COUNSELING CENTER SURVEY
AND DIRECTORY
1984

University of Pittsburgh

OFFICE OF STUDENT AFFAIRS
Counseling and Student Development Center

October 5, 1984

Dear Colleague:

The results of the recent survey of counseling center directors sponsored by the Urban Counseling Center Task Force are enclosed. Highlights of the survey are listed followed by a summary of the data broken down by urban and non-urban, and large and small institutions. A directory of participating institutions is also provided.

I hope that you find the data and the directory useful, and that you can find the time to return the attached evaluation sheet.

Sincerely,

Robert P. Gallagher, Director
University Counseling and
Student Development Center

RPG/tb

PS: Many of you also contributed names to the 1984 Speakers Resource Directory prepared for ACPA. If you would like a copy please send a check for $3.00 to cover the printing and mailing cost. You can indicate your request on the evaluation sheet.

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# SURVEY HIGHLIGHTS
N = 249

Considering only the total data (combined urban and non-urban) of the responding centers it was noted that:

--8% charge a fee for counseling sessions - (up 2% from last year). Median fee is $10.50 per session. Of the 21 centers that charge fees, 13 receive third party payments. (Items 1, 2, and 3)

--27% receive support from a mandatory student fee. This represents a 6% increase over last year. (Item 4)

--For the second year in a row in spite of tightening budgets, more centers showed gains (21%, 13% and 5%) in the hiring of professional staff, interns, and graduate assistants than losses (11%, 4%, and 1%). Clerical gains and losses were about the same. (Items 7 and 8)

--36% have on-line computers, and 47% microcomputers; an increase of 11% and 27% respectively over last year. (Item 9)

--62% state they are the only provider of mental health services on campus. 33% are the primary providers. (Items 11 and 12)

--88% are administratively separate from Student Health, but most (68%) report excellent relationships with health services and only 1% report an antagonistic relationship. (Items 13 and 14)

--19% have psychiatric consultants on staff, 31% have access through the Health Center, and 17% have no access to psychiatrists. (Item 16)

--62% report that Health Center physicians other than psychiatrists prescribe medication for center clients on counselor's request. (Item 19)

--10% report they have experienced pressure in the past 5 years to have counseling placed under medical supervision. Pressure in most cases was resisted. (Item 20)

(Over)

--51% report the primary place for career counseling on campus is in the counseling center; 26% in placement, and 23% shared equally. (Item 23)

--61% have career information libraries. (Item 40)

--Only 10% of centers report that they do not accept mandatory counseling referrals. There are many qualifications to this, however, and varied conditions under which information will be provided to the referring source. (See item 23 for elaboration)

--53% report an increase in severely disturbed students on campus. (Item 24)

--40% report an increase in anorexia cases, and 67% an increase in bulimia cases. Students with anorexia are about twice as likely as bulimic students to be referred outside the center. Directors are also about twice as optimistic about the treatment outcomes for bulimics than they are for anorectics. (Items 25 to 30)

--35% of directors provide no feedback to referring source on whether a student comes to center or is making progress. Most, however, would give some feedback with student's permission. (Item 31)

--42% feel college officials would like more information on students in counseling than can be ethically provided. (Item 32)

--45% have a systematized format for evaluating staff. (Item 33)

--101 Centers (43%) have a formal intake system. (Item 34)

--68 Centers (27%) have a serious waiting list problem. It is interesting to note that of these 68, 42 (62%) also have a formal intake system. It raises the question of whether the intake system was created to ease the waiting list problem, or whether the intake system is contributing to the problem. (Item 35)

--5% of Centers keep no case records; 22% report counselors keep own records; 18% keep session-by-session notes only; 29% keep case summaries only; and 29% keep both session by session and case summaries. (Item 36)

--10% report their Center's internship training program have APA accreditation; 3% are in process, and 22% are considering accreditation. (Item 37)

--32% of centers are accredited by IACS. Of the remainder, 9% are in process, 27% are interested, and 48% might consider at a later time. (Items 38 and 39)

--43% take specific initiatives to relieve staff burnout. (Initiatives are listed.) (Item 41)

--5 Centers had suits against them in the past year. Two were filed by center staff members. Of the two suits involving students one stemmed from the involuntary removal of a student from school for psychological reasons and the other was for not providing adequate precautions for a student who committed suicide. (Item 42)

--22 Centers had their case records subpoenaed at least once last year, 16 cases were reported in 1984, and 10 in 1982, so the trend is upward. Of those who described the nature of the subpoenae, a little less than half did not have to comply. (See item 43 for description.)

--44 directors (17%) have had to confront staff members about unethical practices in the past year; 53 (24%) confrontations were held over the past 3 years. (Item 44)

--6 directors fired counselors in the past year (9 in the past 3 years) for unethical practices. (Item 45)

--A Tarasoff type question elicited varied comments from directors. (See item 46 for discussion.)

