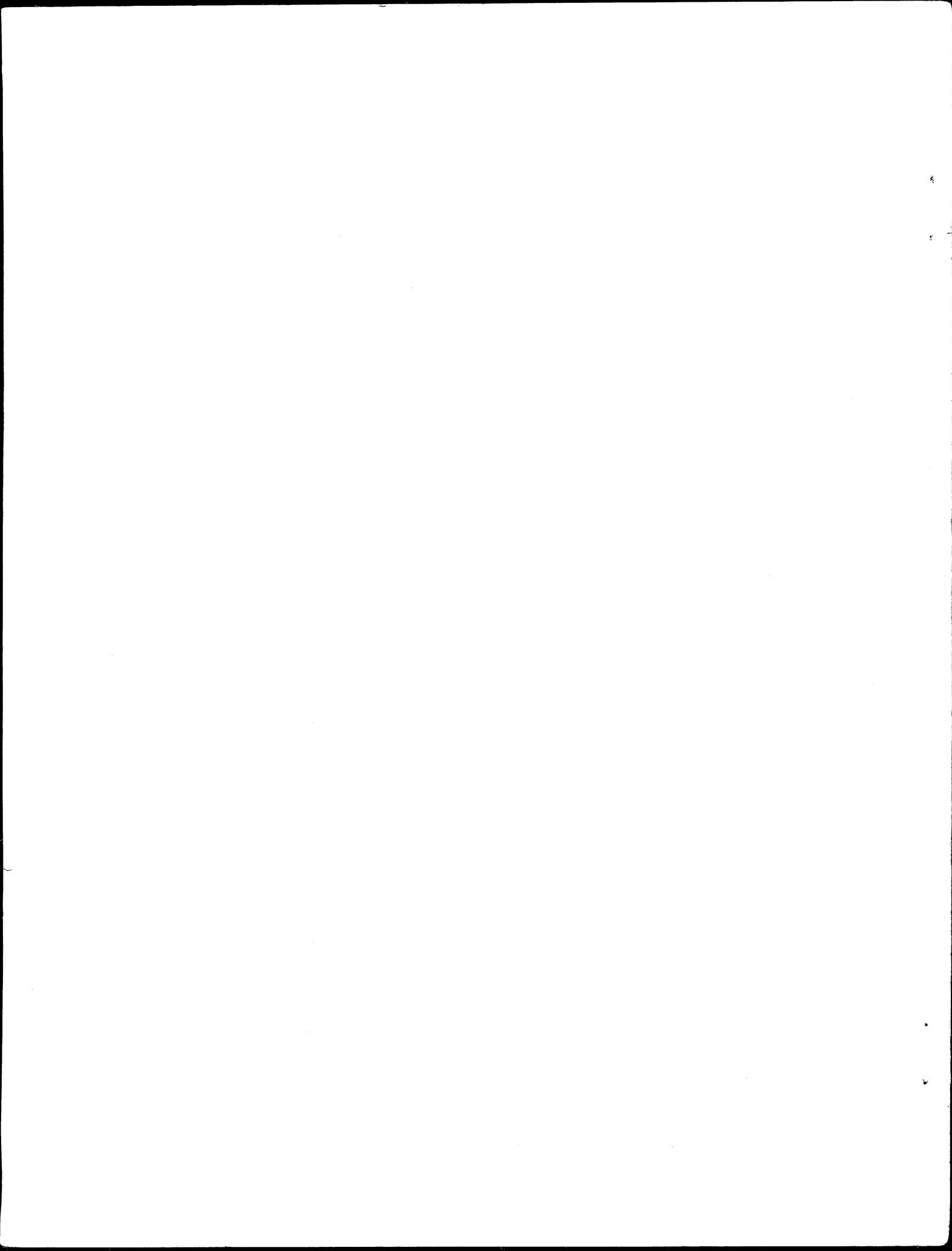


NATIONAL SURVEY OF
COUNSELING CENTER DIRECTORS

1991





University of Pittsburgh

UNIVERSITY COUNSELING AND STUDENT DEVELOPMENT CENTER
Division of Student Affairs

October 15, 1991

Dear Colleague:

The report on the Annual Survey of Counseling Center Directors is attached. 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 with the identified institutions.

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", written in dark ink.

