

**NATIONAL SURVEY OF
COUNSELING CENTER DIRECTORS**

1990



University of Pittsburgh

UNIVERSITY COUNSELING AND STUDENT DEVELOPMENT CENTER
Division of Student Affairs

October 8, 1990

Dear Colleague

The report on the Annual Survey of Counseling Center Directors is enclosed. The usual format is followed:

1. Survey highlights
2. Summary of data broken down by urban and non-urban, and large and small institutions
3. A directory alphabetized by director and by institution. The directory listings are coded by number and those numbers are referred to on several items in the survey in case you want to follow-up on this data.

I hope you find the survey data helpful and encourage you to return the enclosed evaluation form and to suggest other questions you would like to have addressed in future surveys.

Sincerely,

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

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

RPG/rmr

enclosure

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Urban/Non-Urban Counseling Center
Survey Highlights, 1990
N=254

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

- Only 3.5% of the responding centers reported charging student for counseling. In 1989 this percentage was 6.4%. These centers bring in anywhere from \$5,000 to \$46,000. A higher percentage charge faculty (6.3%) and alumni (9.1%) (Item 1)
- 70 centers (27.6%) gained at least one additional professional position last year, while 34 centers lost a position. Gains outnumbered losses for clerical and internship positions as well. This is the eighth year in a row that gains outnumbered losses (Items 6 and 7)
- 92% of centers are now computerized. Software examples are provided (Item 14)
- 114 centers (44.2%) have staff that serve on crisis intervention teams with staff from other departments. This creates confidentiality concerns for some centers, but most feel that this is a manageable problem (Items 12 and 13)
- 129 centers (50.8%) are involved in student retention projects. Examples are given (Item 14)
- 81.9% of the centers hospitalized an average of 3 students for psychological reasons (one school hospitalized 40 students). 58.7% of centers had to notify a third party about a suicidal student, and 20.5% gave warnings to a third party about potentially dangerous students (Items 15, 16, and 17)
- 60 centers had records subpoenaed in the past year (up 5% since 1989) and in 15 of these instances counselors had to appear in court (up 8%). Four centers had suits filed against them (6 were filed in 1989) (Items 18 to 23)
- Discussing the topic of sexual attraction toward a client continues to be a taboo topic for most counselors but directors report some slight gains in this area in recent years (Items 24, 25 and 26)
- About 30% of centers have had to report past or present abuse of others toward their clients. About 23% reported a client who had abused or was abusing a child. Only 6.3% of directors, however, would report it against clients wishes if the client had been abused as a child (Items 27 and 28)

- Some states have talked about passing a law making counselors mandated reporters if a client informs them that they have had sex with a previous therapist. Directors are divided on whether or not they favor such a law. 43.7% would comply if such a law was passed in their state (Items 29 and 30)
- 13 centers had to discipline a counselor or intern for unethical practices. Examples are provided (Item 34) Ethical/legal issues faced in past year are also listed
- Eating disorders are still common on campuses but the evidence suggests that the problem is leveling off (Items 35 and 36)
- Most centers have access to psychiatric consultants that are provided or paid for by the school. 39.4% however refer to community psychiatrists and students pay the fee (Item 40)
- 63.4% of centers have no primary theoretical orientation; 16% are psychodynamic and 14% cognitive-behavioral (item 41)
- 45% of center directors contract with staff on how they spend their time. A full counseling case load, on average, is 25 clients per week. These hours are modified, however, based on other activities counselor assumes (Items 48 - 50)
- 98 centers have someone on the staff designated as coordinator of clinical services. Directors in 73 of these centers believe that these coordinators would like to have an organizational structure similar to AUCCCD
- Centers report the following problems: waiting lists (40%), increase in severity of student problems (74%), difficulty filling groups (54%), increased reports by clients of earlier child abuse (67)%, pressure to do more about D & A problems on campus (53%), need to find referral services for students who require long term help (61%), difficulty in finding minority candidates for open positions (43%), anxiety about legal issues (32%), other problems are listed (Item 58)
- 92% of schools provide special programing for minority students. Almost half of these programs are offered through the Office of Student Affairs; 5% are offered through counseling centers (Item 59-60)
- 44% of centers offer free personal counseling to individual students not directly related to the institution. Most of these (61.6%) do not know whether their institution would back them in the event of a suit by one of these clients (Item 66)
- Average salaries of new hires provided (Item 66)

SUMMARY DATA: URBAN VS NON-URBAN; LARGE VS SMALL

Raw Data Reported Outside Brackets (Adjusted Frequency Inside)

