September 23, 1983

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 survey data and the directory useful. Please review them and return the attached evaluation sheet at your convenience. Questions regarding the survey can be directed to me at the following address.

Sincerely,

Robert P. Gallagher, Director
University Counseling Service
University of Pittsburgh
333 William Pitt

Enclosure
SURVEY HIGHLIGHTS
N=234

Considering the total data only of the responding centers, it was observed that:

— about 50% charge some kind of fee for services but only 6% charge students for counseling sessions. (survey Item 1).

—a higher percentage (24%) charge fees for tests normally used as part of the counseling process. (average charges for popular tests are provided). (Item 2)

— 59% provide major testing services on campus, and 40% of these use money earned to support other counseling programs. (Items 3 & 4)

— only 4% report that they collect third party payments. (Benefits and problems are summarized). (Item 5)

— 21% receive support from a mandatory student fee. (Item 6)

— 88% of those with earned income report that it accounts for less than 25% of their budget. Only one center is totally self-supporting. (Item 7)

— about 19% are feeling increased pressure to become more self-supporting. (Item 8)

— surprisingly 43% have money budgeted for outside consultants. It would be interesting to know whether this is primarily for psychiatric consultation or for staff development purposes. (Item 9)

— in spite of tightening budgets more centers showed gains in professional staff and graduate assistant hires (24% and 10%) than losses (20% and 7%). The opposite was true, however, for clerical positions. (Items 10 & 11)

— 79 centers (34%) provide for occasional staff sabbaticals, but this occurs in 46 of these centers by virtue of academic appointments. (Item 12)

— 25% have on-line computers, and 20% have microcomputers in their centers. (Item 13)

— 16 centers had case records subpoenaed in the past year (10 cases were reported in the previous years survey) comments on the subpoenas are provided. (Item 14)

— 4 centers have had suits filed against them. One was against a center employee for failing to live up to a contract with a learning disabled student who withdrew. This is of interest since a proportion of those large number of students identified as learning disabled (often erroneously) 10-12 years ago are now arriving on college campuses and demanding services. Since this term is so poorly defined for adults, the tests to assess disability so limited, and the educational programs devised to assist these students of such uncertain value, Counseling or Learning Skills Centers may have some interesting questions to answer in this area in the years ahead. (Item 15).
—69% of centers provide malpractice insurance for psychologists. (Item 16)

—While a rare occurrence, 3 counseling center staff members have had to pay for their own attorney because of claims against them rising out of their work at the center. (Item 17)

—52% note an increased interest in legal issues in the past year. (Item 18)

—While a large number of centers (ranging from 24 to 39%) have written policies on various issues concerning severely disturbed students, most schools have no such policies. Many of these comment, however, that they are working on such policies. (Item 19)

—22% report movement toward consolidation of mental health centers on campus. (Item 21) When mergers with Student Health Center components occur, Counseling Centers more typically are given full responsibility for mental health. Mergers in the other direction however are reported and much other activity is noted. See item 30 for comments.

—the chart presented under Item 22 provides information on the prevalence of certain crises on campus and an estimate by directors of their staff's ability to handle these crises. Bulimia and anorexia appear to be the most prevalent concerns, and are also the area (apart from major crises) that staffs are least well prepared to handle. Other areas where centers report a fairly high need for improvement of skills were with psychotic violent students (54%), alcohol or drug related problems (40%), non-violent psychotic students (36.4%) and victims of violent crime (31%).

—62% of the centers provided in-service crisis intervention training for their staffs in the past year. (Item 23).

—however, 60% report that funding is a problem in providing such training (Item 24)

—68% reported an increase in administrative concern about alcohol abuse; 15% of these believe that the concern resulted from an actual increase in alcohol abuse (Item 25), 32% felt it was related to increased attention by the media, and 53% believed that it was a combination of the two. (Item 26)

—80% provide some kind of counseling service for faculty and staff. Of these 61% believe these services have strengthened their political base on campus, 59% believe that they help to create a healthier campus environment, and 60% believed that such services increased the referral of students by faculty and staff. (Item 27)

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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.

You might also find useful the fund raising ideas listed under item 29, and refer to the identified institutions for further information.
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.

1. Centers that charge a fee for counseling sessions to:
   a. students
      URBAN: 10 (8%)  
      NON-URBAN: 4 (4%)  
      LARGE: 11 (9%)  
      SMALL: 3 (3%)  
      TOTAL: 14 (6%)
   For student fees, 4 centers began charges from first session, 6 from 4th to 7th and 4 after the 9th.

   b. faculty/staff
      URBAN: 17 (13%)  
      NON-URBAN: 7 (7%)  
      LARGE: 18 (15%)  
      SMALL: 6 (6%)  
      TOTAL: 24 (10%)

   c. other
      URBAN: 32 (25%)  
      NON-URBAN: 11 (11%)  
      LARGE: 26 (22%)  
      SMALL: 16 (16%)  
      TOTAL: 46 (20%)

2. Centers that charge a fee for tests normally used as part of counseling process:
   a. students
      URBAN: 30 (23%)  
      NON-URBAN: 24 (23%)  
      LARGE: 26 (22%)  
      SMALL: 27 (26%)  
      TOTAL: 57 (24%)

   b. faculty/staff
      URBAN: 30 (23%)  
      NON-URBAN: 18 (19%)  
      LARGE: 26 (22%)  
      SMALL: 21 (20%)  
      TOTAL: 51 (21%)

   c. other
      URBAN: 42 (32%)  
      NON-URBAN: 22 (23%)  
      LARGE: 33 (28%)  
      SMALL: 30 (29%)  
      TOTAL: 66 (28%)

The four most commonly utilized tests across all settings are listed below, and fees charged to each user group (total data only) are reported:

<table>
<thead>
<tr>
<th>Test</th>
<th>Student Fee Range</th>
<th>Faculty Fee Range</th>
<th>Other Fee Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Strong-Campbell</td>
<td>$1.50-20.00</td>
<td>$2.00-25.00</td>
<td>$2.25-50.00</td>
</tr>
<tr>
<td>B. MPI</td>
<td>3.00-35.00</td>
<td>3.00-50.00</td>
<td>3.00-75.00</td>
</tr>
<tr>
<td>C. Myers-Briggs</td>
<td>2.00-10.00</td>
<td>2.00-10.00</td>
<td>2.00-20.00</td>
</tr>
<tr>
<td>D. Kuder</td>
<td>1.50-20.00</td>
<td>3.00-25.00</td>
<td>3.00-15.00</td>
</tr>
</tbody>
</table>

3. Centers that provide major testing services on campus:
   URBAN: 75 (58%)  
   NON-URBAN: 58 (60%)  
   LARGE: 63 (53%)  
   SMALL: 68 (65%)  
   TOTAL: 139 (59%)

4. Centers that report money earned through #3 is used to support other counseling activities:
   URBAN: 27 (36%)  
   NON-URBAN: 28 (48%)  
   LARGE: 28 (44%)  
   SMALL: 26 (38%)  
   TOTAL: 56 (40%)

5. Centers that collect third party payments for:
   a. students
      URBAN: 6 (5%)  
      NON-URBAN: 3 (3%)  
      LARGE: 8 (7%)  
      SMALL: 2 (2%)  
      TOTAL: 10 (4%)

   b. faculty/staff
      URBAN: 9 (7%)  
      NON-URBAN: 2 (2%)  
      LARGE: 8 (6%)  
      SMALL: 3 (3%)  
      TOTAL: 11 (5%)

   c. other
      URBAN: 11 (9%)  
      NON-URBAN: 3 (3%)  
      LARGE: 11 (9%)  
      SMALL: 3 (3%)  
      TOTAL: 15 (6%)

Particular benefits or problems with collecting third party payments:

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Forces university to financially acknowledge counseling service.</td>
<td>a. Filing and collection headaches.</td>
</tr>
<tr>
<td>b. Pays for a clerk position in testing center.</td>
<td>b. Paperwork and time.</td>
</tr>
<tr>
<td>c. Helps with psychiatric referrals beyond the initial evaluation.</td>
<td>c. Necessitates more clerical help.</td>
</tr>
<tr>
<td>e. More responsible use of services.</td>
<td>e. Necessitates a diagnosis for each student.</td>
</tr>
<tr>
<td>f. Staff who utilize service can use their mental health insurance.</td>
<td>Forces us into a medical model.</td>
</tr>
</tbody>
</table>

*Significant at the .05 level; **Significant at the .01 level.
6. Centers that receive support from a mandatory student fee:

<table>
<thead>
<tr>
<th>Category</th>
<th>Urban</th>
<th>Non-Urban</th>
<th>Large</th>
<th>Small</th>
<th>Total</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>36 (28%)</td>
<td>23 (24%)</td>
<td>30 (25%)</td>
<td>28 (27%)</td>
<td>60 (21%)</td>
<td></td>
</tr>
</tbody>
</table>

7. Proportion of budget accounted for by schools that have earned income:

<table>
<thead>
<tr>
<th>Percent</th>
<th>Urban</th>
<th>Non-Urban</th>
<th>Large</th>
<th>Small</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>75-100%</td>
<td>1 (2%)</td>
<td>--</td>
<td>1 (2%)</td>
<td>--</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>50-74%</td>
<td>2 (4%)</td>
<td>--</td>
<td>2 (4%)</td>
<td>--</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>25-49%</td>
<td>3 (5%)</td>
<td>3 (9%)</td>
<td>3 (6%)</td>
<td>3 (8%)</td>
<td>6 (6%)</td>
</tr>
<tr>
<td>1-24%</td>
<td>52 (90%)</td>
<td>51 (92%)</td>
<td>49 (89%)</td>
<td>34 (92%)</td>
<td>86 (88%)</td>
</tr>
</tbody>
</table>

8. Centers that report increasing pressure to become more self-supporting:

<table>
<thead>
<tr>
<th>Category</th>
<th>Urban</th>
<th>Non-Urban</th>
<th>Large</th>
<th>Small</th>
<th>Total</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28 (22%)*</td>
<td>15 (16%)</td>
<td>27 (23%)</td>
<td>16 (15%)</td>
<td>44 (19%)</td>
<td></td>
</tr>
</tbody>
</table>

9. Centers that have money budgeted for outside consultants:

<table>
<thead>
<tr>
<th>Category</th>
<th>Urban</th>
<th>Non-Urban</th>
<th>Large</th>
<th>Small</th>
<th>Total</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>53 (41%)</td>
<td>53 (55%)*</td>
<td>52 (94%)</td>
<td>44 (42%)</td>
<td>100 (43%)</td>
<td></td>
</tr>
</tbody>
</table>

10. Centers that lost a staff position in the past year:

<table>
<thead>
<tr>
<th>Category</th>
<th>Urban</th>
<th>Non-Urban</th>
<th>Large</th>
<th>Small</th>
<th>Total</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>22 (17%)</td>
<td>24 (25%)</td>
<td>21 (18%)</td>
<td>25 (24%)</td>
<td>47 (20%)</td>
<td>Some centers lost less and more than a full time position. The data for Item 10 is approximately accurate.</td>
</tr>
<tr>
<td>Clerical</td>
<td>10 (8%)</td>
<td>11 (11%)</td>
<td>11 (9%)</td>
<td>9 (9%)</td>
<td>22 (9%)</td>
<td></td>
</tr>
<tr>
<td>Grad. Assistant</td>
<td>11 (9%)</td>
<td>5 (5%)</td>
<td>13 (11%)</td>
<td>3 (3%)</td>
<td>16 (7%)</td>
<td></td>
</tr>
</tbody>
</table>

11. Centers that have added a new staff position:

<table>
<thead>
<tr>
<th>Category</th>
<th>Urban</th>
<th>Non-Urban</th>
<th>Large</th>
<th>Small</th>
<th>Total</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>35 (22%)</td>
<td>21 (22%)</td>
<td>32 (27%)</td>
<td>25 (25%)</td>
<td>57 (24%)</td>
<td></td>
</tr>
<tr>
<td>Clerical</td>
<td>9 (7%)</td>
<td>4 (4%)</td>
<td>5 (4%)</td>
<td>8 (8%)</td>
<td>13 (6%)</td>
<td></td>
</tr>
<tr>
<td>Grad. Assistant</td>
<td>11 (9%)</td>
<td>12 (13%)</td>
<td>12 (10%)</td>
<td>11 (11%)</td>
<td>24 (10%)</td>
<td></td>
</tr>
</tbody>
</table>

12. Centers that provide for occasional sabbaticals:

<table>
<thead>
<tr>
<th>Category</th>
<th>Urban</th>
<th>Non-Urban</th>
<th>Large</th>
<th>Small</th>
<th>Total</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>44 (34%)</td>
<td>30 (31%)</td>
<td>42 (36%)</td>
<td>33 (31%)</td>
<td>79 (34%)</td>
<td>46 of these occur because of academic appointments</td>
</tr>
</tbody>
</table>

13. Centers that report having the following equipment:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Urban</th>
<th>Non-Urban</th>
<th>Large</th>
<th>Small</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-line computer</td>
<td>33 (25%)</td>
<td>24 (25%)</td>
<td>33 (28%)</td>
<td>21 (20%)</td>
<td>57 (24%)</td>
</tr>
<tr>
<td>Microcomputer</td>
<td>29 (22%)</td>
<td>17 (18%)</td>
<td>27 (23%)</td>
<td>17 (16%)</td>
<td>47 (20%)</td>
</tr>
<tr>
<td>Word-processor</td>
<td>15 (12%)</td>
<td>13 (14%)</td>
<td>17 (14%)</td>
<td>9 (9%)</td>
<td>29 (12%)</td>
</tr>
<tr>
<td>Memory typewriter</td>
<td>14 (11%)</td>
<td>12 (12%)</td>
<td>14 (12%)</td>
<td>11 (11%)</td>
<td>26 (11%)</td>
</tr>
<tr>
<td>Dial-access counseling</td>
<td>9 (7%)</td>
<td>10 (10%)</td>
<td>13 (11%)</td>
<td>6 (6%)</td>
<td>19 (8%)</td>
</tr>
<tr>
<td>Video-tape camera</td>
<td>75 (58%)</td>
<td>50 (51%)</td>
<td>78 (66%)**</td>
<td>41 (39%)</td>
<td>126 (56%)</td>
</tr>
<tr>
<td>Video-tape playback</td>
<td>77 (59%)</td>
<td>49 (50%)</td>
<td>80 (68%)**</td>
<td>42 (40%)</td>
<td>128 (56%)</td>
</tr>
<tr>
<td>Bio-feedback</td>
<td>45 (35%)</td>
<td>44 (45%)</td>
<td>51 (43%)</td>
<td>35 (33%)</td>
<td>90 (36%)</td>
</tr>
<tr>
<td>Cable TV hookup</td>
<td>5 (4%)</td>
<td>7 (7%)</td>
<td>8 (7%)</td>
<td>4 (4%)</td>
<td>12 (5%)</td>
</tr>
</tbody>
</table>

14. Centers that have had case records subpoenaed in past year:

<table>
<thead>
<tr>
<th>Category</th>
<th>Urban</th>
<th>Non-Urban</th>
<th>Large</th>
<th>Small</th>
<th>Total</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13 (10%)*</td>
<td>3 (3%)</td>
<td>10 (9%)</td>
<td>5 (5%)</td>
<td>16 (7%)</td>
<td></td>
</tr>
</tbody>
</table>

Comments on case records that were subpoenaed:

a. Client pressing charges against man for sexual assault. Her records were subpoenaed by defendant's lawyer. Subpoena challenged and then dropped. Former client being sued for injury damages, claimant's lawyer subpoenaed records—action challenged then dropped.

b. Several have been requested, requests denied.

c. By court order for the defendant (rapist). Plaintiff was our client whose case was probably strengthened by our records.

d. Two incidents; one at request of client, one at request of client's estate.

e. Twice we complied.

f. Lawsuit against local police re: student who died in jail.

g. Handicapped student/opposing lawyers wanted records. Signed release was also obtained from student.

h. Student-client was a defendant in civil suit by an outside party. Counselor was subpoenaed to testify about the client's case record on behalf of the client.
14. Comments continued.
   i. One subpoena turned out not to be a client of the center.
   j. Former client who was involved in an auto accident sued the other party. The defendant's lawyer subpoenaed the case record of the former client. Records were not turned over.
   k. Student stabbed two years ago.
   l. Consumer complaint with State board and subsequent lawsuit.
   m. Disability case vs. State - records subpoenaed to verify emotional dysfunctioning created by on-job disability. Subpoena quashed: records never released.
   n. Capital offense by a former client. Case was tried in a Federal court in another state.
   o. Divorce case, client gave approval.