Robert P. Gallagher, Director
University Counseling and Student
Development

RPG/rmr

enclosure

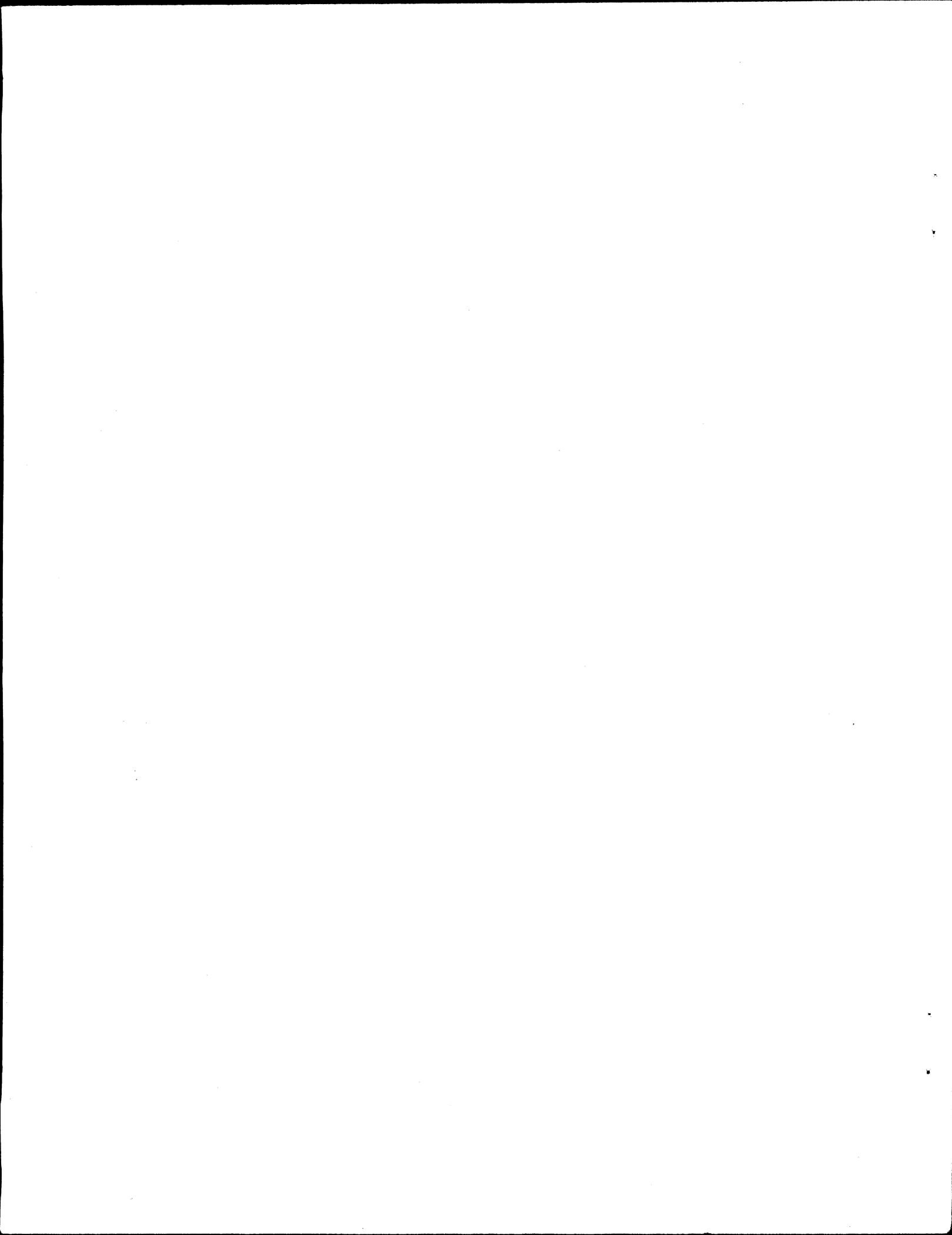


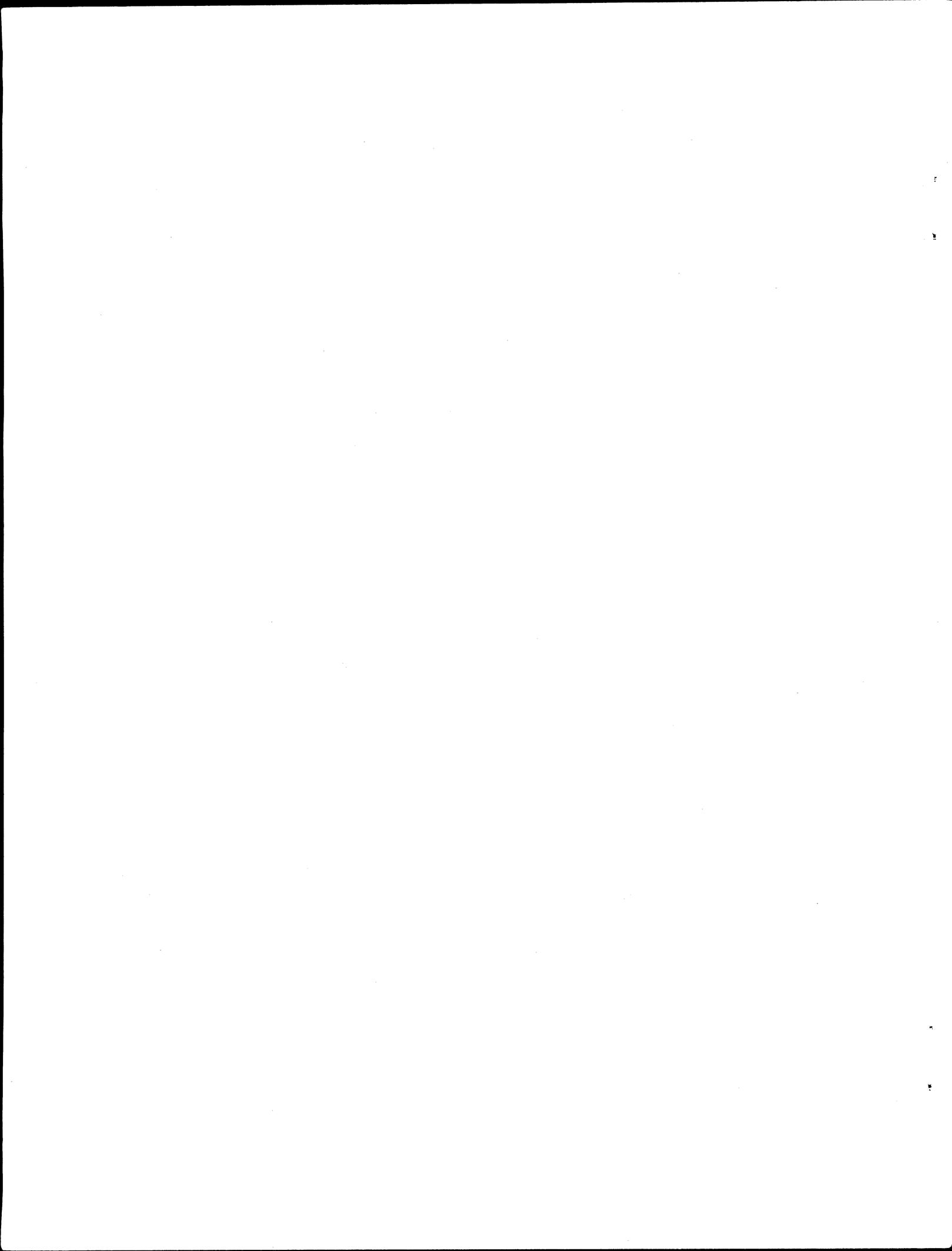
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Counseling Center Directors Survey
Survey Highlights, 1991
N=237

Considering total data only it was noted that:

- 7.2% of the responding centers reported charging students for counseling. This is more than double the 3.5% reported last year. This generates anywhere from \$1,000 to \$50,000 in income. Fewer schools (5.1%) charge students for career counseling, but almost 24% now charge for career testing (Item 1).
- Very few centers (4.5%) collect 3rd party payments for counseling but almost 25% are now supported by a mandatory student fee (Items 2 & 3).
- Centers continue to report more gains than lose in staff positions but the ratio of gains to losses dropped from 3 to 1 in 1989-90 to 1.4 to 1 in 1990-91. (Items 7 & 8).
- 126 Centers (53.2%) are anticipating budget cuts next year, with 6.5% of these also predicting little or no salary increases (Items 8 & 9).
- The ratio of personal counselors to students is 1:1765; for career counselors to students it is 1:3025 (Items 10 & 11).
- 27% of centers provide for staff sabbaticals. For 58% of these centers it is not necessary to have a faculty appointment (Items 12 & 13).
- There have been 10 mergers of counseling centers and the mental health component of Student Health Services in the past two years; 5 mergers were under the Counseling Center, 3 under Student Health Service and 2 unknown. Mergers are currently being considered in 11 other schools (Items 16 & 17).
- 23% of centers have psychiatrists on staff (up 4% from 1988); and 22% have psychiatric consultants available at the Student Health Service. 55% of the schools refer students to outside psychiatrists when such consultation is needed (Item 19).
- 52% of centers either have primary responsibility for career counseling on campus or share responsibility equally with another office. In 48% of the schools career counseling is done primarily in a separate career development office or in a Placement Center.
- Only 17% of counseling centers refuse to accept mandatory referrals for drug and alcohol problems; 47% will see students for 1 mandatory visit and continue counseling on a voluntary basis, and 36% will see students for a series of mandatory sessions. 62% of those centers that accept mandatory referrals believe that they are moderately successful with these cases (Items 22 & 23).

- Only 8% of directors believe that maintaining case notes on clients is optional. There are mixed views on whether these notes should be maintained in a central file or in counselors offices. 87% believe that the director should have access to all counselor files on clients, and 56% believe that it is a professional responsibility to occasionally review staff case notes (Items 25, 26 & 27).
- Some of the concerns centers are reporting for the past year include: increase in severity of student problems (82.7%); difficulty filling groups (59.9%); more clients reporting childhood abuse (78.1%); and need for better referral sources for students who need long term help (60.8%) (Item 31).
- Although only 12.7% of directors think confidentiality among group members is enforceable, 75% believe that it is generally maintained (Item 34 & 35).
- A variety of different views are provided for when it might be appropriate to see a center client in private practice (Item 47 & 48).
- During the past year 31% of the centers had to hospitalize a client for psychological reasons, 58.7% had to warn a third party about a suicidal student, and 19.4% gave Tarasoff type warnings (Item 49, 50, 51).
- 41 centers had their records subpoenaed in the past year, and three suits against centers were filed (Items 52 & 56).
- 8 states now appear to have laws making it mandatory for counselors to inform state agencies if a client reports having had sex with a previous therapist (Item 57).
- 67 directors reported that a student suicide had occurred on their campus in the past year. One campus had 8 suicides. In 24 of these institutions the student had been a past client of the counseling center. Legal action has been taken against two centers (Item 63 to 66).
- It appears that 38 states and 1 Canadian province now have legal precedents to give Tarasoff type warnings (Item 67).
- Students have reported sexual harassment or exploitation by other students in 89% of the responding schools, by faculty members or supervisors at 67% of the schools, and by other therapists at 21% of the schools (Item 71).
- The average numbers of counseling sessions per client in the past year was 5.7 (Item 76).
- Average salaries of new counseling centers appointments are provided (Item 75).

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

Raw Data Reported Outside Brackets (Adjusted Frequency Inside)

	(16 schools did not designate urban/non-urban)		(13 schools did not designate large/small)		TOTAL N = 237	COMMENTS
	URBAN N = 118	NON-URBAN N = 103	LARGE N = 107	SMALL N = 117		
1. Centers that charge a fee for personal counseling to:						
a. Students	10 (8.5%)	6 (5.8%)	12 (11.2%)	4 (3.4%)	17 (7.2%)	Range of income generated: \$1,000 - \$50,000
b. Faculty/staff	6 (5.1%)	3 (2.9%)	5 (4.7%)	3 (2.6%)	9 (3.8%)	\$1,000 - \$7,000
c. Alumni	6 (5.1%)	3 (2.9%)	4 (3.7%)	5 (4.3%)	9 (3.8%)	\$30 - \$40,000
d. Community	6 (5.1%)	5 (4.9%)	5 (4.7%)	6 (5.1%)	12 (5.1%)	0 - \$6,000
Centers that charge a fee for career counseling to:						
e. Students	7 (5.9%)	4 (3.9%)	10 (9.4%)	2 (1.7%)	12 (5.1%)	\$1,500 - \$6,000
f. Faculty/staff	12 (10.2%)	2 (1.9%)	11 (10.3%)	4 (3.4%)	15 (6.3%)	\$40 - \$13,000
g. Alumni	19 (16.1%)	5 (4.9%)	12 (11.2%)	12 (10.3%)	25 (10.6%)	\$30 - \$40,000
h. Community	20 (17.0%)	10 (9.7%)	15 (14.0%)	14 (12.0%)	30 (12.7%)	0 - \$13,000
Centers that charge a fee for:						
i. Career testing	32 (27.1%)	22 (21.4%)	34 (31.8%)	20 (17.1%)	56 (23.6%)	0 - \$5,000
j. Personality testing	23 (19.5%)	15 (14.6%)	20 (18.7%)	17 (14.5%)	40 (16.9%)	0 - \$10,000
2. Centers that collect third party payments:						
	5 (4.2%)	5 (4.9%)	6 (5.6%)	4 (3.4%)	11 (4.6%)	
3. Centers that are supported by a mandatory fee:						
	34 (28.8%)	19 (18.5%)	38 (35.5%)	17 (14.5%)	58 (24.5%)	1/2 of these centers have more than 75% of their budget covered by the mandatory fee.
4. Centers that charge a fee for the following services:						
a. Structured groups	3 (2.5%)	2 (1.9%)	5 (4.7%)	0 (0.0%)	5 (2.1%)	\$5 - \$560
b. Psychological assessment for external groups	15 (12.7%)	17 (16.5%)	19 (17.8%)	13 (11.1%)	32 (13.5%)	0 - \$6,000
c. Workshops	8 (6.8%)	2 (1.9%)	5 (4.7%)	5 (4.3%)	11 (4.6%)	\$15 - \$15,000
d. Teaching where salary comes back to center	8 (6.8%)	5 (4.9%)	11 (10.3%)	2 (1.7%)	14 (5.9%)	\$1,000 - \$20,000
e. SIGI/DISCOVER/etc.	7 (5.9%)	2 (1.9%)	7 (6.5%)	3 (2.6%)	10 (4.2%)	\$25 - \$1,000
f. Consulting to on-campus units	6 (5.1%)	0 (0.0%)	5 (4.7%)	1 (0.9%)	6 (2.5%)	\$1,500 - \$16,000
g. Consulting off campus	13 (11.0%)	9 (8.7%)	15 (14.0%)	9 (7.7%)	24 (10.1%)	\$400 - \$4,000
For listing of schools that charge for various activities see #74.						
5. Centers that have gained a staff position in the past year:						
a. Professional	25 (21.2%)	22 (21.4%)	24 (22.4%)	25 (21.4%)	51 (21.5%)	In 1989-90 the ratio of gains to losses was 3 to 1.
b. Clerical	15 (12.7%)	11 (10.7%)	15 (14.0%)	12 (10.3%)	29 (12.2%)	
c. Grad Asst. or 1/2 intern	9 (7.6%)	8 (7.8%)	6 (5.6%)	11 (9.4%)	18 (7.6%)	
d. Full time intern	5 (4.2%)	3 (2.9%)	5 (4.7%)	13 (11.1%)	8 (3.4%)	
6. Centers that have lost a staff position in the past year:						
a. Professional	22 (18.6%)	15 (14.6%)	19 (17.8%)	16 (13.7%)	40 (16.9%)	In 1990-91 the ratio of gains to losses was 1.4 to 1.
b. Clerical	9 (7.6%)	6 (5.8%)	8 (7.5%)	5 (4.3%)	16 (6.8%)	
c. Grad Asst. or 1/2 intern	9 (7.6%)	6 (5.8%)	9 (8.4%)	6 (5.1%)	15 (6.3%)	
d. Full time intern	2 (1.7%)	0 (0.0%)	2 (1.9%)	0 (0.0%)	2 (0.8%)	
7. Centers anticipating budget cuts in 1991-1992:						
	60 (50.9%)	57 (55.3%)	63 (58.9%)	57 (48.7%)	126 (53.2%)	