--65 Centers (28%) gave Tarasoff type warnings in the past year. 86 Centers (40%) gave such warnings over the past 3 years. (Item 47)

--29% of directors report there are legal precedents in their state for giving a Tarasoff type warning; 18% said no precedents exist; and 53% were uncertain. (Item 48)

--32% have written policies describing circumstances under which a counselor might need to break a client's confidence. (Item 49)

--22% reported students have sought counseling at their center in past year because of sexual harassment by another therapist; and 67% because of such harassment by a faculty member or supervisor. (Item 50)

--Staff members from 3 centers gave testimony when a charge of sexual harassment was brought against another therapist. Staff from 10 Centers gave testimony for similar charges against a faculty member or supervisor. (Item 51)

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On the following survey summary, please note that where significant differences occur between urban and non-urban, and large and small centers, the data is asterisked.

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Please also note that item 52 lists fund raising activities, item 53 lists innovative ways of supplementing travel budgets, item 54 lists staff development programs, and item 55 lists ethical/legal issues of concern to directors.

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SUMMARY DATA: URBAN VS NON-URBAN; LARGE VS SMALL
Raw Data Reported Outside Brackets (Percentages Inside)

Item numbers vary from the questionnaire for ease of presentation.

	URBAN N=146	NON-URBAN N=91	LARGE N=126	SMALL N=112	TOTAL N=249	COMMENTS
1. Centers that charge a fee for counseling sessions	14 (10%) ~~(15%)~~	7 (8%) ~~(13%)~~	13 (10%)	8 (7%)	21 (8%)	13 of the 21 centers begin charging only after a specific # of sessions
2. Median Fee for Sessions	$15.50	$10.00	$10.25	$13.75	$10.50	Range $2.00 to $60.00
3. Centers that collect third party payments	10 (46%)*	3 (18%)	8 (44%)	5 (24%)	13 (62%)	These percentages based on an N of 21. (Centers that charge for counseling.)
4. Center supported by mandatory student fee	48 ~~44~~ (33%)*	14 (16%)	39 ~~36~~ (31%)	24 (22%)	63 (27%)	See item #52 for other ideas for fund raising
5. Apart from salaries center budget this year has:						
a. increased beyond inflation rate	12 (8%)	13 (14%)	13 (10%)	13 (12%)	27 (11%)	Considering C & D responses together it looks as though 52% of centers have lost ground in past year in their operating costs budget
b. increased about same as inflation rate	56 (39%)	31 (34%)	45 (36%)	42 (38%)	91 (37%)	
c. remained the same	52 (36%)	33 (37%)	47 (38%)	39 (36%)	90 (37%)	
d. decreased	24 (17%)	4 (14%)	20 (16%)	16 (15%)	38 (15%)	
6. Travel budget has:						
a. increased beyond inflation rate	10 (7%)	6 (7%)	7 (6%)	9 (8%)	16 (7%)	Considering C & D responses together, about 82% of centers lost ground in their travel budgets. See item #53 for ideas to supplement travel budgets.
b. increased about same as inflation rate	12 (9%)	13 (14%)	13 (11%)	13 (12%)	29 (12%)	
c. remained the same	84 (61%)	56 (62%)	73 (61%)	69 (63%)	148 (62%)	
d. decreased	32 (23%)	15 (17%)	27 (23%)	18 (17%)	47 (20%)	
7. Centers that lost staff positions in past year:						
a. Professional	15 (10.3)	12 (13%)	14 (11%)	13 (12%)	28 (11%)	
b. Clerical	11 (7%)	10 (11%)	8 (7%)	13 (12%)	21 (9%)	
c. Graduate Assistants or ½ time interns	7 (4.8)	2 (2%) ~~(21%)~~	6 (5%)	4 (4%)	10 (4%)	
d. Full-time interns	2 (1%)	0 (0.0)	1 (1%)	1 (1%)	2 (1%)	
8. Centers that gained staff positions in past year:						
a. Professional	36 (25%)	16 (18%)	30 (24%)	21 (19%)	53 (21%)	
b. Clerical	15 (10%)	7 (8%)	15 (12%)	9 (8%)	24 (10%)	
c. Graduate Assistants or ½ time interns	19 (13%)	11 (12%)	17 (14%)	13 (12%)	23 (13%)	
d. Full-time interns	8 (6%)	3 (3%)	9 (7%)	3 (3%)	13 (5%)	

