NATIONAL SURVEY OF
COUNSELING CENTER DIRECTORS
1997

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INTERNATIONAL ASSOCIATION OF COUNSELING SERVICES, INC.
Copies of this monograph may be ordered directly from the International Association of Counseling Services, 101 South Whiting Street, Suite 211, Alexandria, VA 22304. The cost of the monograph is $10. All orders must include payment.
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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 communication among the centers and agencies.

Titles in The Professional Series are selected to meet the needs of IACS members.

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 College Counseling Center Directors, and is now a joint endeavor of AAUCD 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 budget trends, current concerns, innovative programming, and a number of other administrative, ethical, and clinical issues.

Survey highlights are provided followed by data broken down by institution size. Responses to certain items are coded, allowing opportunity for directors to contact colleges 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 1997 survey includes data provided by directors from 331 counseling centers, representing institutions from 46 states and 4 provinces.
• 71.4% of directors are in favor of a professional standard stating that psychologists and counselors are not permitted to release student information to anyone other than another treating professional (barring court order). (Item 29)

• Average salary information for different professionals including breakdowns for length of employment is provided. (Item 30)

• 17% of the new directors hired were non-Caucasian, which is down 6% since 1996. The 2:1 female to male ratio for hires has continued now for the fifth straight year. (Item 31)

• The number of schools that are willing to provide services to individuals not affiliated with the university (26.6%) is down 17.5% since 1990. Of the 88 centers which provide services to non-affiliated individuals, only 27.8% believe their schools will assume legal responsibility. (Item 32)

• 32.5% of centers will generally provide counseling for students who are temporarily out of school and 42.6% will do so in exceptional cases. When a student in therapy withdraws from school and is unlikely to return, 52.9% of centers will see the student until a referral can be arranged, and 28% would see the student once and provide referral names. (Items 34 & 35)

• 64.3% of schools provide psychiatric services on campus. Centers report an average of 18.3 psychiatric consultation hours available per week. (Items 37 & 38)

• 37.8% of centers require students receiving medication from an on-campus psychiatrist to be followed in the counseling center for psychotherapy (up 14.4% since 1996). Students obtain prescriptions from the following campus sources: psychiatrist (68.3%), MD/non-psychiatrist (61.6%), and Nurse Practitioner (42.5%). The number of nurse practitioners prescribing medication has doubled since 1996. (Item 40)

• In centers with psychiatrists on-staff, the psychiatrists typically provide the following services: prescribing medication (90.9%), psychiatric assessment (88.4%), and individual consultation with staff (77.3%). (Item 41)

• The average ratio of mental health professionals to FTE students is 1 to 1,599. This ratio varies by school size. (Item 42)

• The average number of sessions per week that is considered a full case load for a counselor who does only counseling is 25.2. (Item 43)

• Full time counselors spend an average of 60.4% of their time on Direct Service, 21.2% on Indirect Service, 12.8% on Administrative Service, and 5.2% on other activities. (Item 44)

• 68.2% of directors report that their center is involved in their school's retention efforts. (Item 45)

• 23.0% of centers contribute to the Living Learning and Service Learning programs on their campuses. (Item 46)

• A comparison of vice presidents and director's ratings of counseling services are provided. Directors consistently underestimated VP ratings. (Item 48)
SURVEY HIGHLIGHTS

- In 1996-1997, 11.8% of centers charged a fee for personal counseling, 4.6% collected third party payments, and 40.4% were fully or partially supported by a mandatory fee. (Items 1, 2, & 3)

- 47.5% of centers received a FIPSE grant and 17.0% of centers received other types of grants this year. For a list of grants, see Appendix A. (Item 4 & 5)

- See Appendix B for innovative income earning strategies. (Item 6)

- The salary budgets of 8.8% of the centers increased above the cost of living, while 52.4% stayed about even with the cost of living. Most other costs budgets (81.7%) lost ground to the cost of living. (Item 7)

- The average amount of professional development money available for directors is $1,097; for training directors $860; for assistant directors $725; for professional counselors $656; and for secretarial staff $222. (Item 8)

- 24.4% of student affairs areas were downsized and 53.5% were reorganized. About 10% of counseling centers were downsized or reorganized. Three of the reporting directors indicated that their centers were privatized during 1996-97; 4% (compared to 9.2% in 1996) think that this is a possibility on their campuses. (Item 9)

- Directors who think there is a real possibility of outsourcing on their campus (4.0%) is down 5.2% since 1996. (Item 10)

- 39.3% of centers gained new staff positions (up 8.9% since 1996) and 20.5% lost staff positions without a replacement (down 6.1% since 1996). (Items 11 & 12)

- 20.4% of centers had records subpoenaed in the past year (down 7.6% from 1995). In 75.4% of these cases, it was necessary for the center to comply with the subpoena. (Items 13 &14)

- 5 centers had suits against them in the past year. (Item 18)

- 19 (5.8%) directors had to discipline or terminate a counselor or intern in the past year due to unethical practice (a 3% increase from 1994). (Item 19)

- 27.7% of centers have faced legal or ethical dilemmas in the past year. See Appendix C. (Item 21)

- A comparison of director's and vice president's views on when directors should inform VP's of certain student problems is provided. (Item 22)

- The number of directors who believe case notes should be maintained in a central office file (53.5%) is up 15.5% since 1991. (Item 24)

- The number of directors that typically provide clients with access to case notes on request (56%) is up 2.4% since 1995. (Item 25)

- The number of centers that inform students about pressured release of information has gone down 11.9% since 1995. 51.6% of directors report that providing information about pressured release has resulted in students deciding not to proceed with therapy at least occasionally. (Items 26 & 27)
November 1, 1997

Dear Colleague:

Enclosed are the results of the 16th Annual National Survey of Counseling Center Directors. As in previous reports, highlights of the findings are provided, followed by the statistical summaries broken down by school size. Also included are listings of innovative programs, ethical dilemmas, recommended readings/videos, and methods of gaining additional financial support for counseling services. The report concludes with the names and addresses of the respondents for networking purposes.

At the request of participants, the salary data is broken down for entry positions and for six different “years in position” groupings. Please note that on question 8, the average amount of professional money that was reported for different positions is probably overstated. The means were based on the number that responded to that question. For instance, the average money available for secretaries is the mean for the 186 centers that responded to the question. The average would have been considerably lower if the 145 directors who did not respond were included. You might also want to pay particular attention to question 22, 23, and 48 where comparative data from Directors and their Vice Presidents are provided.

I want to express my appreciation to those of you who participated in the survey and I hope that the findings will be helpful to you in your work.

Sincerely,

Robert P. Gallagher
Interim Vice Chancellor of Student Affairs

Transforming the Present — Discovering the Future
Average salary paid to professional staff according to number of years in the position (one representative salary reported per category when available):

<table>
<thead>
<tr>
<th>Years in Position</th>
<th>1-3 years in position</th>
<th>4-6 years in position</th>
<th>7-9 years in position</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Director</td>
<td>50,500 Range 25-77K (n=59)</td>
<td>58,400 Range 35-88K (n=42)</td>
<td>58,400 Range 29-95K (n=44)</td>
</tr>
<tr>
<td>b) Training Director</td>
<td>44,800 Range 38-53K (n=16)</td>
<td>47,400 Range 33-62K (n=20)</td>
<td>52,400 Range 37-76K (n=11)</td>
</tr>
<tr>
<td>c) Assistant or Associate Director</td>
<td>42,700 Range 32-60K (n=27)</td>
<td>46,600 Range 33-65K (n=25)</td>
<td>43,800 Range 33-63K (n=20)</td>
</tr>
<tr>
<td>d) Counselor with Ph.D. &amp; Experience</td>
<td>39,800 Range 28-62K (n=77)</td>
<td>42,500 Range 29-80K (n=73)</td>
<td>44,800 Range 31-70K (n=56)</td>
</tr>
<tr>
<td>e) Counselor with new doctorate</td>
<td>36,200 Range 25-63K (n=60)</td>
<td>37,500 Range 30-48K (n=10)</td>
<td>44,100 Range 42-48K (n=4)</td>
</tr>
<tr>
<td>f) Counselor who is A.B.D.</td>
<td>32,500 Range 17-41K (n=18)</td>
<td>31,400 Range 27-35K (n=4)</td>
<td>n/a</td>
</tr>
<tr>
<td>g) Counselor with M.A. &amp; experience</td>
<td>30,500 Range 22-42K (n=42)</td>
<td>33,500 Range 19-48K (n=43)</td>
<td>37,500 Range 25-62K (n=35)</td>
</tr>
<tr>
<td>h) Counselor with new M.A.</td>
<td>28,100 Range 16-40K (n=23)</td>
<td>28,800 Range 27-30K (n=3)</td>
<td>28,000 (n=1)</td>
</tr>
<tr>
<td>i) Counselor with M.S.W. &amp; experience</td>
<td>33,900 Range 25-47K (n=19)</td>
<td>34,400 Range 26-45K (n=16)</td>
<td>42,200 Range 33-53K (n=16)</td>
</tr>
<tr>
<td>j) Counselor with new M.S.W.</td>
<td>32,000 Range 24-39K (n=6)</td>
<td>34,000 Range 28-40K (n=2)</td>
<td>n/a</td>
</tr>
<tr>
<td>k) Counselor with BA</td>
<td>n/a</td>
<td>35,000 (n=1)</td>
<td>n/a</td>
</tr>
<tr>
<td>l) Psychiatrist/M.D. (annual salary)</td>
<td>93,700 Range 75-110K (n=5)</td>
<td>99,100 Range 77-136K (n=9)</td>
<td>117,000 Range 88-150K (n=4)</td>
</tr>
<tr>
<td>m) Psychiatrist/M.D. (hourly rate)</td>
<td>87.00 Range 42.00-165.00 (n=21)</td>
<td>97.00 Range 45.00-150.00 (n=15)</td>
<td>90.00 Range 58.00-120.00 (n=7)</td>
</tr>
<tr>
<td>n) Other (e.g. Post Doc, AOD Counselor, Nurse Pract.)</td>
<td>28,700 Range 15-66K (n=6)</td>
<td>34,000 (n=1)</td>
<td>47,000 (n=1)</td>
</tr>
</tbody>
</table>

10-12 years in position:

<table>
<thead>
<tr>
<th>Years in Position</th>
<th>10-12 years in position</th>
<th>13-15 years in position</th>
<th>15+ years in position</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Director</td>
<td>61,100 Range 30-110K (n=44)</td>
<td>60,800 Range 30-85K (n=14)</td>
<td>69,100 Range 40-104K (n=82)</td>
</tr>
<tr>
<td>b) Training Director</td>
<td>54,500 Range 38-73K (n=16)</td>
<td>48,400 Range 42-54K (n=3)</td>
<td>60,800 Range 41-81K (n=19)</td>
</tr>
<tr>
<td>c) Assistant or Associate Director</td>
<td>48,600 Range 35-66 (n=14)</td>
<td>54,800 Range 40-73 (n=9)</td>
<td>59,900 Range 38-81K (n=26)</td>
</tr>
<tr>
<td>d) Counselor with Ph.D. &amp; Experience</td>
<td>51,500 Range 34-69K (n=39)</td>
<td>51,600 Range 39-64 (n=15)</td>
<td>57,000 Range 38-81K (n=48)</td>
</tr>
<tr>
<td>e) Counselor with new doctorate</td>
<td>45,000 Range 36-54K (n=2)</td>
<td>n/a</td>
<td>40,000 Range 33-48K (n=2)</td>
</tr>
<tr>
<td>f) Counselor who is A.B.D.</td>
<td>36,200 Range 31-45K (n=4)</td>
<td>37,000 (n=1)</td>
<td>44,800 Range 31-53K (n=5)</td>
</tr>
<tr>
<td>g) Counselor with M.A. &amp; experience</td>
<td>39,600 Range 27-63K (n=27)</td>
<td>34,800 Range 25-44K (n=3)</td>
<td>37,000 Range 24-42K (n=26)</td>
</tr>
<tr>
<td>h) Counselor with new M.A.</td>
<td>63,000 (n=1)</td>
<td>n/a</td>
<td>46,300 Range 44-49K (n=2)</td>
</tr>
<tr>
<td>i) Counselor with M.S.W. &amp; experience</td>
<td>46,900 Range 35-63K (n=15)</td>
<td>38,200 Range 35-41K (n=4)</td>
<td>50,800 Range 35-76K (n=13)</td>
</tr>
<tr>
<td>j) Counselor with new M.S.W.</td>
<td>63,000 (n=1)</td>
<td>n/a</td>
<td>40,000 (n=1)</td>
</tr>
<tr>
<td>k) Counselor with BA</td>
<td>63,000 (n=1)</td>
<td>n/a</td>
<td>35,000 (n=1)</td>
</tr>
<tr>
<td>l) Psychiatrist/M.D. (annual salary)</td>
<td>94,500 Range 85-104K (n=4)</td>
<td>106,100 Range 87-125K (n=2)</td>
<td>105,000 Range 100-110K (n=2)</td>
</tr>
<tr>
<td>m) Psychiatrist/M.D. (hourly rate)</td>
<td>92.00 Range 72.00-125.00 (n=5)</td>
<td>125.00 (n=1)</td>
<td>92.00 Range 45.00-120.00 (n=5)</td>
</tr>
<tr>
<td>n) Other</td>
<td>37,500 Range 30-49K (n=2)</td>
<td>n/a</td>
<td>33,800 (n=1)</td>
</tr>
</tbody>
</table>
31. Average salaries for professional staff hired in the past year — reported for total data only:

<table>
<thead>
<tr>
<th></th>
<th>Minority Male</th>
<th>Minority Female</th>
<th>Caucasian Male</th>
<th>Caucasian Female</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Director</td>
<td>n/a</td>
<td>42,000 n=2</td>
<td>62,500 n=8</td>
<td>46,000 n=17</td>
<td></td>
</tr>
<tr>
<td>b) Training Director</td>
<td>n/a</td>
<td>n/a</td>
<td>39,400 n=2</td>
<td>48,700 n=3</td>
<td></td>
</tr>
<tr>
<td>c) Assistant or Associate Director</td>
<td>n/a</td>
<td>45,000 n=1</td>
<td>40,000 n=1</td>
<td>43,000 n=6</td>
<td>The ratio of female to male hires continues to increase</td>
</tr>
<tr>
<td>d) Counselor with Ph.D. &amp; Experience</td>
<td>39,000 n=4</td>
<td>43,800 n=3</td>
<td>39,300 n=10</td>
<td>42,500 n=21</td>
<td>It is now 2.4 to 1.</td>
</tr>
<tr>
<td>e) Counselor with new doctorate</td>
<td>34,000 n=2</td>
<td>35,200 n=5</td>
<td>38,500 n=8</td>
<td>35,600 n=23</td>
<td></td>
</tr>
<tr>
<td>f) Counselor who is A.B.D.</td>
<td>36,300 n=2</td>
<td>32,500 n=3</td>
<td>30,600 n=4</td>
<td>33,100 n=5</td>
<td></td>
</tr>
<tr>
<td>g) Counselor with M.A. &amp; experience</td>
<td>28,800 n=2</td>
<td>33,800 n=4</td>
<td>21,000 n=2</td>
<td>30,200 n=16</td>
<td></td>
</tr>
<tr>
<td>h) Counselor with new M.A.</td>
<td>26,500 n=1</td>
<td>29,500 n=2</td>
<td>28,300 n=3</td>
<td>27,600 n=7</td>
<td></td>
</tr>
<tr>
<td>i) Counselor with M.S.W. &amp; experience</td>
<td>40,000 n=1</td>
<td>n/a</td>
<td>38,000 n=1</td>
<td>30,000 n=8</td>
<td></td>
</tr>
<tr>
<td>j) Counselor with new M.S.W.</td>
<td>n/a</td>
<td>21,000 n=1</td>
<td>n/a</td>
<td>36,500 n=2</td>
<td></td>
</tr>
<tr>
<td>k) Counselor with BA</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>28,000 n=1</td>
<td></td>
</tr>
<tr>
<td>l) Psychiatrist/MD. (annual salary)</td>
<td>n/a</td>
<td>n/a</td>
<td>98,500 n=2</td>
<td>99,000 n=2</td>
<td></td>
</tr>
<tr>
<td>m) Psychiatrist/MD. (hourly rate)</td>
<td>120,00 n=2</td>
<td>120,00 n=2</td>
<td>98,000 n=7</td>
<td>123,00 n=4</td>
<td></td>
</tr>
<tr>
<td>n) Other (e.g. Post Doc, Nurse Practitioner, Network Analyst)</td>
<td>n/a</td>
<td>n/a</td>
<td>30,000 n=1</td>
<td>28,000 n=3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>n=60</th>
<th>2,500 - 7,500</th>
<th>n=92</th>
<th>7,500 - 15,000</th>
<th>n=79</th>
<th>Over 15,000</th>
<th>n=95</th>
<th>TOTAL n=331</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 2,500</td>
<td></td>
<td>12 (20.0%)</td>
<td>20 (21.7%)</td>
<td>26 (32.9%)</td>
<td>30 (31.6%)</td>
<td>88 (26.6%)</td>
<td></td>
<td>A 17.5% decrease since 1990. Note: 27.6% of these schools will assume legal responsibility.</td>
<td></td>
</tr>
<tr>
<td>2,500 - 7,500</td>
<td></td>
<td>16 (25.7%)</td>
<td>30 (32.6%)</td>
<td>22 (27.8%)</td>
<td>37 (39.8%)</td>
<td>107 (32.5%)</td>
<td></td>
<td>42.5% of these provide services only in exceptional cases.</td>
<td></td>
</tr>
<tr>
<td>7,500 - 15,000</td>
<td></td>
<td>16 (25.7%)</td>
<td>30 (32.6%)</td>
<td>22 (27.8%)</td>
<td>37 (39.8%)</td>
<td>107 (32.5%)</td>
<td></td>
<td>42.5% of these provide services only in exceptional cases.</td>
<td></td>
</tr>
<tr>
<td>Over 15,000</td>
<td></td>
<td>16 (25.7%)</td>
<td>30 (32.6%)</td>
<td>22 (27.8%)</td>
<td>37 (39.8%)</td>
<td>107 (32.5%)</td>
<td></td>
<td>42.5% of these provide services only in exceptional cases.</td>
<td></td>
</tr>
</tbody>
</table>

32. Centers that provide services to individuals not affiliated with the university (e.g. children of faculty, walk-ins from the community, students from other schools). 12 (20.0%) 20 (21.7%) 26 (32.9%) 30 (31.6%) 88 (26.6%) A 17.5% decrease since 1990. Note: 27.6% of these schools will assume legal responsibility.

34. Centers that provide counseling for students who are temporarily out of school (e.g. withdrawn but expected to return): 16 (25.7%) 30 (32.6%) 22 (27.8%) 37 (39.8%) 107 (32.5%) 42.5% of these provide services only in exceptional cases.

35. When a student in therapy withdraws from school and is unlikely to return, Directors said they would continue therapy:
   a) As long as necessary 0 (0.0%) 3 (3.3%) 3 (3.8%) 1 (1.1%) 7 (2.1%) Several Centers would provide therapy for one more semester (3), until the end of current semester (6), or for one month (5).
   b) Until the typical limit on the number of sessions 2 (3.3%) 1 (1.1%) 6 (7.7%) 8 (8.4%) 17 (5.2%)
   c) Until a referral could be arranged 36 (60.0%) 49 (53.8%) 34 (43.6%) 52 (54.7%) 174 (52.9%)
   d) One termination session would be held and referral names provided 21 (35.0%) 31 (34.1%) 21 (26.9%) 18 (18.9%) 92 (28.0%)

36. Centers where malpractice insurance is:
   a) Paid for by institution 32 (53.3%) 44 (48.4%) 17 (21.5%) 30 (31.6%) 124 (37.6%)
   b) Paid for by counselors 7 (11.7%) 13 (14.3%) 18 (22.8%) 18 (18.9%) 57 (17.3%)
   c) Not used; counselors are covered by general institutional insurance for all employees 21 (35.0%) 30 (33.0%) 40 (50.6%) 34 (35.8%) 127 (38.5%)
### 37. Schools which provide psychiatric services on campus

<table>
<thead>
<tr>
<th>Category</th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 78)</th>
<th>Over 15,000 (n = 95)</th>
<th>TOTAL (n = 331)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) In Counseling Center only</td>
<td>10 (16.7%)</td>
<td>26 (28.3%)</td>
<td>28 (31.6%)</td>
<td>22 (23.2%)</td>
<td>83 (25.1%)</td>
</tr>
<tr>
<td>b) In Student Health Center only</td>
<td>2 (3.3%)</td>
<td>5 (5.4%)</td>
<td>18 (22.8%)</td>
<td>32 (33.7%)</td>
<td>57 (17.2%)</td>
</tr>
<tr>
<td>c) In both Counseling &amp; Student Health Centers</td>
<td>2 (3.3%)</td>
<td>4 (4.3%)</td>
<td>4 (5.1%)</td>
<td>18 (20.0%)</td>
<td>28 (8.8%)</td>
</tr>
<tr>
<td>d) Other settings</td>
<td>7 (11.7%)</td>
<td>19 (20.7%)</td>
<td>4 (5.1%)</td>
<td>12 (12.6%)</td>
<td>44 (13.3%)</td>
</tr>
<tr>
<td>e) No psychiatric services</td>
<td>39 (65.0%)</td>
<td>38 (41.3%)</td>
<td>26 (35.4%)</td>
<td>10 (10.5%)</td>
<td>118 (35.6%)</td>
</tr>
</tbody>
</table>

### 38. Number of psychiatric consultation hours available per week

<table>
<thead>
<tr>
<th>Category</th>
<th>x = 5.6</th>
<th>x = 9.1</th>
<th>x = 15.4</th>
<th>x = 28.9</th>
<th>x = 18.3</th>
<th>Range: 1 - 140</th>
</tr>
</thead>
</table>

### 39. Students receiving medication from an on-campus psychiatrist:

<table>
<thead>
<tr>
<th>Category</th>
<th>9 (40.9%)</th>
<th>21 (48.8%)</th>
<th>22 (44.9%)</th>
<th>21 (26.9%)</th>
<th>73 (37.8%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Must be in therapy with a Counseling Center therapist</td>
<td>5 (22.7%)</td>
<td>7 (16.3%)</td>
<td>8 (16.3%)</td>
<td>17 (21.9%)</td>
<td>38 (18.7%)</td>
</tr>
<tr>
<td>b) Must be in therapy with either a Center therapist or an external therapist</td>
<td>3 (16.3%)</td>
<td>5 (10.6%)</td>
<td>6 (12.2%)</td>
<td>7 (8.4%)</td>
<td>16 (8.2%)</td>
</tr>
<tr>
<td>c) Can obtain medication without on-going therapy</td>
<td>10 (36.4%)</td>
<td>3 (10.6%)</td>
<td>10 (36.4%)</td>
<td>4 (13.8%)</td>
<td>33 (10.7%)</td>
</tr>
</tbody>
</table>

### 40. Center clients receive medication from the following campus sources (Directors checked all that applied):

<table>
<thead>
<tr>
<th>Category</th>
<th>17 (41.5%)</th>
<th>42 (63.6%)</th>
<th>47 (63.1%)</th>
<th>76 (66.4%)</th>
<th>163 (58.3%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Psychiatrist</td>
<td>11 (26.8%)</td>
<td>15 (22.7%)</td>
<td>14 (22.3%)</td>
<td>18 (20.5%)</td>
<td>59 (24.0%)</td>
</tr>
<tr>
<td>b) M.D., non-psychiatrist</td>
<td>27 (65.9%)</td>
<td>37 (56.1%)</td>
<td>44 (63.8%)</td>
<td>55 (62.5%)</td>
<td>165 (61.8%)</td>
</tr>
<tr>
<td>c) Nurse practitioner</td>
<td>11 (26.8%)</td>
<td>15 (22.7%)</td>
<td>14 (22.3%)</td>
<td>18 (20.5%)</td>
<td>59 (24.0%)</td>
</tr>
</tbody>
</table>

### 41. Functions performed by psychiatrist:

<table>
<thead>
<tr>
<th>Category</th>
<th>18 (81.8%)</th>
<th>44 (54.6%)</th>
<th>44 (88.0%)</th>
<th>66 (93.0%)</th>
<th>175 (98.4%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Psychiatric assessment</td>
<td>19 (86.4%)</td>
<td>47 (90.4%)</td>
<td>46 (92.0%)</td>
<td>66 (93.0%)</td>
<td>180 (90.9%)</td>
</tr>
<tr>
<td>b) Prescribing medication</td>
<td>13 (59.1%)</td>
<td>35 (67.3%)</td>
<td>41 (82.0%)</td>
<td>63 (88.7%)</td>
<td>153 (77.3%)</td>
</tr>
<tr>
<td>c) Individual consultation with other professional staff</td>
<td>11 (50.0%)</td>
<td>23 (44.2%)</td>
<td>24 (48.0%)</td>
<td>36 (50.7%)</td>
<td>94 (47.5%)</td>
</tr>
<tr>
<td>d) Consultation at case conference meetings</td>
<td>0 (0.0%)</td>
<td>1 (1.9%)</td>
<td>6 (12.0%)</td>
<td>12 (16.9%)</td>
<td>19 (9.6%)</td>
</tr>
<tr>
<td>e) Supervision of interns</td>
<td>4 (18.2%)</td>
<td>17 (32.7%)</td>
<td>15 (30.0%)</td>
<td>30 (42.3%)</td>
<td>66 (33.3%)</td>
</tr>
<tr>
<td>f) Staff presentations</td>
<td>2 (9.1%)</td>
<td>6 (11.5%)</td>
<td>6 (12.0%)</td>
<td>15 (21.1%)</td>
<td>30 (15.2%)</td>
</tr>
<tr>
<td>g) Providing therapy</td>
<td>1 (4.5%)</td>
<td>8 (16.4%)</td>
<td>6 (12.0%)</td>
<td>7 (9.9%)</td>
<td>22 (11.1%)</td>
</tr>
<tr>
<td>h) Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 42. Approximate ratio of FTE mental health professionals (includes all paid staff and interns at centers and other service units on campus except for services provided by students in departmental clinics) to FTE students

