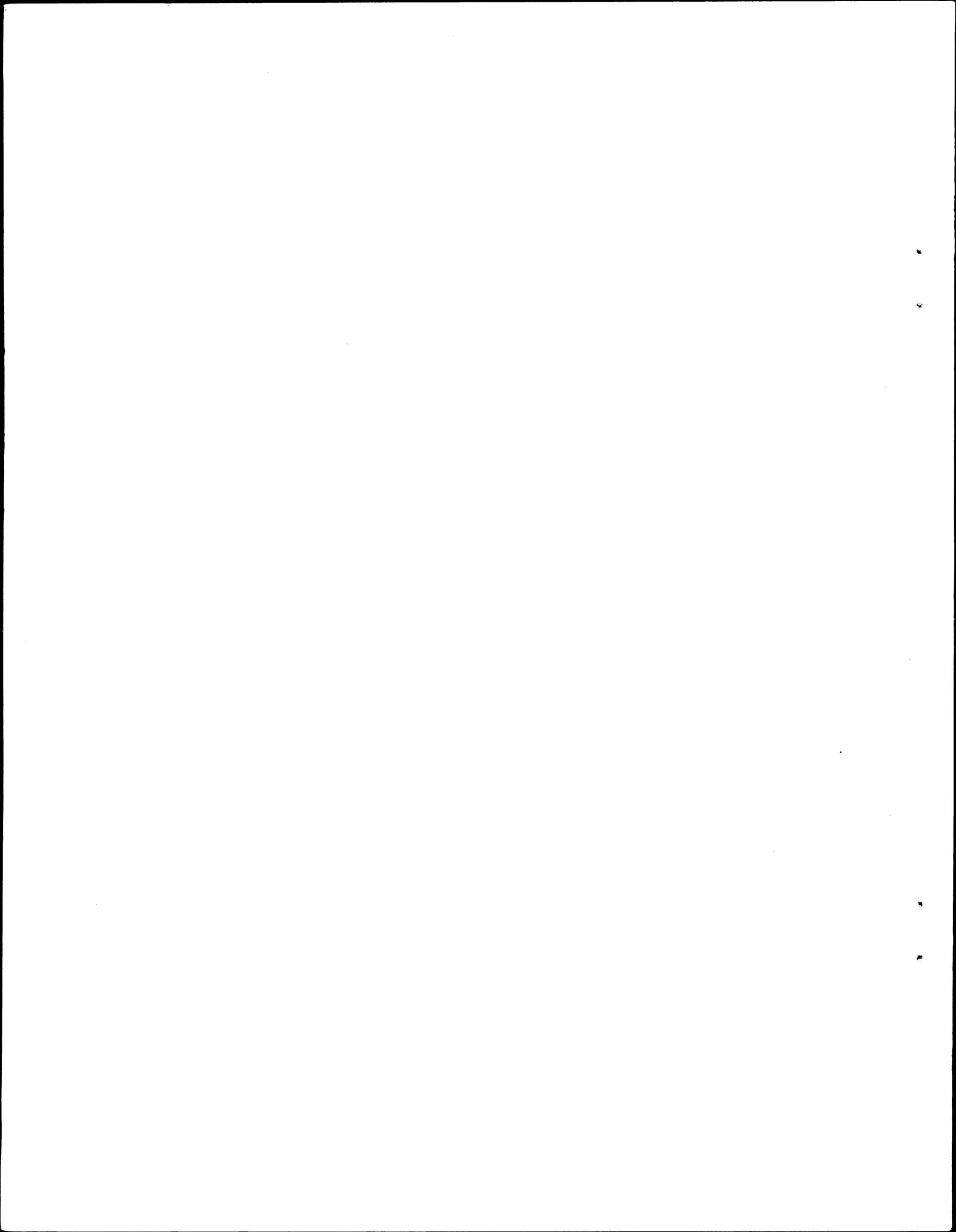


COUNSELING CENTER SURVEY
AND DIRECTORY
1986





University of Pittsburgh

DIVISION OF STUDENT AFFAIRS
Counseling and Student Development Center

October 9, 1986

Dear Colleague:

The report on the survey of Counseling Center Directors by the Urban Counseling Center Task Force is enclosed. It follows the usual format except the computer did not spit out the large/small counseling center comparisons on time. I may get this working later, so drop me a note if you would like this breakdown.

Last year I tried billing all of you \$4.00 to cover the printing costs, but everyones billing system is different and it was more of a hassle than it was worth. Your only payment this year will be to send, if you have one, a humorous story on the back of the evaluation sheet.

