

**NATIONAL SURVEY OF
COUNSELING CENTER DIRECTORS**

1993

**ROBERT P. GALLAGHER
UNIVERSITY OF PITTSBURGH
334 WILLIAM PITT UNION
PITTSBURGH, PA 15260**

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INTERNATIONAL ASSOCIATION OF COUNSELING SERVICES, INC.

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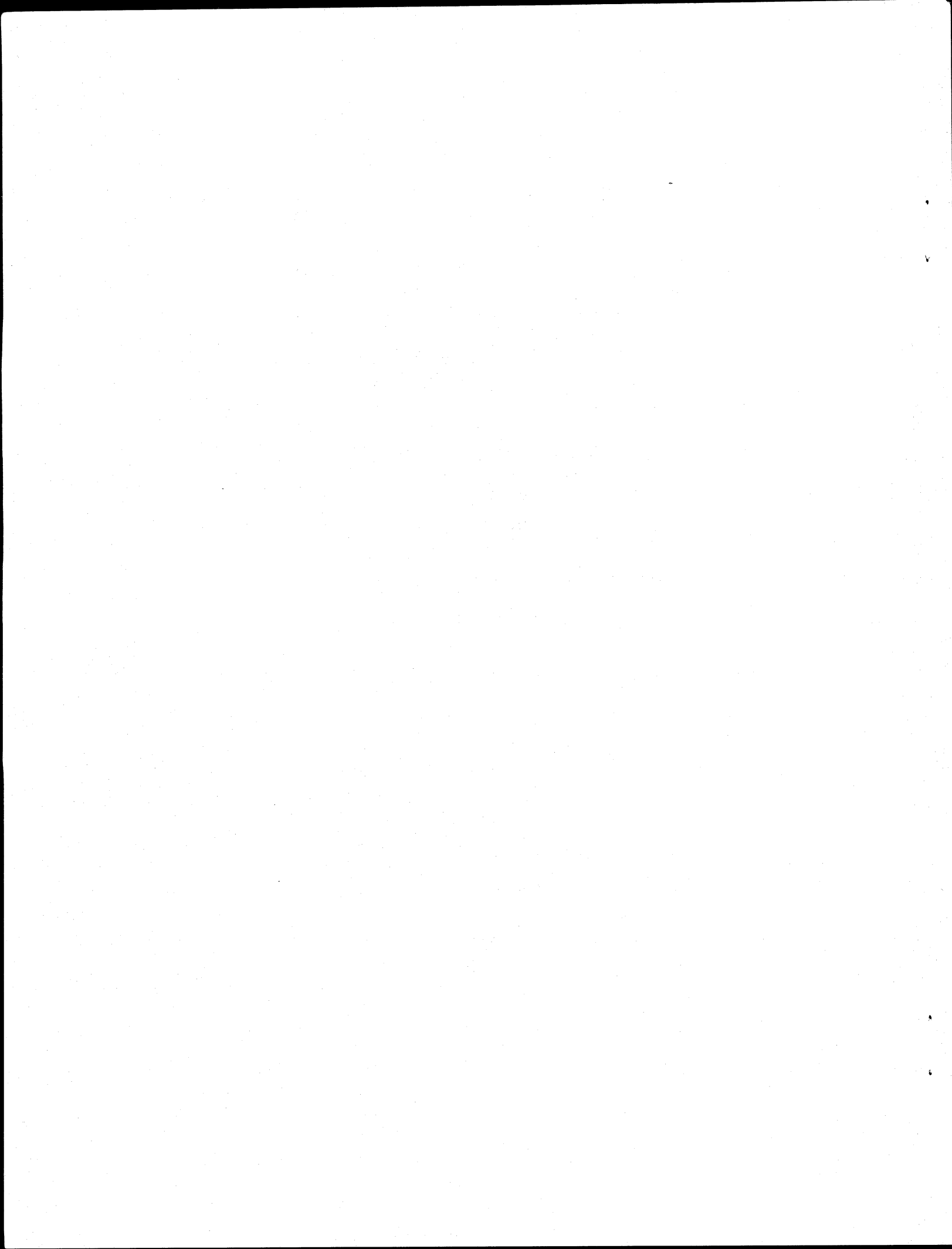
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SERIES NUMBER 8C

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An Accrediting Association**

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IACS MONOGRAPH SERIES

The publisher of this monograph is the International Association of Counseling Services (IACS).

As the accrediting agency for counseling centers in a wide variety of settings, the primary objective for the Association is the maintenance of quality service delivery. The basic purposes of the Association are to encourage and aid counseling centers and agencies to meet high professional standards, to inform the public about those that are competent and reliable, and to foster communications among the centers and agencies.

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Steve Sena, Series Editor

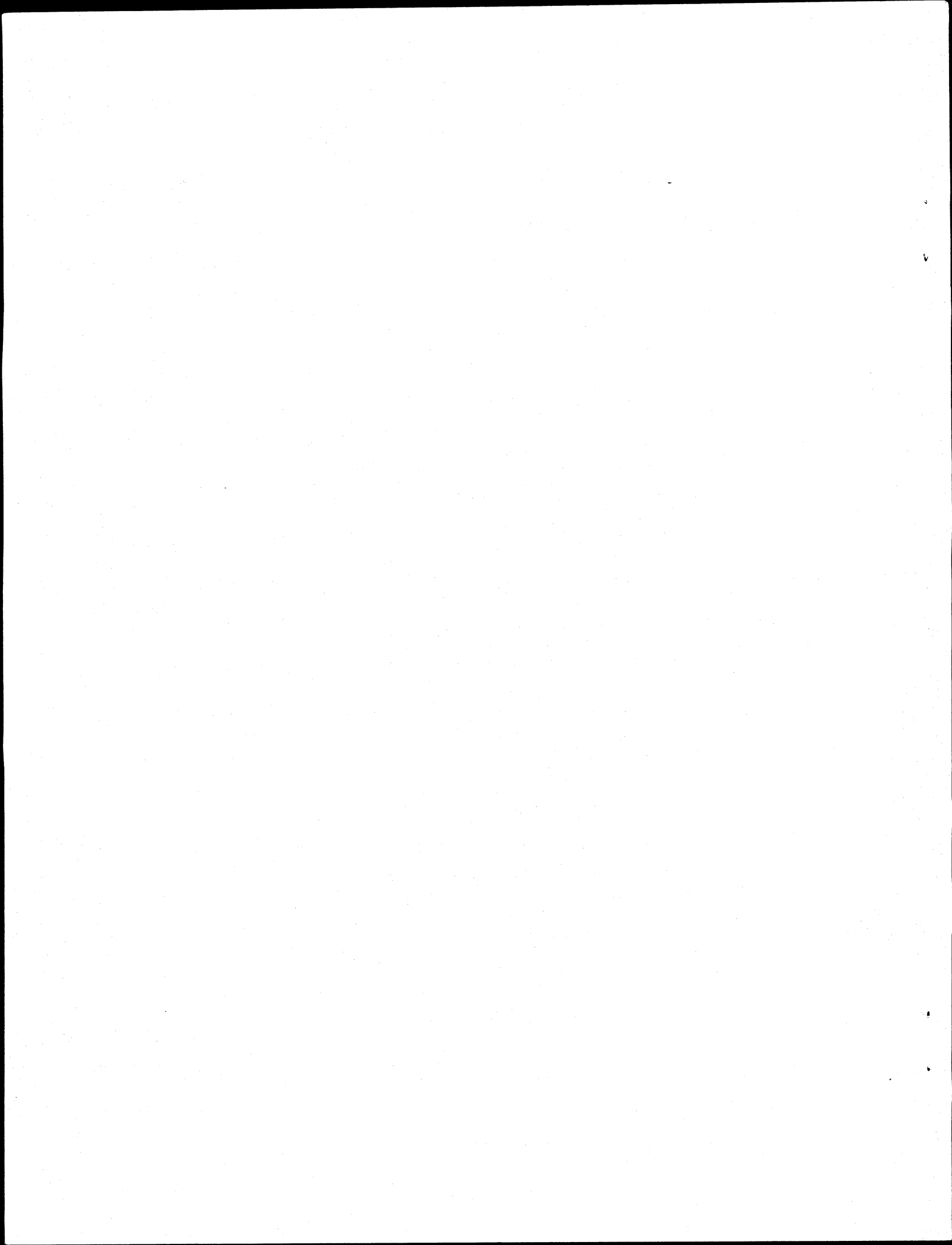


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OVERVIEW

The National Survey of Counseling Center Directors has been conducted since 1981 and includes data provided by the administrative heads of college and university counseling centers in the United States and Canada. It began as a project of the Urban Task Force of the Association of University and College Counseling Center Directors, and is now a joint endeavor of AUCCCD and the International Association of Counseling Services.

The survey attempts to stay abreast of current trends in counseling centers, and to provide counseling center directors with ready access to the opinions and solutions of colleagues to problems and challenges in the field. The areas addressed cover a range of concerns including group programs, cases of stalking on campus, innovative programming, confidentiality, ethics and computer use, and a number of other administrative, ethical and clinical issues.

For comparative purposes the responses of the participating directors are broken down by urban and non-urban centers and by small, medium, and large institutions. Total sample data are also provided.

Responses to certain items are coded, allowing opportunity for directors to contact colleagues for further information on programs or initiatives that they have undertaken. A directory of all participants is provided to assist with these networking opportunities.

The 1993 survey includes data provided by directors from 355 counseling centers, representing institutions from 45 states and 7 provinces.

SURVEY HIGHLIGHTS 1993

N = 355

Considering total data only, it was noted that

- 9.9% of centers charge students for personal counseling (up 2.5% from 1992) and generate anywhere from \$500 to \$150,000. 4.5% of centers charge students for career counseling, 22.3% for career testing, and 16.1% for personality testing (all down slightly). (Item 1)
- 26% of centers are now at least partially supported by a mandatory fee. Other income producing activities are reported. See appendix A for list of other income generating activities. (Items 2-4)
- 44.2% of centers took a budget cut in the past year. Both staff positions and the other costs budgets were hard hit. Only 30% of centers indicate that their other costs budget has kept pace with inflation. The mean number of years since centers have received an other costs increase is 5 years. Some centers have not had an increase in 20 years. (Items 5-8)
- Many schools are currently talking about downsizing (34%), or reorganizing Student Affairs (46%), or downsizing (16%) or reorganizing (28%) counseling centers. (Item 9)
- 73.5% of schools gave a salary increase last year, averaging 3.9%. Of the schools that gave no raises, some have not had a raise in 5 years. (Items 10-12)
- 43 centers (12%) are part of a student health service. Of these, 34 were at one time independent. 23 centers however, used to be part of a student health service and are now independent. (Item 23)
- 57 counseling centers are administratively linked to a student health service. In 24 of these (42%) the counseling center director reports to the student health service director, in 33 (58%) the student health service reports to the counseling center director. (Item 14)
- 18% of centers report current discussion about possible mergers with student health services. Most (62% cannot predict the direction of the merger. (Item 17-18)
- 18% of counseling centers are partly supported by a mandated student health fee. (Item 19)
- 62% of the institutions surveyed have EAP programs for faculty and staff. About 12% of these are managed by counseling centers or counseling centers and personnel services. (Items 21-22)
- 67% of centers provide some services for faculty and staff. 16% are formal EAP programs or follow an EAP format, 40% provide services only as time permits. About one third of centers that provide these services believe it strengthens them politically on campus, helps create a healthier environment for students, and results in more student referrals by staff and faculty. (Item 24)
- 62% of centers take initiatives to alleviate staff burnout. Examples provided. (Item 25)

- 27% of schools are now involved in some kind of Total Quality Management (TQM) program. About 15% of Counseling Centers are utilizing TQM. (Items 26 & 27)
- 26% of schools had their records subpoenaed last year, (up from 7% in 1983). Only one center reported a suit. Examples provided. (Items 29-35)
- 67% of centers state that schools do not provide malpractice insurance for counselors. (Item 36)
- 6.5% of directors disciplined or terminated a counselor or intern for ethical reasons Examples provided. (Item 37)
- 36% of institutions have dual relationship policies for employees. In 58% of these, dating students is discouraged, but not prohibited. (Items 38-39)
- Examples of ethical dilemmas faced by directors are listed in appendix D.
- For the second straight year counseling centers have lost most professional positions than they have gained. (Items 41-42)
- Salaries for new staff and present staff are provided. (Items 43-44)
- 67% of centers use practicum students. 40% would not accept a practicum student who had received therapy at the center. Only 8% of centers provide malpractice insurance for practicum students, but 42% are covered under schools insurance program for all employees. (Items 45-47)
- 40.6% of centers have a formal intern training program. Full time interns, on average, carry about 14 clients (at one school they carry 30), only about 40% receive the same health benefits are staff, 11% receive graduate student health insurance, 18% are covered by academic departments, and the rest are on their own. (Items 48-50)
- The average ratio of counselors to students is 1:1705. (Items 52)
- Information on staff evaluation formats is provided. (Items 52-54)
- 24% of centers allow counselors to use their offices for after-hour private practice. Only 8% of these pay for the office space. (Item 56)
- 34% of centers put client information on a computer. Data provided on what information is stored, how it is stored, and who has access. 24% of the directors express concern about confidentiality of the stored data, 22% have lost stored data, and 4% (14 centers) have had computers stolen with client data on them. (Items 56-62)
- Directors report the following major concerns: increase in students with severe psychological problems (82.5%), increase in clients reporting early sexual abuse (78.6%), difficulty in finding external referral sources for students (66.5%), the growing demand for services with no increase in resources (67%), difficulty in filling groups (58%), increase in sexual assault cases (51%) and waiting list problems (41%). Other problem areas are noted. (Item 63)