	URBAN N = 141	NON-URBAN N = 113	LARGE N = 121	SMALL N = 133	TOTAL N = 254	COMMENTS
1. Centers that charge a fee for counseling to:						Range of income generated
a. students	7 (5.0%)	2 (1.8%)	8 (6.6%)	1 (0.8%)	9 (3.5%)	\$5,000 - \$46,000
b. faculty/staff	13 (9.2%)	3 (2.7%)	11 (9.1%)	5 (3.8%)	16 (6.3%)	\$600 - \$70,000
c. alumni	20 (14.2%)	3 (2.7%)	11 (9.1%)	12 (9.0%)	23 (9.1%)	\$200 - \$29,300
2. Centers that charge a fee for the following on-campus services:						
a. structured groups	6 (4.3%)	3 (2.7%)	9 (7.4%)	0 (0.0%)	9 (3.5%)	\$150 - \$24,000
b. interest tests	39 (27.7%)	23 (20.4%)	37 (30.6%)	25 (18.8%)	62 (24.4%)	\$100 - \$20,000
c. personality tests	26 (18.4%)	12 (10.6%)	24 (19.8%)	14 (10.5%)	38 (15.0%)	\$40 - \$20,000
d. campus wide testing	13 (9.2%)	10 (8.8%)	17 (14.0%)	6 (4.5%)	23 (9.1%)	\$40 - \$82,500
e. workshops	6 (4.3%)	3 (2.7%)	5 (4.1%)	4 (3.0%)	9 (3.5%)	\$700 - \$3,000
f. departmental consulting	7 (5.0%)	1 (0.9%)	5 (4.1%)	3 (2.3%)	8 (3.1%)	\$300 - \$5,000
g. psychological assessment	9 (6.4%)	11 (9.7%)	15 (12.4%)	5 (3.8%)	20 (7.9%)	\$50 - \$4,300
Other on-campus services with a fee: testing campus police applicants, biofeedback lab, testing of prospective students, teaching in academic departments with salaries going into counseling center budget, consultation to summer school programs, optical scanning and scoring fees, D&A counseling for athletes, alumni charge for use of SIGI-PLUS.						
3. Centers that charge for the following community services:						
a. personal counseling	17 (12.1%)	7 (6.2%)	8 (6.6%)	16 (12.0%)	24 (9.4%)	\$45 - \$500
b. career counseling	30 (21.3%)	9 (8.0%)	18 (14.9%)	21 (15.8%)	39 (15.4%)	\$45 - \$29,300
c. psychological assessment	17 (12.1%)	8 (7.1%)	11 (9.1%)	14 (10.5%)	25 (9.8%)	\$15 - \$5,343
d. consulting	11 (7.8%)	5 (4.4%)	7 (5.8%)	9 (6.8%)	16 (6.3%)	\$500 (one response)
e. workshops	13 (9.2%)	8 (7.1%)	7 (5.8%)	14 (10.5%)	21 (8.3%)	\$200 - \$12,500
f. structured groups	7 (5.0%)	4 (3.5%)	4 (3.3%)	7 (5.3%)	11 (4.3%)	
g. EAP programs	2 (1.4%)	1 (0.9%)	2 (1.7%)	1 (0.8%)	3 (1.2%)	
4. Centers supported by a mandatory fee	45 (31.9%)	19 (16.8%)	43 (35.5%)	21 (15.8%)	64 (25.2%)	58% of these centers have more than 75% of their budget covered by the mandatory fee
5. Centers that are under pressure to become more self-supporting	22 (15.6%)	10 (8.8%)	19 (15.7%)	13 (9.8%)	32 (12.6%)	
6. Centers that have gained a staff person in the past year:						
a. professional	40 (28.4%)	30 (26.5%)	35 (28.9%)	35 (26.3%)	70 (27.6%)	
b. clerical	18 (12.8%)	10 (8.8%)	18 (14.9%)	10 (7.5%)	28 (11.0%)	
c. grad. asst. or 1/2 time intern	17 (12.1%)	19 (16.8%)	18 (14.9%)	18 (13.5%)	36 (14.2%)	
d. intern (full time)	4 (2.8%)	6 (5.3%)	9 (7.4%)	1 (0.8%)	10 (3.9%)	For the past 8 years, centers have gained more positions than lost in every category
7. Centers that have lost a staff person in the past year:						
a. professional	19 (13.5%)	15 (13.3%)	19 (15.7%)	15 (11.3%)	34 (13.4%)	
b. clerical	6 (4.3%)	4 (3.5%)	4 (3.3%)	6 (4.5%)	10 (3.9%)	
c. grad. asst. or 1/2 time intern	5 (3.5%)	3 (2.7%)	2 (1.7%)	6 (4.5%)	8 (3.1%)	
d. intern (full time)	1 (0.7%)	1 (0.9%)	1 (0.8%)	1 (0.8%)	2 (0.8%)	

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
8. Schools which have received a FIPSE grant:						
a. yes, through c.c.	13 (9.2%)	22 (19.5%)	14 (11.6%)	21 (15.8%)	35 (13.8%)	
b. yes, through health center	7 (5.0%)	7 (6.2%)	12 (9.9%)	2 (1.5%)	14 (5.5%)	
c. yes, through other office	33 (23.4%)	20 (17.7%)	33 (27.3%)	20 (15.0%)	53 (20.9%)	
d. no	79 (56.0%)	58 (51.3%)	55 (45.5%)	82 (61.7%)	137(53.9%)	

9. Schools supported by external grants other than FIPSE:	13 (9.2%)	16 (14.2%)	21 (17.4%)	8 (6.0%)	29 (11.4%)	
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Examples of programs supported by external funding: (no. of center receiving grant is in brackets - see directory)

- a) Alcohol and drug prevention programs and education (077, 056, 061, 160, 088, 219, 104)
- b) AIDS education and counseling (056, 109)
- c) Tele-tapes newly funded by university foundation grant (200)
- d) CAPS/Robeson Cultural Center Self-help Resource Center - funded by PSU minority opportunity fund (111)
- e) CNL Transition Project - funded by State Council of Higher Education (032)
- f) Minority Leadership Development Program - funded by University Presidents' Discretionary funds (131)
- g) Sexual abuse/assault treatment and crisis programs (140, 242, 108)
- h) Career planning (108, 101)
- i) Peer advisors (121)

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
10. Centers that have money budgeted to bring in outside consultants	72 (51.1%)	58 (51.3%)	66 (54.5%)	64 (48.1%)	130(51.2%)	
11. Centers that utilize computers	132(93.6%)	101(89.4%)	117(96.7%)	116(87.2%)	233(91.7%)	

Examples of utilization of computers: Monthly reports and anonymous client demographic data (071); scheduling, billing, and attendance records (146, 014, 187, 088, 206); scoring the MMPI (170, 117, 205, 188); artificial intelligence software (023); interactive videodisc program called Future Focus, and other excellent products for drug/alcohol and AIDS prevention have been produced by a Vancouver firm (136); developed own clinical service data bank (111, 211, 160, 226); Graphic Arts for flyers (006); Therapeutic Learning Program (145); biofeedback (148); developed own MMPI-2 scoring (205); EUREKA - a career skills test that complements the Strong-Campbell (066); CASSI - a study skills package (046), Overhead Express (overhead slides), TORNADO (personal information management), and NEWSMASTER for various tasks (212); AK Career Info System and GIS for career counseling (165); DSM-III Diagnosis and AIM (156); Frontdesk - for scheduling counseling appointments (021); Myers-Briggs and Strong software (050); Microstat - data on intake information and evaluation (178); FileMakerII for data processing and client records (037).

