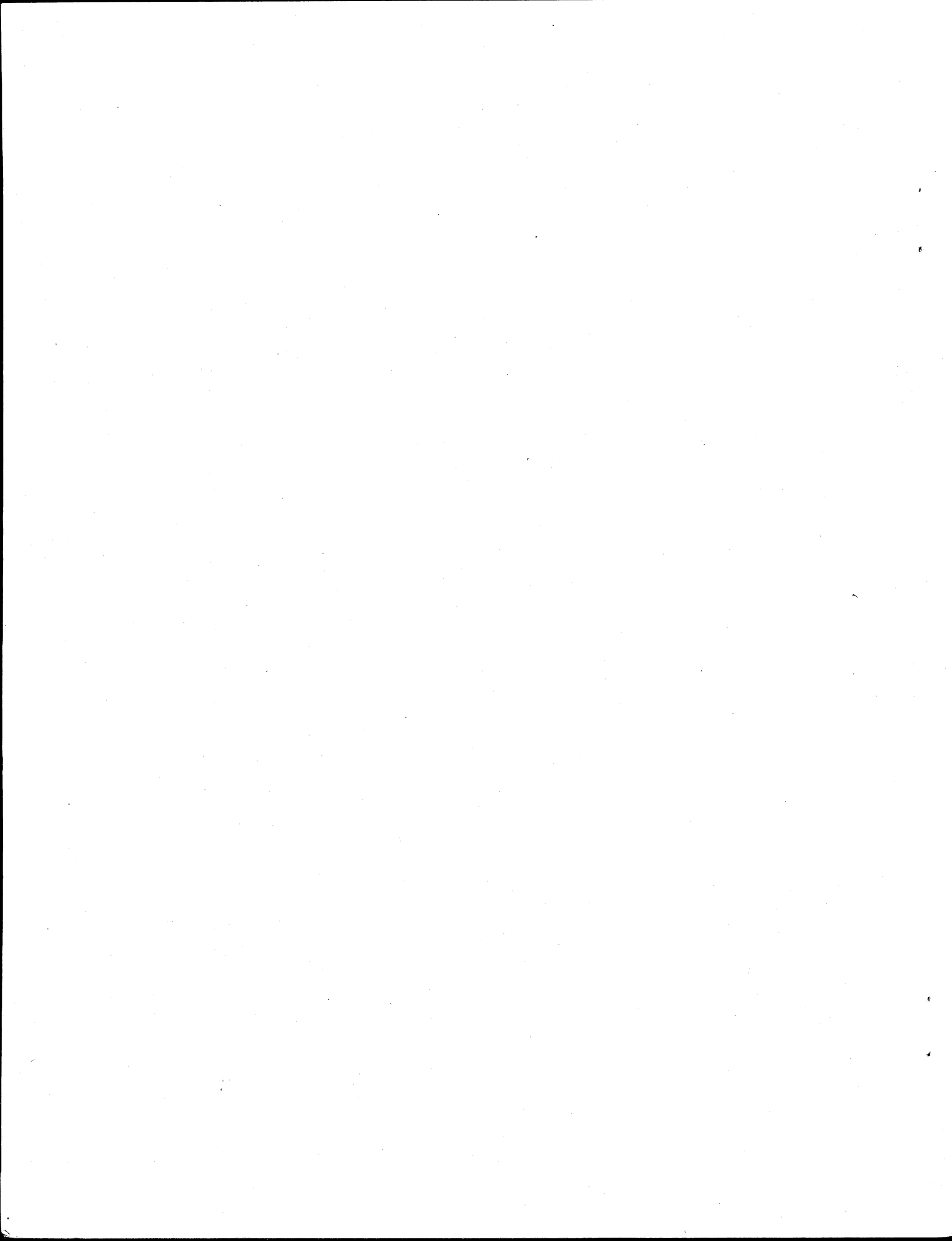


COUNSELING CENTER SURVEY

AND DIRECTORY

1989





# University of Pittsburgh

UNIVERSITY COUNSELING AND STUDENT DEVELOPMENT CENTER  
Division of Student Affairs

October 10, 1989

Dear Colleague:

The report on the survey of Counseling Center Directors by the Urban Counseling Task Force is enclosed. The usual format is followed:

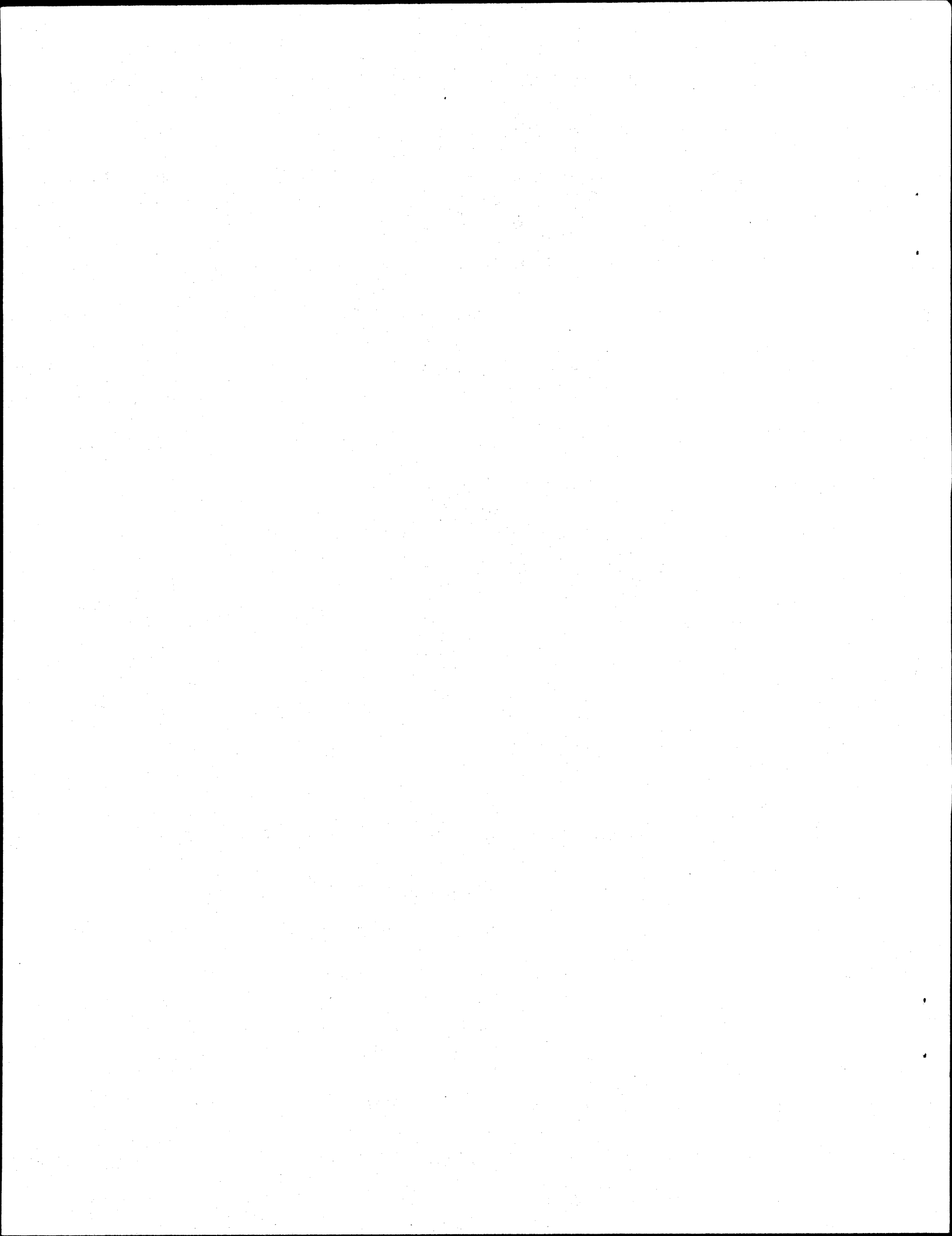
1. Survey highlights
2. Summary of data broken down by urban and non-urban and large and small institutions
3. A directory alphabetized by director and by institution