	<u>URBAN</u>	<u>NONURBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
8. Ways that budget cuts may affect centers:						
a. Reduced staff	25 (41.7%)	12 (21.1%)	21 (33.3%)	14 (24.6%)	39 (31.0%)	
b. Little/no salary increases	38 (63.3%)	39 (68.4%)	40 (63.5%)	38 (66.7%)	82 (65.1%)	
c. Reduction in salaries	4 (6.7%)	0 (0.0%)	3 (4.8%)	0 (0.0%)	4 (3.2%)	
d. Reduction in other budget costs	39 (65.0%)	49 (86.0%)	50 (79.4%)	43 (75.4%)	96 (76.2%)	
<u>Other ways that budget cuts may affect centers:</u>						
1. Reduced funds for travel, equipment, programming, training.						
2. Reduced services; defer portion of some salaries until termination.						
3. Hiring freeze; reduction in length of staff contracts; need to institute some charges.						
9. Ratio of FTE personal counselors to students on campus:	1:1860	1:1654	1:2280	1:1250	1:1765	
10. Ratio of career counselors to students on campus:	1:3410	1:3230	1:2840	1:3610	1:3025	
11. Centers that provide for occasional sabbaticals:	28 (23.7%)	33 (32.0%)	35 (32.7%)	27 (23.1%)	65 (27.4%)	
12. Centers that provide for sabbaticals <u>because</u> staff are considered faculty:	11 (39.3%)	16 (48.5%)	14 (40.0%)	13 (48.1%)	27 (41.5%)	This is based on the % of those who responded to #11.
13. Centers where staff have personal computers in their offices:						
a. Yes, all staff	14 (11.9%)	14 (13.6%)	10 (9.4%)	16 (13.7%)	30 (12.7%)	Up 6% since 1989
b. Yes, some staff	30 (25.4%)	44 (42.7%)	46 (43.0%)	40 (34.2%)	91 (38.4%)	Up 5% since 1989
c. No staff	73 (61.9%)	45 (43.7%)	51 (47.7%)	60 (51.3%)	115(48.5%)	
14. Mergers of counseling and Mental Health components of the Health Services in the past two years:	4 (3.4%)	5 (4.9%)	5 (4.7%)	3 (2.6%)	10 (4.2%)	
15. These mergers were in the following direction:						
a. CC under SHS	1	2	3	1	3	Not all centers reported direction of mergers.
b. SHS under CC	2	3	2	2	5	
16. Centers where such a merger is being considered:	7 (5.9%)	16 (15.5%)	15 (14.0%)	9 (7.7%)	26 (11.0%)	
17. Centers that wish to share arguments for or against such a merger:	(001, 013, 015, 017, 018, 023, 026, 039, 074, 086, 097, 102, 106, 114, 119, 129, 145, 147, 151, 152, 161, 166, 175, 185, 194, 195, 198, 204, 208, 209, 213, 238, 257, 262)					Schools are identified by number in the directory.
18. Kinds of psychiatric consultation available to staff and level of satisfaction with the arrangement:						% of directors in each category that are very satisfied with <u>this arrangement</u> :
a. Psychiatrists on staff:	23 (22.1%)	20 (23.8%)	26 (28.6%)	16 (16.5%)	44 (22.7%)	75%
b. Psychiatrists at Student Health Service:	27 (26.0%)	13 (15.5%)	31 (34.1%)	11 (11.3%)	42 (21.6%)	30%
c. Students referred outside; Center pays consult fee:	14 (13.5%)	11 (13.1%)	8 (8.8%)	16 (16.5%)	25 (12.9%)	40%
d. Students referred outside; Pay own fee:	40 (38.5%)	40 (47.6%)	26 (28.6%)	54 (55.7%)	83 (42.8%)	8%
19. Centers where physicians prescribe medication based on your request:	66 (55.9%)	61 (59.2%)	75 (70.1%)	56 (47.9%)	139 (58.7%)	

	<u>URBAN</u>	<u>NONURBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>
20. Area where career counseling gets done on your campus:					
a. Primarily in CC	43 (36.4%)	41 (39.8%)	47 (43.9%)	37 (31.6%)	92 (39.0%)
b. Primarily in separate career development or placement office	59 (50.0%)	46 (44.7%)	43 (40.2%)	65 (55.6%)	113 (47.7%)
c. Shared equally between a. and b.	15 (12.7%)	15 (14.6%)	15 (14.0%)	15 (12.8%)	32 (13.5%)
21. Procedure for mandatory referrals for D & A problems:					
a. No such referrals accepted	20 (18.0%)	15 (15.0%)	23 (23.0%)	13 (12.0%)	37 (17.0%)
b. See student for no more than 1 mandatory visit	53 (49.0%)	42 (43.0%)	45 (45.0%)	51 (46.0%)	104 (47.0%)
c. See student for a series of mandatory sessions	36 (33.0%)	40 (41.0%)	31 (31.0%)	47 (42.0%)	81 (36.0%)
22. Level of success with mandatory D & A cases:					
a. Very successful	3 (3.0%)	5 (6.0%)	1 (1.0%)	7 (8.0%)	8 (5.0%)
b. Moderately successful	51 (47.0%)	51 (63.0%)	50 (68.0%)	52 (57.0%)	109 (62.0%)
c. Not very successful	28 (26.0%)	25 (31.0%)	22 (30.0%)	33 (36.0%)	59 (34.0%)
23. Centers which see more advantages or disadvantages with mandatory referrals:					
a. More advantages seen:	40 (38.0%)	44 (46.0%)	33 (34.0%)	51 (48.0%)	87 (40.0%)
b. More disadvantages seen:	65 (62.0%)	51 (54.0%)	65 (66.0%)	55 (52.0%)	128 (60.0%)

Examples of advantages:

1. Administrative expectations. Develops working relations with referral departments and agencies.
2. Mandatory referral provides the motivation for students who may otherwise not come, and opportunities for assessment, education, and counseling they may not have. Success more likely if client is willing. Helps facilitate follow-through or referrals.
3. Provides an option for judicial boards that may be more constructive than other options.

Examples of disadvantages:

1. One visit may be useful for assessment and education; but continued mandatory contact is not effective.
2. Motivation may be lacking. Client resistance may impede meaningful progress.
3. Mandated counseling is a contradiction in terms; it opposes the philosophy of providing developmental services, and takes on a disciplinarian role. Centers resist being perceived as part of the judicial system.
4. Confidentiality becomes an issue.
5. Resentment towards the administration occurs.
6. Often mandated requests are unreasonable and inappropriate.