<table>
<thead>
<tr>
<th>Category</th>
<th>1 to 800</th>
<th>1 to 1,219</th>
<th>1 to 1,791</th>
<th>1 to 2,332</th>
<th>1 to 1,599</th>
<th>The range varies from 1 to 130 to 1 to 8,500</th>
</tr>
</thead>
</table>

### 43. Number of clients seen each week to be considered a full case load for a counselor who does only counseling

<table>
<thead>
<tr>
<th>Category</th>
<th>x = 25.6 Range: 16-35</th>
<th>x = 25.3 Range: 10-35</th>
<th>x = 24.6 Range: 15-33</th>
<th>x = 25.3 Range: 15-33</th>
<th>x = 25.2 Range: 10-35</th>
<th>An average of 25 clients/week</th>
</tr>
</thead>
</table>

11
44. The percentage of time a full time counselor spends on the following areas during Fall and Spring terms:

<table>
<thead>
<tr>
<th>Area</th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 95)</th>
<th>TOTAL (n = 331)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Direct Service (individual and group counseling, intake, assessment, crisis intervention, C &amp; O for students)</td>
<td>x=64.1 Range 30-90</td>
<td>x=61.8 Range 25-95</td>
<td>x=59.3 Range 35-90</td>
<td>x=57.6 Range 20-100</td>
<td>x=60.4 Range 20-100</td>
</tr>
<tr>
<td>b) Indirect Service (supervision, RA/peerclinical training, consultation, case notes, other outreach)</td>
<td>x=19.8 Range 5-70</td>
<td>x=19.9 Range 1-50</td>
<td>x=21.8 Range 8-40</td>
<td>x=22.9 Range 5-35</td>
<td>x=21.1 Range 1-70</td>
</tr>
<tr>
<td>c) Administrative Service (staff meetings, committee work, center mgmt., professional development)</td>
<td>x=11.2 Range 0-36</td>
<td>x=13.4 Range 0-40</td>
<td>x=12.8 Range 0-40</td>
<td>x=12.6 Range 0-35</td>
<td>x=12.8 Range 0-40</td>
</tr>
<tr>
<td>d) Other (research, teaching, etc.)</td>
<td>x=4.8 Range 0-50</td>
<td>x=4.3 Range 0-30</td>
<td>x=5.4 Range 0-25</td>
<td>x=6.6 Range 0-50</td>
<td>x=5.2 Range 0-50</td>
</tr>
</tbody>
</table>

**The five services rated most highly are indicated by an asterisk.**

45. Centers involved in their school's retention efforts:

<table>
<thead>
<tr>
<th>Category</th>
<th>Under 2,500 (61.0%)</th>
<th>2,500 - 7,500 (77.5%)</th>
<th>7,500 - 15,000 (67.5%)</th>
<th>Over 15,000 (62.8%)</th>
<th>TOTAL (68.2%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Living Learning Program</td>
<td>13 (22.4%)</td>
<td>16 (18.1%)</td>
<td>15 (20.8%)</td>
<td>26 (29.9%)</td>
<td>70 (23.0%)</td>
</tr>
<tr>
<td>b) Service Learning Program</td>
<td>24 (40.7%)</td>
<td>43 (50.0%)</td>
<td>32 (43.2%)</td>
<td>30 (34.9%)</td>
<td>130 (41.9%)</td>
</tr>
</tbody>
</table>

Director's Prediction of VP Rating:

<table>
<thead>
<tr>
<th>Category</th>
<th>Director Rating</th>
<th>VP Rating</th>
<th>Director's Prediction of VP Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Extensive psychotherapy (6 months or longer) for all students who might benefit.</td>
<td>25.0%</td>
<td>12.0%</td>
<td>11.1%</td>
</tr>
<tr>
<td>b) Group therapy</td>
<td>52.0%</td>
<td>59.0%</td>
<td>35.9%</td>
</tr>
<tr>
<td>c) Brief counseling (up to 12 sessions) with whatever problems students bring to the Center.</td>
<td>97.2%</td>
<td>99.0%</td>
<td>90.5%</td>
</tr>
<tr>
<td>d) Crisis intervention (responding to serious student crises such as suicide attempts and psychotic breakdowns).</td>
<td>99.1%</td>
<td>99.0%</td>
<td>99.0%</td>
</tr>
<tr>
<td>e) The training of resident hall staff or others on campus who work with students</td>
<td>71.0%</td>
<td>82.0%</td>
<td>88.2%</td>
</tr>
<tr>
<td>f) Treatment of whatever length is necessary for students who have been sexually assaulted on campus</td>
<td>75.5%</td>
<td>71.0%</td>
<td>58.3%</td>
</tr>
<tr>
<td>g) Specialized sexual assault counseling program (apart from traditional counseling program).</td>
<td>36.7%</td>
<td>51.0%</td>
<td>34.9%</td>
</tr>
<tr>
<td>h) Campus research, e.g. surveys that help to educate the campus community about student characteristics or needs.</td>
<td>16.8%</td>
<td>10.0%</td>
<td>8.2%</td>
</tr>
<tr>
<td>i) Research for publication.</td>
<td>42.4%</td>
<td>49.0%</td>
<td>37.4%</td>
</tr>
<tr>
<td>j) Learning skills or study skills program.</td>
<td>13.9%</td>
<td>23.0%</td>
<td>6.8%</td>
</tr>
<tr>
<td>k) Psychologists providing psychotherapy (in addition to doing psychiatric assessment and prescribing medication).</td>
<td>73.7%</td>
<td>55.0%</td>
<td>47.2%</td>
</tr>
<tr>
<td>l) Psychiatric assessment and prescriptions.</td>
<td>49.5%</td>
<td>40.0%</td>
<td>41.4%</td>
</tr>
<tr>
<td>m) The acceptance of mandated referrals by the Counseling Center from judicial boards and administrators</td>
<td>22.3%</td>
<td>41.0%</td>
<td>52.8%</td>
</tr>
<tr>
<td>n) Structured groups on assertiveness, social skills, etc.</td>
<td>93.0%</td>
<td>86.0%</td>
<td>85.0%</td>
</tr>
<tr>
<td>o) Consultation with faculty, staff, and administrators.</td>
<td>24.8%</td>
<td>28.0%</td>
<td>23.9%</td>
</tr>
<tr>
<td>p) Serving as campus mediators</td>
<td>88.3%</td>
<td>90.0%</td>
<td>81.2%</td>
</tr>
<tr>
<td>q) Serving on crisis intervention teams with other campus professionals</td>
<td>24.8%</td>
<td>28.0%</td>
<td>23.9%</td>
</tr>
</tbody>
</table>

Director and Vice President ratings were not all that different. However, Director's consistently underestimated how their VP's would rate services.

**The five services rated most highly are indicated by an asterisk.**
49. Centers that have taken the following actions to effectively manage case loads:

<table>
<thead>
<tr>
<th>Action</th>
<th>Under 2,500 (n=60)</th>
<th>2,500 - 7,500 (n=92)</th>
<th>7,500 - 15,000 (n=79)</th>
<th>Over 15,000 (n=95)</th>
<th>TOTAL (n=331)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Seeing more students in therapy less than once a week</td>
<td>28 (56.0%)</td>
<td>65 (62.3%)</td>
<td>58 (99.2%)</td>
<td>70 (81.4%)</td>
<td>222 (78.4%)</td>
<td></td>
</tr>
<tr>
<td>b) Reducing the number of students seen more than once a week</td>
<td>25 (50.0%)</td>
<td>42 (53.2%)</td>
<td>33 (50.8%)</td>
<td>41 (47.7%)</td>
<td>142 (50.2%)</td>
<td></td>
</tr>
<tr>
<td>c) No longer having holding appointments for students</td>
<td>24 (48.0%)</td>
<td>38 (48.1%)</td>
<td>29 (44.6%)</td>
<td>31 (36.0%)</td>
<td>123 (45.5%)</td>
<td></td>
</tr>
<tr>
<td>d) Using a waiting list “support” group (students attend group until an individual appt. is available)</td>
<td>1 (2.0%)</td>
<td>4 (5.1%)</td>
<td>6 (9.4%)</td>
<td>11 (12.8%)</td>
<td>23 (8.2%)</td>
<td></td>
</tr>
<tr>
<td>e) Assigning more students to groups directly from intake/assessment</td>
<td>5 (10.0%)</td>
<td>10 (12.7%)</td>
<td>19 (29.7%)</td>
<td>37 (43.0%)</td>
<td>71 (26.2%)</td>
<td></td>
</tr>
<tr>
<td>f) Using a telephone assessment/intake system</td>
<td>6 (12.0%)</td>
<td>6 (7.6%)</td>
<td>4 (6.3%)</td>
<td>5 (5.8%)</td>
<td>22 (7.8%)</td>
<td></td>
</tr>
<tr>
<td>g) Using a computerized assessment/intake system</td>
<td>1 (2.0%)</td>
<td>1 (1.3%)</td>
<td>2 (3.1%)</td>
<td>7 (8.1%)</td>
<td>11 (3.9%)</td>
<td></td>
</tr>
<tr>
<td>h) Other</td>
<td>11 (22.0%)</td>
<td>21 (26.6%)</td>
<td>14 (21.9%)</td>
<td>24 (27.9%)</td>
<td>71 (25.2%)</td>
<td></td>
</tr>
</tbody>
</table>

50. Center Directors that have noticed an increase in students with the following problems over the past five years:

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>Under 2,500 (n=60)</th>
<th>2,500 - 7,500 (n=92)</th>
<th>7,500 - 15,000 (n=79)</th>
<th>Over 15,000 (n=95)</th>
<th>TOTAL (n=331)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Severe psychological problems</td>
<td>47 (79.7%)</td>
<td>80 (87.0%)</td>
<td>65 (83.3%)</td>
<td>74 (80.4%)</td>
<td>270 (82.9%)</td>
<td></td>
</tr>
<tr>
<td>b) Sexual assault concerns (on campus)</td>
<td>30 (51.7%)</td>
<td>47 (51.1%)</td>
<td>35 (44.9%)</td>
<td>49 (53.8%)</td>
<td>163 (50.3%)</td>
<td></td>
</tr>
<tr>
<td>c) Problems related to earlier sexual abuse</td>
<td>37 (63.6%)</td>
<td>69 (75.0%)</td>
<td>54 (69.2%)</td>
<td>61 (68.3%)</td>
<td>224 (68.8%)</td>
<td></td>
</tr>
<tr>
<td>d) Alcohol problems</td>
<td>35 (60.3%)</td>
<td>48 (52.3%)</td>
<td>47 (60.3%)</td>
<td>51 (55.4%)</td>
<td>186 (57.2%)</td>
<td></td>
</tr>
<tr>
<td>e) Other illicit drug use</td>
<td>32 (55.2%)</td>
<td>39 (42.4%)</td>
<td>33 (42.3%)</td>
<td>42 (46.2%)</td>
<td>148 (45.7%)</td>
<td></td>
</tr>
<tr>
<td>f) Learning disabilities</td>
<td>50 (86.2%)</td>
<td>84 (91.3%)</td>
<td>64 (83.1%)</td>
<td>76 (82.6%)</td>
<td>279 (86.1%)</td>
<td></td>
</tr>
</tbody>
</table>