	URBAN	NON-URBAN	LARGE	SMALL	TOTAL	COMMENTS
9. Centers that have						
a. on-line computers	48 (37%)	28 (34%)	47 (42%) *	28 (28%)	79 (36%)	
b. microcomputers	65 (47%)	41 (54%)	66 (55%) *	41 (38%)	113 (47%)	
10. Computer uses						
a. analysis of intake data	48 (33%)	28 (31%)	50 (40%)	26 (23%)	79 (32%)	Other uses included: word processing (19) staff activity reports (12) client data storage (12) budgeting & billing (8) learning assistance (5) assessing academic records (3) academic counseling (2) mailings (2) biofeedback (2) directories (2) placement data bank (1)
b. maintenance of appointment schedules	11 (7%)	5 (6%)	11 (9%)	6 (5%)	17 (7%)	
c. testing	19 (13%)	14 (15%)	25 (20%)	10 (9%)	36 (15%)	
d. research	47 (32%)	29 (32%)	46 (37%)	30 (27%)	80 (32%)	
e. career counseling assistance	49 (34%)	32 (35%)	47 (37%)	37 (33%)	87 (35%)	
f. other	38 (26%)	26 (29%)	41 (33%)	24 (21%)	68 (27%)	
11. Center is only mental health center on campus	79 (54%)	71 (78%)*	57 (46%)	91 (81%)*	154 (62%)	
12. Center is primary mental health center on campus	57 (39%)*	17 (19%)	57 (45%)*	20 (18%)	81 (33%)	
13. Center is administratively separate from Student Health Center	122 (84%)	80 (88%)	106 (84%)	98 (88%)	214 (87%)	
14. Relationship with Student Health Center:						
a. Excellent	88 (71%)	52 (66%)	72 (66%)	67 (69%)	146 (68%)	
b. Tolerable	36 (29%)	25 (32%)	36 (33%)	29 (30%)	66 (31%)	
c. Antagonistic	-- (0.0)	2 (3%)	1 (1%)	3 (1%)	3 (1%)	
15. Assuming equal levels of competence where is it better for students to be seen for counseling:						Most comments suggested it depended on problem-developmental problems best seen in Counseling Center. If medication needed, best seen at SHS. Many, however, commented on the importance of not viewing student problems as a "sickness."
a. In a medical setting	4 (3%)	1 (1%)	4 (4%)	1 (1%)	6 (3%)	
b. Away from a medical setting	88 (65%)	59 (72%)	71 (62%)	75 (73%)	154 (68%)	
c. Makes no difference	43 (32%)	22 (27%)	39 (34%)	27 (26%)	68 (30%)	
16. Access to psychiatrist:						
a. psychiatrist on staff	34 (23%)	13 (14%)	30 (24%)	16 (14%)	47 (19%)	
b. available through Student Health Service	47 (32%)	24 (26%)	52 (42%)	22 (20%)	76 (31%)	
c. hire as needed	45 (31%)	31 (34%)	24 (19%)	50 (45%)	79 (32%)	
d. no access to psychiatrist	19 (13%)	23 (25%)	19 (15%)	24 (21%)	46 (19%)	
17. Staff meetings attended by psychiatric consultants	40 (28%)	15 (17%)	32 (26%)	24 (21%)	57 (23%)	

	URBAN	NON-URBAN	LARGE	SMALL	TOTAL	COMMENTS
18. Role of psychiatric consultant at staff meetings:						12 Centers reported psychiatrists share expertise on issues such as medication, hospitalization, serious psychopathology, and psychiatric intervention
a. cases presented to psychiatrist for analysis	20 (36%)	6 (29%)	15 (36%)	12 (34%)	27 (35%)	
b. psychiatrist has participatory role equal to other staff	29 (53%)	12 (57%)	22 (52%)	19 (54%)	42 (54%)	
19. Health Center Physician other than psychiatrist prescribes medication for center clients on counselors request	79 (57%)	61 (70%)	77 (64%)	64 (60%)	148 (62%)	
20. Schools where pressure has been applied to the administration in the past 5 years to have the counseling center placed under medical supervision	17 (12%)	6 (7%)	14 (11%)	11 (10%)	25 (10%)	Pressure in almost every case was resisted.
21. Schools where counseling and placement are administratively separate	128 (89%)	75 (84%)	115 (93%)*	89 (81%)	214 (87%)	
22. Where does career counseling get done?						
a. Primarily, Placement Center	36 (29%)	19 (23%)	29 (25%)	25 (27%)	57 (26%)	
b. Primarily, Counseling Center	65 (52%)	38 (46%)	66 (58%)	38 (41%)	109 (51%)	
c. Shared Equally	23 (19%)	25 (31%)	19 (17%)	29 (32%)	50 (23%)	23070
23. Policy on referrals for mandatory counseling						
a. no such referrals accepted	19 (13%)	7 (8%)	13 (11%)	14 (13%)	27 (10%)	
b. referring person told only that student has kept initial visit	45 (31%)	31 (34%)	38 (31%)	40 (36%)	82 (33%)	
c. referring person told if student does not continue with recommended counseling	21 (15%)	19 (21%)	21 (17%)	19 (17%)	42 (17%)	
d. recommendation is made to referral source upon completion of counseling	5 (3%)	6 (7%)	8 (7%)	4 (4%)	12 (5%)	

e. Other: Of the 84 Centers that checked other, 35 gave no information without student's permission, 15 say policy varies depending on circumstances; 12 agree to see student for mandatory session with additional sessions being voluntary; 8 accept referrals but use session to decide nature of counseling and leave it up to student to decide whether to continue; 7 prefer to use a term such as "recommended" rather than "voluntary"; 4 have never had a mandatory referral, and 2 are working on a policy.