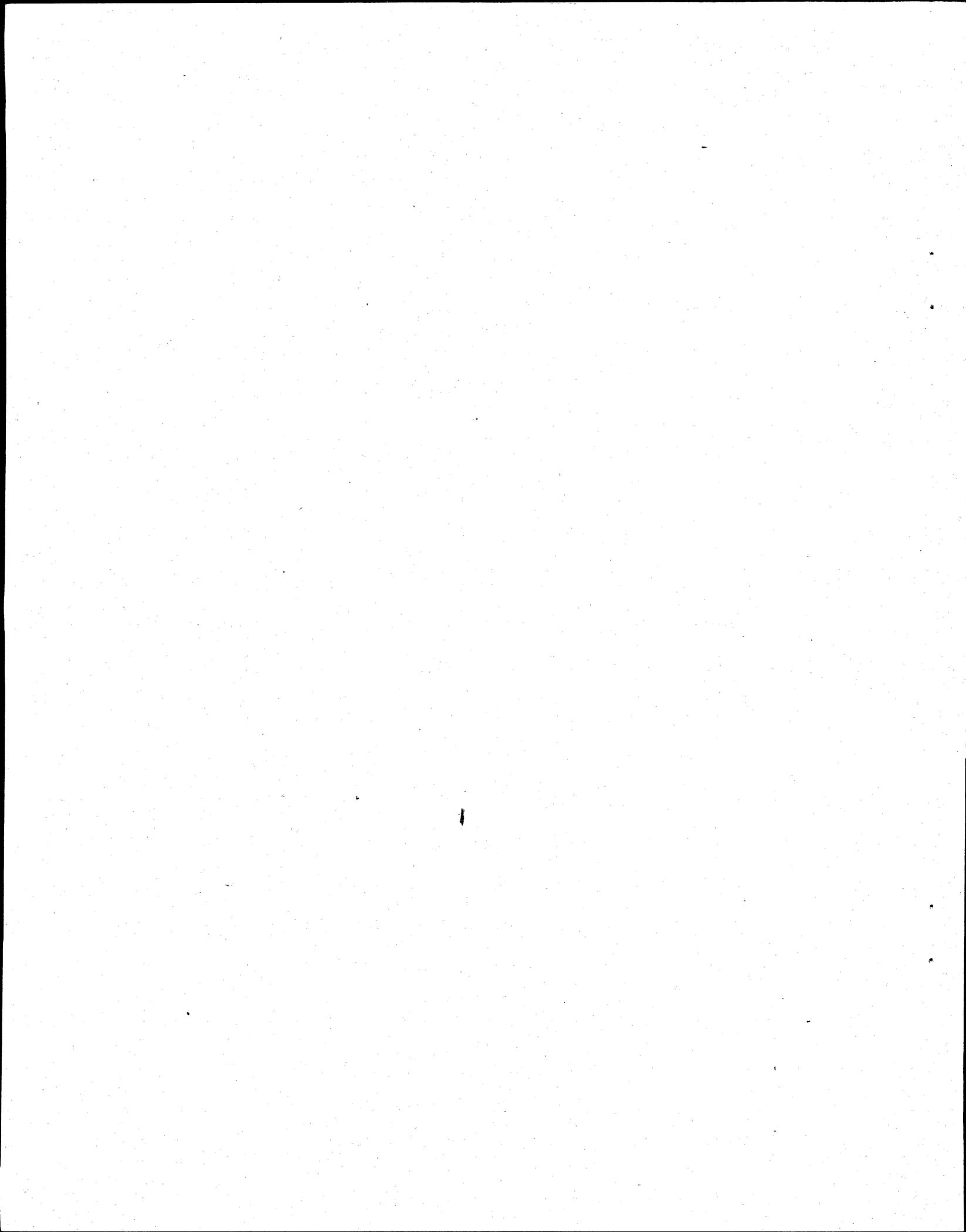
Sincerely,

A handwritten signature in cursive script, appearing to read "Bob".

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

RPG/bjs

Enclosure



Please cut here to
return here to

Evaluation

1986 Counseling Center Survey

Please rate the following as to their value to you:

	Very Desirable			Not at all Desirable	
1. The Survey Highlights	5	4	3	2	1
2. The Summary Data	5	4	3	2	1
3. The Counseling Center Directory	5	4	3	2	1
4. Comments:					

5. Suggestions for future Surveys:

Please respond on the reverse side if you have a humorous story.

Return Evaluation form to:

Robert P. Gallagher
University of Pittsburgh
334 William Pitt Union
Pittsburgh, PA 15260