15. Suits against centers:

<table>
<thead>
<tr>
<th></th>
<th>URBAN</th>
<th>NON-URBAN</th>
<th>LARGE</th>
<th>SMALL</th>
<th>TOTAL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of suits brought against centers:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Employee sued Director - non-counseling work related grievance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Involuntary hospitalization of a psychotic student. Magistrate found in favor of counseling center.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Suit is against college but included employee on a failure to meet contract with learning disabled student who withdrew.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Mother of a student who committed suicide brought suit against the University. A member of our staff was one of several persons named in suit. Case is still pending.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Schools that provide malpractice insurance for psychologists:

17. Instances when staff members have had to hire own attorney because of claims arising out of their work at the center:

18. Noticeable change in the interest level of staff in legal issues:

|                      |       |           |       |       |       |          |
| a. increasing interest | 73 (57%) | 46 (48%) | 67 (58%) | 49 (48%) | 120 (52%) |          |
| b. no change | 55 (43%) | 49 (52%) | 49 (42%) | 54 (52%) | 109 (48%) |          |
| c. decreased interest |       |           |       |       |       |          |

19. Centers that have written policies on the following:

|                      |       |           |       |       |       |          |
| a. Having an emotionally disturbed student removed from the residence halls or school. | 43 (33%) | 45 (40%) | 47 (40%) | 38 (36%) | 90 (39%) |          |
| b. Getting a psychotic student hospitalized. | 88 (68%)** | 42 (43%) | 45 (38%) | 36 (34%) | 86 (37%) |          |
| c. Dealing with a potentially suicidal student. | 41 (32%) | 44 (45%)** | 44 (37%) | 38 (31%) | 87 (37%) |          |
| d. Dealing with a potentially violent student. | 41 (32%) | 37 (38%) | 41 (35%) | 34 (32%) | 80 (34%) |          |

20. Centers that provide students with the following handouts at intake:

|                      |       |           |       |       |       |          |
| a. the nature of counseling | 47 (36%) | 64 (66%)** | 47 (40%) | 31 (30%) | 81 (35%) |          |
| b. confidentiality policy | 65 (50%) | 39 (40%) | 63 (53%)** | 37 (35%) | 105 (45%) |          |
| c. rights as a client | 29 (22%) | 19 (20%) | 30 (25%) | 16 (15%) | 48 (21%) |          |
21. Centers that report a movement toward consolidation of mental health services:

<table>
<thead>
<tr>
<th></th>
<th>URBAN</th>
<th>NON-URBAN</th>
<th>LARGE</th>
<th>SMALL</th>
<th>TOTAL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31 (24%)</td>
<td>17 (18%)</td>
<td>20 (17%)</td>
<td>27 (26%)</td>
<td>50 (22%)</td>
<td>See Item #30 for comments</td>
</tr>
</tbody>
</table>

22. The relative prevalence of crisis on campus, and an estimate of staff's ability to handle each type of crisis. These data are reported for the total sample only and only percentages are reported. If you would like a breakdown of urban/non-urban or of large/small institutions, please write to me.

**RATING SCALES**

<table>
<thead>
<tr>
<th></th>
<th>Prevalence</th>
<th>Staff's Ability to Handle Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5. Increasing concern on campus in past year.</td>
<td>5. All excellently prepared to handle crisis.</td>
</tr>
<tr>
<td></td>
<td>4. About same concern as last year--still seen as a major problem.</td>
<td>4. Most well trained to handle crisis.</td>
</tr>
<tr>
<td></td>
<td>3. About same as last year--relatively low prevalence.</td>
<td>3. Moderately well trained--could use some upgrading of skills.</td>
</tr>
<tr>
<td></td>
<td>2. Decreasing prevalence.</td>
<td>2. Definitely weak in this area. Need additional training.</td>
</tr>
<tr>
<td></td>
<td>1. No incidents reported.</td>
<td>1. Very weak and need extensive crisis intervention training.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevalence</th>
<th>Staff Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>a. suicidal behavior</td>
<td>19</td>
</tr>
<tr>
<td>b. psychotic behavior (violent)</td>
<td>8</td>
</tr>
<tr>
<td>c. psychotic behavior (non-violent)</td>
<td>9</td>
</tr>
<tr>
<td>d. victim of rape or other violent crime</td>
<td>20</td>
</tr>
<tr>
<td>e. alcohol or other drug related crisis</td>
<td>29</td>
</tr>
<tr>
<td>f. severe depression</td>
<td>16</td>
</tr>
<tr>
<td>g. severe anxiety reaction</td>
<td>11</td>
</tr>
<tr>
<td>h. bulimic student</td>
<td>61</td>
</tr>
<tr>
<td>i. anorectic student</td>
<td>48</td>
</tr>
<tr>
<td>j. major crisis that traumatizes a number of people</td>
<td>*</td>
</tr>
</tbody>
</table>

* Fires, explosions, homicides, airplane crash killing entire football team, bomb threats, unexpected death of a student, tornado, etc.

23. Centers that have provided in-service crisis intervention training in the past year:

<table>
<thead>
<tr>
<th></th>
<th>URBAN</th>
<th>NON-URBAN</th>
<th>LARGE</th>
<th>SMALL</th>
<th>TOTAL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>82 (63%)</td>
<td>58 (60%)</td>
<td>76 (64%)</td>
<td>62 (60%)</td>
<td>144 (62%)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
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<tr>
<th></th>
<th>URBAN</th>
<th>NON-URBAN</th>
<th>LARGE</th>
<th>SMALL</th>
<th>TOTAL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>53 (41%)</td>
<td>38 (39%)</td>
<td>43 (37%)</td>
<td>44 (42%)</td>
<td>94 (40%)</td>
<td></td>
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</table>
25. Increased concern by administration in past year about alcohol abuse:

<table>
<thead>
<tr>
<th></th>
<th>URBAN</th>
<th>NON-URBAN</th>
<th>LARGE</th>
<th>SMALL</th>
<th>TOTAL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>81</td>
<td>62%</td>
<td>73 (73%)</td>
<td>80 (68%)</td>
<td>71 (68%)</td>
<td>160 (68%)</td>
<td></td>
</tr>
</tbody>
</table>

26. In director’s opinion, the increased concern is related to:

<table>
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<th></th>
<th>URBAN</th>
<th>NON-URBAN</th>
<th>LARGE</th>
<th>SMALL</th>
<th>TOTAL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>7 (10%)</td>
<td>13 (18%)</td>
<td>7 (9%)</td>
<td>12 (13%)</td>
<td>22 (15%)</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>23 (32%)</td>
<td>25 (35%)</td>
<td>26 (34%)</td>
<td>19 (29%)</td>
<td>49 (32%)</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>43 (59%)</td>
<td>34 (47%)</td>
<td>43 (57%)</td>
<td>34 (52%)</td>
<td>80 (53%)</td>
<td></td>
</tr>
</tbody>
</table>

Other reasons for increased concern about alcohol abuse:

a. Changes in state laws.
b. Residence hall problems.
c. Several drinking related deaths.
d. Alcohol abuse as a factor in student retention.
e. Generally increased awareness on campus due to educational efforts.
f. Increased emphasis on controlling students.
g. Increase in vandalism.
h. Increased awareness a result of our efforts to increase the legal age of drinking.
i. Publication of campus surveys.
j. University suit.
k. Concern with a "cleaner" campus image.

