44.3%)	44 (47.3%)	31 (43.1%)	47 (54.7%)	149 (47.8%)	

	<u>Under 2,500</u> (n = 63)	<u>2,500 - 7,500</u> (n = 95)	<u>7,500 - 15,000</u> (n = 73)	<u>Over 15,000</u> (n = 94)	<u>TOTAL</u> (n = 325)	<u>COMMENTS</u>
24. Benefits of being a Counseling Center Director:						Directors listed several
a) Higher salary	12 (19.7%)	45 (47.9%)	46 (63.0%)	68 (72.3%)	171 (53.1%)	other benefits of their job,
b) Control of budget	17 (27.9%)	37 (39.4%)	28 (38.4%)	44 (46.8%)	126 (39.1%)	most notably, the ability
c) Professional autonomy	54 (88.5%)	76 (80.9%)	54 (74.0%)	75 (79.8%)	259 (80.4%)	to have a positive influence
d) Supportive staff	40 (65.6%)	75 (79.8%)	52 (71.2%)	69 (73.4%)	236 (73.3%)	on the direction and
e) Supportive boss	39 (63.9%)	57 (60.6%)	47 (64.4%)	59 (62.8%)	202 (62.7%)	development of the Center.
f) Variety of work	56 (91.8%)	82 (87.2%)	69 (94.5%)	83 (88.3%)	290 (90.1%)	Directors also cited their
g) The opportunity to mentor	34 (55.7%)	60 (63.8%)	46 (63.0%)	54 (57.4%)	194 (60.2%)	leadership responsibilities,
h) Personal growth	36 (59.0%)	59 (62.8%)	54 (74.0%)	54 (57.4%)	203 (63.0%)	creative planning, and their
i) Having access to the Director's email network	25 (41.0%)	30 (31.9%)	33 (45.2%)	27 (28.7%)	115 (35.7%)	involvement and influence
j) My significant other loves me more because the title of "Director" is so sexy	10 (16.4%)	17 (18.1%)	17 (23.3%)	13 (14.0%)	57 (17.8%)	on campus.
k) Other	17 (27.9%)	12 (12.8%)	11 (15.9%)	14 (14.9%)	54 (17.0%)	

25. Level of stress the following issues generate for Directors:

	<u>High Stress</u>	<u>Moderate Stress</u>	<u>Low Stress</u>	
a) Time pressures	114 (35.4%)	182 (56.5%)	26 (8.1%)	Other sources of stress include multiplicity of roles, reorganization, inadequate number of staff, and balancing family and work.
b) Staff conflicts	99 (30.8%)	112 (34.9%)	110 (34.3%)	
c) Budget issues	39 (12.1%)	148 (45.8%)	136 (42.1%)	
d) Pressure from above	44 (13.7%)	125 (38.9%)	152 (47.4%)	
e) Work load	127 (39.4%)	157 (48.8%)	38 (11.8%)	Though not shown here, directors from smaller schools tended to have higher levels of stress with time pressures, work load, complexity of client problems, and inadequate salary. Larger schools tended to have higher levels of stress with staff conflicts.
f) Uncertainty about the Center's future	31 (9.6%)	86 (26.6%)	206 (63.8%)	
g) The burden of responsibility	59 (18.3%)	144 (44.9%)	118 (36.8%)	
h) Complexity of client problems	46 (14.3%)	166 (51.7%)	109 (34.0%)	
i) Lack of direction from above	23 (7.2%)	64 (20.0%)	233 (72.8%)	
j) Center politics	19 (5.9%)	74 (23.1%)	227 (70.9%)	
k) Campus politics	56 (17.3%)	127 (39.3%)	140 (43.3%)	
l) Lack of staff appreciation for the complexity of your job	19 (5.9%)	69 (21.6%)	232 (72.5%)	
m) Lack of appreciation from above	25 (7.8%)	74 (23.1%)	222 (69.2%)	
n) Inadequate directors salary	41 (12.9%)	97 (30.6%)	179 (56.5%)	
o) Inadequate money for staff increases	86 (27.0%)	139 (43.6%)	94 (29.5%)	

26. Recently, interest has grown in a variety of forms of meditation. Meditation is being utilized as a tool for personal development/spiritual growth, as a stress management strategy, an adjunct to therapy, and a part of counselor training.

Directors that practice meditation:	21 (33.9%)	29 (30.9%)	20 (28.2%)	24 (25.5%)	94 (29.3%)	
Centers where staff meditate:	16 (27.6%)	32 (36.8%)	34 (51.5%)	40 (48.2%)	122 (41.5%)	
Centers that offer meditation as:						
a) Part of stress management program/workshops	19 (31.7%)	34 (37.0%)	31 (43.7%)	34 (36.6%)	118 (37.3%)	Centers also reported teaching meditation in individual treatment.
b) A separate meditation group	4 (6.8%)	4 (4.5%)	9 (13.4%)	11 (12.4%)	28 (9.2%)	
c) Other	7 (18.9%)	15 (24.2%)	7 (18.4%)	5 (10.0%)	34 (18.2%)	

	<u>Under 2,500</u> (n = 63)	<u>2,500 - 7,500</u> (n = 95)	<u>7,500 - 15,000</u> (n = 73)	<u>Over 15,000</u> (n = 94)	<u>TOTAL</u> (n = 325)	<u>COMMENTS</u>
Types of meditation practiced/taught:						
a) Buddhist	4 (16.7%)	6 (15.8%)	9 (27.3%)	7 (19.4%)	26 (19.8%)	Other types of meditation include: Christian prayer, breathing techniques, relaxation, Guided Imagery, Tai Chi and Mindfulness.
b) Traditional Zen	4 (16.7%)	5 (13.5%)	6 (18.2%)	11 (30.6%)	26 (20.0%)	
c) Transcendental Meditation (TM)	8 (33.3%)	9 (24.3%)	9 (27.3%)	11 (30.6%)	37 (28.5%)	
d) Other	15 (62.5%)	23 (62.2%)	17 (53.1%)	16 (44.4%)	71 (55.0%)	
27. Trend of Director's increasing administrative duties in the past 5 years:						
a) Have assumed responsibility for other administrative units outside of Counseling Center	14 (22.2%)	25 (26.3%)	21 (28.8%)	22 (23.4%)	82 (25.2%)	A number of Directors reported that they have been given multiple responsibilities on campus.
b) Have had other administrative units placed under the Counseling Center	12 (19.0%)	21 (22.1%)	14 (19.2%)	17 (18.1%)	64 (19.7%)	
c) Other	10 (15.9%)	18 (18.9%)	12 (16.4%)	17 (18.1%)	57 (17.5%)	
28. Directors identify themselves primarily as:						
a) Clinical Psychologist	10 (16.4%)	26 (28.0%)	17 (23.6%)	29 (30.9%)	82 (25.6%)	Some directors identify themselves primarily as: Marriage & Family Therapists (5), Nurse Practitioners (3), and as a Psychoanalyst (1).
b) Counseling Psychologist	25 (41.0%)	37 (39.8%)	42 (58.3%)	48 (51.1%)	152 (47.5%)	
c) Professional Counselor	11 (18.0%)	18 (19.4%)	9 (12.5%)	9 (9.6%)	47 (14.7%)	
d) Psychiatrist	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
e) Mental Health Professional	5 (8.2%)	2 (2.2%)	0 (0.0%)	1 (1.1%)	8 (2.5%)	
f) Social Worker	4 (6.6%)	0 (0.0%)	0 (0.0%)	3 (3.2%)	7 (2.2%)	
g) Student Personnel Administrator	2 (3.3%)	6 (6.5%)	3 (4.2%)	1 (1.1%)	12 (3.8%)	
h) Other	4 (6.6%)	4 (4.3%)	1 (1.4%)	3 (3.2%)	12 (3.8%)	
29. Average salaries for professional staff hired in the past year according to gender, minority status, and institutional size is available in Appendix B.						
30. Average salary paid to professional staff according to number of years in the position, according to institutional size, is available in Appendix C.						
31. Paid benefits available for Center staff and interns:						
(Total data only)	Professional Dues	Licensing Fee	Malpractice Insurance	Conference Expenses	Conference Money available per person	
a) Director	122 (41.6%)	67 (23.0%)	114 (39.2%)	267 (91.8%)	x=\$1,100 Range 75.00-6,000	
b) Training Director	18 (14.6%)	9 (7.3%)	28 (22.8%)	92 (76.0%)	x=\$1,000 Range 200.00-5,000	
c) Assistant Director	25 (18.2%)	13 (9.5%)	41 (29.9%)	99 (73.3%)	x=\$800 Range 100.00-2,000	
d) Professional Staff	70 (26.8%)	45 (17.2%)	99 (37.9%)	236 (90.1%)	x=\$700 Range 50.00-2,500	
e) Interns	7 (5.8%)	3 (2.5%)	35 (29.2%)	80 (67.8%)	x=\$240 Range 35.00-900	
32. Centers that hire part-time counselors who receive salary but no other benefits:						
	21 (33.3%)	42 (44.2%)	18 (26.1%)	47 (51.1%)	128 (40.1%)	Up 4.3% since 1996.
Closest hourly figure for part time counselors:						
a) \$10	4 (21.1%)	3 (7.5%)	1 (5.6%)	4 (9.3%)	12 (10.0%)	
b) \$15	2 (10.5%)	9 (22.5%)	2 (11.1%)	15 (34.9%)	28 (23.3%)	
c) \$20	2 (10.5%)	16 (40.0%)	9 (50.0%)	9 (20.9%)	36 (30.0%)	
d) \$25	8 (42.1%)	5 (12.5%)	3 (16.7%)	11 (25.6%)	27 (22.5%)	
e) Other	3 (15.8%)	7 (17.5%)	3 (16.7%)	4 (9.3%)	17 (14.2%)	

	<u>Under 2,500</u> (n = 63)	<u>2,500 - 7,500</u> (n = 95)	<u>7,500 - 15,000</u> (n = 73)	<u>Over 15,000</u> (n = 94)	<u>TOTAL</u> (n = 325)	<u>COMMENTS</u>
33. Services provided by part-time counselors:						
a) Individual counseling	26 (96.3%)	45 (95.7%)	24 (100.0%)	48 (92.3%)	143 (95.3%)	Part time counselors at all school sizes devote approximately 77% of their time to direct service.
b) Group counseling	12 (44.4%)	32 (68.1%)	16 (66.7%)	29 (55.8%)	89 (59.3%)	
c) Workshops	16 (59.3%)	23 (48.9%)	12 (50.0%)	21 (40.4%)	72 (48.0%)	
d) Outreach programming	17 (63.0%)	23 (48.9%)	13 (54.2%)	20 (38.5%)	73 (48.7%)	
e) Committee work	4 (14.8%)	7 (14.9%)	6 (25.0%)	6 (11.5%)	23 (15.3%)	
f) Attend staff business meetings	11 (40.7%)	22 (46.8%)	15 (62.5%)	24 (46.2%)	72 (48.0%)	
g) Attend case staffings	16 (59.3%)	26 (55.3%)	18 (75.0%)	23 (44.2%)	83 (55.3%)	
h) Other	3 (11.5%)	11 (23.4%)	4 (16.7%)	11 (21.2%)	29 (19.5%)	
35. Part time counselors level of helpfulness for reducing caseload:						
a) Extremely helpful	16 (69.6%)	23 (54.8%)	18 (75.0%)	35 (67.3%)	92 (65.2%)	
b) Moderately helpful	6 (26.1%)	13 (31.0%)	5 (20.8%)	14 (26.9%)	38 (27.0%)	
c) Mildly helpful	1 (4.3%)	6 (14.3%)	1 (4.2%)	3 (5.8%)	11 (7.8%)	
36. Ratings of these part time counselors compared with full time staff:						
a) Ratings are higher	0 (0.0%)	1 (2.5%)	1 (4.3%)	2 (4.1%)	4 (3.0%)	
b) Ratings are about the same	20 (87.0%)	38 (95.0%)	22 (95.7%)	47 (95.9%)	127 (94.1%)	
c) Ratings are lower	3 (13.0%)	1 (2.5%)	0 (0.0%)	0 (0.0%)	4 (3.0%)	
37. Centers with a systematized format for evaluation of professional staff:						
a) Institution-wide format	30 (49.2%)	56 (59.6%)	37 (50.7%)	53 (57.6%)	176 (55.0%)	More Centers are using their own format for staff evaluations - b) is up 10.5% since 1993.
b) Format designed specifically for the Center	14 (23.0%)	28 (29.8%)	32 (43.8%)	30 (32.6%)	104 (32.5%)	
c) No systematized format	17 (27.9%)	10 (10.6%)	4 (5.5%)	9 (9.8%)	40 (12.5%)	
38. For Centers with a systematized evaluation format:						
a) Staff formally evaluated on established criteria; evaluation shared with director's supervisor	34 (73.9%)	63 (75.0%)	47 (69.1%)	59 (70.2%)	203 (72.0%)	
b) Staff formally evaluated on established criteria; evaluation shared only with staff member	11 (23.9%)	29 (34.5%)	16 (23.5%)	32 (38.1%)	88 (31.2%)	
c) Staff informally evaluated; progress reviewed on regular basis	12 (26.1%)	21 (25.0%)	16 (23.5%)	14 (16.7%)	63 (22.3%)	
d) Team goals reviewed by entire staff; no individual evaluation except if problems arise	1 (2.2%)	3 (3.6%)	2 (2.9%)	3 (3.6%)	9 (3.2%)	
e) Peer evaluations are used	4 (8.7%)	10 (11.9%)	9 (13.2%)	12 (14.3%)	35 (12.4%)	
f) Evaluations directly affect salary increases	10 (21.7%)	24 (28.6%)	15 (22.1%)	32 (38.1%)	81 (28.7%)	
39. Centers that evaluate staff establish evaluative criteria based on:						
a) Job descriptions	30 (60.0%)	52 (59.8%)	42 (61.8%)	55 (64.7%)	179 (61.7%)	It is interesting to note the low percentage for client outcome data.
b) Client outcome data	6 (12.0%)	22 (25.3%)	11 (16.2%)	13 (15.3%)	52 (17.9%)	
c) Annual goals for each staff member	25 (50.0%)	26 (29.9%)	37 (54.4%)	48 (56.5%)	136 (46.9%)	
d) Both job description and annual goal setting	27 (54.0%)	49 (56.3%)	34 (50.0%)	53 (62.4%)	163 (56.2%)	
e) Individual annual service contracts	2 (4.0%)	5 (5.7%)	7 (10.3%)	21 (24.7%)	35 (12.1%)	