12. Centers where staff serves on crisis intervention team with other departments	60 (42.6%)	54 (47.8%)	48 (39.7%)	66 (49.6%)	114(44.9%)	
13. If yes to #12, centers that have confidentiality problems because of this	17 (28.3%)	15 (27.8%)	11 (22.9%)	21 (31.8%)	32 (28.1%)	

Examples of how confidentiality issue was handled:

- a) Parameters clearly discussed prior to implementation.
- b) Suicide, potential harm to others, child abuse and homicide are excluded from customary confidential protections.
- c) Center serves as ethical conscience of crisis team.
- d) "Death Response Team" does not deal with confidential material.
- e) The problem is not at the time of the crisis, but later when the client is no longer in immediate danger to self or others. We obtain the requisite releases to continue appropriate sharing of information.
- f) Crisis intervention is not considered a counseling relationship, but psychological "first aid". Confidentiality enters in when "after care" counseling occurs.

- g) In the student's rights and responsibilities form, which students sign to receive services, there is a built-in release for communication between the Mental Health Clinic and the Counseling Center.
- h) Emphasize the team nature of intervention; publicize confidentiality of team intervention and clarify need to know; staff training in ethics.
- i) Director serves in an administrative/consultative role. She would not also be involved in or reveal content of individual client sessions.
- j) Case by case. Usually involves educating non-counseling staff or faculty about requirements of confidentiality.
- k) Person handling crisis is usually not primary therapist.

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
14. Centers that are involved in projects aimed at student retention	77 (54.6%)	52 (46.0%)	66 (54.5%)	63 (47.4%)	129(50.8%)	

Examples of student retention projects:

- a) Workshops and special programs for students on probation (166, 077, 118, 143, 123, 016, 186, 025)
- b) Provide courses/seminars/orientation to help freshmen adjust to college (044, 055, 253, 231, 120, 103, 047, 218, 136, 199, 096, 051, 055, 073, 089, 208, 070, 030, 007, 119, 159, 083, 054, 110, 140, 009, 175)
- c) Hold personal growth/self-esteem/wellness seminars (254, 052, 148)
- d) Examine enrollment/retention data via computerized statistical analyses (248, 032, 143)
- e) Have programs to retain minority students (245, 237, 032, 006, 078, 057, 112, 111, 109, 213, 040, 036, 211, 232, 004, 046, 094, 105, 108)
- f) Offer programs on study skills/tutoring for undergraduates (173, 092, 170, 207, 139, 223, 112, 209, 087, 132)
- g) Offer supportive services for incoming freshmen with below average SAT's (056)
- h) Have special services and programs for students with special needs - commuters, nontraditional, international, minority, handicapped and exchange students (001, 113, 126, 146, 192, 019)
- i) Conducted major survey of student perceptions and attitudes to help us understand why students leave or stay (201)
- j) Have early-alert system by housing personnel and/or faculty for discipline or academic reasons (045, 054)
- k) Use "Warmline" - telephoning undecided students to welcome them to the university and assist them with any issues (176)
- l) Unlimited individual counseling for athletes and minorities (111)
- m) Serve as mentors for high risk students; meet on regular basis to assess progress (008, 069, 038, 014)
- n) Director serves on university retention committee; focus on developing specific strategies (012, 234)
- o) Have parent-student support program; intensive counseling with parent and student; negotiate contract (185)
- p) Have academic review committee/team (205)
- q) Offer academic support groups for students being given a final chance at the institution (219)
- r) Peer support service (181, 157)
- s) Special counseling services provided to students experiencing academic difficulty (174)
- t) Drug abuse programming (189)
- u) Track and follow up on students who withdraw during semester or fail to enroll for subsequent semester (204)

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
15. Centers that hospitalized a student for psychological reasons during the past year	116(82.3%)	92 (81.4%)	101(83.5%)	107(80.5%)	208(81.9%)	\bar{X} hospitalizations - 3. 27 schools hospitalized between 10 and 40 students.
16. Centers that had to notify a third party about a potentially suicidal student	87 (61.7%)	62 (54.9%)	73 (60.3%)	76 (57.1%)	149(58.7%)	Most centers gave 2 or 3 notifications. 8 ctrs. gave between 10 and 20 notifications.
17. Centers that had to give warning to a third party about a student who posed danger to another person	34 (24.1%)	18 (15.9%)	27 (22.3%)	25 (18.8%)	52 (20.5%)	Most schools gave out 1 or 2 warnings. One school gave 6.
18. Centers where records or counselors have been subpoenaed in past year	38 (27.0%)	22 (19.5%)	43 (35.5%)	17 (12.8%)	60 (23.6%)	up 5% from last year
19. If subpoenaed, centers that complied	31 (81.6%)	18 (81.8%)	35 (81.4%)	14 (82.5%)	49 (81.7%)	
20. If subpoenaed, records were used:						
a. in support of a claim by the client	25 (65.8%)	17 (77.3%)	33 (76.7%)	9 (52.9%)	40 (66.7%)	
b. against the client	6 (15.8%)	8 (36.4%)	12 (27.9%)	10 (58.8%)	20 (33.3%)	
21. If subpoenaed, centers where counselors found it necessary to appear in court	7 (18.4%)	8 (36.4%)	13 (30.2%)	2 (11.8%)	15 (25.0)	up 8% from last year

Examples of subpoenas: Records were subpoenaed for court cases involving divorce, child custody, child abuse, attempted homicide, student assault, wife abuse, car accidents, workman's compensation, security clearance, campus drug dealing by client, involuntary commitment, Tarassof type warning, and suit against school (not counseling center) for causing mental distress.

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
23. Centers that had suits filed against them in past year	2 (1.4%)	1 (1.8%)	2 (1.7%)	2 (1.5%)	4 (1.6%)	

Nature of suits:

- A suit is pending against our consulting psychiatrist for prescribing wrong medication to an obsessive/compulsive student. Student lauds the work of the center. User complaint is against psychiatrist.
- Psychological damage of client
- Wrongful death; suit brought against center by parents for suicide of client well after termination of counseling
- Anonymity of persons involved in group rape violated by clever defense lawyer tactic; some participants have been deposed, and therapist, as well as director, may be deposed

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
24. Since subject of sexual attraction toward clients has been written about more frequently in the past few years, has this led to more open discussion among staff?						
a. yes, very much so	6 (4.3%)	2 (1.8%)	2 (1.7%)	6 (4.5%)	8 (3.1%)	
b. yes, to some extent	51 (36.2%)	41 (36.3%)	48 (39.7%)	44 (33.1%)	92 (36.2%)	
c. no	84 (59.6%)	70 (61.9%)	71 (58.7%)	83 (62.4%)	154(60.6%)	

