

COUNSELING CENTER SURVEY
AND DIRECTORY
1985



University of Pittsburgh

OFFICE OF STUDENT AFFAIRS
Counseling and Student Development Center

October 1, 1985

Dear Colleague:

The report on the survey of counseling center directors by the Urban Counseling Center Task Force is enclosed. Highlights of the survey are listed followed by a summary of the data broken down by urban/non-urban, and large/small institutions. A directory alphabetized both by person and institution is also provided.

While the report has been sent to you as a reward for your participation and there is no further obligation, if your budget can spare it, a contribution of \$4.00 would help defray the printing and mailing costs. Use the attached form if you want to do this. Space is also provided for you to order the 1985 Speakers Resource Directory which was put together for ACPA and which, thanks to your contributions, has enlarged considerably over last year.

I hope you find the survey data helpful and that you can find the time to return the attached evaluation sheet.

Sincerely,

A handwritten signature in dark ink, appearing to be "R. P. Gallagher".

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

P.S. Just one more item. Please review the enclosed request for humorous material and respond if the spirit moves you.

URBAN/NON-URBAN COUNSELING CENTER
SURVEY HIGHLIGHTS, 1985
N = 245

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

- 21 centers (9%) charge for counseling services; up 1% from 1984, and 3% from 1983. A little over half of these centers collect third party payments. (Items 1 & 2)
- 65 centers (26%) are at least partially supported by mandatory student fees. About half of these report that fees cover more than 90% of their budget. (Item 3)
- 21% report their budgets fared better on average than other institutional units, 19% fared worse, and 68% fared about the same. (Item 5)
- For the third year in a row centers report more gains than losses in staff positions. About twice as many centers report gains in new positions than those reporting losses. (Items 6 & 7)
- 40% of centers have on-line computers; 60% have microcomputers. The increase in microcomputers has tripled over the past two years. (Item 8)
- 16 mergers of counseling centers and the mental health units of student health services were reported; 11 clinics merged under counseling centers, 2 under health services, and 3 did not report direction. (Item 10)
- In the past 2 years 33 counseling centers gained responsibility for career counseling, while 15 centers lost such responsibility. 46% of directors believe career counseling should be done primarily in the counseling center, 15% feel the placement center is the most appropriate setting, and 38% prefer an equal sharing. (Items 11 & 12)
- 27% of centers have IACS accreditation. Comments about value of this accreditation are appended. (Items 18 & 54)
- 19% are unionized, comments on unionization are appended. (Items 20 & 54)
- 72 centers have waiting list problems. Of these 75% have a formal intake system. Feelings about intake systems are summarized. (Items 22 & 23)
- 51% report an increase in prevalence of seriously disturbed students in past year. (Item 22)
- 20% report seeing more cases of anorexia, 48% saw an increase in bulimia. (Items 28 & 29)
- 59% of centers report an increase in learning skills disorders. (Item 31)

- Special training programs for staff in past year have focused primarily on eating disorders (74%), alcohol problems (62%), legal issues (57%), women's issues (53%) and crisis intervention (50%). (Item 30)
- 6 suits were filed against centers, and 33 centers had their case records subpoenaed. (See items 32 & 33 for descriptions)
- 58 centers (24%) gave warning to a third party about a potentially dangerous client. (Item 36)
- 57 centers (23%) limit the number of counseling sessions allowed. Interestingly these centers have a higher mean number of sessions per client than do centers with no such limits. (Items 39 & 40)
- When a student-in-residence exhibits some suicidal potential in a counseling session 14% of directors would quietly let residence directors know, 46% would encourage student to inform, or give counselor permission to inform residence director, and 40% would do neither, and would continue to counsel. (Item 41)
- 54 centers (22%) have a written policy on when and how to notify parents (spouse, etc.) of a student's seriously deteriorating psychological condition. (Item 42)
- The majority of directors found it problematic when counseling centers: take a pro-choice, or pro-abortion stand (89%), store client information on the computer main-frame (84%), or provide religious counseling within the center (64%). A minority of directors found the following problematic: reporting a client who is an active child abuser (34%); sharing client information with a government agent who has a signed release form (40%); and discussing a client's case in staff meetings without client's permission (23%). (Item 44)
- 126 centers hired a counselor in past years at a mean salary of \$22,600. Salary data by degree, race and sex are presented. (Items 46, 47, 48)
- When hiring new counselors 7% of centers require, and 35% prefer, applicants to have an APA internship; 47% accept any respectable internship experience; and 10% do not require a prior internship. (Item 49)
- The mean salary increase received by counseling staff this year was 6%. (Item 51)
- Fundraising activities, software equipment utilized, comments on collective bargaining, and innovative staff development programs are also listed following the statistical summaries. (Items 52 to 56)