	<u>Under 2,500</u> (n = 63)	<u>2,500 - 7,500</u> (n = 95)	<u>7,500 - 15,000</u> (n = 73)	<u>Over 15,000</u> (n = 94)	<u>TOTAL</u> (n = 325)	<u>COMMENTS</u>
41. Centers currently using or planning to use computerized data bases for scheduling and/or for record keeping:	22 (36.7%)	59 (63.4%)	62 (87.3%)	76 (82.6%)	219 (69.3%)	
42. Type of client information stored on Center computer:						
a) Client schedules	6 (24.0%)	25 (38.5%)	21 (34.4%)	40 (45.5%)	92 (38.5%)	Since we last asked this question in 1993, approximately 39% more Centers are storing client information on computer.
b) Client demographics	19 (76.0%)	53 (81.5%)	53 (86.9%)	79 (89.8%)	204 (85.4%)	
c) Case notes	5 (20.0%)	16 (24.6%)	13 (21.3%)	20 (22.7%)	54 (22.6%)	
d) Intake assessments	5 (20.0%)	13 (20.0%)	18 (29.5%)	25 (28.4%)	61 (25.5%)	
e) Termination summaries	2 (8.0%)	16 (24.6%)	12 (19.7%)	23 (26.1%)	53 (22.2%)	
f) Diagnoses	7 (28.0%)	20 (30.8%)	14 (23.0%)	22 (25.0%)	63 (26.4%)	
g) Test results	4 (16.0%)	11 (16.9%)	5 (8.2%)	16 (18.2%)	36 (15.1%)	
h) Other	7 (28.0%)	10 (15.4%)	8 (12.9%)	23 (26.1%)	48 (20.0%)	
i) Do not use computer for client information	24 (49.0%)	24 (27.0%)	9 (13.0%)	4 (4.4%)	61 (20.5%)	
43. Centers that network computers through a file/client server system (e.g. Netware):	20 (40.8%)	41 (45.6%)	35 (49.3%)	62 (66.7%)	158 (52.1%)	
For Centers that do <i>network</i> their computers through a server, those that <i>store client information</i> on their server (e.g., database, SSN, scheduling, progress notes):	7 (35.0%)	24 (58.5%)	19 (54.3%)	42 (67.7%)	92 (58.2%)	Percentage based on number of Centers that network their computers.
Centers that store client information on a server secure this information:						
a) Password protected	7 (70.0%)	28 (80.0%)	22 (88.0%)	47 (90.4%)	104 (85.2%)	
b) IP address authentication (does not allow unidentified users to connect to your computer)	2 (20.0%)	18 (51.4%)	8 (32.0%)	31 (59.6%)	59 (48.4%)	
c) Kerberos Authentication (encryption to protect your passwords)	0 (0.0%)	2 (5.7%)	3 (12.0%)	6 (11.5%)	11 (9.0%)	
d) Other	2 (20.0%)	4 (11.4%)	1 (4.0%)	6 (11.5%)	13 (10.7%)	
44. Center staff with access to computer stored information on clients (apart from their specific counselor):						
a) The Center Director only	11 (45.8%)	21 (32.8%)	16 (28.1%)	26 (31.3%)	74 (32.5%)	
b) All Center counselors	9 (37.5%)	24 (37.5%)	20 (35.1%)	34 (41.0%)	87 (38.2%)	
c) An administrative aide who compiles statistics	6 (25.0%)	25 (39.1%)	30 (52.6%)	41 (49.4%)	102 (44.7%)	
d) Secretarial Staff	11 (45.8%)	33 (51.6%)	26 (45.6%)	47 (56.6%)	117 (51.3%)	
e) Other	1 (4.2%)	6 (9.4%)	5 (8.8%)	16 (19.3%)	28 (12.3%)	
45. Centers that have lost client data stored on computers:	1 (3.2%)	11 (15.5%)	6 (9.5%)	17 (19.8%)	35 (13.9%)	Down 7.7% since 1993.
46. Centers using e-mail/Internet for any of the following:						
a) Chat rooms around specific themes for students	1 (3.1%)	2 (3.3%)	3 (6.8%)	3 (5.1%)	9 (4.6%)	Other on-line uses:
b) Psychoeducation	11 (34.4%)	28 (46.7%)	25 (56.8%)	31 (52.5%)	95 (48.7%)	Center Web page, list serves
c) Data base	4 (12.5%)	3 (5.0%)	4 (9.1%)	4 (6.8%)	15 (7.7%)	campus communication,
d) Personal client contact/questions and concerns	13 (40.6%)	25 (41.7%)	19 (43.2%)	12 (20.3%)	69 (35.4%)	scheduling with clients,
e) Providing career information	7 (21.9%)	13 (21.7%)	12 (27.3%)	19 (32.2%)	51 (26.2%)	advertising and announce-
f) Other	12 (37.5%)	19 (31.7%)	10 (22.7%)	22 (37.3%)	63 (32.3%)	ments and research.

	Would Not Respond		Would Respond But Uncomfortable		Comfortable Responding	
47. How Center staff would respond to the following regarding the use of E-Mail with clients:						
a) Client who e-mails a schedule change	55 (19.6%)		89 (31.8%)		136 (48.6%)	These questions generated a variety of responses. Many directors indicated that they would respond to client/student email by phone or by asking the client to call or come in.
b) Client who reports a crisis	37 (13.6%)		193 (70.7%)		43 (15.8%)	
c) Client who wants to continue a counseling discussion over e-mail	198 (71.5%)		69 (24.9%)		10 (3.6%)	
d) Non-client reporting a crisis	38 (13.7%)		164 (59.0%)		76 (27.3%)	
e) Non-client asking a psychological question	83 (29.9%)		92 (33.1%)		103 (37.1%)	
f) Another therapist consulting about a client	142 (51.3%)		79 (28.5%)		56 (20.2%)	
48. Centers that are part of a Student Health Service (SHS):	15 (23.8%)	15 (16.0%)	11 (15.3%)	21 (22.8%)	62 (19.3%)	Up 7.2% since 1993.
a) Of these Centers, those that were once independent from the SHS	12 (80.0%)	15 (100.0%)	10 (90.9%)	19 (90.5%)	56 (90.3%)	48 a) Percentage based on # who said <u>yes</u> to 48.
b) Of the Centers who are not currently part of a SHS, those who were in the past	4 (8.3%)	7 (8.9%)	1 (1.6%)	7 (9.9%)	19 (7.3%)	48 b) Percentage based on # who said <u>no</u> to 48.
49. Institutions where SHS provides psychological or psychiatric services to students:	11 (20.0%)	27 (30.0%)	27 (41.5%)	53 (60.2%)	118 (39.6%)	
50. Nature of the relationship for Centers linked administratively with the SHS:						
a) Counseling Center director or coordinator reports to SHS director	3 (13.6%)	9 (31.0%)	6 (33.3%)	17 (51.5%)	35 (34.3%)	Percentage based on the 102 Centers that reported they were administratively linked. This percentage of Centers (31.3%) is up 15% over 1993.
b) Counseling Center Director is responsible for both Counseling Center and SHS	9 (40.9%)	9 (31.0%)	7 (38.9%)	7 (21.2%)	32 (31.4%)	
c) Other	10 (45.5%)	11 (37.9%)	5 (27.8%)	9 (27.3%)	35 (34.3%)	
51. Schools that have at some time had a merger of the mental health components of the SHS and the Counseling Center:	11 (19.6%)	11 (12.9%)	12 (18.2%)	26 (30.2%)	60 (20.5%)	
Where these mergers occurred, direction of the merger:						
a) Counseling Center under Student Health Service	3 (42.9%)	6 (66.7%)	6 (54.5%)	13 (54.2%)	28 (54.9%)	Percentage based on number who responded to this item (16%).
b) Student Health Service under Counseling Center	4 (57.1%)	3 (33.3%)	5 (45.5%)	11 (45.8%)	23 (45.1%)	
52. Institutions where a merger between the Counseling Center and the SHS is being considered:	6 (13.0%)	8 (11.0%)	5 (8.8%)	8 (11.4%)	27 (11.0%)	
Likely direction of possible mergers:						
a) Counseling Center under Student Health Service	1 (25.0%)	3 (37.5%)	2 (66.7%)	7 (77.8%)	13 (54.2%)	Percentage based on number who responded to this item (7%).
b) Student Health Service under Counseling Center	3 (75.0%)	5 (62.5%)	1 (33.3%)	2 (22.2%)	11 (45.8%)	

	<u>Under 2,500</u> (n = 63)	<u>2,500 - 7,500</u> (n = 95)	<u>7,500 - 15,000</u> (n = 73)	<u>Over 15,000</u> (n = 94)	<u>TOTAL</u> (n = 325)	<u>COMMENTS</u>
53. On campus psychiatric services are provided:						
a) In Counseling Center only	11 (17.7%)	25 (26.6%)	24 (32.9%)	27 (28.7%)	87 (26.9%)	
b) In Student Health Center only	2 (3.2%)	5 (5.3%)	14 (19.2%)	29 (30.9%)	50 (15.5%)	
c) In both Counseling & Student Health Centers	3 (4.8%)	3 (3.2%)	3 (4.1%)	15 (16.0%)	24 (7.4%)	
d) Contract out for psychiatrists	2 (3.2%)	13 (13.8%)	5 (6.8%)	6 (6.4%)	26 (8.0%)	
e) No access to psychiatrist except as private referral	40 (64.5%)	37 (39.4%)	21 (28.8%)	10 (10.6%)	108 (33.4%)	
f) Other	4 (6.5%)	8 (8.5%)	6 (8.2%)	6 (6.4%)	24 (7.4%)	
54. Number of psychiatric consultation hours available per week	\bar{x} =3.9 Range .67-10	\bar{x} =7.7 Range .25-45	\bar{x} =10.6 Range 0.5-76	\bar{x} =32.3 Range 1-120	\bar{x} =18 Range .25-120	
55. Number of psychiatric consultation hours per week provided per 1,000 students:	\bar{x} =2.1 Range .30-6.25	\bar{x} =1.7 Range .08-10	\bar{x} =1.5 Range .01-5.5	\bar{x} =1.4 Range .01-7.4	\bar{x} =1.6 Range .01-10	
56. Students receiving medication from an on-campus psychiatrist:						
a) Must be in therapy with a Counseling Center therapist	8 (47.1%)	23 (59.0%)	24 (54.5%)	23 (32.4%)	78 (45.6%)	Centers requiring students receiving meds to be in therapy with a Center therapist is up 7.8% since 1997.
b) Must be in therapy with either a Center therapist or an external therapist	5 (29.4%)	7 (17.9%)	6 (13.6%)	12 (16.9%)	30 (17.5%)	
c) Can obtain medication without on-going therapy	4 (23.5%)	9 (23.1%)	14 (31.8%)	36 (50.7%)	63 (36.8%)	
57. Center clients receive medication from the following campus sources (Directors checked all that applied):						
a) Psychiatrist	18 (52.9%)	35 (55.6%)	45 (84.9%)	73 (85.9%)	171 (72.8%)	
b) M.D., non-psychiatrist	22 (64.7%)	32 (50.8%)	38 (71.7%)	54 (63.5%)	146 (62.1%)	
c) Nurse practitioner	8 (23.5%)	17 (27.0%)	10 (18.9%)	24 (28.2%)	59 (25.1%)	
d) Other	4 (11.8%)	7 (11.1%)	2 (3.8%)	6 (7.1%)	19 (8.1%)	
58. Number of FTE mental health professionals in the Counseling Center providing services to students (including all paid staff and interns):	\bar{x} =2.5 Range .75-7.8	\bar{x} =4.4 Range 1-14	\bar{x} =6.4 Range 2.5-16	\bar{x} =10.9 Range 2-26	\bar{x} =6.3 Range .75-26	
Number of FTE mental health professionals elsewhere on campus providing services to students:	\bar{x} = .13 Range 0-2	\bar{x} = .35 Range 0-11	\bar{x} = .66 Range 0-6	\bar{x} =1.7 Range 0-19	\bar{x} =0.7 Range 0-19	
Total FTE mental health professionals on campus:	\bar{x} =2.6 Range 0-7.8	\bar{x} =4.7 Range 0-18	\bar{x} =6.7 Range 0-19	\bar{x} =12.6 Range 2-37	\bar{x} =7.0 Range 0.0-37	
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 786	1 to 1,197	1 to 1,723	1 to 2,127	1 to 1517	The range varies from 1 - 160 to 1 - 10,324.
59. Number of professional counselors on Center staff:	\bar{x} =2.3 Range .75-5	\bar{x} =3.9 Range 1-13	\bar{x} =6.0 Range 1-19	\bar{x} =10.8 Range 2.3-31	\bar{x} =6.0 Range .75-31	