27. Centers that provide counseling services for faculty and staff:

|       | 107 (82%) | 76 (78%) | 93 (99%) | 86 (82%) | 188 (80%) |

28. Centers that provide such services report the following:

<table>
<thead>
<tr>
<th></th>
<th>a.</th>
<th>b.</th>
<th>c.</th>
<th>d.</th>
<th>e.</th>
<th>f.</th>
<th>g.</th>
<th>h.</th>
<th>i.</th>
<th>j.</th>
<th>k.</th>
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<tr>
<td>60</td>
<td>46 (47%)</td>
<td>43 (39%)</td>
<td>59 (56%)</td>
<td>110 (59%)</td>
<td></td>
<td></td>
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<tr>
<td>40</td>
<td>19 (20%)</td>
<td>42 (36%)</td>
<td>15 (14%)</td>
<td>60 (32%)</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15</td>
<td>9 (9%)</td>
<td>18 (13%)</td>
<td>6 (6%)</td>
<td>25 (13%)</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>2 (2%)</td>
<td>2 (2%)</td>
<td>5 (3%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>2 (2%)</td>
<td>8 (7%)</td>
<td>5 (5%)</td>
<td>13 (7%)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>40</td>
<td>29 (30%)</td>
<td>32 (27%)</td>
<td>35 (33%)</td>
<td>70 (37%)</td>
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</tr>
<tr>
<td>11</td>
<td>4 (4%)</td>
<td>8 (7%)</td>
<td>1 (1%)</td>
<td>15 (8%)</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>67</td>
<td>47 (49%)</td>
<td>64 (54%)</td>
<td>48 (46%)</td>
<td>115 (61%)</td>
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</tr>
<tr>
<td>60</td>
<td>48 (50%)</td>
<td>61 (52%)</td>
<td>44 (42%)</td>
<td>111 (59%)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>59</td>
<td>52 (54%)</td>
<td>57 (48%)</td>
<td>50 (48%)</td>
<td>114 (60%)</td>
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</tr>
<tr>
<td>1</td>
<td>1 (0.8%)</td>
<td>1 (0.8%)</td>
<td>1 (0.8%)</td>
<td>1 (0.8%)</td>
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</tbody>
</table>

29. Data is available to demonstrate cost effectiveness.
39. Fund raising activities apart from items 1-6. The numbers following items identify schools. Consult directory.

a. Fees for Educational/Vocational Assessment and testing for industry have been used for research, professional development and equipment. (056)
b. Fees are for faculty/staff, residence hall, consultation, fee for evaluation of police finalists. (217)
c. Collaborative fund-raising effort with other student services on campus. (221)
d. Biofeedback Lab services. (113), (159)
e. Student talent show sponsored by peer counselors. (Admissions fee) (101)
f. Small NAFSA Grant to fund a foreign student program. (196)
g. Calendar girl pageant, pay votes. (003)
h. Fees for workshops for non-students. (178)
i. Part-time teaching is turned back into the budget. (218)
j. Grants (067), (092), (145)
k. Police certification. (179)
l. Systematic programming through continuing education. (122)
m. Testing non-university persons. (147)
n. Teaching practice and other courses for academic department. (112)
o. Medicare agency-can charge state for welfare patients. (170)
p. Yearly conference for health professionals in the community. (133)
q. Community Career Center, The Career Services Unit charges students and non-students for its various workshops. (059), (219), (070), (194)
r. Purchase of additional service by Residence Hall System. (229)
s. Community-based workshops; Industry-business counseling. (150)
t. Seminars-fee for students-$25.00, others-$50.00 for 6 week sessions on assertion, stress, self-esteem. (086)
u. Grant writing for extramural funding. (225)
v. Private donors have started two funds: drug information, staff development. (037)
w. Conferences for which registration fees are charged. (143)
x. For community service activities, a voluntary donation is requested. (009), (193)
y. Fee for major workshops (weekend long) $12.50 for students, $50.00 for non-students. (119)
z. Fees ($10 for students, approximately $35 for non-students) for use of computerized vocational guidance (SIGI). Will probably offer through Personnel Office to non-academic staff for a fee also; assessment fee for screening university security offices. (226)

aa. Two staff members developed an instrument used in Career planning, counseling and workshops. The Center has it printed and sells it to users. A small amount of income is generated. (155)
bb. Administer National testing programs, eg., GSELT, certification examinations. (154)
cc. GED--non-students. (128)
dd. External grant funded programs, i.e., native students learning assistance programs. Learning Resource Center (non-credit study skills). (188)
ee. Public offerings, contracted programs, University contracts (internal) for service. (240)
ff. Pain Management Clinic; Eating disorder program. (243)

gg. LSAT/GMAT Preparation Seminars - open to non-students. (088)
hh. Career Options - a career counseling package, primarily a summer project. (088)
ii. Grant Writing - Math Avoidance and Anxiety, also Senior Colloquium: From Classroom to World Community. (144)
jj. Administer GED, it pays for 3/4 time secretary. (068)
kk. Group programs. (107)
ll. Service program for non-university organizations. (231)
mm. Reading and Study Skills course. (242)

30. Comments on movement toward consolidation of mental health services. Schools not identified, but could put you in touch with directors if interested.
a. Have proposed it but there's been no actual effort by University Administration.
b. Counseling Center moved to Health Service a year ago--working out better than expected.
c. Two years ago counseling services were combined with minority student services and international student services.
d. Only the establishment of a committee so far.
e. Some talk but nothing certain.
f. An attempt was made to blend our service with the clinical psychological training program clinic.
g. University Counseling Center and Career Development Office have joined forces at two of the University's suburban campuses. Also psychiatrist and psychologist share an office.
h. We have established a collaboration program with the Denmark, South Carolina, Mental Health Center beginning last September 1982.
i. There was a university psychiatrist associated with the Health Service. Presently the counseling service hires a psychiatrist as a consultant when needed.
j. Collaboration among service providers through joint programming, staff sharing.
k. We are reviewing all support services.
l. Possible collaboration with Student Health Service.
m. Consolidation of Student Health, Career Planning and Placement, Counseling under director of counseling.
n. May happen when current MD retires.
o. We seem to have silenced that movement for a while.
p. Some discussion of merging with Psychiatric Clinic by reuniting all counseling services.
q. Closed Mental Health Service--we are doing it all now.
r. Consolidated now except for a ½ day per week psychiatrist in the Health Service.
s. Hoping to combine services with the Center on campus; but due to politics, it will be "down the road."
t. There are three major campus counseling services which do not have regular contact.
u. Counseling Center put under the Department of Psychiatry three years ago.
v. New College Health Service director is a psychiatrist--consolidation of Counseling and Career Placement Service.
w. There is present discussion of an administrative reorganization to consolidate counseling, health services, placement and international student offices.
x. Informed suggestions about combination of Student Mental Health and the Center into the Department of Psychiatry in Medical School.
y. I believe the Vice President's office would eventually like to see the Counseling Center and Career Center merged.
z. Psychological and counseling services are in the process of being merged with the Student Mental Health Service.

aa. The opposite is occurring with the regenerating of a separate counseling and testing Center within the last three years.

bb. The plan is to place Health Service (Medical) and Counseling Center under one non-medical head, but maintain separate agencies.

c. Movement toward administrative and facility coordination of Counseling Center, Career Development, Advisement Center, Tutorial Center and Orientation Course and summer program.

dd. Counseling/Psychotherapy services were separated from Health Center two years ago, and our counseling center created at that time.

e. The psychiatric Service and Student Health Service report directly to the Counseling Center Director who also carries the title of Associate Vice-President of Student Services.

ff. In the fall of 1984, we will be moving into Health Center facilities—hard to judge now what impact this will have, if any, on consolidation.

gg. Our department was moved out of Student Affairs and into Psychiatry.