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

	URBAN N=135	NON-URBAN N=96	LARGE N=110	SMALL N=111	TOTAL N=245*	COMMENTS
						*Not all centers checked urban, non-urban or large, small so some discrepancies will be noted in "total" responses throughout the survey.
1. Centers that charge a fee for services	14 (10%)	7 (7%)	15 (14%)	6 (6%)	21 (9%)	More than 1/4 of the centers began charging only after the 3rd session.
2. Centers that collect 3rd party payments	8 (6%)	3 (3%)	9 (8%)	2 (2%)	12 (5%)	
3. Centers supported by a mandatory fee	42 (31%)	16 (17%)	33 (30%)	25 (23%)	63 (26%)	About 1/2 the centers report that fees cover more than 90% of budget, about 1/4 say it covers between 30 and 70% and the remainder say below 30%
4. Centers under pressure to become somewhat self supporting	14 (10%)	11 (12%)	16 (15%)	7 (6%)	26 (11%)	See item #52 for Fund-raising activities
5. Compared with other institutional units counseling center budget has done:						
(a) better than most	28 (21%)	21 (22%)	26 (24%)	21 (19%)	51 (21%)	
(b) worse than most	16 (12%)	7 (7%)	8 (7%)	14 (13%)	24 (10%)	
(c) about the same	89 (67%)	65 (70%)	74 (69%)	74 (68%)	166 (68%)	
6. Centers that gained staff positions in past year:						
(a) Professional	33 (24%)	22 (33%)	27 (25%)	25 (23%)	60 (25%)	For the 3rd year in a row centers report more gains than losses in staff positions.
(b) Clerical	22 (16%)	5 (5%)	18 (16%)	8 (7%)	28 (11%)	
(c) Grad assistants or 1/2 time interns	19 (14%)	18 (19%)	23 (21%)	14 (13%)	42 (17%)	
(d) Full time interns	10 (7%)	7 (7%)	10 (9%)	8 (7%)	18 (7%)	
7. Centers that lost staff positions in past year:						
(a) Professional	16 (12%)	7 (7%)	10 (9%)	12 (11%)	24 (10%)	
(b) Clerical	8 (6%)	4 (4%)	3 (3%)	8 (7%)	12 (5%)	
(c) Grad Assistants or 1/2 time interns	5 (4%)	2 (2%)	3 (3%)	2 (2%)	8 (3%)	
(d) Full time interns	4 (3%)	3 (3%)	4 (4%)	2 (2%)	7 (3%)	
8. Centers that have an:						
(a) On-line computer	53 (39%)	39 (40%)	46 (42%)	42 (38%)	98 (40%)	This represents a 10% and 22% increase over last year. Over the past 2 years the reported increase in microcomputers has tripled. See item #53 for listing of software.
(b) Micro-computer	81 (60%)	59 (61%)	79 (72%)	54 (49%)	147 (60%)	
9. Relationship between student Health Service and C.C.						
(a) Admin. separate- both provide pers. couns.	35 (26%)	17 (18%)	35 (32%)	13 (12%)	57 (23%)	Non-urban and smaller schools seem much less likely to have both services providing personal counseling.
(b) Admin. sep. SHS prov. all pers. couns.	0	0	0	0	0	
(c) Admin. sep. CC provides all pers. couns.	81 (60%)	72 (75%)	63 (57%)	87 (78%)	160 (65%)	
(d) CC Director resp. for SHS	9 (7%)	3 (3%)	4 (4%)	6 (5%)	12 (5%)	
(e) CC reports to SHS Director	6 (4%)	2 (2%)	4 (4%)	5 (5%)	9 (4%)	

	URBAN	NON-URBAN	LARGE	SMALL	TOTAL	COMMENTS
10. Schools where there has been a merger of C.C. and S.H.S. mental health units in past year.	9 (7%)	6 (6%)	6 (6%)	6 (5%)	16 (6.5%)	2 moved into S.H. centers 11 were combined under counseling centers. (3 did not indicate direction) About 70 directors added comments about interactions between CC and HS program in past year. These comments will be forwarded upon request.
11. In past 2 years career counseling has:						
(a) been moved out of CC or:	11 (8%)	4 (4%)	2 (2%)	9 (8%)	15 (6%)	
(b) move out of CC is being considered	4 (3%)	4 (4%)	4 (4%)	4 (4%)	8 (3%)	
(c) been moved into CC or:	16 (12%)	16 (17%)	7 (7%)	20 (18%)	33 (14%)	
(d) Move into CC is being considered	0	4 (4%)	2 (2%)	2 (2%)	5 (2%)	
(e) None of the above	104 (77%)	68 (71%)	94 (86%)	76 (69%)	184 (75%)	
12. Belief about where career counseling should be offered:						The reasons given for these opinions were too varied and too extensive to include in this report. Please write if you would like a copy of the responses.
(a) Primarily-Placement	23 (18%)	13 (14%)	11 (11%)	22 (21%)	37 (15%)	
(b) Primarily-Counseling	53 (43%)	50 (51%)	51 (51%)	44 (41%)	106 (46%)	
(c) Shared equally	48 (39%)	33 (35%)	38 (38%)	41 (38%)	87 (38%)	
13. Centers that have specialists in the following:						Specialists in 17 other areas were listed including aids, gender issues, sexual assault, sexual dysfunction, phobias, etc. Some centers, however, discourage such specialization.
(a) Eating disorders	82 (61%)	60 (63%)	74 (67%)	62 (56%)	153 (63%)	
(b) Alcohol related problems	52 (39%)	47 (49%)	45 (41%)	46 (41%)	107 (44%)	
(c) Other drug related problems	24 (18%)	24 (26%)	22 (20%)	19 (17%)	53 (22%)	
14. Approach to staff evaluation:						About 6% list other approaches. A number of these use a combination of approaches. Several are in the process of developing an evaluation system, and some evaluate based on guidelines established through bargaining agreements.
(a) Evaluated on established criteria. Report shared with director's supervisor	66 (49%)	53 (55%)	56 (51%)	55 (50%)	125 (51%)	
(b) Evaluated on estab. criteria but shared only with staff member	21 (16%)	18 (19%)	24 (22%)	14 (11%)	40 (16%)	
(c) No established criteria but director reviews progress on regular basis	31 (23%)	15 (16%)	18 (16%)	27 (24%)	50 (20%)	
(d) Team goals reviewed by total staff. No individual evaluation necessary-except when problem becomes obvious.	11 (8%)	2 (2%)	5 (5%)	7 (6%)	15 (6%)	
15. Criteria used for formal evaluations:						Other criteria listed includes supervisor's subjective opinion, self reports, criteria established by personnel office, income generation, initiative in helping center to achieve its goals, etc. Most frequently listed, in "other" category, however, were "contributions made that are in addition to regular counseling responsibilities."
(a) Relative workload	76 (56%)	61 (64%)	71 (65%)	59 (53%)	145 (60%)	
(b) Written evaluation by clients	31 (23%)	29 (30%)	32 (29%)	26 (23%)	65 (27%)	
(c) Written evaluation by consultants or other	13 (10%)	14 (15%)	14 (13%)	10 (9%)	31 (13%)	
(d) Quality of case presentation at staffings	27 (20%)	27 (28%)	27 (25%)	23 (21%)	56 (23%)	
(e) Direct supervision of counselor's cases	35 (26%)	33 (34%)	30 (27%)	34 (31%)	69 (28%)	
(f) Contributions to profession	55 (41%)	43 (45%)	53 (48%)	38 (34%)	102 (42%)	
(g) Other criteria	7 (5%)	36 (38%)	41 (37%)	39 (35%)	85 (35%)	
16. Directors that believe all staff should receive some kind of case supervision	96 (71%)	75 (78%)	81 (74%)	85 (77%)	183 (75%)	
17. Centers that provide case supervision for all counselors	83 (62%)	57 (59%)	70 (64%)	68 (61%)	150 (61%)	