University of Pittsburgh

OFFICE OF STUDENT AFFAIRS
Counseling and Student Development Center

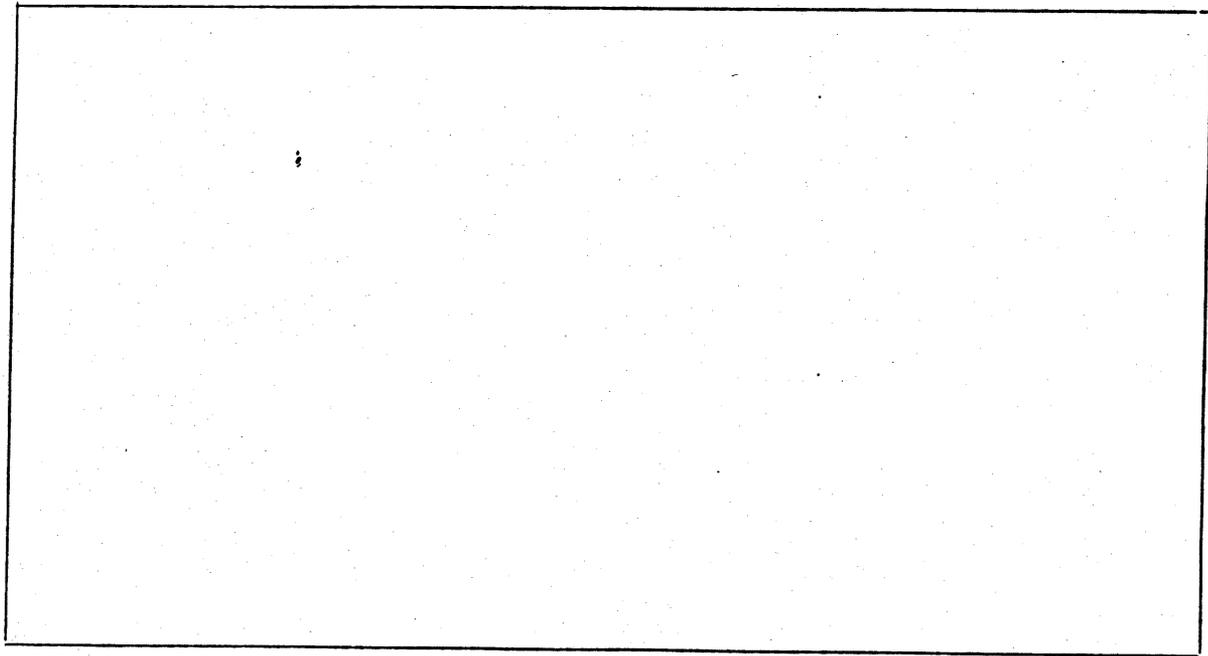
Dear Colleague:

I would like to put together a collection of stories from counselors and other student personnel workers for our mutual enjoyment. If something has happened to you, or a colleague, that gave you a good belly laugh, or if you have a good "Murphy's Law" story, a humbling or inspirational experience, or perhaps just your favorite joke, would you send it to me on this or another sheet.

Please let me know whether you would like to be quoted, or have the story reported anonymously. Also if necessary, please disguise your story adequately so that if published it could not possibly cause embarrassment to anyone.

Thanks for humoring me.

Bob Gallagher



Please return to: Robert P. Gallagher, University of Pittsburgh,
334 William Pitt Union, Pittsburgh, PA 15260

334 WILLIAM PITT UNION, PITTSBURGH, PA. 15260

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URBAN/NON-URBAN COUNSELING CENTER
SURVEY HIGHLIGHTS, 1986
N=213

Considering only the combined urban, non-urban data it was noted that:

- Only 2% of centers charge students for counseling but an increasing number charge faculty (7%), alumni (11%), or community clients (16%). Annual income from such fees range from \$200 to \$100,000. (Item 1)
- 13% charge a fee for consulting services and earn anywhere from \$100 to \$25,000 annually. Examples are provided. (Items 2 & 49)
- 26% are at least partially covered by a mandatory student fee. About 1/3 of these report the fees cover more than 75% of center budget. (Item 3)
- 48% ran the major testing program on campus and 1/2 use this income to support other counseling services. 23% also charge a fee for testing done as part of normal counseling process. (Items 4 & 5)
- 54% have lost ground in operating budget and 74% in travel budget, but there were about twice as many new positions established as there were positions lost. (Items 6, 7, 8, 9)
- 61% provide counseling to non-affiliated clients. Only 24% of directors are confident that institution would provide legal back-up in these instances if this became necessary. (Item 11)
- 63% report counselors average 1 to 5 after hours emergencies a year. 25% handle 5 to 10 such emergencies, and 12% average more than 10 emergencies. (Item 12)
- 11% of centers give counselors 1/2 day a week or more off for private consulting work, and 29% allow counselors to use their offices for after hours private practice.
- 44% of clients at centers that ask this question report that counseling helped influence their decision to remain in school. (Item 19)
- 42% of centers have an on-line computer; 79% have a personal computer. These figures increase each year. (Item 20)
- In past 10 years 36 centers (17%) report a merger or near merger with the mental health component of the health center. (Item 21)
- 34% reported major crises on their campus. Examples provided. (Items 26 & 51)
- Although still a significant problem, the incidence of new anorexia and bulimia cases seems to be leveling off. Directors are still about twice as optimistic about the outcome of treatment for bulimia as they are for anorexia. (Items 27, 28, 29, 30)