	<u>Under 2,500</u> (n = 63)	<u>2,500 - 7,500</u> (n = 95)	<u>7,500 - 15,000</u> (n = 73)	<u>Over 15,000</u> (n = 94)	<u>TOTAL</u> (n = 325)	<u>COMMENTS</u>
60. Number of support staff working in Center:	\bar{x} =.87 Range 0-4	\bar{x} =1.4 Range 0-10	\bar{x} =2.0 Range 0-8	\bar{x} =3.4 Range 0-15	\bar{x} =2.0 Range 0-15	
Number of professional staff for each support staff member:	\bar{x} =1.9 Range 0-7	\bar{x} =3.2 Range 0-20	\bar{x} =3.4 Range 0-18	\bar{x} =3.3 Range 0-9	\bar{x} =3 Range 0-20	
61. Number of clients seen each week to be considered a full case load for a counselor who does only counseling:	\bar{x} =25 Range 9-37	\bar{x} =25 Range 15-37	\bar{x} =23 Range 11-32	\bar{x} =25 Range 14-32	\bar{x} =24.7 Range 9-37	
62. The percentage of time a full-time counselor spends on the following areas during Fall and Spring terms:						
a) Direct Service (individual and group counseling, intakes, assessment, crisis intervention, C & O for students)	\bar{x} =64% Range 10-95	\bar{x} =61% Range 25-90	\bar{x} =57% Range 15-87	\bar{x} =58% Range 20-100	\bar{x} =60% Range 10-100	
b) Indirect Service (supervision, RA/peer/clinical training, consultation, case notes, other outreach)	\bar{x} =17% Range 0-50	\bar{x} =21% Range 0-50	\bar{x} =22% Range 5-50	\bar{x} =22% Range 0-50	\bar{x} =21% Range 0-50	
c) Administrative Service (staff meetings, committee work, center mgmt., professional development)	\bar{x} =13% Range 0-40	\bar{x} =13% Range 0-35	\bar{x} =14% Range 2-35	\bar{x} =13% Range 0-40	\bar{x} =13% Range 0-40	
d) Other (research, teaching, etc.)	\bar{x} =5% Range 0-50	\bar{x} =4% Range 0-50	\bar{x} =6% Range 0-28	\bar{x} =5% Range 0-25	\bar{x} =5% Range 0-50	
63. Percentage of Center "no-shows" during the year:						
a) Less than 10%	23 (67.6%)	25 (47.2%)	18 (41.9%)	22 (36.7%)	88 (46.3%)	
b) 11-15%	6 (17.6%)	21 (39.6%)	12 (27.9%)	21 (35.0%)	60 (31.6%)	
c) 16-20%	2 (5.9%)	7 (13.2%)	12 (27.9%)	13 (21.7%)	34 (17.9%)	
d) 21-25%	3 (8.8%)	0 (0.0%)	1 (2.3%)	4 (6.7%)	8 (4.2%)	
e) More than 25%	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
64. What Centers do with first session "no-shows":						
a) Nothing, responsibility is on student to reschedule	37 (59.7%)	69 (73.4%)	50 (68.5%)	63 (67.7%)	219 (68.0%)	Many Directors stated that how they handle "no-shows" for both new and returning clients depends on the nature and severity of the client's issues.
b) Call to inquire about why appointment was not kept	10 (16.1%)	13 (13.8%)	10 (13.7%)	15 (16.1%)	48 (14.9%)	
c) Send a letter to student	12 (19.4%)	13 (13.8%)	11 (15.1%)	16 (17.2%)	52 (16.1%)	
d) Other	6 (9.7%)	6 (6.4%)	12 (16.4%)	11 (11.8%)	35 (10.9%)	
65. What Centers do with an ongoing client who "no-shows":						
a) Nothing, responsibility is on student to reschedule	18 (29.0%)	26 (27.4%)	16 (21.9%)	28 (30.1%)	88 (27.2%)	Many Directors stated that how they handle "no-shows" for both new and returning clients depends on the nature and severity of the client's issues.
b) Call to inquire about why appointment was not kept	25 (40.3%)	37 (38.9%)	27 (37.0%)	24 (25.8%)	113 (35.0%)	
c) Send a letter to student	23 (37.1%)	44 (46.3%)	37 (50.7%)	33 (35.5%)	137 (42.4%)	
d) Other	11 (17.7%)	23 (24.2%)	17 (23.3%)	30 (32.3%)	81 (25.1%)	
66. Number of "no-shows" or cancellations Counselors will allow before the standing appointment is removed from the schedule:						
a) One	14 (28.0%)	18 (20.9%)	6 (9.7%)	14 (20.9%)	52 (19.6%)	No center carries a client for more than 3 missed sessions.
b) Two	29 (58.0%)	52 (60.5%)	45 (72.6%)	44 (65.7%)	170 (64.2%)	
c) Three	7 (14.0%)	16 (18.6%)	11 (17.7%)	9 (13.4%)	43 (16.2%)	
d) Four or more	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	

	<u>Under 2,500</u> (n = 63)	<u>2,500 - 7,500</u> (n = 95)	<u>7,500 - 15,000</u> (n = 73)	<u>Over 15,000</u> (n = 94)	<u>TOTAL</u> (n = 325)	<u>COMMENTS</u>
68. Number of professional staff members in each of the following categories: Total Data Only						
a) African American					193 (9.1%)	Only Total data is presented because the percentages across school size were very similar.
b) Asian American					59 (2.8%)	
c) Hispanic American					94 (4.4%)	
d) Native American					14 (0.7%)	
e) White/Caucasian					1742 (82.0%)	
f) Other					23 (1.0%)	
g) Male					802 (37.7%)	
h) Female					1328 (62.3%)	
i) Gay/Lesbian/Bisexual					173 (9.5%)	
j) Heterosexual					1656 (90.5%)	
69. Center Directors that have noticed an increase in students with the following problems over the past five years:						
a) Severe psychological problems	45 (73.8%)	73 (76.8%)	56 (77.8%)	67 (72.8%)	241 (75.3%)	
b) Sexual assault concerns (on campus)	21 (35.0%)	29 (30.5%)	37 (51.4%)	36 (39.6%)	123 (38.7%)	
c) Problems related to earlier sexual abuse	24 (39.3%)	41 (43.2%)	42 (58.3%)	47 (52.2%)	154 (48.4%)	
d) Alcohol problems	26 (42.6%)	42 (44.2%)	35 (48.6%)	39 (43.3%)	142 (44.7%)	
e) Other illicit drug use	22 (36.7%)	39 (41.9%)	27 (37.5%)	37 (41.1%)	125 (39.7%)	
f) Learning disabilities	45 (73.8%)	79 (84.0%)	51 (70.8%)	67 (75.3%)	242 (76.6%)	
70. Center staff generates a DSM-IV diagnosis of students:						
a) Yes, on most clients	12 (19.4%)	21 (22.3%)	23 (31.5%)	36 (38.7%)	92 (28.6%)	Up 12.5% since 1993
b) Yes, on about half of clients	1 (1.6%)	5 (5.3%)	3 (4.1%)	4 (4.3%)	13 (4.0%)	
c) Yes, but on a small percentage of clients	19 (30.6%)	27 (28.7%)	20 (27.4%)	21 (22.6%)	87 (27.0%)	
d) Never, or very rarely	30 (48.4%)	41 (43.6%)	27 (37.0%)	32 (34.4%)	130 (40.4%)	
71. Centers with obsessive-pursuit cases in the past year:	27 (43.5%)	42 (44.7%)	32 (44.4%)	46 (51.7%)	147 (46.4%)	A total of 277 cases with 20 persons injured and 5 persons killed.
74. Centers that had to hospitalize a student for psychological reasons in the past year:	49 (79.0%)	81 (86.2%)	61 (84.7%)	85 (91.4%)	276 (86.0%)	A total of 1,348 students, \bar{x} =5.8 Range 1-83.
75. Campuses that had an enrolled <u>student</u> suicide in the 97-98 school year:	3 (4.8%)	8 (8.6%)	23 (32.4%)	51 (56.7%)	85 (26.9%)	A total of 123 students, \bar{x} =1.7, Range 1-5.
76. Certainty of Directors about the number of suicides:						
a) Very sure	54 (91.5%)	76 (81.7%)	32 (47.1%)	34 (41.0%)	196 (64.7%)	
b) Moderately certain	5 (8.5%)	17 (18.3%)	30 (44.1%)	40 (48.2%)	92 (30.4%)	
c) Just a guess	0 (0.0%)	0 (0.0%)	6 (8.8%)	9 (10.8%)	15 (5.0%)	
77. Campuses that had an enrolled <u>client</u> suicide in the 97-98 school year:	7 (11.5%)	4 (4.3%)	10 (13.9%)	17 (18.3%)	38 (11.9%)	A total of 35 students, \bar{x} =1.1, Range 1-3.

	<u>Under 2,500</u> (n = 63)	<u>2,500 - 7,500</u> (n = 95)	<u>7,500 - 15,000</u> (n = 73)	<u>Over 15,000</u> (n = 94)	<u>TOTAL</u> (n = 325)	<u>COMMENTS</u>
78. Centers that have had legal action taken against them following a client or former client suicide:	0 (0.0%)	1 (1.1%)	0 (0.0%)	1 (1.1%)	2 (0.6%)	
80. Centers that have had to notify a third party about a potentially suicidal student during the past year:	37 (60.7%)	64 (70.3%)	40 (55.6%)	59 (65.6%)	200 (63.7%)	A total of 568 students, \bar{x} =3.4, Range 1-27.
81. When a student is a suicidal risk but appropriate for treatment in the Center (as opposed to hospitalization), Centers typically:						
a) Provide counseling without informing anyone but take usual precautions (contracting, etc.)	25 (41.0%)	42 (45.2%)	36 (49.3%)	57 (61.3%)	160 (50.0%)	Many directors stated that they would do a combination of a, b, & c. Others would refer the client for an assessment, notify parents with client's permission, or work with the student to set up a support network.
b) Seek client's permission to alert someone in the residence hall, or someone with whom the student resides in order to provide another level of safety but work with client even if he/she does not give permission	21 (34.4%)	37 (39.8%)	27 (37.0%)	22 (23.7%)	107 (33.4%)	
c) Notify someone as indicated above, even without client's permission and encourage client to continue in therapy or to seek hospitalization	10 (16.4%)	10 (10.8%)	5 (6.8%)	5 (5.4%)	30 (9.4%)	
d) Other	5 (8.2%)	4 (4.3%)	5 (6.8%)	9 (9.7%)	23 (7.2%)	
83. How Centers would handle a situation where a client poses a significant danger to others and will not give permission to notify the third party when there is no legal precedent for giving such warnings:						66% of Directors reported having a clear legal precedent in their state. 31.1% felt that there was no clear legal precedent in their state.
a) Continue therapy and not give warning	0 (0.0%)	0 (0.0%)	2 (5.0%)	0 (0.0%)	2 (1.4%)	Several Directors noted that they would also seek legal counsel.
b) Increase the frequency of therapy and not give warning	1 (3.3%)	0 (0.0%)	0 (0.0%)	3 (8.3%)	4 (2.8%)	
c) Give warning to third party or contact the police in spite of the legal risk	25 (83.3%)	28 (75.7%)	30 (75.0%)	32 (88.9%)	115 (80.4%)	
d) Seek an involuntary hospitalization for the client	9 (30.0%)	9 (24.3%)	9 (22.5%)	9 (25.0%)	36 (25.2%)	
e) Other	6 (20.0%)	6 (16.2%)	8 (20.0%)	7 (19.4%)	27 (18.9%)	
84. 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 (11.3%)	15 (15.8%)	12 (16.7%)	13 (14.0%)	47 (14.6%)	A total of 55 students, \bar{x} =1.5 Range 1-4.
85. Centers notified (Percentages based on #84):						
a) Campus Police	3 (42.9%)	11 (73.3%)	4 (36.4%)	11 (84.6%)	29 (63.0%)	
b) Potential victim	7 (100.0%)	13 (86.7%)	8 (72.7%)	10 (76.9%)	38 (82.6%)	
c) Other	3 (42.9%)	2 (13.3%)	4 (36.4%)	2 (15.4%)	11 (23.9%)	
86. Centers that participated in Depression Screening Day:	17 (27.4%)	30 (31.6%)	39 (53.4%)	47 (50.0%)	133 (41.0%)	
87. Number of students screened:	\bar{x} =30 Range 0-200	\bar{x} =40 Range 0-292	\bar{x} =36 Range 0-213	\bar{x} =38 Range 0-160	\bar{x} =37 Range 0-292	

A total of 4,935 persons screened for depression. The percentage of students referred for treatment (either internal or external) was approximately 37% for all school sizes.