24. Centers which support these statements regarding case notes:					
a. Case notes should be kept only at discretion of counselor:	8 (6.8%)	12 (11.7%)	8 (7.5%)	12 (10.3%)	20 (8.4%)
b. Case notes should be kept on each client but remain under care of client's counselor:	19 (16.1%)	23 (22.3%)	15 (14.0%)	29 (24.8%)	48 (20.3%)
c. Case notes must be maintained in either central file or in counselors' offices, depending on what works best for the center:	42 (35.6%)	32 (31.1%)	31 (29.0%)	45 (38.5%)	78 (32.9%)
d. Case notes should be maintained only in a central office file:	48 (40.7%)	36 (35.0%)	52 (48.6%)	31 (26.5%)	90 (38.0%)

	<u>URBAN</u>	<u>NONURBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
25. Centers that feel directors should have access to client files maintained by counselor:	104 (88.1%)	89 (86.4%)	96 (89.7%)	98 (83.8%)	207 (87.3%)	
Directors who responded "no" to this question did so for different reasons. Some felt that counselors' files are private but assume that they keep necessary client information in a central file. Several believe that it would be a breach of client confidentiality; however, they felt that records belong to the center and that the director needs access in the event of an emergency.						
26. Centers that feel directors should occasionally review counselors' case notes:	64 (54.2%)	61 (59.2%)	62 (57.9%)	64 (54.7%)	133 (56.1%)	
A majority of directors believe that if client files are maintained in counselors' files rather than in a central file, the director needs to occasionally review these files to assure compliance with professional standards. Many directors, however, felt that this was not necessary. To some extent this is because directors read the question differently. When the counselor's case notes were seen as the total client's file, there was more of a need for some kind of a review. When they were seen as a counselor's private notes, apart from the client's file, a review was seen as inappropriate. Others felt that any attempt to review the quality of a staff members' notes would be displaying a lack of trust.						
27. Centers that have a policy on content of case notes:	(003, 004, 007, 012, 014, 015, 019, 026, 027, 030, 031, 032, 037, 038, 044, 051, 053, 055, 059, 063, 064, 069, 075, 081, 082, 095, 099, 118, 128, 130, 132, 133, 136, 141, 142, 144, 146, 147, 148, 151, 152, 153, 158, 159, 169, 171, 173, 178, 183, 184, 189, 193, 196, 197, 199, 205, 206, 207, 209, 210, 215, 218, 219, 223, 225, 228, 243, 245, 247, 250, 255, 257, 260, 263, 265)					
(Contact schools for examples)						
28. Campuses that have staff trained to work with LD students:	76 (64.4%)	54 (52.4%)	70 (65.4)	63 (53.9%)	141 (59.5%)	
29. Location of staff member(s) trained to work with LD students:						
a. Counseling center	12 (15.8%)	9 (16.7%)	9 (12.9%)	12 (19.1%)	22 (15.6%)	The other settings are mostly in academic departments.
b. A learning skills program	26 (34.2%)	18 (33.3%)	14 (20.0%)	32 (50.8%)	49 (34.8%)	
c. Disabled student service	22 (29.0%)	20 (37.0%)	32 (45.7%)	11 (17.5%)	47 (33.3%)	
d. Other:	19 (25.0%)	9 (16.7%)	18 (25.7%)	11 (17.5%)	29 (20.6%)	
30. Centers with the following concerns:						
a. Waiting list problem	45 (38.1%)	38 (36.9%)	61 (57.0%)	26 (22.2%)	92 (38.8%)	The increase in the number of students with severe psychological problems is up 9% since last year, and 27% since 1988. Clients reporting childhood abuse is up 11% from last year.
b. Increase in numbers of students with severe psychological problems	97 (82.2%)	86 (83.5%)	95 (88.8%)	92 (78.6%)	196 (82.7%)	
c. Difficulty filling groups	67 (56.8%)	66 (64.1%)	56 (52.3%)	79 (67.5%)	142 (59.9%)	
d. Increase in domestic violence cases	35 (29.7%)	28 (27.2%)	36 (33.6%)	29 (24.8%)	67 (28.3%)	
e. Growing pressure to go to a time-limited counseling model	29 (24.6%)	29 (28.2%)	41 (38.3%)	19 (16.2%)	65 (27.4%)	
f. More clients reporting childhood abuse	90 (76.3%)	82 (79.6%)	90 (84.1%)	88 (75.2%)	185 (78.1%)	
g. Pressure on center to do more about D & A abuse on campus	38 (32.2%)	48 (46.6%)	40 (37.4%)	50 (42.7%)	93 (39.2%)	
h. Need to find better referral sources for students who need long-term help	74 (62.7%)	60 (58.3%)	82 (76.6%)	54 (46.2%)	144 (60.8%)	
i. Increasing awareness among staff about legal issues	49 (41.5%)	42 (40.8%)	50 (46.7%)	43 (36.8%)	98 (41.4%)	
j. Referrals by outside agencies of clients needing long-term therapy to your center	14 (11.9%)	22 (21.4%)	22 (20.6%)	15 (12.8%)	38 (16.0%)	
k. Responding to needs of LD students	53 (44.9%)	42 (40.8%)	46 (43.0%)	51 (43.6%)	102 (43.0%)	
l. Growing demand for services with no increase in resources	95 (80.5%)	78 (75.7%)	29 (27.1%)	80 (68.4%)	49 (20.7%)	
m. Coping with personal problems of staff member	22 (18.6%)	25 (24.3%)	29 (27.1%)	20 (17.1%)	53 (22.4%)	

Other concerns of centers:

1. Battles over whether career counseling should remain in counseling center.
2. Pressure to have counselors "on call", i.e. with beeper. (2 schools)
3. Pressure to expand services beyond scope of expertise.
4. Attempt by a Managed Health Care Corporation to take over the Counseling Center.
5. Increase in client load leaves no time for proactive work.
6. Near impossibility of hospitalizing students who don't have very good health insurance.
7. Transportation of students to referred agencies.
8. Staff reductions. (7 schools)
9. Two full-time staff members on faculty lines face tenure decision. No counseling faculty have been awarded tenure in over 10 years! Thus, it is a politically unfriendly environment.
10. Seriously decreased budget. Moves to consolidate counseling with several other functions (Learning Center, non-traditional students, career services, etc.)
11. The trend for adolescents to arrive on campus with previous therapies/treatments who expect weekly supportive counseling for their four years.
12. Providing the same level of services with fewer staff.
13. Needed staff or space. (9 schools)
14. Responding to ethnic minorities. (7 schools)
15. Poor mental health coverage on student insurance plans. No university requirement for health insurance for students.
16. Need for counseling opportunities for faculty, staff.
17. Staff burnout.
18. No psychiatrist on staff.
19. Dismantling of the community mental health system by the Commonwealth of Mass.
20. Budget cuts. (16 schools)
21. Date or acquaintance rape. (3 schools)

	<u>URBAN</u>	<u>NONURBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>
31. Centers with personal counseling groups:	94 (79.7%)	85 (82.5%)	98 (91.6%)	86 (73.5%)	193 (81.4%)
32. Of centers with personal counseling groups, process by which confidentiality is maintained:					
a. Members sign agreement	10 (10.6%)	10 (11.8%)	11 (11.2%)	9 (10.5%)	20 (10.4%)
b. Members are verbally encouraged to maintain confidentiality	82 (87.2%)	74 (87.1%)	84 (85.7%)	77 (89.5%)	170 (88.1%)
c. Nothing is said since it cannot be guaranteed	2 (2.1%)	0 (0.0%)	1 (1.0%)	1 (1.2%)	2 (1.0%)
33. Centers that believe confidentiality among group members is enforceable:	14 (11.9%)	13 (12.6%)	17 (15.9%)	12 (10.3%)	30 (12.7%)
<u>Comments on how this confidentiality may be enforced:</u> A small percentage of directors felt that confidentiality could be enforced through education, contracting, threat of expulsion from the group, peer pressure, careful screening, and through "shame" (the last, according to one director, is the advantage of working at a Catholic school).					
34. Centers that believe confidentiality among group members is generally maintained:					
a. Yes	85 (72.0%)	81 (78.6%)	86 (80.4%)	81 (69.2%)	178 (75.1%)
b. No	7 (5.9%)	4 (3.9%)	4 (3.7%)	8 (6.8%)	12 (5.1%)
c. No way of knowing	19 (16.1%)	15 (14.6%)	15 (14.0%)	20 (17.1%)	37 (15.6%)
35. Centers that believe group leaders are liable for damage done to a group member when another member breaks confidentiality:	11 (9.3%)	11 (10.7%)	10 (9.4%)	12 (10.3%)	24 (10.1%)
36. Centers that have had a complaint about this kind of breach:	4 (3.4%)	6 (5.8%)	7 (6.5%)	2 (1.7%)	10 (4.2%)

	<u>URBAN</u>	<u>NONURBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>
37. How notes on group counseling are handled:					
a. Case notes kept on each participant	22 (18.6%)	23 (22.3%)	23 (21.5%)	21 (18.0%)	49 (20.7%)
b. Process notes kept on group as a whole	47 (39.8%)	39 (37.9%)	47 (43.9%)	41 (35.0%)	94 (39.7%)
c. No case notes maintained	29 (24.6%)	26 (25.2%)	25 (23.4%)	33 (28.2%)	59 (24.9%)
d. Other:	10 (8.5%)	7 (6.8%)	9 (8.4%)	7 (6.0%)	17 (7.2%)

Other policies: Notes are kept if warranted by developments within the group. Sometimes general notes are kept, or a group note per term, and placed in individual clients' files. Other centers include both an individual summary and general process notes.