I hope you find the survey data helpful and encourage you to return the enclosed evaluation form.

Sincerely,

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

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



Evaluation

1989 Counseling Center Survey

Please rate the following as to their value to you:

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

5. Suggestions for future Surveys:

Return Evaluation form to:

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

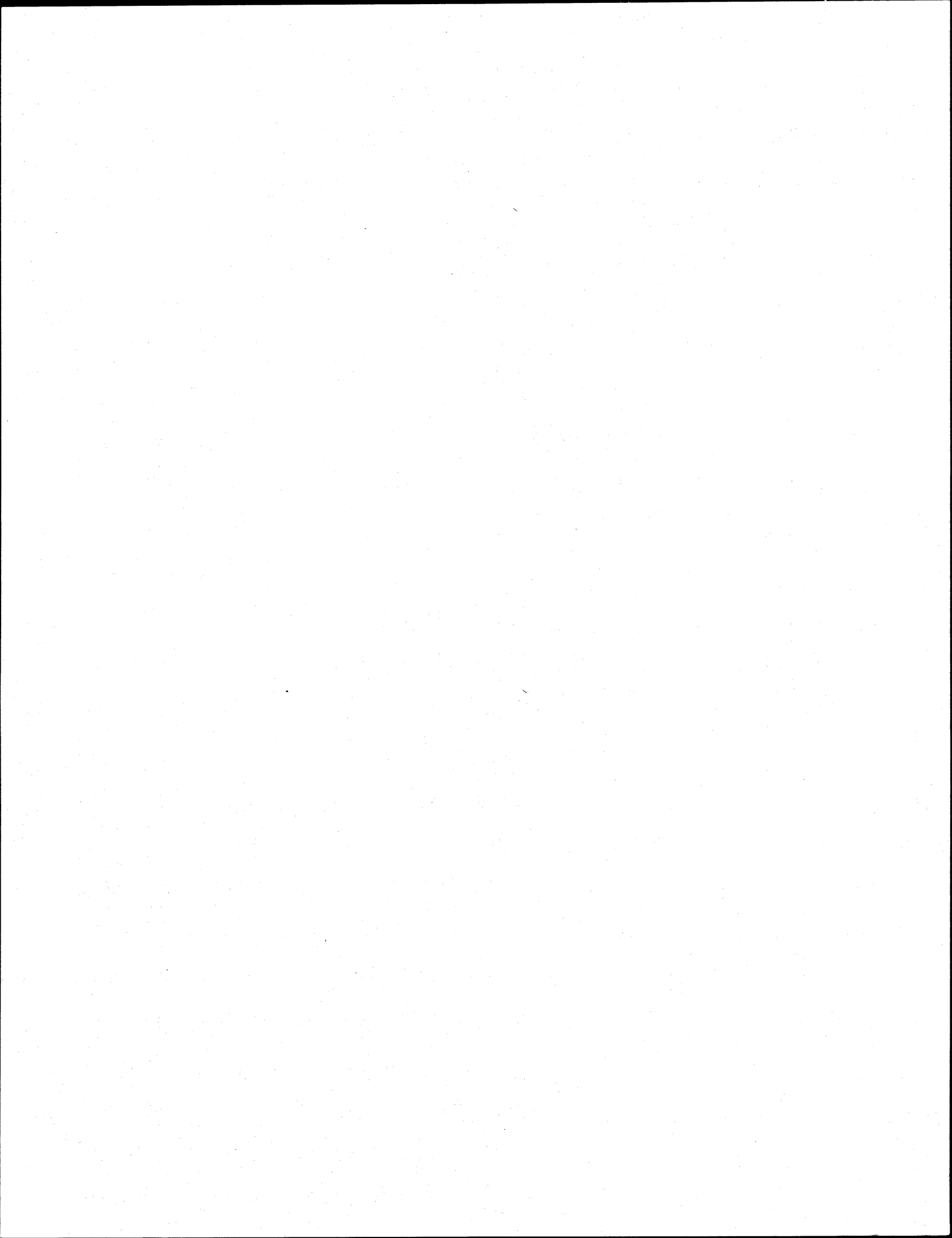
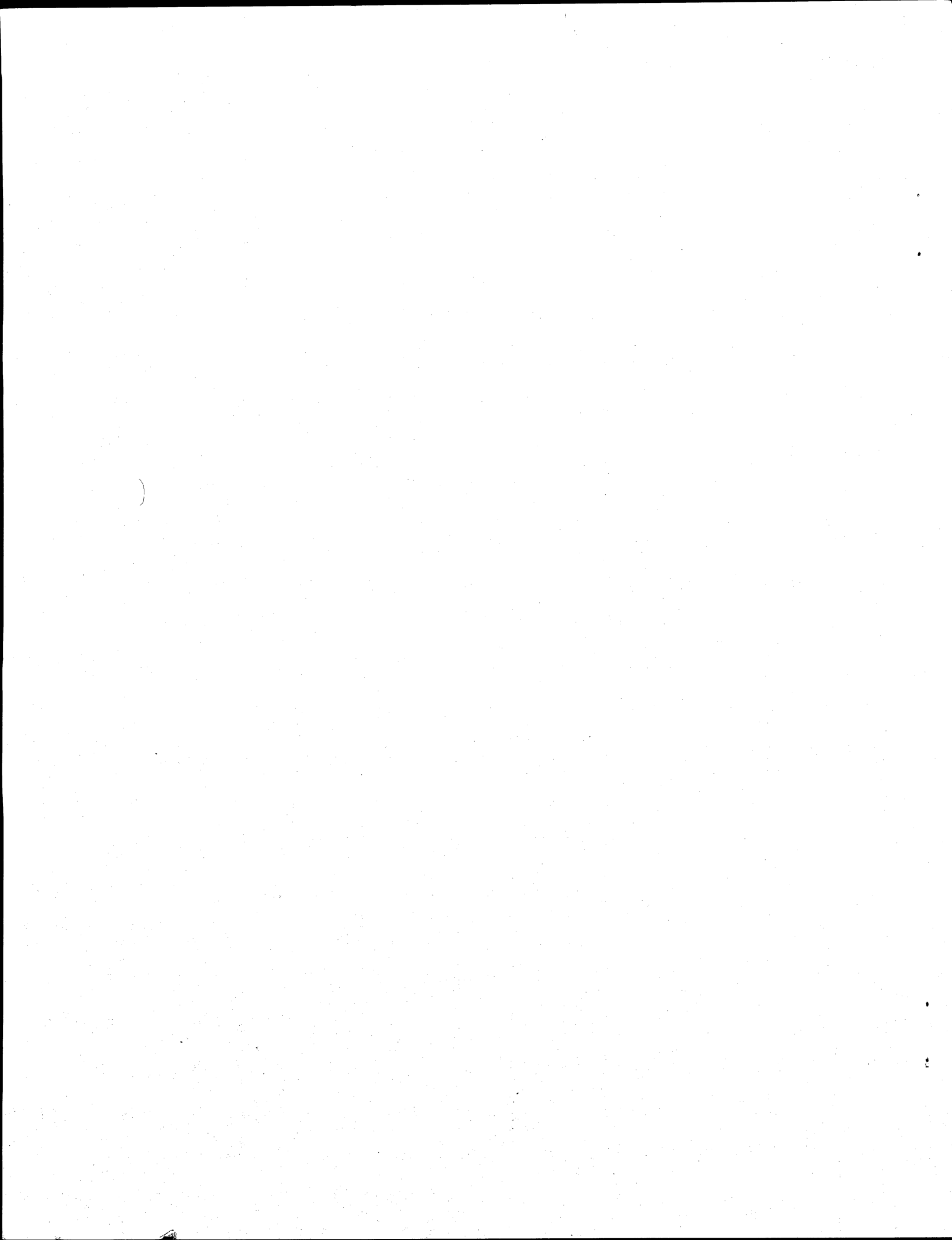