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
25. Centers where more counselors are willing to discuss sexual attraction toward a client in:						
a. case conferences	31 (22.0%)	20 (17.7%)	21 (17.4%)	30 (22.6%)	51 (20.1%)	
b. individual supervision	58 (41.1%)	39 (34.5%)	46 (38.0%)	51 (38.3%)	97 (38.2%)	
26. Centers that believe the following to be true:						In 1987, when question was first asked, directors felt that counselors rarely, if ever, talked about attraction to clients. There has been some progress in recent years, but this still seems to be a difficult problem to address.
a. sexual attraction toward a client is still a taboo topic	99 (70.2%)	88 (77.9%)	95 (78.5%)	92 (69.2%)	187(73.6%)	
b. this topic, if addressed, is always discussed in general terms	107(75.9%)	95 (84.1%)	98 (81.0%)	104(78.2%)	202(79.5%)	
c. most counselors, if sexually attracted to a client, rarely discuss this at case conferences or individual supervision	102(72.3%)	95 (84.1%)	95 (78.5%)	102(76.7%)	197(77.6%)	
27. Directors that would report the past child abuse of a client 18 years or older, against the client's wishes:						
a. yes	9 (6.4%)	7 (6.2%)	10 (8.3%)	6 (4.5%)	16 (6.3%)	
b. no	116(82.3%)	96 (85.0%)	98 (81.0%)	114(85.7%)	212(83.5%)	
c. other	16 (11.3%)	10 (8.8%)	13 (10.7%)	13 (9.8%)	26 (10.2%)	
28. Centers in which child abuse was reported because:						
a. a client had been abused in the past	23 (16.3%)	20 (17.7%)	24 (19.8%)	19 (14.3%)	43 (16.9%)	No center reports having gotten into trouble for <u>not</u> reporting child abuse.
b. a client was being abused concurrent with counseling	18 (12.8%)	17 (15.0%)	23 (19.0%)	12 (9.0%)	35 (13.8%)	
c. a client had previously abused a child	10 (7.1%)	7 (6.2%)	12 (9.9%)	5 (3.8%)	17 (6.7%)	
d. a client was abusing a child concurrent with counseling	26 (18.4%)	16 (14.2%)	29 (24.0%)	13 (9.8%)	42 (16.5%)	
29. Directors' opinions on possible law requiring a counselor to inform a state agency if a client reports having had sex with a previous therapist:						
a. opposed - because potential damage to counseling relationship is too great	50 (35.5%)	29 (25.7%)	31 (25.6%)	48 (36.1%)	79 (31.1%)	No center reports that there is a law in their state at present, but such a law is being discussed in several states.
b. in favor - even though it poses risks to counseling relationship, it will serve to clean up the profession	36 (25.5%)	42 (37.2%)	39 (32.2%)	39 (29.3%)	78 (30.7%)	
c. ambivalent	45 (31.9%)	40 (35.4%)	42 (34.7%)	43 (32.3%)	85 (33.5%)	

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
30. Directors who would comply if the above law was passed in their state:						
a. yes	62 (35.5%)	49 (43.4%)	52 (43.0%)	59 (44.4%)	111(43.7%)	The varied opinions of directors on this topic suggests a need for broader discussion.
b. no	40 (28.4%)	24 (21.2%)	33 (27.3%)	31 (23.3%)	64 (25.2%)	
c. other	34 (24.1%)	32 (28.3%)	30 (24.8%)	36 (27.1%)	66 (26.0%)	
31. Campuses with a substantial number of international students	116(82.3%)	55 (48.7%)	101(83.5%)	70 (52.6%)	171(67.3%)	
32. If yes to #31, how these students make use of counseling services:						
a. more than other students	3 (2.6%)	2 (3.6%)	4 (4.0%)	1 (1.4%)	5 (2.9%)	
b. about the same as other students	36 (31.0%)	17 (30.9%)	28 (27.7%)	25 (35.7%)	53 (31.0%)	
c. less than other students	63 (54.3%)	35 (63.6%)	56 (55.4%)	42 (60.0%)	98 (57.3%)	
d. rarely, mostly for extreme emergencies	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
33. Campuses where there is an increase in domestic violence among international students	16 (11.3%)	17 (15.0%)	19 (15.7%)	14 (10.5%)	33 (13.0%)	
34. Directors who had to discipline or terminate a counselor or intern for unethical practices	9 (6.4%)	4 (3.5%)	8 (6.6%)	5 (3.8%)	13 (5.1%)	Down 3% from last year.

Examples of circumstances leading to reprimand or termination of a counselor or intern:

- Counselor borrowed money from center and was inviting clients to their apartment
- Counselor established intimate relationships with clients and graduate students
- Violation of confidentiality
- Sexual harrassment
- Intern offered rides to two current clients of center who also were inpatients at his rotation
- Theft
- Staff member placed self in a potential conflict of interest situation by promoting product to clients in which he had a financial interest
- Intern was threatening students in dorms when they refused to talk with him
- Intern was inappropriate in dealing with conflict with supervisor
- Had to confront two newly "graduated" interns for failing to report that they had received an extra month's pay; error went undetected for 2 1/2 months

Other ethical or legal dilemmas directors were confronted with this past year:

- Senior staff member was decompensating and needed treatment
- Trauma and burnout of leaders of AIDS therapy group - five members died within a year, and another is suicidal
- Denial of services to students whose demand for services exceeds that which we can or want to provide
- A student has threatened to retain a lawyer in order to have a copy of his entire counseling file, replete with progress notes. A written summary was offered to the student, along with a chance to view all contents with the therapist, but release of the entire file has been denied by therapist.