COMMENTS

	URBAN	NON-URBAN	LARGE	SMALL	TOTAL	
18. Centers accredited by IACS	39 (29%)	23 (24%)	40 (36%)	22 (20%)	65 (27%)	
19. Centers that provide emotional-education courses for credit	7 (5%)	14 (15%)	10 (9%)	12 (11%)	22 (9%)	Item included at request of several directors. A lot of confusion, however, about definition of term.
20. Counselors are unionized	24 (18%)	19 (20%)	21 (19%)	17 (15%)	46 (19%)	
21. Impact of bargaining unit on service delivery:						See No. 55 for comments on unionization
(a) Positive	1 (4%)	4 (19%)	0	4 (19%)	6 (12%)	
(b) Negative	1 (4%)	3 (14%)	1 (4%)	2 (10%)	4 (8%)	
(c) No significant impact	24 (92%)	14 (67%)	21 (96%)	15 (71%)	41 (80%)	
22. Centers that have a waiting list problem.	40 (30%)	30 (31%)	47 (43%)	21 (19%)	72 (29%)	As noted last year centers with waiting list problems tend to be the centers that have formal intake systems. We probably need to study this relationship further.
23. Centers with waiting list problems that also have a formal intake system.	30 (75%)	22 (73%)	37 (78%)	15 (71%)	54 (75%)	
24. Time allotted to intake system:						
(a) 1/2 hour	23 (35%)	17 (53%)	24 (42%)	15 (37%)	42 (39%)	
(b) 1 hour	33 (50%)	14 (44%)	25 (44%)	22 (54%)	54 (49%)	
(c) 2 hours or more	10 (15%)	1 (3%)	8 (14%)	4 (10%)	13 (12%)	
25. Intake interviews are conducted by:						
(a) Interns only	2 (3%)	-----	-----	2 (4%)	2 (2%)	
(b) Interns & staff	47 (65%)	27 (79%)	49 (82%)	26 (57%)	80 (68%)	
(c) Staff only	20 (28%)	5 (15%)	8 (13%)	15 (32%)	29 (25%)	
(d) Other	3 (4%)	22 (6%)	3 (5%)	3 (7%)	6 (5%)	
26. Feelings about intake system:						
(a) Efficient-cuts down on waiting lists	28 (21%)	24 (25%)	28 (26%)	25 (23%)	61 (25%)	
(b) Inefficient-gets in way of counseling & adds to waiting list.	29 (21%)	32 (33%)	33 (30%)	25 (23%)	63 (26%)	
(c) Helps to identify people who need immediate treatment.	66 (49%)	39 (41%)	55 (50%)	48 (43%)	116 (47%)	
(d) Helps to assign clients to appropriate staff person	70 (52%)	38 (40%)	58 (53%)	48 (43%)	118 (48%)	
(e) Bureaucratic-students need to jump another hurdle before getting help.	40 (30%)	41 (43%)	38 (35%)	38 (32%)	83 (34%)	

SUMMARY OF OTHER COMMENTS

Opposed to intake

Not necessary (no waiting lists)
 Receptionists trained to identify clients in crisis for quick referral
 Policy of seeing every student ASAP upon request
 Presents a barrier for effective communication
 It inhibits continuity of care
 Turns intake counselor into data collector-evaluator rather than helper
 Prolongs counseling in many cases
 Some centers do not have formal intake system but every counselor's first session is treated like an intake and student may be referred if appropriate.

Favor Intake

Training advantages
 Opportunities to provide early, almost immediate support to all students
 Opportunity it provides for referral to a group, psychiatrist, or a outside agent
 Helps in quality assurance
 Reduces pressure on staff
 Helps prepare client for counseling
 Gives staff contact with clients other than own case load
 One director made a case for the importance of having only regular staff do intake, arguing that it is too important and too complex a process to be left in the hands of interns

	URBAN	NON-URBAN	LARGE	SMALL	TOTAL	COMMENTS
27. Prevalence of seriously disturbed students seen in past year:						
(a) Increased	59 (45%)	58 (60%)	61 (56%)	49 (45%)	123 (51%)	
(b) About the same	70 (53%)	32 (33%)	48 (44%)	52 (48%)	110 (45%)	
(c) Decreased	3 (2%)	6 (6%)	0 (0%)	8 (7%)	9 (4%)	
28. In terms of anorexia, counselor's are seeing:						
(a) More	33 (26%)	12 (13%)	27 (25%)	13 (13%)	48 (20%)	
(b) About the same	79 (62%)	62 (65%)	68 (62%)	68 (65%)	149 (63%)	
(c) Less	16 (12%)	21 (22%)	15 (14%)	23 (22%)	38 (17%)	
29. In terms of bulimia, counselors are seeing:						
(a) More	63 (49%)	45 (47%)	53 (47%)	50 (47%)	114 (48%)	
(b) About the same	56 (43%)	42 (44%)	48 (44%)	48 (45%)	105 (44%)	
(c) Less	10 (8%)	9 (9%)	8 (7%)	9 (8%)	19 (8%)	
30. Responses to question "In past 2 years has your staff received any special training in the following?" (Reporting total data only)						

	Yes, Special Training received	No-but could use	No-not necessary	
(a) Eating disorders	174 (74%)	40 (17%)	21 (9%)	Eating disorders and dealing with alcohol problems seem to be receiving the most attention in terms of training being provided. It was interesting to note that men's issues received the least amount of interest in terms of training provided, but a mixed review in terms of whether there was a need for further training in this area. It received the highest percentage of "could use" and the second highest percentage of "not necessary." Directors also seemed to feel a need for more training in "drug-related problems" and in psycho-pharmacology. Directors were least interested in further training in developmental theory.
(b) Alcohol Problems	142 (62%)	61 (27%)	27 (12%)	
(c) Other drug problems	67 (33%)	90 (44%)	48 (23%)	
(d) Women's issues	114 (53%)	53 (25%)	47 (22%)	
(e) Men's issues	37 (19%)	99 (51%)	60 (31%)	
(f) Minority issues	99 (48%)	70 (34%)	39 (19%)	
(g) Crisis intervention	107 (50%)	57 (26%)	51 (24%)	
(h) Legal issues	126 (57%)	81 (37%)	12 (6%)	
(i) Development Theory	75 (36%)	62 (29%)	73 (35%)	
(j) Psycho-pharmacology	78 (38%)	89 (44%)	37 (18%)	
(k) Time Limited Therapy	79 (37%)	80 (38%)	53 (25%)	
(l) Other treatment modalities	111 (58%)	55 (28%)	27 (14%)	