38. Centers which warn students in informed consent policy on groups that confidentiality cannot be guaranteed:					
a. Yes, in writing	14 (11.9%)	14 (13.6%)	12 (11.2%)	16 (13.7%)	30 (12.7%)
b. Yes, verbally	37 (31.4%)	41 (39.8%)	35 (32.7%)	42 (35.9%)	84 (35.4%)
c. No, never thought of it	42 (35.6%)	25 (24.3%)	40 (37.4%)	31 (26.5%)	73 (30.8%)
d. No, other:	13 (11.0%)	13 (12.6%)	15 (14.0%)	11 (9.4%)	28 (11.8%)

39. Process of how decision is made about seeing students at center beyond intake:					
a. Decision made after case staffing	14 (11.9%)	8 (7.8%)	16 (15.0%)	7 (6.0%)	23 (9.7%)
b. Intake counselor makes decision	59 (50.0%)	36 (35.0%)	44 (41.1%)	51 (43.6%)	101 (42.6%)
c. Assigned counselor makes decision	36 (30.5%)	45 (43.7%)	33 (30.8%)	49 (41.9%)	88 (37.1%)
d. Other:	8 (6.8%)	12 (11.7%)	12 (11.2%)	8 (6.8%)	21 (8.9%)

Other processes:

- 1) No intake. Either counselor, clerical or departmental assistant makes decision.
- 2) Director or Clinical Coordinator makes decision.
- 3) Typically, most clients are seen at the center beyond intake.
- 4) Decision made at staff meeting.
- 5) Intake counselor makes recommendation, reviewed by intake committee.
- 6) Chief Psychologist reviews cases and makes assignments.
- 7) Stepwise model. If new data emerges after each step, another decision can be made.

40. Policy for students who appear, at intake, to need therapy of 6 months or longer:					
a. Commit to as many of these students as possible while staff time is available:	32 (27.1%)	23 (22.3%)	17 (15.9%)	38 (32.5%)	56 (23.6%)
b. Immediately refer most out, using a few for training purposes:	24 (20.3%)	10 (9.7%)	22 (20.6%)	13 (11.1%)	36 (15.2%)
c. Immediately refer all such students out:	5 (4.2%)	4 (3.9%)	3 (2.8%)	5 (4.3%)	10 (4.2%)
d. Allow students to be seen for limited number of sessions, then refer out:	18 (15.3%)	17 (16.5%)	22 (20.6%)	12 (10.3%)	36 (15.2%)
e. Rarely make decision at intake. Students seen until informed decision made:	31 (26.3%)	43 (41.8%)	33 (30.8%)	43 (36.8%)	82 (34.6%)
f. Other:	8 (6.8%)	6 (5.8%)	10 (9.4%)	5 (4.3%)	15 (6.3%)

	URBAN	NONURBAN	LARGE	SMALL	TOTAL	COMMENTS
41. Center's policy on limiting number of sessions per client:						
a. Limit of 5 sessions or less:	2 (1.7%)	0 (0.0%)	2 (1.9%)	0 (0.0%)	2 (0.8%)	
b. Limit of 6 to 10 sessions:	18 (15.3%)	18 (17.5%)	19 (17.8%)	17 (14.5%)	40 (16.9%)	93% of the centers with limits also make exceptions to these limits.
c. Limit of 11 to 15 sessions:	25 (21.2%)	12 (11.7%)	23 (21.5%)	14 (12.0%)	38 (16.0%)	
d. Limit of 16 to 20 sessions:	5 (4.2%)	2 (1.9%)	4 (3.7%)	2 (1.7%)	7 (3.0%)	
e. No limit:	18 (15.3%)	23 (22.3%)	9 (8.4%)	30 (25.6%)	41 (17.3%)	
f. No set limit, but counselors are encouraged to limit no. of long-term cases:	38 (32.2%)	43 (41.8%)	35 (32.7%)	51 (43.6%)	90 (38.0%)	

Other examples of how this is handled:

1. We limit individual, but have no limit for group membership.
2. Staff members are allowed to carry 20% of cases longer than 12 sessions; interns may see up to 50% of cases longer than 12 sessions.
3. Limit of 12 sessions after which case needs to be taken to peer review.

42. Centers that would refer the following problems outside the center following intake:

a. Obsessive-compulsive disorders	16 (13.6%)	19 (18.5%)	17 (15.9%)	22 (18.8%)	39 (16.5%)	Written comments suggest that in most of these cases the judgement to refer out was based on the assessment of severity.
b. Eating disorders	47 (39.8%)	21 (20.4%)	30 (28.0%)	41 (35.0%)	72 (30.4%)	
c. Alcohol or drug abuse	73 (61.9%)	46 (44.7%)	64 (59.8%)	59 (50.4%)	126 (53.2%)	
d. Schizophrenia or other psychotic disorders	99 (83.9%)	86 (83.5%)	94 (87.9%)	94 (80.3%)	198 (83.5%)	
e. Depression	9 (7.6%)	11 (10.7%)	5 (4.7%)	12 (10.3%)	17 (7.2%)	
f. Panic disorder/anxiety disorder	5 (4.2%)	12 (11.7%)	7 (6.5%)	12 (10.3%)	19 (8.0%)	
g. Hypochondriasis	9 (7.6%)	14 (13.6%)	13 (12.2%)	14 (12.0%)	27 (11.4%)	
h. Phobias	8 (6.8%)	9 (8.7%)	7 (6.5%)	11 (9.4%)	18 (7.6%)	
i. Post-traumatic stress disorder	5 (4.2%)	11 (10.7%)	7 (6.5%)	13 (11.1%)	20 (8.4%)	
j. Multiple personality or other dissociative disorders	77 (65.3%)	72 (69.9%)	76 (71.0%)	80 (68.4%)	162 (68.4%)	
k. Sexual disorders	22 (18.6%)	31 (30.1%)	19 (17.8%)	35 (29.9%)	56 (23.6%)	
l. Sleep disorders	37 (31.4%)	32 (31.1%)	35 (32.7%)	37 (31.6%)	75 (31.7%)	
m. Impulse control disorders	44 (37.3%)	34 (33.0%)	38 (35.5%)	44 (37.6%)	84 (35.4%)	
n. Adjustment disorders	1 (0.9%)	3 (2.9%)	2 (1.9%)	2 (1.7%)	4 (1.7%)	
o. Paranoid disorder	41 (34.8%)	36 (35.0%)	42 (39.3%)	36 (30.8%)	82 (34.6%)	
p. Antisocial disorder	31 (26.3%)	30 (29.1%)	35 (32.7%)	29 (24.8%)	65 (27.4%)	
q. Borderline disorder	9 (7.6%)	35 (34.0%)	46 (43.0%)	40 (34.2%)	88 (37.1%)	
r. Histrionic disorder	11 (9.3%)	15 (14.6%)	15 (14.0%)	15 (12.8%)	30 (12.7%)	
s. Narcissistic disorder	11 (9.3%)	16 (15.5%)	17 (15.9%)	15 (12.8%)	32 (13.5%)	
t. Avoidant/dependent/passive aggressive disorders	8 (6.8%)	10 (9.7%)	12 (11.2%)	10 (8.6%)	22 (9.3%)	

43. Centers that have written policies on when to provide services to a student or when to refer out:

	16 (13.6%)	14 (13.6%)	24 (22.4%)	8 (6.8%)	34 (14.4%)
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Centers with this policy: (015, 017, 020, 021, 033, 037, 050, 053, 058, 075, 089, 091, 097, 106, 116, 118, 120, 144, 146, 148, 152, 160, 161, 167, 169, 176, 177, 183, 188, 189, 205, 209, 219, 222, 223, 228, 238, 240, 243, 257, 261, 162, 264, 265, 267)

44. Centers' views on appropriateness of the following options for students who have either used up their allotted counseling hours at the center or need longer term therapy than the center can provide:

a. See student in own private practice:					
Yes	22 (18.6%)	11 (10.7%)	16 (15.0%)	17 (14.5%)	34 (14.4%)
No	77 (65.3%)	59 (57.3%)	75 (70.1%)	64 (54.7%)	148 (62.5%)
Unsure	9 (7.6%)	14 (13.6%)	11 (10.3%)	12 (10.3%)	26 (11.0%)

