Questions asked in Director's Surveys
1983-92

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Administration

Centers that have a policy that specifies that rights and responsibilities of administrators.

Knowledge of higher level administration about center:
Very knowledgeable and supportive
Reasonably well acquainted with our services
Not very knowledgeable
They hardly know we exist

Do you think it reasonable for Counseling Center staff to respond to the Vice President's request for information in the following situations: (Yes; Yes, but only if student signs a release form; No)
The Vice President is concerned about a student's behavior and wants to know whether the student has ever received counseling.
The Vice President refers a student to the center and wants to know if he/she has kept the appointment.
The Vice President refers a student to the center and wants a progress report on how the student is doing.

Administration - Referrals

A trusted campus official - very worried about a student she referred - wants to know if the student has arrived. Director would inform her if:
No appointment has been scheduled, so student is not yet a client
An appointment has been scheduled, but is several days away
An appointment has been kept, but the student will not be back for a week or two

On other surveys Directors have been split on whether it is appropriate to notify a referral source that a client has kept an appointment without getting a signed release. What would you see as an appropriate solution to the dilemma? (Check all that apply)
Give students the option on an intake form about whether or not they will allow you to notify the referring person.
Have this issue reviewed by your professional association for the purpose of establishing a clearer ethical guideline.
No need to do either of the above. This information should not be given under any circumstance.

Feedback policy to administrators who refer students to center
Told only that student kept first appointment
Told that student is continuing counseling
Told student is continuing in counseling and whether any progress is being made
No feedback provided
Administration - Third party

In your opinion, would the Counseling Center Director inform the Vice President or other senior person if a client is: (Yes; Yes, but only if client signs a release form; No)

- A resident student who is a high suicidal risk and also will require hospitalization.
- A resident student who has some potential for suicide but hospitalization is not required.
- A student whose psychological state is such that he/she might pose a danger to other students.
- A student who tells a counselor that he/she has been raped by a resident assistant but doesn't want to make it public.
- A student who responds to a counselor that he/she has some kleptomania tendencies and has been stealing from the other students in the residence halls.
- A resident student who reports to a counselor that he/she is making obscene phone calls to other students in residence.
- A student reports to a counselor that his roommate is planning to set off a smoke bomb in a large auditorium and fears it might create panic and hurt some people.
- A resident student reports that he/she is HIV positive and is sexually active.

Career Centers which have an identifiable career development coordinator

If yes to above, this person reports to:
- Counseling Center Director
- Placement Director
- Chief Student Personnel Officer

Area where career counseling gets done on your campus
- Primarily in CC
- Primarily in separate career development or placement office
- Shared equally between a and b

Belief about where career counseling should be offered (Primarily Placement, Primarily Counseling, Shared equally)

In past two years, career counseling has:
- been moved out of CC or move is being considered
- been moved into CC or move is being considered
- No change

In centers that offer career counseling, it is:
- Integrated with personal counseling
- Provided by career specialist
- A combination of a and b
If both personal and career counseling done in center:
- All counselors do both
- Some counselors do both, others specialize in career or personal
- All counselors specialize

Centers that have a Career Library

Ratio of career counselors to students on campus

Case files

Centers where clients have access to counselor's reports on request

Reasons for giving student access to records: (The Buckley amendment; State law, Center courtesy)

Centers which support these statements regarding case notes
- Case notes should be kept only at discretion of counselor
- Case notes should be kept on each client but remain under care of client's counselor
- Case notes must be maintained in either central file or in counselors' offices, depending on what works best for the center
- Case notes should be maintained only in a central office file

Information kept in central files:
- We keep no case record
- Counselors keep own records, no central files
- Notes on all sessions
- Case summaries
- Both c and d

Centers' policy on typing case notes
- All case notes are typed
- Summary only typed
- No typing required - only if summary sent out of center

Centers that feel directors should have access to client files maintained by counselor

Centers that feel directors should occasionally review counselors' case notes

Have you developed a policy on what should or should not be included in case notes to protect yourself against a court ordered opening of your records?

If an FBI agent has a signed release form from a client giving permission to access the client's records, how would you handle it?
- Copy of file is provided
- Agent is allowed to read file in Center
- A verbal report is given to agent
- Records are made available only if the request is made directly to us by the client
- No access is provided even at the client's request without a court order
Center structure

Centers which have undergone organizational changes in recent years 21

If centers have undergone change, level of director's satisfaction (Very satisfied, Moderately satisfied, Very unsatisfied) 22

Schools where counseling and placement are administratively separate 21

Centers that are accredited by the International Association for Counseling Services. 67

Interest in IACS accreditation by centers not now accredited (In process; Interested; Might consider later; No interest) 39

Centers that describe themselves as
Primarily a mental health/psych services center 59
Primarily a personal development center
Primarily a career development center

Centers' primary theoretical orientation (None, Psychodynamic, Cognitive-behavioral) 41

Client populations

Prevalence of following problems in center as compared to the previous year:
- Suicidal behavior 18
- Psychotic behavior
- Victims of rape or other violent crimes
- Severe depression
- Severe anxiety reaction
- Bulimia
- Anorexia
- Relationship crises
- Overall emergency visits

Prevalence of seriously disturbed students seen in past year (Increased, About the same, Decreased) 27 24

Centers that would refer the following problems outside the center following intake 42
- Obsessive-compulsive disorders
- Eating disorders
- Alcohol or drug abuse
- Schizophrenia or other psychotic disorders
- Depression
- Panic disorder/anxiety disorder
- Hypochondriasis
- Phobias
- Post-traumatic stress disorder
- Multiple personality or other dissociative disorders
- Sexual disorders
- Sleep disorders
- Impulse control disorders
- Adjustment disorders
- Paranoid disorder
Antisocial disorder
Borderline disorder
Histrionic disorder
Narcissistic disorder
Avoidant/dependent/passive aggressive disorders

Number of students seeking help who are in severe psychological distress:
- Each year we seem to spend more time working with these more severe cases
- We see many such cases each year - no significant change
- These cases seem to be declining in our center
- Our Center is not staffed to handle such problems - they tend to go elsewhere on or off campus.