31. Centers reporting an increase in learning disabilities	73 (54%)	63 (66%)	70 (64%)	64 (58%)	145 (59%)	A lot of write-in concern here about how to handle these students.
32. Suits against center in past year	3 (2%)	3 (3%)	4 (4%)	2 (2%)	6 (3%)	

Nature of suits

- Grad student claimed she didn't get job because letters in her file (which she solicited) were discriminatory. We agreed not to mail letters out and complaint was dropped.
- Director consulted with director of personnel about a college employee, who was then asked to be evaluated at hospital. Employee sued all involved. Settled out of court.
- Staff member suing for sex discrimination re. salary.
- Suit by employee who was dismissed for failure to become licensed. Employee claimed race and age discrimination. Federal hearing officer has not rendered an opinion but made it clear during the hearing that there was no basis for the plaintiff's claim.
- Suit filed by parents of student who committed suicide for not providing adequate care.
- Counselor being sued by former client who claims counselor turned counseling relationship into a sexual relationship.

	URBAN	NON-URBAN	LARGE	SMALL	TOTAL	COMMENTS
33. Centers that have been subpoenaed in past year	18 (13%)	12 (13%)	24 (22%)	6 (5%)	33 (13.5%)	19 centers complied; 14 did not.

EXAMPLES OF SUBPOENAS

	Complied				Did not comply
1. Child custody cases (3). In Texas, law now states these records must be made available on subpoenae basis.					1. Refused even with client's release (2)
2. First degree murder case					2. Refused subpoenas but gave dispositions based on court order (2)
3. Accident cases (2) to prove emotional repercussions, and to show accident a result of personal problems.					3. Records sought for non-student partner seen in co-joint sessions
4. Negligent suit against gymnastics program					4. Client charged ex-boyfriend with battery. Records sought. Claimed "privileged communication." Attorney did not pursue. Had enough other evidence.
5. Claims against others for emotional damages					5. State attorney-general secured a motion to quash
6. Insurance and workman's compensation claims (3)					6. Auto accident. CC claimed resultant emotional problems. Records indicated she never even mentioned accident.
34. Have had to confront staff member in past year about unethical practices	14 (10%)	11 (12%)	18 (16%)	6 (5%)	27 (11%)
35. Have had to fire a counselor in past year because of unprofessional practices	2 (1.5%)	1 (1%)	2 (2%)	1 (1%)	3 (1.5%)
36. Centers that had to give warning to a 3rd party in past year about a potentially dangerous client	32 (24%)	22 (23%)	31 (28%)	23 (21%)	58 (24%)

EXAMPLES OF WARNINGS GIVEN

- There were 45 instances ranging from 1 to 10 per center of warnings given to parents, residence life staff or others about potentially suicidal students.
- Both parents were threatened in 2 cases.
- Mothers were warned of threats by their daughters in two cases. In one additional case a mother was involved because a student's suicidal plans were also dangerous to the mother.
- The spouse of a student, and the spouse of the parents of a student were given warnings. (The threatening parent was seen by a counselor)
- Counseling center staff members were threatened in 2 cases.
- There were 4 instances where women were in danger because of jealous or rejected boyfriends.
- One male student was warned of a threat by his girlfriend.
- Five faculty members were threatened by students.
- One student threatened to kill his ex-therapist.
- One student's grandfather had to be warned of his grandson's hostile intentions.
- There were 6 cases of counselor intervention where the threatened person was unspecified.
- Counselors also intervened when students were making terroristic threats in the residence halls, when a faculty member became dangerous, when a student reported knowledge of another person's dangerous threats, and in several cases as consultants to the faculty when dangerous threats were received by students who were not clients.

37. Centers where clients have access to counselor's reports on request.	82 (62%)	48 (50%)	63 (58%)	61 (56%)	140 (58%)
38. Reasons for giving student access to records:					
(a) The Buckley amendment	31 (23%)	21 (22%)	23 (21%)	26 (23%)	55 (30%)
(b) State law	23 (17%)	12 (13%)	20 (18%)	16 (14%)	37 (20%)
(c) Center courtesy	48 (36%)	37 (39%)	38 (33%)	44 (40%)	93 (50%)

My understanding of Buckley is that counselor's records need not be made available. Since 30% of the respondents feel differently, some further checking with our school attorneys might be in order.

	URBAN	NON-URBAN	LARGE	SMALL	TOTAL	COMMENTS
39. Centers that limit no. of counseling sessions allowed	36 (27%)	19 (20%)	29 (26%)	21 (19%)	57 (23%)	
40. Mean no. of sessions per client (all centers)	6.3	4.9	5.6	6.0	5.8	A further analysis of items 39 & 40 resulted in a curious finding. Centers that limited the no. of sessions had a higher mean no. of sessions (6.6) than did centers that had no limit (5.6).
41. Course of action that might be taken if student in residence exhibits some suicidal potential:						
(a) Quietly let residence director know and ask him/her to keep an eye on student	8 (6.5%)	18 (19%)	10 (10%)	19 (18%)	31 (14%)	
(b) Encourage student to inform or allow you to inform the residence director	61 (50%)	38 (41%)	50 (49%)	44 (42%)	106 (46%)	
(c) Do neither (a) nor (b), continue to counsel	53 (43%)	37 (40%)	41 (40%)	41 (39%)	91 (40%)	
42. Resp. to "do you have written policy on when and how to notify parents (spouse, etc.) of a student's seriously deteriorating psychological condition?"						
(a) Yes	23 (17%)	29 (31%)	19 (18%)	32 (30%)	54 (22%)	
(b) No, not needed	39 (30%)	23 (25%)	34 (32%)	26 (24%)	68 (29%)	
(c) No, but would be helpful	70 (53%)	42 (45%)	54 (51%)	50 (46%)	116 (49%)	
43. Centers that <u>would</u> (against their clients wishes) inform the parents of an under-age client who had been hospitalized for psychological reasons	114 (84%)	69 (22%)	87 (79%)	88 (79%)	197 (81%)	
44. Directors who see it as problematic when a counseling center:						
(a) Takes a pro-choice on pro-abortion stand	118 (87%)	86 (90%)	96 (87%)	98 (88%)	215 (88%)	
(b) Reports a client to police who is an active child abuser	46 (34%)	33 (34%)	38 (35%)	33 (30%)	83 (34%)	
(c) Stores client information in a main computer given current protection capabilities	115 (85%)	78 (81%)	90 (82%)	96 (87%)	205 (84%)	
(d) Shares client information with a governmental agent who has a signed release form.	61 (45%)	32 (33%)	49 (45%)	35 (32%)	98 (40%)	
(e) Discusses a client's case in staff without client's permission.	28 (21%)	23 (24%)	21 (19%)	27 (24%)	57 (23%)	
(f) Provides religious counseling in center	86 (64%)	63 (66%)	78 (71%)	65 (59%)	157 (64%)	