- 59% of centers are seeing more learning disabled students.
- 13% report at least one Aids case on campus. Impact is discussed.
(Items 25 & 52)
- 64% had to hospitalize a student for psychological reasons, 52% had to notify a 3rd party about a potentially suicidal student, and 17% gave Tarasoff type warnings when a 3rd party was at risk. (Item 36, 37, 38)
- 10% of centers were served with subpoenas, and a little more than 1/2 complied. Only 1 suit against a center was noted this year. Typically there are 4 to 6. (Item 39 & 40)
- There were 47 incidents in 29 schools where students sought counseling because of sexual exploitation or harassment by another therapist; 297 students in 138 schools reported such harassment by a faculty member or supervisor, and 277 students in 117 schools reported sexual harassment by another student. (Item 45)
- Directors report new Ph.D's are strongest in their theoretical base, intake skills, knowledge of gender issues, crisis intervention skills, and skill in brief therapeutic approaches. Their skills are weaker in career counseling, consultation, program development, leading a therapy group, psychological assessment, and in conducting research. (Item 47)
- Directors seem to prefer at future conferences workshops on cognitive therapy, developmental theories, legal/ethical issues, working with the faculty, short-term dynamic approaches to therapy and working with suicidal students. Interest is also strong in a number of other areas listed.
(Item 14B)
- 10% of directors confronted a counselor, and 7% an intern because of unethical practices. Two counselors were fired and 3 interns let go.
(Items 41, 42, 43, 44)
- 8% of centers have an APA accredited training program. 82% of these brought in consultants to help prepare for the APA site visit and these centers tended to be more successful in their accreditation attempt than those who did not use a pre-site visit consultant. (Items 33 & 35)
- Items not easily highlighted but worth noting deal with policies on readmittance of suicidal students (Item 22) and the sharing of client information with residence hall staff (Items 23 & 24)

SUMMARY DATA: URBAN vs NON-URBAN

Raw Data Reported Outside Brackets (Adjusted Frequency Inside)

	Urban N=121	Non-Urban N=75	Total N=213*	Comments:
1. Centers that charge a fee for counseling to:				*17 Centers checked neither urban nor non-urban so some discrepancies will be noted in total responses throughout report.
a. students	4 (3%)	1 (1%)	6 (2%)	Annual income ranges from \$200 to \$100,000. 11 Schools earned under \$1,000; 16 between \$15,000 and \$10,000; 6 between \$28,000 and \$100,000 Mean = \$11,000 Median = \$2,000
b. faculty/staff	10 (8%)	4 (5%)	15 (7%)	
c. alumni	19 (16%)	3 (4%)	23 (11%)	
d. community	23 (19%)	4 (13%)	34 (16%)	
2. Centers that charge a fee for consulting services. (See #49 for examples of consultations)	20 (17%)	5 (7%)	27 (13%)	Range = \$100 to \$25,000 Mean = \$5,900 Median = \$1,400
3. Centers supported by a mandatory fee:	40 (33%)	11 (15%)	56 (26%)	33 Centers report fees cover more than 75% of budget. 9 cover between 25% and 75%, and 14 cover less than 25%.
4. Centers that run major testing programs:	52 (41%)	40 (53%)	101 (47%)	45% of these centers use testing incomes to support other services.
5. Fees charges for testing done as part of normal counseling process to:				
a. students	29 (24%)	14 (19%)	48 (23%)	
b. faculty/staff	30 (25%)	14 (19%)	48 (23%)	
c. others	34 (28%)	29 (39%)	70 (33%)	
6. Operating budget apart from salaries or new programs has:				
a. increased beyond inflation	13 (11%)	9 (12%)	23 (11%)	considering C & D responses together, 58% of centers have lost ground in the past year in their operating budgets.
b. increased same as inflation	41 (35%)	19 (26%)	64 (31%)	
c. remained the same	51 (44%)	37 (51%)	97 (47%)	
d. decreased	12 (10%)	8 (11%)	23 (11%)	
7. Travel budgets have:				
a. increased beyond inflation	9 (8%)	6 (8%)	15 (7%)	74% of the centers have lost ground in their travel budgets.
b. Increased same as inflation	26 (22%)	10 (14%)	40 (19%)	
c. remained the same	64 (54%)	45 (62%)	120 (58%)	
d. decreased	19 (16%)	12 (16%)	32 (16%)	
8. Centers that <u>gained</u> staff positions in past year				
a. professional	33 (27%)	18 (24%)	55 (26%)	
b. clerical	11 (9%)	1 (1%)	14 (7%)	
c. grad. assistants or 1/2 time interns	12 (10%)	14 (19%)	29 (14%)	
d. full time interns	7 (6%)	6 (8%)	14 (7%)	For the fourth year in a row counseling centers gained more positions than they lost in every category.
9. Centers that <u>lost</u> staff positions in past year:				
a. professional	16 (13%)	11 (15%)	28 (13%)	
b. clerical	3(2.5%)	7 (9%)	11 (5%)	
c. grad. assistants or 1/2 time interns	11 (9%)	0 (0%)	11 (5%)	
d. full time interns	4 (3%)	4 (5%)	8 (4%)	

