The Association for University and College Counseling Center Directors Annual Survey

Reporting Period: September 1, 2007 through August 31, 2008

Robert Rando, Ph.D.
Director, Counseling and Wellness Services
Associate Professor, School of Professional Psychology
Wright State University

Victor Barr, Ph.D.
Director, Counseling & Psychological Services
University of Tennessee at Knoxville

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Introduction

The Association for University and College Counseling Center Directors (AUCCCD) is the international organization for counseling center directors comprised of universities and colleges from the United States Canada, Europe, the Middle East, Asia, and Australia. The mission of AUCCCD is to assist directors in providing effective leadership and management of campus counseling centers. The organization promotes college student mental health awareness through research, dissemination of key campus mental health issues and trends, and related training and education, with special attention to issues of changing demographics including diversity and multiculturalism. In 2006, AUCCCD developed and administered the Annual Survey to its membership as a means to increase understanding of those factors critical to the functioning of college and unviersity counseling centers.

In the Fall of 2008 a total of 660 college and university counseling center directors were invited to respond to the Association for University and College Counseling Center Directors Annual Survey. The survey was administered via a secure internet interface. The reporting period for th 2007 Annual Survey is from September 1, 2007 through August 31, 2008.

This monograph serves to provide a summary of data reported in the AUCCD Annual Survey. Participating members also have access to the online reporting features of the survey including data filtering and export.

Survey Highlights

(1) 54% of Directors and 65% of Professional Staff were identified as female.
(2) 15% of Directors and 34% of Professional Staff were identified as being from a minority group.
(3) 36% of Directors had less than 3 years of experience as a director and 25% of Directors had more than 13 years of experience as a director.
(4) 78% of Directors reported having a doctoral degree.
(5) 97% of Directors completing the survey were from the United States.
(6) 42% of Directors were from institutions with enrollments under 5,000; 33% were from institutions with enrollments between 5,000 and 15,000, and 25% were from institutions with enrollments greater than 15,000.
(7) 49% of Directors were from public colleges or universities, 47% were from private colleges or universities, and 4% were from some other type of institution.
(8) 26% of member institutions completing the survey were accredited by the International Association of Counseling Services.
(9) 70% of centers reported having some form of a training program.
(10) 16% of centers reported being fully integrated within a health service.
(11) 14% of centers reported charging a fee for personal counseling to all students.
(12) 16% of institutions charge a mandatory fee supporting counseling center services.
(13) 97% of centers do NOT collect third party payments for counseling.
(14) 12% of centers reported a 4% or greater increase in their operating budget.
(15) 41% of centers reporting gaining professional clinical positions in the past year with 4% reporting losing positions during the same time period.
(16) The average Full-Time Equivalent Paid Staff across all centers is 6.0, with a mode and median of 4 FTE.
(17) The average Paid Staff to Student Ratio was 1 to 1,952. The average Paid Staff and Intern to Student Ratio was 1 to 1,653.
(18) On average, 10% of students were reported to seek counseling.
(19) 40% of counseling center reported teaching a graduate or undergraduate level course.
(20) The average number of sessions provided to clients was 5.5.
(21) On average, 13.6 of students on campus were placed on medical leave for psycholgical reasons.
(22) 42% of centers reported generating a DSM-IV TR diagnosis on at least one axis.
(23) The average number of students hospitalized for psychological reasons was 9.
(24) 64% of centers reporting having psychiatric services at the counseling center, health service or some other campus site.
(25) The average number of psychiatric hours offered on campus was 25 hours per week.
(26) 50% of centers reported that they could definitely use more hours based on campus need.
(27) 83% of centers reported that there has been an increase in the past year in the number of students coming for counseling that are already taking psychotropic medications.
(28) 96% of Directors reported that the number of students with significant psychological problems is a growing concern in their center or on campus.
(29) 80% of Directors reported that they believe that the number of students with severe psychological problems on campus has increased in the past year.
(30) 25% of Directors reported that their center accepted referrals for mandatory counseling.

Director Information

Total Years as a Director	Freq.	Percent
0-3 years	139	36%
4-6 years	67	17%
7-9 years	56	14%
10-12 years	32	8%
13-15 years	18	5%
15 years and above	78	20%
Total	390	100%
Missing	1	0%
Total	391	100%

Director Racial/Ethnic Background	Freq.	Percent
Black/African American	28	7.2%
American Indian/ Native American	1	0.3%
Asian/Asian American	6	1.5%
Latino/Latina	8	2.0%
White/Caucasian	333	85.2%
Multiracial	4	1.0%
Other (Specify Below)	7	1.8%
Total	387	99.0%
System	4	1.0%
Total	391	100.0%

Director's Gender	Freq.	Percent
Male	178	46%
Female	210	54%
Transgender	0	0%
Other	0	0%
Total	388	99%
Missing	3	1%
Total	391	100%

Direct Report: Student Affairs Division	Freq.	Percent
Vice President/Associate VP/ Assistant VP	187	48%
Dean of Students/Assistant Dean/Associate Dean	131	34%
Director, Health Services	34	9%
Other (Specify Below)	21	5%
Total	373	95%
Missing	18	5%
Total	391	100%