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Urban/Non-Urban Counseling Centers  
SURVEY HIGHLIGHTS, 1989  
N = 248

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

- More centers (6.4%) are charging students for counseling than in 1988 (4%). However, fewer are charging faculty (6.0% in '89 vs 10% in '88) and alumni (7.2% in '89 vs 20% in 1988). (Item 1)
- 167 centers (67.6%) have problems referring students out because of inadequate finances or insurance coverage. Large schools (74.8%) seem to be experiencing the most difficulty. (Item 5)
- 42 centers (27%) are supported by a mandatory fee - up 6% from last year. Of these more than half have better than 75% of their budgets covered by this fee. (Item 6)
- 73 centers gained a professional staff position over the past year while 29 centers lost a position. Gains outnumbered losses for all other positions as well. This is the seventh year in a row that gains outnumbered losses. (Items 9 & 10)
- The average ratio of counselors to students among centers is 1:1651. The widest gap is seen in large schools where the ratio is 1:2269. (Item 12)
- Nine mergers of counseling centers with the mental health units of student health services were reported. In all but one of these cases the Student Health Unit was moved under the counseling center. (Items 13 & 14)
- Special training programs for staff in the past 2 years have focused primarily on drug and alcohol problems (71.3%), eating disorders (54.3%) and minority issues (45.3%). (Item 17)
- There continues to be a wide divergence of opinion among directors about whether it is appropriate to let a referral source know that a student has scheduled an appointment without getting a consent form signed. (Items 18, 19)
- 87.0% of centers had to hospitalize a student for psychological reasons (up 8% from 1987), 70% had to notify a 3rd party about a potentially suicidal student (down 1%) and 23.5% gave Tarasoff type warnings when a 3rd party was at risk (down 4.5%). (Items 20,21,22)

- 47 centers had records subpoenaed in the past year and 78.7% found it necessary to comply. (Item 24) Suggestions from directors who have received subpoenas are listed under item 57
- 6 centers had suits filed against them in past year. Examples are provided (Item 28)
- 20 centers (8.1%) had to terminate or discipline a counselor or intern for unethical practices. Examples provided. (Item 33)
- 138 schools have Employee Assistance Programs. 22 of the EAPs are administered by the counseling center while 56 others use the counseling center for some other role. (Item 36, 37, 38)
- 118 centers (47.8%) have waiting lists during busy terms. Suggestions for coping with problems are listed. (Item 39, 40)
- 208 (82%) of centers require no typing of casenotes. (Item 43)
- 84 (34%) of centers allow counselors to use offices for private practice in off hours. (Item 44)
- 14.6% of centers report seeing more cases of anorexia this past year (up 2.6% from 1988) while 36% report seeing an increase in bulimia (up 15% from 1988). (Items 47, 48)
- 195 centers (78.6%) are reporting a definite increase in the number of clients reporting sexual abuse as a child. (Item 49)
- 56 centers (22.6%) have noticed an increase in the number of students dealing with love addiction type problems. (Item 52) (See item 54 for a list of helpful books and articles for dealing with this problem.)
- Most directors hired last year were caucasian males and their salaries were significantly higher than other groups. Most new psychologists, counselors, and MSW's hired were caucasian females. Their salaries tended to be lower than other groups. (Item 55)
- Ethical or legal dilemma's encountered are listed under item 56.

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

Raw Data Reported Outside Brackets (Percentages of those who responded inside)