51. Center staff generates a DSM-IV diagnosis of students:

<table>
<thead>
<tr>
<th>Diagnosis Description</th>
<th>Under 2,500 (n=60)</th>
<th>2,500 - 7,500 (n=92)</th>
<th>7,500 - 15,000 (n=79)</th>
<th>Over 15,000 (n=95)</th>
<th>TOTAL (n=331)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Yes, on most clients</td>
<td>11 (18.6%)</td>
<td>16 (17.6%)</td>
<td>19 (24.4%)</td>
<td>31 (33.3%)</td>
<td>78 (23.9%)</td>
<td>Up 7.8% since 1993</td>
</tr>
<tr>
<td>b) Yes, on about half of clients</td>
<td>4 (6.8%)</td>
<td>4 (4.4%)</td>
<td>9 (11.5%)</td>
<td>5 (5.4%)</td>
<td>23 (7.1%)</td>
<td></td>
</tr>
<tr>
<td>c) Yes, but on a small percentage of clients</td>
<td>16 (27.1%)</td>
<td>34 (37.4%)</td>
<td>16 (20.5%)</td>
<td>23 (24.7%)</td>
<td>89 (27.3%)</td>
<td></td>
</tr>
<tr>
<td>d) Never, or very rarely</td>
<td>28 (47.5%)</td>
<td>37 (40.7%)</td>
<td>34 (43.6%)</td>
<td>34 (36.6%)</td>
<td>136 (41.7%)</td>
<td></td>
</tr>
</tbody>
</table>

52. The ADA requires schools to provide reasonable accommodations for students with psychological disabilities.

<table>
<thead>
<tr>
<th>Action Description</th>
<th>Under 2,500 (n=60)</th>
<th>2,500 - 7,500 (n=92)</th>
<th>7,500 - 15,000 (n=79)</th>
<th>Over 15,000 (n=95)</th>
<th>TOTAL (n=331)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Providing ongoing counseling support places too heavy a burden on colleges and universities</td>
<td>10 (16.9%)</td>
<td>16 (17.6%)</td>
<td>20 (26.0%)</td>
<td>32 (34.8%)</td>
<td>80 (24.7%)</td>
<td>Most directors stated that services provided should fall within the normal limits of services for the Center.</td>
</tr>
<tr>
<td>b) Ongoing weekly therapy should be provided in these cases</td>
<td>13 (22.0%)</td>
<td>16 (19.8%)</td>
<td>7 (9.1%)</td>
<td>8 (8.7%)</td>
<td>47 (14.5%)</td>
<td></td>
</tr>
<tr>
<td>c) Accommodations should be made but with a case management approach</td>
<td>33 (55.9%)</td>
<td>48 (52.7%)</td>
<td>44 (57.1%)</td>
<td>42 (45.7%)</td>
<td>169 (52.2%)</td>
<td></td>
</tr>
</tbody>
</table>

53. Centers providing on-call services for students:

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Under 2,500 (n=60)</th>
<th>2,500 - 7,500 (n=92)</th>
<th>7,500 - 15,000 (n=79)</th>
<th>Over 15,000 (n=95)</th>
<th>TOTAL (n=331)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Yes, on most clients</td>
<td>47 (83.9%)</td>
<td>63 (76.1%)</td>
<td>55 (72.4%)</td>
<td>84 (68.8%)</td>
<td>236 (74.8%)</td>
<td></td>
</tr>
</tbody>
</table>
54. Participants in the on-call service (percentages based on number who responded Yes to #53):

<table>
<thead>
<tr>
<th></th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 93)</th>
<th>TOTAL (n = 331)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Center staff</td>
<td>42 (84.4%)</td>
<td>84 (92.9%)</td>
<td>56 (96.6%)</td>
<td>58 (86.6%)</td>
<td>224 (89.8%)</td>
<td>Others participating in on-call services:</td>
</tr>
<tr>
<td>b) Center interns</td>
<td>2 (3.9%)</td>
<td>10 (14.5%)</td>
<td>14 (24.1%)</td>
<td>26 (38.8%)</td>
<td>53 (21.2%)</td>
<td>Community MH Center (13)</td>
</tr>
<tr>
<td>c) Practicum students</td>
<td>0 (0.0%)</td>
<td>1 (1.4%)</td>
<td>5 (8.6%)</td>
<td>4 (6.0%)</td>
<td>10 (4.0%)</td>
<td>CC Director (7), Residence</td>
</tr>
<tr>
<td>d) Other Staff</td>
<td>20 (39.2%)</td>
<td>12 (17.4%)</td>
<td>12 (20.7%)</td>
<td>8 (11.9%)</td>
<td>55 (22.0%)</td>
<td>Life (4) and Student Health Service (4).</td>
</tr>
<tr>
<td>e) Other</td>
<td>11 (21.6%)</td>
<td>16 (23.2%)</td>
<td>8 (13.8%)</td>
<td>12 (17.9%)</td>
<td>47 (18.8%)</td>
<td></td>
</tr>
</tbody>
</table>

55. On-call participants are contacted by (% based on # 53):

<table>
<thead>
<tr>
<th></th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 93)</th>
<th>TOTAL (n = 331)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Beep</td>
<td>29 (58.0%)</td>
<td>43 (62.3%)</td>
<td>34 (57.6%)</td>
<td>30 (59.1%)</td>
<td>148 (59.8%)</td>
<td>Center staff are also contacted via regular phone (24), residence life staff (5) and the health service/infirm (4)</td>
</tr>
<tr>
<td>b) Cell phone</td>
<td>4 (8.2%)</td>
<td>8 (11.6%)</td>
<td>7 (11.9%)</td>
<td>10 (15.2%)</td>
<td>29 (11.7%)</td>
<td></td>
</tr>
<tr>
<td>c) Rotating on-call list</td>
<td>15 (30.6%)</td>
<td>25 (36.2%)</td>
<td>27 (45.8%)</td>
<td>36 (54.5%)</td>
<td>106 (42.7%)</td>
<td></td>
</tr>
<tr>
<td>d) Other</td>
<td>18 (36.7%)</td>
<td>23 (33.3%)</td>
<td>16 (27.1%)</td>
<td>16 (24.2%)</td>
<td>74 (29.9%)</td>
<td></td>
</tr>
</tbody>
</table>

56. Methods of counselor compensation for after hours work (% based on #53):

<table>
<thead>
<tr>
<th></th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 93)</th>
<th>TOTAL (n = 331)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Release time</td>
<td>2 (3.8%)</td>
<td>8 (10.5%)</td>
<td>7 (11.1%)</td>
<td>7 (10.8%)</td>
<td>24 (9.2%)</td>
<td></td>
</tr>
<tr>
<td>b) Informal comp. or flex time</td>
<td>17 (32.7%)</td>
<td>37 (48.7%)</td>
<td>24 (38.1%)</td>
<td>26 (40.0%)</td>
<td>108 (41.4%)</td>
<td></td>
</tr>
<tr>
<td>c) Considered part of the job with no extra compensation</td>
<td>31 (59.6%)</td>
<td>31 (40.6%)</td>
<td>27 (42.9%)</td>
<td>28 (43.1%)</td>
<td>117 (44.8%)</td>
<td></td>
</tr>
</tbody>
</table>

57. In the past year, Center staff were contacted on-call (% based on #53):

<table>
<thead>
<tr>
<th></th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 93)</th>
<th>TOTAL (n = 331)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Rarely - a few times a term</td>
<td>39 (72.2%)</td>
<td>50 (67.6%)</td>
<td>52 (83.3%)</td>
<td>35 (53.8%)</td>
<td>159 (61.6%)</td>
<td></td>
</tr>
<tr>
<td>b) Moderately - several times a month</td>
<td>15 (27.8%)</td>
<td>18 (24.3%)</td>
<td>24 (38.0%)</td>
<td>22 (33.8%)</td>
<td>81 (31.4%)</td>
<td></td>
</tr>
<tr>
<td>o) Frequently - multiple calls each week</td>
<td>0 (0.0%)</td>
<td>6 (8.1%)</td>
<td>4 (6.7%)</td>
<td>8 (12.3%)</td>
<td>18 (7.0%)</td>
<td></td>
</tr>
</tbody>
</table>

58. Percentage of on-call contacts resulting in on-call person returning to campus after hours:

<table>
<thead>
<tr>
<th></th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 93)</th>
<th>TOTAL (n = 331)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x=24.6%</td>
<td>x=24.0%</td>
<td>x=23.0%</td>
<td>x=16.3%</td>
<td>x=22.1%</td>
<td></td>
</tr>
</tbody>
</table>

59. Centers involved with other campus offices or departments in a crisis intervention team:

<table>
<thead>
<tr>
<th></th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 93)</th>
<th>TOTAL (n = 331)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>34 (59.6%)</td>
<td>61 (68.5%)</td>
<td>50 (86.8%)</td>
<td>67 (72.0%)</td>
<td>216 (67.5%)</td>
<td>A total of 350 cases with 25 persons injured, x = 2.5 range 1-12, and 1 person killed.</td>
<td></td>
</tr>
<tr>
<td>Centers where involvement in a crisis intervention team has been a positive experience:</td>
<td>34 (91.9%)</td>
<td>58 (93.8%)</td>
<td>51 (99.1%)</td>
<td>64 (94.1%)</td>
<td>211 (94.2%)</td>
<td></td>
</tr>
</tbody>
</table>

60. Centers with obsessive-pursuit cases in the past year:

<table>
<thead>
<tr>
<th></th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 93)</th>
<th>TOTAL (n = 331)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 (33.9%)</td>
<td>44 (48.9%)</td>
<td>38 (48.1%)</td>
<td>51 (55.4%)</td>
<td>155 (47.7%)</td>
<td>Several cases involved email (3), international students (2), a delusional student, a former employee, and the mother of a student.</td>
<td></td>
</tr>
</tbody>
</table>