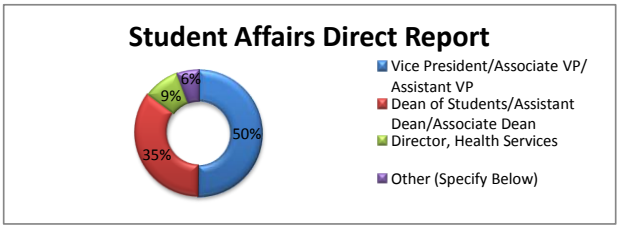
Direct Report: Academic Division	Freq.	Percent
Provost	14	4%
Dean/Assistant Dean/Associate Dean	19	5%
Vice President/Associate VP/ Assistant VP	43	11%
Department Chairperson	7	2%
Other (Specify Below)	5	1%
Total	88	23%
Missing	303	77%
Total	391	100%

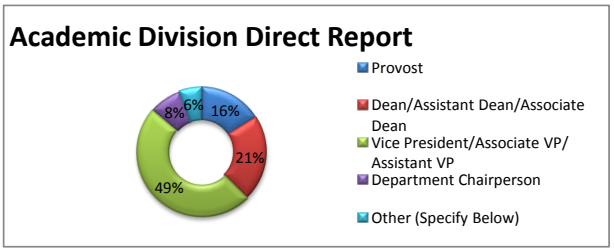
Director's Highest Degree	Freq.	Percent
Ph.D.	249	63.7%
Psy.D.	37	9.5%
Ed.D	17	4.3%
M.D	2	0.5%
Masters	71	18.2%
Other (Specify Below)	9	2.3%
Total	385	98.5%
Missing	6	1.5%
Total	391	100.0%

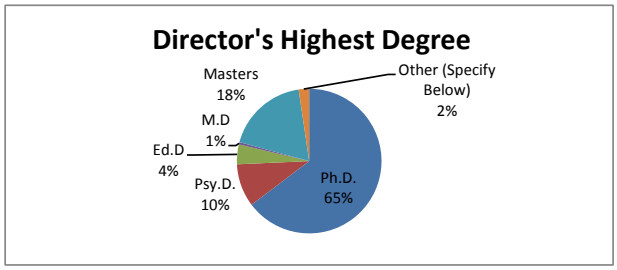
Director's Sexual Orientation	Freq.	Percent
Gay man	16	4%
Lesbian	18	5%
Bisexual	7	2%
Heterosexual	343	88%
Total	384	98%
Missing	7	2%
Total	391	100%

Do you have a diagnosed & documented learning disability	Freq.	Percent
Attention Deficit/Hyperactivity Disorder	8	0.80%
Deaf or Hard of Hearing	3	0.80%
Learning Disorder	4	1.40%
Mobility Impairment	2	0.80%
Neurological Disorder	2	0.80%
Physical/Health Related Disorder	4	1.40%
PsychologicalDisorder/Condition	4	0.80%
Visual Impairment	1	0.60%
Other (Please specify other disability)	1	0.30%

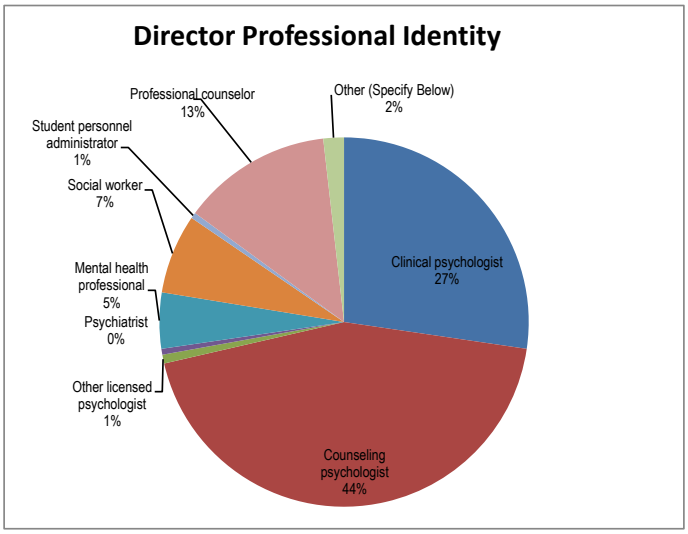
Note: Percent representative of item compared to total sample. Percentages do not total 100% as directors could select more than one item.