	<u>URBAN</u> N = 136	<u>NON-URBAN</u> N = 113	<u>LARGE</u> N = 131	<u>SMALL</u> N = 118	<u>TOTAL</u> N = 249	<u>COMMENTS</u>
1. Centers that charge a fee for counseling to:						Range of income generated:
a. students	11 ( 8.1%)	5 ( 4.4%)	13 ( 9.9%)	3 ( 2.5%)	16 ( 6.4%)	\$2,000-\$100,000
b. faculty/staff	9 ( 6.6%)	6 ( 5.3%)	11 ( 8.4%)	4 ( 3.4%)	15 ( 6.0%)	\$200-\$30,000
c. alumni	14 (10.3%)	4 ( 3.5%)	9 ( 6.9%)	9 ( 7.6%)	18 ( 7.2%)	\$250-\$85,000
2. Centers that charge a fee for the following services:						
a. structured groups	7 ( 5.1%)	3 ( 2.7%)	9 ( 6.9%)	1 ( 0.8%)	10 ( 4.0%)	\$100-\$10,000
b. interest tests	35 (25.7%)	27 (23.9%)	43 (32.8%)	19 (16.1%)	62 (24.9%)	\$50-\$4000
c. personality tests	19 (14.0%)	18 (15.9%)	22 (16.8%)	15 (12.7%)	37 (14.8%)	\$80-\$14,000
d. campus wide testing program	13 (10.3%)	18 (15.9%)	20 (15.3%)	11 (10.2%)	31 (12.1%)	\$100-\$25,000
e. workshops	6 ( 7.4%)	7 ( 6.2%)	11 ( 8.4%)	2 ( 1.7%)	13 ( 5.2%)	\$400-\$5,000
f. computerized counseling system	4 ( 2.9%)	4 ( 3.5%)	5 ( 3.8%)	3 ( 2.5%)	8 ( 3.2%)	\$200-\$500
g. departmental counseling	3 ( 2.2%)	1 ( 0.9%)	3 ( 2.3%)	1 ( 0.8%)	4 ( 1.6%)	\$300-\$450
h. psychological assessment (campus police, campus applicants, etc.)	6 ( 3.8%)	10 ( 6.7%)	11 ( 6.4%)	5 ( 2.9%)	16 ( 6.4%)	\$90-\$15,000
3. Centers that charge for the following community services:						
a. Personal counseling	13 ( 9.6%)	8 ( 7.1%)	11 ( 8.4%)	10 ( 8.5%)	21 ( 8.5%)	\$50-\$58,000
b. career counseling	27 (19.9%)	10 ( 8.8%)	19 (14.5%)	18 (15.2%)	37 (14.9%)	\$30-\$35,000
c. psychological assessment	16 (11.8%)	15 (13.3%)	15 (11.4%)	16 (13.6%)	31 (12.5%)	\$100-\$20,000
d. consulting	13 ( 9.6%)	7 ( 6.2%)	7 ( 5.3%)	13 (11.0%)	20 ( 8.1%)	\$200-\$2000
e. workshops	10 ( 7.4%)	8 ( 7.1%)	7 ( 5.3%)	11 ( 9.3%)	18 ( 7.2%)	\$400-2000
f. structured groups	7 ( 5.1%)	7 ( 6.2%)	7 ( 5.3%)	7 ( 5.9%)	14 ( 5.6%)	\$300-\$20,000

One program earned \$30,000 for managing an EAP program at a local hospital. One earned \$13,000 for national testing and one earned \$5,000 for administering CLEP tests.

	<u>Reporting Total Data Only</u>			
	<u>Increase Expenditures</u>	<u>Decrease Expenditures</u>	<u>No Change</u>	<u>Not Applicable</u>
4. Budget allocations for the following services over past two years:				
a. Personal counseling	81 (32.8%)	26 (10.5%)	135 (54.7%)	5 ( 2.0%)
b. career counseling	74 (30.0%)	22 ( 8.9%)	111 (44.9%)	38 (15.4%)
c. learning skills program	62 (25.1%)	14 ( 5.7%)	101 (40.9%)	68 (27.5%)
d. minority skills program	69 (27.9%)	7 ( 2.8%)	88 (35.6%)	81 (32.8%)
e. women's programs	36 (14.6%)	8 ( 3.2%)	116 (47.0%)	85 (34.3%)
f. consulting services for athletes	34 (13.8%)	8 ( 3.2%)	96 (38.9%)	105 (42.5%)
g. disabled students' services	54 (21.9%)	8 ( 3.2%)	102 (41.8%)	80 (32.4%)

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
5. Center that have problems referring students out because of inadequate finances or insurance coverage	93 (68.4%)	74 (65.5%)	98 (74.8%)	69 (58.5%)	167 (67.6%)	
Centers send students to community mental health clinics, clinical training programs or reduced fee private practitioner. Other require all students to have mental health coverage or are working in this direction.						
6. Centers supported by a mandatory student fee	42 (30.9%)	25 (22.1%)	41 (31.3%)	26 (22.0%)	67 (27.0%)	Over half of these centers have more than 75% of their budgets covered by the mandatory fee.
7. Operating budgets of centers						
a. increased beyond inflation	10 ( 7.4%)	14 (12.4%)	12 ( 9.2%)	12 (10.2%)	24 ( 9.7%)	While staff size is increased (see below) more than half the centers are losing ground with their operating budgets.
b. increased about the same as inflation	46 (33.8%)	38 (33.6%)	40 (30.5%)	44 (37.3%)	84 (34.0%)	
c. remained the same	65 (47.8%)	48 (42.5%)	65 (49.6%)	48 (40.7%)	113 (45.7%)	
d. decrease	15 (11.0%)	12 (10.6%)	14 (10.7%)	13 (11.0%)	27 (10.8%)	
8. Travel budgets of centers:						
a. increased beyond inflation	10 ( 7.4%)	13 (11.5%)	7 ( 5.3%)	16 (13.6%)	23 ( 9.3%)	
b. increased about the same as inflation	24 (17.6%)	24 (21.2%)	21 (16.0%)	27 (22.9%)	48 (19.4%)	
c. remained the same	78 (57.4%)	65 (57.5%)	84 (64.1%)	59 (50.0%)	143 (57.9%)	
d. decreased	23 (16.9%)	11 ( 9.7%)	19 (14.5%)	15 (12.7%)	34 (13.7%)	
9. Centers that have gained staff positions in the past year:						
a. professional	38 (27.9%)	35 (31.0%)	46 (35.1%)	27 (22.9%)	73 (29.6%)	For the past seven year centers have gained more positions than lost in every category
b. clerical	16 (11.8%)	15 (13.3%)	17 (13.0%)	14 (11.9%)	31 (12.5%)	
c. grad. asst. or 1/2 time intern	14 (10.3%)	19 (16.8%)	18 (13.7%)	15 (12.7%)	33 (13.4%)	
d. full time intern	14 (10.3%)	11 ( 9.7%)	19 (14.5%)	6 ( 5.1%)	25 (10.1%)	
10. Centers that have lost staff positions in past year:						
a. professional	12 ( 8.8%)	17 (15.0%)	21 (16.0%)	8 ( 6.8%)	29 (11.6%)	
b. clerical	1 ( 0.7%)	1 ( 0.9%)	2 ( 1.5%)	-	2 ( 0.8%)	
c. grad. asst or 1/2 time intern	7 ( 5.1%)	5 ( 4.4%)	6 ( 4.6%)	6 ( 5.1%)	12 ( 4.9%)	
d. full time intern	1 ( 0.7%)	1 ( 0.9%)	2 ( 2.3%)	0 ( 0.0%)	2 ( 0.8%)	

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>
11. Centers that have programs supported by external grants	26(19.1%)	22(19.5%)	28(21.4%)	20(16.9%)	48(19.3%)

Example of programs supported by external grants and source of funding.  
(school ID # follows each example)