When respondents were asked what advantages or disadvantages of accepting referrals for mandatory counseling about 38% listed advantages, 45% listed disadvantages, and the remainder saw potentially positive outcomes under certain circumstances such as giving the student the option of continuing counseling after referral is made. Some examples of responses follow:

Advantages

a. creates and improves public relations by
   1. alerting students to counseling resources
   2. provides helpful consultation to administration
b. a constructive solution to a difficult problem
c. some students chose to continue
d. advantageous for substance abuse and eating disorder cases
e. many successful interventions began with such a referral

Disadvantages

1. difficult dealing with unmotivated clients
2. confusion of roles--counseling center serve as agent of administration
3. counseling may be perceived as form of discipline
4. rarely does client return after first visit
5. client fears about confidentiality

	URBAN	NON-URBAN	LARGE	SMALL	TOTAL	COMMENTS
24. The number of severely disturbed students on campus are:						
a. continuing to increase	74 (53%)	48 (55%)	63 (51%)	60 (56%)	128 (53%)	
b. decreasing	5 (3%)	34 (39%)	55 (45%)	42 (39%)	102 (43%)	
c. leveling off	62 (43%)	5 (6%)	5 (4%)	5 (5%)	10 (4%)	
25. In terms of anorexia counselors are seeing:						
a. more	51 (38%)	37 (43%)	45 (38%)	46 (45%)	92 (40%)	
b. about the same	76 (56%)	47 (54%)	70 (58%)	51 (50%)	129 (55%)	
c. less	8 (6%)	3 (4%)	5 (4%)	6 (6%)	12 (5%)	
26. In terms of bulimia counselors are seeing:						
a. more	91 (66%)	62 (71%)	81 (67%)	71 (68%)	158 (67%)	
b. about the same	42 (30%)	23 (26%)	36 (30%)	30 (29%)	69 (29%)	
c. less	5 (4%)	2 (3%)	4 (3%)	3 (3%)	8 (3%)	
27. Anorexic students are						
a. treated at the counseling center with medical back-up as necessary	71 (53%)	52 (62%)	64 (55%)	59 (58%)	129 (57%)	
b. treated at counseling center but in complete collaboration with medical person	17 (13%)	15 (18%)	19 (16%)	14 (14%)	35 (15%)	
c. referred to more medically oriented setting	45 (34%)	17 (21%)	33 (28%)	29 (28%)	64 (28%)	
28. Bulimic students are						
a. treated at the counseling center with medical back-up	98 (72%)	69 (82%)	89 (75%)	78 (77%)	175 (76%)	
b. treated at counseling center with complete collaboration with medical person	16 (12%)	6 (7%)	17 (14%)	6 (6%)	24 (10%)	
c. referred to more medically oriented setting	22 (16%)	9 (11%)	13 (11%)	18 (18%)	32 (14%)	
29. Feeling about treatment outcomes for anorexia						
a. more optimistic	28 (21%)	15 (18%)	25 (22%)	21 (21%)	47 (21%)	
b. more pessimistic	19 (15%)	27 (32%)	21 (18%)	22 (22%)	46 (20%)	
c. uncertain as to likely outcome	84 (64%)	43 (51%)	69 (60%)	59 (58%)	133 (59%)	
30. Feelings about treatment outcomes for bulimia						
a. more optimistic	58 (44%)	36 (42%)	51 (44%)	45 (44%)	99 (43%)	
b. more pessimistic	10 (8%)	11 (13%)	10 (9%)	9 (9%)	21 (9%)	
c. uncertain as to likely outcome	65 (49%)	39 (45%)	56 (48%)	49 (48%)	109 (48%)	

	URBAN	NON-URBAN	LARGE	SMALL	TOTAL	COMMENTS
31. Feedback policy to administrators who refer students to center						
a. told only that students kept first appointment	41 (29%)	24 (27%)	36 (29%)	32 (30%)	71 (30%)	
b. told that student is continuing counseling	25 (18%)	23 (26%)	26 (21%)	22 (20%)	49 (20%)	
c. told student is continuing in counseling and whether any progress is being made	20 (14%)	14 (16%)	14 (11%)	20 (19%)	37 (15%)	
d. no feedback provided	56 (39%)	27 (31%)	47 (38%)	34 (32%)	84 (35%)	

When the 84 directors who would provide no feedback above were asked how they would handle request after first seeking student's permission, only 8 would continue to provide no feedback, 10 would only notify referral that student had arrived, 26 would indicate student is continuing in counseling, and 55 would report whether progress was being made.