hh. Not so much consolidation as more formal more clearly defined procedure for referral and consultation between the two units.

ii. Political action more over control of career counseling than mental health services.

jj. I chair a consortium committee of area mental health workers—community networking in progress to augment college’s resources.

kk. Three and a half positions were transferred from Counseling Center to Health Service in 1974, named "Psychological Services." The rest of us concentrate on academic and career issues.

ll. Psychologist position, two Graduate assistants, and consulting psychiatrist paid out of Health Center budget and work at Health Center, but report to Counseling Center director who coordinates all mental health programs.
<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Institution</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Robert Kazin, Ph.D.</td>
<td>Alfred University</td>
<td>P.O. Box 457, Alfred, NY 14802 (607) 871-2164</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Mariame Sander</td>
<td>Augsburg College</td>
<td>724 21st Avenue South, Minneapolis, MN 55454 (612) 330-1168</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Anita Barker</td>
<td>Berea College</td>
<td>CO 2130, Berea, KY 40404 (606) 688-9341 x258</td>
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<tr>
<td>13.</td>
<td>Dr. David L. Jordan</td>
<td>Brock University</td>
<td>St. Catherine's, Ontario, L28 3A1 Canada (416) 698-5550</td>
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<td>16.</td>
<td>Mary E. Boyce</td>
<td>California Lutheran College</td>
<td>60 Olsen Road, Thousand Oaks, CA 91360 (805) 492-2411 x688</td>
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</tr>
<tr>
<td>19.</td>
<td>Richard M. Swank</td>
<td>California State College</td>
<td>9001 Stockdale, Bakersfield, CA 93309 (805) 833-2134</td>
<td></td>
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<td>22.</td>
<td>Dr. Clyde A. Grego</td>
<td>California State College,</td>
<td>Long Beach, 1270 Bellflower Blvd., Long Beach, CA 90840 (213) 498-4001</td>
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<tr>
<td>2.</td>
<td>C.D. Stallworth, Ph.D.</td>
<td>Albany State College</td>
<td>304 College Drive, Albany, CA 97035 (912) 439-4068</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Dr. Willie D. Kyles</td>
<td>Alcorn State University</td>
<td>Box 599, Lorman, MS 38096 (601) 877-6233</td>
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<td>Herman Johnson</td>
<td>Andrews University</td>
<td>Berrien Springs, MI 49103 (616) 471-3471</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Dr. Dolores Reagin</td>
<td>Antioch College</td>
<td>Antioch College Counseling Services Yellow Springs, OH 45387 (513) 767-5441 or (513) 767-7331</td>
<td></td>
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<td>Dr. Ronald Oakland</td>
<td>Austin Peay State University</td>
<td>800 Box 4397 APSU, Clarksville, TN 37044 (615) 648-6162</td>
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</tr>
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<td>9.</td>
<td>Patsy A. Dorn</td>
<td>Ball State University</td>
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<tr>
<td>12.</td>
<td>Elswood Peterson</td>
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<td>John Winters</td>
<td>Bryant College</td>
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<td>15.</td>
<td>David H. Wilder</td>
<td>Bucknell University</td>
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<td>17.</td>
<td>Joseph Hart</td>
<td>California Polytechnic</td>
<td>University 3801 West Temple Avenue, Admin Building Room 112</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Kenny Yamada</td>
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<td>21.</td>
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<td>Peter Cimbolic</td>
<td>Catholic University of America</td>
<td>Washington, D.C. 20004 (202) 635-5763</td>
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<tr>
<td>27.</td>
<td>Dr. Donald Bertsch</td>
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<tr>
<td>30.</td>
<td>Charles H. Blochberger</td>
<td>Clarion State College</td>
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<td>32.</td>
<td>Matthew A. Toth</td>
<td>College of the Holy Cross</td>
<td>Marquette, WI 53210 (617) 793-3363</td>
<td></td>
</tr>
</tbody>
</table>
34. Norene Opprieher
College of Saint Teresa
Broadway, Saint Teresa Hall
Winona, MN 55987
(507) 454-2930 x347

37. Jeff Polland
Drexel University
104 Deane Hall
Greenville, OH 43023
(614) 387-6647

39. Dr. David C. Tracy
Dickinson College
Carlisle, PA 17013
(717) 245-1485

40. Tim Wallas
Drew University
Sycamore Cottage
Madison, NJ 07940
(201) 377-3000 x398

42. Bud Sanders
Eastern Illinois University
1711 7th Street
Charleston, IL 61920
(217) 581-3413

43. Rosalyn L. Barclay, Ph.D.
Eastern Michigan University
Spallans, MI 48197
(313) 487-1118

44. Larry Wimm
Eastern New Mexico University
Station 93
Portales, NM 88130
(505) 562-2441

45. Robert F. MacMillen
East Stroudsburg University
East Stroudsburg, PA 18301
(717) 424-3277 or (717) 424-3278

46. Dr. H. Don Pope
East Texas State University
Commerce, TX 75428
(214) 886-5140

48. James F. Barry
Elmhurst College
190 Prospect
Elmhurst, IL 60126
(312) 279-4100 x381

49. Sister Ann R. Sharry
Emmanuel College
400 Fensay
Boston, MA 02115
(617) 277-9340

50. Michael Gordon, Ph.D.
Fairleigh Dickinson University
Rutherford, NJ 07070
(201) 460-5322

51. A. Delores Sloan
Florida State University
307 Health Center
Tallahassee, FL 32306
(904) 644-2003

52. Georgiana Tryon, Ph.D.
Fordham University
225 Deans Hall
Bronx, NY 10458
(212) 579-2140

53. Dr. Larry Phillips
Franklin Pierce College
Rindge, NH 03461
(603) 899-5111

54. John Love
Frostburg State College
109 Pithole Hall
Frostburg, MD 21532
(301) 689-4224

55. Thomas P. McGinty, Ph.D.
Georgetown University
1284q 35th Street, N.W.
Washington, D.C. 20057
(202) 625-0681

56. E. Lakin Phillips
George Washington University
11th Street N.W. (Olin Bldg.)
Washington, D.C. 20052
(202) 687-6750

57. Janet M. Moreau
George Williams College
355 3rd Street
Downers Grove, IL 60515
(312) 964-3100 x240

58. Ford Bailey
Georgia Southern College
Box 8011 Landrum Center
Statesboro, GA 30460
(912) 681-3541

59. Phillip W. Lierman, Ph.D.
Georgia State University
University Plaza
Atlanta, GA 30303
(404) 659-2211

60. William H. Jones
Gettysburg College
Gettysburg, PA 17325
(717) 334-3131 x180

61. Betsy McCalla-Wiggins
Glassboro State College
Memorial Hall
Glassboro, NJ 08028
(609) 445-5282

62. Burton A. Collins
Governors State University
Park Forest South, IL 60466
(312) 534-5000

63. Prentiss Love
Grinnell College
700 5th Street
Grinnell, IA 50112
(319) 279-8412

64. NUNE
Grand Valley State College
152 Commons
Allendale, MI 49401
(616) 895-6611 x3266

66. Janet Anderson
Idaho State University
Pocatello, ID 83209
(208) 236-2130

65. Dr. David McMurray
Humboldt State University
Arcata, CA 95521
(707) 826-3236

67. Sander Marcus Ph.D.
Illinois Institute of Technology
Farr Hall, Room 301
3300 S. Michigan
Chicago, IL 60616
(312) 567-3503