- Staff concerns reported by directors include staff who are poor team players (25%) general problems with morale (24%), unequal sharing of responsibilities (22.3%), uncooperative staff (22%), resistance to new initiatives (22%), conflict among staff (21%), boundary issues (11%) and impaired staff (10%). (Item 64)
- 67% of directors had to handle staff conflict in the past year. (Items 65-66)
- After hours emergency work is considered part of a counselor's job at most centers (74%) and no extra compensation or time off is provided. Some schools with this policy, however, do give unofficial comp. time, or make other accommodations. (Item 68)
- 58% of centers participate in campus crisis teams as team members (56%), as team chairs (17%), and occasionally as consultants on ethical issues (3%). (Items 69-72)
- 67% of schools have written protocols for responding to sexual assault; 22.5% of counseling centers have such guidelines, and 67% believe that a protocol would be helpful. (Items 75-78)
- Center clientele consists primarily of students with emotional disorders, (30%), developmental problems (13.5%), or a combination (53%). (Item 78)
- DSM III diagnoses are provided on almost all clients at 16% of the centers. These diagnoses are rarely or never given at 45.6% of the centers. (Item 79)
- 31% of centers have written guidelines to help define what are acceptable and unacceptable cases to be treated at the center. (Item 80)
- 81% of centers hospitalized an average of 5 students for psychological reasons. Information is provided on when directors would notify parents. (Items 81-82)
- 27 centers (7.6%) reported at least one client suicide in the previous year. 5 centers report recent suits because of a client suicide. Two cases settled out of court; one finding was against a center; two are in progress. (Items 83-85)
- 58% of centers notified a third party about a potentially suicidal student. Warnings given per school ranged from 1-20, mean 3.2. (Item 86)
- 25% of centers gave 1 to 5 Tarasoff type warnings. (Item 87)
- 18% saw students who were sexually exploited or harassed by another therapist (28%); by faculty or supervisor (67%); or by another student (84.5%). (Item 88)
- On average counseling centers reported that 6.2% of their clientele have an eating disorder. Some centers reported the percentage was as high as 40%. (Item 89)

- 55.5% of centers saw "stalking" cases last year. 31% of the directors believe that these problems are increasing on their campuses. Usually centers work with the person being pursued but in 10% of the cases the pursuer seeks counseling or counseling is mandated. Directors report that 4 students were killed by stalkers in the past year and 34 were physically injured. Examples are provided in appendix E. (Items 91-96)
- 35% of centers provide programs for sexual minorities; 39% of schools have a task force charged with addressing discrimination against sexual minorities. (Items 97-98)
- 158 centers (45%) have seen at least one HIV positive client in past year. In 29 of these cases the student was viewed as posing a risk to a third party, and in 4 of these instances directors gave warning to the third party. (Items 99-100)
- 87% of centers offer counseling groups. Information on groups provided. (Items 102-106)
- 63% of centers offer career counseling. In 14% of centers career counseling is done only by career specialists. In the remainder of centers it is provided by generalists who do both career and personal counseling, or by a combination. (Items 107-108)
- 74% of schools have an alcohol abuse program. In 39% of these schools the program is run by the Counseling Center. (Items 109-110)
- 49% of directors identify themselves as counseling psychologists and 23% as clinical psychologists. Other categories are provided. (Item 113)
- Only 28% of the respondents believe that AUCCCD membership should be limited to centers with 3 or more FTE. 57 of the respondents are from centers with less than 3 FTE and 39 of them are interested in AUCCCD membership. Comments about this issue are lengthy and heated and will be provided upon request. (Items 114-119)
- Of the directors who have received the results of this survey in the past about two-thirds shared them with staff and with their bosses, 48% quoted data in institutional reports, 43% used data to support requests for new resources, 9% quoted in their professional writing. 58% also used directory to network with other directors. (Item 121)

* Please note that percentages for some questions may be "off" because of unequal numbers of directors responding to "sub-questions following "main-topic questions".

SUMMARY DATA

Raw data reported outside brackets (frequency data inside)

(17 schools did not designate urban/non-urban)

(11 schools did not designate size)

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
1. Centers that presently charge a fee for personal counseling to:							Annual income generated:
a) students	28 (13.9%)	7 (5.1%)	3 (2.0%)	13 (13.3%)	18 (18.2%)	35 (9.9%)	\$500-150,000
b) faculty/staff	15 (7.5%)	3 (2.2%)	3 (2.0%)	9 (9.2%)	5 (5.1%)	19 (5.4%)	\$300-50,000
c) alumni	7 (3.5%)	2 (1.5%)	3 (2.0%)	3 (3.1%)	3 (3.0%)	10 (2.8%)	\$200-7,500
d) community	7 (3.5%)	3 (2.2%)	5 (3.4%)	1 (1.0%)	4 (4.0%)	11 (3.1%)	\$100-65,000
Centers that charge a fee for career counseling to:							
e) students	11 (5.5%)	4 (2.9%)	0 (0.0%)	8 (8.2%)	8 (8.1%)	16 (4.5%)	\$417-20,000
f) faculty/staff	13 (6.5%)	1 (0.7%)	2 (1.4%)	8 (8.2%)	5 (5.1%)	16 (4.5%)	\$100-6,875
g) alumni	28 (13.9%)	4 (2.9%)	8 (5.4%)	13 (13.3%)	11 (11.1%)	33 (9.3%)	\$125-6,875
h) community	26 (12.9%)	8 (5.8%)	12 (8.2%)	10 (10.2%)	12 (12.1%)	35 (9.9%)	\$75-20,000
Centers that charge a fee for career testing to:							
i) students	44 (21.9%)	27 (19.7%)	13 (8.8%)	26 (26.5%)	35 (35.4%)	79 (22.3%)	\$90-20,000
j) faculty/staff	34 (16.9%)	14 (10.2%)	11 (7.5%)	20 (20.4%)	20 (20.2%)	53 (14.9%)	\$10-6,875
k) alumni	39 (19.4%)	12 (8.8%)	12 (8.2%)	21 (21.4%)	20 (20.2%)	55 (15.5%)	\$100-6,875
l) community	38 (18.9%)	18 (13.1%)	21 (14.3%)	15 (15.3%)	23 (23.2%)	61 (17.2%)	\$50-6,875
Centers that charge a fee for personality testing to:							
m) students	36 (17.9%)	16 (11.7%)	9 (6.1%)	22 (22.4%)	23 (23.2%)	57 (16.1%)	\$100-4,453
n) faculty/staff	19 (9.5%)	4 (2.9%)	5 (3.4%)	12 (12.2%)	6 (6.1%)	25 (7.0%)	\$166-1,050
o) alumni	12 (6.0%)	3 (2.2%)	5 (3.4%)	8 (8.2%)	3 (3.0%)	17 (4.8%)	\$166
p) community	16 (8.0%)	6 (4.4%)	9 (6.1%)	6 (6.1%)	8 (8.1%)	25 (7.0%)	\$100-1,800
2. Centers supported by a mandatory fee:	61 (30.3%)	30 (21.9%)	26 (17.7%)	30 (30.6%)	35 (35.4%)	93 (26.2%)	
3. Percentage of budget covered by mandatory fee (percentages based on responses to item 2):							
a) 75-100%	35 (57.4%)	15 (50.0%)	13 (50.0%)	18 (60.0%)	19 (54.3%)	52 (55.9%)	
b) 50-74%	6 (9.8%)	3 (10.0%)	3 (11.5%)	1 (3.3%)	6 (17.1%)	10 (10.7%)	
c) 25-49%	3 (4.9%)	4 (13.3%)	0 (0.0%)	4 (13.3%)	3 (8.6%)	7 (7.5%)	
d) less than 25%	15 (25.6%)	6 (20.0%)	8 (30.8%)	7 (23.3%)	6 (17.1%)	21 (22.6%)	

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
4. Centers that charge a fee for the following services:							
a) structured groups	20 (10.0%)	5 (3.6%)	2 (1.4%)	9 (9.2%)	14 (14.1%)	26 (7.3%)	See Appendix A for list of other income generating activities.
b) Psych. assessment for external groups	20 (10.0%)	7 (5.1%)	6 (4.1%)	7 (7.1%)	14 (14.1%)	28 (7.9%)	
c) Workshops	13 (6.5%)	6 (4.4%)	1 (0.7%)	9 (9.2%)	9 (9.1%)	20 (5.6%)	
d) Teaching where salary comes back to center	17 (8.5%)	13 (9.5%)	4 (2.7%)	9 (9.2%)	19 (19.2%)	33 (9.3%)	
e) SIGI/DISCOVER/etc.	10 (5.0%)	4 (2.9%)	3 (2.0%)	4 (4.1%)	8 (8.1%)	15 (4.2%)	
f) Consulting to on-campus units	16 (8.0%)	5 (3.6%)	0 (0.0%)	10 (10.2%)	11 (11.1%)	22 (6.2%)	
g) Consulting off-campus	24 (11.9%)	12 (8.8%)	13 (8.8%)	8 (8.2%)	17 (17.2%)	38 (10.7%)	
5. Centers that took a budget cut in 1992-1993:	92 (45.8%)	59 (43.1%)	63 (42.9%)	38 (38.8%)	50 (50.5%)	157 (44.2%)	
6. How these budget cuts affected the centers (percentages based on responses to item 5):							
a) reduced staff	45 (48.9%)	23 (39.0%)	23 (36.5%)	15 (39.5%)	29 (58.0%)	70 (44.6%)	
b) little or no salary increase	42 (45.6%)	26 (44.1%)	31 (49.2%)	14 (36.8%)	23 (46.0%)	70 (44.6%)	
c) reduction in salaries	9 (9.8%)	0 (0.0%)	3 (4.8%)	1 (2.6%)	5 (10.0%)	9 (5.7%)	
d) reduced other costs budget	51 (55.4%)	42 (71.2%)	50 (79.4%)	22 (57.9%)	22 (44.0%)	98 (62.4%)	
e) other	21 (22.8%)	11 (18.6%)	8 (12.7%)	12 (31.6%)	12 (24.0%)	32 (20.4%)	
7) Status of other costs budget (excludes salary):							
a) decreasing in recent years	54 (26.9%)	30 (21.9%)	40 (27.2%)	18 (18.4%)	26 (26.3%)	88 (24.8%)	
b) gradually risen with inflation	60 (29.9%)	41 (29.9%)	46 (31.3%)	24 (24.5%)	33 (33.3%)	106 (29.9%)	
c) steady state with no increase in recent years	83 (41.3%)	62 (45.3%)	57 (38.8%)	53 (54.1%)	40 (40.4%)	153 (43.1%)	
8) Mean number of years since an increase in other costs budget has occurred:	3.8 years	3.4 years	3.2 years	3.4 years	4.6 years	5.05 years	Range: 1 to 20 years.
9) Schools that have had talk about the following:							
a) downsizing Student Affairs	68 (33.8%)	49 (35.8%)	46 (31.3%)	35 (35.7%)	37 (37.4%)	121 (34.1%)	
b) reorganizing Student Affairs	87 (43.3%)	67 (48.9%)	68 (46.3%)	45 (45.9%)	45 (45.5%)	164 (46.2%)	
c) downsizing the Counseling Center	35 (17.4%)	19 (13.9%)	22 (15.0%)	16 (16.3%)	19 (19.2%)	57 (16.1%)	
d) reorganizing the Counseling Center	54 (26.9%)	40 (29.2%)	38 (25.9%)	24 (24.5%)	33 (33.3%)	100 (28.2%)	
10. Schools where staffs received a salary increase in the past year:	154 (76.6%)	96 (70.1%)	112 (76.2%)	71 (72.4%)	70 (70.7%)	261 (73.5%)	
11. Average percentage of these salary increases:	2.8%	4.0%	4.2%	3.8%	3.4%	3.9%	Range: 1 to 35 percent.