Client populations - AIDS
Institutions where at least one student has developed AIDS in past year

Have you participated in any kind of workshop on AIDS in the past two years?

Client populations - Alcohol
Increased concern by administration in the past year about alcohol abuse

In Director's opinion, the increased concern is related to:
- An actual increase in the incidence of alcohol abuse
- An increase in media attention to the problem
- Both a & b

Client populations - AMAC
Directors that would report the past child abuse of a client 18 years or older, against the client's wishes (Yes, No, Other)

Any change, in recent years, in number of clients reporting sexual abuse as a child (A definite increase, About the same, A definite decrease)

Have you noticed an increase in the number of students who report having been sexually abused as children?

In your opinion, do these students who report earlier sexual abuse have more serious psychological problems, on the average, than other personal counseling clients?

Likelihood of staff probing for earlier sexual abuse if female client presents with long standing emotional problems of undetermined origin

Likelihood of staff probing for earlier sexual abuse if male client presents with the above symptoms.

Centers in which child abuse was reported because:
- a client had been abused in the past
- a client was being abused concurrent with counseling
- a client had previously abused a child
- a client was abusing a child concurrent with counseling
Has your staff had any inservice training in the past year on how to work with students who have been sexually abused as children? (Yes; No; No, but we could use some training in this area)

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
<th>No, but could use training</th>
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<tr>
<td>93</td>
<td>59</td>
<td>92</td>
<td>91</td>
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</table>

Have you run any groups for students who have been sexually abused as children? (Yes; No; No, but we will in the future)

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<thead>
<tr>
<th>Year</th>
<th>Yes</th>
<th>No</th>
<th>No, but will in future</th>
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<td>60</td>
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Has your Center or school taken any particular initiative to respond to the clients who have been traumatized by abuse? (Describe)

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<tr>
<th>Year</th>
<th>Initiative Description</th>
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Client populations - Anorexia/bulimia

What is the status of eating disorders on your campus?
- The problem seems to be declining
- The problem is still a significant one but leveling off
- The problem seems to be increasing

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<thead>
<tr>
<th>Year</th>
<th>Status</th>
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Relative to other years, number of cases of anorexia (More, About the same, A slight decline, A decided decline)

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Any change, relative to recent years, in number of clients with anorexia (More, about the same, less)

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In terms of anorexia, directors are feeling;
- More optimistic about the outcome of treatment
- More pessimistic about the outcome of treatment
- Uncertain as to likely outcome

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How do you handle a bulimic or anorexic client in your Center?
- Brief psychotherapy only
- Extensive psychotherapy
- Brief therapy combined with group
- Extensive therapy combined with group
- Group therapy only
- We refer out

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<thead>
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<th>Year</th>
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Anorexic students are treated as follows:
- Treated at counseling center with medical backup as necessary
- Treated at counseling center but in complete collaboration with medical person
- Referred to more medically oriented setting

<table>
<thead>
<tr>
<th>Year</th>
<th>Anorexic students are treated as follows</th>
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Bulimic students are treated at the counseling center with medical backup as necessary. They are treated at counseling centers but in complete collaboration with medical personnel. They are also referred to more medically oriented settings. 

Client populations - Faculty/Staff

Campuses with Employee Assistance Program

If EAP, who administers?

- The counseling center
- Personnel or human resources
- School of social work

If EAP is not administrated by CC, do you have any role?

(Yes, on advisory board; Yes, as consultant; Yes, other; No)

Centers that provide counseling services for faculty and staff

Nature of services provided for faculty and staff:

- Services provided informally as schedule permits
- Formally identified programs with full academic sanction
- Programs established along lines of Employee Assistance Program
- Separate funding established program
- 3rd party payments collected for services
- Primarily referral program
- Services detract from ability to provide necessary services to students
- Services strengthen political position on campus
- Services help create healthier environment and benefits students
- Faculty & staff who utilize these services also tend to make more referrals

Data is available to demonstrate cost effectiveness

Client populations - Gay and lesbian

Centers with special programs for gay and lesbian students.

Existence of committee or task force on campus that is charged with addressing the issue of discrimination against sexual minorities.

Client populations - International students

Campuses with a substantial number of international students

If yes to above, how these students make use of counseling services:

- more than other students
- about the same as other students
- less than other students
- rarely, mostly for extreme emergencies

Campuses where there is an increase in domestic violence among international students
### Client populations - LD

Diagnostic testing for learning disabilities is:
- Conducted by the Counseling Center staff
- Conducted by the Learning Skills Center staff
- Conducted by the Disabled Student Services staff
- Conducted on campus by a program other than those listed above
- Provided by referral to services off campus

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<th>Campuses that have staff trained to work with LD students</th>
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<td>Location of staff member(s) trained to work with LD students</td>
<td>29</td>
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<tr>
<td>Counseling center</td>
<td>A learning skills program</td>
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<th>Centers which have written criteria describing what is necessary for institution to consider a student learning disabled</th>
<th>51</th>
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<td>Centers that are encountering more students with learning disabilities</td>
<td>31 &amp; 31</td>
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### Client populations - Minority students

Schools with special programming for minority students | 59 |

If yes to above, the place that this gets done:
- Through CC
- Through student affairs
- Through office outside of student affairs

| Any change, in recent years, in numbers of students dealing with "love addiction" type problems (A definite increase, About the same, A definite decrease) | 52 |

### Client populations - Miscellaneous

Directors with expertise working with "love addiction" problems | 53 |

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<th>Centers that worked with &quot;Fatal Attraction&quot; type cases in the past year</th>
<th>57</th>
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<td>In these &quot;Fatal Attraction&quot; cases, who sought counseling? (The pursuer, The pursued, Both)</td>
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<td>Centers that have encountered clients in past year who inflict pain of themselves as a way of reducing anxiety</td>
<td>19</td>
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<td>Problem of self-inflicted pain increasing in recent years</td>
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### Client populations - MPD