	<u>Under 2,500</u> (n = 63)	<u>2,500 - 7,500</u> (n = 95)	<u>7,500 - 15,000</u> (n = 73)	<u>Over 15,000</u> (n = 94)	<u>TOTAL</u> (n = 325)	<u>COMMENTS</u>
88. For those who participated in Depression Screening Day, Directors noted the following about how the measured depression scores of the students correlated with the clinical interview of the staff:						
a) There was general agreement between the instrument and the clinical interview	13 (81.3%)	17 (73.9%)	25 (83.3%)	38 (92.7%)	93 (84.5%)	
b) Students scored much higher on the depression instrument than the level of depression noted by staff	3 (18.8%)	5 (21.7%)	5 (16.7%)	2 (4.9%)	15 (13.6%)	
c) Students scored lower on the depression instrument than the level of depression noted by staff	0 (0.0%)	1 (4.3%)	0 (0.0%)	1 (2.4%)	2 (1.8%)	
89. Centers that participated in Anxiety Screening Day:	12 (19.0%)	22 (24.7%)	19 (26.4%)	31 (33.7%)	84 (26.6%)	Down 5.5% since 1997.
90. Number of students screened:	\bar{x} =28 Range 0-100	\bar{x} =26 Range 0-199	\bar{x} =21 Range 0-75	\bar{x} =36 Range 0-250	\bar{x} =29 Range 0-250	
A total of 2,425 persons screened for anxiety. The percentage of students referred for treatment (either internal or external) was approximately 26% for all school sizes.						
91. Centers that used the accompanying video for these screening days:	16 (94.1%)	24 (77.4%)	25 (80.6%)	36 (83.7%)	101 (82.8%)	
92. Usefulness of Screening Day video:						
a) Very helpful	0 (0.0%)	4 (16.7%)	6 (25.0%)	5 (13.9%)	15 (15.0%)	
b) Moderately helpful	11 (68.8%)	19 (79.2%)	14 (58.3%)	29 (80.6%)	73 (73.0%)	
c) Not helpful	5 (31.3%)	1 (4.2%)	4 (16.7%)	2 (5.6%)	12 (12.0%)	
93. Centers that have seen one or more HIV positive clients within the past year:	9 (15.0%)	23 (25.3%)	26 (37.1%)	43 (50.0%)	101 (32.9%)	A total of 169 HIV positive students seen, \bar{x} =2.3 Range 1-17
94. Directors who felt that any of these HIV positive clients posed a risk to any third party:	1 (11.1%)	1 (4.3%)	2 (8.3%)	3 (7.3%)	7 (7.2%)	No directors gave warning this year.
95. How Directors would generally handle a situation when 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%)	2 (2.4%)	1 (1.6%)	1 (1.2%)	4 (1.4%)	
b) Would encourage disclosure but otherwise take no action	28 (49.1%)	50 (60.2%)	33 (51.6%)	49 (57.0%)	160 (55.2%)	
c) Would inform the client that if he/she did not inform partner that you would be ethically bound to do so	22 (38.6%)	21 (25.3%)	23 (35.9%)	31 (36.0%)	97 (33.4%)	
d) Other	7 (12.3%)	10 (12.0%)	7 (10.9%)	5 (5.8%)	29 (10.0%)	
96. For a list of recommended professional development videotapes, see Appendix D.						
97. For a list of innovative programs, see Appendix E.						

	<u>Under 2,500</u> (n = 63)	<u>2,500 - 7,500</u> (n = 95)	<u>7,500 - 15,000</u> (n = 73)	<u>Over 15,000</u> (n = 94)	<u>TOTAL</u> (n = 325)	<u>COMMENTS</u>
98. Centers utilizing the following types of outcomes assessment (Director's checked all that applied):						Other types of outcomes assessment: Client satisfaction questionnaires, national surveys, and counselor ratings.
a) General student evaluation forms	42 (80.8%)	70 (89.7%)	60 (90.9%)	83 (94.3%)	255 (89.8%)	
b) Pre and Post testing	3 (5.8%)	15 (19.2%)	9 (13.6%)	14 (16.1%)	41 (14.5%)	
c) Post therapy assessment of goal attainment	9 (17.3%)	16 (20.5%)	15 (22.7%)	15 (17.2%)	55 (19.4%)	
d) Other	4 (7.7%)	6 (7.7%)	6 (9.1%)	9 (10.3%)	25 (8.8%)	
100. Approximate percentage of positive ratings Centers receive for counseling staff:						
a) Above 90%	28 (71.8%)	55 (76.4%)	45 (72.6%)	61 (73.5%)	189 (73.8%)	
b) 85-89%	5 (12.8%)	11 (15.3%)	11 (17.7%)	17 (20.5%)	44 (17.2%)	
c) 80-84%	6 (15.4%)	6 (8.3%)	6 (9.7%)	5 (6.0%)	23 (9.0%)	
d) 79% and below	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
101. Center methods for obtaining student evaluations of therapy:						
a) Send evaluation forms to a sample (say 10%) and follow up until you get a high percentage return	3 (7.0%)	4 (5.9%)	4 (6.3%)	6 (8.1%)	17 (6.9%)	The typical rate of return for student evaluations of therapy is 49.5%
b) Send evaluation forms to all clients and accept whatever response rate you get	28 (65.1%)	31 (45.6%)	20 (31.7%)	26 (35.1%)	105 (42.3%)	
c) Evaluation forms distributed by secretary at end of therapy	9 (20.9%)	19 (27.9%)	22 (34.9%)	26 (35.1%)	76 (30.6%)	
d) Evaluation forms distributed by counselor at end of therapy	3 (7.0%)	14 (20.6%)	17 (27.0%)	16 (21.6%)	50 (20.2%)	
102. Average number of clinical hours per week Center staff spend providing mandatory counseling:						
a) 0 hours	24 (39.3%)	25 (27.8%)	23 (32.9%)	48 (51.6%)	120 (38.2%)	
b) 1 - 5 hours	32 (52.5%)	51 (56.7%)	44 (62.9%)	41 (44.1%)	168 (53.5%)	
c) 6 - 10 hours	4 (6.6%)	9 (10.0%)	3 (4.3%)	2 (2.2%)	18 (5.7%)	
d) 11 -15 hours	0 (0.0%)	2 (2.2%)	0 (0.0%)	0 (0.0%)	2 (0.6%)	
e) 16+ hours	1 (1.6%)	3 (3.3%)	0 (0.0%)	2 (2.2%)	6 (1.9%)	
103. Centers that accept mandated referrals from a campus administrator or Judicial Board:						
a) For assessment and counseling	32 (51.6%)	46 (50.0%)	29 (40.3%)	28 (30.1%)	135 (42.3%)	25.6% of Directors have noticed an increase in the # of mandated referrals
b) For assessment only	24 (38.7%)	34 (37.0%)	34 (47.2%)	48 (51.6%)	140 (43.9%)	
c) Do not accept mandated referrals	6 (9.7%)	12 (13.0%)	9 (12.5%)	17 (18.3%)	44 (13.8%)	
104. Reasons mandated students are referred to Centers:						
a) Drug and alcohol violations	40 (74.1%)	66 (85.7%)	46 (75.4%)	48 (63.2%)	200 (74.6%)	
b) Disruptive behavior	31 (57.4%)	58 (75.3%)	48 (78.7%)	64 (84.2%)	201 (75.0%)	
c) Sexual assault	13 (24.1%)	26 (33.8%)	16 (26.2%)	17 (22.4%)	72 (26.9%)	
d) Severe depression	21 (38.9%)	26 (31.2%)	18 (29.5%)	10 (13.2%)	73 (27.2%)	
e) Expression of suicidal ideation	25 (46.3%)	42 (54.5%)	30 (49.2%)	31 (40.8%)	128 (47.8%)	
f) Other	13 (24.1%)	12 (15.6%)	5 (8.2%)	9 (11.8%)	39 (14.6%)	

	<u>Under 2,500</u> (n = 63)	<u>2,500 - 7,500</u> (n = 95)	<u>7,500 - 15,000</u> (n = 73)	<u>Over 15,000</u> (n = 94)	<u>TOTAL</u> (n = 325)	<u>COMMENTS</u>
105. 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 (39.5%)	23 (31.9%)	21 (35.6%)	30 (48.4%)	91 (38.6%)	The varied responses to these questions continue to raise issues and suggest the need for further debate on this topic.
b) Same as (a), but no additional sanctions for choosing not to continue counseling	5 (11.6%)	18 (25.0%)	15 (25.4%)	19 (30.6%)	57 (24.2%)	
c) Student must comply with a certain # of counseling sessions established by a judicial board/administration	7 (16.3%)	4 (5.6%)	4 (6.8%)	4 (6.5%)	19 (8.1%)	
d) Student must comply with a certain number of counseling sessions determined by the counselor after an assessment has been made	7 (16.3%)	13 (18.1%)	9 (15.3%)	1 (1.6%)	30 (12.7%)	
e) Student must continue in counseling until counselor determines that enough counseling has occurred	3 (7.0%)	4 (5.6%)	7 (11.9%)	3 (4.8%)	17 (7.2%)	
f) Other	4 (9.3%)	10 (13.9%)	3 (5.1%)	5 (8.1%)	22 (9.3%)	
106. Type of information provided to the mandator for Centers that accept mandated students:						
a) Confirmation of initial visit	38 (74.5%)	51 (68.9%)	49 (80.3%)	49 (80.3%)	187 (75.7%)	Up 6.5% since 1997
b) Confirmation that student has complied with recommendations for treatment	22 (43.1%)	26 (35.1%)	24 (39.3%)	17 (27.9%)	89 (36.0%)	
c) Statement of progress	6 (11.8%)	12 (16.2%)	8 (13.1%)	12 (19.7%)	38 (15.4%)	
d) No information provided	5 (9.8%)	5 (6.8%)	4 (6.6%)	6 (9.8%)	20 (8.1%)	
107. Centers degree of success with mandated students:						
a) About as successful as students who are non-mandated referrals	12 (25.0%)	14 (19.2%)	10 (16.4%)	13 (21.7%)	49 (20.2%)	
b) Somewhat successful but not as successful as with non-mandated referrals	27 (56.3%)	47 (64.4%)	38 (62.3%)	37 (61.7%)	149 (61.6%)	
c) Generally not successful	9 (18.8%)	12 (16.4%)	13 (21.3%)	10 (16.7%)	44 (18.2%)	
108. Director's personal feelings about mandated referrals for counseling:						
a) I am very much in favor of providing this service	11 (17.7%)	11 (12.2%)	7 (10.0%)	13 (14.8%)	42 (13.5%)	
b) I'm not crazy about it, but believe that some students can be helped through the process	31 (50.0%)	59 (65.6%)	43 (61.4%)	43 (48.9%)	176 (56.8%)	
c) I am opposed to mandatory referrals for counseling	14 (22.6%)	13 (14.4%)	16 (22.9%)	25 (28.4%)	68 (21.9%)	
d) I am opposed to mandatory referrals for assessment or counseling	6 (9.7%)	7 (7.8%)	4 (5.7%)	7 (8.0%)	24 (7.7%)	
109. Directors that have received a copy of past results of this Survey:						
	49 (80.3%)	79 (87.8%)	62 (91.2%)	87 (96.7%)	277 (89.6%)	