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
12. If a salary increase was not received last year, mean number of years since an increase:	2.4	2.25	2.3	2.2	2.4	2.3	Range: 1 to 5 years.
13. Centers that are part of a Student Health Service (SHS):	24 (11.9%)	17 (12.4%)	14 (9.5%)	13 (13.3%)	14 (14.1%)	43 (12.1%)	
a) Of these centers, those who used to be independent from the SHS:	17 (70.8%)	15 (88.2%)	12 (85.7%)	10 (76.9%)	11 (78.9%)	34 (79.0%)	
b) Of the centers who are not currently part of a SHS, those who were in the past:	10 (5.7%)	10 (8.5%)	14 (10.7%)	1 (1.2%)	6 (7.1%)	23 (7.5%)	
14. Nature of the relationship of Centers who are linked administratively with the SHS:							
a) Counseling Center director reports to SHS director:	15 (26.3%)	7 (12.2%)	5 (8.7%)	7 (12.2%)	11 (19.2%)	24 (42.1%)	% based on total responses to this item. 16% of directors responded.
b) Counseling Center director is responsible for both center and SHS:	17 (29.8%)	14 (24.5%)	14 (24.5%)	11 (19.2%)	8 (14.0%)	33 (57.8%)	
15. Schools that have at some time had a merger of mental health components of the SHS and Counseling Center:	34 (16.9%)	20 (14.6%)	17 (11.6%)	15 (15.3%)	23 (23.2%)	58 (16.3%)	
16. Where these mergers exist(ed), direction of the merger:							
a) SHS mental health unit moved to Counseling Center	13 (20.3%)	8 (12.5%)	3 (4.6%)	8 (12.5%)	10 (15.6%)	22 (34.3%)	% based on total responses to this item. 18% of directors responded.
b) Counseling Center mental health unit moved to SHS	11 (17.1%)	10 (15.6%)	10 (15.6%)	4 (6.2%)	8 (12.5%)	22 (34.3%)	
c) other	13 (20.3%)	4 (6.2%)	8 (12.5%)	5 (7.8%)	5 (7.8%)	20 (31.2%)	
17. Schools with some discussion of this kind of merger:	38 (18.9%)	23 (16.8%)	27 (18.4%)	18 (18.4%)	18 (18.2%)	64 (18.0%)	
18. Direction that such a merger is likely to go:							
a) SHS mental health unit under the Counseling Center	9 (12.3%)	7 (9.5%)	6 (8.2%)	4 (5.4%)	6 (8.2%)	16 (21.9%)	% based on total responses to this item. 21% of directors responded.
b) Counseling Center mental health unit under the SHS	6 (8.2%)	4 (5.4%)	6 (8.2%)	4 (5.4%)	2 (2.7%)	12 (16.4%)	
c) Uncertain	28 (38.3%)	16 (21.9%)	14 (19.1%)	16 (21.9%)	13 (17.8%)	45 (61.6%)	
19. Centers that receive any support through a mandated Student Health fee:	33 (16.4%)	26 (19.0%)	21 (14.3%)	17 (17.3%)	22 (22.2%)	65 (18.3%)	

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
20. Schools with an Employee Assistance Program (EAP) for faculty/staff on campus:	129 (64.2%)	79 (57.7%)	74 (50.3%)	66 (67.3%)	73 (73.7%)	219 (61.7%)	
21. Who coordinates these EAP programs:							
a) Counseling Center	7 (5.4%)	12 (15.2%)	5 (6.8%)	9 (13.6%)	5 (6.9%)	19 (8.7%)	A few more EAPs are managed by health services, University hospitals, or joint boards made up of faculty & staff.
b) Personnel or Human Relations	74 (57.4%)	47 (59.5%)	48 (64.9%)	37 (56.1%)	42 (57.5%)	129 (58.9%)	
c) An academic department	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
d) An outside EAP provider	25 (19.4%)	11 (13.9%)	14 (18.9%)	12 (18.2%)	10 (13.7%)	39 (17.8%)	
e) Counseling Center & Personnel/human relations	5 (3.9%)	2 (2.5%)	1 (1.4%)	3 (4.5%)	3 (4.1%)	7 (3.2%)	
f) Personnel/human relations & an academic dept.	1 (0.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (1.4%)	1 (0.5%)	
g) Other	19 (14.7%)	9 (11.4%)	7 (9.5%)	6 (9.1%)	15 (20.5%)	30 (13.7%)	
22. Centers who coordinate EAPs and have data that demonstrate its cost effectiveness:	4 (57.1%)	1 (8.3%)	1 (20.0%)	3 (33.3%)	1 (20.0%)	5 (26.3%)	
23. Centers that provide services for faculty /staff, whether or not they coordinate EAP:	132 (65.7%)	93 (67.9%)	109 (74.1%)	68 (69.4%)	53 (53.5%)	237 (66.8%)	
24. Nature of these services for faculty/staff:							
a) services provided informally & only as schedule permits	77 (38.3%)	58 (42.3%)	75 (51.0%)	33 (33.7%)	30 (30.3%)	142 (40.0%)	Directors checked all responses that applied.
b) services are formally identified program along the lines of an EAP	22 (10.9%)	14 (10.2%)	13 (8.8%)	12 (12.2%)	12 (12.1%)	37 (10.4%)	
c) program was established along the lines of an EAP	10 (5.0%)	9 (6.6%)	5 (3.4%)	8 (8.2%)	6 (6.1%)	19 (5.4%)	
d) separate funding was provided to establish the program	6 (3.0%)	5 (3.6%)	1 (0.7%)	7 (7.1%)	3 (3.0%)	11 (3.1%)	
e) 3rd party payments are collected for these services	10 (5.0%)	4 (2.9%)	2 (1.4%)	7 (7.1%)	5 (5.1%)	14 (3.9%)	
f) program is primarily a referral rather than a counseling service	89 (44.3%)	68 (49.6%)	75 (51.0%)	47 (48.0%)	40 (40.4%)	166 (46.8%)	
g) these services detract from our ability to provide necessary services to students	14 (7.0%)	12 (8.8%)	13 (8.8%)	5 (5.1%)	10 (10.1%)	30 (8.5%)	
h) these services have strengthened our political position on campus	80 (39.8%)	46 (33.6%)	62 (42.2%)	39 (39.8%)	29 (29.3%)	132 (37.2%)	
i) these services have helped to create a healthier environment & have indirectly benefitted our students	72 (35.8%)	44 (32.1%)	58 (39.5%)	30 (30.6%)	31 (31.3%)	121 (34.1%)	
j) faculty/staff who utilize these services also tend to make more student referrals to our Center	68 (33.8%)	55 (40.1%)	60 (40.8%)	36 (36.7%)	31 (31.3%)	131 (36.9%)	

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
25. Centers that take any specific initiative to alleviate/prevent staff burnout:	126 (62.7%)	85 (62.0%)	78 (53.1%)	66 (67.3%)	69 (69.7%)	220 (62.0%)	
Some commonly used methods to prevent burnout were retreats (43 centers), informal luncheons and celebrations (41 centers), in-services (40 centers), limiting client load (35 centers), and offering mental health days and personal days (19 centers). Some creative options included offering a support group for non-administrative professional staff, sponsoring a counseling center softball team, creating a "BUDDIES" system where staff members pair up at the beginning of the year, providing \$300 per year for personal counseling, and providing exercise or gym time.							
26. Status of Total Quality Management (TQM) movement:							
a) Schools currently involved in TQM	51 (25.4%)	38 (27.7%)	26 (17.7%)	30 (30.6%)	35 (35.4%)	95 (26.8%)	
b) Schools not currently involved in TQM	87 (43.3%)	52 (38.0%)	74 (50.3%)	31 (31.6%)	36 (36.4%)	146 (41.1%)	
c) It is being considered	33 (16.4%)	30 (21.9%)	25 (17.0%)	19 (19.4%)	21 (21.2%)	65 (18.3%)	
d) Tried and abandoned	4 (2.0%)	2 (1.5%)	2 (1.4%)	2 (2.0%)	1 (1.0%)	6 (1.7%)	
e) Total Quality What?	23 (11.4%)	11 (8.0%)	18 (12.2%)	11 (11.2%)	6 (6.1%)	36 (10.1%)	
27. Centers utilizing TQM:	30 (14.9%)	22 (16.1%)	20 (13.6%)	19 (19.4%)	14 (14.1%)	55 (15.5%)	
28. Beliefs about this managerial approach (where used):							
a) effective	13 (22.4%)	13 (22.4%)	12 (20.6%)	9 (15.5%)	6 (10.3%)	28 (48.2%)	% based on total responses to this item. 16% of directors responded.
b) ineffective	2 (3.4%)	1 (1.7%)	1 (1.7%)	0 (0.0%)	2 (3.4%)	3 (5.1%)	
c) mixed feelings	18 (31.0%)	9 (15.5%)	9 (15.5%)	11 (18.9%)	7 (12.0%)	27 (46.5%)	
29. Schools that have had records or counselors subpoenaed in the past year:	52 (25.9%)	33 (24.1%)	25 (17.0%)	21 (21.4%)	40 (40.1%)	89 (25.1%)	Ave. # of records subpoenaed: 2.5; range 1-20 records.
30. Schools where it was necessary to comply with the subpoena (percentages based on responses to item 29):	36 (69.2%)	27 (60.6%)	18 (72.0%)	13 (61.9%)	33 (82.5%)	65 (73.0%)	
31. Subpoenaed records were used (percentages based on responses to item 29):							
a) in support of a claim by your client	35 (67.3%)	26 (78.8%)	20 (80.0%)	13 (61.9%)	29 (72.5%)	64 (71.9%)	
b) against your client	20 (38.5%)	10 (30.3%)	5 (20.0%)	6 (28.6%)	19 (47.5%)	31 (34.8%)	
32. Counselors who had to appear in court (percentages based on responses to item 29):	10 (20.0%)	8 (24.2%)	7 (28.0%)	4 (19.0%)	8 (20.0%)	19 (21.3%)	
33. Examples of subpoenas: 18 subpoenas involved sexual abuse, harassment, or assault; 17 subpoenas involved personal injury suits or pain and suffering claims; 7 involved child custody cases; 3 involved murder cases. Some others involved Department of Defense trying to determine whether a student's mental illness was a pre-existing condition or a service-related disability; a mother suing to find out what her daughter said about her; and a client suing the university for not reasonably accommodating under ADA.							

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
34. Directors who have had to appear in court for reasons related to their professional responsibilities:	22 (10.9%)	9 (6.6%)	13 (8.8%)	9 (9.2%)	10 (10.1%)	33 (9.3%)	See Appendix B for examples.
35. Centers that have had suits against them in the past year:	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.3%)	
This one suit argues that a faulty referral was made to an off-campus therapist; student committed suicide while in treatment with that therapist.							
36. Malpractice coverage provided by the Centers for regular staff:							
a) no special malpractice insurance—all have same coverage as regular college employees	135 (67.2%)	91 (66.4%)	88 (59.9%)	67 (68.4%)	75 (75.8%)	237 (66.8%)	
b) institution provides additional malpractice insurance for Counseling Center staff	52 (25.9%)	38 (27.7%)	50 (34.0%)	23 (23.5%)	18 (18.2%)	93 (26.2%)	
c) Other	10 (5.0%)	6 (4.4%)	6 (4.1%)	5 (5.1%)	5 (5.1%)	16 (4.5%)	
37. Directors who have had to discipline or terminate a counselor or intern in the past year:	10 (5.0%)	13 (9.5%)	11 (7.5%)	5 (5.1%)	6 (6.1%)	23 (6.5%)	See Appendix C for examples.
38. Institutions with dual relationship policies:	67 (33.2%)	49 (35.8%)	50 (34.0%)	33 (33.7%)	38 (38.4%)	123 (34.6%)	
39. Under these policies, dating between students and faculty (or others in power) is:							
a) prohibited	13 (19.4%)	7 (14.3%)	11 (22.0%)	4 (12.1%)	4 (10.5%)	20 (16.3%)	A number of institutions are considering establishing a policy regarding faculty-student relationships.
b) prohibited only if student takes a class with faculty member or is in another type of power-differentiated relationship	21 (31.3%)	11 (22.4%)	6 (12.0%)	11 (33.3%)	17 (44.7%)	34 (27.6%)	
c) discouraged	42 (62.7%)	35 (71.4%)	37 (74.0%)	23 (69.7%)	19 (50.0%)	81 (65.8%)	
d) other	2 (3.0%)	6 (12.2%)	2 (4.0%)	3 (9.1%)	3 (7.9%)	8 (6.5%)	
40. Directors who experienced any other ethical/legal dilemma in the past year:	61 (30.3%)	41 (29.9%)	46 (31.3%)	30 (30.6%)	27 (27.3%)	105 (29.6%)	See Appendix D for examples.
41. Centers that have gained the following new staff positions in the past year:							Number of positions gained per school:
a) Professional	26 (12.9%)	18 (13.1%)	15 (10.2%)	15 (15.3%)	14 (14.1%)	46 (13.0%)	1 to 2
b) Clerical	10 (5.0%)	6 (4.4%)	4 (2.7%)	6 (6.1%)	6 (6.1%)	17 (4.8%)	1
c) Graduate student assistant	17 (8.5%)	16 (11.7%)	16 (10.9%)	9 (9.2%)	9 (9.1%)	35 (9.9%)	1 to 7
d) Intern (full time)	10 (5.0%)	8 (8.5%)	3 (2.0%)	9 (9.2%)	6 (6.1%)	18 (5.1%)	1 to 3