32. Directors that feel college officials would like more information on students than can be ethically provided	61 (42%)	40 (44%)	52 (42%)	48 (43%)	103 (42%)	
33. Centers that have a systematized format for evaluating professional staff	62 (44%)	39 (47%)	56 (46%)	43 (41%)	105 (45%)	
34. Centers with a formal intake system	61 (42%)	40 (45%)	63 (51%)	39 (36%)	101 (43%)	
35. Centers that have a serious waiting list problem	40 (27%)	26 (29%)	38 (30%)	29 (26%)	68 (27%)	42 of these 68 (62%) also have a formal intake system
36. Information kept in central case records file						
a. keep no case records	4 (3%)	8 (9%)	4 (3%)	7 (6%)	12 (5%)	Other data maintained included: demographic data appointment dates intake assessments treatment plans consultation reports correspondence pertaining to case information release other forms
b. counselor keeps own records, no central files	33 (23%)	20 (22%)	19 (15%)	34 (30%)	55 (22%)	
c. session by session notes only	25 (17%)	17 (19%)	26 (21%)	15 (13%)	44 (18%)	
d. case summaries only	28 (19%)	9 (10%)	20 (16%)	17 (15%)	39 (16%)	
e. both c & d	43 (30%)	27 (30%)	42 (33%)	31 (28%)	73 (29%)	
f. other	13 (9%)	10 (11%)	15 (12%)	8 (7%)	26 (10%)	
37. Is Center's internship training program APA accredited						
a. yes	15 (11%)	6 (7%)	20 (16%) *	3 (3%)	23 (10%)	
b. in process	5 (4%)	3 (3%)	7 (6%)	1 (1%)	8 (3%)	
c. no, but considering it	39 (28%)	14 (16%)	30 (25%)	21 (19%)	54 (22%)	
d. no, not interested	40 (28%)	27 (30%)	33 (27%)	36 (32%)	74 (31%)	
e. no training program	43 (30%)	40 (44%)	32 (26%)	50 (45%)	84 (35%)	
38. Center accredited by International Association of Counseling Services	46 (33%)	26 (30%)	46 (38%) *	26 (24%)	76 (32%)	

	URBAN	NON-URBAN	LARGE	SMALL	TOTAL	COMMENTS
39. Interest in IACS accreditation by centers not now accredited						
a. in process	8 (9%)	5 (8%)	5 (7%)	9 (11%)	14 (9%)	
b. interested	23 (26%)	17 (27%)	17 (23%)	23 (28%)	43 (27%)	
c. might consider later	44 (49%)	31 (48%)	39 (53%)	39 (46%)	78 (48%)	
d. no interest	17 (16%)	11 (17%)	13 (18%)	12 (15%)	26 (16%)	
40. Centers that have a Career Library	83 (58%)	58 (64%)	77 (62%)	66 (60%)	150 (61%)	
41. Centers that take specific initiatives to alleviate staff burnout	62 (46%)	41 (48%)	50 (44%)	50 (47%)	107 ~~(43%)~~ 46%70	

Suggested initiatives for reducing burnout are listed under several categories.

Scheduling

a. liberal vacations
b. 9-month contracts
c. flex time
d. sabbaticals
e. 4-day weeks in summer
f. comp time
g. time off during school breaks

Staff Development

a. in-service training
b. travel support for conferences
c. time off to teach
d. time to audit non-related courses that are broadening
e. relaxation training
f. time management training

Supervisory Style

a. provide sensitive, flexible, humane supervision
b. staff encouraged to schedule own activities in ways best designed to reduce stress potential
c. staff assignments grow out of intrinsic interests
d. have a maximum client contract agreement
e. find new challenges for staff based on their individual styles

Social

a. several designated hours each week kept open for staff to interact
b. mid-winter staff picnic
c. Happy Hour once a month
d. pot luck dinners
e. end of year celebration
f. staff retreats

42. Suits against center in past year	3 (2%)	2 (2%)	3 (2%)	2 (2%)	5 (2%)	

Nature of suits against centers

a. Suit filed against director and the University charging salary and sex discrimination. Plaintiff held that male staff members were being paid more for equivalent work. Hearings were held and depositions given but suit was dropped on day before trial date.

b. Suit brought against center staff members following the suicide of a student. Case still pending.

c. Director consulted with director of personnel concerning college employee who was exhibiting psychological disturbance. Staff member was fired and subsequently sued the college and the directors of personnel and counseling. Suit still pending but out of court settlement has been requested.

d. Suit anticipated against director for firing a staff member. (Failure to renew contract) It will be based either on (1) insufficient cause, (2) due process or (3) age discrimination.

e. Involuntary removal of student from school. Student suit based on lack of due process. Case pending.

	URBAN	NON-URBAN	LARGE	SMALL	TOTAL	COMMENTS
43. Case records have been subpoeneaed in past year	16 (11%)	6 (1%)	19 (15%) *	3 (3%)	22 (9%)	

Comments on Subpoenaes

Compliance Necessary

a. Suit against landlord by former client.

b. Former client allegedly murdered husband in self defense. Counselor subpoenaed to testify

c. Federal court order initiated by Secret Service in response to a death threat on President

d. Case records withheld until client signed a release

e. Coroner requested records after client's suicide.

f. Client, a university employee, filed grievance against department.

g. Security check by FBI. Student signed release form

h. Office deposition given to both attorneys in trial involving client. No material presented during the trial.

i. Records subpoenaed in both civil and criminal suits involving former clients

j. Paternity suit involving two clients--mother & father

k. Professional behavior of an intern was in question Provided only demographic info. officially "on file"

Compliance Not Necessary

a. Child custody dispute

b. Accident suit - defense looking for pre-existing problems

c. Accident case - clients' problems held to be the cause

d. Alleged rape trial. Records subpoenaed to determine victim's sexual history. Judge did not permit records to be turned over but asked some questions in his chambers

e. Attempt to subpoenae records. Lawyer was told that court order is necessary. Court order never came.

f. Threatened with subpoenae. Resolved without legal action.

g. Custody battle. Husband and juvenile court requested records on children. They were told both partents' signatures were needed. No follow-up by courts so far.

h. In 3 cases compliance in line with policy of consultation with counsel. In each case the counselor did not have to appear.