	<u>Under 2,500</u> (n = 63)	<u>2,500 - 7,500</u> (n = 95)	<u>7,500 - 15,000</u> (n = 73)	<u>Over 15,000</u> (n = 94)	<u>TOTAL</u> (n = 325)	<u>COMMENTS</u>
110. Directors have used past copies of this Survey:						
a) For their own information	46 (92.0%)	76 (91.6%)	61 (92.4%)	89 (97.8%)	272 (93.8%)	The number of directors who use the survey to contact others is down 32.1% since 1993. This is probably due to the increased communication over e-mail.
b) Distributed to staff	24 (49.0%)	47 (57.3%)	39 (60.0%)	48 (52.7%)	158 (55.1%)	
c) Shared data at a staff meeting	23 (46.9%)	46 (56.8%)	48 (73.8%)	65 (71.4%)	182 (63.6%)	
d) Shared with others on campus	16 (32.7%)	28 (34.6%)	31 (47.7%)	47 (51.6%)	122 (42.7%)	
e) Shared data with their boss	32 (65.3%)	56 (69.1%)	53 (81.5%)	69 (75.8%)	210 (73.4%)	
f) Quoted data in professional writing	6 (12.2%)	11 (13.6%)	8 (12.3%)	14 (15.4%)	39 (13.6%)	
g) Quoted data for in-house or institutional reports	20 (40.8%)	39 (48.1%)	40 (61.5%)	49 (53.8%)	148 (51.7%)	
h) Used directory to contact other directors	12 (24.5%)	10 (12.3%)	20 (30.8%)	32 (35.2%)	74 (25.9%)	
i) Used data to support a request for new resources	16 (32.7%)	32 (39.5%)	35 (53.8%)	36 (39.6%)	119 (41.6%)	
j) Followed-up with another director who shared information in the survey	6 (12.2%)	11 (13.6%)	7 (10.8%)	11 (12.1%)	35 (12.2%)	
k) Generated a new program in their Center which was stimulated by ideas shared in the survey	2 (4.1%)	10 (12.3%)	10 (15.4%)	9 (9.9%)	31 (10.8%)	
l) Followed-up on leads for videotapes, books, etc. that were recommended by other directors in the survey	6 (12.2%)	11 (13.6%)	8 (12.3%)	10 (11.0%)	35 (12.2%)	
m) Other	3 (6.1%)	1 (1.2%)	2 (3.1%)	3 (3.3%)	9 (3.1%)	

APPENDIX A

Examples of Ethical Dilemmas - Question #15 and #16

Confidentiality/Release of Information Issues

- Acquaintance rape of 17 year old and decision of whether or not to notify a parent. Upon student's request, decided NOT to notify parent.
- What to do with third party reports in a clinical file when client requested copy of file. In this case third parties were fearful of being harmed by client.
- A student who was both homicidal and suicidal sought services at a local agency with no 24-hour backup. The agency requested information and we only had a limited release.
- Request for records of student applying for a license to be an attorney in Texas. Student had received counseling for alcohol abuse.
- Client requested to review file. No procedure existed within the center. Sped to adapt form from another center (with permission) and have it approved by university lawyer prior to student returning to enact the request.
- Issues about deciding how at risk a suicidal or homicidal person is and when to inform others.
- How to comply with Campus Security Act of 1990 without compromising client confidentiality. We determined that we in counseling cannot 'verify' crimes.
- The question of whether to release information to the parents of a student who took his life. The file contained an old release (now expired) giving permission to consult with parents. To help the parents with closure, a summary of the file was prepared and reviewed with the parents. Questions were answered and support provided.
- Internal conflict over confidentiality in a voluntary hospitalization. Administration notified parents against client's will in a non-emergency. Administration failed to see legal/ethical perspective. Sees counselor as 'making this up'. Very PR oriented.
- Several clients where we struggled with the balance between confidentiality, safety issues and institutional responsibility. We lean toward erring in the direction of safety, but not without a good deal of consultation and deliberation.
- Struggled with how to handle requests for records of one individual for co-joint sessions with partner.
- Questions revolving around what information can be released to whom in an emergency.
- Release of records to client with serious characterological problems. Issue was addressed as a team/staff.
- Graduate students in Master's Therapy training program 'required' to be in counseling so they can see what being a client is like and then having to write a report. We're still trying to find a successful way to discourage faculty from making such assignments.

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.
- Duty to protect issue: A student self-reported to be HIV+ threatened to expose other students to sero-positivity. University attorney urged protection of community. Prolonged debates with Administration (3+ months) which ultimately culminated in dismissal of student without providing necessary psychiatric help for student.
- What action to take when you know of unethical behavior on the part of an outside therapist.

Dual Relationship Issues

- Potential dual relationship of ex-intern and ex-client.
- Previous client applying for employment at center.
- Supervision of a former client.
- Student worker being a client. The center decided that if a student worker wants counseling, they will be referred out or not work for us.
- Dealing with student whose partner had come to a counselor without knowledge the other had too.
- Binds with dual relationships (i.e. counselor/professor) and how to avoid them on a small campus. It has necessitated educating faculty and administration, and communicating with students.

Email

- How to deal with email messages. Should we treat an enigmatic email suicide note as such and chase the person down?
- Crises requests via email. We have decided to add a statement to our web page discouraging crises requests via email, but I am not convinced that this will eliminate the problem.

Legal

- Request to turn over file to University attorney. Ex-student was filing charges and indicated having had treatment at University Counseling Center. Unfortunately, file was turned over by someone on staff during Director's absence.
- Client allowed us to release records to court. Then, did not like what the records contained and wanted them destroyed. We sought legal counsel and did not destroy the records.
- A married student requested a letter to court concerning his behavior. Since we had seen him and his wife together, however, we could not send it. This still may be decided by a judge.
- If client sues the center, can the center release records without a consent and is the center liable for actions of therapists to whom you refer? Still waiting for risk management consult.
- Client asked a counselor to speak with an investigator regarding an alleged rape. Counselor was concerned that her information would be harmful to the client's case. Counselor informed client that she would only comment on the client's report of the incident.
- Institution lawyers and AG Office of State putting intense pressure on to release records to 'help the student' who is a witness for the institution in a lawsuit against it. This case is in process.
- Client filed charges against Director when Counseling Services ceased paying for her outside private therapy. Still in process.
- Court requested complete files rather than summaries of sessions. Counselor dismissed from testimony.
- Not able to notify former client that records were subpoenaed (not able to contact client).
- Involved client filing a harassment suit against new administrator.

Staff Issues

- Counselor picked up for DUI. Counselor went into treatment and resigned.
- Whether practicum students who were enrolled for practica on a continuing basis (semester by semester) were covered for liability insurance during breaks between semesters.
- Personnel issue regarding professional staff member who was not fulfilling the requirements of her position.
- Question with how to handle an impaired Intern.
- What to do with an Intern who did not keep a commitment to internship two months after acceptance of the offer.
- A staff psychologist was mandated to stop clinical practice until passing the licensure exam. This created an ethical dilemma as she was forced to 'abandon' her clients. The licensure board should have allowed the above psychologist to see her clients one last time for termination.

Staff Issues (con't)

- The ethical dilemma of deciding how actively to get involved in protesting a racial incident in the community in terms of how appropriate it would be for a director of counseling.
- Impaired supervisor from counselor education department. No clear consequences.
- A civil rights complaint naming a staff member. We refused to release information.
- Discharged a psychologist without prior notice to clients. Issues revolving around the termination of service.
- Marijuana on the breath of a staff psychologist. No action was taken.
- Legal status of paraprofessionals. Insurance coverage for telephone counseling by an intern from a remote location.
- Difficulty for a staff member to get licensed due to a past supervisors failure to cooperate. Still pending.
- How to handle serious under-functioning of support staff. Still ongoing.
- Suspicion of violation of confidentiality by secretary. Secretary was terminated for other reasons.

Systems Issues

- Our campus suddenly decided that we should be included in reporting crimes on campus. Besides the obvious confidentiality issues, I was concerned about duplication of numbers in reporting crimes.
- Our Dean of Students Office wanted the center to be solely responsible for making a decision to have a student withdraw. Dean of Students was educated on the limits of our role.
- Faculty and staff called Center regarding two severely Eating Disordered students (anorexia) expecting the center to contact and intervene with students. Center cannot contact or intervene with students who do not seek services, but the students continue their behavior.
- University wanted all staff to report any cases of alleged sexual harassment. I successfully argued why counseling staff need to be exempt from reporting.
- A fraternity tried to force one of its members to come for counseling. Legal advisor informed us that this was an infringement of the students rights.
- In a merger with Health Services, a mutual confidentiality policy and statement was developed. Not ideal but tolerable.
- Attempt to use the Mental Health Review Board as disciplinary Board. Communication and education were key to resolving the issue.
- Should the Center be involved in the assessment and diagnosis of students with Learning Disabilities. Remains unresolved.
- Hospital failed to do adequate discharge planning for students, simply referring them without any contact or discussion with us.
- How to handle a situation in which a client is receiving care from two providers.
- Issues revolving around terminating treatment for a student whose needs exceeded our resources, especially since referral options were limited and the client was non-compliant.
- Whether or not to provide service for former students and non-students.
- Appropriate format for records release.
- Students attacked in Guatemala, some raped. Media glare, demand for privacy - denial, minimization, intellectualizing. To intrude? To offer 'unwanted' services? To give off-campus referrals? The situation has moved towards some closure, but MH issues were not well addressed.
- Whether or not to be more available to the university community (re: students with psychiatric disorders and compliance with the ADA). It is a continuing process because the ADA is a continuing process.

University Demands

- Having to respond to a community's response to a student's death, but having the administration tell us that we should not acknowledge that it was a suicide. Issues revolved around difficulty of weighing a family's request for privacy with what might be best for the community.
- Demands to share information in non-imminent danger situations.
- President of the University demanded to see a client file.
- Faculty demanding to see files. Formerly we took official reports of sexual harassment and some faculty are wanting to know who's names were listed.
- Administrative officials pushed for confidential information on a particular student. We refused to release information on ethical grounds and they backed down.
- The Vice President decided she wanted to be informed of sexual assault crisis counseling, with the victim's name. We said no and met with her and system's attorney. We now inform of the incident with no name.
- Confidentiality issues with parents and administrators when student is on 'the line' regarding danger to self. Received feedback from colleagues via email - team decision making.
- Request by Health Center for access to records. Records were not released.
- Assistant VP requested subpoenaed records be sent to him for review and release.

Miscellaneous

- Parent of former student questioning university's (and Counseling Center's) response to alleged sexual assault on campus - student was 17. Still being studied.
- How to handle students who are noncompliant with treatment.
- Potential dismissal of student with eating disorder. This was resolved by the parents becoming involved and guaranteeing that if she deteriorated they would take her home.
- International ex-student, depressed, suicidal, in possession of assault rifle, potentially homicidal. Questions as to what to do, who is responsible for care, etc. The situation resulted in the student committing suicide in jail.
- Staff conflict regarding how to respond to a student who was not a behavior problem but was suffering from extreme emotional distress and having difficulty functioning academically and socially. This was resolved by responding to the needs of the students vs. those of the college.
- Whether to continue treating a client who may have altered a prescription for stimulants.
- How to address confidential client information about another client, not imminent threat to life, but close.
- A suicidal client's emergency contact was a university employee with whom he was having an affair. Awkward issue all the way around including concerns regarding confidentiality, dual role, etc.
- Whether to give treatment records to a former client when the records may be upsetting to her and she has a history of seeming okay about things until she starts mutilating herself.
- Separately and inadvertently seeing both parties to domestic violence dispute, prior to violence and afterward. Still ongoing.
- A personality disordered student fixated on a professor. The professor inadvertently said something hurtful to the student and second professor encouraged student to be upset and to file charges that were not warranted.
- Dissatisfied employee complained to EEOC, Psychology Licensing Board, and faculty senate. All were dismissed.