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
42. Centers that have lost the following staff positions in the past year:							Number of positions lost per school:
a) Professional	43 (21.4%)	30 (21.9%)	28 (19.0%)	19 (19.4%)	27 (27.3%)	76 (21.4%)	1 to 5
b) Clerical	12 (6.0%)	5 (3.6%)	6 (4.1%)	6 (6.1%)	6 (6.1%)	19 (5.4%)	1 to 2
c) Graduate student assistant	11 (5.5%)	4 (2.9%)	8 (5.4%)	1 (1.0%)	5 (5.1%)	16 (4.5%)	1 to 4
d) Intern (full time)	5 (2.5%)	0 (0.0%)	0 (0.0%)	1 (1.0%)	4 (4.0%)	5 (1.4%)	1 to 3
43. Average salaries for professional staff hired in the past year:							
	Minority Male	Minority Female	Caucasian Male	Caucasian Female	Total		
a) Director	75,000 (n=1)	50,000 (n=1)	51,833 (n=12)	52,980 (n=10)	53,200 (n=24)		
b) Training Director	N/A	N/A	43,000 (n=2)	48,000 (n=1)	44,667 (n=3)		
c) Assistant/associate Director	N/A	51,333 (n=1)	39,620 (n=5)	42,512 (n=3)	41,885 (n=9)		
d) Counselor with Ph.D. & experience	38,380 (n=10)	34,245 (n=10)	35,698 (n=11)	33,663 (n=16)	35,267 (n=47)		
e) Counselor with new doctorate	33,600 (n=2)	33,750 (n=7)	31,363 (n=16)	33,510 (n=22)	32,818 (n=47)		
f) Counselor with A.B.D.	N/A	30,547 (n=7)	28,166 (n=4)	31,555 (n=9)	30,524 (n=20)		
g) Counselor with MA & experience	28,000 (n=1)	32,600 (n=5)	32,565 (n=7)	29,924 (n=13)	31,075 (n=26)		
h) Counselor with new MA	N/A	24,000 (n=1)	26,625 (n=4)	30,420 (n=5)	28,260 (n=10)		
i) Counselor with MSW & experience	31,000 (n=1)	31,500 (n=2)	21,750 (n=3)	29,400 (n=2)	27,256 (n=8)		
j) Counselor with new MSW	N/A	26,500 (n=1)	N/A	21,600 (n=1)	24,050 (n=2)		
k) Other	20,000 (n=3)	N/A	17,500 (n=2)	22,902 (n=5)	20,951 (n=10)		
44. Annual salaries for professional staff:							
	Average Salary	Salary Range	Average years in position	Years in position range			
a) Director (n=301)	53,121	20-90K	8.8 years	1-28 years	Average salary of psychiatrists was \$76,000. Range of these salaries was \$40-103K.		
b) Training Director (n=86)	44,561	30-75K	6.9 years	1-27 years			
c) Assistant/Associate Director (n=120)	44,096	19-72K	8.4 years	1-27 years			
d) Counselor with PhD (n=210)	39,574	26.5-86.5K	6.9 years	1-25 years			
e) Counselor with MA (n=171)	32,233	15-60K	7.2 years	1-27 years			
f) Counselor with MSW (n=72)	33,872	18-55.5K	6.9 years	1-21 years			
45. Centers with practicum students:	141 (70.1%)	86 (62.8%)	76 (52.1%)	72 (72.7%)	81 (81.8%)	238 (67.0%)	
46. Centers who would accept a practicum student who had received therapy at the Center:							
a) yes	70 (29.5%)	47 (19.8%)	25 (10.5%)	42 (17.7%)	53 (22.3%)	125 (52.7%)	% based on total responses to this item. 6% of directors responded.
b) yes, only if there was no other practicum site available	11 (4.6%)	5 (2.1%)	6 (2.5%)	4 (1.6%)	7 (2.9%)	17 (7.1%)	
c) would not accept	54 (22.7%)	29 (12.2%)	46 (19.4%)	25 (10.5%)	21 (8.8%)	95 (40.0%)	

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
47. Who is responsible for practicum student malpractice insurance?							
a) Counseling Center	10 (2.9%)	12 (4.7%)	8 (3.1%)	7 (2.7%)	7 (2.7%)	21 (8.3%)	% based on total responses to this item. 7% of directors responded.
b) Academic departments	19 (8.5%)	14 (5.5%)	11 (4.3%)	8 (3.1%)	16 (6.3%)	35 (13.8)	
c) Covered under school's general insurance for all employees	74 (29.2%)	41 (12.2%)	31 (12.2%)	39 (15.4%)	47 (18.5%)	121 (47.8%)	
d) Student themselves responsible	34 (13.4%)	24 (9.4%)	28 (11.0%)	17 (6.7%)	14 (5.5%)	62 (24.5%)	
e) No coverage provided	9 (3.5%)	4 (1.5%)	6 (2.3%)	5 (1.9%)	2 (0.7%)	14 (5.5%)	
48. Centers that have a formal intern training program:	87 (43.3%)	50 (36.5%)	39 (26.7%)	34 (34.3%)	67 (67.7%)	144 (40.6%)	
49. Average number of clients seen by these full-time interns in an average week:	14.5 clients	12.4 clients	11.9 clients	14.5 clients	14.3 clients	13.7 clients	Range: 2-30 clients
50. Health benefits received by interns (percentages based on responses to item 48):							
a) Same health package as staff/faculty	38 (43.7%)	19 (38.0%)	8 (20.5%)	12 (35.3%)	37 (55.2%)	58 (40.3%)	
b) Reduced package typically given to graduate assistants	12 (13.8%)	4 (8.0%)	1 (2.6%)	2 (5.9%)	13 (19.4%)	16 (11.1%)	
c) Health insurance carried on their own	41 (47.1%)	24 (48.0%)	28 (71.8%)	24 (70.6%)	13 (19.4%)	69 (47.9%)	
d) Other	16 (18.4%)	9 (18.0%)	10 (25.6%)	6 (17.6%)	11 (16.4%)	27 (18.7%)	
51. Ratio of counselors to students on campus:	1 to 1,917	1 to 1,362	1 to 1,120	1 to 1,919	1 to 2,326	1 to 1,705	
52. Centers with systematized formats for evaluation of professional staff:							
a) There is an institution wide format	122 (60.7%)	77 (56.2%)	92 (63.0%)	57 (57.6%)	52 (52.5%)	210 (59.2%)	
b) Format designed specifically for the Counseling Center	44 (21.9%)	31 (22.6%)	27 (18.5%)	25 (25.3%)	31 (31.3%)	78 (22.0%)	
c) No	27 (13.4%)	22 (16.1%)	21 (14.4%)	12 (12.1%)	12 (12.1%)	52 (14.6%)	
53. For Centers with a systematized format for staff evaluation, the following apply:							
a) Staff formally evaluated on established criteria; evaluation shared with director's supervisor	115 (77.2%)	89 (89.9%)	88 (73.9%)	63 (91.3%)	55 (85.9%)	213 (93.8%)	Directors checked more than one response.
b) Staff formally evaluated on established criteria; evaluation shared only with staff member	44 (29.5%)	23 (23.2%)	21 (17.6%)	20 (29.0%)	28 (43.7%)	73 (32.1%)	Responses continue on next page.

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
53. c) Staff informally evaluated; progress reviewed on regular basis	35 (23.5%)	25 (25.3%)	28 (23.5%)	15 (23.8%)	18 (28.1%)	61 (26.9%)	
d) Team goals reviewed by entire staff; no individual evaluation except if problems arise	10 (6.7%)	3 (3.0%)	1 (0.8%)	9 (13.0%)	3 (4.7%)	13 (5.7%)	
e) Peer evaluations are used	21 (14.1%)	20 (20.2%)	15 (12.6%)	16 (23.2%)	11 (17.2%)	44 (19.4%)	
f) Evaluations directly affect salary increase	59 (39.6%)	26 (26.3%)	30 (34.1%)	23 (33.3%)	31 (48.4%)	87 (38.3%)	
54. Basis for staff evaluation criteria:							
a) Criteria based on job description	66 (44.3%)	54 (54.5%)	53 (44.5%)	32 (46.4%)	38 (59.4%)	128 (56.4%)	Evaluation in some schools is part of bargaining agreement.
b) Goals are established annually for each staff member	37 (24.8%)	27 (27.3%)	25 (21.0%)	22 (31.9%)	19 (29.7%)	68 (29.9%)	
c) Both job description & annual goal setting are used	93 (62.4%)	69 (69.7%)	71 (59.7%)	49 (71.0%)	47 (73.4%)	172 (75.8%)	
d) Each counselor contracts annually for services that are to be provided that year	25 (16.8%)	11 (11.1%)	2 (1.7%)	11 (15.9%)	23 (35.9%)	36 (15.8%)	
e) Other	7 (4.7%)	10 (10.1%)	6 (5.0%)	7 (10.1%)	4 (6.2%)	18 (7.9%)	
55. Centers that permit counselors to use their offices after-hours for private practice:	56 (27.9%)	26 (19.0%)	39 (26.7%)	20 (20.2%)	24 (24.2%)	85 (23.9%)	2 Centers charge counselors \$5/hr. Others require some proportion of income to be returned to the Center.
Those counselors who pay to use their offices for after-hours private practice:	5 (8.9%)	2 (7.7%)	2 (5.1%)	1 (5.0%)	4 (16.7%)	7 (8.2%)	
56. Centers where counselors put client information on a computer:	70 (34.8%)	44 (32.1%)	42 (28.8%)	35 (35.4%)	39 (39.4%)	121 (34.1%)	
57. How this information is stored:							
a) Floppy disk	50 (24.9%)	28 (20.4%)	27 (18.5%)	27 (27.3%)	25 (25.3%)	81 (22.8%)	
b) Hard drive	48 (23.9%)	24 (17.5%)	26 (17.8%)	22 (22.2%)	25 (25.3%)	77 (21.7%)	
c) Main frame	7 (3.5%)	3 (2.2%)	3 (2.1%)	3 (3.0%)	5 (5.1%)	11 (3.1%)	
d) Tape backup	9 (4.5%)	5 (3.6%)	3 (2.1%)	5 (5.1%)	7 (7.1%)	15 (4.2%)	
e) Other	7 (3.5%)	4 (2.9%)	3 (2.1%)	2 (2.0%)	6 (6.1%)	12 (3.4%)	
58. Kind of information stored on computer:							
a) Client schedules	31 (15.4%)	18 (13.1%)	19 (13.0%)	9 (9.1%)	22 (22.2%)	53 (14.9%)	Many schools keep records re: intakes, assessments, diagnoses, testing, billing & research info, & termination summaries on their computers.
b) Client demographics	116 (57.7%)	78 (56.9%)	67 (45.9%)	65 (65.7%)	63 (63.6%)	204 (57.7%)	
c) Case notes	24 (11.9%)	22 (16.1%)	22 (15.1%)	15 (15.2%)	11 (11.1%)	51 (14.4%)	
d) Other	50 (24.9%)	33 (24.1%)	27 (18.5%)	30 (30.3%)	26 (26.3%)	85 (23.9%)	
e) Do not use computer for client info.	37 (18.4%)	26 (19.0%)	42 (28.8%)	7 (7.1%)	16 (16.2%)	66 (18.6%)	

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
59a. Who in the Center has access to computer-stored information on clients (apart from the specific counselor):							
a) Center Director only	50 (24.9%)	27 (19.7%)	35 (24.0%)	19 (19.2%)	25 (25.3%)	81 (22.8%)	
b) All Center counselors	47 (23.4%)	31 (22.6%)	29 (19.9%)	29 (29.3%)	21 (21.2%)	81 (22.8%)	
c) An administrative aide who compiles client statistics	104 (51.7%)	55 (40.1%)	52 (35.6%)	53 (53.5%)	56 (56.6%)	168 (47.3%)	
d) Other	24 (11.9%)	22 (16.1%)	12 (8.2%)	15 (15.2%)	19 (19.2%)	48 (13.5%)	
e) Do not use computer for client info.	24 (11.9%)	15 (10.9%)	24 (16.4%)	7 (7.1%)	8 (8.1%)	39 (11.0%)	
59b. If persons other than the specific counselor have access to computer-stored info. on clients, they are trained in handling confidential material:	116 (57.7%)	74 (54.0%)	59 (40.4%)	67 (67.7%)	64 (64.6%)	198 (55.8%)	
60. For centers that store client information in a computer:							
a) Those with concerns about inappropriate access if the computer needs to be repaired or maintained by an outside technician	29 (22.0%)	22 (26.8%)	22 (27.8%)	18 (26.1%)	12 (17.6%)	54 (24.0%)	
b) Those who have lost computer stored data	30 (22.2%)	18 (20.5%)	10 (11.9%)	20 (28.6%)	19 (26.4%)	51 (21.6%)	
61. Centers that have had a computer stolen:	8 (4.0%)	3 (2.2%)	4 (2.7%)	4 (4.0%)	5 (5.1%)	14 (3.9%)	
62a. For centers who store client information on computer: if a computer were stolen from the center, it would be possible for someone to gain access to client data on the hard drive:	63 (58.3%)	40 (55.6%)	36 (54.5%)	37 (64.9%)	29 (50.9%)	108 (57.1%)	
62b. Directors who would feel ethically bound to notify clients that a computer containing client data was stolen:	51 (25.4%)	47 (34.3%)	42 (28.8%)	30 (30.3%)	26 (26.3%)	103 (29.0%)	
63. Concerns currently held by directors:							
a) Waiting list problems	80 (39.8%)	57 (41.6%)	42 (28.8%)	44 (44.4%)	55 (55.6%)	146 (41.1%)	
b) Increase in students with severe psychological problems	163 (81.8%)	116 (84.7%)	116 (79.5%)	83 (83.8%)	85 (85.9%)	293 (82.5%)	
c) Difficulty in filling groups	119 (59.2%)	79 (57.7%)	95 (65.1%)	57 (57.6%)	49 (49.5%)	205 (57.7%)	
d) Increase in sexual assault cases	104 (51.7%)	71 (51.8%)	76 (52.1%)	50 (50.5%)	52 (52.5%)	181 (51.0%)	
e) Increase in crisis counseling	89 (44.3%)	67 (48.9%)	62 (42.5%)	51 (51.5%)	47 (47.5%)	164 (46.2%)	

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
f) More clients reporting experiences of childhood sexual abuse	158 (78.6%)	109 (79.6%)	118 (80.8%)	79 (79.8%)	73 (73.7%)	279 (78.6%)	
g) Pressure on the center to do more about drug and alcohol abuse on campus	54 (26.9%)	51 (37.2%)	59 (40.4%)	26 (26.3%)	23 (23.2%)	111 (31.3%)	
h) Need to find better referral sources for students who need long-term help	134 (66.7%)	91 (66.4%)	87 (59.6%)	64 (64.6%)	79 (79.8%)	236 (66.5%)	
i) Referrals by outside agencies to your center of clients needing long-term therapy	36 (17.9%)	37 (27.0%)	26 (17.8%)	25 (25.3%)	25 (25.3%)	79 (22.3%)	
j) Responding to the needs of learning disabled students	84 (41.8%)	57 (41.6%)	66 (45.2%)	39 (39.4%)	42 (42.4%)	150 (42.3%)	
k) A growing demand for services with no increase in resources	135 (67.2%)	93 (67.9%)	92 (63.0%)	67 (67.7%)	72 (72.7%)	239 (67.3%)	
l) Other	43 (21.4%)	30 (21.9%)	28 (19.2%)	24 (24.2%)	22 (22.2%)	75 (21.1%)	

Several centers indicated concerns around the increasing number of clients who are victims of violent crimes, and the lack of community mental health resources or outside referral resources. Concerns mentioned by specific centers included the establishment of a high school academy at a university and expectations that the counseling center will provide services for this population; administrative pressure to hire replacement clinical staff with MSW or MS degrees rather than PhDs; the impact of Clinton health care reforms on counseling centers; psychotropic drug prescriptions by outside physicians creating decreased motivation for psychotherapy; chronic or psychotic students who are mildly disruptive on campus but comply with regulations, and can't technically be mandated for counseling; need for more training positions; and increasing need to provide long-term psychotherapy without additional resources.