63. Centers that had to hospitalize a student for psychological reasons in the past year:

<table>
<thead>
<tr>
<th></th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 93)</th>
<th>TOTAL (n = 331)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>43 (75.4%)</td>
<td>76 (84.4%)</td>
<td>66 (85.7%)</td>
<td>83 (89.2%)</td>
<td>271 (84.2%)</td>
<td>A total of 1,238 students were hospitalized last year. The mean number per school was 5.5.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Under 2,500 (n = 80)</td>
<td>2,500 - 7,500 (n = 92)</td>
<td>7,500 - 15,000 (n = 79)</td>
<td>Over 15,000 (n = 95)</td>
<td>TOTAL (n = 331)</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------</td>
<td>------------------------</td>
<td>-------------------------</td>
<td>---------------------</td>
<td>----------------</td>
<td>----------</td>
</tr>
<tr>
<td>Campuses that had an enrolled student suicide in the 96-97 school year:</td>
<td>3 (5.1%)</td>
<td>15 (16.3%)</td>
<td>30 (38.0%)</td>
<td>51 (56.0%)</td>
<td>100 (30.9%)</td>
<td>A total of 121 students. x=1.6, Range 1-6</td>
</tr>
<tr>
<td>Campuses that had an enrolled client suicide in the 96-97 school year:</td>
<td>2 (3.4%)</td>
<td>2 (2.2%)</td>
<td>4 (5.1%)</td>
<td>18 (19.6%)</td>
<td>26 (8.0%)</td>
<td>No school reported more than one client suicide.</td>
</tr>
<tr>
<td>Centers that have had legal action taken against them following a client or former client suicide:</td>
<td>1 (1.7%)</td>
<td>0 (0.0%)</td>
<td>1 (1.3%)</td>
<td>4 (4.3%)</td>
<td>8 (1.8%)</td>
<td>2 settled out of court, 1 in favor of the Center, 1 still in progress.</td>
</tr>
<tr>
<td>Centers that have had to notify a third party about a potentially suicidal student during the past year:</td>
<td>31 (52.5%)</td>
<td>56 (62.2%)</td>
<td>46 (59.7%)</td>
<td>52 (55.9%)</td>
<td>186 (58.0%)</td>
<td>486 cases total. x=3.1 Range 1-15</td>
</tr>
<tr>
<td>Centers that notify the following without student permission when the student is a suicidal risk:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Resident Life staff</td>
<td>27 (54.0%)</td>
<td>45 (60.8%)</td>
<td>31 (50.8%)</td>
<td>37 (49.3%)</td>
<td>142 (53.8%)</td>
<td>Centers also notified:</td>
</tr>
<tr>
<td>b) Family</td>
<td>27 (54.0%)</td>
<td>35 (47.3%)</td>
<td>30 (49.2%)</td>
<td>48 (64.9%)</td>
<td>142 (54.0%)</td>
<td>Dean of Students (18),</td>
</tr>
<tr>
<td>c) Vice President</td>
<td>30 (60.0%)</td>
<td>28 (37.8%)</td>
<td>14 (23.0%)</td>
<td>14 (18.7%)</td>
<td>88 (33.3%)</td>
<td>Campus/Local Police (11),</td>
</tr>
<tr>
<td>d) Other</td>
<td>10 (20.0%)</td>
<td>24 (32.4%)</td>
<td>25 (41.0%)</td>
<td>27 (36.5%)</td>
<td>87 (33.1%)</td>
<td>friends/roommates (9) and family (3).</td>
</tr>
<tr>
<td>Centers that have had to give warning during the past year to a third party about a student who posed a danger to another person:</td>
<td>7 (11.9%)</td>
<td>19 (20.7%)</td>
<td>15 (19.7%)</td>
<td>18 (20.2%)</td>
<td>61 (19.0%)</td>
<td>85 total cases</td>
</tr>
<tr>
<td>Centers notified (Percentages based on #70):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Campus Police</td>
<td>5 (71.4%)</td>
<td>13 (72.2%)</td>
<td>10 (71.4%)</td>
<td>12 (70.8%)</td>
<td>41 (70.7%)</td>
<td>Centers also notified:</td>
</tr>
<tr>
<td>b) Potential victim</td>
<td>6 (85.7%)</td>
<td>12 (66.7%)</td>
<td>12 (85.7%)</td>
<td>15 (88.2%)</td>
<td>47 (81.0%)</td>
<td>Dean of Students or</td>
</tr>
<tr>
<td>c) Other</td>
<td>2 (28.6%)</td>
<td>6 (27.8%)</td>
<td>5 (36.7%)</td>
<td>2 (11.8%)</td>
<td>15 (25.9%)</td>
<td>VP (10).</td>
</tr>
<tr>
<td>Directors that know of students who have come to their Center in the past year because of sexual exploitation or harassment by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Another therapist</td>
<td>3 (63.3%)</td>
<td>7 (9.0%)</td>
<td>9 (13.6%)</td>
<td>24 (28.9%)</td>
<td>43 (15.4%)</td>
<td></td>
</tr>
<tr>
<td>b) Faculty member or supervisor</td>
<td>21 (43.8%)</td>
<td>47 (60.3%)</td>
<td>46 (69.7%)</td>
<td>68 (81.9%)</td>
<td>185 (66.3%)</td>
<td></td>
</tr>
<tr>
<td>c) Another student</td>
<td>42 (87.5%)</td>
<td>68 (84.8%)</td>
<td>55 (83.3%)</td>
<td>69 (83.1%)</td>
<td>235 (84.2%)</td>
<td></td>
</tr>
<tr>
<td>Directors that have noticed an increase in the number of clients reporting being sexually abused as children:</td>
<td>32 (55.2%)</td>
<td>59 (64.8%)</td>
<td>49 (62.0%)</td>
<td>56 (60.2%)</td>
<td>199 (61.0%)</td>
<td></td>
</tr>
<tr>
<td>Centers where staff have had training in the past year on how to work with students who have been sexually abused as children:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Yes</td>
<td>7 (12.3%)</td>
<td>29 (31.5%)</td>
<td>28 (36.8%)</td>
<td>21 (23.1%)</td>
<td>65 (26.5%)</td>
<td>Number of Centers who had training in past year</td>
</tr>
<tr>
<td>b) No, but we have had training in the past few years</td>
<td>28 (49.1%)</td>
<td>39 (42.4%)</td>
<td>39 (51.3%)</td>
<td>60 (65.9%)</td>
<td>168 (52.3%)</td>
<td></td>
</tr>
<tr>
<td>c) No, but we could use some training in this area</td>
<td>22 (38.5%)</td>
<td>24 (26.1%)</td>
<td>9 (11.8%)</td>
<td>10 (11.0%)</td>
<td>66 (21.2%)</td>
<td>is down 14% since 1995.</td>
</tr>
<tr>
<td>75. Centers that participated in Depression Screening Day:</td>
<td>Under 2,500 (n = 80)</td>
<td>2,500 - 7,500 (n = 92)</td>
<td>7,500 - 15,000 (n = 79)</td>
<td>Over 15,000 (n = 95)</td>
<td>TOTAL (n = 331)</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------------------------</td>
<td>------------------------</td>
<td>------------------------</td>
<td>--------------------</td>
<td>----------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Number of students screened: x=31.2 Range 0-150</td>
<td>21 (35.6%)</td>
<td>33 (36.3%)</td>
<td>37 (46.9%)</td>
<td>40 (42.6%)</td>
<td>134 (40.8%)</td>
<td>A total of 5,335 persons screened for depression. The percentage of students referred for treatment (either internal or external) was approximately 30% for all school sizes.</td>
</tr>
<tr>
<td>77. Centers that participated in Anxiety Screening Day:</td>
<td>11 (18.6%)</td>
<td>33 (36.3%)</td>
<td>31 (39.7%)</td>
<td>28 (29.8%)</td>
<td>105 (32.1%)</td>
<td>Number of students screened: x=26.5 Range 0-75 x=26.6 Range 0-199 x=18.0 Range 0-72 x=20.4 Range 0-80 x=22.1 Range 0-199 A total of 2,325 persons screened for anxiety. The percentage of students referred for treatment (either internal or external) was approximately 30% for all school sizes.</td>
</tr>
<tr>
<td>79. Centers that have seen one or more HIV positive clients within the past year:</td>
<td>8 (13.6%)</td>
<td>21 (23.6%)</td>
<td>32 (41.6%)</td>
<td>53 (67.0%)</td>
<td>116 (35.9%)</td>
<td>Up 10% since 1996. 186 total cases x=2.4, Range 1-10</td>
</tr>
<tr>
<td>80. Directors who felt that any of these HIV positive clients posed a risk to any third party:</td>
<td>1 (12.5%)</td>
<td>4 (21.1%)</td>
<td>6 (18.2%)</td>
<td>6 (13.3%)</td>
<td>17 (15.8%)</td>
<td>3 Centers gave warning in 1997, compared to only 1 in 1996.</td>
</tr>
<tr>
<td>81. How Directors would generally handle it if an HIV positive client states that he/she has not informed his/her partner of the health situation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Would take no action</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>3 (3.3%)</td>
<td>3 (0.9%)</td>
<td>Directors who would take action b) is up 10% since 1996, and those who would take action c) is up 4.4%.</td>
</tr>
<tr>
<td>b) Would encourage disclosure but otherwise take no action</td>
<td>27 (47.4%)</td>
<td>52 (59.8%)</td>
<td>52 (67.5%)</td>
<td>52 (57.1%)</td>
<td>187 (59.0%)</td>
<td></td>
</tr>
<tr>
<td>c) Would inform the client that if he/she did not inform partner that you would be ethically bound to do so</td>
<td>26 (45.6%)</td>
<td>29 (33.3%)</td>
<td>21 (27.3%)</td>
<td>27 (29.7%)</td>
<td>104 (32.6%)</td>
<td></td>
</tr>
<tr>
<td>d) Other</td>
<td>4 (7.0%)</td>
<td>6 (6.5%)</td>
<td>4 (5.2%)</td>
<td>9 (9.9%)</td>
<td>23 (7.3%)</td>
<td></td>
</tr>
<tr>
<td>82. For a list of particularly helpful books and/or journal articles see Appendix D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>83. For a list of particularly good professional development videotapes, see Appendix E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>84. For a list of innovative programs, see Appendix F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85. Centers that have an APA approved internship program:</td>
<td>2 (3.5%)</td>
<td>4 (4.3%)</td>
<td>13 (16.5%)</td>
<td>42 (45.2%)</td>
<td>61 (18.7%)</td>
<td>Responses to questions 86-92 are based on the number of schools that have APA approved internship programs (n=61).</td>
</tr>
<tr>
<td>86. Average number of hours per week devoted by the training Director to the administration of the program</td>
<td>x=17 Range 14-20</td>
<td>x=6.5 Range 4-15</td>
<td>x=12.0 Range 2-20</td>
<td>x=11.7 Range 2-25</td>
<td>x=11.8 Range 2-25</td>
<td></td>
</tr>
<tr>
<td>87. Number of hours of total staff time per week devoted to internship training program:</td>
<td>x=15 (n=1)</td>
<td>x=45.3 Range 25-80</td>
<td>x=32.4 Range 11-60</td>
<td>x=33.0 Range 5-98</td>
<td>x=33.4 Range 5-88</td>
<td></td>
</tr>
<tr>
<td>Number of hours of staff training time per intern:</td>
<td>x=3.8</td>
<td>x=11.3 Range 8-20</td>
<td>x=13.7 Range 4-58</td>
<td>x=9.3 Range 3-17</td>
<td>x=10.4 Range 3-58</td>
<td></td>
</tr>
</tbody>
</table>
89. Center Directors who think that it has been cost effective to provide an accredited training program:

<table>
<thead>
<tr>
<th></th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 95)</th>
<th>TOTAL (n = 331)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Yes, very much so</td>
<td>2 (36.7%)</td>
<td>4 (100.0%)</td>
<td>8 (57.1%)</td>
<td>23 (53.6%)</td>
<td>37 (57.8%)</td>
<td>This data suggests broad support for the belief that these programs are cost effective.</td>
</tr>
<tr>
<td>b) Yes, moderately</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>6 (42.9%)</td>
<td>14 (32.6%)</td>
<td>20 (31.3%)</td>
<td></td>
</tr>
<tr>
<td>c) No, it has not been cost effective, but it makes us a better Center</td>
<td>1 (33.3%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>6 (14.0%)</td>
<td>7 (10.9%)</td>
<td></td>
</tr>
<tr>
<td>d) No, it has not been cost effective and we should probably use the money for full-time staff</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td></td>
</tr>
</tbody>
</table>

90. Directors note the following benefits of having an APA accredited training program (Directors checked all that applied):

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 95)</th>
<th>TOTAL (n = 331)</th>
<th>Other benefits include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The increased staff members at half the cost</td>
<td>1 (50.0%)</td>
<td>3 (75.0%)</td>
<td>11 (76.9%)</td>
<td>26 (60.5%)</td>
<td>41 (65.1%)</td>
<td>Diversity (5) and increasing quality of services (5)</td>
</tr>
<tr>
<td>b) Maintain professional status for the Center in the academic community</td>
<td>2 (100.0%)</td>
<td>4 (100.0%)</td>
<td>11 (78.6%)</td>
<td>40 (93.0%)</td>
<td>57 (90.5%)</td>
<td></td>
</tr>
<tr>
<td>c) Attract staff</td>
<td>1 (50.0%)</td>
<td>3 (75.0%)</td>
<td>11 (76.9%)</td>
<td>37 (85.7%)</td>
<td>52 (82.5%)</td>
<td></td>
</tr>
<tr>
<td>d) Intellectual stimulation of bringing in young scholars</td>
<td>2 (100.0%)</td>
<td>4 (100.0%)</td>
<td>12 (88.1%)</td>
<td>43 (100.0%)</td>
<td>61 (96.9%)</td>
<td></td>
</tr>
<tr>
<td>e) Other</td>
<td>0 (0.0%)</td>
<td>2 (50.0%)</td>
<td>3 (21.4%)</td>
<td>7 (16.3%)</td>
<td>12 (19.0%)</td>
<td></td>
</tr>
</tbody>
</table>

91. Directors note the following negatives as a result of having an accredited training program (Directors checked all that applied):

<table>
<thead>
<tr>
<th>Negative</th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 95)</th>
<th>TOTAL (n = 331)</th>
<th>Another negative was that the training program takes away from the amount of time staff have to spend on clinical service.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The training focus detracts from the broader mission of the Center</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>5 (38.5%)</td>
<td>5 (11.6%)</td>
<td>10 (16.4%)</td>
<td></td>
</tr>
<tr>
<td>b) APA guidelines are not always in the best interest of the Center</td>
<td>0 (0.0%)</td>
<td>2 (66.7%)</td>
<td>6 (46.2%)</td>
<td>14 (32.6%)</td>
<td>22 (36.1%)</td>
<td></td>
</tr>
<tr>
<td>c) Other</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>3 (23.1%)</td>
<td>7 (16.3%)</td>
<td>10 (15.4%)</td>
<td></td>
</tr>
<tr>
<td>d) No negatives</td>
<td>2 (100.0%)</td>
<td>1 (33.3%)</td>
<td>2 (15.4%)</td>
<td>20 (46.5%)</td>
<td>25 (41.0%)</td>
<td></td>
</tr>
</tbody>
</table>

92. In the past five years, Center training programs have been:

<table>
<thead>
<tr>
<th>Change</th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 95)</th>
<th>TOTAL (n = 331)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Initiated</td>
<td>1 (33.3%)</td>
<td>2 (16.7%)</td>
<td>4 (22.2%)</td>
<td>4 (18.2%)</td>
<td>11 (20.0%)</td>
</tr>
<tr>
<td>b) Increased</td>
<td>2 (66.7%)</td>
<td>7 (58.3%)</td>
<td>11 (61.1%)</td>
<td>15 (68.2%)</td>
<td>35 (63.6%)</td>
</tr>
<tr>
<td>c) Reduced</td>
<td>0 (0.0%)</td>
<td>2 (16.7%)</td>
<td>3 (16.7%)</td>
<td>1 (4.5%)</td>
<td>6 (10.9%)</td>
</tr>
<tr>
<td>d) Eliminated</td>
<td>0 (0.0%)</td>
<td>1 (8.3%)</td>
<td>0 (0.0%)</td>
<td>2 (9.1%)</td>
<td>3 (5.5%)</td>
</tr>
</tbody>
</table>