APPENDIX B
New Hires Total Salary Data

	<u>Minority Male</u>	<u>Minority Female</u>	<u>Caucasian Male</u>	<u>Caucasian Female</u>	<u>TOTAL</u>
a) Director	n/a	66,250 n=2	54,250 n=7	51,250 n=6	54,700 Range 38-73K (n=15)
b) Training Director	42,500 n=1	60,000 n=1	44,500 n=2	58,000 n=3	52,200 Range 43-60K (n=7)
c) Assistant or Associate Director	43,500 n=2	n/a	45,375 n=4	40,600 n=5	42,900 Range 30-51K (n=11)
d) Counselor with Ph.D. & exp.	43,875 n=4	43,076 n=15	40,213 n=15	38,195 n=18	40,800 Range 29-58K (n=47)
e) Counselor with new doctorate	39,500 n=2	40,250 n=8	36,935 n=14	36,021 n=16	37,200 Range 25-47K (n=37)
f) Counselor who is A.B.D.	41,452 n=1	n/a	32,000 n=1	35,216 n=6	35,600 Range 32-42K (n=8)
g) Counselor with M.A. & exp.	40,750 n=2	30,000 n=2	32,030 n=10	32,991 n=12	33,000 Range 24-51K (n=26)
h) Counselor with new M.A.	45,000 n=1	28,000 n=1	25,533 n=3	22,500 n=8	25,400 Range 15-45K (n=13)
i) Counselor with M.S.W. & exp.	35,000 n=1	37,955 n=3	n/a	39,500 n=12	38,900 Range 30-50K (n=14)
j) Counselor with new M.S.W.	n/a	22,000 n=1	31,000 n=1	35,000 n=2	30,800 Range 22-40K (n=4)
k) Counselor with BA	n/a	n/a	22,750 n=1	n/a	22,800 (n=1)
l) Psychiatrist/M.D. (annual salary)	n/a	n/a	n/a	98,000 n=1	98,000 (n=1)
m) Psychiatrist/M.D. (hourly rate)	75.00 n=2	n/a	88.00 n=4	80.00 n=4	80.00 Range 50-100.00 (n=9)
n) Other (e.g. Post Doc, Nurse Practitioner, Network Analyst)	15,000 n=1	31,900 n=1	n/a	24,416 n=6	25,000 18-32K (n=7)

New Hire Salary Data by School Size

SIZE 1 (Under 2,500)

a) Director	38,000 (n=1)
b) Training Director	n/a
c) Assistant or Associate Director	36,700 R: (n=3)
d) Counselor with Ph.D. & Experience	38,300 R: 34-42K (n=2)
e) Counselor with new doctorate	33,200 R: 25-42K (n=5)
f) Counselor who is A.B.D.	40,300 (n=1)
g) Counselor with M.A. & experience	28,700 R: 25-32K (n=5)
h) Counselor with new M.A.	21,900 R: 15-28K (n=5)
i) Counselor with M.S.W. & experience	41,700 R: 35-50K (n=3)
j) Counselor with new M.S.W.	31,000 (n=1)
k) Counselor with BA	n/a
l) Psychiatrist/M.D. (annual salary)	n/a
m) Psychiatrist/M.D. (hourly rate)	100.00 (n=2)

SIZE 2 (2,500-7,500)

a) Director	46,900 R: (n=4)
b) Training Director	60,000 (n=1)
c) Assistant or Associate Director	36,000 (n=1)
d) Counselor with Ph.D. & Experience	43,400 R: 35-50K (n=7)
e) Counselor with new doctorate	39,900 R: 32-47K (n=6)
f) Counselor who is A.B.D.	36,000 (n=1)
g) Counselor with M.A. & experience	33,100 R: 24-43K (n=10)
h) Counselor with new M.A.	23,300 R: 21-25K (n=3)
i) Counselor with M.S.W. & experience	38,500 R: 38-39K (n=2)
j) Counselor with new M.S.W.	35,000 R: 30-40K (n=2)
k) Counselor with BA	22,800 (n=1)
l) Psychiatrist/M.D. (annual salary)	n/a
m) Psychiatrist/M.D. (hourly rate)	n/a

Size 3 (7,500-15,000)

a) Director	56,500 R: 49-65K (n=8)
b) Training Director	49,000 R: 44-54K (n=2)
c) Assistant or Associate Director	47,000 (n=1)
d) Counselor with Ph.D. & Experience	40,200 R: 29-55K (n=13)
e) Counselor with new doctorate	35,800 R: 28-45K (n=8)
f) Counselor who is A.B.D.	33,300 R: 32-35K (n=2)
g) Counselor with M.A. & experience	32,100 R: 26-38K (n=5)
h) Counselor with new M.A.	26,500 R: 24-29K (n=2)
i) Counselor with M.S.W. & experience	40,000 R: 33-49K (n=4)
j) Counselor with new M.S.W.	n/a
k) Counselor with BA	n/a
l) Psychiatrist/M.D. (annual salary)	n/a
m) Psychiatrist/M.D. (hourly rate)	95.00 R: 90-100.00 (n=2)

Size 4 (Over 15,000)

a) Director	71,300 R: 70-73K (n=2)
b) Training Director	51,900 R: 43-60K (n=4)
c) Assistant or Associate Director	46,400 R: 39-51K (n=6)
d) Counselor with Ph.D. & Experience	40,600 R: 33-58K (n=25)
e) Counselor with new doctorate	38,000 R: 33-44K (n=18)
f) Counselor who is A.B.D.	35,500 R: 32-41K (n=4)
g) Counselor with M.A. & experience	37,000 R: 30-51K (n=6)
h) Counselor with new M.A.	32,300 R: 24-45K (n=3)
i) Counselor with M.S.W. & experience	36,500 R: 30-43K (n=5)
j) Counselor with new M.S.W.	22,000 (n=1)
k) Counselor with BA	n/a
l) Psychiatrist/M.D. (annual salary)	98,000 (n=1)
m) Psychiatrist/M.D. (hourly rate)	66.00 R: 50-84.00 (n=5)

APPENDIX C
Salary Data

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	52,900 Range 24-103K (n=80)	57,600 Range 27-87K (n=50)	59,200 Range 24-98K (n=37)
b) Training Director	45,800 Range 34-60K (n=25)	48,000 Range 36-67K (n=21)	52,700 Range 41-79K (n=14)
c) Assistant or Associate Director	43,900 Range 25-56K (n=36)	49,300 Range 32-77K (n=31)	47,000 Range 34-63K (n=14)
d) Counselor with Ph.D.	39,900 Range 30-56K (n=112)	44,100 Range 31-64K (n=76)	46,700 Range 31-65K (n=68)
e) Counselor who is A.B.D.	36,000 Range 26-48K (n=16)	n/a	38,100 Range 35-44K (n=4)
f) Counselor with M.A.	30,400 Range 13-43K (n=64)	34,900 Range 27-59K (n=41)	38,200 Range 27-67K (n=36)
g) Counselor with M.S.W.	36,000 Range 26-55K (n=29)	37,400 Range 19-48K (n=23)	40,400 Range 25-65K (n=26)
h) Counselor with BA	19,500 (n=1)	35,000 Range 23-47K (n=2)	n/a
i) Psychiatrist/M.D. (annual salary)	84,200 Range 44-105K (n=6)	96,800 Range 84-105K (n=6)	108,800 Range 89-130K (n=3)
j) Psychiatrist/M.D. (hourly rate)	92.00 Range 45.00-165.00 (n=20)	82.00 Range 48.-160.00 (n=10)	92.00 Range 48.00-150.00 (n=12)
k) Other (e.g. Post Doc, AOD Counselor, Nurse Pract.)	22,100 Range 6-43K (n=12)	28,400 Range 25-36K (n=3)	24,000 (n=1)

	<u>10-12 years in position</u>	<u>13-15 years in position</u>	<u>15+ years in position</u>
a) Director	64,000 Range 31-98K (n=42)	62,200 Range 35-85K (n=20)	80,000 Range 36-89K (n=83)
b) Training Director	57,500 Range 42-75K (n=13)	48,500 Range 47-50K (n=2)	62,500 Range 35-83K (n=21)
c) Assistant or Associate Director	51,600 Range 39-70K (n=13)	48,800 Range 34-73K (n=10)	58,200 Range 39-84K (n=26)
d) Counselor with Ph.D.	50,400 Range 36-75K (n=59)	53,400 Range 40-68K (n=13)	56,700 Range 38-95K (n=53)
e) Counselor who is A.B.D.	49,900 Range 36-67K (n=7)	36,000 Range (n=1)	44,300 Range 33-55K (n=7)
f) Counselor with M.A.	42,500 Range 31-67K (n=23)	42,700 Range 28-74K (n=13)	46,700 Range 33-72K (n=25)
g) Counselor with M.S.W.	40,200 Range 30-52K (n=12)	42,900 Range 35-56K (n=5)	53,200 Range 39-65K (n=13)
h) Counselor with BA	40,900 (n=1)	n/a	n/a
i) Psychiatrist/M.D. (annual salary)	100,000 Range 80-114K (n=3)	89,500 Range 89-90K (n=2)	99,000 Range 90-108K (n=2)
j) Psychiatrist/M.D. (hourly rate)	95.00 Range 82.00-125.00 (n=5)	62.00 (n=1)	81.00 Range 48.00-120.00 (n=4)
k) Other	55,500 Range 35-93K (n=4)	63,100 (n=1)	74,000 Range 69-79K (n=2)

Size 1 (Under 2,500):

	<u>1-3 years in position</u>	<u>4-6 years in position</u>	<u>7-9 years in position</u>
a) Director	38,600 Range 24-57K (n=19)	55,200 Range 35-75K (n=12)	50,600 Range 24k-72K (n=10)
b) Training Director	n/a	n/a	n/a
c) Assistant or Associate Director	42,600 Range 30-56K (n=4)	33,500 Range 32-35K (n=2)	47,000 (n=1)
d) Counselor with Ph.D.	35,200 Range 31-42K (n=6)	55,400 Range 50-61K (n=2)	52,000 (n=1)
e) Counselor who is A.B.D	33,200 Range 26-40K (n=2)	n/a	36,000 (n=1)
f) Counselor with M.A.	28,200 Range 18-34K (n=12)	32,200 Range 27-40K (n=4)	37,900 Range 32-45K (n=5)
g) Counselor with M.S.W.	39,500 Range 30-55K (n=5)	48,000 (n=1)	38,500 Range 25-52K (n=2)
h) Counselor with BA	n/a	n/a	n/a
i) Psychiatrist/M.D. (annual salary)	n/a	100,000 (n=1)	106,600 (n=1)
j) Psychiatrist/M.D. (hourly rate)	120.00 (n=1)	75.00 (n=1)	n/a

	<u>10-12 years in position</u>	<u>13-15 years in position</u>	<u>15+ years in position</u>
a) Director	52,100 Range 31-78K (n=7)	50,300 Range 35-62K (n=3)	58,300 Range 43-71K (n=8)
b) Training Director	n/a	n/a	42,500 (n=1)
c) Assistant or Associate Director	n/a	34,000 (n=1)	42,500 (n=1)
d) Counselor with Ph.D.	69,000 (n=1)	39,700 (n=1)	54,800 (n=1)
e) Counselor who is A.B.D	n/a	n/a	n/a
f) Counselor with M.A.	49,000 Range 31-67K (n=2)	36,800 Range 28-46K (n=2)	41,700 (n=1)
g) Counselor with M.S.W.	33,400 Range 32-35K (n=2)	n/a	61,000 (n=1)
h) Counselor with BA	n/a	n/a	n/a
i) Psychiatrist/M.D. (annual salary)	n/a	n/a	n/a
j) Psychiatrist/M.D. (hourly rate)	n/a	n/a	95.00 (n=1)

Size 2 (2,500-7,500):

	<u>1-3 years in position</u>	<u>4-6 years in position</u>	<u>7-9 years in position</u>
a) Director	50,900 Range 28-72K (n=21)	50,500 Range 27-64K (n=14)	57,800 Range 45-79K (n=12)
b) Training Director	47,300 Range 40-60K (n=3)	39,700 Range 36-43K (n=3)	60,400 Range 42-79K (n=5)
c) Assistant or Associate Director	40,400 Range 31-50K (n=5)	47,400 Range 36-59K (n=9)	41,000 Range 34-55K (n=6)
d) Counselor with Ph.D.	41,300 Range 30-52K (n=28)	44,900 Range 34-58K (n=19)	48,300 Range 37-65K (n=14)
e) Counselor who is A.B.D	42,000 Range 36-48K (n=2)	n/a	44,000 (n=1)
f) Counselor with M.A.	30,700 Range 13-42K (n=22)	33,600 Range 29-59K (n=12)	38,800 Range 28-63K (n=15)
g) Counselor with M.S.W.	34,300 Range 26-43K (n=6)	34,700 Range 19-40K (n=6)	40,800 Range 28-53K (n=4)
h) Counselor with BA	n/a	23,000 (n=1)	n/a
i) Psychiatrist/M.D. (annual salary)	44,300 (n=1)	84,000 (n=1)	n/a
j) Psychiatrist/M.D. (hourly rate)	103.00 Range 50-165.00 (n=5)	115.00 Range 60-160.00 (n=3)	100.00 Range 85-115.00 (n=5)

	<u>10-12 years in position</u>	<u>13-15 years in position</u>	<u>15+ years in position</u>
a) Director	61,000 Range 42-90K (n=15)	60,300 Range 49-72K (n=2)	70,000 Range 36-100K (n=26)
b) Training Director	60,800 Range 50-72K (n=2)	n/a	72,100 Range 65-83K (n=)
c) Assistant or Associate Director	44,700 Range 39-55K (n=3)	60,900 Range 49-73K (n=2)	53,100 Range 43-63K (n=4)
d) Counselor with Ph.D.	55,900 Range 41-75K (n=12)	68,000 (n=1)	59,900 Range 45-95K (n=6)
e) Counselor who is A.B.D	61,000 Range 52-67K (n=3)	n/a	52,000 Range 52-52K (n=2)
f) Counselor with M.A.	39,600 Range 33-55K (n=7)	43,200 Range 34-51K (n=3)	41,600 Range 33-48K (n=5)
g) Counselor with M.S.W.	43,200 Range 36-52K (n=3)	47,300 (n=1)	n/a
h) Counselor with BA	n/a	n/a	n/a
i) Psychiatrist/M.D. (annual salary)	n/a	89,000 (n=1)	n/a
j) Psychiatrist/M.D. (hourly rate)	n/a	n/a	n/a

Size 3 (7,500-15,000):