64. Staff concerns currently held by directors:

a) Conflict between staff members	47 (23.4%)	26 (19.0%)	21 (14.4%)	25 (25.3%)	27 (27.3%)	75 (21.1%)	
b) General problems with morale	49 (24.4%)	29 (21.2%)	27 (18.5%)	24 (24.2%)	29 (29.3%)	84 (23.7%)	
c) Coping with an impaired staff member	25 (12.4%)	10 (7.3%)	10 (6.8%)	10 (10.1%)	14 (14.1%)	35 (9.9%)	
d) Unequal sharing of responsibilities	46 (22.9%)	28 (20.4%)	21 (14.4%)	22 (22.2%)	31 (31.3%)	79 (22.3%)	
e) Some uncooperative staff	43 (21.4%)	25 (18.2%)	25 (17.1%)	20 (20.2%)	25 (25.3%)	74 (20.8%)	
f) Resistance of some staff to new initiatives	44 (21.9%)	27 (19.7%)	25 (17.1%)	19 (19.2%)	30 (30.3%)	78 (22.0%)	
g) Some staff are not good team players	55 (27.4%)	28 (20.4%)	27 (18.5%)	28 (28.3%)	30 (30.3%)	89 (25.1%)	
h) Some staff concern me because of their laxity about boundary issues	21 (10.4%)	15 (10.9%)	16 (11.0%)	10 (10.1%)	12 (12.1%)	40 (11.3%)	
i) Other	30 (14.9%)	18 (13.1%)	24 (16.4%)	14 (14.1%)	11 (11.1%)	50 (14.1%)	

Some specific staff concerns included staff with small children at home who are not flexible with their time, but require center to be flexible with its time demands; having a counselor on sabbatical with no replacement authorized; keeping salaries high enough to maintain a minority staff position; low salary compared to non-counseling settings; and needing to remind staff not to overbook themselves in response to increased student numbers and more difficult cases.

65. Directors who have had to handle staff conflict issues in the past several years:

	142 (70.6%)	85 (62.0%)	83 (56.8%)	71 (71.7%)	79 (79.8%)	239 (67.3%)	
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	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
66. How these directors handled the conflict:							
a) Resolved problems among ourselves	93 (65.5%)	58 (68.2%)	54 (65.1%)	47 (66.2%)	53 (67.1%)	160 (66.9%)	
b) Brought in a consultant	13 (9.2%)	10 (11.8%)	5 (6.0%)	9 (12.7%)	9 (11.4%)	23 (9.6%)	
c) Fired the problematic staff member	10 (7.0%)	6 (7.1%)	8 (9.6%)	1 (1.4%)	6 (7.6%)	16 (6.7%)	
d) Problematic staff member resigned	36 (25.3%)	19 (22.4%)	21 (25.3%)	21 (29.6%)	14 (17.7%)	58 (24.3%)	
e) Problem remains unresolved	28 (19.7%)	15 (17.6%)	10 (12.0%)	15 (21.1%)	19 (24.0%)	45 (18.8%)	
f) Other	10 (7.0%)	8 (9.4%)	9 (10.8%)	6 (8.4%)	3 (3.8%)	18 (7.5%)	
67a. Centers with on-call services for students in crisis:	119 (59.2%)	104 (75.9%)	98 (67.1%)	72 (72.7%)	57 (57.6%)	234 (65.9%)	
67b. Which staff members serve on-call? (percentages based on responses to item 67a):							
a) Center director	99 (83.2%)	87 (83.6%)	84 (85.7%)	60 (83.3%)	45 (78.9%)	196 (83.8%)	
b) Full time staff	101 (84.9%)	87 (83.6%)	77 (78.6%)	63 (87.5%)	48 (84.2%)	196 (83.8%)	
c) Part-time staff	41 (34.4%)	32 (30.8%)	35 (35.7%)	18 (25.0%)	19 (33.3%)	74 (31.6%)	
d) Interns	24 (20.2%)	18 (17.3%)	8 (8.2%)	13 (18.1%)	21 (36.8%)	44 (18.8%)	
e) Others	16 (13.4%)	10 (9.6%)	7 (7.1%)	11 (15.3%)	8 (14.0%)	27 (11.5%)	
67c. How on-call staff members are contacted (percentages based on responses to item 67a):							
a) Telephone	35 (29.4%)	24 (23.1%)	28 (28.6%)	14 (19.4%)	18 (31.6%)	62 (26.5%)	
b) Beeper	28 (23.5%)	29 (27.9%)	28 (28.6%)	18 (25.0%)	13 (22.8%)	61 (26.1%)	
c) Campus police	31 (26.0%)	26 (25.0%)	23 (23.5%)	22 (30.6%)	11 (19.3%)	58 (24.8%)	
d) Other	9 (7.6%)	11 (10.6%)	4 (4.1%)	8 (11.1%)	8 (14.0%)	21 (9.0%)	
e) Residence Life	4 (3.4%)	6 (5.8%)	7 (7.1%)	1 (1.4%)	2 (3.5%)	10 (4.3%)	
f) Health Center	5 (4.2%)	5 (4.8%)	3 (3.1%)	4 (5.6%)	2 (3.5%)	10 (4.3%)	

On-call staff members were most frequently contacted at home, and called directly by clients, RA/RD, security, or center director. 8 centers have on-call services provided by community mental health or a community crisis line; in 7 centers, the director is called first and then other staff in a predetermined order. Other approaches to on-call included a voice-mail system that forwards calls to home phone without divulging number, and routing calls through a university switchboard.

68. How counselors are compensated for after-hours emergency work:							Many Centers give staff official or unofficial comp time/flex time. Daytime duties are some- times lightened or staff get free use of office for private practice.
a) Hour per hour comp time accumulated	27 (22.7%)	31 (29.8%)	24 (24.5%)	21 (29.2%)	13 (22.8%)	60 (25.6%)	
b) Extra pay	4 (3.4%)	4 (3.8%)	3 (3.1%)	2 (2.8%)	4 (7.0%)	9 (3.8%)	
c) Considered part of job-no compensation	104 (87.5%)	59 (56.7%)	82 (83.7%)	42 (58.3%)	40 (70.2%)	173 (73.9%)	
d) Other	23 (19.3%)	18 (17.3%)	16 (16.3%)	11 (15.3%)	15 (26.3%)	42 (17.9%)	
69. Centers involved with other campus offices or departments in a crisis intervention team:	111 (55.2%)	82 (59.9%)	87 (59.6%)	59 (59.6%)	51 (51.2%)	205 (57.7%)	

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
71. Number of persons on crisis intervention team:	6.9 persons	6.1 persons	5.15 persons	7.0 persons	7.8 persons	6.4 persons	Range: 1-40 persons
72. Role of Counseling Center representatives on crisis intervention teams (percentages based on responses to item 69):							
a) Chair of team	16 (14.4%)	17 (20.7%)	14 (16.1%)	10 (16.9%)	10 (19.6%)	34 (16.6%)	
b) Consultant on ethical issues	4 (3.6%)	2 (2.4%)	3 (3.4%)	3 (5.1%)	0 (0.0%)	6 (2.9%)	
c) General team member	65 (58.6%)	44 (53.7%)	45 (51.7%)	36 (61.0%)	30 (58.8%)	115 (56.1%)	
d) Other	13 (11.7%)	10 (12.2%)	12 (13.8%)	4 (6.8%)	8 (15.7%)	26 (12.7%)	
e) Consultation on ethics issues & general team member	4 (3.6%)	3 (3.7%)	5 (5.7%)	1 (1.7%)	1 (2.0%)	7 (3.4%)	
73. When the crisis intervention team meets (percentages based on responses to item 69):							
a) On regular basis throughout school year	25 (12.4%)	13 (9.5%)	12 (8.2%)	13 (13.1%)	13 (13.1%)	39 (11.0%)	
b) Only to respond to specific crisis situations as they arise	71 (35.3%)	60 (43.8%)	63 (43.2%)	38 (38.4%)	33 (33.3%)	139 (39.2%)	
74. Schools that have a pamphlet or written guideline describing a protocol for students responding to sexual assault:	131 (65.2%)	97 (70.8%)	97 (66.4%)	66 (66.7%)	67 (67.7%)	238 (67.0%)	
75. Counseling Centers that have a written protocol for how a sexual assault case is handled at the Center:	38 (18.9%)	39 (28.5%)	40 (27.4%)	17 (17.2%)	22 (22.2%)	80 (22.5%)	
76. Centers that do not have such a protocol but would find one to be helpful:	105 (64.4%)	70 (71.4%)	71 (66.3%)	52 (64.2%)	55 (71.4%)	183 (66.5%)	
77. Schools with sexual assault/rape crisis team:	75 (37.3%)	51 (37.2%)	44 (30.1%)	44 (44.4%)	42 (42.4%)	133 (37.5%)	
78. How directors describe their clientele:							
a) Primarily developmental problems	29 (14.4%)	17 (12.4%)	26 (17.8%)	13 (13.1%)	8 (8.1%)	48 (13.5%)	
b) Primarily emotional/mental health disorders	62 (30.8%)	39 (28.5%)	36 (24.7%)	37 (37.4%)	30 (30.3%)	107 (30.1%)	
c) Balanced fairly evenly between a & b	104 (51.7%)	76 (55.5%)	81 (55.5%)	45 (45.5%)	56 (56.6%)	188 (53.0%)	

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
79. Staffs that generate DSM-III diagnoses of students							
a) Yes, on most clients	39 (19.4%)	17 (12.4%)	18 (12.3%)	14 (14.1%)	22 (22.2%)	57 (16.1%)	
b) Yes, on about half of clients	17 (8.5%)	8 (5.8%)	9 (6.2%)	8 (8.1%)	9 (9.1%)	26 (7.3%)	
c) Yes, but on a small percentage of clients	49 (24.4%)	47 (34.3%)	48 (32.9%)	31 (31.3%)	19 (19.2%)	102 (28.7%)	
d) Never, or very rarely	91 (45.3%)	62 (45.3%)	70 (47.9%)	41 (41.4%)	47 (47.5%)	162 (45.6%)	
80. Centers with written guidelines that spell out what are appropriate and/or inappropriate cases to be treated at your Center:	72 (35.8%)	35 (25.5%)	36 (24.7%)	27 (27.3%)	45 (45.5%)	110 (31.0%)	
81. Centers that had to hospitalize a student for psychological reasons during past year:	158 (78.6%)	118 (86.1%)	113 (77.4%)	83 (83.8%)	83 (83.8%)	289 (81.4%)	# of cases per school: Mean = 5.5; range = 1-47.
82. Directors who would notify parents against a student's wishes if their "of-age" student (who is still being supported by parents) is hospitalized for psychological reasons:							
a) No, under no circumstances	73 (36.3%)	39 (28.5%)	41 (28.1%)	31 (31.3%)	42 (42.4%)	116 (32.7%)	
b) No, if I thought hospital would notify	28 (13.9%)	23 (16.8%)	28 (19.2%)	17 (17.2%)	9 (9.1%)	55 (15.5%)	
c) Yes	29 (14.4%)	22 (16.1%)	26 (17.8%)	10 (10.1%)	16 (16.2%)	55 (15.5%)	
d) Other	66 (32.8%)	48 (35.0%)	48 (32.9%)	36 (36.4%)	29 (29.3%)	118 (33.2%)	
Many directors noted that they would notify parents if the student's life was at risk or if they posed a danger to others. Several stated that notification was often required in order to use parents' health insurance, and that the Dean's office, V.P. of Student Affairs, Residence Life, or the hospital would often notify. A few directors felt that the decision would depend on whether the parents' intervention would be helpful or necessary for the continued safety of the students or others.							
83. Centers that had a client suicide in the 92-93 school year:	15 (7.5%)	12 (8.8%)	4 (2.7%)	8 (8.1%)	15 (15.2%)	27 (7.6%)	Number of suicides per school: mean = 1.2; range = 1-2.
84. Centers that have had legal action taken against them following a client or former client suicide:	5 (2.2%)	0 (0.0%)	0 (0.0%)	1 (1.0%)	3 (3.0%)	5 (1.4%)	27 1.2 4
85. How these cases settled:							57 1.2 4
a) Out of court	2 (40.0%)	0 (0.0%)	0 (0.0%)	1 (100%)	1 (33.3%)	2 (40.0%)	27 32.4
b) In favor of center	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
c) Against center	1 (20.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (33.3%)	1 (20.0%)	
d) Still in progress	2 (40.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (33.3%)	2 (40.0%)	