68. Doug Lomn
Illinois State University
36 DeLowena Hall
Normal, IL 61761
(309) 438-3655

69. Patrick Uhr
Indiana State University
327 North 35th Street
Terre Haute, IN 47809
(812) 232-6311 x5551
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Buckles</td>
<td>Indiana University</td>
<td>600 North Jordan</td>
<td>(812) 333-5711</td>
</tr>
<tr>
<td>Roy Warner</td>
<td>Iowa State University</td>
<td>3 Floor, Student Services Bldg.</td>
<td>(515) 294-5056</td>
</tr>
<tr>
<td>G.D. Goddeme M.D.</td>
<td>Johns Hopkins University</td>
<td>3400 N. Charles Street</td>
<td>(301) 338-8277</td>
</tr>
<tr>
<td>Robert M. Johnson</td>
<td>Mississippi State University</td>
<td>103 Holton Hall</td>
<td>(913) 332-6927</td>
</tr>
<tr>
<td>Donald K. Kitts</td>
<td>Lafayette College</td>
<td>18042</td>
<td>(215) 250-5005</td>
</tr>
<tr>
<td>Frank J. Schreiner</td>
<td>LaSalle College</td>
<td>20th Street &amp; Olney Avenue Philadelphia, PA</td>
<td>(215) 951-1355</td>
</tr>
<tr>
<td>Howard Hayward</td>
<td>Leeds University</td>
<td>60441</td>
<td>(815) 855-3853</td>
</tr>
<tr>
<td>Meg Dachowski</td>
<td>Loyola University</td>
<td>Box 200</td>
<td>(504) 855-3853</td>
</tr>
<tr>
<td>Steve Henley</td>
<td>Marshall University</td>
<td>25701</td>
<td>(304) 896-3111</td>
</tr>
<tr>
<td>Ron L. Veach, Ph.D.</td>
<td>Metropolitan State College</td>
<td>Box 3, 1000 1st Street</td>
<td>(303) 629-3132</td>
</tr>
<tr>
<td>Jeannine P. Sewell</td>
<td>Michigan Technological University</td>
<td>49931</td>
<td>(906) 687-2538</td>
</tr>
<tr>
<td>Dr. Stephen Taylor</td>
<td>Morehead State University</td>
<td>1000 South State</td>
<td>(901) 434-2067</td>
</tr>
<tr>
<td>Edith Frank, Ph.D.</td>
<td>New Jersey Institute of Technology</td>
<td>323 High Street</td>
<td>(502) 762-6861</td>
</tr>
<tr>
<td>Bob Whitel</td>
<td>Indiana University of Pennsylvania</td>
<td>119 IUP</td>
<td>(412) 297-2621</td>
</tr>
<tr>
<td>Lynn Roney</td>
<td>Ithaca College</td>
<td>300 Gemini</td>
<td>(607) 274-3136</td>
</tr>
<tr>
<td>Fred B. Newton</td>
<td>Kansas State University</td>
<td>103 Holton Hall</td>
<td>(913) 332-6927</td>
</tr>
<tr>
<td>Diane Coy Bredersaw</td>
<td>Loma Linda University</td>
<td>Box 200</td>
<td>(615) 566-7956</td>
</tr>
<tr>
<td>Margarec Ross</td>
<td>Marquette College</td>
<td>Versailles</td>
<td>(615) 374-4551</td>
</tr>
<tr>
<td>NONE</td>
<td>Memorial University of Newfoundland</td>
<td>St. John's, NF AYG 587</td>
<td>(717) 872-3122</td>
</tr>
<tr>
<td>James B. Slager</td>
<td>Miami University</td>
<td>Merrild Hall</td>
<td>(513) 529-6334</td>
</tr>
<tr>
<td>Dorothy B. Harris</td>
<td>Millersville State College</td>
<td>Dutch Hall</td>
<td>(717) 872-3122</td>
</tr>
<tr>
<td>Dr. Patricia W. Nichols</td>
<td>Nippon State University</td>
<td>Cold Spring and Millen Road</td>
<td>(301) 444-3150</td>
</tr>
<tr>
<td>John A. Dubing</td>
<td>New Mexico State University</td>
<td>Box 3575</td>
<td>(505) 846-2731</td>
</tr>
<tr>
<td>Dr. David F. Blank</td>
<td>Iona College</td>
<td>715 North Avenue</td>
<td>(914) 536-2100</td>
</tr>
<tr>
<td>Dr. Teresa A. Gonzalez</td>
<td>James Madison University</td>
<td>Allen Hall</td>
<td>(703) 433-6552</td>
</tr>
<tr>
<td>Richard G. Byrnshearn, Ph.D.</td>
<td>Kent State University</td>
<td>Room 221 Korb Hall</td>
<td>(216) 672-2487</td>
</tr>
<tr>
<td>Robert B. Lee</td>
<td>LeMoy University</td>
<td>2000 Fort Arthur Road</td>
<td>(409) 838-8444</td>
</tr>
<tr>
<td>Harold B. Bobb, III Ph.D.</td>
<td>Lewis-Clark State College</td>
<td>Sam Glen Complex</td>
<td>(609) 746-2341</td>
</tr>
<tr>
<td>Donna Rawlings</td>
<td>Lorain Heights College</td>
<td>301 S. Federal Blvd.</td>
<td>(303) 936-8441</td>
</tr>
<tr>
<td>Ted Richardson</td>
<td>Marquette University</td>
<td>53233</td>
<td>(414) 224-7172</td>
</tr>
<tr>
<td>Derma Hericamer</td>
<td>Memphis State University</td>
<td>111 States Hall</td>
<td>(901) 434-2067</td>
</tr>
<tr>
<td>Lee N. June</td>
<td>Michigan State University</td>
<td>207 Student Services Bldg.</td>
<td>(517) 355-8275</td>
</tr>
<tr>
<td>Dr. John O'Connell</td>
<td>Montana State University</td>
<td>59715</td>
<td>(406) 597-3375</td>
</tr>
<tr>
<td>Dr. Bill Allbritton</td>
<td>Murray State University</td>
<td>2004 University Station</td>
<td>(502) 762-6861</td>
</tr>
<tr>
<td>Lee Salter</td>
<td>North Carolina State University</td>
<td>Box 5071</td>
<td>(919) 737-2424</td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Institution</td>
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<tr>
<td>106</td>
<td>Sally McCollum</td>
<td>Occidental College</td>
<td>1500 Campus Road Los Angeles, CA 90041</td>
</tr>
<tr>
<td>109</td>
<td>Dr. Andrew Hresa</td>
<td>Oral Roberts University</td>
<td>Tulsa, OK 74171</td>
</tr>
<tr>
<td>112</td>
<td>David Brown</td>
<td>Penn State</td>
<td>217 Kilmer Health Center University Park, PA 16801</td>
</tr>
<tr>
<td>115</td>
<td>James D. Linden</td>
<td>Purdue University</td>
<td>West Lafayette, IN 47907</td>
</tr>
<tr>
<td>118</td>
<td>Dr. Marilyn Johnson</td>
<td>Bush University</td>
<td>1743 W. Harrison Street Chicago, IL 60612</td>
</tr>
<tr>
<td>121</td>
<td>Bill Klein</td>
<td>St. Clair College</td>
<td>2000 Talbot Road Windsor, Ontario Canada M9A 6S4</td>
</tr>
<tr>
<td>124</td>
<td>Dr. Mary E. DePauw</td>
<td>Saint Mary's College</td>
<td>165 LeMan Hall Notre Dame, IN 46556</td>
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<tr>
<td>127</td>
<td>Judy Amstred, Ph.D.</td>
<td>Salem College</td>
<td>Winston-Salem, NC 27103</td>
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<tr>
<td>130</td>
<td>Cynthia Margolin</td>
<td>San Jose University</td>
<td>One Washington Square San Jose, CA 95192</td>
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<tr>
<td>133</td>
<td>Paul J. Cenci</td>
<td>St. John's University</td>
<td>Londonville, NY 12211</td>
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<td>136</td>
<td>R. David Kissinger, Ph.D.</td>
<td>State University of New York at Binghampton</td>
<td>Binghamton, NY 13901</td>
</tr>
<tr>
<td>107</td>
<td>Dr. Patrick M. Murphy</td>
<td>Oklahoma State University</td>
<td>313 Student Union Stillwater, OK 74074</td>
</tr>
<tr>
<td>110</td>
<td>Morris LeMay</td>
<td>Oregon State University</td>
<td>Administration Building 322 Corvallis, OR 97331</td>
</tr>
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<td>113</td>
<td>James Auhbuchon</td>
<td>Pittsburgh State University</td>
<td>407 Blass Hall Pittsburgh, KS 66762</td>
</tr>
<tr>
<td>116</td>
<td>Angelo F. Gadaleto</td>
<td>Radford University</td>
<td>Box 5787 Radford, WA 99112</td>
</tr>
<tr>
<td>119</td>
<td>David Chandler</td>
<td>Rutgers College</td>
<td>30 College Ave New Brunswick, NJ 08903</td>
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<tr>
<td>122</td>
<td>Robert Bayne, Ph.D.</td>
<td>St. Cloud State University</td>
<td>St. Cloud, IA 55301</td>
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<td>Jack Williamson</td>
<td>St. Norbert College</td>
<td>DePere, WI 54115</td>
</tr>
<tr>
<td>128</td>
<td>Patsy Copeland, Ph.D.</td>
<td>Sam Houston State University</td>
<td>Box 2069 SMBU Houston, TX 77034</td>
</tr>
<tr>
<td>131</td>
<td>Christopher Pratt</td>
<td>Secon Hall University</td>
<td>South Orange, NJ 07079</td>
</tr>
<tr>
<td>134</td>
<td>Jonathan Eyresworth, Ph.D.</td>
<td>Simmons College</td>
<td>330 The Fenway Boston, MA 02115</td>
</tr>
<tr>
<td>137</td>
<td>Roger M. Weir, Ed.D.</td>
<td>State University of New York at Brockport</td>
<td>Brockport, NY 14420</td>
</tr>
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<td>108</td>
<td>Jim Calliotte</td>
<td>Old Dominion University</td>
<td>Norfolk, VA 23508</td>
</tr>
<tr>
<td>111</td>
<td>Richard H. Raskin</td>
<td>Pace University</td>
<td>One Pace Plaza New York, NY 10038</td>
</tr>
<tr>
<td>114</td>
<td>M.H. Geller</td>
<td>Princeton University</td>
<td>McClean Health Center Princeton, NJ 08544</td>
</tr>
<tr>
<td>117</td>
<td>Geraldine K. Piorozewski</td>
<td>Roosevelt University</td>
<td>430 S. Michigan Room 834 Chicago, IL 60605</td>
</tr>
<tr>
<td>120</td>
<td>William M. Gordon, Ph.D.</td>
<td>Rutgers University-Newark</td>
<td>Newark, NJ 07102</td>
</tr>
<tr>
<td>123</td>
<td>Lois A. Huebner</td>
<td>St. Louis University</td>
<td>DeBourg Hall St. Louis, MO 63103</td>
</tr>
<tr>
<td>126</td>
<td>Dr. Larry Malin</td>
<td>St. Peter's College</td>
<td>104 Glenwood Avenue Jersey City, NJ 07306</td>
</tr>
<tr>
<td>129</td>
<td>NONE</td>
<td>San Francisco State University</td>
<td>1500 Holloway Avenue San Francisco, CA 94132</td>
</tr>
<tr>
<td>132</td>
<td>Dr. Donald Proland</td>
<td>Shippensburg University</td>
<td>Shippensburg, PA 17257</td>
</tr>
<tr>
<td>135</td>
<td>Dr. B.G. Lipinski</td>
<td>Simon Fraser University</td>
<td>Room 1C 200 Burnaby, British Columbia Canada V5A 1S6</td>
</tr>
<tr>
<td>138</td>
<td>Diane Gale</td>
<td>State University of New York at Buffalo</td>
<td>110 Thompson Quadr, Elliott Complex Buffalo, NY 14261</td>
</tr>
</tbody>
</table>
139. Norman M. Kiracofoe  
State University College at  
Buffalo  
Gibson Hall 222  
1300 Elmwood Avenue  
Buffalo, NY 14222  
(716) 878-4436