- 1) Child and Adolescent program supported by State Grant (40)
- 2) Grant from Housing (206)
- 3) Grant from Residence Halls and Medical School in return for special liason (214)
- 4) Disable student grant supported by Government (168,105)
- 5) Alcohol and drug abuse prevention and education supported by FIPSE (16, 22, 39, 47, 57, 77, 94, 95, 96, 112, 117, 118, 149, 151, 172, 185, 191, 229, 239)
- 6) Health education focus on AIDS and STDS supported by state dept. of health (99)
- 7) Career development counseling supported by VEA (129)
- 8) Wellness education supported by FIPSE (68, 175)
- 9) Peace Corp recruiter supported by Fed. Grant (159)
- 10) Upward Bound supported by Fed. Government (160)
- 11) Career lab support by JTPA Grant (91)
- 12) Research on computer based needs assessment supported by State Lottery and Grant (19)
- 13) Sexual assault crisis and safety education program supported by state office of criminal justice (85)

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>
12. Average ratio of counselors to students at centers	1:1756	1:1518	1:2269	1:1063	1:1651
13. Merger of CC and SHS mental health units in past 2 years	6 ( 4.4%)	3 ( 2.6%)	6 ( 4.6%)	3 ( 2.5%)	9 ( 3.6%)
14. Direction of CC-SHS merger:					
a. CC under SHS	1 (16.6%)	0 ( 0.0%)	0 ( 0.0%)	1 (33.3%)	1 (11.1%)
b. SHS under CC	5 (83.3%)	2 (66.6%)	5 (83.3%)	2 (66.6%)	7 (77.7%)

Not all centers reported the directions of the mergers

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
15. Career counseling is done:						
a. primarily in counseling center	63 (46.8%)	56 (49.6%)	52 (39.7%)	67 (56.8%)	119 (47.4%)	
b. primarily in separate career development or placement program	50 (36.3%)	42 (37.3%)	52 (39.7%)	40 (33.9%)	92 (37.2%)	
c. shared equally between a and b	21 (15.4%)	15 (13.3%)	25 (19.1%)	11 ( 9.3%)	36 (14.6%)	

16. In centers that offer career counseling, it is:						
a. integrated with personal counseling	63 (64.9%)	51 (45.1%)	63 (64.3%)	51 (67.1%)	114 (66.0%)	
b. provided by career specialist	5 ( 5.1%)	6 ( 5.3%)	4 ( 4.1%)	7 ( 9.2%)	11 ( 6.0%)	
c. a combination of a and b	29 (29.8%)	20 (17.7%)	31 (31.6%)	18 (23.7%)	49 (31.6%)	

	<u>Reporting Total Data Only</u>		
	<u>Yes</u>	<u>Not But Could Use</u>	<u>But Not Necessary</u>
17. In past two years staff received special training in:			
a. career counseling	66 (26.7%)	42 (17.0%)	137 (55.5%)
b. eating disorders	139 (54.3%)	56 (22.7%)	56 (22.7%)
c. drug and alcohol problems	176 (71.3%)	39 (15.8%)	31 (21.6%)
d. women's issues	79 (32.0%)	79 (32.0%)	87 (35.2%)
e. men's issues	31 (12.6%)	123 (49.8%)	91 (36.8%)
f. minority issues	112 (45.3%)	83 (33.6%)	50 (20.2%)
g. crisis intervention	92 (37.2%)	64 (25.9%)	90 (36.4%)
h. legal issues	117 ( 4.7%)	82 (33.2%)	46 (18.6%)
i. development theory	47 (19.0%)	79 (32.0%)	119 (48.2%)
j. psycho-pharmacology	71 (32.1%)	80 (36.2%)	68 (30.8%)
k. time-limited therapy	91 (36.8%)	84 (34.0%)	70 (28.3%)

Drug and alcohol, eating disorders, legal issues and minority issues seem to be re-receiving the most attention. Men's issues receives the least attention but almost half of the directors believe more training is necessary in this area

Centers also offer workshops on AIDS, ACOA, suicide, sexual abuse, research, date rape, etc.

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>
18. Counseling centers typically do not let a referral source know if a student has arrived without consent. Directors believe this stance is:					
a. very appropriate-protects client confidentiality	67 (49.3%)	61 (54.0%)	63 (48.1%)	65 (55.1%)	128 (51.8%)
b. overly rigid-creates animosity in referral source	44 (32.4%)	36 (31.9%)	47 (35.8%)	33 (28.0%)	80 (32.3%)
c. other	25 (18.4%)	15 (13.3%)	20 (15.2%)	20 (16.9%)	40 (16.2%)

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
19. A trusted campus official - very worried about a student she referred - wants to know if the student has arrived. Director would inform her if:						
a. no appointment has been scheduled, so student is not yet a client	93 (68.4%)	77 (68.1%)	85 (64.9%)	85 (72.0%)	170 (68.5%)	
b. an appointment has been scheduled, but is several days away	68 (50.0%)	59 (52.2%)	62 (47.3%)	65 (55.1%)	127 (51.2%)	
c. an appointment has been kept, but the student will not be back for a week or two	46 (33.8%)	37 (32.7%)	48 (36.6%)	35 (29.7%)	83 (33.2%)	
Comments indicate considerable diversity of opinion. Some feel very strongly that it is unethical to provide this information to referral sources without clients permission. Some feel it is an imposition to even ask clients' permission and just say no whenever such requests arrive. Others feel that sharing this information hurts no one and that the good will created encourages further referrals so more students are helped. Several state that when students are asked if they mind, they invariably so no, so this seems to be more of a problem for us than for the clients. Since there are such divergent views, giving students the option on an intake sheet would probably solve most of our problems on this issue.						
20. Centers that have hospitalized students for psychological reasons during past year	119 (87.5%)	97 (85.8%)	117 (89.3%)	99 (83.9%)	216 (87.0%)	Centers averaged one or two hospitalizations. One school hospitalized 31 students.
21. Centers that notified 3rd party about potentially suicidal student during past year	93 (68.4%)	80 (70.8%)	90 (68.7%)	83 (70.3%)	173 (69.8%)	Centers average 6 warnings. Two schools gave 20 warnings
22. Centers that had to give warning to a third party about a student who posed danger to another person	35 (25.7%)	23 (20.4%)	30 (22.9%)	28 (23.7%)	58 (23.5%)	Most centers (70%) gave only one warning. One center gave 10 such warning
23. When dealing with a potentially dangerous client, directors believe it is more of a legal risk to:						
a. give warning to the threatened person	2 (1.5%)	2 (1.8%)	3 (2.3%)	1 (0.8%)	4 (1.6%)	
b. not give warning to the threatened person	80 (58.8%)	58 (51.3%)	61 (46.6%)	77 (65.3%)	138 (55.9%)	
c. both are legally risky	46 (33.8%)	50 (44.2%)	61 (46.6%)	35 (29.7%)	96 (38.7%)	