44. Have had to confront staff member about unethical practices					
a. in past year	22 (16%)	17 (20%)	20 (17%)	19 (18%)	40 (17%)
b. in past 3 years	29 (23%)	18 (23%)	30 (28%)	22 (22%)	53 (24%)
45. Have had to fire a counselor because of unethical practices					
a. in past year	3 (2%)	3 (3%)	2 (2%)	4 (4%)	6 (3%)
b. in past 3 years	3 (2%)	4 (5%)	6 (5%)	2 (2%)	9 (4%)
46. Response to client who reported being so enraged about treatment by faculty in the psychology department that if it didn't stop he was going to "blow up and hurt someone"					
a. Give immediate warning to department chairperson based on Tarasoff decision	43 ~~(26%)~~ 30%	21 (24%)	34 (28%)	31 (28%)	69 (28%)
b. Report it to the campus police	2 (1%)	0 (0.0)	1 (1%)	0 (0.0)	2 (1%)
c. Try to find out if client has means to carry out threat and then give warning	53 (37%)	45 (51%)	51 (42%)	47 (43%)	103 (42%)
d. Continue to counsel student, give no warning	7 (5%)	6 (7%)	5 (4%)	7 (6%)	13 (5%)
e. Other	39 (27%)	16 (18%)	32 (26%)	25 (23%)	57 (23%)

	URBAN	NON-URBAN	LARGE	SMALL	TOTAL	COMMENTS

Other Comments

While 57 respondents checked "other" 76 wrote in comments. Of these 75% stressed the importance of obtaining more information and evaluating carefully prior to performing any action. The recommendations included

a. Consulting with colleagues before any action is taken

b. Determining whether the threat is literal or figurative

c. Trying to find out more about why he/she would do it, and the client's plans for how it would be done

d. Continuing to counsel while obtaining more data and while making plans for intervention

About 25% of the suggestions involved taking direct and immediate action such as:

a. informing the vice president of student affairs

b. warning departmental chairperson or faculty member

c. informing student that warning would be given

d. calling ombudsman if the faculty treatment seemed actually outrageous

Note: This question, while difficult to respond to because of the limited information provided, was included because of a case in Pennsylvania where a psychiatrist after hearing almost the exact words of those given in the example sent a letter of warning to a director of personnel. The client sued claiming a breach of confidentiality and won. There is no precedent for a Tarasoff finding in Pennsylvania, and I assume in a number of other states.

47. Center has had to warn a third party about a potentially dangerous client						
a. in past year	36 (26%)	26 (30%)	36 (31%)	25 (24%)	65 (28%)	
b. in past 3 years	46 (36%)	32 (41%)	49 (45%)	30 (31%)	88 (40%)	
48. Is there a legal precedent in your state to give warning about a potentially dangerous client?						
a. yes	44 (30%)	20 (22%)	43 (34%) *	22 (20%)	72 (29%)	See item #55 for listing of other legal issues of concern to directors.
b. no	29 (20%)	14 (16%)	22 (18%)	20 (18%)	44 (18%)	
c. don't know	73 (50%)	56 (62%)	61 (48%)	70 (63%)	132 (53%)	
49. Centers have written policy describing circumstances under which a counselor might need to break a student's confidence	48 (33%)	29 (32%)	46 (37%)	32 (29%)	80 (32%)	
50. Students have sought counseling in past year because of sexual harassment by						
a. another therapist	36 (27%)	14 (17%)	26 (22%)	21 (21%)	50 (22%)	
b. a faculty member or supervisor	93 (64%)	63 (69%)	85 (68%)	71 (64%)	165 (67%)	
51. Staff member has given testimony in past year when a charge of sexual harassment has been brought against						
a. another therapist	0 (0.0)	3 (3%)	3 (2%)	0 (0.0)	3 (1%)	
b. a faculty member of supervisor	3 (2%)	6 (7%)	5 (4%)	5 (5%)	10 (4%)	