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
86. Centers that have had to notify a third party about a potentially suicidal student during the past year:	111 (55.2%)	87 (63.0%)	94 (64.4%)	58 (58.6%)	49 (49.5%)	207 (58.3%)	Number of third party notifications per school: mean = 3.2; range = 1-20.
87. Centers that have had to give warning during the past year to a third party about a student who posed danger to another person:	44 (21.9%)	42 (30.7%)	38 (26.0%)	23 (23.2%)	26 (26.3%)	90 (25.4%)	Number of third party warnings: mean = 1.5; range = 1-6.
88. Directors who know of students who have come to their center in the past year because of sexual exploitation or harassment by:							
a) Another therapist	44 (21.9%)	19 (13.9%)	16 (11.0%)	19 (19.2%)	28 (28.3%)	65 (18.3%)	
b) Faculty member or supervisor	141 (70.1%)	85 (62.0%)	89 (61.0%)	69 (69.7%)	72 (72.7%)	237 (66.8%)	
c) Another student	172 (85.6%)	114 (83.2%)	123 (84.2%)	85 (85.9%)	83 (83.8%)	300 (84.5%)	
89. Average percentage of total clientele that were seen for eating disorders in the past year:	6.6%	5.85%	7.0%	5.0%	7.0%	6.2%	Range: 1-40 percent.
90. Centers that have handled "Fatal Attraction" or obsessive pursuit cases in the past year:	111 (55.2%)	82 (59.9%)	75 (51.4%)	60 (60.6%)	58 (58.6%)	197 (55.5%)	
91. Directors' impressions about the nature of these "Fatal Attraction" cases:							
a) They are increasing	62 (30.8%)	45 (32.8%)	44 (30.1%)	34 (34.3%)	29 (29.3%)	111 (31.3%)	
b) They are decreasing	4 (2.0%)	2 (1.5%)	2 (1.4%)	2 (2.0%)	2 (2.0%)	6 (1.7%)	
c) Staying about the same	96 (47.8%)	66 (48.2%)	71 (48.6%)	44 (44.4%)	49 (49.5%)	167 (47.0%)	
92. Person counseling center is most likely to see from these cases:							
a) The person being pursued	114 (56.7%)	82 (59.9%)	77 (52.7%)	55 (55.6%)	67 (67.7%)	202 (56.9%)	
b) The pursuer	24 (11.9%)	12 (8.8%)	16 (11.0%)	14 (14.1%)	6 (6.1%)	36 (10.1%)	
c) Both the pursuer and person being pursued	12 (6.0%)	13 (9.5%)	13 (8.9%)	6 (6.1%)	5 (5.1%)	26 (7.3%)	
93. If the pursuer was seen, it was because:							Many pursuers are mandated to seek therapy. Some are referred by the person being pursued.
a) They came in on their own	23 (11.4%)	25 (18.2%)	20 (13.7%)	15 (15.2%)	13 (13.1%)	49 (13.8%)	
b) They were referred by an administrator	64 (31.8%)	40 (29.2%)	46 (31.5%)	29 (29.3%)	28 (28.3%)	106 (29.9%)	
c) Have not seen a pursuer	33 (16.4%)	19 (13.9%)	21 (14.4%)	11 (11.1%)	20 (20.2%)	53 (14.9%)	
d) Other	2 (1.0%)	4 (2.9%)	4 (2.7%)	1 (1.0%)	1 (1.0%)	6 (1.7%)	
e) a & b above	16 (8.0%)	4 (2.9%)	6 (4.1%)	9 (9.1%)	5 (5.1%)	20 (5.6%)	

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
94. Type of assistance requested by obsessive pursuers, when they seek counseling:							
a) to learn how to win the affection of the person they are pursuing	10 (5.0%)	11 (8.0%)	11 (7.5%)	6 (6.1%)	4 (4.0%)	22 (6.2%)	Some also came for unrelated issues, some to increase understanding of situation, to deal with feelings, or for support.
b) to learn how to control their obsessive need	18 (9.0%)	11 (8.0%)	12 (8.2%)	8 (8.1%)	9 (9.1%)	29 (8.2%)	
c) they came in because of a mandate and saw no need for counseling	33 (16.4%)	23 (16.8%)	22 (15.1%)	14 (14.1%)	20 (20.2%)	58 (16.3%)	
d) have not seen a pursuer	27 (13.4%)	19 (13.9%)	21 (14.4%)	9 (9.1%)	17 (17.2%)	48 (13.5%)	
e) other	6 (3.0%)	6 (4.4%)	6 (4.1%)	4 (4.0%)	2 (2.0%)	12 (3.4%)	
f) a & b above	6 (3.0%)	8 (5.8%)	7 (4.8%)	4 (4.0%)	3 (3.0%)	14 (3.9%)	
g) b & c above	9 (4.5%)	4 (2.9%)	5 (3.4%)	3 (3.0%)	5 (5.1%)	13 (3.7%)	
h) a & c above	14 (7.0%)	3 (2.2%)	4 (2.7%)	9 (9.1%)	3 (3.0%)	17 (4.8%)	
i) a, b & c above	6 (3.0%)	2 (1.5%)	3 (2.1%)	3 (3.0%)	2 (2.0%)	8 (2.3%)	
95. Schools where a person on campus was killed or physically injured by an obsessive pursuer in the past year:							
a) killed	3 (1.5%)	1 (0.7%)	1 (0.7%)	1 (1.0%)	2 (2.0%)	4 (1.1%)	Average # killed: 1.2 Average # injured: 2.0
b) physically injured	16 (8.0%)	17 (12.4%)	18 (12.3%)	9 (9.1%)	7 (7.1%)	34 (9.6%)	
96. See Appendix E for examples of particularly interesting "Fatal Attraction" cases.							
97. Centers with special programs for gay, lesbian, and bisexual students:	77 (38.3%)	42 (30.7%)	36 (24.7%)	35 (35.4%)	50 (50.5%)	125 (35.2%)	
82 centers provide a support group for G/L/B students; 25 advise or consult with the G/L/B student organization; 6 offer a "coming out" group; 6 offer therapy groups. Several centers offer gay peer training programs for phone lines, mentorship, outreach education, and counseling.							
98. Schools with a committee or task force that is charged with addressing the issue of discrimination against sexual minorities:	82 (40.8%)	51 (37.2%)	50 (34.2%)	32 (32.3%)	54 (54.5%)	138 (38.9%)	
99. Centers that have seen one or more HIV positive clients in the past year:	104 (51.7%)	45 (32.8%)	31 (21.2%)	50 (50.5%)	70 (70.7%)	158 (44.5%)	

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
100. Of these HIV positive clients, those who directors believed posed a risk to any third party:	20 (19.2%)	5 (11.1%)	5 (16.1%)	7 (14.0%)	15 (21.4%)	29 (18.4%)	
When clients posed a risk, those directors who found it necessary to warn a 3rd party:	2 (1.9%)	1 (2.2%)	0 (0.0%)	11 (22.0%)	3 (4.3%)	4 (2.5%)	
101. Directors in favor of state legislation that would make it mandatory for psychotherapists to warn identifiable partners of HIV positive clients:							
a) in favor	42 (20.9%)	34 (24.8%)	40 (27.4%)	19 (19.2%)	18 (18.2%)	81 (22.8%)	
b) not in favor	70 (34.8%)	45 (32.8%)	49 (33.6%)	32 (32.3%)	35 (35.4%)	119 (33.5%)	
c) uncertain	84 (41.8%)	57 (41.6%)	57 (39.0%)	4 (4.4%)	45 (45.5%)	149 (42.0%)	
102. Centers that offer counseling groups:	178 (88.6%)	118 (86.1%)	115 (78.8%)	90 (90.5%)	94 (94.9%)	309 (87.0%)	
103. Directors' beliefs about these groups:							
a) Very successful	55 (30.9%)	33 (28.0%)	26 (22.6%)	23 (25.6%)	39 (41.5%)	90 (29.1%)	
b) Somewhat successful	91 (51.1%)	70 (59.3%)	63 (54.8%)	56 (62.2%)	44 (46.8%)	169 (54.7%)	
c) Not successful	28 (15.7%)	16 (13.6%)	25 (21.7%)	11 (12.2%)	9 (9.6%)	47 (15.2%)	
d) Very cost-effective	48 (27.0%)	37 (31.4%)	22 (19.1%)	26 (28.9%)	37 (39.4%)	90 (29.1%)	
e) Somewhat cost-effective	72 (40.4%)	54 (45.8%)	49 (42.6%)	44 (48.9%)	34 (36.2%)	130 (42.1%)	
f) Not cost-effective	26 (14.6%)	16 (13.6%)	21 (18.3%)	9 (10.0%)	13 (13.8%)	45 (14.6%)	
104. Groups offered and level of success (data based on total sample only):							
	Offered & Successful	Offered & not successful	Not offered				
a) assertiveness	140 (39.4%)	23 (6.5%)	102 (28.7%)				Some other interesting and successful groups being offered included the following topics: support for minority students and students from certain ethnic groups; family of origin; non-traditional age students; international students; students with mentally ill family members; perfectionism and stress; students with previous psychiatric hospitalizations; migraines; single parents; and body image.
b) social skills	75 (21.1%)	32 (9.0%)	144 (40.6%)				
c) men's	47 (20.8%)	57 (16.1%)	125 (35.2%)				
d) women's	133 (37.5%)	33 (9.3%)	93 (26.2%)				
e) relationships	157 (44.2%)	43 (12.1%)	70 (19.7%)				
f) career development	102 (28.7%)	22 (6.2%)	130 (36.6%)				
g) shyness	28 (7.9%)	30 (8.5%)	173 (48.7%)				
h) gay, lesbian, bisexual	87 (24.5%)	31 (8.7%)	126 (35.5%)				
i) dissertation	26 (7.3%)	11 (3.1%)	191 (53.8%)				
j) loss/grieving	79 (22.3%)	43 (12.1%)	130 (36.6%)				
k) eating disorders	144 (40.6%)	71 (20.0%)	58 (16.3%)				
l) survivors (ACOA, rape/incest, etc)	188 (53.0%)	48 (13.5%)	46 (13.0%)				
m) other	93 (26.2%)	31 (8.7%)	231 (68.9%)				

106. Methods found useful in increasing success of group programs include recruiting from caseload and making in-house referrals (43 centers); increasing flexibility in scheduling times (20 centers); surveying student needs or responding to expressed needs (12 centers); using sites out of the center (classes, residence halls, etc.); screening and preparing clients for group; co-sponsoring groups with other departments or services (Health Service, Women's Center, Residence Life, etc.); and offering groups as a way to allow students to receive therapy beyond the session per year limit.