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
24. Centers where records or counselors have been subpoenaed in past year	26 (19.1%)	21 (18.6%)	33 (25.2%)	14 (11.9%)	47 (19.0%)	
25. If subpoenaed, center found it necessary to comply	19 (73.1%)	18 (85.7%)	26 (78.8%)	11 (78.6%)	37 (78.7%)	
26. If subpoenaed, records were used:						Advice from Directors who have received subpoenas is given under item # 57
a. in support of a claim by a client	16 (61.5%)	16 (76.2%)	22 (66.7%)	10 (71.4%)	32 (68.1%)	
b. against a client	10 (38.5%)	5 (23.8%)	12 (35.3%)	3 (21.4%)	15 (31.9%)	
27. If subpoenaed, counselor found it necessary to appear in court	2 ( 7.7%)	6 (28.5%)	7 (20.6%)	1 ( 7.1%)	8 (17.0%)	

Example of Subpoenas:

1. ROTC officer raped student (cadet). Records subpoenaed for use in court
2. Sexual assault case
3. Student applying for disability pension wanted to prove that he was psychologically disabled
4. Student self-disclosed sexually fondling an 8 yr old and 12 yr old girl  
Reported to MSSA who reported to police - we consulted
5. Divorce cases
6. Evaluation in family custody/abuse assault
7. Law suit between university and former athletic director regarding the administration of an athletic drug testing and treatment program
8. Rape case
9. Insurance case for head injury
10. Child custody cases
11. Blanket request of all records
12. Records subpoenaed in personal injury cases
13. Director subpoenaed to testify about alcohol programs on campus and alcoholism
14. Toxic shock case against Johnson and Johnson



	URBAN	NON-URBAN	LARGE	SMALL	TOTAL
28. Suits against center in past year	4 ( 2.9%)	2 ( 1.8%)	3 ( 2.3%)	3 ( 2.5%)	6 ( 2.4%)

**Nature of suits**

1. A student sued the college because counseling services would not support her request to break her room contract and move off campus
2. Student claiming misdiagnosis re. "learning disability"
3. Dual relationship
4. Affirmative Action would not sign off on a male employee because of some sexist hearsay.
5. Unprofessional conduct by a staff member - settled out of court
6. Breach of confidentiality - has been dropped.

29. Centers which have <u>ever</u> been sued	13 ( 9.6%)	7 ( 6.2%)	10 ( 7.6%)	10 ( 8.5%)	20 ( 8.1%)
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30. Legal costs of suit assumed by school	12 (92.3%)	7 (100.00%)	10 (100.0%)	9 (90.0%)	19 (95.0%)
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31. Outcome of suit

a. against the center	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)
b. for the center	5 (41.6%)	3 (42.8%)	4 (40.0%)	4 (44.4%)	8 (44.4%)
c. settled out of court	5 (41.6%)	2 (28.5%)	5 (50.0%)	2 (22.2%)	7 (38.9%)
d. not yet decided	2 (16.7%)	1 (14.2%)	1 (10.0%)	2 (22.2%)	3 (16.7%)

32. Advice based on experience with law suits

1. Keep good records and take valium before you go to court
2. Follow ethical guidelines
3. Keep parties informed when making decisions that may backfire.
4. Keep constant contact with attorney
5. It helps to have a good risk management policy
6. Get your own malpractice insurance

33. Have disciplined or terminated a counselor or intern in past year due to unethical practices

	9 ( 6.6%)	11 ( 9.7%)	13 ( 9.9%)	7 ( 5.9%)	20 ( 8.1%)
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**Example of unethical practices by counselors or interns which led to confrontation**

1. Complaints about a counselor pushing Jesus in counseling sessions - Cautioned only
2. Fabrication of facts on travel destination and misuse of state money
3. Unlicensed psychologist advertised in yellow pages
4. Had to discipline for conflict of interest

5. Crossing boundary between client and friend
6. Misrepresentations regarding travel time and performing profit making activities during clinic hours
7. Reprimand for sexual harassment
8. Inappropriate sexual behavior with student client
9. Left the job and abandoned case - said he was terminated
10. Intern was reported to have made sexually inappropriate remarks to grad. students he was teaching elsewhere in the university.
11. Complaint about sexual involvement of male counselor with female student occurring 5 yrs ago - counselor retired
12. Counselor was chronically late, unavailable for crisis/emergency walk-ins, on phone with private clients, did not keep case notes.
13. Supervisor wanted to do therapy with interns
14. Dual role - intern gave money to client to pay telephone bill

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>	<u>COMMENTS</u>
34. Malpractice insurance coverage for counselors:						
a. insured only by a school policy that covers all employees	91 (66.9%)	68 (60.2%)	88 (67.2%)	71 (60.2%)	159 (64.1%)	
b. provided by school through separate malpractice coverage for counselors	25 (18.4%)	21 (18.6%)	18 (13.7%)	28 (23.7%)	46 (18.6%)	
c. counselors must provide own coverage	19 (14.0%)	21 (18.6%)	23 (17.6%)	17 (14.4%)	40 (16.2%)	
35. Evaluation of professional staff						
a. formally evaluated on established criteria, and shared with directors supervisor	77 (56.6%)	66 (58.4%)	82 (62.6%)	61 (51.7%)	143 (57.9%)	Option "a" is up about 6% since last asked. The other option have dropped slightly.
b. formally eval. on established criteria but but shared only with staff member	24 (17.6%)	16 (14.2%)	28 (21.4%)	12 (10.2%)	40 (16.1%)	
c. informal evaluation - but progress reviewed on regular basis	26 (19.1%)	20 (17.7%)	15 (11.5%)	31 (26.3%)	46 (18.6%)	
d. team goals reviewed by entire staff - no individual evaluation except if problems arise	4 ( 2.9%)	4 ( 3.5%)	2 ( 1.5%)	6 ( 5.1%)	8 ( 3.2%)	