93. Centers utilizing the following types of outcomes assessment:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 95)</th>
<th>TOTAL (n = 331)</th>
<th>Other types of outcomes assessment: Client Satisfaction Survey (5), Research Consortium Survey (5), and Center-developed surveys (5).</th>
</tr>
</thead>
<tbody>
<tr>
<td>General student evaluation forms</td>
<td>35 (78.5%)</td>
<td>71 (87.7%)</td>
<td>60 (88.2%)</td>
<td>84 (93.4%)</td>
<td>254 (88.5%)</td>
<td></td>
</tr>
<tr>
<td>Pre and Post testing</td>
<td>3 (6.8%)</td>
<td>13 (16.0%)</td>
<td>10 (14.7%)</td>
<td>18 (20.2%)</td>
<td>44 (15.4%)</td>
<td></td>
</tr>
<tr>
<td>Post therapy assessment of goal attainment</td>
<td>8 (18.2%)</td>
<td>18 (22.2%)</td>
<td>20 (29.4%)</td>
<td>23 (25.8%)</td>
<td>70 (24.5%)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>5 (11.4%)</td>
<td>10 (12.3%)</td>
<td>7 (10.3%)</td>
<td>7 (7.9%)</td>
<td>29 (10.1%)</td>
<td></td>
</tr>
</tbody>
</table>

94. Centers that ask on an evaluation form if counseling has helped students to remain enrolled in an institution:

<table>
<thead>
<tr>
<th>Evaluation Form</th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 95)</th>
<th>TOTAL (n = 331)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped students to remain enrolled in an institution</td>
<td>18 (31.6%)</td>
<td>33 (37.1%)</td>
<td>42 (63.8%)</td>
<td>54 (58.1%)</td>
<td>148 (46.1%)</td>
</tr>
</tbody>
</table>

Up 5.0% since 1996, 52.5% respond positively
95. Centers that ask on an evaluation form if counseling has helped with students' academic performance:

<table>
<thead>
<tr>
<th></th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 95)</th>
<th>TOTAL (n = 331)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17 (30.4%)</td>
<td>36 (45.3%)</td>
<td>35 (46.1%)</td>
<td>51 (54.6%)</td>
<td>144 (45.7%)</td>
</tr>
</tbody>
</table>

96. Centers that accept mandated referrals from a campus administrator or Judicial Board:

- a) For assessment and counseling: 29 (51.8%) 46 (50.0%) 30 (39.0%) 38 (40.4%) 144 (44.4%)
- b) For assessment only: 22 (39.3%) 31 (33.7%) 30 (39.0%) 40 (42.6%) 127 (39.2%)
- c) Do not accept mandated referrals: 5 (8.6%) 15 (16.3%) 17 (22.1%) 16 (17.0%) 53 (16.4%)

97. Reasons mandated students are referred to Centers:

- a) Drug and alcohol violations: 41 (78.8%) 66 (88.0%) 44 (73.3%) 52 (67.5%) 208 (77.3%)
- b) Disruptive behavior: 35 (67.3%) 59 (78.7%) 52 (86.7%) 68 (88.3%) 219 (81.4%)
- c) Sexual assault: 13 (25.0%) 18 (24.0%) 13 (21.7%) 25 (32.5%) 70 (26.9%)
- d) Severe depression: 22 (42.3%) 24 (32.0%) 16 (26.7%) 17 (22.1%) 82 (30.5%)
- e) Expression of suicidal ideation: 30 (57.7%) 41 (54.7%) 32 (53.3%) 34 (44.2%) 139 (51.7%)
- f) Other: 13 (25.0%) 12 (16.0%) 6 (10.0%) 15 (19.5%) 46 (17.1%)

98. Director's personal feelings about mandated referrals for counseling:

- a) I am very much in favor of providing this service: 9 (17.3%) 6 (7.7%) 8 (12.7%) 9 (11.1%) 32 (15.6%)
- b) I'm not crazy about it, but believe that some students can be helped through the process: 33 (63.5%) 55 (70.5%) 43 (68.3%) 55 (67.9%) 189 (67.7%)
- c) I am opposed to mandatory counseling: 10 (19.2%) 17 (21.8%) 12 (19.0%) 17 (21.0%) 56 (20.9%)

99. Centers that utilize the following policies regarding mandatory counseling:

- a) Student merely needs to show up to comply, once a counselor explains service student can choose to engage in counseling or not - this may result in additional sanctions against the student: 17 (35.4%) 23 (31.5%) 28 (49.1%) 31 (45.6%) 101 (40.2%)
- b) same as (a), but no additional sanctions for choosing not to continue counseling: 11 (22.9%) 20 (27.4%) 18 (31.6%) 17 (25.0%) 68 (27.1%)
- c) Student must comply with a certain # of counseling sessions established by a judicial board/administration: 8 (16.7%) 3 (4.1%) 4 (7.0%) 4 (5.9%) 19 (7.5%)
- d) Student must comply with a certain number of counseling sessions determined by the counselor after an assessment has been made: 6 (12.5%) 14 (19.2%) 2 (3.5%) 6 (8.8%) 28 (11.2%)
- e) Student must continue in counseling until counselor determines that enough counseling has occurred: 2 (4.2%) 5 (6.8%) 2 (3.5%) 6 (8.8%) 13 (5.2%)
- f) Other: 4 (8.3%) 8 (11.0%) 3 (5.3%) 6 (8.8%) 22 (8.8%)

Comments:

- 54.9% responded positively
- 23.1% of Directors have noticed an increase in the # of mandated referrals
- Referrals for O&A violations up 10% over 1995, referrals for disruptive behavior up 30.5%
### 100. Type of information provided to the mandator for Centers that accept mandated students:

<table>
<thead>
<tr>
<th>Type of Information</th>
<th>Under 2,500 (n = 60)</th>
<th>2,500 - 7,500 (n = 92)</th>
<th>7,500 - 15,000 (n = 79)</th>
<th>Over 15,000 (n = 96)</th>
<th>TOTAL (n = 331)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Confirmation of initial visit</td>
<td>37 (74.0%)</td>
<td>54 (73.0%)</td>
<td>41 (71.9%)</td>
<td>46 (60.8%)</td>
<td>180 (60.2%)</td>
</tr>
<tr>
<td>b) Confirmation that student has complied with recommendations for treatment</td>
<td>19 (38.8%)</td>
<td>32 (43.2%)</td>
<td>20 (35.1%)</td>
<td>22 (29.7%)</td>
<td>95 (36.7%)</td>
</tr>
<tr>
<td>c) Statement of progress</td>
<td>6 (12.2%)</td>
<td>12 (16.2%)</td>
<td>6 (10.5%)</td>
<td>9 (12.2%)</td>
<td>33 (12.7%)</td>
</tr>
<tr>
<td>d) No information provided</td>
<td>4 (8.2%)</td>
<td>7 (9.5%)</td>
<td>7 (12.3%)</td>
<td>18 (24.3%)</td>
<td>36 (13.9%)</td>
</tr>
</tbody>
</table>

### 101. Centers report their degree of success with mandated students:

<table>
<thead>
<tr>
<th>Degree of Success</th>
<th>Director (n)</th>
<th>VP (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Very successful</td>
<td>4 (8.0%)</td>
<td>2 (2.7%)</td>
</tr>
<tr>
<td>b) Successful</td>
<td>4 (8.0%)</td>
<td>10 (13.7%)</td>
</tr>
<tr>
<td>c) Moderately successful</td>
<td>23 (46.0%)</td>
<td>34 (48.6%)</td>
</tr>
<tr>
<td>d) Mildly successful</td>
<td>15 (30.0%)</td>
<td>21 (28.0%)</td>
</tr>
<tr>
<td>e) Not successful</td>
<td>4 (8.0%)</td>
<td>6 (8.2%)</td>
</tr>
</tbody>
</table>

Percentage of directors and vice presidents who believe that the VP should be informed even without the client’s consent if a client: is a serious suicidal risk, is a potential suicide risk, reports a rape by a resident assistant, or plans to set off a smoke bomb. Director percentages are shown on the left and VP percentages are shown on the right. Excerpted from Question #22.

#### WHEN SHOULD DIRECTORS INFORM THEIR VICE PRESIDENT ABOUT A CLIENT?

![Graph showing the percentage of directors and vice presidents who would inform their vice president about a client in various situations.](image)
## APPENDIX A

**Grants Received to Support Counseling Services - Question #5**

(Programs listed with ID numbers for networking purposes)

### Drug/Alcohol

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>015</td>
<td>The Alcohol/Drug Task Force solicits funds from local taverns and liquor stores for prevention/education programs.</td>
</tr>
<tr>
<td>097</td>
<td>State alcohol funds.</td>
</tr>
<tr>
<td>105</td>
<td>Robert Wood Johnson Grant - to develop effective ways to reduce binge drinking on college campuses.</td>
</tr>
<tr>
<td>109</td>
<td>State Grant to fund Alcohol and Other Drug Counselor.</td>
</tr>
<tr>
<td>221</td>
<td>Alcohol Awareness.</td>
</tr>
</tbody>
</table>

### Federal

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>083</td>
<td>US Department of Education, Student Support Services Grant.</td>
</tr>
<tr>
<td>298</td>
<td>Federal (PHSP) Interdisciplinary Rural Training Grant.</td>
</tr>
</tbody>
</table>

### Institution-Affiliated

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>065</td>
<td>University (Presidential) award for mediation programs for students.</td>
</tr>
<tr>
<td>191</td>
<td>Grants from campus organizations for special events.</td>
</tr>
<tr>
<td>283</td>
<td>University gift.</td>
</tr>
<tr>
<td>302</td>
<td>Several small institution-affiliated grants.</td>
</tr>
</tbody>
</table>

### Local/Private

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>053</td>
<td>Peer education - local grants.</td>
</tr>
<tr>
<td>097</td>
<td>Private foundation development grant.</td>
</tr>
<tr>
<td>178</td>
<td>Funding for a Peer Education Program - local foundation.</td>
</tr>
<tr>
<td>191</td>
<td>Appalachian Regional Commission Funding (job loss counseling).</td>
</tr>
</tbody>
</table>

### Minorities

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>054</td>
<td>Grant to hire and train Native American Psychology Intern.</td>
</tr>
<tr>
<td>144</td>
<td>Grant from Bureau of Indian Affairs to hire Native American Counselor.</td>
</tr>
<tr>
<td>147</td>
<td>PSU Opportunity Grant for Minority Services.</td>
</tr>
<tr>
<td>216</td>
<td>Hewlett Foundation for a Multicultural Program.</td>
</tr>
</tbody>
</table>

### Parental

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>055</td>
<td>Gift from parents of former students.</td>
</tr>
<tr>
<td>254</td>
<td>Parent's Association - VCR/Camera Equipment.</td>
</tr>
<tr>
<td>306</td>
<td>Internal Parents Fund Foundation Grant.</td>
</tr>
</tbody>
</table>

### Special Needs

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>024</td>
<td>Government envelope funding for Special Needs Services.</td>
</tr>
<tr>
<td>032</td>
<td>Grant for career counseling of disabled.</td>
</tr>
<tr>
<td>215</td>
<td>Career Education for first-generation, low income.</td>
</tr>
<tr>
<td>330</td>
<td>Scholarship and funding for treatment, testing, and medication for students who cannot afford to pay or who do not have insurance.</td>
</tr>
</tbody>
</table>

### Specific Funding

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>031</td>
<td>Reimbursement from Academic Department for teaching classes.</td>
</tr>
<tr>
<td>122</td>
<td>Faculty Research Grant.</td>
</tr>
<tr>
<td>188</td>
<td>Dedicated gift to provide emergency services needed by clients (Pay-back Loan Program).</td>
</tr>
<tr>
<td>196</td>
<td>Grant from volunteer group to be used for purchasing books and videos for the Library.</td>
</tr>
<tr>
<td>295</td>
<td>State funded HIV anonymous counseling and testing site.</td>
</tr>
<tr>
<td>320</td>
<td>VA grant for Vocational Assessment.</td>
</tr>
</tbody>
</table>

### State

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>118</td>
<td>Government grant to student services including counseling.</td>
</tr>
<tr>
<td>189</td>
<td>New York State Division of Criminal Justice Services.</td>
</tr>
<tr>
<td>311</td>
<td>State grant for needy students.</td>
</tr>
</tbody>
</table>
Training
059  Endowment for a social work intern.
082  Grants for continuing education for professional staff.
327  Training grants.