52. Fund Raising Activities. The numbers following items identify schools. Consult Directory.

a. Staff occasionally donates money from consulting fees. (174)

b. Staff are charged $5 per hour for use of their offices in private time for private clients. (57)

c. Money received from Psychology Department for courses taught by Center staff. (109)

d. Fees from counseling and personal consultation services provided to community. (79), (186)

e. Community career workshop through extension program on a split fee basis (70% to participating staff, 15% to Center, 15% to extension). (15)

f. Fees from Alumni Career Counseling Program (individual and group counseling sessions). (105), (204)

g. Returning Adults Weekend Preparation Course. (78)

h. Seminar for high ability students entering college. (27)

i. Preorientation workshop from incoming freshman. (24)

j. Fees from learning skills instruction. (194)

k. Fees from learning skills workshops provided to on-campus groups (i.e. Engineering Impact Program, Public Health Program for Minority Students, etc.). (204)

l. Staff development groups. (187)

m. Sale of materials, placement newspapers. (193)

n. Staff yard sale. (197)

o. Grant for Hispanic Mentoring Program. (12)

p. Workshop fees from non-university persons. (191), (77), (148), 134)

q. Workshop fees for university community. (15)

r. Seminar fees ($25 per 6-week session for students, others $50) obtained from students, faculty, and community. (80)

s. Sponsoring conferences for professionals and community. (144)

t. Career Options (a limited career exploration program for community participants). (78)

u. Fees from testing university students. (161), (194)

v. Fees from some diagnostic testing like the Strong-Campbell Interest Inventory. (193), (59), (15)

w. Fees from testing non-university persons. (219), (174), (43), (132), (237)

x. Administering national test such as GSFLT, Miller Analogies, GED. (24), (154), (59)

y. Fees for direct service provided to staff and faculty. (94), (93)

z. Fees for counseling services to non-university persons. (57), (61), (154)

aa. Fees from biofeedback services. (161)

bb. Services provided to on-campus groups (e.g. Health Service of Medical Campus, Residence Hall Advising Program, psychological assessments of campus police applicant finalists). (202), (233), (216), (228)

cc. Services to local school of fine arts on contractual basis. (155)

dd. Staff permitted limited number of days off to consult and may direct these fees into the center account. May use as much as 80% of these funds for professional travel; center uses 20%. (209)

ee. On a by-semester basis part of the staff members time is traded for money. (138)

ff. Fees from LSAT, GMAT, GRE prep courses. (78)

gg. Charging academic departments lab fees for practicum. (138)

hh. Mandatory student health fee. (20)

ii. Renting group rooms to other campus community groups. (138)

jj. Staff advises the Human Relations and Health group. Every fall these students apply to Student Senate for organizational support. Funds received usually cover one or two mental health programs. (235)

53. Innovative way of supplementing travel budgets

a. Fees from counseling non-university persons. (68), (190)

b. Funds from staff consults. (233), (174)

c. Fees from testing non-university persons. (173)

d. Funds from administering the GMAT and GED. (68), (184)

e. Increased fees for testing. (174), (188)

f. Funds from "Career Testing Program." (237)

g. Funds from high ability seminar. (27)

h. Funds from Alumni Career Counseling Program fees. (105)

i. Funds from teaching practica. (139)

j. Gifts from speaking engagements. (25)

k. Workshop or staff development program fees. (220)

l. Expenses shared with other departments. (213), (207), (235)

m. Funds from other accounts. (149), (8), (15)

n. College foundation travel funds. (243)

o. Appeals to Assistant Chancellor/Central Administration. (160)

p. Travel allocation and professional development allowance by contract. (183)

q. Appeals to Title III and organizations. (158)

r. Union contract contains "Professional Development Funds." (143)

s. Formal statement prepared for appeal. (234), (148)

t. Grants. (189)

u. Rearrangement of priorities. (187)

v. Paying for some or all of personal expenses. (136), (158), (78)

54. Staff Development Programs.
Presentations:

a. Brief therapy course for counseling staff. (177)

b. Short-term models of therapy. (132), (109)

c. Group psychotherapy. (109)

d. Treatment of borderline client. (211)

e. Seminars on self-chosen topics by staff. (106)

f. Staff sharing of professional development activities. (106)

g. Research as a counseling center endeavor. (109)

h. Cross-cultural training program by minority staff. (162)

i. Mid-year staff retreat at ski resort to provide opportunity for future program planning as well as fun. (206)

j. Retreat for senior staff as year's closing activity. (122)

k. Program on staff burnout. (150), (112)

l. Representatives of various campuses presented in-house, in-service training. (108)

m. Art Therapist and Holistic health profession. (202)

n. Child custody, joint custody, and common-law marriage by attorney. (202)

o. Moral development workshop. (204), (74)

p. Agoraphobia workshop. (204)

q. Dramatization of fairy tale containing human development themes by professional storyteller. (204)

r. PBS film " Mind of a Murder" and panel discussion concerning its content. (204)

s. Administration and interpretation of the Myers-Briggs Type Indicator to student services personnel. (204), (122), (219)

t. Neurolinguistic Programming Exercises. (234)

u. Single Session Visual Kinesthenic Dissassociation. (234)

v. SIGI training. (54), (65)

55. A listing of ethical/legal issues that directors think are important for counseling center staffs to consider. This data has roughly been categorized into three areas: confidentiality issues, counseling issues, and professional or other issues.