	Urban N=121	Non-Urban N=75	Total N=213	Comments:
10. Centers that provide personal counseling to individuals not directly affiliated with the institution	48 (38%)	47 (63%)	129 (61%)	
11. Institutions would assume legal responsibility in the event of suit for non-affiliated client:				
a. yes	18 (23%)	12 (24%)	33 (24%)	Better than 75% of centers that see non-affiliated clients are probably assuming personal responsibility for any legal action against them.
b. no	8 (10%)	7 (14%)	19 (14%)	
c. don't know but will check	17 (22%)	8 (16%)	25 (18%)	
d. don't know, & wish you hadn't asked	36 (45%)	23 (46%)	60 (44%)	
12. Number of after-hour emergencies responded to in a year by average counselor:				
a. 1 - 5	77 (64%)	45 (60%)	134 (63%)	If figures are multiplied by number of staff it represents a significant amount of after hours "activity."
b. 6 - 10	30 (25%)	20 (27%)	53 (25%)	
c. 11 - 15	7 (6%)	2 (3%)	10 (5%)	
d. 16 and over	6 (5%)	8 (11%)	15 (7%)	
13. Centers that typically provide compensatory time for after hours emergency work:	52 (43%)	29 (39%)	83 (39%)	
14. Vacation time accrued by professional staff in first year of employment:				
a. 1 month	48 (40%)	27 (39%)	83 (41%)	A variety of other responses including 9 month appointments, more than a month vacation, so many days accumulated per month of employment, etc.
b. 2 weeks	26 (22%)	11 (11%)	39 (19%)	
c. 1 week	1 (1%)	1 (1%)	2 (1%)	
d. other	44 (37%)	30 (44%)	77 (38%)	
15. Additional compensated days off apart from vacation and holidays:				
a. none	58 (49%)	31 (44%)	93 (46%)	
b. 1 - 5	35 (29%)	16 (23%)	56 (28%)	
c. 6 - 10	14 (12%)	11 (16%)	28 (14%)	
d. 11 - 15	9 (8%)	4 (6%)	13 (6%)	
e. 16 or more	3 (2.5%)	8 (11%)	14 (7%)	
16. Centers that give $\frac{1}{2}$ day a week or more to counselors for private consulting work:	15 (12%)	5 (8%)	24 (11%)	
17. Counselors are permitted to use offices for after hours private practice:	28 (23%)	28 (37%)	62 (29%)	
18. Center is viewed on campus as contributing to the institutions retention efforts:				
a. yes, accurately perceived	53 (45%)	32 (45%)	90 (44%)	
b. yes, but contributions underestimated	57 (48%)	33 (46%)	97 (47%)	
c. yes, but contributions overestimated	1 (1%)	1 (1%)	2 (1%)	
d. no, efforts not recognized	7 (6%)	5 (7%)	16 (8%)	
19. Centers evaluation form asks whether counseling has helped with student's decision to remain in school:	32 (26%)	12 (16%)	49 (23%)	The mean percent of students that report counseling helped them remain in school is 44%.

	Urban N=121	Non-Urban N=75	Total N=213	Comments
20. Centers that have:				on line computer up 2% from last year
a. an on-line computer	51 (42%)	31 (41%)	89 (42%)	personal computer up 11%
b. personal computer	90 (74%)	48 (64%)	152 (71%)	
21. Merger or attempted merger of counseling center and Mental Health component of Health Center in past 10 years:	22 (18%)	10 (13%)	36 (17%)	82% of these were combined under the Counseling Center.
22. A student in residence makes a very serious suicidal attempt, is hospitalized, responds well to medication, and with a supporting letter from the attending psychiatrist wants to return to school and the residence halls the following week. The following reports on school policy and Director's preference (Total data only)				
		School's Policy	Director's Preference	
a. Student would not be allowed to return to classes nor the residence hall that term	3 (2%)	2 (1%)		Counseling Directors are less inclined to abide by outside recommendations than school, and are more in favor of either having the student evaluated by the counseling center, or an impartial review committee.
b. Student could attend classes but would not be allowed to return to the residence hall	1 (0.5%)	2 (1%)		
c. Student would be allowed back to class and to residence hall based on recommendation of psychiatrist	72 (40%)	48 (28%)		
d. A decision on the student's status would be made following an evaluation by a counseling center staff member	52 (29%)	64 (37%)		
e. A committee appointed by a senior administrator would review case and arrive at a decision	20 (11%)	31 (18%)		
Additional Comments:				
a. psychiatric and counseling center evaluation required (7 responses)				
b. CSPO makes final decision after consultation with counseling center. If a student returns must be in therapy (5 responses)				
c. Decisions made on individual basis after consulting all concerned (5 responses)				
d. School has no policy, respond inconsistently (7 responses)				
e. Mental health case conference committee reviews after assessment by disciplinary officer				
f. Committee decision. If student returns, support and monitoring system would be put in place.				
g. CSPO and counseling director make team decision (3 responses)				
h. Policy followed depends on severity of incident and judgment of student's present psychological state				
i. A behavioral contract is negotiated with student before readmittance				
23. A counseling center establishes a crisis management team consisting of one psychologist and a residence life staff member to facilitate referrals in terms of crisis. The two team members meet regularly to discuss the referral process. Is it appropriate for the psychologist to share information with this person about whether the student has continued with therapy, made progress, continued to be depressed, etc.				
a. yes	65 (54%)	38 (51%)	102 (48%)	Almost an even split of opinion on this. Most who respond yes also indicate they would seek client's permission.
b. no	56 (46%)	37 (49%)	111 (52%)	