In the past year, have any clients at your Center been diagnosed as having multiple personality disorder? | 54 |

Has there been an increase in multiple personality disorders at your Center in recent years? | 55 |
How do, or how would you handle a multiple personality disorder at your Center?  
Would treat at Center  
Would refer out

Consulting

Did you seek advice or information from another Counseling Center during the year?  
If yes, what were the general areas of concern?  
Schools that have money budgeted to bring in outside consultants  
Did you invite a consultant to your Center during the year (apart from an accreditation visit)?  
What was the primary reason for the visit?  
Accredited Centers that brought in a consultant to help prepare for the APA site visit  
If pre-site consultant was used, was center accredited as a result of first APA site visit?  
(Yes, fully; Yes, provisionally; No)

Crisis intervention

Centers where staff serves on crisis intervention team with other departments  
If yes to the above, centers that have confidentiality problems because of this.  
Relative prevalence of crisis on campus, and an estimate of staff’s ability to handle each type of crisis.  
[Prevalence: Increasing concern on campus in past year; About same concern as last year - still seen as a major problem; About the same as last year - relatively low prevalence; Decreasing prevalence; No incidents reported]  
[Staff’s ability to handle crisis: All excellently prepared to handle crisis; Most well trained to handle crisis; Moderately well-trained - could use some upgrading of skills; Definite weakness in this area. Need additional training; Very weak and need extensive crisis interventional training]

Suicidal behavior  
Psychotic behavior (violent)  
Psychotic behavior (non-violent)  
Victim of rape or other violent crime  
Alcohol or other drug related crisis  
Severe depression  
Severe anxiety reaction  
Bulimic student  
Anorectic student  
Major crisis that traumatizes a number of people

Centers with major crisis on campus that required center involvement.

Time spent on crisis counseling in recent years  
Number of after-hour emergencies responded to in a year by average counselor: (1-5, 6-10, 11-15, 16 and over)
Centers that typically provide compensatory time for after hours emergency work 13

Centers that have provided inservice crisis intervention training in the past year 23

Centers that report funding is a problem in providing crisis intervention training 24

Centers that have a written policy for handling psychological crises 25

Centers that have a written policy for involuntary removal of student from residence halls for psychological reasons 39

Do you have a written policy on when and how to notify parents (spouse, etc.) of a student's seriously deteriorating psychological condition? (Yes; No, not needed; No, but would be helpful) 42

Centers that have written policies on the following:
- Having an emotionally disturbed student removed from the residence halls or school
- Getting a psychotic student hospitalized
- Dealing with a potentially suicidal student
- Dealing with a potentially violent student 19

Crisis intervention - Policy

Centers that would (Against their clients wishes) inform the parents of an under-age client who had been hospitalized for psychological reasons 43

Has your staff had to hospitalize a student for psychological reasons during this past year? 14
Approximately how many cases? 46 15 20 42 21 36

Directors

Check those areas where you have experience or expertise in providing consultation to other Counseling Centers 75
- Resolving staff conflict
- Establishing a staff contracting system
- General evaluation of a Center
- Combining Health Center and Counseling Center
- Combining Counseling and Career Development
- Establishing a Learning Skills Center
- Grant writing
- Establishing a wellness center

Do you have any particular interest areas that you would be willing to share with staff at another Center through presentation or workshop? 76
If yes, what is the interest area? 49

Directors preference for programs that might be offered at future Directors conference (See 1986 booklet for details) 48
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<tr>
<td>Doctorate - clinical psych</td>
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<tr>
<td>Masters - clinical psych</td>
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<tr>
<td>Doctorate - counseling psych</td>
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<tr>
<td>Masters - counseling psych</td>
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<tr>
<td>Doctorate - counseling/counselor ed/mental health</td>
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<tr>
<td>Masters - counseling/counselor ed/mental health</td>
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<td>MSW</td>
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Directors identify themselves primarily as:
- Clinical psychologists
- Counseling psychologists
- Psychiatrists
- Mental health professionals
- Social workers
- Student personnel administrators

Directors report to:
- Chief Student Personnel Officer
- Assistant to CSPO
- Academic Affairs Dean
- Student Health Director

Directors who are satisfied with arrangement in above

Directors who have difficulty with supervisors in terms of his/her wanting more information than can be ethically shared

Director's Faculty status: (Adjunct appointment in a department, Full appointment in a department, No faculty appointment)

Directors who supplement income with the following:
- Teach on overload basis
- Private practice
- Industrial evaluation
- Psychological evaluation

Rates of directors in private practice compared to going rates in area
- Something above going rate
- About the same
- Below going rate

What kinds of things cause you stress on the job? (only group data will be reported)
- Being responsible for other people's work
- Budget problems
- Lack of understanding by the administration
- Staff conflicts with each other
- Lack of understanding by staff of your problems in running a Center
- Impaired staff
- Uncooperative staff
What is your degree of happiness with your job as Counseling Center Director?
- Extremely happy with this work. Can't think of anything I'd rather do.
- Quite happy with this work, but can think of equally attractive jobs.
- Moderately happy with this job.
- Quite unhappy with this work. I often wish I was in another line of work.
- Extremely unhappy with this work. Very definitely should have gone in another direction.

Would you like a job other than Counseling Center Director before you retire?
- If yes, what would you like to do?
  - Higher level administration
  - Teaching
  - Training Director
  - Return to staff counselor position
  - Full time private practice

Financial - Budget

Do you anticipate a budget cut in 1991-1992?

Ways that budget cuts may affect centers
- Reduced staff
- Little/no salary increases
- Reduction in salaries
- Reduction in other budget costs

Did your center take a budget cut in 19__ - 19__?