A. Confidentiality Issues

1. "Duty to Warn" still a very complicated issue.
2. Breach of confidentiality when potential for danger is "so-so."
3. Administration pressing for information on when they have knowledge that a potentially difficult or dangerous student is being seen.
4. What should be included in central files both from legal and ethical viewpoints?
5. Should confidential client data be stored in main computer?
6. Procedures fo follow when it seems necessary to breach a student's confidence.
7. When a staff member who maintained own case records changes jobs who will assume responsibility for these files? How will the same level of confidentiality be guaranteed?
8. How should clients be advised to answer question on job applications about whether they have ever seen a counselor or therapist?
9. How to explicitly word a release statement.
10. The legality of breaking "confidentiality" based on "the needs of the community."
11. Constant attention to changing "public information" law which, while well intended, are often so broad as to include confidential client information.
12. Legal status of parental requests for information on underage students.
13. When can a parent be notified about a student's deteriorating condition (possibily suicidal)?
14. Should client's permission be sought before discussing their case in a consulting or supervisory session?
15. Speaking about a client in presence of clerical staff or student employers raises clear ethical questions.
16. Concerned about graduate students counseling other students.
17. Interns playing tapes in supervisory groups back in their academic department. Who assumes responsibility for protecting confidentiality?
18. Should confidentiality exist between counseling service and medical staff in Student Health Center?
19. Clarification of legal/ethical question in cases when counseling a couple. Where one spouse (or the court) asks you to testify on his/her behalf.
20. Problems around waiting rooms that serve multiple purposes--counseling, placement, learning skills, etc.

B. Counseling Issues

1. Use of "fad" approach to popular illnesses (i.e. anorexia) without sufficient research and/or medical support.
2. What are the risks associated with "non-traditional" therapies?
3. The "ethics" of computer-assisted counseling and testing.
4. Nonethical use of placement tests.

5. Follow-up and ethicalness of contact with clients outside of therapy.

6. Questions about when supportive touching or embracing of client becomes inappropriate and unethical.

7. Continuation of counseling despite lack of client progress.

8. Reasons for not accepting a student for counseling; is it ethical to leave this up to the arbitrary choice of the therapist?

9. When counseling services are provided to students, does every student have the right to counseling, i.e. can they be "shunted" off because the prognosis for improvement is not good.

10. Is it ethical to offer long-term therapy to certain students (those that are fun to work with) while telling others that they should seek long-term help elsewhere?

11. What are the dangers in allowing an intern to see a client in the center after hours (no supervisor present)?

12. How do we protect our clients from sexual exploitation by our staff or by interns in the center?

13. Mandatory counseling issues.

14. Assignment of cases to trainees that may be beyond their level of competence.

C. Professional (or Other) Issues

1. Counselor's role in siutations involving suspected child abuse.

2. Reproducing copyrighted materials (tests/inventories) in the center.

3. Serving as psychological consultant to committees such as "Academic Review and Promotion" where both faculty members or their students may be clients.

4. Who is the client for a counseling center director? the University? Student? Counselors?, etc.

5. Need to re-examine organizational lines for counseling services as new laws and ethical concerns may indicate a need for greater autonomy from certain administrative offices.

6. Question of need for ongoing supervision of staff.

7. Conflict of interest cases--private treatment of university students who are not eligible for university counseling services.

8. What to do if one has an academic appointment and hears about problematic behavior on the part of a colleague?

9. When we hear through a client of the unprofessional behavior of another therapist we are encouraged to talk with the therapist about it and to consider informing the state psychological association. This is rarely done in practice. What are the ethical and legal issues involved?

10. If there is legal action taken against an intern whose liability insurance takes responsibility--the counseling center's supervisor or the academic department's supervisor?

11. Hiring an intern or practicum student who had previously been a client.

12. Extent of legal accountability of staff members hired long before such issues were of concern and who either do not have formal training background in counseling or psychology and would not merit criteria for licensing.

13. How ethical is it for a counselor who has "found" religion in his/her own life to attempt to encourage a similar course of action for clients?

14. Is the fact that a counselor does not obtain licensing a just cause for dismissal if this is a job-expectation (even though state licensing laws may not demand this for individuals employed within insituttions)?

15. When licensing is a center expectation, which is a reasonable time frame to expect that this expectation will be met?

16. Is malpractice insurance necessary when working within a university setting?

17. Separating private practice activities from university functions.

18. How are waiting list priorities established?

19. What is our responsibility for "treatment" student receives from a "peer counselor" trained by our staff?

20. What to do when graduating interns want to maintain their long-term counseling relationship with clients in their own private practice?

21. What is an ethically appropriate way to handle staff members who abuse professional action and do not carry fair share of workload.

22. Is it ethical for an intern's supervisor to also serve as the intern's therapist?

23. What is "due process" when a student is being involuntarily removed from school for psychological reasons?

24. Does university have legal responsibility for clients seen in Counseling Center who are not enrolled in the University? Alumni? Faculty? Staff? etc.

25. Questions around the provision of services to students who have been previously diagnosed as having a learning disability. Judgements are being made in a very poorly defined area with people who may be very heavily invested in the concept of disability.

26. Procedures for readmission after any kind of psychiatric withdrawal.

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