- e) A former client (borderline personality) wrote a letter to the editor of the school paper which included a distorted account of her experiences in the counseling center and a direct attack on the director. Incident blew over and did not seem to have an affect on other students.
- f) A student reported a child abuse case where a relative was involved. Proper authorities were contacted, but child remained in abuse environment. No resolution to problem
- g) Working with students who are children of faculty members. One such student was dealing with abuse issues.
- h) Concern with whether or not to provide counseling to one of our workstudy students. We referred him off-campus
- i) Student told a counselor that they had found a way to access university computers to alter records. We reported to Asst. Chancellor that there was a possibility that the university's system was compromised
- j) Informing or not informing sexual partners of clients who have AIDS but who have continued to have sex without informing their partners of disease
- k) Unqualified health center staff making psychological/psychiatric diagnoses and offering on-going therapy
- l) Impaired staff member permitted to remain on staff by administration until director pushed the issue
- m) Possible breach of confidentiality - therapist divulged to department head that an intern from her department had been a client. Intern did not wish to pursue the issue, and letter of reprimand was written to therapist
- n) Non-licensed, non-certified masters level counselors function independently, without supervision, and represent malpractice liability for the institution
- o) We hospitalized a student who asked that parents not be contacted; parents threatened to sue if student was ever hospitalized again without their knowledge. Informed parents of center's policy, and that student, as an adult, has a right to decide about contacting parents or not
- p) A client requested that a counselor post bail for him. The counselor refused and explored the issue at next session
- q) The possibility of counselors referring clients to their private practices - we created a policy against this practice
- r) What and how to communicate with parents of very suicidal foreign student - language barrier
- s) Unfounded allegation of drug and alcohol abuse among staff. All absolved and accuser dismissed
- t) A staff member was seeing a handicapped client (over 18) who was being raped by her natural father with mother's knowledge. The client could, in my opinion, be considered incompetent to protect own interest/welfare.
- u) Clients reported that the grad psych dept. was running a group therapy practicum with the professor serving as the therapist - seems to be dual relationship.
- v) A clinical psych grad student reported being sexually abused by a professor. The student reported the issue to the dean of students; the professor denied the abuse and remains on staff. Am still in conflict with how the sexual abuse should have been handled.
- w) Trying to determine under what circumstances anorexic clients should be hospitalized involuntarily. We are trying to develop a pretreatment contract.
- x) Giving DSM-III diagnoses to clients so that they may collect from insurance; this results in overdiagnosis.
- y) Athletic department wants to mandate "test-positive" athletes to receive counseling in the counseling center, even though we don't have a trained drug abuse counselor on our staff.
- z) We struggled with child abuse reporting and adopted a "zero-tolerance" policy - we report every time.
- aa) Notification of parents when suicidal student is over 18. We continue to notify parents in all suicide attempts, regardless of age of student.
- ab) After female student was hospitalized twice, she was allowed to retrieve her gun from campus police. No state law forbids mentally unstable people from having a gun even if they relinquish it voluntarily to avoid problems.
- ac) Debate is ongoing regarding reporting of HIV positive clients, especially those in residence halls. No resolution.

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
35. Relative to other years, number of cases of anorexia:						
a. more	7 (5.0%)	15 (13.3%)	9 (7.4%)	13 (9.8%)	22 (8.7%)	
b. about the same	80 (56.7%)	45 (39.8%)	59 (48.8%)	66 (49.6%)	125(49.2%)	
c. a slight decline	36 (25.5%)	36 (31.9%)	35 (28.9%)	37 (27.8%)	72 (28.3%)	
d. a decided decline	11 (7.8%)	8 (7.1%)	10 (8.3%)	9 (6.8%)	19 (7.5%)	The number of centers reporting seeing <u>more</u> anorexia or bulimia cases has shown a general decline over the past 5 years.
36. Relative to other years, number of cases of bulimia:						
a. more	23 (16.3%)	32 (28.3%)	24 (19.8%)	31 (23.3%)	55 (21.7%)	
b. about the same	88 (62.4%)	53 (46.9%)	74 (61.2%)	67 (50.4%)	141(55.5%)	
c. a slight decline	21 (14.9%)	20 (17.7%)	17 (14.0%)	24 (18.0%)	41 (16.1%)	
d. a decided decline	4 (2.8%)	4 (3.5%)	3 (2.5%)	5 (3.8%)	8 (3.1%)	
37. Likelihood of staff probing for earlier sexual abuse if female client presents with long standing emotional problems of undetermined origin	78 (55.3%)	70 (61.9%)	76 (62.8%)	72 (54.1%)	148(58.3%)	
38. Likelihood of staff probing for earlier sexual abuse if male client presents with above symptoms	29 (20.6%)	29 (25.7%)	31 (25.6%)	27 (20.3%)	58 (22.8%)	
39. Centers that have a written policy for involuntary removal of student from residence halls for psychological reasons	55 (39.0%)	67 (59.3%)	54 (44.6%)	68 (51.1%)	122(48.0%)	
40. Centers which utilize psychiatric consultation:						
a. have one or more full time psychiatrist on staff	7 (5.0%)	4 (3.5%)	10 (8.3%)	1 (0.8%)	11 (4.3%)	
b. refer to SHS psychiatrists	31 (22.0%)	17 (15.0%)	40 (33.1%)	8 (6.0%)	48 (18.9%)	
c. contract with psychiatrists in community on "as need" basis and pay their fee	19 (13.5%)	17 (15.0%)	10 (8.3%)	26 (19.5%)	36 (14.2%)	
d. refer to psychiatrists in community and student pays fee	47 (33.3%)	53 (46.9%)	31 (25.6%)	69 (51.9%)	100(39.4%)	
e. part time psychiatrists on staff	26 (18.4%)	12 (10.6%)	20 (16.5%)	18 (13.5%)	38 (15.0%)	
f. other	11 (7.8%)	10 (8.8%)	10 (8.3%)	11 (8.3%)	21 (8.3%)	
41. Centers' primary theoretical orientation:						
a. none	92 (65.2%)	69 (61.1%)	77 (63.6%)	84 (63.2%)	161(63.4%)	
b. psychodynamic	24 (17.0%)	17 (15.0%)	22 (18.2%)	19 (14.3%)	41 (16.1%)	
c. cognitive-behavioral	15 (10.6%)	22 (19.5%)	15 (12.4%)	22 (16.5%)	37 (14.6%)	
d. other	7 (5.0%)	4 (3.5%)	4 (3.3%)	7 (5.3%)	11 (4.3%)	