	URBAN	NON-URBAN	LARGE	SMALL	TOTAL	COMMENTS
45. Directors identify themselves primarily as:						
(a) Clinical psychologists	40 (30%)	13 (14%)	23 (22%)	25 (23%)	54 (22%)	
(b) Counseling psychologists	76 (56%)	60 (65%)	69 (65%)	64 (59%)	145 (59%)	
(c) Psychiatrists	1 (0.7%)	0	1 (1%)	0	1 (0.4%)	
(d) Mental health professionals	8 (6%)	7 (8%)	5 (5%)	8 (7%)	17 (7%)	
(e) Social workers	2 (1.5%)	2 (2%)	2 (2%)	1 (1%)	4 (1.6%)	
(f) Student personnel administrators	6 (4%)	10 (11%)	6 (6%)	10 (9%)	17 (7%)	
(g) Other	2 (1.5%)	0	4 (4%)	3 (3%)	7 (3%)	
46. Centers that hired a counselor in past year	86 (49%)	51 (53%)	61 (56%)	51 (46%)	126 (51%)	Mean salary \$22,600 Median salary \$23,000
47. Newly hired:						Mean Salaries
(a) Doctorate + experience	27 (34%)	19 (33%)	27 (39%)	15 (26%)	46 (32%)	\$24,900
(b) A new doctorate	28 (35%)	10 (18%)	24 (34%)	14 (25%)	42 (29%)	\$24,000
(c) A.B.D.	10 (13%)	7 (13%)	5 (7%)	9 (16%)	17 (12%)	\$21,100
(d) Master's (counseling)	9 (11%)	15 (27%)	9 (13%)	16 (28%)	28 (20%)	\$18,200
(e) M.S.W.	4 (5%)	1 (2%)	4 (6%)	0 (-)	5 (3.5%)	\$20,800
(f) Other	1 (0.7%)	4 (7%)	1 (1%)	3 (5%)	5 (3.5%)	\$20,100
48. Other characteristics of the newly hired						
(a) Minority male	12 (15%)	5 (9%)	14 (19%)	2 (4%)	18 (12.5%)	\$24,000
(b) Minority female	15 (19%)	5 (9%)	10 (14%)	7 (13%)	22 (15%)	\$22,400
(c) Caucasian male	18 (23%)	17 (31%)	12 (17%)	20 (36%)	36 (25%)	\$22,900
(d) Caucasian female	34 (45%)	28 (51%)	37 (50%)	26 (47%)	68 (47%)	\$22,000
The salary data in this item is difficult to interpret because statistical analyses comparing race and sex variables with training variables were not done. The lower mean salary for caucasian females, however, is probably due to the fact that there were almost 3 times as many white females hired at the masters in counseling level than there were white males (17 to 6). Also all 5 MSW's hired were white females.						
49. Director's preferences when hiring:						
(a) APA approved internship required	10 (8%)	6 (7%)	10 (10%)	6 (6%)	18 (9%)	
(b) APA approved internship preferred	46 (35%)	29 (33%)	41 (39%)	32 (31%)	80 (35%)	
(c) Any respectable internship experience is acceptable	59 (45%)	45 (51%)	45 (43%)	53 (51%)	109 (47%)	
(d) Internship experience not required	16 (12%)	8 (9%)	9 (9%)	13 (13%)	24 (10%)	
50. Who is responsible for insurance coverage for practicum students:						
(a) Counseling center	16 (15%)	10 (15%)	11 (13%)	12 (16%)	26 (14%)	Several centers suggested there should have been an "uncertain" category.
(b) Academic department	31 (29%)	13 (20%)	28 (33%)	14 (18%)	48 (27%)	
(c) Student's themselves	16 (15%)	17 (26%)	16 (19%)	18 (23%)	34 (19%)	
(d) No coverage provided	43 (40%)	25 (39%)	31 (36%)	32 (42%)	40 (40%)	
51. Mean salary increase received by counseling center staff this year	6.2%	5.9%	6.5%	5.7%	6%	
52. Fund Raising Activities:	The numbers following items identify schools. Consult Directory.					
1. Community or non-student counseling, consultation, testing, workshops, etc.	(9), (13), (63), (133), (83), (54), (18), (216), (207), (181), (199), (248), (89), (90), (99), (193), (187)					
2. Testing Programs (MAT, GSAT, LSAT, etc.)	(187), (216), (210), (223), (189), (162), (196), (90), (52), (8)					
3. Assessment for VA, industrial clients, police, campus applicants.	(63), (133), (132), (184), (182), (221), (193), (248)					
4. Grant writing.	(223), (155), (125), (205)					
5. Consultation to departments, staff, industry, etc.	(41), (17), (193), (133), (132), (248), (211), (221)					
6. Charging for written materials.	(41), (184), (236), (232)					
7. Career workshops.	(82)					