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>
36. Campuses with Employee Assistance Program	73 (53.7%)	65 (57.5%)	83 (63.4%)	55 (46.6%)	138 (55.9%)
37. If EAP, who administers?					
a. The Counseling Center	10 (13.7%)	12 (18.5%)	16 (19.3%)	6 (10.7%)	22 (15.9%)
b. Personnel or Human Resources	44 (60.3%)	40 (63.5%)	44 (53.0%)	40 (71.4%)	84 (60.1%)
c. School of Social Work	1 (1.4%)	0 (0.0%)	1 (1.2%)	0 (0.0%)	1 (1.2%)
d. Other	18 (24.6%)	13 (20.6%)	22 (26.5%)	9 (16.1%)	31 (22.5%)
38. If EAP is not administered by CC, do you have any role?					
a. yes, on advisory board	12 (19.3%)	4 (7.2%)	13 (19.4%)	3 (6.0%)	16 (13.7%)
b. yes, as consultant	9 (14.5%)	16 (29.1%)	12 (17.9%)	13 (26.0%)	25 (21.4%)
c. yes, other	5 (8.1%)	10 (18.2%)	7 (10.4%)	8 (16.0%)	15 (12.8%)
d. no	36 (58.1%)	25 (45.5%)	35 (52.2%)	26 (52.0%)	61 (52.1%)
39. Centers with waiting list problems during busy terms	63 (46.3%)	55 (48.7%)	80 (61.1%)	38 (32.2%)	118 (47.8%)
40. Steps taken to cope with waiting list:					
a. increase number of referrals to outside agencies or practitioners	50 (79.3%)	34 (61.8%)	59 (73.7%)	25 (59.5%)	84 (67.2%)
b. established limit on number of counseling sessions	42 (66.6%)	26 (47.2%)	43 (53.7%)	25 (59.5%)	68 (54.4%)
c. increased counselors case loads	51 (80.9%)	37 (67.3%)	50 (62.5%)	38 (88.1%)	88 (70.4%)
d. no session limits but expect each counselor to open up hours each week	16 (25.4%)	17 (28.9%)	20 (25.0%)	13 (28.1%)	33 (26.4%)
e. charge fee after limited number of hours	2 (2.2%)	1 (1.8%)	3 (3.1%)	0 (0.0%)	3 (2.4%)
f. hire part time help	14 (20.2%)	20 (36.3%)	16 (20.0%)	18 (39.8%)	34 (27.2%)
g. establish intake system	14 (20.2%)	12 (19.8%)	18 (21.5%)	8 (20.3%)	26 (20.8%)
h. eliminate intake system	1 (1.5%)	0 (0.0%)	0 (0.0%)	1 (2.5%)	1 (0.4%)
i. telephone interviews with people on waiting list	6 (9.5%)	6 (10.9%)	8 (10.0%)	4 (11.4%)	12 (9.6%)
41. Students at center seen for one or more intake interviews before being assigned to a counselor					
a. yes, in all cases	49 (36.0%)	35 (31.0%)	60 (45.8%)	24 (20.3%)	84 (34.0%)
b. yes, but only when a waiting list develops	7 (5.1%)	3 (2.7%)	5 (3.8%)	5 (4.2%)	10 (4.0%)
c. no	78 (57.4%)	73 (64.6%)	63 (48.1%)	88 (74.6%)	151 (60.8%)

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>
42. Directors' feelings about intake system:					
a. efficient-cuts down on waiting list	36 (26.5%)	34 (30.1%)	40 (30.5%)	30 (25.4%)	70 (28.3%)
b. inefficient-gets in the way of counseling and adds to waiting list	40 (30.5%)	25 (22.1%)	33 (25.2%)	33 (28.0%)	66 (26.6%)
c. helps identify people who need immediate treatment	70 (51.5%)	56 (49.6%)	80 (61.1%)	47 (39.8%)	126 (51.0%)
d. helps assign client to appropriate staff person	63 (46.3%)	52 (46.0%)	71 (54.2%)	44 (37.3%)	115 (46.4%)
e. bureaucratic-students need to jump another hurdle	52 (38.2%)	42 (37.2%)	43 (32.8%)	51 (43.2%)	94 (37.9%)
43. Center's policy on typing case notes:					
a. all case notes are typed	7 ( 5.1%)	11 ( 9.7%)	7 ( 5.3%)	11 ( 9.3%)	18 ( 7.3%)
b. summary only typed	12 ( 8.8%)	8 ( 7.1%)	9 ( 6.9%)	11 ( 9.3%)	20 ( 8.1%)
c. no typing required - only if summary sent out of center	115 (84.6%)	90 (79.6%)	113 (86.3%)	92 (78.0%)	203 (82.2%)
44. Centers that allow counselors to use offices off-hours for private practice	48 (35.3%)	36 (31.9%)	37 (28.2%)	46 (39.0%)	84 (33.9%)
45. Time spent on crisis counseling in recent years					
a. a significant increase	57 (41.9%)	45 (39.8%)	55 (42.0%)	47 (39.8%)	102 (41.3%)
b. a significant decrease	6 ( 4.4%)	4 ( 3.5%)	6 ( 4.6%)	4 ( 3.4%)	10 ( 4.0%)
c. stayed the same	72 (52.9%)	61 (54.0%)	67 (51.1%)	66 (55.9%)	133 (53.6%)
46. Any change in recent year in ave. number of hours for personal counseling					
a. yes, significant increase	65 (47.8%)	62 (54.9%)	64 (48.9%)	64 (54.2%)	128 (51.6%)
b. yes, a significant decrease	60 (44.1%)	41 (36.3%)	57 (43.5%)	44 (37.3%)	101 (40.9%)
c. no, stayed about the same	9 ( 6.6%)	8 ( 7.1%)	8 ( 6.1%)	8 ( 6.8%)	17 ( 6.8%)
47. Any change, relative to recent years, in number of clients with anorexia					
a. more	17 (12.5%)	19 (16.8%)	14 (10.7%)	22 (18.6%)	36 (14.6%)
b. about the same	93 (68.4%)	66 (58.4%)	87 (66.4%)	72 (61.0%)	159 (64.4%)
c. less	25 (18.4%)	26 (23.0%)	28 (21.4%)	23 (19.5%)	51 (20.5%)

	<u>URBAN</u>	<u>NON-URBAN</u>	<u>LARGE</u>	<u>SMALL</u>	<u>TOTAL</u>
48. Any change, relative to recent years, in numbers of bulimic clients					
a. more	41 (30.1%)	48 (42.5%)	41 (31.3%)	48 (40.7%)	89 (36.0%)
b. about the same	79 (58.1%)	44 (38.9%)	69 (52.7%)	55 (46.6%)	124 (50.0%)
c. less	15 (11.0%)	19 (16.8%)	19 (14.5%)	14 (11.9%)	33 (13.3%)
49. Any change in recent years, in numbers of clients reporting sexual abuse as a child					
a. a definite increase	103 (75.7%)	91 (80.5%)	104 (79.4%)	91 (77.1%)	195 (78.6%)
b. about the same	32 (23.5%)	18 (15.9%)	25 (19.1%)	24 (20.3%)	49 (19.7%)
c. a definite decrease	0 (0.0%)	2 (1.8%)	0 (0.0%)	2 (1.7%)	2 (0.8%)
50. Centers where students have sought help because of sexual exploitation or harassment in past year by					
a. another therapist	27 (19.9%)	25 (22.1%)	36 (27.5%)	16 (13.6%)	52 (20.9%)
b. a faculty member or supervisor	73 (53.7%)	70 (61.9%)	80 (61.1%)	63 (53.4%)	143 (57.7%)
c. another student	85 (62.5%)	81 (71.7%)	84 (64.1%)	82 (69.5%)	166 (66.9%)
51. Centers where counselors gave testimony in past year when a charge of sexual harassment was brought against					
a. another therapist	4 (2.9%)	3 (2.7%)	6 (4.6%)	2 (1.7%)	7 (3.2%)
b. a faculty member	2 (1.5%)	3 (2.7%)	3 (2.3%)	2 (1.7%)	5 (2.0%)
c. another student	2 (1.5%)	1 (0.9%)	2 (1.5%)	1 (0.8%)	3 (1.2%)
52. Any change, in recent years, in numbers of students dealing with "love addiction" type problems					
a. a definite increase	29 (21.3%)	27 (23.9%)	34 (26.0%)	21 (17.8%)	56 (22.6%)
b. about the same	85 (62.5%)	75 (66.4%)	84 (64.1%)	77 (65.3%)	161 (64.9%)
c. a definite decrease	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
53. Directors with expertise working with "love addiction" problems					
	11 (8.1%)	12 (10.6%)	15 (11.5%)	7 (5.9%)	22 (8.8%)