If yes to #6, how did cut affect the Center?
- Reduced staff
- Little or no salary increases
- Reduction in salaries
- Reduced other costs budget

Budget allocations for the following services over past two years (Increase Expenditures, Decrease Expenditures, No Change, Not Applicable)
- Personal counseling
- Career counseling
- Learning skills program
- Minority skills program
- Women's programs
- Consulting services for athletes
- Disabled students' services

Operating budgets of centers
- Increasing beyond inflation
- Increased about the same as inflation
- Remained the same
- Decreased

Compared with other institution units counseling center budget has done:
(Better than most, Worse than most, About the same)
On average how much money is provided to each counselor in your Center for professional development?

How do decisions get made on division of travel money?
- Available money divided equally
- Same as a, but training director gets more
- Goes only to staff making presentations at conferences
- Tied to money generated by staff

Travel budgets of centers
- Increasing beyond inflation
- Increased about the same as inflation
- Remained the same
- Decreased

Novel ways of supplementing travel budgets

Fiscal - Fees and services

Median fee for sessions

Centers that charge a fee for services

Centers that charge a fee for the following on-campus services:
- Structured groups
- Interest tests
- Personality tests
- Campus wide testing
- Workshops
- Departmental consulting
- Psychological assessment
- Use of SIGI or other computerized counseling system
- Written materials
- Learning skills

Do you charge a fee for any of the following services?
- Personal counseling to students
- Personal counseling to faculty/staff
- Personal counseling to alumni
- Personal counseling to community
- Career counseling to students
- Career counseling to faculty/staff
- Career counseling to alumni
- Career counseling to community
- Career testing
- Personality testing

Do you charge a fee for any of the following services?
- Structured groups
- Psychological assessment for external groups
- Workshops
- Teaching where salary comes back to Center
SIGI/Discover/etc.
Consulting to on-campus units
Consulting off campus
List other income generating activities

Centers that charge for the following community services
- Personal counseling
- Career counseling
- Psychological assessment
- Consulting
- Workshops
- Structured groups
- EAP programs
- Use of SIGI or other computerized counseling system
- Written materials
- Learning skills

Does your Center run a major testing program on campus?
If yes to above, what happens to the income?
- It is used to support testing services
- Supports testing program plus other Center programs
- Goes back into general funds

Fees charged for testing done as part of normal counseling process to: (students, faculty/staff, others)
Centers that charge a fee for tests normally used as a part of counseling process to (Students, Faculty/Staff, Other)
- Strong-Campbell
- MMPI
- Myers-Briggs
- Kuder

Financial - Support
Are you supported by a mandatory fee?
If yes to above, what percentage of your budget does this fee cover?
(75-100%, 50-74%, 25-49%, less than 25%)
Do you collect third party payments?
Schools which have received a FIPSE grant
- Yes, through CC
- Yes, through health center
- Yes, through other office
- No
Schools supported by external grants other than FIPSE
Centers that have programs supported by external grants
Centers that are under pressure to become more self-supporting.

Legal/Ethics

Noticable change in the interest level of staff in legal issues (Increasing interest, No change, Decreased interest)

<table>
<thead>
<tr>
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<th>93</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Has there been a suit against your Center in the past year?</td>
<td>26</td>
<td>53</td>
<td>23</td>
<td>28</td>
<td>47</td>
<td>29</td>
<td>40</td>
<td>32</td>
<td>42</td>
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<td>Centers which have ever been sued.</td>
<td>29</td>
<td>30</td>
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<td>Legal costs of suit assumed by school.</td>
<td>30</td>
<td>31</td>
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<tr>
<td>Outcome of suit (Against the center, For the center, Settled out of court, Not yet settled)</td>
<td>31</td>
<td>48</td>
<td>32</td>
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<td>Instances when staff members have had to hire own attorney because of claims arising out of their work at the center</td>
<td>17</td>
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<tr>
<td>Have your records or counselors been subpoenaed in the past year?</td>
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<td>49</td>
<td>18</td>
<td>24</td>
<td>45</td>
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<td>39</td>
<td>33</td>
<td>43</td>
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<tr>
<td>If records or counselors have been subpoenaed, was it necessary to comply? (Yes; Yes, but had client's permission; Yes, but only after court order received; No, did not need to comply)</td>
<td>21</td>
<td>50</td>
<td>25</td>
<td>46</td>
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<tr>
<td>If records or counselors have been subpoenaed, were records used in support of the client Against a client</td>
<td>22</td>
<td>51</td>
<td>20</td>
<td>26</td>
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<tr>
<td>If records or counselors have been subpoenaed, was it necessary for a counselor to appear in court?</td>
<td>23</td>
<td>52</td>
<td>21</td>
<td>27</td>
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<td>Would you comment briefly on the nature of the subpoena?</td>
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<td>In the past five years have you had to appear in court for reasons related to your professional responsibilities?</td>
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<td>Has your state passed a law making it mandatory for a counselor to inform a state agency if a client reports having had sex with a previous therapist?</td>
<td>27</td>
<td>54</td>
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<tr>
<td>Yes - your state Yes No Not sure</td>
<td>28</td>
<td>29</td>
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<td>How do you feel about this kind of law? I'm opposed. The potential damage to the counseling relationship is too great and I think our professional association should address this issue. I'm in favor of it. Even though it poses risks to the counseling relationships, it will help to clean up the profession. I'm ambivalent.</td>
<td>93</td>
<td>92</td>
<td>91</td>
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<tr>
<td>Directors who would comply if the above law was passed in their state.</td>
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</table>
Director's responses to this scenario: One student assaults another. Both are seen for counseling by 2 different counselors. Both students are asked by a judicial officer to sign release of information forms and the Dean insists that both counselors give testimony at the judicial board hearing.

- Comply, since students signed release forms.
- Comply, only if forms were signed without duress.
- Comply, but tell Dean to try and not have this kind of situation recur.
- Refuse to comply even if students want counselors to testify.

Centers which provide personal counseling without fee to individuals not directly related to institution.