8. Reading improvement workshops. (82)
 9. Providing counseling services for other schools. (161), (177)
 10. Non-student SIGI users. (136)
 11. Charge \$2.00 for use of computer for career counseling. (69)
 12. Graduate school funded intern as a "service to university community." (220)
 13. Staff overload fee-split between counselors and center. (18)
 14. Staff assignments to other departments. (117)
 15. Money earned by professional activities of staff contributed to development fund. (129)
 16. Student government support for educational media and career resources. (241)
 17. Title III funds. (238)
 18. Persuaded development officer to look for money for internships. (205)
 19. Brought in \$50,000 by teaching workshops for affirmative action personnel, medical center, and through consultations. (185)
 20. Medicaid agency. Charge welfare clients through county. (175)
 21. Computers paid for through university benefit funds and matching grants. (165)
53. **Computer Software:** Data is arranged in some very rough categories. Please excuse if some are misplaced. School numbers follow for those of you who would like to compare notes with other directors.
- A. **Campus Involvement:** TIES (49)
 - B. **Career Counseling:**
 - SIGI and SIGI Plus (003, 012, 17, 34, 46, 61, 67, 72, 80, 89, 97, 98, 103, 111, 131, 133, 164, 178, 181, 195, 196, 197, 198, 199, 201, 213, 221, 229)
 - Discover (002, 49, 64, 67, 87, 96, 97, 102, 108, 109, 111, 113, 123, 129, 160, 162, 168, 180, 194, 195, 200, 207, 209, 225, 228, 234)
 - GIS (67, 105, 181); IBM Job Match (002); Personal Career Directions (140, 165); Kansas Careers (76)
 - C. **Communications:** Appleterm (16); Appleaccess (240)
 - D. **Connecting PC to Main Frame:** PC Tie (165)
 - E. **Data Base Management:**
 - DBase II and III (15, 51, 59, 88, 134, 164, 170, 175, 180, 193, 198, 204, 207, 219)
 - Multimate (46, 58, 63, 128)
 - Lotus 1-2-3, (6, 21, 82, 154, 170, 182, 184, 188, 204, 207, 227, 228, 230)
 - Profile III (105); TIMS (89); D.B. Master (147, 152); Condor (99); Super Base (247)
 - Radio Shack Profile Plus (113); Applequick (58); Epistat (96)
 - F. **Demographics:** Perfect Writer Graphics (56); Ex-Edit Program (22)
 - G. **Educational Planning:** Major-Minor Search (25)
 - H. **Files:**
 - Multimate (63, 64, 234); Perfect Writer Files (56); PC File III (012); PC File II (002, 125);
 - PFS Files (146); Macword File (209)
 - I. **Health:** The Dine System (146); Format II (147)
 - J. **Overhead Transparencies:** Overhead Express (222)
 - K. **Payroll Spreadsheets:** Degi-Calc Program (22)
 - L. **Quality Prints for Brochures, etc.:** Digital Print Package (22)
 - M. **Research & Statistics:**
 - DEC-Mate (40); Multiplus (17, 88, 102, 186, 223); Stat-Pro (152); Systad (184); Searchware (22)
 - N. **Send-Receive Messages:** DEC-Mail (22)
 - O. **Skills Training:** CASS I (129); Basic Skills Software (216)
 - P. **Stress Reduction:** Relax with Games (49, 185); Computerized Stress Test (16)
 - Q. **Testing:** Beck Depression Inventory (016); MMPI Scoring (61, 87, 98, 147, 200, 209); GRE Prep (61, 216)
 - R. **Test Construction:** Test Item Bank (63); Micro-test I and II (234, 240)

S. Test Scoring: Apple Access II (52); Homemade (144); Psychometric (143)

T. Word Processing:

Word Star (815, 21, 38, 39, 76, 89, 121, 170, 185,
186, 191, 203, 204, 205, 207, 236)
Word Perfect (65, 94, 134, 193, 228, 254)
Superscript (97, 195)
Display Writer (97, 133, 231)
Mac Writer (171, 219, 248)
Appleworks (16, 76, 138, 144, 184)
Volkswriter (164, 184)
Applewriter (54, 240)
Scriptset (63, 111, 167)
PC Write (002)
Free Style (204)

HP Word (69)
Memo Maker (69)
Microsoft (59, 133, 162, 181, 183, 219)
Moss II (196)
Radio Shack W8 (113)
Screenwriter (146)
Superwriter (222)
Word Plus (182)
PFJ II (102, 132, 187, 217)
IBM Word Processor (82)
Bank Street Writer (105)

U. General:

Special Program for Counseling Center Scheduling and Demographics
Nathan Anspach, 2807 Stannwood Ave., Jacksonville, FL 32207, (904)-396-6780 (137)
"Print Package" from Digital Concepts, Inc., Box 83455, Pittsburgh, PA 15218 (92)

54. Comments about the benefits of IACS Accreditation

- a. IACS helped by supplying information needed for reports, obtaining some additions to staff and by adding to our status on campus.
- b. No specific advantage but did provide for professional recognition and review.
- c. Helped to strengthen administrative procedures, case conferences, record keeping, funding priorities, pride in staff, etc.
- d. Offer to help with state-wide funding budget crisis.
- e. It keeps us on our toes and evaluation is shared with administration.
- f. The feedback given by site visitors helped staff morale. Also for validating our own perceptions.
- g. Was major factor in our not losing a staff position.
- h. Offers reasonable and objective evaluation of our service for ongoing maintenance and expansion.
- i. None apparent save for satisfaction.
- j. P.R. with administration.
- k. More intangible than tangible, but believe it has been helpful for retaining staff, funding and the like.
- l. Self-study and peer evaluation helpful; also helped get funding for interns; recognition from Dean, V.P., and President.
- m. Allowed us to thwart attempt by psychiatric service on campus to evaluate us in a bid to take us over. We insisted on peer evaluation by a respected accrediting association.
- n. Helped us move from acting to permanent director.
- o. Professional feedback and support. Also additional information to use in requesting administration support for program improvement.
- p. Accountability; in house "political" value; support for other institutional self-study-initiatives.
- q. Helping us to maintain Staff is primary advantage.
- r. Added tremendously to university and community support and recognition - increased budget, staff, etc.
- s. The site visit is extremely useful. Also has helped to enhance our status and reputation on campus.
- t. Support with administration.
- u. Increased our credibility and professionalism.
- v. I question the value of accreditation.
- w. More credibility within the institution.
- x. No practical advantage as we are not open to public.
- y. It has helped us in our arguments for new staff positions which are being decided upon now. Also increased our credibility on campus.
- z. Information supplied by IACS, and written evaluations and recommendations have been useful in supporting my requests for budget increases.
- aa. Has helped in defining ourselves better through self-evaluation.
- bb. Having minimum standards helpful and the formal self-assessment is good for us.
- cc. Politically valuable in obtaining resources.
- dd. Political advantage.
- ee. No advantage.
- ff. Peer review offers useful suggestions; aids credibility; helps V.P. better understand prof. ethics.