54. Books and articles which have been found to be helpful when working with "love addition" problems:

1. Women Who Love Too Much - by Robin Norwood
2. Men Who Hate Women and the Women Who Love Them
3. Styles Of Loving - by Laswell
4. Out of the Shadows - by Patrick Carnes, Ph.D.
5. Co-dependency literature
6. Love and Addiction - by S. Peele
7. Breaking your Addiction to a Person - by H. M. Halpern
8. Literature on erotomania and obsessive disorders

55. Average salary of new hires, by category, in center during past year:  
(Reporting total data only) (Number of hires in brackets)

Administrative	Minority Male	Minority Female	Caucasian Male	Caucasian Female
a. Director	0	44,041( 3)	49,758(12)	38,471( 7)
b. Training Director	0	47,000( 1)	36,000( 4)	40,000( 1)
Counseling Staff				
c. Ph.D. plus experience	33,500( 4)	35,005( 8)	33,918(13)	31,299(13)
d. new Ph.D.	30,125( 4)	30,381(14)	29,013(14)	28,832(34)
e. A.B.D.	32,600( 2)	26,000( 1)	25,557( 7)	24,661( 9)
f. master's counseling	20,080( 5)	19,520( 5)	27,512(11)	23,826(16)
g. MSW	27,000( 1)	0	21,000( 1)	24,672( 5)

More male caucasian directors hired and at significantly higher salaries.  
More Female caucasians hired in other categories.

56. Ethical or legal dilemmas that occurred during past 2 years.

1. A client's parent seeking employment with the center who was also a friend of the director. Did not hire.
2. When it is okay to refer to self - finding good referral sources.
3. Child sexual abuse case with 19 year old male student. MSSH was involved and over reacted - client became defensive
4. Student informed counselor that she was stock piling psychotropic medication.
5. Hiring internal staff when the center has external applicants
6. Request for information from a school official regarding the nature of our contact with a student who had committed suicide.
7. Client signed release of information for CIA and Peace Corps. We refused release on grounds that it was not collected for psychological evaluation purposes.
8. Housing staff wanted to know about students attendance and status in counseling. We refused because no release signed.
9. Have attempted to address the legal issues inherent an responding to a client with AIDS.

10. Competency of minority post-doctoral intern. Post-doctoral site was changed within the department from working with clients to research.
  11. Admissions committee wanted consultation on mental health of applicant; CC refused and discussed section 504 of rehab.act.
  12. Contacting parents and/or administration regarding suicidal gestures against the student wishes.
  13. Right of dean of students to be informed of "at risk" students.
  14. Academic dean wanted information about client he referred. I wrote to APA Ethics office and received a letter describing confidentiality which I forwarded to the dean who stopped asking for information.
  15. Intern with poor counseling skills that did not improve with supervision/training.
  16. Counselor seeing student in his class as a client.
  17. Violation of confidential records at the counseling center by secretary.
  18. Defining a "need to know" hierarchy with staff in regards to AIDS clients.
  19. Client wanted release of information to Big Brothers. Even though he insisted on release we did not feel it was in his best interest.
  20. Whether to provide service to a student in need who is technically "not eligible" (part time student)
  21. Can a counselor with a severe eating disorder serve in a counseling role.
  22. Grievance from part-time psychiatrist whose 1 year contract I chose not to renew.
  23. Whether or not to require informed consent signatures for all client.
  24. Referrals to staff members who also have private practices.
  25. Termination of clients who are no longer enrolled as students.
57. Advice from directors who have received subpoenas
1. Keep detailed records of all counseling sessions and phone call (2 schools). The more complete the record file, the less anxiety a counselor feels in responding to a court action. (See Division 17 newsletter for article on keeping good records.)
  2. Keep records as brief as clinically justifiable (7 schools), and use coding devices that can be interpreted only by counselor (1 school).
  3. Describe behavior rather than writing labels or diagnoses (5), also limit interpretive speculation(3).
  4. Don't expect university legal counsel to understand privileged communication.
  5. We are advised from university counsel to document clients' condition, circumstances, behavior, and counselors response.
  6. Keep desk notes that are not subject to subpoenas rather than an "official" file.
  7. Avoid mention of extramarital relations when divorce/custody proceedings are pending.
  8. Have presentation for staff on subpoenas, legal issues and dispositions by a qualified attorney.

9. Have a written policy on how long records are kept and the manner by which they are disposed.

10. Routine supervision of counselor case notes by director.



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Atkins, P. (131)	Corazzini, J. (209)	Hoffman, J. (202)	Meuler, M. (166)
AuBuchon, J. (102)	Corirossi, D. (040)	Hocking, T. (205)	Miars, R. (064)
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Backner, B. (105)	Crego, C. (019)	Horikawa, H. (136)	Morgan, R. (028)
Bakewell, A. (022)	Cross, D. (183)	Hotelling, K. (095)	Morocco, P. (132)
Ball, W. (043)	Curoe, B. (076)	Hoyt, A. (013)	Morris, J. (162)
Banks, R. (075)	Danchise, R. (007)	Hula, H. (212)	Morris, W. (129)
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Barker, A. (008)	DePalma, D. (053)	Irvine, J. (174)	Mullinix, S. (189)
Bayne, R. (110)	Doyle, J. (077)	Jackson, V. (066)	Murphy, P. (099)
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Bishop, J. (157)	Flynn, C. (078)	Johnston, P. (164)	Nevels, L. (112)
Blackburn, L. (027)	Frank, E. (090)	Jones, J. (176)	Newton, F. (068)
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Brown, R. (092)	Gallagher, R. (190)	Kemmerling, R. (020)	Parnes, J. (017)
Brown, T. (148)	Garni, K. (135)	King, B. (195)	Paxton, W. (044)
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Deakin, S. (229)	Oling, J. (236)
Deneselya, H. (235)	Peoples, K. (230)
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\* 225 - 227 are late entries