	<u>URBAN</u>	<u>NONURBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
b. Refer to another counselor at center with private practice:						
Yes	24 (20.3%)	18 (17.5%)	23 (21.5%)	22 (18.8%)	46 (19.4%)	
No	68 (57.6%)	52 (50.5%)	64 (59.8%)	57 (48.7%)	130 (54.9%)	
Unsure	15 (12.7%)	13 (12.6%)	14 (13.1%)	13 (11.1%)	30 (12.7%)	
c. Refer to a friend in private practice:						
Yes	63 (53.4%)	47 (45.6%)	57 (53.3%)	55 (47.0%)	119 (50.2%)	
No	24 (20.3%)	17 (16.5%)	21 (19.6%)	21 (18.0%)	46 (19.4%)	
Unsure	23 (19.5%)	20 (19.4%)	23 (21.5%)	20 (17.1%)	45 (19.0%)	
45. Center responses to the following arguments for a staff member continuing with a center client in their private practice:						
a. Freedom of choice. Client should choose whomever they wish to work with:						
Considerable Merit:	31 (26.3%)	33 (32.0%)	31 (29.0%)	37 (31.6%)	72 (30.4%)	
Some Merit:	58 (49.2%)	50 (48.5%)	50 (46.7%)	59 (50.4%)	114 (48.1%)	
No Merit:	28 (23.7%)	16 (15.5%)	25 (23.4%)	17 (14.5%)	46 (19.4%)	
b. It is a disservice to client to have them establish a new therapist relationship:						
Considerable Merit:	13 (11.0%)	10 (9.7%)	6 (5.6%)	17 (14.5%)	23 (9.7%)	
Some Merit:	64 (54.2%)	53 (51.5%)	61 (57.0%)	59 (50.4%)	128 (54.0%)	
No Merit:	40 (33.9%)	36 (35.0%)	39 (36.5%)	36 (30.8%)	80 (33.8%)	
c. It is appropriate to give a client a list of private practitioners, including the center therapist's name and let them decide:						
Considerable Merit:	46 (39.0%)	35 (34.0%)	37 (34.6%)	44 (37.6%)	86 (36.3%)	
Some Merit:	27 (22.9%)	32 (31.1%)	30 (28.0%)	32 (27.4%)	63 (26.6%)	
No Merit:	44 (37.3%)	32 (31.1%)	38 (35.5%)	37 (31.6%)	82 (34.6%)	
46. Centers that have had to hospitalize a student for psychological reasons during the past year:	97 (82.2%)	82 (79.6%)	91 (85.1%)	92 (78.6%)	192 (81.0%)	Range: 1-30 Mean: 4.5
47. Centers that have had to notify a third party about a potentially suicidal student during the past year:	66 (55.9%)	63 (61.2%)	57 (53.3%)	74 (63.3%)	139 (58.7%)	Range: 1-36 Mean: 3.8
48. Centers that had to give warning during the past year to a third party about a student who posed a danger to another person:	23 (19.5%)	20 (19.4%)	21 (19.6%)	22 (18.8%)	46 (19.4%)	Range: 1-5 Mean: 1.5
49. Centers that have had records or counselors subpoenaed in the past year:	25 (21.2%)	13 (12.6%)	30 (28.0%)	7 (6.0%)	41 (17.3%)	Range: 1-20 Mean: 2.0
50. Centers that found it necessary to comply when records or counselors were subpoenaed:	17 (68.0%)	9 (69.2%)	21 (70.0%)	3 (42.9%)	29 (70.7%)	

	URBAN	NONURBAN	LARGE	SMALL	TOTAL	COMMENTS
51. a. Centers that, when subpoenaed, used records in support of a claim by a client:	19 (76.0%)	8 (61.5%)	23 (76.7%)	4 (57.1%)	29 (70.7%)	
b. Centers that, when subpoenaed, used records against a client:	7 (28.0%)	2 (15.4%)	8 (26.7%)	2 (28.6%)	10 (24.4%)	
52. Centers where counselors needed to appear in court when records or counselors were subpoenaed:	5 (20.0%)	5 (38.5%)	10 (33.3%)	1 (14.3%)	11 (26.8%)	

Records were subpoenaed for court cases involving: rape, harrassment, custody, child abuse, murder, disability, personal injury suits, physical assault, and discrimination.

53. Centers that have had a suit filed against them in the past year:	3 (2.5%)	0 (0.0%)	2 (1.9%)	1 (0.9%)	3 (1.3%)	
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Nature of suits (only 2 centers responded):

1. Suit by parent of student who committed suicide.
2. Complaint by Civil Rights Commission investigation of discrimination.

	URBAN	NONURBAN	LARGE	SMALL	TOTAL	COMMENTS
54. Centers in states where it is mandatory for counselors to inform state agencies if a client reports having had sex with a previous therapist:						States where this is a law: CA, NE, MA, MD, MN, WS, IN and RI
a. Yes, this is a state law:	9 (7.6%)	4 (3.9%)	5 (4.7%)	8 (6.8%)	14 (5.9%)	
b. No, but being considered:	14 (11.9%)	7 (6.8%)	15 (14.0%)	9 (7.7%)	24 (10.1%)	
c. No, or not as far as is known:	93 (78.8%)	88 (85.4%)	84 (78.5%)	98 (83.8%)	193 (81.4%)	

55. Directors' responses to this scenario: One student assaults another. Both are seen for counseling by 2 different counselors. Both students are asked by a judicial officer to sign release of information forms and the Dean insists that both counselors give testimony at the judicial board hearing.

a. Comply, since students signed release forms:	9 (7.6%)	9 (8.7%)	9 (8.4%)	8 (6.8%)	18 (7.6%)	
b. Comply, only if forms were signed without duress:	61 (51.7%)	51 (49.5%)	60 (56.1%)	57 (48.7%)	126 (53.2%)	
c. Comply, but tell Dean to try and not have this kind of situation recur:	19 (16.1%)	19 (18.5%)	16 (15.0%)	21 (18.0%)	39 (16.5%)	
d. Refuse to comply even if students want counselors to testify:	32 (27.1%)	25 (24.3%)	27 (25.2%)	30 (25.6%)	58 (24.5%)	

A sampling of comments on why not to comply:

1. Testifying greatly reduces a counselor's ability to be helpful to clients. It alters the treatment dynamics, invites triangulation, and establishes a destructive precedent.
2. Releases were not truly voluntary under pressure of judicial board. Testifying to influence outcome is an inappropriate goal for confidential counseling. It conflicts with the basic goal of honest communication for therapeutic benefit.
3. Counseling records should be released only to other mental health professionals for treatment purposes unless subpoenaed by state/federal courts. Campus judicial boards have no such authority.
4. Agency policy: We avoid being a voluntary party to legal/judicial proceedings - statement in brochure: "the center does not provide services that require court testimony or involve litigation."
5. Serious and long-term damage will be made to the reputation of the center. Statement will be made via non-compliance.
6. Confidentiality is the most important attribute of the counseling center - should never be compromised.
7. Signing releases under duress is obvious . . . would suggest that counselor and client discuss what information to include in the release and put this in a written report to the judicial board
8. Case by case basis.
9. Would want to obtain informal consent from each counselor.
10. Establish guidelines with Dean regarding necessity for personal appearance.
11. Likely to derail any treatment; fosters illusion that psychologists "know" objective truth. So what if both are clients? No difference if only one, or none is a client.

	<u>URBAN</u>	<u>NONURBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
56. Centers where a counselor or intern has had to be disciplined or terminated due to unethical practices:	4 (3.4%)	1 (1.0%)	2 (1.9%)	2 (1.7%)	6 (2.5%)	

Comments on discipline/termination of staff member:

1. Inappropriate disclosure and boundaries of senior staff member while supervising a "junior" staff member.
2. Reported hours worked when no work occurred.
3. Terminated a grant project coordinator for job performance and unethical practice.
4. Sexual contact with a group client.
5. Practicum student repeatedly invaded the personal space of clients and colleagues. He was warned and later terminated after continuing this behavior.
6. Case is pending with licensing board regarding breaching confidentiality - outcome has not been decided at this time.

57. Centers that help staff to supplement their income:	28 (23.7%)	24 (23.3%)	26 (24.3%)	26 (22.2%)	54 (22.8%)	
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Comments on how staff income can be supplemented: (contact schools for further information)

1. We pay them the \$5.00 they collect for each session (006)
2. Half day off for private practice or teaching (204, 082, 168)
3. Teaching (227, 167, 054, 182, 090, 070, 224, 128, 172, 089, 073, 031, 158)
4. Consulting (227, 175, 130, 119, 094, 126, 033, 035, 149, 176)
5. Limited private practice (227, 219, 119, 070, 172, 094, 035, 149, 176)
6. Presentations (219)
7. Use of office for private practice (174, 183, 036, 093, 079, 224, 160, 080, 064, 095, 169, 106, 124, 218, 010, 102, 085, 141)
8. Testing (173, 130, 090, 052, 169, 125, 089, 010, 149, 192, 080, 088)
9. Flex time (152, 128, 212, 218, 031, 141, 064)
10. Supports a career counseling center activity for community at large (164)
11. Including staff among names given for outside referrals (067, 108)
12. Pay for responding to emergencies after hours (015)
13. Teaching continuing ed courses where extra compensation can be earned (055)

58. Highest degree held by center director:

a. Doctorate-clinical psych	35 (29.7%)	8 (7.8%)	26 (24.3%)	18 (15.4%)	48 (20.25%)	A number of other degrees were listed for directors, including BA, MD, RN and doctorate or masters degrees in education, rehab counseling, divinity, art therapy, psychiatric nursing, health education, human relations, student personnel, & industrial psychology.
b. Masters-clinical psych	3 (2.5%)	2 (1.9%)	0 (0.0%)	4 (3.4%)	5 (2.1%)	
c. Doctorate-counseling psych	45 (38.1%)	41 (39.8%)	47 (43.9%)	43 (36.8%)	92 (38.8%)	
d. Masters-counseling psych	5 (4.2%)	5 (4.9%)	4 (3.7%)	6 (5.1%)	10 (4.2%)	
e. Doctorate-counseling/counselor ed/mental health	11 (9.3%)	18 (17.5%)	12 (11.2%)	18 (15.4%)	30 (12.7%)	
f. Masters-counseling/counselor ed/mental health	1 (0.9%)	10 (9.7%)	3 (2.8%)	9 (7.7%)	13 (5.5%)	
g. MSW	1 (0.9%)	5 (4.9%)	2 (1.9%)	4 (3.4%)	6 (2.5%)	

59. Centers that describe themselves as:

a. Primarily a mental health/psych services center:	72 (61.0%)	53 (51.5%)	59 (55.1%)	68 (58.1%)	131 (55.3%)
b. Primarily a personal development center:	26 (22.0%)	31 (30.1%)	26 (24.3%)	32 (27.4%)	63 (26.6%)
c. Primarily a career development center:	3 (2.5%)	3 (2.9%)	2 (1.9%)	4 (3.4%)	7 (3.0%)

60. Centers where a student committed suicide on campus in the past year:	32 (27.1%)	27 (26.2%)	43 (40.2%)	17 (14.5%)	67 (28.3%)
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Number of suicides: 33 schools had 1 suicide, 10 schools had 2 suicides, 7 schools had 3 suicides, 1 school had 4 suicides, and 1 school had 8 suicides. 15 schools did not indicate number of suicides.