Grants Received by More than One Institution
- NCAA Grant, re: substance abuse and athletes (110, 164).
- Title III Funds (014, 084, 110, 172, 314).
- Trio (049, 130).
APPENDIX B

Innovative Incomes to Support Counseling Services - Question #6
(Programs listed with ID numbers for networking purposes)

Additional Services Provided
011 Implemented an after hours clinic to serve faculty, staff, and community - Bill third party insurance.
036 Provide some EAP services to Human Resources Office.
081 Continuing Education.
096 Provided counseling services for two off-site divisions of Johns Hopkins University.
141 Counseling Service for the Community.
147 Contracted with Athletics to provide services for athletes.
176 Services to non-enrolled clients.
217 Contract with housing units to provide consultation and classes.
250 Athletic Department funding for services to student athletes.
303 (1) Clinical service to all faculty/staff and their dependents; (2) Pre-hire assessment, consult to other university departments; (3) Management, organizational consulting to other university departments.
327 Consultation with Athletics.

Fees
066 Began charging a fee for services.
171 Hired a Family Nurse Practitioner, 20 hrs/week, paid for on a fee-for-services basis.
256 Raised fees, putting a higher fee at the 9-20th counseling session. Charge significant fees for labor intensive ADHD assessment and intervention.
256 Opened up psychiatric services - charge $25 for evaluation and $10 for follow-up.

Career
079 Career counseling and testing to the surrounding community priced at the current market rate.
095 Charge a fee to non-student for career testing.
141 Career testing for the community.
184 Career testing for alumni.
230 Offer community enrollment in career counseling groups.
241 Non-student Career Counseling.
303 Vocational counseling to alumni and community.

Programs
065 Mediation program for students.
164 Diversion program for alcohol-related offenders in cooperation with the D.A.’s office.
183 Co-sponsored Speed Reading Program.
205 Speed Reading Program and Getting Ready for College Program.
257 Diversiory Program for students who are first time offenders referred by the District Criminal Court Disciplinary Program.

Structural/Organizational Changes
151 Developed two satellite offices within departments. In return, they supply funding for additional FTEs.
216 Medical School supports one position for counseling services we provide at the medical school.
256 Raised productivity standard to 75% with clinicians being scheduled at 83% to achieve standard.
256 Contract with Dept. of Psychiatry faculty for faculty-level psychiatrists (cheaper than hiring community psychiatric labor).
328 Merge with training clinic of University's PsyD Program - income generating.

Testing/Consultation (Due to repeated entries, ID numbers are provided after the entry.)
- CLEP Testing (191).
- Consultations to auxiliaries (226).
- Consultation with local businesses and government (122, 224, 251, 266).
- LD and ADHD Assessment Program (048, 175, 266).
- MAT Testing (242, 313).
- Provide National Tests (157).
- Testing of police candidates, police officers, and jailers (166, 199).
- Testing Services - client and non-client (226, 227, 316).
**Training/Teaching**

035  Held Continuing Education classes.
036  Team teach in Freshman Year Experience course.
063  Funds for University through courses offered for academic credit - 40 credits a year.
187  GRE Preparation Course.
212  Offerings in Integrative Health: Biofeedback, T'ai Chi, and Quigong.
227  Continuing Education Workshops.

**Miscellaneous**

001  Charge for participation in career fairs.
014  Red Ribbon Run for Alcohol and other drug programming.
075  Road Race (small income but better than nothing since we don't have a budget).
090  Charge employers for career fairs.
202  Run a coffeehouse which generates money for ongoing operating expenses.
317  Wilderness Outings.
326  Applied for NCAAW contest prize of $1000.
APPENDIX C

Ethical Dilemmas - Question #21

Confidentiality/Release of Information Issues
- State law requires that police records are public, including referrals of students to the counseling center.
- How much to disclose to parents of missing 21-year-old graduate student about therapy.
- Multiple requests for disclosure of records by students and outside parties.
- Confidentiality issues in a homicide case.
- How involved to get in a “domestic violence” situation when the victim did not want it reported.
- Long-term client wanted copy of her confidential counseling record for her personal use/information and we did not yet have a written policy on how to respond to these requests.
- Issues concerning confidentiality and suicidal students, coordinating care between two therapists (one at home, one here).
- Housing requested knowledge of a client who had been missing from the room. Parents and police were searching for her. She had been homicidal and requested not to notify anyone.
- Ethical Dilemmas around issues of confidentiality between Student Affairs Personnel and counselor.
- Dean's Office wants us to inform them of at-risk students who have a safety contract with us. We are waiting a ruling from Ethics committee, NH Psychological Association.
- Confidentiality issues regarding pressure to release information to VP and Executive Administration without a release.
- Boyfriend of a client came to see her counselor under false pretenses, then demanded information and that his side of the story be heard. He was loud, intimidating, intense, unreasonable. Client was advised of contact and cautioned.
- Determining how to release process oriented documented old files, working out confidentiality issues.

Mandated Reporting
- Several institutions expressed concern about reporting child abuse, suicidal intent, and duty to warn. Specifically, what is the counseling center’s responsibility in instances that directly endanger the client or involve individuals not under the scope of the center's services.

Dual Relationship Issues
- Ongoing issues with dual relationships which arise out of the conflict between administrative/supervision duties and counseling duties.
- Dual relationships between counselor's assigned activities with students, not concerning counseling situations.
- Dual role issues with OD consultation in department where staff have been clients.
- Being asked to serve as a "guardian" for a student when he wanted to come on campus.

Email
- Use of email for clinical work and communication has been terminated and translated into a policy since patient privacy cannot be protected.
- Issues related to information disclosure on the Directors' net - confidential issues discussed.

Mandatory Services/Hospitalizations
- Suspension of a student due to non-compliance with a mandatory support program.
- Students who violate probation that include mandatory counseling - some legal discussions have occurred.
- Threat of lawsuit for wrongful hospitalization.
- Clients threatening suit due to involuntarily commitment.
- Client was neglecting herself with medical problems, off-campus, over 21. Was not being honest about how much she was complying. Had duty to warn concerns.

Sexual Harassment
- Former client requesting client notes to use in university law suit. Sexual harassment reported by client where therapist could not share information.
- Allegation of sexual harassment by a client about another client.
Staff Issues
- Clerical support staff - individual arrested and convicted of felony prescription fraud and mismanagement of fees collected for tests administered through this department.
- Clerical staff developed inappropriate relationship with at least one client. Nothing extremely serious (e.g., sexual contact) but has presented problems with treatment.
- Licensure to Career Development staff. Professional counselors are required to receive LPC. Definition of Career Development staff does not exactly match laws which dictate licensures.
- Past staff member who was promoted to Assoc. VP came into the Center and looked at a student file, disregarding our policy and procedures.
- Post-doc had a three week psychiatric hospitalization. Issue regarding her ability to return to service.
- Title of staff who are not yet licensed as psychologists: State Jaw changed and we are no longer exempt from that part of the practice act.
- We expected to be subpoenaed on behalf of a faculty member whose contract was terminated in part because of his advising students, which we had supported. Subpoenas never arrived and he lost his case.
- Concerns about chronologically gifted staff member becoming less competent.
- Staff member wanted to return to work after medical leave but was not yet ready to return.
- After termination, a counselor continued to falsify information about the center, resulting in jeopardizing one internship source.
- Poor professional relationship with psychiatrist - raised a complaint that counseling center staff were not competent.
- With pressure of “Process Redesign”, some staff got into my files.
- An intern was diagnosed with Hepatitis A.
- Having to give a poor evaluation to a depressed intern.
- Post-doc arrested, later convicted.

Systems Issues
- Student made a suicide attempt and was hospitalized and then we were called. Questions arose regarding our obligation to notify the Dean of Student Affairs and RD.
- A male student came in for counseling stating he had “sexually touched” his 12 year old female cousin as she slept. Were we legally obligated to report child sexual abuse that occurred in another state?
- Demand by a student to be included in a group. Therapist felt that inclusion would be harmful to the group and offered other services. Student claimed discrimination, wrote letter of complaint to University administrators and threatened media exposure.
- Consulted college attorney about reporting requirements for past sexual abuse where abuser was in a position of working with children.
- Administrator required confidential information. This was successfully resolved by citing APA ethical guidelines and PA law.
- How to provide care to suicidal and behavioral management student separated from University.
- Decide what, if any, responsibility we had to a former client who had been placed on medication through psychiatric consultation, had never officially terminated treatment, and later requested follow up medication in time when psychiatrist not on duty.
- Sticky situation attempting to balance MH needs of an international student, needs of campus, and INS regulations.
- Graduate student in Clinical Psychology petitioned to be allowed to do training in Center, even though former client. Did not allow.
- Question as to whether parental informed consent is necessary for providing services to students under 18.
- Making decisions about writing letters for students wishing to withdraw.
- Working with a student who has a lawsuit against the University.
- Whether; and/or how to comply with subpoena.
- Student requesting counseling because of a relationship with a psychology professor.
- Conflict with Counselor Education Program concerning their admission practices using the MMPI-2. Counseling Center was administering the MMPI-2.
- Requests from administration for compulsory counseling and reporting back.
- Ethical concerns about referrals due to limitation on scope-of-practice.
- When to notify other areas of institution about at-risk students.
- Clients reporting unethical behavior on the part of a community psychologist but unwilling to report it to the Board of Psychology.
- Re-admission of a student to the university following a voluntary medical/psychiatric withdrawal.
Frequently Recommended Books, Journals, and Articles - Question #82

Highly Recommended Books

"7 Habits of Highly Successfully People" by Steven Covey
"Emotional Intelligence" by Goleman
"First Things First" by Covey
"When Anger Hurts" by McKay
"Clinician's Guide to Mind Over Mood" by Christine Pedesky
"Clinical Handbook of Psychological Disorders" by David Barlow

Books on Diagnostic/Treatment

"Cognitive Behavioral Therapy of Borderline Personality Disorder" by Marsha Linehan
"Treating Borderline Personality Disorder - DBT" by Marsha Linehan
"Trans Theoretical Analysis Systems of Psychotherapy" by Prochastia
"Making Contact: Uses of Language in Therapy" by Havens
"Psychoanalytic Psychotherapy in a College Context" by Robb May
"Schema-Focused Cognitive Therapy" by Young
"Doing Psychotherapy" by Basch
"Changing for Good" by Prochasha et al
"Working with Resistant Clients" by Stork
"Neurotic Conflict" by Karen Horney
"Anger" by Madow
"Learned Hopelessness" by Seligman
"EMDR: The Breakthrough Therapy" by Shapiro and Forrest

Handbooks/Manuals

"Skills Training Manual" by Marsha Linehan
"Clinical Handbook of Psychological Disorders" by David Barlow
"Student Learning Imperative Manual" - helped us change our workshops

Books on Boundaries

"Boundaries" by Anne Kalherive
"Boundaries and Boundary Violations" by Gobbar and Lester

Books on Brief Therapy

"Brief Therapy" by O'Hanlon
"A Primer of Brief Psychotherapy" by John F. Cooper
"Brief vs. Long Psychotherapy: When, Why, and How" by James Paul Gustafson

Books on Couples

"We Can Work It Out" by Natorias & Marcus

Books on Eating Disorders

"Brief Therapy with Eating Disorders" by Barbara McFarland

Books on Gay and Lesbian Issues

"Ethnic and Cultural Diversity Among Lesbians and Gay Men" - Bevery Greene, ed.

Books on Gender Issues

"Gender Issues" by Nutt et al
"Men's Psychological Development: A Relational Perspective" by S. Bragman, MD, Ph.D.
"The Myth of Male Power" by Warren Farrell
"Women's Growth in Connection" by Jordan, et al
"Women's Growth in Diversity: More Writings from the Stone Center"

Books on PTSD

"A Clinical Handbook/Practical Therapist Manual for Assessing and Treating Adults with PTSD" by Michenbaum
Books on Self-Help
"Beyond the Road Less Traveled" by M. Scott Peck
"Care of the Soul" by Thomas Moore
"Ten Days to Self-Esteem" by David Burns
"Think Straight, Feel Great" by Borchudt
"Thought Without a Thinker" by Mark Epstein

Book on Supervision/Training
"Fundamentals of Clinical Supervision" by Bernard and Goodyear
"Sexual Feelings in Psychotherapy: Explorations for the Therapist and Therapist in Training" by Pope, Sonne, and Holroyd

Books on Violence/Abuse
"Breaking Down the Wall of Silence" by Alice Miller
"Treatment of the Sexually Abused Male" by Mic Hunter
"Violence Prediction" by Harold V. Hall
"Working with Adult Incest Survivors" by Kishner, Kirshner, and Rappaport

Miscellaneous Books
"Crisis Dreaming" by Cartwright
"Education and Identity", 2nd Ed. by Chickering and Reisser
"Sex in the Forbidden Zone" by Petter Rutter, MD
"Character Styles" by Stephen Johnson

Articles
"The Effectiveness of Psychotherapy" by Martin Seligman. American Psychologist.
"APA Div. 12 Task Force Report and Recommendation re: Empirically Validated/Supported Treatments"
"Harvard Mental Health Newsletter, Alliance for the Mentally Ill Advocate"
"Parent Grief and Children's Behavior" - ACA Journal (June 1997)
"The Student Learning Imperative" - ACPA article
Article in American Psychologist by S. Blatt on Perfectionism

Journals
Counseling Psychologist
Disabilities in Higher Education - Newsletter
Journal of College Student Development
Journal of College Student Psychotherapy
Journal of Counseling Development, Counseling Student on Campus
Journal of Learning Disabilities
Professional Psychology: Research and Practice - APA Journal
APPENDIX E

Video Tapes used in Professional Development - Question #83
(Purchasing source was not provided for some tapes.)