If yes to above, would institution assume legal responsibility in event of suit by these clients? (Yes, No, Don't know) (‘86 - add Don't know, and wish you hadn't asked)

Since questions like the above were asked in 1986, has center tried to reduce number of non-affiliated clients? (Yes; No; Didn't see question 4 years ago, now I'm concerned; Never a problem)

Have you had to confront a counselor in past year about unethical practices?

Have you had to confront a staff member in past year about unethical practices?

    In past three years

Directors who have had to confront an intern about unethical practices in past year

In the past year, have you had to discipline or terminate a counselor or intern due to unethical practices?

    Had you had to fire a counselor or intern because of unethical practices in the past year?

Directors who fired a counselor because of unethical practices in the past year

    In past three years

Directors who have fired an intern because of unethical practices in the past year

Directors who see it as problematic when a counseling center:

    Takes a pro-choice or pro-abortion stand
    Reports a client to police who is an active child abuser
    Stores client information in a main computer given current protection capabilities
    Shares client information with a governmental agent who has a signed release form
    Discusses a client's case in staff without client's permission
    Provides religious counseling in center

Did you experience any other legal/ethical dilemma in the past year?

Legal/Ethics - AIDS
If you were seeing an HIV positive patient in therapy, under what circumstances would you feel the need to break confidentiality and who would you inform? (Would inform: Yes, No, Unsure; Who would be informed)

- Client is in residence and eating in the cafeteria.
- Client is employed in the cafeteria and is involved in the preparation of food.
- Client is in a sexual relationship with an unknowing partner (partner is not known to you).
  - Same as c. but partner is known to you.
- Client is promiscuous and reports practicing unsafe sex.
- Client is working in a health-related profession where the risk of infecting patients is high.
- Client is applying to medical school.
- Client is sharing an IV needle with an unknowing roommate.

If a client is participating in behavior that puts him/her at high risk for HIV infection do you feel that it is a therapist's ethical responsibility to strongly encourage medical examination? (Yes, No, Uncertain)

For an HIV positive client, do you think that it is the responsibility of the therapist to actively press for evidence of high-risk behavior if this is suspected? (Yes, No, Uncertain)

Are you aware of any legislation in your state that would permit psychotherapists to warn identifiable partners of HIV positive clients in certain limited circumstances? (Yes [State], No, Don't know)

Would you be in favor of such legislation?

Legal/Ethics - Confidentiality

Centers have written policy describing circumstances under which a counselor might need to break a student's confidence

Centers which provide handouts to students on the following:

- The nature of counseling
- Confidentiality policy
- Their rights as a client

Centers which provide a handout describing circumstances under which a counselor might need to break a student's confidence

Legal/Ethics - Harassment

Do you know of students who have come to your Center in the past year because of sexual exploitation or harassment by:

- Another therapist
- Faculty member or supervisor
- Another student

Centers where counselors gave testimony in past year when a charge of sexual harassment was brought against (Anther therapist, A faculty member, Another student)

Legal/Ethics - Referrals
A counseling center establishes a crisis management team consisting of one psychologist and a residence life staff member to facilitate referrals in times of crisis. The two team members meet regularly to discuss the referral process. Is it appropriate for the psychologist to share information with this person about whether the student has continued with therapy, made progress, continued to be depressed, etc. (Yes, No)

Miscellaneous

Is your Center facing any major threat in the foreseeable future?  
Do you make use of self-help books or audiotapes for clients in your Center?

- Yes, books only
- Yes, tapes only
- Yes, both books and tapes
- No

Center fund raising activities

Centers that provide emotional-educational courses for credit

Miscellaneous - Computers

Centers that have an (on-line computer, microcomputer).

Do you make use of computers in your Center for any of the following functions?

- Scheduling
- Billing
- Maintaining client case notes
- Program to output clinicians caseloads and turnover
- Database on services/activities
- Analysis of intake data
- Maintenance of appointment schedules
- Testing
- Research
- Career counseling assistance

Centers which use their computer for:

- Word processing
- Center statistics
- Maintaining client files
- Career counseling (SIGI, etc.)
- Center budget
- Stress reduction training
- Self help personal counseling
- Aid to diagnosis
- Skills training
- Health education

Centers where staff have personal computers in their offices

- Yes, all staff
- Yes, some staff
- No staff

---

Page 18
Centers that report having the following equipment:
- On-line computer
- Microcomputer
- Word processor
- Memory typewriter
- Dial-access counseling
- Videotape camera
- Videotape playback
- Biofeedback
- Cable TV hookup

Miscellaneous - Concerns

What concerns does your Center have at the present time?
- Waiting list problems
- An increase in numbers of students with severe psychological problems
- Difficulty in filling groups
- An increase in sexual assault cases
- An increase in crisis counseling
- More clients reporting experiences of childhood abuse
- Pressure on the Center to do more about drug and alcohol abuse on campus
- The need to find better referral sources for students who need long-term help
- Referrals by outside agencies of clients needing long-term therapy to your Center
- Responding to the needs of learning disabled students
- A growing demand for services with no increase in resources
- Coping with an impaired staff member
- Increase in domestic violence cases
- Growing pressure to go to a time-limited model
- Increasing awareness among staff about legal issues
- Increased bureaucratisation
- Increased paperwork
- Decreasing numbers of minority students coming to center
- Emphasis on accountability data from higher level administration
- Training demands of interns reduce clinical hours
- Incompetent or poorly motivated staff
- Concern about supervisory skills of staff with interns
- Difficulty finding minority candidates to fill open positions
- Knowing what should and should not be included in case notes

Miscellaneous - Groups

Centers with personal counseling groups

Of centers with personal counseling groups, process by which confidentiality is maintained:
- Members sign agreement
- Members are verbally encouraged to maintain confidentiality
- Nothing is said since it cannot be guaranteed

Centers that believe confidentiality among group members is enforceable
Miscellaneous - Learning skills