	<u>URBAN</u>	<u>NONURBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
61. Centers where a past client of the center committed suicide:						
a. In the past year:	13 (11.0%)	7 (6.8%)	13 (12.2%)	9 (7.7%)	24 (10.1%)	
b. In the past 5 years:	24 (20.3%)	23 (22.3%)	36 (33.6%)	14 (12.0%)	52 (21.9%)	
62. If yes to #61, centers that were approached by a family member to discuss the case:	14 (11.9%)	7 (6.8%)	16 (15.0%)	4 (3.4%)	23 (9.7%)	
63. If yes to #61, centers that had legal action taken against the center:	2 (1.7%)	0 (0.0%)	2 (1.9%)	0 (0.0%)	2 (0.8%)	
64. Center responses to the question of their states having legal precedents to give Tarasoff type warning to threatened third parties:						Directors' reports suggest that 38 states and 1 Canadian province now have legal precedents to give Tarasoff type warning.
a. Yes	52 (44.1%)	30 (29.1%)	43 (40.2%)	43 (36.8%)	88 (37.1%)	
b. No	17 (14.4%)	12 (11.7%)	17 (15.9%)	13 (11.1%)	32 (13.5%)	
c. Don't know	43 (36.4%)	57 (55.3%)	42 (39.3%)	57 (48.7%)	106 (44.7%)	
65. Centers that give a half day a week or more to counselors for private consulting work:	20 (17.0%)	12 (11.7%)	19 (17.8%)	14 (12.0%)	34 (14.4%)	
66. Centers where counselors are permitted to use their offices after-hours for private practice:	29 (24.6%)	30 (29.1%)	26 (24.3%)	33 (28.2%)	61 (25.7%)	
67. Centers that are accredited by the International Center for Counseling Services:	36 (30.5%)	33 (32.0%)	44 (41.1%)	27 (23.1%)	74 (31.2%)	See item #75 for listing of advantages and disadvantages.
68. Centers where students have reported sexual exploitation or harrassment in the past year by:						
a. another therapist:	31 (26.3%)	13 (12.6%)	32 (29.9%)	14 (12.0%)	49 (20.7%)	
b. faculty member or supervisor:	80 (67.8%)	66 (64.1%)	79 (73.8%)	71 (60.7%)	159 (67.1%)	
c. another student:	105 (89.0%)	90 (87.4%)	98 (91.6%)	102 (87.2%)	211 (89.0%)	
69. In hiring counselors, centers that use the following guidelines:						
a. APA approved internship required:	20 (17.0%)	10 (9.7%)	21 (19.6%)	8 (6.8%)	30 (12.7%)	
b. APA internship preferred:	36 (30.5%)	23 (22.3%)	37 (34.6%)	24 (20.5%)	64 (27.0%)	
c. Any internship experience with responsible supervision:	48 (40.7%)	50 (48.5%)	37 (34.6%)	62 (53.0%)	107 (45.2%)	
d. Internship experience not required:	9 (7.6%)	10 (9.7%)	8 (7.5%)	11 (9.4%)	20 (8.4%)	
70. Average number of sessions per client in the past year: Range: 2 - 25 Mean: 5.7						

	URBAN	NONURBAN	LARGE	SMALL	TOTAL
71. Centers that have a policy that specifies the rights and responsibilities of administrators:	59 (50.0%)	62 (60.2%)	60 (56.1%)	62 (53.0%)	129 (54.4%)

Listing of schools with this policy: (001, 003, 004, 005, 007, 009, 011, 012, 015, 016, 017, 018, 019, 023, 027, 028, 030, 031, 032, 033, 034, 037, 039, 041, 044, 045, 048, 051, 053, 055, 057, 058, 060, 061, 064, 065, 066, 068, 072, 073, 074, 077, 081, 085, 086, 089, 090, 091, 092, 093, 094, 095, 097, 098, 099, 100, 101, 103, 106, 107, 111, 112, 115, 116, 117, 118, 122, 126, 130, 131, 133, 135, 136, 137, 139, 141, 145, 148, 149, 150, 152, 153, 154, 155, 156, 157, 158, 159, 161, 162, 163, 165, 166, 169, 171, 172, 173, 174, 175, 181, 186, 189, 191, 192, 194, 195, 199, 200, 204, 205, 207, 209, 211, 212, 213, 214, 215, 217, 218, 219, 220, 221, 226, 227, 228, 229, 230, 233, 234, 236, 237, 238, 247, 248, 250, 251, 254, 255, 256, 257, 258, 259, 262, 264, 265, 268) 54% of centers have policies.

72. Examples of innovative programs or projects at centers:

1. Shyness Clinic (209)
2. Support group for Desert Storm (097, 209, 024)
3. Peer Counselors (012, 232)
4. AIDS manual for counseling center staff (020)
5. Campus-Consultation Unit (020)
6. Structured group therapy utilizing videotapes of John Bradshaw's work (013)
7. Programs for sexual abuse victims (142, 071, 219)
8. Wellness Programs (175, 026, 116)
9. Parent-Student support program (175, 149)
10. Assessment decision tree based on BSI (159)
11. Community team training on substance abuse issues (182)
12. Drug and Alcohol program (109, 131, 012, 023, 068, 103)
13. Undergrad training for topical workshops (093)
14. Peer/mentor network (232)
15. Minority Student Support Group/Cross-cultural counseling (109, 070, 149, 019, 142, 095)
16. Learning Styles Workshop (070)
17. Crisis intervention procedure (196)
18. Date-rape training sessions (149, 111, 194)
19. Group for incest survivors (111)
20. Human Change Process; course taught by center staff (208)
21. "Guide to Majors at Virginia Tech" in tabloid form (221)
22. Consultation with sports psychologist at athletic department (172)
23. Getting Ready for College Workshop (142)
24. Eating Disorders Program (068, 089)
25. Academic assistance for handicapped students (109)
26. Summer Career Camp (094)
27. Staff ideas to develop initial contact with a member of the new teaching faculty. Approx. 50/year (169)
28. Post-traumatic intervention after Ecole Polytechnique's Massacre of Dec. '89 (179)
29. Grant proposal for hiring D & A coordinator (087)
30. Service for disabled students (125)
31. Sexual assault/harrassment workshop for new freshmen (218, 149, 097)
32. Myer-Briggs used as tool in academic tutors' training (084)
33. Computer Network discussion - Talknet (043)
34. Support group for learning disabled students (149, 198)
35. Peer assistance and referral services - volunteer students trained and supervised to manage a campus crisis hotline (039)
36. Master student course for academically troubled students (035)
37. Math Anxiety program (009)
38. Diversity training network (053, 097)
39. Interdisciplinary training program for family practice - Residents and master's level counseling, clinical, nursing and SW students (081)
40. "First Responder" - Dealing with students in crisis and training for administrative personnel, receptionists and secretaries (024)
41. Helping skills training group by peer counselors for undergrad students in helping professions (141)
42. Self-help library (151)
43. Women's issues programs (131)
44. Employee Assistance program (055, 176)
45. Series of brochures (064)
46. Stress Management Clinic (076)

73. Average salaries for professional staff hired in the past year:

	Minority Male	Minority Female	Caucasian Male	Caucasian Female
a. Director	0	0	47,680 (n - 5)	49,800 (n - 7)
b. Training Director	0	0	29,000 (n - 1)	39,500 (n - 2)
c. Assistant or Associate Director	33,000 (n - 1)	0	39,600 (n - 1)	37,747 (n - 3)
d. PhD and experience	44,333 (n - 3)	40,750 (n - 4)	35,492 (n - 6)	32,874 (n - 19)
e. New doctorate	33,209 (n - 3)	32,927 (n - 6)	32,087 (n - 10)	32,218 (n - 14)
f. A.B.D.	30,111 (n - 3)	31,865 (n - 4)	26,875 (n - 4)	31,472 (n - 6)
g. MA and experience	28,125 (n - 4)	27,011 (n - 9)	29,195 (n - 7)	25,715 (n - 13)
h. New MA	0	27,000 (n - 1)	26,000 (n - 1)	24,109 (n - 6)
i. MSW and experience	0	38,000 (n - 2)	25,920 (n - 1)	26,311 (n - 3)
j. New MSW	0	0	0	19,979 (n - 3)
k. Associate degree	0	0	0	24,000 (n - 1)