140. Dr. Anthony S. Papalia  
State University College at  
Cortland, New York  
Box 2000, Van Hoosen Hall  
Cortland, NY 13043  
(607) 753-4728

141. John Paul Maierle  
State University of New York College  
at Fredonia  
Fredonia, NY 14063  
(716) 673-3424

142. Dr. Joseph Pascale  
State University  
College at Oneonta  
Oneonta, NY 13820  
(607) 431-3368

143. Edward Podoslitz  
State University of New York  
at Stony Brook  
Innyniac Building  
Stony Brook, NY 11794  
(516) 246-2279

144. Beverly Prosser Gelwick  
Stephens College  
Box 2505  
Columbia, MO 65215  
(314) 442-2211 x205

145. Stewart Schalver, Ph.D.  
Southeastern Louisiana Univ.  
Box 762  
Hammond, LA 70401  
(504) 537-2094

146. Virginia P. Hadley  
Southeastern Massachusetts Univ.  
Administration Building, Rm. 213  
North Dartmouth, MA 02747  
(508) 999-8648

147. John M. Sall  
Southern Methodist University  
P.O. Box 295  
Dallas, TX 75275  
(214) 692-2211

148. Dr. Anthony S. Papalia  
State University College at  
Cortland, New York  
Box 2000, Van Hoosen Hall  
Cortland, NY 13043  
(607) 753-4728

149. Ken Gerdi  
Suffolk University  
Season Hall  
Boston, MA 02114  
(617) 723-4700 x226

150. Alan D. Goldberg  
Syracuse University  
370 H ourtting Hall  
Syracuse, NY 13210  
(315) 423-2266

151. Eleanor D. Isard, Ph.D.  
Temple University  
Sullivan Hall, T-4, 007-85  
Philadelphia, PA 19122  
(215) 878-7276

152. James C. Cattell  
Texas Wesleyan College  
1105 Wesleyan St. (P.O. Box 50010)  
Fort Worth, TX 76105  
(817) 531-4438

153. Charles E. Ialoy  
Towson University  
Towson, MD 21204  
(301) 222-2512

154. Janet H. Hannula, Ph.D.  
Tulane University  
New Orleans, LA 70118  
(504) 865-5761

155. Thomas G. Brown  
University of Akron  
Akron, OH 44325  
(216) 375-7082

156. S.W. Johnson  
University of Alaska-Anchorage  
Human Development and Family Studies  
Anchorage, AK 99503  
(907) 786-1002

157. Dr. Jim Cole  
University of Alaska, Fairbanks  
Fairbanks, AK 99701  
(907) 474-7043

158. A. Vander Hall  
University of Alberta  
102 Administration Building  
Edmonton, Alberta T6G 2E8  
(403) 432-3508

159. Bob Wrenn  
University of Arizona  
Old Main Building  
Tucson, AZ 85721  
(602) 621-1171

160. Ralph Hamann  
University of Arkansas at  
Little Rock  
Little Rock, AR 72204  
(404) 821-2143

161. NONE  
University of B.C.  
1704 East Mall  
Vancouver, B.C.  
V6T 1Z5  
(604) 228-4326

162. Anna H. Halsop  
University of British Columbia  
85 Frack Avenue  
Richmond, BC 60604  
(604) 576-4434

163. Dr. Lee C. Hardy  
University of Calgary  
2550 University Drive N.W.  
Calgary, Alberta Canada T2N 1N4  
(403) 284-5893

164. Jane D. Hooven, Ph.D.  
University of California-Berkeley  
Building 1-5  
Berkeley, CA 94720  
(415) 642-2366

165. Judith Mack  
University of California-Davis  
North Hall  
Davis, CA 95616  
(916) 752-0871

166. Dr. Barbara McGough  
University of California at  
Los Angeles (UCLA)  
4223 Logic Sciences Bldg.  
Los Angeles, CA 90024  
(213) 825-0768