Is there a Learning Skills Center on your campus? 91

Is the Learning Skills Program a component of the Counseling Center? 92

Is the Learning Skills Program administratively located in:
- A Student Affairs unit
- An academic unit
- An administrative unit

What are the basic functions of the Learning Skills Center? (Check all that apply) 94
- Study skills instruction
- Reading instruction
- Math instruction
- Writing instruction
- Vocabulary skills
- Time management
- Test anxiety reduction
- Math anxiety reduction
- Tutoring for academic courses
- Supplemental instruction/collaborative learning
- Graduate school exam preparation
- Academic advising
- Diagnostic testing
- Placement testing
- Learning disabilities diagnosis
- Learning disabled student services
- Disabled student services
- English as a second language
- Tutor training

Does the Learning Skills Center utilize computer-assisted instruction? 95

Miscellaneous - Programs

If you have developed an innovative program or project at your Center that you are particularly proud of, would you list it below? 33

Interest on campus about student retention:
- Very high interest
- Interest had risen in recent years but seems to be declining
- Not much of an issue here

Apart from your usual counseling services, do you have any particular projects aimed at student retention? 34

For those of you who survey student opinions of your work, do you ask whether counseling has helped with the students' decision to remain at your institution? 35

If yes, what is an approximate % of students responding positively to this question? 93 92 91 90 89 88 87 86 85 84 83

Page 20
View of campus of center contributing to retention efforts:
Yes, accurately perceived
Yes, but contributions underestimated
Yes, but contributions over-estimated
No, efforts not recognized

Referrals
Centers that have problems referring students out because of inadequate finances or insurance coverage.
Centers that have written policies on when to provide services to a student or when to refer out
Policy on referrals for mandatory counseling
No such referrals accepted
Referring person told only that student has kept initial visit
Referring person told if student does not continue with recommended counseling
Recommendation is made to referral source upon completion of counseling
Procedure for mandatory referrals for D & A cases
No such referrals accepted
See student for no more than 1 mandatory visit
See student for a series of mandatory sessions
Level of success with mandatory D & A cases
Very successful, Moderately successful, Not very successful
Centers which see more advantages or disadvantages with mandatory referrals
More advantages seen, More disadvantages seen
Counseling centers typically do not let a referral source know if a student has arrived without consent. Directors believe that this stance is:
Very appropriate - protects client confidentiality
Overly rigid - creates animosity in referral source
Satisfaction with number of referrals from faculty
Yes, very much so
Reasonably well satisfied
No, most faculty seem to have little interest in counseling needs of students
Centers' views on appropriateness of the following options for students who have either used up their allotted counseling hours at the center or need longer term therapy than the center can provide
See student in own private practice (Yes, No, Unsure)
Refer to another counselor at center with private practice
Refer to a friend in private practice
Center responses to the following arguments for a staff member continuing with a center client in their private practice (Considerable Merit, Some Merit, No Merit)

- Freedom of choice. Client should choose whom they wish to work with.
- It is a disservice to client to have them establish a new therapist relationship.
- It is appropriate to give a client a list of private practitioners, including the center therapist's name, and let them decide.

**Sessions - Time limits**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you describe your Center's policy on limiting the number of sessions per client?</td>
<td>Limit of 5 sessions or less, Limit of 6 to 10 sessions, Limit of 11 to 15 sessions, Limit of 16 to 20 sessions, No limit, No set limit, but counselors are encouraged to limit number of long-term cases</td>
</tr>
<tr>
<td>If you do have a limit on the number of sessions per client, do you make exceptions?</td>
<td>Yes, frequently, Yes, rarely, No</td>
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<tr>
<td>Average number of sessions per client 5 years ago</td>
<td>69</td>
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<tr>
<td>Average number of sessions per client in the past year.</td>
<td>69</td>
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<tr>
<td>If you do not have a time limited counseling model, are you considering establishing one?</td>
<td>Yes, 50-60 minutes, 45 minutes, 30 minutes</td>
</tr>
<tr>
<td>How long does a typical counseling session last at your Center?</td>
<td>Yes, most could, Yes, some could, No, except on rare occasions</td>
</tr>
<tr>
<td>How often does your Center see students more than once a week? (Frequently, Occasionally, Rarely)</td>
<td>Yes, most could, Yes, some could, No, except on rare occasions</td>
</tr>
<tr>
<td>How often does your Center see students less than once a week? (Frequently, Occasionally, Rarely)</td>
<td>Yes, most could, Yes, some could, No, except on rare occasions</td>
</tr>
<tr>
<td>Do you believe that students could be well served if seen less than once a week?</td>
<td>Yes, most could, Yes, some could, No, except on rare occasions</td>
</tr>
<tr>
<td>Centers that assume the right to deny further treatment if client is not cooperative</td>
<td>93</td>
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</tbody>
</table>
Actual procedure in center on how decision to deny treatment is made

Sessions - Waiting list/intake

Centers with waiting list problems at busy terms

Steps taken to cope with waiting list
- Increase number of referrals to outside agencies or practitioners
- Established limit on number of counseling sessions
- Increased counselors case loads
- No session limits but expect each counselor to open up hours each week
- Charge fee after limited number of hours
- Hire part time help
- Establish intake system
- Eliminate intake system
- Telephone interviews with people on waiting list

Centers with waiting list problems that also have a formal intake system

Centers with a formal intake system

Time allotted to intake system (1/2 hour; 1 hour; 2 hours or more)

Intake interviews are conducted by: (Interns only; Interns & staff; Staff only)

Process of how decision is made about seeing students at center beyond intake
- Decision made after case staffing
- Intake counselor makes decision
- Assigned counselor makes decision

Students at center seen for one or more intake interviews before being assigned to a counselor
- (Yes, in all cases; Yes, but only when a waiting list develops; No)

Directors' feelings about intake system
- Efficient - cuts down on waiting list
- Inefficient - gets in the way of counseling and adds to waiting list
- Helps identify people who need immediate treatment
- Helps assign client to appropriate staff person
- Bureaucratic - students needs to jump another hurdle before getting help

Policy for students who appear, at intake, to need therapy of 6 months or longer:
- Commit to as many of these students as possible while staff time is available
- Immediately refer most out, using a few for training purposes
- Immediately refer all such students out
- Allow students to be seen for limited number of sessions, then refer out
- Rarely make decision at intake. Students seen until informed decision made.