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
42. Centers with intern training program	79 (56.0%)	43 (38.1%)	69 (57.0%)	53 (39.8%)	122(48.0%)	
43. If yes to #42, is center approved by APA:						
a. yes	27 (34.2%)	12 (27.9%)	34 (49.3%)	5 (9.4%)	39 (32.0%)	
b. no, but working on it	12 (15.2%)	4 (9.3%)	12 (17.4%)	4 (7.5%)	16 (13.1%)	
c. no	45 (57.0%)	34 (79.1%)	32 (46.4%)	47 (88.7%)	79 (64.8%)	
44. Centers with intern training programs, that hoped to recruit an intern from a minority group	69 (87.3%)	31 (72.1%)	68 (98.6%)	32 (60.4%)	100(82.0%)	
45. If yes to #44, those centers that were successful	29 (42.0%)	10 (32.3%)	29 (42.6%)	10 (31.3%)	39 (39.0%)	
46. Centers with practicum students	98 (69.5%)	68 (60.2%)	93 (76.9%)	73 (54.9%)	166(65.4%)	
47. If yes to #46, practicum students permitted to remove tapes from center for outside supervision	50 (51.0%)	39 (57.4%)	45 (48.4%)	44 (60.3%)	89 (53.6%)	
48. Centers that contract with staff on how they will spend their time	69 (48.9%)	46 (40.7%)	69 (57.0%)	46 (34.6%)	115(45.3%)	

49. No. of counseling hours per week considered a full case load for a counselor: Responses range from 15 to 37 hours per week. The median response is 25 hours per week.

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

- a. Serving as training director: Range: 4 - 15 hours per week. Median response: 3 hours per week
- b. Serving as an assistant director: Range: 5 - 20 hours per week. Median response: 5 hours per week
- c. Serving as consultation/outreach coordinator: Range: 2 - 15 hours per week. Median response: 3 hours per week
- d. Coordinating the center's testing program: Range: 4 - 40 hours per week. Median response: 10 hours per week
- e. Leading a group: Range: 2 - 6 hours per group. Median response: 3 hours per week
- f. Administrative activities (casenotes, preparation, etc.): Range: 1 - 20 hours per week. Median response: 4 hours per week

Other listed uses of staff time: program planning, supervision, projects of personal interest, professional development, committee meetings, speaking engagements, teaching, workshops and research (time allotments were not obtained).

51. If student commits suicide:

a. director would inform VP, even if not asked, if student had been a client	65 (46.1%)	56 (49.6%)	51 (42.1%)	70 (52.6%)	121(47.6%)	
b. director would respond affirmatively if asked by VP if student was a client	106(75.2%)	88 (77.9%)	85 (70.2%)	109(82.0%)	194(76.4%)	
c. director would inform VP, if asked, that student had <u>not</u> been a client	111(78.7%)	98 (86.7%)	96 (79.3%)	113(85.0%)	209(82.3%)	
d. director would respond affirmatively to parents if asked if student was a client	88 (62.4%)	73 (64.6%)	77 (63.6%)	84 (63.2%)	161(63.4%)	
e. director would talk to parents about son/daughter's concerns prior to suicide if student had been a client	71 (50.4%)	46 (40.7%)	59 (48.8%)	58 (43.6%)	117(46.1%)	

If a suicide occurred, almost all directors would be willing to meet with parents to help them process the death.

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
52. Director's knowledge of state law regarding the maintenance of confidentiality for a former client who is deceased:						
a. confidentiality is still protected	34 (24.1%)	18 (15.9%)	25 (20.7%)	27 (20.3%)	52 (20.5%)	
b. confidentiality guidelines are much looser	24 (17.0%)	17 (15.0%)	25 (20.7%)	16 (12.0%)	41 (16.1%)	
c. don't know	83 (58.9%)	78 (69.0%)	71 (58.7%)	90 (67.7%)	161(63.4%)	
53. Centers with designated coordinator of clinical services	58 (41.1%)	40 (35.4%)	66 (54.5%)	32 (24.1%)	98 (38.6%)	
54. If yes to #53, directors believe these coordinators would like to have an informal organization similar to AUCCCD.	40 (69.0%)	33 (82.5%)	49 (74.2%)	24 (75.0%)	73 (74.5%)	If anyone on your staff is interested in organizing this group, I have the list of schools.
55. Centers with identified counselor(s) who specialize(s) in working with gay or lesbian students	39 (27.7%)	18 (15.9%)	36 (29.8%)	21 (15.8%)	57 (22.4%)	
56. Centers with special programs for gay and lesbian students	50 (35.5%)	43 (38.1%)	51 (42.1%)	42 (31.6%)	93 (36.6%)	
57. Existence of committee or task force on campus that is charged with addressing the issue of discrimination against sexual minorities	48 (34.0%)	41 (36.3%)	49 (40.5%)	40 (30.1%)	89 (35.0%)	
58. Centers with following concerns:						
a. waiting list problems	54 (38.3%)	47 (41.6%)	62 (51.2%)	39 (29.3%)	101(39.8%)	
b. increase in numbers of students with severe psychological problems	100(70.9%)	88 (77.9%)	99 (81.8%)	89 (66.9%)	188(74.0%)	Up 18% since 1988
c. difficulty filling groups	72 (51.1%)	65 (57.5%)	56 (46.3%)	81 (60.9%)	137(53.9%)	
d. increased bureaucratization	28 (19.9%)	17 (15.0%)	27 (22.3%)	18 (13.5%)	45 (17.7%)	<u>Other concerns:</u>
e. increased paperwork	31 (22.0%)	16 (14.2%)	27 (22.3%)	20 (15.0%)	47 (18.5%)	1. Referral by outside agencies of clients needing long term therapy to center
f. increase in domestic violence cases	31 (22.0%)	26 (23.0%)	31 (25.6%)	26 (19.5%)	57 (22.4%)	2. Meeting the emotional needs of L.D. students
g. decreasing numbers of minority students coming to center	21 (14.9%)	15 (13.3%)	20 (16.5%)	16 (12.0%)	36 (14.2%)	3. Growing demand for services with poor referral options
h. pressure to go to a time-limited model	44 (31.2%)	41 (36.3%)	49 (40.5%)	36 (27.1%)	85 (33.5%)	4. Increase in substance abuse problems
i. increased reports of child abuse experiences	89 (63.1%)	81 (71.7%)	86 (71.1%)	84 (63.2%)	170(66.9%)	5. Inadequate supervisory model for staff
j. emphasis on accountability data for higher level administration	39 (27.7%)	21 (18.6%)	34 (28.1%)	26 (19.5%)	60 (23.6%)	
k. training demands of interns reduce clinical hours	20 (14.2%)	8 (7.1%)	20 (16.5%)	8 (6.0%)	28 (11.0%)	