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
107. Centers that offer career counseling:	130 (64.7%)	82 (59.9%)	86 (58.9%)	58 (58.6%)	72 (72.7%)	225 (63.4%)	
108. Career counseling is provided by (percentages based on responses to item 107):							
a) counselors who also do personal counseling	89 (68.5%)	56 (68.3%)	60 (69.8%)	41 (70.7%)	45 (62.5%)	153 (68.0%)	
b) career specialists	20 (15.4%)	9 (11.0%)	18 (20.9%)	6 (10.3%)	7 (9.7%)	31 (13.8%)	
c) combination of a & b	26 (20.0%)	20 (24.4%)	15 (17.4%)	12 (20.7%)	21 (29.2%)	50 (22.2%)	
109. a) Schools with an alcohol abuse program	140 (69.7%)	110 (80.3%)	104 (71.2%)	74 (74.7%)	79 (79.8%)	264 (74.4%)	
b) If yes, those that are run by the counseling center	46 (32.9%)	53 (48.2%)	52 (30.0%)	29 (39.2%)	21 (26.6%)	102 (38.6%)	
110. How do most students with alcohol problems enter the centers' alcohol abuse programs (percentages based on responses to item 109b):							
a) self referred	10 (21.7%)	8 (15.1%)	6 (11.5%)	6 (20.7%)	6 (28.6%)	18 (17.6%)	
b) other referred, voluntary attendance	3 (6.5%)	6 (11.3%)	6 (11.5%)	1 (3.4%)	2 (9.5%)	9 (8.8%)	
c) other referred, mandatory attendance	21 (45.6%)	17 (32.1%)	21 (40.4%)	12 (41.1%)	5 (23.8%)	38 (37.3%)	
d) don't run an alcohol abuse program	14 (30.4%)	6 (11.3%)	4 (7.7%)	6 (20.7%)	9 (42.9%)	21 (20.6%)	
e) other	3 (6.5%)	3 (5.7%)	2 (3.8%)	2 (6.9%)	2 (7.5%)	6 (5.9%)	
f) a, b & c above	9 (19.6%)	13 (24.5%)	11 (21.2%)	8 (27.6%)	5 (23.8%)	24 (23.5%)	
g) a & b above	5 (10.9%)	8 (15.1%)	7 (13.5%)	3 (10.3%)	3 (14.3%)	14 (13.7%)	
h) b & c above	2 (4.3%)	0 (0.0%)	2 (3.8%)	0 (0.0%)	0 (0.0%)	2 (2.0%)	
i) a & c above	3 (6.5%)	6 (11.3%)	4 (7.7%)	3 (10.3%)	3 (14.3%)	10 (9.8%)	
111. Number of mandated students who believe they have an alcohol problem:							
a) very few of the referrals	32 (15.9%)	38 (27.7%)	42 (28.8%)	18 (18.2%)	12 (12.1%)	73 (20.6%)	
b) about half of the referrals	17 (8.5%)	20 (14.6%)	12 (8.2%)	16 (16.2%)	10 (10.1%)	38 (10.7%)	
c) most of the referrals	5 (2.5%)	3 (2.2%)	6 (4.1%)	2 (2.0%)	1 (1.0%)	9 (2.5%)	
d) don't run a program	18 (9.0%)	6 (4.4%)	8 (5.5%)	5 (5.1%)	11 (11.1%)	26 (7.3%)	
112. See Appendix F for examples of innovative programs of which Center directors are particularly proud.							

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
113. How directors identify themselves:							
a) clinical psychologists	58 (28.9%)	19 (13.9%)	31 (21.2%)	23 (23.2%)	26 (26.3%)	83 (23.4%)	Some directors also identify themselves primarily as counselors, professional counselors, or psychotherapists.
b) counseling psychologists	102 (50.7%)	70 (51.1%)	60 (41.4%)	56 (56.6%)	58 (58.6%)	177 (49.9%)	
c) psychiatrists	3 (1.5%)	0 (0.0%)	1 (0.7%)	2 (2.0%)	0 (0.0%)	3 (0.8%)	
d) mental health professional	13 (6.5%)	14 (10.2%)	22 (15.1%)	3 (3.0%)	3 (3.0%)	28 (7.9%)	
e) social worker	3 (1.5%)	4 (2.9%)	5 (3.4%)	0 (0.0%)	2 (2.0%)	8 (2.3%)	
f) student personnel administrator	9 (4.5%)	12 (8.8%)	13 (8.9%)	3 (3.0%)	4 (4.0%)	21 (5.9%)	
g) other	10 (5.0%)	14 (10.2%)	12 (8.2%)	9 (9.1%)	4 (4.0%)	28 (7.9%)	
114. Directors that believe that AUCCCD membership should be limited to centers with a FTE of three or more:	61 (30.3%)	32 (23.4%)	18 (12.3%)	33 (33.3%)	42 (42.4%)	98 (27.6%)	
Those who don't care:	25 (12.4%)	11 (8.0%)	18 (12.3%)	8 (8.1%)	11 (11.1%)	39 (11.0%)	
115. Directors who are currently AUCCCD members:	146 (72.6%)	90 (65.7%)	80 (54.8%)	76 (76.8%)	83 (83.8%)	247 (69.6%)	
116. Directors from centers with less than 3 FTE counselors:	26 (12.9%)	28 (20.4%)	46 (31.5%)	5 (5.1%)	4 (4.0%)	57 (16.1%)	
Of these directors, those who are interested in becoming AUCCCD members:	19 (73.1%)	18 (64.3%)	26 (56.5%)	5 (100%)	4 (100%)	39 (68.4%)	
117. Likelihood of attending the annual AUCCCD conference:							Many directors responded who have more than three FTE counselors; some directors checked more than one response.
a) very likely	19 (9.5%)	14 (10.2%)	17 (11.6%)	10 (10.1%)	7 (7.1%)	35 (9.9%)	
b) not very likely due to limited resources	10 (5.0%)	3 (2.2%)	9 (6.2%)	2 (2.0%)	3 (3.0%)	14 (3.9%)	
c) probably only when it was held in area	17 (8.5%)	24 (17.5%)	27 (18.5%)	9 (9.1%)	5 (5.1%)	42 (11.8%)	
d) not interested in becoming a member	5 (2.5%)	2 (1.5%)	6 (4.1%)	1 (1.0%)	0 (0.0%)	7 (2.0%)	
e) already a member	19 (9.5%)	8 (5.8%)	8 (5.5%)	7 (7.1%)	12 (12.1%)	27 (7.6%)	
f) b & c above	1 (0.5%)	3 (2.2%)	4 (2.7%)	0 (0.0%)	0 (0.0%)	4 (1.1%)	
118. Lists of specific comments made either in support or in opposition to this issue will be provided upon request.							
119. Comments regarding suggestions for how AUCCCD might support and collaborate with colleagues from smaller schools will be provided upon request.							
120. Directors who have received past results of this survey:	175 (87.1%)	118 (86.1%)	122 (83.6%)	89 (89.9%)	88 (88.9%)	307 (86.5%)	

	URBAN (n=201)	NON-URBAN (n=137)	<7,500 (n=147)	7,500-15,000 (n=98)	>15,000 (n=99)	TOTAL (N=355)	COMMENTS
121. How past survey results are utilized:							
a) for my own information	154 (88.0%)	107 (90.7%)	115 (94.3%)	78 (87.6%)	74 (84.1%)	271 (88.3%)	Data has been used to support requests for resources, such as increases in counseling staff, psychiatric support, & salaries. Also use as encouragement toward institution-funded malpractice insurance.
b) distributed to staff	110 (62.9%)	74 (62.7%)	75 (61.5%)	61 (68.5%)	52 (59.1%)	195 (63.5%)	
c) shared data at a staff meeting	115 (65.7%)	77 (65.3%)	66 (54.1%)	64 (71.9%)	67 (76.1%)	200 (65.1%)	
d) shared with others on campus	69 (39.4%)	45 (38.1%)	48 (39.3%)	36 (40.4%)	33 (37.5%)	119 (38.8%)	
e) share with boss	123 (70.3%)	83 (70.3%)	81 (66.4%)	67 (75.3%)	62 (70.4%)	214 (69.7%)	
f) to support a request for new resources	79 (45.1%)	48 (40.7%)	50 (41.0%)	44 (49.4%)	36 (40.9%)	133 (43.3%)	
g) quoted data in professional writing	13 (7.4%)	14 (11.9%)	9 (7.4%)	8 (9.0%)	13 (14.8%)	30 (9.8%)	
h) quoted data for in-house or institutional reports	79 (45.1%)	64 (54.2%)	53 (43.4%)	50 (56.2%)	42 (47.7%)	148 (48.2%)	
i) used directory to network with other directors	100 (57.1%)	69 (58.5%)	66 (54.1%)	51 (57.3%)	57 (64.8%)	178 (58.0%)	
j) other	7 (4.0%)	1 (0.8%)	2 (1.6%)	2 (2.2%)	4 (4.5%)	10 (3.3%)	

APPENDIX A
ITEM 4H

Examples of other income generating activities:

(Number in parentheses or in left column is school ID number)

General testing services (95,184,231,296,304,305)

GED and GED retakes - Income ranged from \$3000 to \$18,000 (7,96,286,345)

MAT testing - Income ranged from \$300 to \$1100 (63,64,126,155,175,224,240,243,345,354)

CLEP testing - Income ranged from \$300 to \$4000 (64,139,207,286)

Learning disabilities assessment (150,309)

Credential services for students (55,161)

- 23 Insurance companies send us money for costs associated with providing them copies of client records.
- 30 Voluntary contribution from small limited private practice (@ 10%)
- 45 Sold "Superwomen: Non-traditional students" videotape to other universities
- 57 We ask department or organization to make donation, but not for every consulting incident.
- 95 Manage an EAP for local hospital
- 147 Sell workshop manuals
- 152 10% overhead charge for clinical staff use of Counseling Center office for private practice
- 154 Specialized services to athletes - long treatment if indicated
- 174 Recruiter's fee for an annual Jobs Fair.
- 175 Police certification testing
- 221 Speed reading program; Getting ready for college workshop
- 230 We sell a book written by a counselor
- 240 Non-student users of Career library; public career counseling
- 257 Non-credit reading and study methods course; sale of self-help brochures; individual graduate/professional admission tests
- 262 Psychiatric evaluations and follow-ups
- 270 Had to utilize funds used for programs - such as orientation - to pay salaries
- 283 25% of our budget generated by Pharmacy, Lab and research conducted by physicians - usually involving testing or new drugs.
- 284 Individual psychotherapy cases
- 296 Testing surcharge (administrative fee) and test prep. workshops for professional school admissions testing
- 313 Gift fund
- 315 Grants from Parents' Association
- 323 Drinkers' checkup program (alcohol/drug abuse)
- 332 Teaching on an extra-time, extra-compensation basis
- 333 Assessment of campus commissioned security officers
- 354 Our income at Center is generated through rent charged for private practice hours and from administration of MAT to community.

APPENDIX B
ITEM 34

Examples of court appearances:

- a. Custody dispute over a baby
- b. Appeared before judge to have subpoena quashed in accordance with confidentiality laws.
- c. Several involuntary commitment cases.
- d. To support a sexual harassment complaint, as an expert witness
- e. I testified that a student was a client and was depressed. He had an illegal firearm on campus.
- f. Break in confidentiality with student who called the hotline, claimed he had a machine gun, and threatened suicide.
- g. A foreign student being deported for criminal activity sought counseling for "stress" (likely was seeking counseling to improve chances in court)
- h. Student suicide on campus - court inquest held. Counselor and counseling unit director both asked to attend.
- i. Mental health board hearing for civil commitment; termination of probation hearing (sexual offender)
- j. I charged a student with telephone harassment
- k. Testified in a drug abuse case re: a student; testified re: a student suicide
- l. Served as a character witness
- m. To obtain a restraining order against a student (former client) who was harassing. This was at another campus.
- n. Support person for victim of assault

APPENDIX C
ITEM 37

Examples of unethical practice of staff and interns:

- a. Intern was dating a client and discouraged suicidal student from obtaining necessary services.
- b. Sexual harassment (could have been resolved but employee did not cooperate)
- c. Dual relationship of intimate nature after ending therapeutic relationship
- d. Clinical staff member caught forging Student Health Center physician signature to secure federally controlled substances (prescription drugs). Charged by District Attorney with 6 counts, informally we know of 60 incidents (at least) over 6 year period.
- e. Alcoholism, theft of University property
- f. Lapse in confidentiality i.e. extern 1 called fellow extern 2 with info on 2's client, but gave message with name, etc. to 2's roommate.
- g. Improper solicitation of clients for private treatment. (Therapist would cancel clients who had insurance and refer them to himself.)
- h. Gave warning to counselor who was making inappropriate referrals
- i. Meeting client outside Center for sessions, taking charts home (therefore not being available for next counselor), failure to attend staff meetings and supervision

APPENDIX D
ITEM 40

Directors encountered many ethical dilemmas in the past year. Examples are provided in a question format.

- a. Are we obligated to oblige if clients request access to their counseling records?
- b. We close for the Summer months. Can a counselor continue to see a Center client in his private practice when the college is closed?
- c. I was asked to assume administrative responsibilities for the Counseling Center although I have no clinical credentials. I hired a clinical consultant to meet with staff but what ethical problems does this pose?
- d. We received confidential medical info indicating that a student's sexual activities might put other students at risk. What is our responsibility?
- e. Should we be advocates for clients claiming rape and sexual harassment?
- f. A University staff member saw me about job stress, then took time off and filed a Worker's Compensation claim against University. Her attorney wants me to write letter affirming that she was harassed by her supervisor. Her file also contains information that could be detrimental to a former client. How should I handle this?
- g. A psychologist who left our Center took a job in another department, but continues to see clients in other locations in spite of being told not to do so. The other setting provides little protection for clients privacy. Should I take other action?
- h. What do we do with an administrative request to report incidents of rape (no names) even if client does not give permission?
- i. How do we handle the HIV positive client who refuses to inform his sexual partner of his condition?
- j. A faculty member brought in a student who we diagnosed as MPD. Faculty member called to be advised about keeping her in his class. I advocated for the student with her verbal permission. The next week one of her other personalities complained that I had talked to professor without her signed release? Any lessons to be learned from this?
- k. Should we establish files on non-clients? That is, if a RA consults us about a student who is having problems can we reasonably create a file for future reference should the student come in?
- l. If you become aware of child abuse but the child is located in another state are you mandated to report?
- m. How do you handle a psychology professor who is in a dual relationship with one of the Center's clients and who is attempting to interfere with the client's therapy?
- n. What can be discussed with parents of a client who commits suicide?
- o. If a staff member experiences a psychotic break during working hours can we break confidentiality and contact family?
- p. Should a Counseling Center provide services for both the perpetrator and the victim in a sexual assault case.
- q. What do you do if two different clients report being raped in a residence hall by the same person but neither want to file a report?
- r. Can counseling records be sent by E-mail if there is a signed release form?
- s. A client reports that a minor sibling is being sexually abused, but requests that this remain confidential. Is there a mandate to report?
- t. If an administrator asks whether an adjudicated student has scheduled an appointment at the Center should I give him this information?
- u. How do you handle it when a client asks you to release information but doesn't seem able to understand how this information might be used against her?
- v. A client reported to a trainee in our Center past sexual involvement with a teacher but does not want it reported. The trainee's faculty supervisor is insisting that he needs to report it. Any suggestions?