24.	A residence hall director refers a student to you who is very depressed, and you have some concerns about suicidal potential. The RH director calls and asks how the student is doing and if there is anything he/she can do to help. Is it appropriate for you to say that you are concerned about the student and that it might not be a bad idea for one of the resident assistants to keep an eye on the student for a few days?				
a.	yes	97 (80%)	59 (82%)	172 (81%)	While most directors responded yes, there was considerable difference in how this would be done and whether students permission would be sought. Some felt student should not be allowed to remain in residence if there was this concern.
b.	no	24 (20%)	16 (18%)	41 (19%)	
25.	Centers that have a written policy for handling psychological crises:	40 (33%)	28 (37%)	76 (36%)	
26.	Centers that have had a major crisis on campus that required intervention by center staff	43 (36%)	25 (33%)	73 (34%)	See Item #51 for further discussion
27.	In terms of anorexia counselors are seeing:				
a.	more	17 (16%)	6 (8%)	23 (12%)	The seeing "more" figure was 20% last year and 40% in 1984, suggesting a leveling off of anorexia.
b.	about the same	78 (70%)	48 (66%)	135 (69%)	
c.	less	15 (14%)	19 (26%)	38 (19%)	
28.	In terms of bulimia counselors are seeing:				
a.	more	39 (34%)	31 (41%)	74 (37%)	The seeing "more" figure was 48% last year and 67% in 1984. Another significant drop off in new cases of bulimia.
b.	about the same	62 (54%)	38 (51%)	107 (53%)	
c.	less	13 (11%)	6 (8%)	22 (11%)	
29.	In terms of anorexia Directors are feeling:				
a.	more optimistic about the outcome of treatment	19 (17%)	18 (25%)	40 (21%)	
b.	more pessimistic about the outcome of treatment	12 (11%)	20 (28%)	38 (20%)	
c.	uncertain as to likely outcome	79 (72%)	34 (47%)	115 (59%)	
30.	In terms of bulimia Directors are feeling				
a.	more optimistic about outcome of treatment	45 (40%)	38 (51%)	91 (45%)	
b.	more pessimistic about outcome of treatment	10 (9%)	12 (16%)	23 (11%)	
c.	uncertain as to likely outcome	59 (52%)	24 (32%)	87 (43%)	
31.	Centers that are encountering more students with learning disabilities	70 (58%)	47 (63%)	126 (59%)	
32.	Institutions where at least one student has developed AIDS in past year:	21 (17%)	6 (8%)	28 (13)	See item #52 for comments.
33.	Centers that have an APA approved internship program	13 (11%)	3 (4%)	17 (8%)	
34.	Accredited Centers that brought in a consultant to help prepare for the APA site visit:	11 (84%)	3 (4)	14 (82%)	
35.	If pre-site consultant was used was center accredited as a result of first APA site visit:				
a.	Yes, fully	6 (55%)	2 (67%)	8 (57%)	3 Centers did not use pre-site visitor, 2 were provisionally approved, 1 was not approved.
b.	Yes, provisionally	4 (36%)	0	4 (29%)	
c.	no	1 (9%)	1 (33%)	2 (14%)	

	Urban N=121	Non-Urban N=75	Total N=213	Comments
36. Centers that have had to hospitalize a student for psychological reasons during the year.	75 (62%)	52 (69%)	137 (64%)	These schools averaged about 4 to 5 hospitalizations a year.
37. In addition to hospitalized students, how many centers had to notify a third party about a potentially suicidal student?	62 (51%)	42 (54%)	111 (52%)	These schools averaged about 3 warnings a year.
38. Centers that had to give warning to a third party about a student who posed a danger to another person	23 (19%)	12 (16%)	37 (17%)	34 gave 1 or 2 warnings, 2 centers gave 3 and 1 center gave 4.
39. Centers where records or counselors have been subpoenaed in past year:	14 (12%)	6 (8%)	21 (10%)	13 centers complied with subpoenae

Examples of Subpoenaes

Complied

Did not Comply

- a. divorce custody case
- b. Yes, but had little to send since we keep no process notes
- c. counselor testified as to the psychological trauma of client who had been battered by boyfriend--client lost the case
- d. workers compensation case
- e. clients were plaintiffs in suit
- f. California law requires "routine" response to requests for all student records
- g. Child abuse action against client
- h. Ex-client died after receiving medical care from a hospital.
- i. Subpoenaes ignored--attorney told a court order would be necessary. A court order followed and a deposition was given.

- a. several fishing expeditions by attorneys attempting to question emotional stability of accident victim, malingering, and child custody case.
- b. person doing subpoenae had not been declared executor of deceased client's estate, so did not comply
- c. subpoenae not served correctly
- d. did an administrative evaluation for dean of students office on student facing a battery charge--his attorney wanted to use me as a defense witness--case never came to court
- e. Ex-client withdrew her subpoenae for her own records after we discussed implications with her attorney and her by phone (it involved background for a contested divorce)
- f. subpoenae ignored, not a court order

40. Suits against center in past year:	1	0	1	A drop this year. Previously 4 to 6 a year.
--	---	---	---	---

Nature of suit

A paranoid schizophrenic was asked to leave housing but was evaluated by counseling center to see if he posed a danger to others. He then sued for depriving him of his rights to an education. Hearing was held and the suit dismissed.