- gg. Accreditation an expected academic exercise. The fact that the Center is accredited by IACS is seen as evidence that we are providing the kind of first rate service the university demands.
- hh. Suggestions have been helpful. Confirmation of center activities also a benefit. Has also helped us in dealing with the Vice Chancellor.
- ii. Increased status of C.C. within the university.
- jj. Gives a bit more credibility to service.
- kk. Establishes standards and gives ideas to improve C.C. functioning.
- ll. Credibility increased within university community and with other mental health agencies, interns, clients and other centers.
- mm. Focuses attention on standards and practices. Outside evaluation very helpful.
- nn. Increased credibility with faculty and administration who prior to evaluation process didn't really understand what we do or if we were competent, etc.
- oo. Serves as a national comparison.
- pp. Provides us with additional input for self-evaluation and peer-evaluation.
- qq. Has given us impetus to upgrade several areas and it also has been a morale boost.
- rr. My supervisor is impressed with our seeking accreditation and he has used this in discussion with the health center about our staff competence!
- ss. Being accredited is viewed very positively by university administration.
- tt. Self-evaluation, and field visit report helped improve our image with administration.
- uu. Support, information when needed.
- vv. Leverage, credibility of center within university.
- ww. Helps us with on-campus politics.
- xx. Adds to Center credibility in college community and with clientele.

55. Comments on collective bargaining

- a. Our union ineffectual at best, negative in past because union action kept an incompetent person on staff for about 18 months.
- b. (Some positive, some negative) - helped specific employee/supervisor expectations regarding workload, etc.
- c. Provided continuing appointments for staff with sabbatical leave benefits.
- d. Psychologists with Faculty appointments are unionized and receive more money than non-Faculty psychologists. Creates a morale problem.
- e. We have a "Faculty" bargaining unit. "Old Timers" in C.C. were placed in the unit. Newer people are in a different category. When vacancies occur, counselors enter into positions that are not in the bargaining unit. Service-wise no problem. Administrative-wise - a pain.
- f. Classification became problematic. Communication was, by design, less open.
- g. The job security and raises obtained through collective bargaining help morale.
- h. Salary decline.
- i. As academic staff we have voice, but little weight.
- j. Whenever collective bargaining comes here we will close down the Center.
- k. Results in clock watching behavior/reluctance to work on weekends, vacation periods, etc.
- l. Provides another feedback mechanism.
- m. None to date. But currently pursuing grievance to establish a definition of workload to save myself from 50-60 hour work weeks which we find necessary as the only psychological counselor for a student body of 2,500. I can't take the drain any longer.

56. Sampling of Innovative Staff Development Programs (school numbers follow)

A number of schools brought in speakers from other centers or other programs to take on counseling-related issues. Too many to list here. Also a number listed innovative programs offered for students which were omitted.

- a. College attorney spoke to us on state law concerning confidentiality, "duty to warn", etc. (75)
- b. Foundation support for external review. Also many in-service programs. (129)
- c. Staff visited 2 out of state counseling centers. (208)
- d. Program on team building. (200)
- e. Multi-cultural awareness program. (231)
- f. Monthly colloquiums approved for continuing education credits by Psychology Licensing Board. (193)
- g. Dean provides funds for secretary and interns to attend conferences. (238)
- h. Visits to various centers sites for professional development. (198)

- i. Trained staff in research methods applied to student affairs, in working with sexual assault victims, and in working with campus emergencies. (57)
- j. Programs on how to maintain personal and professional integrity in a hostile environment. (23)
- k. Coordinate all staff development for student services staff. Last year focus was on a management theme, this year on ethics. (133)
- l. Working with the learning disabled. (143)
- m. Film series with discussion as supplement to case consultation meetings. (26)
- n. Presentations on "Date Rape" and "In Search of Excellence."
- o. Seminars on legal issues and short-term therapy. Also total staff involvement in strategic planning. (137)
- p. Myers-Briggs training. (224)
- q. Program on physical and sexual abuse. Social workers, attorneys, social health workers service to staff. (236)
- r. Staff take turns facilitating discussion on relevant topics. (139)
- s. Use of SASSHA tapes with staff. (232)
- t. Extensive training of staff in various departments of the university. (68)
- u. Public television tapes on appropriate topics (incest, obesity, multiple personalities, etc.) used for staff discussions. (71)
- v. Expert provided 4 lectures to staff on time-limited psychotherapy. (192)
- w. Suicide workshop. (142)
- x. Developmental theory review for staff based on New Direction series. (123)
- y. Seminars in art therapy. (59)
- z. Consulting psychiatrist gives weekly talks on dynamic theory. (179)
- aa. Special in-service programs on treatment of borderline personalities by local psychiatrist. (39)
- bb. Cokazzini presentations on group therapy vis-a-vis individual counseling. (117)
- cc. Many activities, retreats, special consultants, sponsored a state counseling center meeting, etc. (05)
- dd. A variety of in-service training programs on topics such as "Choices", psychology and the environment, referral procedures, eating disorders, genetic counseling, stress management for families of patients who have had a psychotic breakdown, "Counseling in Japan", etc., etc. (90)

ALPHABETIZED LISTING OF PARTICIPANTS
(Directory Number Follows Name)