Even if you have no waiting list problem, apart from hiring new staff, what would you recommend as a way of dealing with the problem?
- Increase the number to referrals to outside agencies or practitioners
- Establish a limit on the number of counseling sessions
- Increase counselors' case loads during busy seasons
- See some students every other week
- Reduce the length of counseling sessions
Staff

Ratio of FTE personal counselors to students on campus

Do you use part-time temporary counselors (other than GSA's) during your busy season?

If yes, what do these part-time counselors do? (Check all that apply)

- Individual counseling
- Group counseling
- Workshops
- Outreach programming
- Committee work
- Attend staff business meetings
- Attend case staffings

For the temporary part-time counselors what percentage of their time is scheduled for direct clinical service? (90-100%, 80-89%, 70-79%, 60-69%, 50-59%)

Which of these dollar figures comes closest to the hourly rate you pay part-time temporary counselors? ($10, $15, $20, $25, Other)

Counseling Centers have traditionally divided their clinical time between personal, career, and academic counseling. At the present time what percentage of your staff's clinical time is devoted to these three areas? Total, including other, should add up to 100%

- Personal counseling
- Career counseling
- Academic (Study skills)
- Other

Any change, relative to recent year, in average number of hours for personal counseling (Yes, significant increase; Yes, a significant decrease; No, stayed about the same)

Responses to approximate staff hours per week allotted for the following activities:

- Serving as training director
- Serving as an assistant director
- Serving as consultation/outreach coordinator
- Leading a group
- Administrative activities (case notes, preparation, etc.)

Is it usually possible for you to give a salary increase to a staff member who

- Obtains a doctorate
- Becomes licensed

Mean salary increase received by counseling center staff this year

How many clinical hours per week are provided by each of the following (None, 1-5, 6-10, 11-15, Over 15)

- Director
- Training director
- Assistant director
- Consultant/outreach director
- Clinical director
If a counselor on your staff were to do nothing but individual counseling and attend staff meetings, what would you consider a full case load?

Centers that contract with staff on how they will spend their time.

Centers that give a half day a week or more to counselors for private consulting work.

Centers where counselors are permitted to use their offices after-hours for private practice.

Centers that help staff to supplement their income.

Vacation time accrued by professional staff in first year of employment (1 month, 2 weeks, 1 week)

Additional compensated days off apart from vacation and holidays: (none, 1-5, 6-10, 11-15, 16 or more)

Centers that take specific initiatives to alleviate staff burnout

Centers that provide for occasional sabbaticals

Centers that provide for sabbaticals because staff are considered faculty

Counselors are unionized

Impact of bargaining unit on service delivery (Positive, Negative, No significant impact)

Centers that have an administrative assistant

Centers with research assistants

Centers with designated coordinator of clinical services

If yes to above, directors that believe these coordinators would like to have an informal organization similar to AUCCD.

Staff - Evaluation

Do you collect written evaluations from clients at your center?

If yes, how often?

Ongoing, Once a term, Once a year

If clients fill out evaluation forms at your Center which of the following methods of distribution and reviewing evaluation forms are utilized? Check A or B in only one of three following options or indicate other.

| Evaluations are mailed to clients and |
| a. are returned to Director or the Director's representative. |
| b. are returned directly to evaluated counselors who then pass them on to Director |
| Evaluations are given to clients by secretary as they complete counseling or after a certain number of sessions and |
| a. are returned to Director or the Director's representative. |
| b. are returned directly to evaluated counselors who then pass them on to Director |
| Evaluations are given to client by counselors and |

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| 15 | 41 | 12 | 8 | 9 | 53 |
| 54 | 81 |
| 82 | 93 | 92 | 91 | 90 | 89 | 88 | 87 | 86 | 85 | 84 | 83 |
a. are returned to Director or the Director's representative.
b. are returned directly to evaluated counselors who then pass them on to Director

Centers that have a systematized format for evaluating professional staff

Evaluation of professional staff
- Formally evaluated on established criteria, and shared with directors supervisor
- Formally evaluated on established criteria but shared only with staff member
- Informal evaluation - but progress reviewed on regular basis
- Team goals reviewed by entire staff - no individual evaluation except if problems arise

In your experience have you ever noticed a significant increase in a counselor's rating (say 20% or more) from one year to the next?
If yes, what do you think accounted for the change?
  - Counselor received additional training
  - Counselor received therapy
  - A reduction in personal stress

In your experience, have you ever noticed a significant decrease in a counselor's rating (say 20% or more) from one year to the next?
If yes, what do you think accounted for the change?
  - A decline in skills
  - A health problem
  - An increase in personal stress

Staff - Hiring

Directors' assessment of strengths and weaknesses of newly hired PhDs (Strengths, Weaknesses, Not applicable to setting)
- Assessment skills
  - Solid theoretical base
  - Skill in leading therapy group
  - Skill in leading theme centered group
  - Ability to carry a long-term case to completion
  - Skill in brief therapeutic approaches
  - Consultation skills
  - Crisis intervention skills
  - Supervisory skills
  - Research skills
  - Skill in conducting an intake interview
  - Skill in bringing a case to termination
  - Skill in assess effectiveness of therapy
  - Career counseling skills
  - Program development skills
  - Case presentation skills
  - Report writing skills
  - Competence in dealing with gender issues
  - Skills in counseling minority students
In hiring counselors, centers that use the following guidelines:

- APA approved internship required
- APA internship preferred
- Any internship experience with responsible supervision
- Internship experience not required

<table>
<thead>
<tr>
<th>Have you gained a staff position in the past year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
</tr>
<tr>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you lost a staff position in the past year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
</tr>
<tr>
<td>12</td>
</tr>
</tbody>
</table>

If your Center hired a professional staff member in the past year, list their salary under the appropriate category.