167. Charles Waits  
University of California  
Riverside  
Riverside, CA 92521  
(714) 787-5012

168. Julian Silverman, Ph.D.  
University of California, Santa Cruz  
Santa Cruz, CA 95064  
(408) 429-2628

169. Dr. Robert Hazen  
University of Central Florida  
P.O. Box 29000  
Orlando, FL 32816  
(305) 275-2811

170. Milton E. Forest  
University of Cincinnati  
215 Ivey Hall, M.S. 44  
Cincinnati, OH 45221  
(513) 475-2940

171. W.L. Strandburg  
University of Colorado at Denver  
1100 14th Street Box 147  
Denver, CO 80220  
(303) 629-2861
172. Robert A. Atherley  
*University of Connecticut*  
U-109  
Storrs, CT 06268  
(203) 486-4130

173. John B. Bishop  
*University of Delaware*  
151 Student Center  
Newark, DE 19711  
(302) 738-8107

174. James Archer  
*University of Florida*  
311 Little Hall  
Gainesville, FL 32611

175. Michael Weissberg  
*University of Georgia*  
Clark Howell Hall  
Athens, GA 30602  
(404) 342-3183

176. Donald C. Murphy, Ph.D.  
*University of Georgia*  
Athens GA 30602  
(404) 542-1162 x310

177. Edward Kaneshige  
*University of Hawaii at Manoa*  
2440 Campus Road  
Honolulu, Hawaii 96822  
(808) 946-7927

178. Andy Smith  
*University of Houston*  
Clear Lake  
2700 Bay Area Blvd.  
Houston, TX 77058  
(713) 488-9215

179. Alfred J. Kahn, Ph.D.  
*University of Houston*  
University Park  
Houston, TX 77004  
(713) 749-1736

180. Donald J. Keas Ed.D.  
*University of Idaho*  
Boise 309.  
Moscow, ID 83843  
(208) 885-6716

181. Harold Klehr  
*University of Illinois*  
at Chicago  
Chicago, IL 60680  
(312) 996-3487

182. Dr. Ralph Trimbile  
*University of Illinois*  
at Urbana-Champaign  
217 Fred H. Turner Student Services Bldg.  
610 E. John Street  
Champaign, IL 61820  
(217) 333-3712

183. Ursula Delworth  
*University of Iowa*  
Iowa City, IA 52242  
(319) 335-4484

184. R.M. Runquist  
*University of Kansas*  
115 Ba. Hall  
Lawrence KS 66045  
(913) 864-3931

185. Harriett Rose  
*University of Kentucky*  
301 Maheads Building  
Lexington, KY 40506  
(606) 257-8701

186. Dr. Noel J. Cartwright  
*University of Lowell*  
One University Avenue  
Lowell, MA 01854  
(617) 452-5000 x2390

187. Charles O. Grant  
*University of Maine Orono*  
101 Femal Hall  
Orono, ME 04469  
(207) 581-1392

188. J.J. Burke  
*University of Manitoba*  
474 University Centre  
Winnipeg, Manitoba, Canada  
R3T 2N2  
(204) 474-8592

189. Dr. Tim Stein  
*University of Maryland*  
5100 Abbe Road  
College Park, MD 20742  
(301) 494-70-17

190. Halcyon H. Carroll, Ph.D.  
*University of Massachusetts*  
at Boston  
Harbor Campus  
Boston, MA 02125  
(617) 929-7170

191. Dr. Lynn Stine-Dowling  
*University of Massachusetts Medical School*  
55 Lake Avenue, North  
Worcester, MA 01605  
(617) 856-3220

192. Arthur Brucker, Ph.D.  
*University of Miami*  
P.O. Box 248186  
Coral Gables, FL 33124  
(305) 294-3011

193. Allan H. Ward  
*University of Minnesota*  
Technical College-Minneapolis  
Waseca, MN 56093  
(507) 835-5416

194. Dennis Schenkel  
*University of Missouri-Kansas City*  
6825 Troost-Suite 205  
Kansas City, MO 64110  
(816) 932-4460

195. Robert J. Carr  
*University of Missouri-St. Louis*  
8001 Natural Bridge Road  
St. Louis, MO 63121  
(314) 721-8222

196. John Steiger  
*University of Montana*  
207, 148 Lodge  
Missoula, MT 59812  
(406) 243-4711

197. Vernon Williams  
*University of Nebraska-Lincoln*  
1316 South Hall  
Lincoln, NE 68588-0625  
(402) 472-3461

198. Dr. A. E. Crawford  
*University of Nebraska*  
Lincoln, NE 68588  
(402) 554-2503

199. Jack F. Clarke  
*University of Nevada, Reno*  
Reno, NV 89557  
(702) 784-4648

200. John W. Edgarly  
*University of North Carolina*  
at Chapel Hill  
Nash Hall  
Chapel Hill, NC 27514  
(919) 962-2175

201. Sam Simon  
*University of North Carolina*  
Charlotte  
Charlotte, NC 28213  
(704) 597-2107
235. Dr. Georgia Royalty  
Western Maryland College  
 Westminster, MD 21157  
 (301) 848-7000 x243

236. Louise Forsleff, Ph.D.  
Western Michigan University  
2310 Fance Student Service Bldg.  
Kalamazoo, MI 49008  
(616) 383-1850

237. Sandra Taylor, Ph.D.  
Western Washington University  
Bellingham, WA 98225  
(206) 676-3165

238. Ted Stachowiak  
West Texas State Univ.  
P.O. Box 1401 Wk Station  
Canyon, TX 79016  
(806) 656-2181

239. Dr. Rich Jacks  
Whitman College  
Ken. WA 99362  
(360) 529-5377

240. Dr. Don Nance  
Wichita State University  
Wichita, KS 67208  
(316) 689-3440

241. Martha Jennings, Ed.D.  
509 Woodson  
Springfield, OH 45504

242. M. Rodney Atley, Ed.D.  
Worcester Polytechnic Institute  
Institute Road  
Worcester, MA 01609  
(617) 793-5560

243. Darold Egebratson  
Wright State University  
P.A. White Center for Ambulatory Care  
Dayton, OH 45435  
(513) 873-3407

244. S.W. Pyke, Ph.D.  
York University  
145 S.S.F.  
4700 Keele Street  
Downview, Ontario, Canada M3J 1P3  
(416) 667-2241

245. George E. Letchworth  
Youngstown State University  
Youngstown, OH 44555  
(216) 742-3057

246. Jim Carruth  
West Virginia University  
305 Student Services Center  
Morgantown, WV 26505  
(304) 293-4431

247. Catherine Steel, Ph.D.  
Rochester Institute of Technology  
One Lomb Memorial Drive  
Rochester, NY 14623  
(713) 475-2261

248. Carole Van House, Ed.D.  
Northern Michigan University  
201 Coehoas Admin. Bldg.  
Marquette, MI 49855  
(906) 227-2930

249. Jerry A. Troppa, Ph.D.  
University of Illinois  
at Chicago  
721 South Wood Street  
Chicago, IL 60612  
(312) 996-8960

250. Thomas E. Pustell, Ph.D.  
Rhode Island College  
Providence, RI 02908  
(401) 456-8094

251. Barbara Wollner  
University of Denver  
Denver, CO 80208  
(303) 753-3511

252. Barbara Barrett  
Florida A&M University  
Martin Luther King Boulevard  
Tallahassee, FL 32307  
(904) 599-3143

253. Nathan Churkh, Ph.D.  
Pepperdine University  
24255 Pacific Coast Highway  
Malibu, CA 90263  
(213) 456-4210

254. James A. Irvin  
University of Missouri-Columbia  
207 Parker Hall  
Columbia, MO 65211  
(314) 882-6001

255. David H. Wilder  
Bucknell University  
Lewisburg, PA 17837  
(717) 526-1604

256. Donald E. Spring  
Union College  
Schenectady, NY 12308

257. Jerry A. Treppa, Ph.D.  
University of Illinois  
at Chicago  
721 South Wood Street  
Chicago, IL 60612  
(312) 996-8960

258. Barbara Barrett  
Florida A&M University  
Martin Luther King Boulevard  
Tallahassee, FL 32307  
(904) 599-3143

259. David H. Wilder  
Bucknell University  
Lewisburg, PA 17837  
(717) 526-1604

260. Donald E. Spring  
Union College  
Schenectady, NY 12308

Late Entries