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
l. pressure to do more about campus drug and alcohol abuse	75 (53.2%)	60 (53.1%)	64 (52.9%)	71 (53.4%)	135(53.1%)	6. Lack of holistic approach to counseling needs due to decentralization
m. need to find better referral sources for students who need long term help	86 (61.0%)	70 (61.9%)	83 (68.6%)	73 (54.9%)	156(61.4%)	
n. incompetent or poorly motivated staff	24 (17.0%)	19 (16.8%)	27 (22.3%)	16 (12.0%)	43 (16.9%)	
o. concern about supervisory skills of staff with interns	13 (9.2%)	7 (6.2%)	15 (12.4%)	5 (3.8%)	20 (7.9%)	7. Lack of contracted psychiatric services
p. difficulty finding minority candidates to fill open positions	54 (38.3%)	55 (48.7%)	58 (47.9%)	51 (38.3%)	109(42.9%)	8. Coping with staff's personal problems
q. knowing what should and should not be included in case notes	30 (21.3%)	26 (23.0%)	24 (19.8%)	32 (24.1%)	56 (22.9%)	
r. anxiety among staff about legal issues	46 (32.6%)	36 (31.9%)	33 (27.3%)	49 (36.8%)	82 (32.3%)	
59. Schools with special programming for minority students	125(88.7%)	109(96.5%)	111(91.7%)	123(92.5%)	234(92.1%)	
60. If yes to #59, the place that this gets done:						
a. through c.c.	9 (7.2%)	3 (2.8%)	5 (4.5%)	7 (5.7%)	12 (5.1%)	
b. through student affairs	58 (46.4%)	47 (43.1%)	44 (39.6%)	61 (49.6%)	105(44.9%)	
c. through office outside of student affairs	19 (15.2%)	19 (17.4%)	14 (12.6%)	24 (19.5%)	38 (16.2%)	
61. Centers which provide personal counseling without fee to individuals not directly related to institution	66 (46.8%)	46 (40.7%)	46 (38.0%)	66 (49.6%)	112(44.1%)	
62. If yes to #61, would institution assume legal responsibility in event of suit by these clients:						
a. yes	24 (36.4%)	17 (37.0%)	22 (47.8%)	19 (28.8%)	41 (36.6%)	
b. no	12 (18.2%)	10 (21.7%)	8 (17.4%)	14 (21.2%)	22 (19.6%)	
c. don't know	42 (63.6%)	27 (58.7%)	27 (58.7%)	42 (63.6%)	69 (61.6%)	
63. Since questions like #61 and #62 were asked in 1986, has center tried to reduce number of non-affiliated clients:						
a. yes	28 (19.9%)	28 (24.8%)	26 (21.5%)	30 (22.6%)	56 (22.0%)	
b. no	18 (12.8%)	10 (8.8%)	16 (13.2%)	12 (9.0%)	28 (11.0%)	
c. didn't see question 4 years ago; now I'm concerned	12 (8.5%)	11 (9.7%)	11 (9.1%)	12 (9.0%)	23 (9.1%)	
d. never a problem	64 (45.4%)	48 (42.5%)	52 (43.0%)	60 (45.1%)	112(44.1%)	

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
64. How do decisions get made on division of travel money:						
a. available money divided equally	52 (36.9%)	60 (53.1%)	41 (33.9%)	71 (53.4%)	112(44.1%)	
b. same as a, but training director gets more	31 (22.0%)	15 (13.3%)	28 (23.1%)	18 (13.5%)	46 (18.1%)	
c. goes only to staff making presentations at conferences	5 (3.5%)	1 (0.9%)	3 (2.5%)	3 (2.3%)	6 (2.4%)	
d. tied to money generated by staff	3 (2.1%)	1 (0.9%)	3 (2.5%)	1 (0.8%)	4 (1.6%)	
e. other	46 (32.6%)	33 (29.2%)	44 (36.4%)	35 (26.3%)	79 (31.1%)	

Creative ways to supplement travel budget:

- a) Have DISCOVER (Career exploration) testing fee, and increase client load.
- b) Staff given release time to teach freshman seminars are given \$500.00 from budget to spend as they like (064)
- c) Have athletic department support one or two trips for workshops a year (205)
- d) Tap campus research fund for trips involving presentations (066)
- e) We will take some of our collective travel budget to bring in external presenters, training, videotapes, etc. It is much more cost efficient than going to conferences, and is team building in nature (219, 227, 008)
- f) Development funds set up for new faculty and staff by the university; 2 staff are fully funded for national presentations this year through these funds (030)
- g) Get someone else to pay, for example, ETS for test scholarships (099)
- h) Student Orientation coordinator collects pre-college orientation fees and sponsors fund-raising activity (001)
- i) Fines for alcohol code violations are added to D&A budget. We USE funds for travel related to D&A issues (063)
- j) Supplement by money made on career fairs each year.
- k) Run additional programs through Continuing Education and use extra funds for travel (157)
- l) Union contracts provide for "Educational Stipend". Monies are negotiated with contracts (139)
- m) Vice President provides "Staff Vitality" funds in the Spring. Can be used for special requests (111)
- n) Give workshops and invite the community for a fee (133)
- o) Have alumni mid-career counseling after hours. Charge \$45/initial assessment and \$30 for subsequent sessions. Money goes to counselors' travel budget (108)

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
65. Centers with major crisis on campus that required center involvement	68 (48.2%)	51 (45.1%)	60 (49.6%)	59 (44.4%)	119(46.9%)	

Examples of crises and centers' role:

- a) Deaths (suicide, AIDS); post mortems and group/individual counseling for those involved (5 schools).
- b) Violent deaths of football team in plane crash, tennis team in car crash, student homicide, etc. Counselors worked in various ways with grief reactions (7 schools).
- c) Vocational testing to help university staff laid off in budget cutback.
- d) Death of Residence Hall Director; Death of President. Grief work with faculty/staff/students (2 schools).

- e) Women's basketball team involved in accident Nov. 1989; 2 killed and 5 injured (3 seriously). Group and team counseling given that week and follow up counseling during rest of year. Each student life professional had a couple of students they kept in contact with.
- f) Race relations - mediation required in residence hall.
- g) Sit-in by black students - counselors assisted in follow up sensitivity training.
- h) Aggravated rape situation - dealt with victim, relative of perpetrator, residence hall and student affairs.
- i) Expanded walk-in hours and post-trauma groups following earthquake and hurricane (3 schools).
- j) Flight 103 bombing - coordinated all counseling and support needs.