<table>
<thead>
<tr>
<th>Director</th>
<th>Training Director</th>
<th>Assistant or Associate Director</th>
<th>PhD and experience</th>
<th>New doctorate</th>
<th>ABD</th>
<th>MA and experience</th>
<th>MSW and experience</th>
<th>New MSW</th>
<th>Associate</th>
</tr>
</thead>
</table>

Other characteristics of newly hired: (Minority male; Minority female; Caucasian male; Caucasian female)

<table>
<thead>
<tr>
<th>Staff - Insurance</th>
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</thead>
<tbody>
<tr>
<td>Malpractice insurance coverage for counselors</td>
</tr>
</tbody>
</table>

- Insured only by a school policy that covers all employees
- Provided by school through separate malpractice coverage for counselors
- Counselors must provide own coverage

Schools that provide malpractice insurance for psychologists

<table>
<thead>
<tr>
<th>Staff - Interns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers with intern training program</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If yes to above, is center approved by APA? (Yes; No, but working on it; No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Yes; In process; No, but considering it; No, not interested; No training program)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does center belong to Association of Psychology Internship Centers? (Yes, No, What's APIC?)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>APIC Centers which are satisfied with APIC guidelines for selecting interns</th>
</tr>
</thead>
</table>

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Centers with intern training programs, that hoped to recruit an intern from a minority group.  
If yes to above, those centers that were successful.  
Centers that have filled all their internship slots  
Difficulty in filling available openings in internship program  
Yes, still have not filled all openings  
Yes, all slots filled but harder time filling them this year  
No particular difficulty  
Directors that feel interns need training in the following areas:  
- Short term developmental counseling  
- Alcohol abuse counseling  
- Counseling around gender issues  
- Crisis intervention  
- Legal issues  
- Psychological evaluation  
- Cross cultural counseling  
- Eating disorders  
Center has intern training director  
Centers where the intern training director receives following benefits:  
- Increased salary  
- Additional travel money  
- Released time  
Staff - Psychiatrist  
Centers with psychiatric backup (All that they need; Yes, but not an adequate amount; No)  
Do you have a psychiatrist on your staff?  
If yes, what functions does he/she perform in the Center?  
- Psychotherapy  
- Psychiatric evaluations  
- Prescribing and following students who are on medication  
- Consult at center case conferences  
- Consult with staff as needed  
- Presiding over case conferences  
- Serves as Center Director  
- Serve as Assistant Director  
- Staff supervision  
Kinds of psychiatric consultation available to staff and level of satisfaction with the arrangement  
- Psychiatrists on staff  
- Psychiatrists at Student Health Service  
- Students referred outside, Center pays consult fee  
- Students referred outside, Pay own fee  
Part time psychiatrists on staff
Hire as needed
No access to psychiatrist

Role of psychiatric consultant at staff meetings:
Cases presented to psychiatrist for analysis
Psychiatrist has participatory role equal to other staff

Does your psychiatrist follow students who are on medication?
Only if they are receiving psychotherapy at the Center
Only if they are receiving psychotherapy somewhere
Whether or not they are receiving psychotherapy

Staff - Students

Centers with practicum students.
46

If yes to above, practicum student permitted to remove tapes from center for outside supervision.
47

Level at which centers with practicums accept students: (First year masters, Second year masters, Beyond masters)
38

Who is responsible for insurance coverage for practicum students?
Counseling center
Academic department
Students themselves
No coverage provided
50

Staff - Supervision

Centers that provide case supervision for all counselors
17

Directors that believe all staff should receive some kind of case supervision
16

Centers where psychologists who provide supervision have had formal training in providing supervision
17

Directors who have received formal training in supervision
18

Directors who believe most psychologists could benefit from more training in supervision
19

In the 1987 survey 92% of Directors reported that they believe that most counselors have, on occasion, become sexually attracted to a client. Most of you also stated that such attraction was rarely, if ever, discussed in case conferences or individual supervision.

Since the subject was discussed here and in several recent articles, has it led to more open discussion among your staff?
Yes, very much so
Yes, to some extent
No
Because this subject has been discussed more, do you find counselors more willing to discuss their sexual attraction toward a client in:  
Case conference (Yes, very much so; Yes, but just slightly; No)  
Individual supervision

In spite of the increasing openness toward this topic, do you believe the following statements are for the most part true:
Sexual attraction toward a client is still pretty much of a taboo topic in the field.
When this topic is discussed, it is almost always in general terms rather than an expression of personal experience.
Most counselors who are sexually attracted to a client rarely, if ever, discuss this at a case conference or in supervision.

Directors who believe that on occasion most counselors have become sexually attracted to a client

When sexual attraction is present, the directors believe the counselor should:
Refer the client to another therapist
Say nothing, but continue to work with the client
Tell client of the attraction but assure that it will not interfere with therapy
Other

Have counselors on staff ever openly discussed sexual attraction toward client at case staffing? (Yes, most; Yes, rare; No, never happened)
Have counselors under director's supervision ever talked about sexual attraction toward client? (Yes, most; Yes, rare; No, never happened)

Staff - Training

Directors that believe it is a good idea for each counselor on staff to develop a specialty

In past two years, staff received special training in: (Yes; No, but could use; Not necessary)
Career counseling
Eating disorders
Drug and alcohol problems
Women's issues
Men's issues
Minority issues
Crisis intervention
Legal issues
Development theory
Psycho-pharmacology
Time-limited therapy
Other treatment modalities

Center has specialists in the following:
Eating disorders
Alcohol/drug abuse
Phobic disorders
Women's issues
Men's issues
Gay/lesbian issues