41. Directors who have had to confront a counselor about unethical practices in past year:	14 (12%)	3 (4%)	21 (10%)
42. Directors who have had to confront an intern about unethical practices in past year:	5 (4%)	3 (4%)	14 (7%)
43. Directors who have fired a counselor because of unethical practices in past year:	2 (2%)	0 (0%)	2 (1%)

	Urban N=121	Non-Urban N=75	Total N=213	Comments
44. Directors who have fired an intern because of unethical practices in the past year	1 (0.8%)	1 (1%)	3 (1.5%)	
45. Centers where students have sought help because of sexual exploitation or harassment in the past year by:				
a. another therapist	22 (18%)	4 (6%)	29 (14%)	29 institutions report 47 different incidents
b. a faculty member or supervisor	77 (64%)	48 (64%)	138 (65%)	297 different incidents
c. another student	65 (54%)	47 (63%)	117 (55%)	377 different incidents
46. Centers where counselors have had to give testimony in past year when a charge of sexual harassment has been brought against:				
a. another therapist	2 (2%)	0 (0)	3 (1.5%)	
b. a faculty member or supervisor	1 (0.8%)	2 (3%)	3 (1.5%)	
c. another student	1 (0.8%)	1 (1%)	2 (1%)	
47. Directors assessment of the strengths and weaknesses of newly hired Ph.D.'s				
	Strengths	Weaknesses	Not applicable to setting	
a. assessment skills	42%	22%	36%	
b. solid theoretical base	57%	10%	34%	
c. skill in leading therapy group	38%	23%	40%	
d. skill in leading a theme centered group	51%	9%	39%	
e. ability to carry a long-term case to completion	50%	11%	39%	
f. skill in brief therapeutic approaches	51%	14%	35%	
g. consultation skills	41%	25%	34%	
h. crisis intervention skills	53%	11%	35%	
i. supervisory skills	40%	19%	41%	
j. research skills	31%	22%	47%	
k. skill in conducting an intake interview	58%	4%	38%	
l. skill in bringing a case to termination	49%	16%	35%	
m. skill in assessing effectiveness of therapy	42%	19%	39%	
n. career counseling skills	30%	26%	44%	
o. program development skills	36%	24%	40%	
p. case presentation skills	47%	14%	39%	
q. report writing skills	35%	19%	46%	
r. competence in dealing with gender issues	56%	6%	38%	
s. skills in counseling minority students	37%	22%	41%	

Some directors also wish that new Ph.D.'s had more political tact with faculty, etc., more computer skills, and more knowledge about developmental programming and working with learning disabled students.

48. Directors preference for programs that might be offered at future Directors conferences. Percentages only reported.

- a. new views on cognitive therapy 58%
- b. impact of new developmental theories on counseling 57%
- c. a case study approach to legal/ethical issues 55%
- d. working more effectively with the faculty 53%
- e. short-term psychodynamic approaches 53%
- f. suicide and the college student 48%
- g. strategies for broadening the support base on campus 47%
- h. review of new group therapy approaches 47%
- i. upgrading of clinical supervisory skills 46%
- j. improving your staff evaluation skills 44%
- k. brainstorming ways of bringing new money into your center 44%
- l. dealing with difficult employees 44%
- m. new approaches to crisis intervention 43%
- n. improving managerial skills 43%
- o. new views on behavioral therapy 42%
- p. new views on eating disorders 36%
- q. update on issues of gender in counseling 32%
- r. psychopharmacology 30%
- s. running a training program for interns 30%
- t. establishing a professional support group for directors 29%
- u. centers that survived threats to their existence (case studies) 27%
- v. creative approaches to time management 26%
- w. establishing an employee assistance program 23%
- x. where do I go now with my career 23%
- y. how to find part-time consulting work 21%
- z. assertiveness training for "feeling type" managers 19%
- aa. a sharing and caring group for directors 17%
- bb. traditional psychodynamic therapy in a college setting 16%
- cc. using typology for staff development 15%
- dd. public speaking for the reticent director 11%
- ee. parliamentary procedure skills 6%

49. Consultation examples. Enclosed numbers identify schools.

- a. consultations with outside agencies or businesses (166) (171) (126) (145) (114)
- b. community clients (208)
- c. University departments and community groups
- d. University departments, special workshops (29)
- e. workshops for personnel office (42)
- f. campus police (183)
- g. business firms (54)
- h. non student career counseling, business personnel selections (158)
- i. test development for state agencies (145)
- j. client companies generated through contract education (104)
- k. University departments, data analysis and research services for community clients (199)