Aanstad, J. (253)	Coonce, J. (123)	Hadley, V. (142)	May, R. (225)
Allbritten, W. (102)	Copeland, P. (257)	Hammond, R. (168)	McBrien, R. (135)
Allen, R. (215)	Corazzini, J. (231)	Hanek, M. (112)	McCalla-Wriggins, B. (064)
Anderson, D. (085)	Corirossi, D. (043)	Hansche, J. (162)	McGuinness, T. (060)
Anderson, J. (069)	Cousins, T. (150)	Harris, A. (049)	McIntosh, B. (140)
Andrews, P. (149)	Cowgell, V. (057)	Harman, R. (174)	McQuade, M. (131)
Anton, W. (217)	Crawford, A. (204)	Hart, J. (016)	McMullin, J. (130)
Archer, J. (180)	Crego, C. (021)	Haslaw, M. (077)	Michaud, J. (220)
Atkins, S. (005)	Crews, D. (084)	Hatton, J. (023)	Mond, M. (189)
Aubuchon, J. (119)	Dachowski, M. (089)	Hayward, H. (083)	Montgomery, D. (055)
Austin, B. (234)	Danchise, R. (010)	Heikkinen, C. (226)	Morante, E. (104)
Bailey, F. (062)	Davidshofer, C. (039)	Heitzmann, D. (117)	Morris, W. (148)
Bakewell, A. (024)	DePalma, D. (059)	Helmick, D. (030)	Murphy, P. (113)
Balkner, B. (122)	DePauw, M. (134)	Henjnon, J. (091)	Nance, D. (248)
Ball, W. (046)	DeSalvo, F. (167)	Henley, B. (032)	Nash, R. (218)
Barclay, R. (051)	Dobson, N. (101)	Hensley, S. (093)	Narum, G. (108)
Barker, A. (011)	Donn, P. (009)	Hester, C. (214)	Nayman, R. (006)
Barnabei, F. (247)	Dowling, S. (045)	Hicks, M. (241)	Nelson, W. (251)
Bayne, R. (129)	Drum, D. (219)	Hocking, T. (228)	Newton, F. (076)
Becker, C. (207)	Duling, J. (105)	Hoffman, W. (227)	Oakland, R. (008)
Benner, H. (013)	Durley, G. (033)	Horikawa, H. (154)	Oakley, S. (245)
Bertsch, D. (029)	Easton, R. (237)	Huebner, L. (132)	O'Brien, C. (244)
Bingham, R. (095)	Edmiston, A. (081)	Huff, V. (166)	O'Connell, J. (099)
Bishop, J. (178)	Ehrenworth, J. (141)	Hughes, M. (136)	Oliver, L. (197)
Bliss, D. (238)	Emmerling, D. (110)	Hula, H. (235)	Opprieht, N. (037)
Broedel, J. (221)	Engebretson, D. (250)	Jackson, V. (071)	Osborne, G. (182)
Brown, S. (109)	Erskine, C. (041)	Jansen, R. (224)	Papalia, A. (146)
Brown, T. (164)	Everhare, D. (206)	Jefferson, L. (233)	Paxton, W. (048)
Brucker, A. (193)	Foreman, M. (175)	Jenkins, G. (240)	Perkins, R. (003)
Brunson, B. (133)	Fornal, S. (153)	Johnson, M. (127)	Philip, A. (040)
Buckles, N. (073)	Forsleff, L. (246)	Jones, J. (198)	Phillips, L. (259)
Byers, S. (031)	Foster, D. (210)	Jorgensen, G. (086)	Piorkowski, G. (126)
Calliotte, J. (114)	Free, J. (118)	Josefowitz, N. (065)	Podolnick, E. (151)
Cannici, J. (158)	Freeman, S. (191)	June, L. (097)	Pollard, J. (042)
Carek, R. (012)	Froiland, D. (138)	Kanter, H. (194)	Pruett, H. (170)
Carney, C. (111)	Gale, D. (147)	Kiracofe, N. (015)	Pustell, T. (124)
Carr, R. (201)	Gallagher, R. (211)	Kravas, G. (236)	Rabin, L. (026)
Carroll, H. (192)	Garni, K. (152)	Lacher, M. (230)	Raskin, R. (116)
Carruth, J. (242)	Garrison, R. (223)	Letchworth, G. (252)	Reagin, D. (261)
Cartwright, N. (256)	Geller, M. (120)	Lichtenberg, J. (186)	Reister, B. (088)
Carver, D. (196)	Gelwick, B. (205)	Lindbloom, L. (025)	Richardson, T. (092)
Centi, P. (139)	Gillingham, W. (115)	Loxley, J. (185)	Ritchie, J. (243)
Chafey, R. (002)	Gordhamer, R. (157)	Mack, J. (171)	Robb, H. (082)
Chambers, J. (038)	Gordon, M. (054)	Macmillan, R. (047)	Roberts, R. (058)
Chandler, D. (128)	Grant, C. (188)	Magoon, T. (190)	Ryneerson, R. (078)
Cimboic, P. (028)	Grant, R. (255)	Mahon, E. (035)	Salter, L. (107)
Classon, R. (187)	Groccia, J. (249)	Maierle, P. (072)	Sander, M. (007)
Clementson-Mohr, J. (121)	Groves, F. (020)	Maloy, C. (160)	Sanders, B. (050)
Collins, B. (067)	Grosz, D. (176)	Marcus, S. (070)	Schemmel, D. (199)
Cook, T. (232)	Gustafson, P. (019)	Martin, G. (106)	Schoenberg, M. (094)

Schowengerdt, G. (200)
Schreiner, F. (080)
Scott, J. (156)
Sell, J. (144)
Sellers, J. (027)
Sewell, J. (098)
Sharry, A. (053)
Shea, J. (087)
Sheridan, M. (066)
Sherman, R. (260)
Shirran, A. (169)
Shoff, S. (254)
Sieveking, N. (229)
Silker, G. (100)
Silverman, J. (173)
Singer, S. (022)

Slager, J. (096)
Slavin, J. (161)
Slimak, D. (163)
Smith, A. (181)
Sobbo, K. (103)
Southwick, R. (239)
Stachowiak, T. (159)
Stadter, M. (004)
Stallworth, C. (001)
Starishevsky, R. (068)
Steel, C. (125)
Steinberg, R. (090)
Stone, G. (184)
Story, N. (208)
Strandburg, W. (177)
Stremba, R. (212)

Swank, D. (018)
Swanson, D. (216)
Terrell, D. (155)
Terrell, T. (143)
Toth, M. (036)
Tracy, D. (044)
Treppa, J. (183)
Tryon, G. (056)
Utz, P. (209)
Vanderwell, A. (165)
Vinson, M. (034)
Vollmer, B. (179)
Waggoner, P. (213)
Wales, E. (195)
Wall, K. (137)
Warman, R. (074)

Weis, C. (172)
Weldon, F. (202)
Wierson, P. (063)
Wiley, M. (075)
Wilkinson, W. (258)
Williams, J. (222)
Williams, V. (203)
Winn, L. (052)
Winship, B. (061)
Winters, J. (014)
Wrenn, S. (145)
Yamada, K. (017)
Zimmerman, D. (079)

Late Entries

Weissberg, M. (263)
Whitney, J. (262)

COUNSELING CENTER DIRECTORY

- | | | |
|--|---|--|
| <p>001. C.D. Stallworth, Jr.
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