	<u>1-3 years in position</u>	<u>4-6 years in position</u>	<u>7-9 years in position</u>
a) Director	57,800 Range 41-103K (n=24)	56,200 Range 44-72K (n=7)	63,000 Range 42-72K (n=8)
b) Training Director	49,400 Range 34-58K (n=5)	47,600 Range 37-58K (n=4)	41,800 Range 40-43K (n=2)
c) Assistant or Associate Director	44,800 Range 25-54K (n=12)	51,100 Range 36-64K (n=6)	n/a
d) Counselor with Ph.D.	39,300 Range 33-49K (n=24)	42,800 Range 31-64K (n=17)	46,800 Range 31-65K (n=17)
e) Counselor who is A.B.D	35,000 Range 30-42K (n=4)	n/a	34,800 (n=1)
f) Counselor with M.A.	30,700 Range 24-40K (n=16)	36,900 Range 30-48K (n=11)	40,000 Range 32-67K (n=7)
g) Counselor with M.S.W.	36,000 Range 28-48K (n=4)	34,100 Range 29-45K (n=7)	39,700 Range 25-65K (n=7)
h) Counselor with BA	19,500 (n=1)	n/a	n/a
i) Psychiatrist/M.D. (annual salary)	89,400 (n=1)	91,600 (n=1)	n/a
j) Psychiatrist/M.D. (hourly rate)	95.00 Range 52-125.00 (n=6)	73.00 Range 70-75.00 (n=2)	91.00 Range 63-120.00 (n=3)
	<u>10-12 years in position</u>	<u>13-15 years in position</u>	<u>15+ years in position</u>
a) Director	65,200 Range 50-79K (n=9)	62,000 Range 54-75K (n=3)	67,600 Range 50-102K (n=19)
b) Training Director	59,900 Range 42-75K (n=4)	47,000 (n=1)	60,800 Range 35-82K (n=5)
c) Assistant or Associate Director	50,800 Range 40-70K (n=6)	42,700 Range 37-51K (n=3)	58,600 Range 42-84K (n=7)
d) Counselor with Ph.D.	50,200 Range 38-72K (n=16)	57,900 Range 46-64K (n=3)	55,600 Range 38-76K (n=14)
e) Counselor who is A.B.D	44,000 (n=1)	n/a	55,400 (n=1)
f) Counselor with M.A.	37,700 Range 33-47K (n=6)	46,800 Range 32-74K (n=4)	45,400 Range 35-68K (n=8)
g) Counselor with M.S.W.	40,500 Range 39-42K (n=2)	n/a	46,500 Range 39-54K (n=2)
h) Counselor with BA	40,900 (n=1)	n/a	n/a
i) Psychiatrist/M.D. (annual salary)	n/a	n/a	n/a
j) Psychiatrist/M.D. (hourly rate)	103.00 Range 85-125.00 (n=3)	n/a	n/a

Size 4 (Over 15,000):

	<u>1-3 years in position</u>	<u>4-6 years in position</u>	<u>7-9 years in position</u>
a) Director	65,100 Range 49-80K (n=16)	65,700 Range 49-87K (n=17)	69,500 Range 60-98K (n=7)
b) Training Director	44,500 Range 36-60K (n=17)	50,300 Range 38-67K (n=14)	50,300 Range 42-60K (n=7)
c) Assistant or Associate Director	44,900 Range 33-52K (n=15)	51,900 Range 37-77K (n=14)	51,900 Range 44-63K (n=7)
d) Counselor with Ph.D.	40,000 Range 31-56K (n=54)	43,600 Range 35-64K (n=38)	45,800 Range 36-65K (n=36)
e) Counselor who is A.B.D	35,700 Range 31-44K (n=8)	n/a	37,500 (n=1)
f) Counselor with M.A.	31,300 Range 18-43K (n=14)	35,200 Range 27-53K (n=14)	36,000 Range 27-52K (n=9)
g) Counselor with M.S.W.	35,100 Range 27-44K (n=14)	40,500 Range 34-48K (n=9)	41,000 Range 28-65K (n=13)
h) Counselor with BA	n/a	47,000 (n=1)	n/a
i) Psychiatrist/M.D. (annual salary)	92,900 Range 79-105K (n=4)	101,700 Range 100-105K (n=3)	109,800 Range 90-130K (n=2)
j) Psychiatrist/M.D. (hourly rate)	80.00 Range 45-130.00 (n=8)	63.00 Range 48-90.00 (n=4)	81.00 Range 48-150.00 (n=4)

	<u>10-12 years in position</u>	<u>13-15 years in position</u>	<u>15+ years in position</u>
a) Director	74,500 Range 58-98K (n=11)	65,500 Range 35-85K (n=12)	102,500 Range 55-89K (n=30)
b) Training Director	55,200 Range 47-75K (n=7)	50,000 (n=1)	62,400 Range 44-83K (n=12)
c) Assistant or Associate Director	58,100 Range 53-62K (n=4)	50,900 Range 38-60K (n=4)	60,700 Range 39-83K (n=14)
d) Counselor with Ph.D.	47,700 Range 36-75K (n=30)	51,500 Range 43-68K (n=8)	56,700 Range 40-79K (n=32)
e) Counselor who is A.B.D	40,700 Range 36-47K (n=3)	36,000 (n=1)	37,700 Range 33-44K (n=4)
f) Counselor with M.A.	47,000 Range 35-60K (n=8)	41,100 Range 35-57K (n=4)	50,400 Range 35-72K (n=11)
g) Counselor with M.S.W.	41,200 Range 30-50K (n=5)	41,800 Range 35-56K (n=4)	53,800 Range 41-65K (n=10)
h) Counselor with BA	n/a	n/a	n/a
i) Psychiatrist/M.D. (annual salary)	100,000 Range 80-114K (n=3)	90,000 (n=1)	99,000 Range 90-108K (n=2)
j) Psychiatrist/M.D. (hourly rate)	84.00 Range 82-85.00 (n=2)	62.00 (n=1)	76.00 Range 48-120.00 (n=3)

APPENDIX D**Video Tapes Used in Professional Development - Question #96**

(Purchasing source was not provided for some tapes.)

Academic

- "The First Year Students" - John Gardner
- "How to Study" - McGraw-Hill

Diagnostic/Treatment

- "Assessment and Treatment of Psychological Disorders Series" - Donald Freedheim
- "Closet Narcissistic Disorder: The Masterson Approach"
Newbridge Communications, 333 E. 38th Street, New York, NY 10016
- "Mixed Anxiety and Depression" - Don Michenbaum
- "Obsessive Compulsive Disorder" - The Menninger Clinic
5800 S W Sixth Ave., Topeka, KS 66601
- "Psychotherapy Tape Series" - APA
- "Short-term Dynamic Therapy" - APA Psychotherapy Videotape Series
- ***"Treating Borderline Personality Disorder: The Dialectical Approach" - Marsha Linehan
Guilford Publications, Inc.
- ***"Understanding Borderline Personality Disorder" - Marsha Linehan
Guilford Publications, Inc.

Diversity/Multicultural Issues

- "The Color Of Fear" - Lee Kin Wah
Stir Fry Productions, 470 3rd Street, Oakland, CA 94607
(800) 370-STIR or (510) 419-3930
- "Legacy of Slavery" - Kenneth Hardy
University of Syracuse
- "Midnight Macaroni"
- ***"Skin Deep, Shattering the Silences"
University of Buffalo, Committee for the Promotion of Tolerance and Diversity

Eating Disorders

- "Body Trust" - Production West Montana
(406) 656-9417
- "Having your Cake"
- "In Our Own Words" (Personal accounts of eating disorders) - Gurze
(800) 756-7533
- "Psychodynamic Treatment of Eating Disorders" - C. Johnson
- "Slim Hopes" - Jean Kilbourne
Media Education Foundation, 26 Center Street, North Hampton, MA 01060
(413) 586-4170

Ethics/Dilemmas

- "Ethical Dilemmas Facing Psychologists"
Association of State Prov. Psychology Boards
- ***"Subtle Boundary Dilemmas" - Hazelden
Cedar City, MN (800) 328-9000 order # 5796

Family/Couples Work

"The Angry Couple" - Susan Heitler, Ph.D.

Newbridge Communications, 333 East 38th Street, New York, NY 10016

"Conflict Focused Treatment"

Newbridge Communications, 333 East 38th Street, New York, NY 10016

Gay/Lesbian/Bisexual Issues

"Psychotherapy with Gay and Lesbian Clients"

Buendia Productions, Santa Anna, CA, (800) 513-1092

Group Therapy

**"Yalom: Group Psychotherapy Tapes"

Miscellaneous

"Addictions" - Bill Moyer

"Critical Incident Stress Debriefing Training Video"

"Date Rape" (Audience interactive piece with facilitators manual) - Rob Ferguson

Counseling and Testing Center, 301 Frazee Hall, U. of KY, Lexington, KY 40506-0031

"Fr Martin"

"The Hijacked Brain" - Bill Moyer (PBS Series)

"Men and Emotions"

Newbridge Communications, 333 East 38th Street, New York, NY 10016

"MMPI Profile of Jeffrey Dahmer" - Caldwell Reports

"Motherless Daughters" - H. Edelman

"Reflection on AIDS" - Mary Lou

(216) 932-4293

"Roofies" - SUNY-Cortland

Cortland, NY (607) 753-4728

Recommended Audio Tapes

"The Mentor Spirit" Marcia Sinetur

"Meaningful Work" Thomas Moore

**Videos that have been recommended more than once.

APPENDIX E

Examples of Innovative Programs - Question #97

(Programs listed with ID numbers for networking purposes.)

Academic Enhancement/Faculty Assistance

- 018 Potential Drop Outs - Assess for early warning signs.
- 027 Pre graduate school Advisement Center.
- 073 Academic Probation Assistance Program.
- 101 Probationary Students Aftercare Program.
- 121 Development of UCC 2020 - Three credit course.
- 122 SMART - Students Making A Right Turn (retention).
- 195 Academic Wellness Series / and Freshman Course.
- 250 ADHD Assessment (Required before meds may be prescribed).
- 277 Teach classes for students on academic probation. The program attempts to deal with motivation as well as study skills and life issues.
- 302 Academic success program.
- 324 Student Success Program and Center - Geared toward retention and academic success.

Athletics

- 010 Athletic Workshops on Mental Health.
- 079 Student athlete career track (series of programs and activities).
- 139 Student Athlete Mentors - Two students from each athletic team trained in listening skills, recognizing students in trouble with substance abuse, eating disorders, and other compulsive behaviors. Meets regularly throughout the academic year.
- 161 Sports psychology consultations to varsity teams.

Career

- 027 Placement center for students (Not a part of Counseling Center) - Full service approach.
- 092 Career Assessment Program.
- 271 Intern Reunion - Former interns are invited back (biannually) to share current work experiences with other interns and professional staff.
- 293 Major and Career Planning Course for freshman "Undecided" students. The course is team-taught by The Counseling Center and The Career Services Staff.

Crisis/Response Teams

- 090 Crisis Response Program.
- 272 Crisis team.
- 289 Critical Incident Stress Debriefing/Defusing teams that involve representatives from campus spectrum, including students that are recruited and trained each year.

Disabled Students

- 062 Support group and resource person dedicated to work with individuals registered as having a psychiatric disability with Disability Support Services (DSS). This is a joint program with DSS, Community Mental Health, and grant-funded program. Supported Education Enhances Rehabilitation.
- 200 Outreach program for students with disability.
- 297 Center for persons with disabilities.
- 297 Disability Resource Center.

Discussion Groups

- 034 Speakers Bureau.
- 034 The Conversation - Discussion of Race, Gender, Gender Orientation, etc. in group format.
- 105 Shrink Think - Similar to a town hall meeting. Meetings are held over lunch and students can ask any questions of our consulting psychologist.

Diversity/Multicultural

- 066 S2AFE = Staff, Student, And Faculty for Equality.
- 230 Diversity Bag Lunch Series (outreach program).
- 234 One emergency intake hour per day set aside for minority students. Has resulted in a marked increase in these students using Center services.
- 246 Spiritual Pathways - Diversity enhancing program. Co-sponsored with Dean for Academic Affairs. Targeted at promoting minority (non-Christian) religious spirituality.
- 297 Multicultural Center.
- 299 Divided Sisters Dialogue - An ongoing discussion between women of different ethnic/racial groups. Co-facilitated by The Counseling Center and The Office of Multicultural Affairs.

Drug and Alcohol

- 011 Use computerized stress inventory as part of substance abuse assessment.
- 104 Independent Study and Research Group for studying Alcohol Use.
- 116 Alternatives Program - Deals with binge drinking.
- 181 Alcohol Education Program.
- 272 Detox. Center and accredited alcohol treatment program.
- 298 Alcohol and Other Drug Education Office.