50. Novel ways of supplementing travel budgets. Enclosed numbers identify schools.
- a. saved money in other budget categories (16)
 - b. Helped in recruiting for student services division. This allowed 3 staff members to go to ACPA conference. (85)
 - c. sharing expenses with other departments (78)
 - d. Providing career services for a federally funded displaced homemakers program. Most income supplements staff salaries. Some used to support travel. (176)
 - e. Travel together; take shorter trips, supplement with unused money from other areas. (194)
 - f. Attend conferences close to home. (124)
 - g. Provide programs and workshops for travel support. (166)
 - h. Utilized some money from the testing program. (77)
 - i. Use money earned from providing workshops in the community. (153)
 - j. Supplement travel with money earned from counseling and testing. (51)
 - k. Save considerable amount of money by not making long distance calls. (25)
 - l. Request additional funds from GSPO, and apply for faculty development grants. (203)
 - m. Counselor donates money through university foundation to the center. Takes a tax break and then uses it for travel. (Number purposefully omitted)
 - n. Workshops for Personnel Department. (42)
 - o. Trust fund (16)
 - p. Staff who have academic appointments draw funds from departments. (81) (108)
 - q. Fees from speaking engagements. (107)
 - r. Administer Miller Analogies Test. Income supports travel. (156)
 - s. Money earned through orientation programs. (118)
 - t. Offer workshops for local professionals. (106)
 - u. An endowment provides us with \$1,000 a year.
 - v. Purchase air tickets abroad. (8)
 - w. Subsidy from another unit's budget. (133)
 - x. attend conferences only when topics are relevant to our institution. (57)
 - y. Research grants (134)
 - z. (1) Created a professional counselor foundation, (2) started a career counseling institution for community. (145)
 - aa. Occasionally get donations which are placed in Foundation Account. (34)
 - bb. Cut program budget when not allowed inflation increase and use for staff development. Then request more money for programs.
 - cc. Special requests to V.P. for Student Affairs. (12)

51. Major Crises and Intervention from item 25.

- | <u>Crises</u> | <u>Intervention</u> |
|---|---|
| <p>a. 15 suicides reported. Several quite dramatic and disturbing to other students, such as a leap from a residence hall in full view of many people, and use of a large gun at dinner hour right outside the dining hall.</p> | <p>a. Counseling Centers typically intervened by providing support groups in the residence halls, talking with close friends, counseling with roommates, or parents, etc.</p> |
| <p>b. A number of deaths (15) either unexplained, accidental, or unusual, e.g., death of bulimic student by aspiration of food, accidental death in elevator, drowning of a crew member, accidental death by another student, student falling off a roof of residence hall while drunk, several students killed in bus accident, death of popular football player, etc.</p> | <p>b. Counselors intervened in a variety of ways. Grief counseling in dorms, fraternity and sorority support groups, parent counseling, articles on grief in student newspaper, talk to athletes, letter to parents of other athletes about grief reactions, etc.</p> |

51. Major Crises and Interventions cont'd

- | <u>Crises</u> | <u>Intervention</u> |
|---|--|
| c. Nuclear accident nearby. | c. Provided supportive counseling for those involved. |
| d. 6 reported homicides. One campus had a dramatic double murder, another a series of murders on campus that had everyone upset. | d. Counseling involved in all cases. Grief counseling. Support groups. Work to reduce panic on campus. |
| e. 3 fires, apartment complex residence halls. | e. Support provided at scene. Counseling offered. Presentation on post-traumatic stress syndrome. |
| f. 6 rapes or attempted rapes. One woman in residence was stabbed and raped by a male student. One campus had series of rapes, much anxiety among students. | f. Counseling of victim. Talks on preventions to take. Visit to victim in hospital and follow-up support groups. |
| g. Student accused of date rape and dismissed from college polarizing groups of supporters for each party in a highly charged way. | g. One counselor worked with victim. Two other counselors did group work with other involved parties. |
| h. Airplane accident. Several deaths. | h. Paired a staff member with each affected family member. |
| i. Building explosion. Several students killed. Could have been much worse. It occurred between classes. | i. Extensive follow up with friends and family of victims, supportive counseling provided. |
| j. Gang fight and small riot. | j. Consulted |
| k. Student's wife murdered her two preschoolers and mutilated them with a butcher knife. | k. Debriefed the investigative officers, counseled the paternal grandparents, held meetings with neighbors, and counseled the husband. |
| l. Fetus found in garbage pail in residence hall. | l. Consulted with number of upset students and residence staff. |
| m. NCAA investigation. | m. crisis intervention. |
| n. Handicapped student scalded in shower. | n. Helped resolve situation. |
| o. Woman (upset) walked naked through residence halls. | o. made contact with relatives. Assisted student to withdraw from school. |

52. Comments concerning AIDS victims on campus.

- a. Gay students very upset. Formed a committee with staff members from counseling center and health center aimed at education and prevention.
- b. Have a student with AIDS but not commonly known. (5 schools)
- c. No impact on campus. Student working on doctoral dissertation. Seldom on campus.
- d. Two students diagnosed with AIDS. Some initial concern but issue died quickly.
- e. Led to creation of written policy and an education program.
- f. Handled very quietly.
- g. Not given a big play on campus. Kept at rumor level. Have an AIDS task force. Interest low.
- h. A few cases - kept very quiet.
- i. Student Counseling Center client. No publicity. (2 schools)
- j. We are in San Francisco. Some cafeteria workers upset and we have done workshops. Primary problems have been helping AIDS students deal with group loss, etc.
- k. Three have died. Center has run group for victims.
- l. Have AIDS cases but no problem. We have a great education program.
- m. Working on policy paper. Groups for gays and the "worried well" are being considered.
- n. Institution pretty frightened of it but has calmed down some. Medical community here is uptight.
- o. Some general anxiety on campus. Starting on AIDS task force. (3 schools)

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