Diagnostic/Treatment

"1990's - Videos on Current Psychotherapies" - APA
"Approaches to Psychotherapy" - Strupp, Beck, Michenbaum
**"Assessment and Treatment of Psychological Disorders" - Series by Newbridge Professionals
**"C-B Treatment of Borderline Personality Disorder" - Marsha Linehan
**"Coping with Depression" - Courage to Change (800) 440-4003
**"DSM IV - Diagnostic Interview" - Behavioral Science Book Club
**"DSM-IV Tapes" - Series through Newbridge
**"Enhancing and the Mind" - with Bill Moyers
"Legacy of Unresolved Loss" (Family Treatment) - Monice McGoldrick
Newbridge Communications, 333 E. 38th St. New York, NY 10016
"Mend Emotions, Unresolved Loss" - Newbridge Series
"Mixed Anxiety and Depression" - Michenbaum -Behavioral Science Book Service
"Solution Focused Therapy" - Peller and Walser, Chicago, IL
"Solution Focused Therapy with Insoo Kim Berg" -
"The Tenure of Dr. Fabrikant" - Documentary: paranoid faculty member kills 4 colleagues.
Barna Alper Productions, Toronto, CAN (416) 979-0676
"Treating Personality Disorder: The Dialectical Approach" (1995) - Marsha Linehan
Call #2840 Guilford Publications, NY
"Treating Time Effectively: The First Session in Brief Therapy" - Simon Budman
"Understanding Borderline Personality" - Marsha Linehan

Eating Disorders

"Bulimia, a High Price for Looking Good" - K. Castleberry
Awareness Production, Radford, VA 24141
"Eating Disorders Screening Video"
"In Their Own Words" (personal accounts of eating disorders) - Gurze
**"Slim Hopes" -
Media Education Foundation, 26 Center Street, Northampton, MA 01060
(413) 586-4170

Gay and Lesbian Issues

"All God's Children" (gay and lesbian issues in African American Community)
"Relationships Presenting Issues: Psychotherapy with Gay and Lesbian Clients"
Buendia Productions, Santa Anna, CA, (800) 513-1092

Group Therapy

"Yalom: Group Psychotherapy Tapes"

Family/Couple Work

"Anger Management in Couples Work"
"The Angry Couple"
Newbridge Communications, 333 E. 38th Street, New York, NY 10016

Multiculturalism/Diversity

**"Color of Fear" -
Lee Kin Wah, Stir Fry Productions, 1222 Preservation Park Way, Oakland, CA 94162
(800) 370-STIR
Sexual Assault/Rape

"Date Rape"

***"Playing the Game" - about Date Rape. Intermedia, Seattle WA (800) 553-8336

"Rape Sensitivity" - Seattle Police Dept. Video Unit

"Without Consent" - about Date Rape. Intermedia, Seattle WA (800) 553-8336

Miscellaneous

Anxiety video materials of all types by Newbridge

"Blue Eyed, Brown Eyed"

"Critical Incident Stress Debriefing"

"Dr. Katz"

"Fr. Martin"

"Killing Us Softly"

"Managed Care" - audio tape by Michael Hoyt from the Cape Cod Seminars

"Marijuana in the 90's" - CAS Productions

"MMPI-2 Evaluation of Jeffrey Dahmer" - Caldwell reports

"Relational Theory" - audio tape by Baker-Miller from the Cape Cod Seminars

"Retention of the Adult Learner"

"Understanding Trauma"

"Watch this movie and call me in the Morning" - General Resource on Videos

"When Billy Broke His Head"

"Yoga Now" - White Lion Press

"Your Healing Breath" - Ruella Frank

**Videos that have been recommended more than once.
APPENDIX F

Examples of Innovative Programs - Question #84
(Programs listed with ID numbers for networking purposes)

Academic Enhancement/Faculty Assistance
032 Published a “Dealing with Distressed Students” brochure.
081 Assessment of Suspended Students.
084 Outreach Activities - If a professor/instructor will be out of town for a class or two, we assist them by doing proactive programs on various topics. The profile of topics has been developed by professionals in the particular subject areas.
199 Making Academic Success Happen (MASH).
226 Math Confidence Groups.
232 Dissertation Consultative Program.
256 Brochure for faculty and staff: “Managing Difficult Student Behavior”.
266 LD, ADHD, Neuropsych. Program - Partnership with another university to collaborate in research initiatives.
305 Academic Success Program.
330 Retention Program, Student First Program.

Career
079 Career Development Program for Student Athletes.
192 Vocational Identity Project.
215 Academic Retention via Career Work.
238 Career Readiness Testing of all incoming students.
247 Student Career Group, Student, and Faculty Advisory Committees.
316 First Step: Career Exploration for High School Seniors/Freshmen.

Computer Technology
180 Counseling Center Web Site.
241 Link to Virtual Pamphlet Collection on WWW Page.
246 Computer disk 'Kiosk' mailed to all APA programs to advertise our Center. The program is interactive and downloading of forms is permitted.
279 Computerized scheduling and record-keeping system.

Discussion Groups
059 SACS Lunches (Student Affairs Colloquium Series) - Distribute short readings for a monthly series of discussion meetings.
232 Intergroup Relations/Dialogue Group Program.
283 “Food for Thought” - Students gather for free pizza, soda, a video (John Bradshaw, John Gray, etc.), and discussion. It is held in public location - good for attendance and profile.

Drug and Alcohol
015 Alcohol/Drug Task Force (composed of faculty/staff/students) to address substance abuse issues on campus.
116 Started a Coalition (multidisciplinary) to address Binge Drinking of Campus.
196 Substance Abuse Program with CSAC.
257 Diversionary Program - adjunct psychoeducational program for first time substance abuse offenders in student population.
273 Intensive Outpatient (alcohol/drug) Program.
302 Grant program to support student groups on creatively addressing issues of alcohol/drug use and violence.

Eating Disorders
149 We formed a treatment team for students with eating disorders. It includes assessment (initial & ongoing) by MD, regular consultations with R.D., and individual and group therapy.
183 Management of Eating Disorder Cases with Health Services.
322 Eating Disorders Clinic.

Gay/Lesbian
210 Gay, Lesbian, and Bi Mentor Program.
Minority/Multiculturalism
054 Annual Diversity Action Plan.
092 Campus Bias Incident Role Play (an experiential exercise for diversity awareness workshops).
122 Diversity Quilt.
137 KBO - An Academic Counseling Program for African American Students.
223 Graduate Intern Training Seminar on multicultural development as a therapist.

Peer Education
001 Peer Advising Program.
002 Sexual Assault Victim's Advocacy Program – Peer advocates to respond to sexual assaults.
008 Peer mentoring program targeted at transfers. Successful transfers are selected and trained to use the mentor model of Bill Gray and will mentor 1 hour per week with an assigned transfer until Thanksgiving.
095 Peers Educating Peers (PEP) Program.
128 HIV - Peer Educators Program. Thirty active freshmen conduct programs regularly on campus and a coalition has been established with other nearby universities.
179 Athlete to Athlete Peer Program.
245 Peer organization to assist with outreach programming.
275 Peer Mentoring Programs for Asian Pacific Americans; Latino/Hispanic; and Gay, Bi, Lesbian students.
299 Peer-Based Suicide Prevention Program.
300 Peer Counseling Program.
303 Continuing Panel of undergraduates who advise on campus issues.
321 Sexual Assault Information Team - Peer-run support service to help and encourage students to find appropriate treatment options.

Psychoeducational
010 Anger Management Module - Used for mandated students and psycho-educational programs. Includes self-assessment, watching a video tape called "Cruel Spirit," and discussion.
121 Recently developed a Credit Learning Skills Course. Waiting for Senate approval.
182 Male Health: Socialization, Attitudes, Mental Health, and Morality.
189 NCBI Training, Seven Habits of Highly Effective People Training, 7 Habits Credit Courses, Exploring Wellness/Peer Educator Credit Courses.
193 Smart Sex.
202 Conflict Coaching - Conflict style is examined through one-to-one interactions between the student and a trained peer with help from an expert in mediation.
203 Weekly Workshops - Open to all University Personnel.
234 The Center staff has been training fraternity and sorority leaders to conduct programs for their new Greek members (pledges) on interpersonal relationships, date rape, and alcohol use. The Center staff will continue to serve as consultants to these Greek leaders.
298 Interdisciplinary Rural Health Training Program between Counseling Center and family medicine, nursing, social work, and psychology departments.

Resources
032 Publish a 2-page listing of community resources every two years.
068 A single page, Quick Referral Guide based on student concerns.
141 Consultation Program with our law school. One-half day a week, a counselor is based there to do training, consultation, and some drop-in time for students. These students may then be referred to the Center for Counseling.
211 Development of a Career Choice and Study Skills Self-Assessment Form which assesses students' needs in these areas and then recommends particular services based on the results.

Relaxation/Stress Reduction
010 Comprehensive proposal for a biofeedback laboratory to deal with stress, anxiety, self-regulation.
050 Wellness Day - Exhibits on healthy life style, interactive tests. Stress Free Zones - during finals, rooms to relax or play games.
154 Currently developing a "Stress Management Laboratory" using computerized EEG biofeedback.
165 Relaxation Station - A relaxation program not requiring a staff member's presence. It is available in the University Center Building.
235 Set up relaxation room for clients.
**Sexual Assault/Abuse/Violence**

002 Sexual Assault Victim's Advocacy Program - Peer advocates to respond to sexual assaults.

015 Sexual Assault Crisis Team - Trained student volunteers respond to sexual assault crises.

067 Sexual Assault - Two convicted sex offenders, along with the Sex Crimes Division of the Police, speak in a group format about their approaches and how to protect yourself.

193 High school Sexual Assault Program.

199 Victory Over Violence Program (A week long program).

300 Sexual Assault Services.

302 Grant program to support student groups on creatively addressing issues of alcohol/ drug use and violence.

321 Sexual Assault Information Team - Peer-run support service to help and encourage students to find appropriate treatment options.

329 Sexual Assault Advisors - Faculty/administrators help victims obtain needed resources, file charges, etc.

**Therapeutic**

092 Suicide/Suicide Attempt Psychological Autopsy.

157 Crisis Response Development.

191 Post-traumatic stress debriefing following a tragedy; Cooperative on-call system with the local hospital's Psychiatric Unit.

233 Transition Issues Support Group for students experiencing career, academic, or graduation transitions.

250 Contractual arrangement with the Athletic Department to provide MH services to student athletes.

**Miscellaneous**

030 Campus Organizational Consultation Program. Counseling Center Director works half-time in Organizational Development work for University Administration.

169 Outreach programs: to seniors, sports teams re. homophobia.

183 Management of referrals/mandated clients from Dean.

197 A series of radio programs on 8 world religions, followed by a roundtable discussion among the participating clergy.

207 Screening of Campus Police Officers.

272 Have organized an Intern "reunion" to include all interns for past 12 years.

288 Staff exchange with Ed. Psych. Dept. UCC teaches classes and faculty see clients and run groups.

289 An extensive training program for 20, 20-hour/week interns - largely master's level.

318 Safe Zone Trainings for interested faculty and staff.
The following pages contain directories to assist you in matching counseling centers with their 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 surveys were not included in the data analysis can be found at the end of that list.

**ALPHABETIZED LISTING OF PARTICIPANTS - Directory number follows name.**

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<th>Institution</th>
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<td>SUNY-Stony Brook</td>
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<td>Texas A &amp; M - Kingsville</td>
<td>Life Services and Wellness</td>
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<td>Kingsville, TX 78363</td>
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<td>Lubbock, TX 79409</td>
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<td>Phone: 806-742-3674</td>
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<td>Phone: 205-727-8244</td>
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<td>405 Hilgard</td>
<td>4223 Math Science Bldg.</td>
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<td>PO Box 210063</td>
<td>Tucson, AZ 85721-0063</td>
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