66. Average salary of newly hired:

<u>Administrative</u>	<u>Minority Male</u>	<u>Minority Female</u>	<u>Caucasian Male</u>	<u>Caucasian Female</u>	
a. Director	41,961 (n - 1)	54,500 (n - 1)	43,800 (n - 7)	41,800 (n - 8)	
b. Training Director	0	0	50,000 (n - 1)	34,180 (n - 1)	More women directors hired this year, but salaries continue to be lower than for newly hired male directors.
c. Assistant or Associate Director	34,075 (n - 2)	42,000 (n - 1)	44,000 (n - 1)	35,709 (n - 6)	
d. PhD + experience	38,750 (n - 5)	39,002 (n - 4)	32,149 (n - 7)	33,305 (n - 13)	Women fare better this year in other categories, however.
e. New doctorate	32,975 (n - 7)	33,246 (n - 7)	27,198 (n - 10)	29,273 (n - 18)	
f. A. B. D.	0	30,837 (n - 8)	28,159 (n - 8)	27,651 (n - 14)	
g. MA + experience	24,000 (n - 1)	28,420 (n - 5)	28,181 (n - 3)	27,708 (n - 19)	
h. New MA	20,500 (n - 2)	30,500 (n - 2)	25,820 (n - 3)	24,640 (n - 5)	
i. MSW + experience	24,000 (n - 1)	27,500 (n - 2)	28,400 (n - 2)	30,416 (n - 6)	
j. New MSW	0	0	24,000 (n - 2)	0	

Alphabetized Listing of Participants
(Directory Number Follows Name)

Allbrittey, B. (099)	Bucell, M. (049)	Dore, P. (121)	Hammond, B. (225)
Alecksan, D. (231)	Butchko, R. (032)	Douce, L. (260)	Hanek, M. (108)
Anderson, D. (098)	Cannici, J. (158)	Doyle, J. (085)	Harman, R. (168)
Anton, W. (202)	Carek, R. (012)	Drum, D. (206)	Harris, H. (097)
Archer, J. (169)	Carney, C. (079)	Easton, R. (226)	Hattauer, E. (144)
Arroyo, S. (031)	Carroll, H. (181)	Ehrenworth, J. (137)	Hatton, J. (024)
AuBuchon, J. (113)	Chafey, R. (236)	Ellis, K. (134)	Hansche, J. (162)
Azar, J. (120)	Chandler, D. (123)	Erskine, C. (038)	Heikkmen, C. (216)
Baker, T. (090)	Chandler, S. (261)	Evans, J. (004)	Heitzmann, D. (111)
Backner, B. (118)	Chezik, D. (124)	Everhart, D. (191)	Hensley, S. (089)
Bakewell, A. (025)	Clack, J. (211)	Feist, J. (037)	Hersh, J. (180)
Ball, W. (044)	Clark, A. (253)	Fornal, S. (154)	Hocking, T. (218)
Barcclay, R. (047)	Clinton, L. (045)	Fredrick, J. (104)	Holmes, J. (213)
Barker, A. (010)	Closs, C. (015)	Free, J. (244)	Hopkins, W. (252)
Barry, J. (050)	Coffman, J. (247)	Freeman, S. (179)	Horikawa, H. (155)
Bayne, R. (126)	Collins, M. (114)	Fygetakis, L. (237)	Hoyt, A. (017)
Beck, E. (112)	Cook, T. (222)	Gale, D. (143)	Irvine, J. (251)
Bertsch, D. (029)	Copeland, P. (132)	Gallagher, R. (197)	Jacks, R. (234)
Bingham, R. (092)	Cooper, S. (219)	Garni, K. (153)	Jansen, R. (214)
Birky, I. (082)	Corazzini, J. (221)	Geller, M. (116)	John, K. (059)
Birmingham, D. (245)	Comer, P. (232)	Gellert, J. (135)	Johnson, M. (122)
Blackburn, L. (030)	Cousins, J. (147)	Glore, S. (230)	Johnston, P. (172)
Blankenship, J. (002)	Covington, J. (096)	Godenne, G. (076)	Jones, A. (013)
Blevens, J. (008)	Craig, D. (086)	Goldschmidt, P. (240)	Jones, J. (185)
Bloom, L. (051)	Crego, C. (023)	Gordhamer, R. (157)	Jones, L. (130)
Bolland, H. (033)	Cunningham, J. (255)	Gordon, M. (075)	Jones, W. (063)
Brent, S. (229)	Curoe, B. (084)	Graham, D. (256)	Kanishige, E. (175)
Brian, T. (208)	Danchise, R. (009)	Granosky, E. (267)	Kaplan-Reiss, P. (054)
Brom, G. (055)	Davidshofer, C. (257)	Grant, C. (177)	Karner, U. (228)
Brown, S. (249)	Davis, D. (165)	Grieger, I. (073)	Keare, J. (190)
Brown, T. (248)	Deakin, S. (061)	Grosz, R. (194)	King, B. (203)
Brown-DePass, M. (150)	DePalma, D. (062)	Hadley, V. (139)	Kiracofe, N. (233)
Browning, B. (021)	Donaldson, S. (243)	Hageseth, J. (215)	Kirts, D. (080)
Brucker, A. (182)	Donn, P. (007)	Hamilton-Obaid, B. (250)	Kissinger, R. (142)

Alphabetized Listing of Participants - Page 2

Knott, G. (200)	Nerels, L. (128)	Schubert, M. (223)	Stone, G. (173)
Kranz, P. (048)	Newton, F. (077)	Schemmel, D. (264)	Stremba, B. (199)
Krieger, M. (006)	Nickeson, S. (204)	Schodde, S. (041)	Stubb, M. (241)
Lewis, J. (174)	Oakland, R. (005)	Schreiner, F. (081)	Summers, L. (239)
Lindbloom, L. (026)	O'Hare, M. (042)	Schweber, J. (192)	Swenson, D. (034)
Lockwood, A. (201)	Oling, J. (103)	Scott, J. (156)	Terezakis, M. (028)
Maloy, C. (160)	Overton, T. (195)	Seals, T. (171)	Thomas, S. (115)
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