Eating Disorders

- 023 Eating Disorders Committee - Campus-wide committee led by a staff psychologist.
- 149 Team approach to treatment of eating disorders. Includes a medical consultant, nutritionist, individual therapist, and an eating disorders group facilitator. All work in collaboration with each other.
- 156 We invested 1.5 days in National Screening Day for eating disorders, then developed a 7 week follow-up with psychoeducational group meetings.
- 161 Campus-wide Eating Disorder Task Force and Treatment Team.
- 233 My Body Is My Home: Body Image Enhancement Workshop - Designed in cooperation with the Panhellenic Association.

Health/Wellness

- 013 Creative Programming on STD's -- Safe and Sexy Eggravaganza (Hide 150 plastic eggs containing condoms, body oil, jelly beans, and STD facts) - egg hunt.
- 070 Campus-wide "Wellness Committee" consisting of staff, faculty, and students. Theme months, each member of the committee develops one program per year.
- 092 Guerrilla Theatre - Students performing social issues.
- 159 Monthly Wellness Seminars.

Peer Education

- 104 TALQ - Talking About Life's Questions (Peer education group).
- 109 Student Speakers Bureau - Peer educators.
- 124 Peer orientation/mentor program for international students.

Psychoeducational

- 040 Assertiveness Training Workshop.
- 081 "Relating Game" - A workshop on relationships that utilizes a game show format.
- 204 Weekly workshop for students on a variety of developmental issues.
- 213 Alcohol and Suicide Prevention - All students are exposed to this program and are given presentations on each topic (required training).
- 261 Workshop on forgiveness.

Public Relations/Awareness

- 011 Developed newsletter called "Shrink Rap".
- 159 Do presentations about counseling to student groups applying for Financial Aid.
- 227 Counseling Center PR Team has developed creative advertising-marketing.
- 231 Video Soap Opera to market services.
- 235 Project with Theatre Department to use Improv. Groups to present programs.
- 236 Marketing Program to make center more user friendly.
- 258 Monthly, a brief letter is sent to 25-30 faculty members requesting their input regarding providing services to students. Excellent response and good for visibility.

Resources

- 147 Students In Distress - A guide for faculty and staff.
- 161 Self-help library.

Relaxation/Stress Reduction

- 011 Biofeedback Services.
- 070 Stress Lab Resource Room - Books, audio tapes and videos related to stress management.
- 099 Stress Assessment in the Recreation Center.
- 197 Stress Free Room.
- 280 "Comic Relief" - Show cartoons and provide snacks in public area on last day of class before exams.
- 297 Did "Finals First Aid" with pets - A stress relief and educational program.

Sexual Assault/Abuse/Violence

- 063 Sexual Assault Education Workshops where convicted sex offenders are present and are questioned in both small and large groups.
- 138 All incoming students must attend a "mandatory" 2 hour sexual assault awareness education program.
- 157 Support Group: Male survivors of sexual abuse.
- 175 Chancellor/Mayoral Task Force on Sexual Assault - A joint task force that brings together officials from university and city to plan prevention, policy, and training for sexual assault.
- 186 Women's Advocate Training - Pilot Program
- 201 Victory over Violence (Violence Education Program).
- 250 Student Assault Recovery Program - A peer-based program for victims of violence. Staff includes a coordinator, professional therapist, two graduate assistants, one work-study student aide, and twenty-five peer advocates.
- 272 Sexual Assault Response Team.

Staff/Faculty/Center Development

- 008 Implementation of a cross mentoring approach for staff development. The approach has dramatically increased the development of team efforts and creative programming.
- 027 Quality Of Residence Life Evaluation.
- 060 Worked with Student Government to advocate for more staff in the Counseling Center.
- 060 Participated in a Cross-division "Barriers to Learning" Problem-solving Group to streamline the intake process.
- 090 Staff training for administrative personnel - Focus on Communication and Stress Management.
- 135 A program for advisors on the emotional issues affecting first year success of a student and how counseling can help. The program provides advisors with information on what they can do in their courses and how to make appropriate referrals.
- 157 Program on dealing with disruptive students.
- 183 Developed model for consultation with faculty, administration, and parents when they wish to have you breach confidentiality.
- 242 The development of a computerized system for writing and storing client assessments, diagnoses, progress notes, etc., (charting). Now available for purchase.

Therapeutic

- 079 Personal development program.
- 096 Walk-in hours are available daily - One counselor leaves a two hour block of time open each day for persons in crisis who don't want to wait for an intake or who just want to briefly "touch base" about a concern. We do no pre-screening of these walk-in clients.
- 103 Drop in sexual orientation exploration group.
- 137 CHOICES - An anger management group run in collaboration with the university's judicial office.
- 151 Two satellite offices on location in residence hall and married student housing complex.
- 208 Friends Helping Friends - A formal system for contacting a counselor to consult about concerns regarding a significant other in distress.
- 234 LD/ADD group sponsored by Counseling & Testing and Student Mental Health.
- 237 The Counseling Center and The Center For Grieving co-sponsor a group for young students with recent loss.
- 248 Anger Management Group.
- 297 New Animal Assisted Therapy Program - For Counseling Center clients and staff burnout.

Miscellaneous

- 023 Informal liaison established with religious advisor on campus.
- 024 "The Connection" - A program run in conjunction with our graduate program developed to serve "needy" families referred by area school counselors.
- 099 Research Development Team.
- 122 Business consultation.
- 193 "Mind Games" - Game where students spin a large wheel, marker ends up on a number that corresponds to a category such as "relationships", "academics", etc. Student then asked a multiple choice question and receives candy for correct answers. We use this during Health Fairs and Stress Management Days.
- 323 LEAP - A four year leadership development process -over 100 voluntary (non-credit) students participate.
- 325 CEU trainings offered to surrounding communities.

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	032	Chapman, Ronald K.	027	Gage, Larry	208
Albert, Joseph	153	Christian, Carole	156	Gale, Diane	193
Alishio, Kip C.	124	Christiansen, Martha	046	Garni, Ken	192
Allbritten, Bill	130	Cimboric, Peter	038	Geller, Marvin H.	150
Allen, Richard D.	224	Clack, Jim	055	Gellert, Jane	169
Anton, William D.	273	Clark, Al	270	Gibson, Ann E.	188
Arce, Elsa	040	Coffman, Janet	175	Gilchrist, Lou Ann	209
Atkinson, M. Bernard	108	Cogdal, Pamela	122	Gleason, Paul J.	143
Aylmer, Robert C.	280	Cook, Donelda A.	110	Gordhamer, Rolf	206
Azar, James A.	158	Cooper, Stewart E.	299	Gordon, Michael	097
Backels, Steve	148	Copeland, Patsy	165	Gorsky, Janet	178
Baker, Ted	118	Corazzini, John G. "Jack"	302	Grace, Marian	112
Balderrama, Sylvia	301	Couden, Barbara	264	Grayson, Paul A.	134
Balistreri, Tom	323	Craig, Donald H.	292	Greer, Richard	314
Bayne, Robert D.	180	Craig, Stephen	316	Grieger, Ingrid	095
Beigen, Shanon	249	Crary, Penny	263	Grosz, Richard	258
Berkman, Miriam	062	Cross, David	253	Guthman, John C.	090
Bertsch, Donald	039	Curoe, Bernadine	107	Hagans, Carol	093
Berty, Diane	009	Danchise, Roger	020	Hall, Pinckney	296
Birge, Susan N.	068	Daughhetee, Charlotte	166	Hallahan, Patricia	179
Birky, Ian	104	Davidshofer, Charles O.	047	Hamann, John B.	295
Bishop, John B.	229	Dayton, Rebecca	202	Hammond, Barbara	305
Blair, J. Douglas	274	Deakin, Spencer	075	Handy, Lee	219
Blaisch, Ilene	142	DePalma, Diane M.	079	Hanson, Peggy	236
Boer, Warren J.	036	DePauw, Mary E.	184	Hardin, Barbara	187
Boland, Myrna L.	016	DiNuzzo, Theresa M.	259	Harman, Robert L.	226
Bolland, Herbert R.	043	DiSmilo-Morgan	021	Harris, Harold J. Jr.	126
Booth, Janis C.	127	Donn, Patsy A.	012	Hattauer, Edward	137
Bowersock, Roger B.	271	Doran, Lindley E.	155	Hatton, John M.	035
Boyd, Vivian S.	238	Dore, Patricia	159	Hayward, Howard	105
Brandel, Irvin W.	215	Doty, Mary E.	297	Heitzmann, Dennis	147
Brian, Tom J.	285	Doyle, Michael	111	Hersh, Jeffrey B.	050
Brolley, Pam	083	Doyle, Ellen	117	Hocking, Thomas K.	293
Brown, Steve D.	231	Droz, Elizabeth	023	Hodges, Shannon	246
Brown-Pearson, Dianne	205	Dyke, Jeffery T.	073	Holmes, James R.	290
Brown-DePass, Mary	200	Easton, Robert	306	Hopkins, Warren P.	266
Bruce-Sanford, Gail	123	Edgerly, John W.	256	Horn, Rita M.	310
Brummels, Lin	307	Edwards, Jean	240	Hotelling, Kathy	138
Bucell, Michael	064	Ehrenworth, Jonathan	170	Hoyt, Arlyne E.	029
Buckles, Nancy	094	Ellingson, Kari T.	286	Hurley, George	121
Bufano, Suzanne	052	Erickson, Lloyd	004	Hymoff, Ira	237
Buhrow, Bill	077	Erskine, Charlene	049	Indenbaum, Fred	017
Burks, Suzanne M.	145	Everhart, Deborah	254	Irvine, John S.	133
Byrnes, L. Anne	199	Fager, Leland E.	128	Jacks, Richard N.	318
Campbell, Jim	265	Federman, Russ	058	John, Kenneth B.	074
Canavan, Margaret	281	Fellerath, John T.	217	Johnson, Amy	277
Cann, Laura	157	Ferrari, Nancy	308	Jones, Dan C.	006
Cannici, James	279	Fields, Anika C.	072	Jones, Linda S.	163
Carella, Joseph D.	063	Fox, Ray P.	278	Jones, William H.	082
Carney, Clarke G.	100	Frank, Edith	132	Joy-Newman, Stephany	313
Casey, Dan	181	Frizzell, Christine	239	Kahn, Alfred	232
Chabala, William	115	Fuchs, Kathleen F.	103	Kahn, Malcolm	241
Chagnon, Jean	037	Fygetakis, Leah M.	026	Kaufman, Robin	198
Chandler, David	161	Gabbard, Clinton E.	151	Kazin, Robert	088

Kemmerling, Beverly	031	Pace, Diana	087	Stone, Gerald	233
Kemmerling, Robert G.	033	Pack, Glenn	014	Stricherz, Matt	272
King, Bradford D.	275	Papalia, Anthony S.	194	Telles-Irvin, Patricia	071
King, Michael M.	317	Parker, Lois J.	251	Terrell, Tom	174
Kiracofe, Norman M.	315	Parnes, Jane C.	319	Thomas, Barbara	268
Knighter, Mildred M.	018	Pasquarelli, Marilyn	116	Thompson, Mark D.	044
Kranz, Peter L.	204	Pauly, Karen	005	Tippitt, Gayle	010
Krieger, Marian E.	011	Perkins, Robert J.	003	Tipps, M. Jane	125
Lamb, Doug	092	Peterson, Marvin	176	Tirado, Mille	242
Lambertz, Jan	183	Phillips, William	028	Tirnan, Richard	030
Langevin, John R.	252	Platt, Christine	139	Tooley, Lois	171
LaPlante, Patricia	089	Pollard, Norman J.	001	Torresdal, Pam	113
LaRossa, Virginia	160	Price, Randell	131	Towle, David	261
Lastoria, Michael	091	Price, Neal I.	191	Triana, Rafael	287
Lauffenburger, Linda	322	Pruett, Harold	222	Utz, Patrick	141
Lavin, Thomas J.	154	Ramirez, Mark L.	051	Vinson, Michael	045
LeViness, Peter O.	211	Ramirez, M. Gloria	282	Vitous, William	196
Levinson, Tamar	066	Rando, Robert A.	325	Wagner-Adams, Carol A.	255
Light, Randy	101	Reed, Jeannine	085	Warren, Brian	303
Lillard, Margaret	212	Reese-Hollingsworth Kathy	140	Welt, Kenneth A.	250
Loers, Deborah L.	321	Resnick, Jaquelyn Liss	230	Whitmarsh, Lona	069
Long, Larry	203	Richards, Sheri	186	Wierson, Carolyn	080
Mack, Delores E.	042	Ritchie, Jill	022	Wilburn, Barbara	136
Mack, Judith	221	Ritchie, John	312	Wilkinson, Bill	119
Mallisham, Ivy J.	048	Roberts, Ralph	078	Williams, Suzanne	162
Marion, David J.	320	Roberts, Martha	149	Williams, John L.	289
Marsh, Kenneth	218	Robinson, Debra	248	Williams-Quinlan, Susan	269
Martin, Karen	086	Rockett, Jeri	276	Wlazelek, Brian	102
Martinez, Alejandro M.	190	Roeder, Lynn M.	057	Yuva, Catherine	311
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