APPENDIX E
ITEM 96

Interesting "stalking" cases on campus:

- a. Faculty member being pursued and listed by pursuer as married to her, including getting credit cards in faculty member's name, etc. Other case led to hospitalization of male.
- b. We met with both parties at 5:00 AM and they ended up being thrown out of the center. A first.
- c. Homosexual male who is a student leader sending letters and pursuing several straight campus males
- d. Center involved with one male, first for marriage counseling - marriage dissolved. Second involvement was for excessive use of alcohol and disruptive behavior in residence hall; third was new ex-girlfriend seeking assistance because he is stalking her.
- e. Student (female) pursued teacher (male). Gave him gifts. Her behavior was psychotic in nature.
- f. One expulsion for suicidal impulses re: obsessive love/fixation
- g. One pre-med student (male) was absolutely convinced that he knew what was best for another pre-med student (female) and that was to marry him.
- h. Both parties left school. A third party's car was damaged and property taken.
- i. Female psych. student went repeatedly to male professor's apartment at early AM (1-2 AM) hours, crying and insisting on talking to him. He refused entry. She repeatedly came to his office, etc. even after warnings by department chair. She was eventually hospitalized 2x, still pursued him after second discharge! She's on medical leave from college and now barred from campus or subject to arrest if she returns.
- j. Pursuer was referred by faculty member (the "pursued"); obsession was then transferred to therapist seeing the pursuer.
- k. Pursuer flew out of state to see pursued's mother with wild story of tragic need, rented car when missed flight - made 2-3 1500 mile trips in matter of 2-3 days.
- l. Young man who stabbed himself in the stomach with table cutlery in front of intended, to "show her how much he was hurting".
- m. One student was completely obsessed with a rock star and believed certain female students were actually the star. No violence occurred but female students were fearful.
- n. Student under a restraining order, depressed and suicidal, dropped out of service. Had to break confidentiality and inform victim when had info. Victim was provided with security guards in class and on campus, not off campus.
- o. Male faculty member who couldn't remember what female student looked like received huge number of letters, tapes, flowers etc. along with some threatening notes over a 12 month period of time.
- p. I do not believe that the phenomenon is increasing, but the use of centers may be increasing as "victims" more openly search for and are directed for assistance.

APPENDIX F
ITEM 112

Innovative programs:

(Number in parentheses or in left column is school ID number)

- 29,136,232,239,321 Peer advising/counseling program
- 182,263 Mentor program in career counseling
- 19 An outreach program to students on academic probation; each counselor has a caseload of 10-25 per semester and makes 2 attempts to contact student. Has helped students get off probation.
- 22 Our "Self and family" groups use videotapes by John Bradshaw with small group discussions (counseling). Very popular and successful!
- 23 We just won the Senior Class of '93 vote to create a Rape Awareness and Response Program through their pledges over the next 5 years.
- 40 We are currently completing a research project examining the efficacy of a 30 minute session.
- 41 Program to assist students who remain on campus during Winter and Spring breaks
- 45 Two PhD staff offered prejudice reduction workshops for faculty/staff/students
- 48 Dissertation completion group - however, this has been cut due to budget cutbacks
- 57 "Options" course for alcohol/drug misuse; "Party smartly" acquaintance rape program; "ECHO" - Engineers choosing healthy options (alcohol/drug education program); "Study smartly" - time management, study skills, etc.
- 89 CHEERS (Peer educator program - ran numerous workshops in living units on substance/sexual abuse issues, eating disorders, safe sex, etc.)
- 119 Structured interview called "Chemical health assessment and education program"
- 122 "Radio Wellness" - short wellness tips written by a member of the staff, aired several times a day.
- 126 Working on finding out how women over 40 have overcome eating disorders, so that strategies can be passed on to younger women still struggling with similar problems.
- 129 M.E.A.L. program - designed to explore cultural differences by bringing ethnic food of designated cultures and enlisting speakers and representatives of that culture to informally share information.
- 132 Mental health newsletter begun - 2x year, campus-wide distribution
- 137 Trained 6 students to provide a 4-part series on relationship skills in residence halls
- 141 Healing through the Arts, a half day program for victims of sexual abuse, using dramatics, drawing, writing, and/or sculpting. Combined local artist with professional staff.
- 156 Registered Dietician offers nutrition classes to our clients with eating disorders. This is very helpful.
- 162 This is the second year we will offer a conference in August for last year's grads who have not found work yet. It is free and funded jointly with the Alumni Office. Offer sessions on job search but also on keeping a sense of humor and self-esteem.
- 172 Addressing alcohol issues with the faculty to promote integration of alcohol education into the curriculum and to increase recognition/referral/intervention with students.
- 179 Handouts to reluctant clients at single-session counseling
- 194 Development of videotape dispelling myths about counseling and explaining how services can be helpful

APPENDIX F - Continued
ITEM 112

- 198 Plan on visiting every campus department at faculty meetings to discuss services of center and the referral process.
- 203 We developed a Learning Access program for students with disabilities and the Undergraduate Learning, Training, and Awareness program (ULTRA) - video available.
- 223 "Exploring the effects of sexual abuse" group - 6 week structured group - sort of pre-sexual abuse recovery group for those who are wondering.
- 228 Stress clinic - easy access to menu of groups for stress management: relaxation, biofeedback, cognitive, test-taking
- 270 Drama-music troupe (Risque Business) which addresses issues (alcohol, dysfunctional families, stress, etc.) through an MTV style performance - undergraduate students write and perform the shows
- 288 Developed computer group for sexual abuse with over 60 persons now. 570 personal experience statements made between 10/92 and 5/93.
- 290 Peer helping program to help first year students integrate in university
- 320 We have a senior traineeship where experienced graduate students help train less experienced graduate students.

The following pages contain directories to assist you in matching counseling centers with their three digit identification numbers. Beginning on this page is an alphabetical listing by last name of all counseling center directors. On the following pages is a list which is organized alphabetically by institution name. Some institutions whose entries were received late can be found at the end of that list.

ALPHABETIZED LISTING OF PARTICIPANTS - Directory number follows name

Ackerley, Gary D. (353)	Coffman, Janet (185)	Geller, Marvin H. (158)
Aiken, Jim (033)	Condra, Mike (160)	Gibson, Ann E. (196)
Alexander, Beverly L. (309)	Coonce, Janer A. (162)	Gibson, Joan M. (217)
Alishio, Kip C. (132)	Cooper, Stewart E. (332)	Gilbert, Thomas E. (120)
Allen, Richard D. (243)	Copeland, Patsy (175)	Goldschmidt, Phyllis (079)
Andre, Bellerive (328)	Corazzini, John G. (334)	Gonzalez, Thomasa (203)
Atkins, Pamlyn (209)	Corirossi, Della (061)	Gordhamer, Rolf (221)
Austin, Kevin P. (032)	Cotrone, Dan (124)	Gordon, Michael (104)
Azar, James A. (168)	Cousins, J. Thomas (208)	Granosky, E.M. (295)
Backels, Steve (155)	Cozzens, David S. (151)	Grant, Charles O. (262)
Backner, Burton L. (161)	Craig, Donald H. (121)	Gray, Larry (036)
Baker, Ted (126)	Crego, Clyde A. (039)	Greer, Richard (345)
Ball, Wilbert (069)	Cross, David (281)	Grosz, Richard (285)
Barclay, Rosalyn (070)	Curoe, Sr. Bernadine (115)	Hadley, Virginia P. (266)
Barker, Anita (018)	Dacey, Christine M. (354)	Hageseth, Jon A. (322)
Barnes, Daniel F. (117)	Danchise, Roger (017)	Halstead, Rick (352)
Barrett, Barbara N. (080)	Davidshofer, Charles O. (058)	Hamann, John B. (324)
Bayne, Robert (191)	Deakin, Spencer (084)	Hammond, Barbara (337)
Beck, Terrence D. (110)	Deneselya, Helen (137)	Hammond, Laura (278)
Bentley, Charles (351)	DePalma, Diane M. (085)	Handy, Lee C. (239)
Bergandi, Thomas A. (188)	DePauw, Mary E. (172)	Hanek, Michael (150)
Bertsch, Donald (044)	DeSalvo, Francis J. (259)	Hansche, Janet H. (227)
Bibbee, Tammy (342)	DiNuzzo, Theresa M. (356)	Harman, Robert L. (245)
Biegen, Sharon (273)	Dixon, Russell (006)	Harris, Harold J. Jr. (134)
Bingham, Rosie P. (129)	Donn, Patsy A. (010)	Hattauer, Edward A. (029)
Birge, Susan N. (237)	Doran, Lindley E. (165)	Hatton, John M. (031)
Birky, Ian (111)	Dore, Patricia (357)	Hatton, Mark D. (200)
Bishop, John B. (250)	Doty, Mary E. (330)	Hayward, Howard (113)
Blackburn, Lucy (045)	Douce, Louise A. (149)	Heitzmann, Dennis (154)
Bloom, Linda (074)	Doyle, Diana (057)	Henjum, Jean (119)
Boland, Myrna L. (014)	Doyle, Michael (116)	Hensley, Steve (125)
Bolland, Herbert R. (050)	Drum, David J. (306)	Hiniker, Louise O. (053)
Bowersock, Roger B. (299)	Dugan, Meg (140)	Hocking, Thomas K. (323)
Bowman, Kevin (176)	Easton, Robert (338)	Holmes, James R. (318)
Boyd, Cindy Patton (123)	Ehrenworth, Jonathan (181)	Honegger, E. (253)
Boyd, Vivian S. (264)	Erickson, Lloyd (005)	Hopkins, Nina Dobson (136)
Brian, Tom J. (311)	Erskine, (060)	Hopkins, Warren P. (297)
Brown, Dianne (219)	Everhart, Deborah (282)	Hotelling, Kathy (147)
Brown, Steve D. (252)	Ferwilliger, Russell (087)	Hoyt, Arlyne E. (028)
Brown, Thomas O. (231)	Fields, Anika C. (081)	Hoyt, Robert L. (326)
Brown-DePass, Mary (214)	Flax, Henry S. (142)	Hula, Harold (336)
Brummels, Lin (339)	Foreman, Milton E. (247)	Hutchinson, Gail (319)
Bucell, Michael (072)	Franklin, Joan E. (071)	Indenbaum, Fred (015)
Buckles, Nancy B. (099)	Freeman, Sally (265)	Irvin, Valaray J. (067)
Burgan, W. Michael (198)	Fulks, Nikki J. (260)	Irvine, John S. (141)
Buron, Raoul J. Jr. (329)	Fygetakis, Leah M. (023)	John, Kenneth B. (083)
Cannici, James (222)	Gabbard, Clinton (159)	Johnson, Belinda (026)
Carney, Clarke (109)	Gahnz, Sharon (325)	Johnson, Marilyn (169)
Case, Clydia A. (144)	Gale, Diane (205)	Johnston, Pat (349)
Chandler, David (170)	Gallaer, Douglas C. (047)	Johnston, Paul J. (276)
Chislett, Lise (290)	Gallagher, Robert P. (292)	Jones, Ann (024)
Clack, Jim (315)	Garni, Ken (204)	Jones, Jean K. (270)
Clem-Fonten, Earlene (090)	Garrett-Akinsanya, BraVada (256)	Jones, Linda S. (173)
Clementson, Judith A. (145)	Gault, Frank (305)	Jones, William H. (089)

- Joy-Newman, Stephany (344)
 Kafka, Eric (195)
 Kahn, Malcolm (267)
 Kaneshige, Edward (255)
 Kashima, Kathleen (038)
 Kazin, Robert (093)
 Keane, Jeri (280)
 Kerrigan, John F. Jr. (307)
 King, Bradford D. (300)
 Kiracofe, Norman M. (346)
 Kissinger, Dave (020)
 Klukken, P. Gary (304)
 Knoll, J.T. (157)
 Knott, Gene (296)
 Kranz, Peter L. (218)
 Kryder, Sandra (041)
 Kunert, Kenneth M. (105)
 Kush, Ken (238)
 Larsen, Patricia (251)
 Lawson, Jane (171)
 Leddick, George R. (101)
 Letchworth, George E. (355)
 Lewis, Joanne M. (248)
 Libby, Carol (190)
 Liskin, Barbara A. (011)
 Loers, Deborah L. (350)
 Lott, Kendall (163)
 Lucas, Sue W. (254)
 Lundahl, Shell E. (021)
 Lyons, Steve (055)
 Mack, Delores E. (049)
 Mack, Judy (241)
 Mahon, Ellenor (052)
 Maierle, Paul (098)
 Mallisham, Ivy (059)
 Maloy, Charles E. (224)
 Manning, Linda (192)
 Martin, Glen R. (139)
 Martin, Patricia F. (114)
 Martinez, Alejandro M. (201)
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- 126 **McGill Univ.**
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NOTE: Entries with asterisk (*)
were not included in
analysis.