74. Centers Earning Incomes Through Various Means:

- A. Fees for personal counseling (survey items 1a, b, c, d): 006, 033, 037, 040, 053, 056, 064, 080, 085, 087, 095, 096, 098, 119, 124, 141, 147, 159, 164, 173, 174, 179, 180, 183, 185, 191, 192, 196, 205, 210, 218, 223, 227
- B. Fees for career counseling (survey items 1e, f, g, h): 005, 014, 035, 038, 040, 042, 047, 053, 055, 058, 067, 076, 074, 079, 080, 082, 085, 096, 097, 115, 119, 141, 146, 153, 156, 157, 161, 163, 164, 169, 172, 173, 174, 175, 179, 180, 183, 191, 192, 193, 196, 197, 203, 218, 223
- C. Fees for testing in center (survey items 1i, j): 004, 009, 014, 015, 017, 026, 037, 047, 053, 073, 074, 078, 079, 080, 082, 091, 093, 094, 097, 109, 111, 116, 120, 128, 141, 143, 144, 146, 147, 150, 151, 156, 159, 160, 163, 164, 167, 169, 178, 180, 181, 183, 184, 185, 188, 189, 190, 191, 192, 193, 194, 195, 197, 198, 203, 205, 206, 208, 209, 213, 216, 217, 218, 220, 225, 227
- D. Fees for structured groups (survey item 5a): 064, 080, 179, 185, 192, 210
- E. Fees for assessment of external groups (survey item 5b): 014, 039, 053, 058, 073, 094, 095, 097, 102, 109, 119, 149, 157, 161, 164, 168, 169, 173, 174, 179, 180, 189, 192, 198, 203, 209, 216, 217, 218, 219, 220
- F. Fees for workshops (survey item 5c): 035, 055, 073, 080, 157, 159, 167, 176, 179, 210, 232
- G. Fees collected by center for teaching (survey item 5d): 009, 015, 024, 033, 085, 094, 095, 097, 150, 151, 179, 180, 186, 220, 223
- H. Fees for SIGI/DISCOVER (survey item 5e): 035, 164, 169, 180, 181, 192, 197, 202, 214
- I. Fees for consulting with on-campus units (survey item 5f): 081, 157, 160, 196, 201, 210
- J. Fees for consulting with off-campus units (survey item 5g): 035, 058, 067, 073, 080, 085, 088, 089, 094, 100, 119, 149, 157, 164, 165, 169, 173, 179, 194, 209, 215, 218, 227
- K. Centers that collect third party payments (survey item 2): 033, 037, 068, 085, 096, 185, 192, 210, 218
- L. Centers that are supported by a mandatory fee (survey item 3): 008, 009, 018, 019, 027, 033, 035, 039, 040, 059, 060, 063, 064, 065, 068, 069, 077, 078, 079, 082, 083, 085, 097, 099, 105, 107, 110, 115, 117, 120, 134, 139, 141, 142, 144, 149, 152, 153, 156, 157, 158, 162, 165, 167, 171, 175, 179, 185, 187, 189, 192, 196, 197, 199, 201, 205, 206, 227, 233

75. Comments on the advantages and disadvantages of accreditation:

Advantages:

1. Enhances the status of the center in the university community. Viewed positively by administration. (193)
2. Review from outside eyes, new ideas, political piece for student affairs, leverage for administration to hear your needs. (066)
3. Prestige. (157)
4. Give opportunity for outside review and evaluation of center. Helps with staff hiring policies. (204)
5. External audit and review. (214)
6. Helped us to further refine our operations. Also, it has further enhanced our positive image on campus. (219)
7. Used as a lobbying tool at budget time to justify increased funding for professional development and additional staff. (054)
8. Value to periodic outside review and encourages meeting standards of practice and provides valuable input. (074)
9. Maintain professional standards. (230)
10. Site visit includes Vice President. Justifies some accountability procedures for staff. (082)
11. We had offices soundproofed and renovated and licenses paid for as a result of accrediting process. (180)
12. Their recommendations have helped us with administration, e.g., office space for intern, a computer, support for professional confidentiality. (101)
13. Helps establish validity of requests for staff funding, etc. (119)
14. Maintain staff after a vacancy occurs; self-evaluation. (052)
15. Primarily PR with students, parents, general campus community regarding quality of our services. (068)
16. Helps our credibility as a center. (042)
17. Accreditation has helped significantly in supporting desired facility changes, policies, and issues resolution. (094)
18. Campus recognition with respect to allocation of resources; source of ideas for improvement in center overall operations and staffing patterns. Provision of standards to strive for. (169)
19. Site visit evaluation helped get us more space. (058)
20. Status on campus, promotes professionalism, serves as a consulting resource. (125)
21. Statement of standards, annual self-study, able to communicate quality to users - Disadvantage: COST (218)
22. Formal affirmation that center meets or exceeds standards of practice. (099)
23. Stamp of approval is viewed as important to other programs, agencies on campus. (165)
24. Attests to our meeting of approved standards. (033)
25. I use information to strengthen case for funds, staff, etc. (041)
26. Respected by administrators. (186)
27. Helps to maintain high standards. (198)
28. The administration here thinks we do wonderful work and I think a lot of the reason they think that is that we are accredited - keeps us on our toes. (031)
29. Especially helpful in maintaining professional/ethical standards in the face of demands by upper administrators. (146)
30. Credibility. (035)
31. University administrators respect/respond to external standards. (189)
32. Qualifications of people hired, training/professional development funding, and credibility throughout institution. (148)
33. IACS has provided information and advocacy to university administration via letters and face to face contact during site visits to reinforce importance of center's role on campus. (149)
34. Public relations. (188)
35. Has enhanced our status with faculty and staff, especially those in programs which are also subject to accreditations; anticipate it as a plus when recruiting new staff in the counseling center; site visit report was very useful to us. (154)
36. Have been able to keep our salaries and new hires at national averages using AUCCCD. (203)
37. Outside evaluations are viewed as more objective. (158)
38. We were a member, but budgetarily couldn't afford to continue it. (002)
39. Increased budget; prestige on campus. (017)
40. Helpful in supporting standards of practice, staffing, and budgeting to university administration. (053)
41. Increased credibility on campus; accreditation process itself promotes healthy self-appraisal. (102)
42. Recruitment, data bank information, directory listing, networking capabilities. (116)
43. Intangible - reputation. (163)
44. It gives us helpful peer review. It helps us further our requests to the administration regarding areas of need that require resources, e.g., staff development and training. (151)
45. Consistent review that provides support for salary increases and supports quality of the agency. (161)
46. Has given us some greater institutional status and gives us an outside look at service functions distinct from training function. (168)
47. Have been able to use IACS standards to prevent actions that were against standards; prestige. (030)
48. As with any accrediting it allows objective review of programs and facilities and provides additional rationale for requesting resources to remediate deficiencies. (201)
49. Both external and self-evaluations keep us on our toes. (064)
50. Highlights quality of services; gets attention paid to areas of concern; V.P. is involved in the process. (095)
51. Quality control. (118)
52. Helpful in self-review; constructive suggestions result; it's also helpful to higher administration to know that we are already accredited by peer review. (153)

Disadvantage:

1. We are APA internship; don't see a benefit to expense of site visit. (142)

Other comments:

1. Knowledge that we meet professional standards - no real benefit outside of our own self satisfaction. (175)
2. Center was accredited for over 20 years; administration cut out accreditation as being of no value to them. (001)

Alphabetized Listing of Participants
(Directory Number Follows Name)

Allbritten, B. (088)
 Allen, R. (260)
 Anderson, D. (086)
 Anton, W. (201)
 Archer, J. (160)
 Atkins, P. (257)
 Aubuchon, J. (096)
 Azar, J. (104)
 Backner, B. (100)
 Baker, T. (079)
 Bakewell, A. (023)
 Ball, W. (041)
 Barclay, R. (043)
 Barker, A. (011)
 Barnes, D. (075)
 Barry, J. (047)
 Bass, R. (004)
 Bayne, R. (122)
 Beck, T. (248)
 Bellerive, A. (069)
 Biegen, S. (178)
 Biggers, D. (216)
 Bingham, R. (251)
 Birky, I. (070)
 Birmingham, D. (103)
 Bishop, J. (158)
 Blackburn, L. (242)
 Blankenship, J. (001)
 Blevens, K. (008)
 Bolland, H. (030)
 Bonner, D. (012)
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 Bowman, K. (110)
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 Brown, S. (161)
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 Brummels, L. (226)
 Buckles, N. (064)
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 Butchko, R. (029)
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 Caple, R. (176)
 Carney, C. (068)
 Carroll, H. (171)
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 Chafey, R. (002)
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 Valderrama, J. (092)
 Velez, M. (151)
 Vollmer, B. (082)
 Walsh, D. (066)
 Wanamaker, I. (116)
 Waters, C. (111)
 Wayne, W. (192)
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