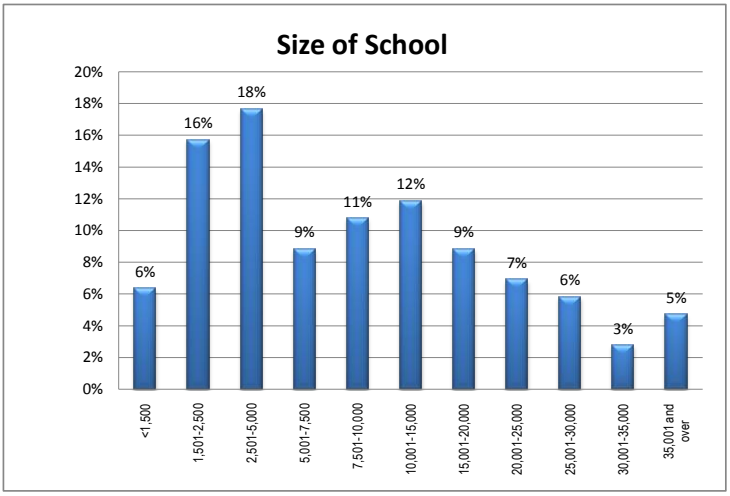
Director's Professional Identity	Freq.	Percent
Clinical psychologist	106	27.1%
Counseling psychologist	171	43.7%
Other licensed psychologist	3	0.8%
Psychiatrist	2	0.5%
Mental health professional	19	4.9%
Social worker	27	6.9%
Student personnel administrator	2	0.5%
Professional counselor	51	13.0%
Other (Specify Below)	7	1.8%
Total	388	99.2%
Missing	3	0.8%
Total	391	100.0%
Other Specified:		
Registered Nurse	2	
Family Nurse Practitioner	1	
Nurse	1	
Nurse Practitioner	1	



Director's Citizen Country	Freq.	Percent
United States	381	97.4%
Canada	2	0.5%
United Kingdom	3	0.8%
Australia	0	0.0%
Trinidad and Tobago	0	0.0%
Peru	1	0.3%
Other (Please specify other country)	1	0.3%
Total	388	99.2%
Missing	3	0.8%
Total	391	100.0%

Institutional Information

School Size: (based on official enrollment reported in the fall of the past year)	Freq.	Percent
<1,500	30	8%
1,501-2,500	59	15%
2,501-5,000	74	19%
5,001-7,500	40	10%
7,501-10,000	43	11%
10,001-15,000	48	12%
15,001-20,000	26	7%
20,001-25,000	20	5%
25,001-30,000	22	6%
30,001-35,000	9	2%
35,001 and over	18	5%
Total	389	99%
Missing	2	1%
Total	391	100%

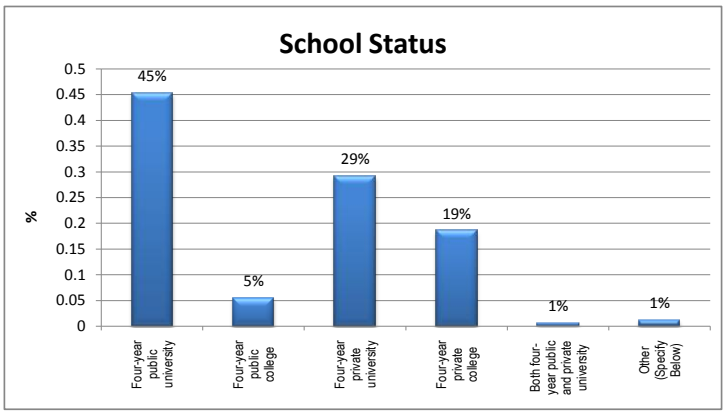


School Location	
Urban	195 51%
Rural	186 49%
Total	381
Missing	10
Total	391

Total Enrollment	
Mean	10936
Minimum	550
Maximum	67082

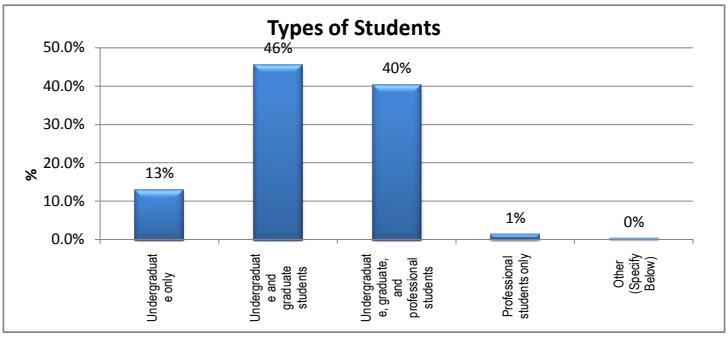
School Status

	Freq.	Percent
Four-year public university	178	45.5%
Four-year public college	13	3.3%
Four-year private university	115	29.4%
Four-year private college	68	17.4%
Both four-year public and private university	3	0.8%
Other (Specify Below)	8	2.0%
Total	385	98.5%
Missing	6	1.5%
Total	391	100.0%
Other Specified:		
5 seperate 4 year private colleges and 2 grad schools	1	
Community College	1	
Medical School - Public	1	
Private university/ professional school	1	
Professional Graduate School	1	
professional school of health sciences (private)	1	
Public, primarily two-year (over 200 programs) with six baccalaureate programs	1	
two year private	1	



Types of Students

	Freq.	Percent
Undergraduate only	50	12.8%
Undergraduate and graduate students	178	45.5%
Undergraduate, graduate, and professional students	157	40.2%
Professional students only	5	1.3%
Other (Specify Below)	1	0.3%
Total	391	100.0%
Missing	0	0.0%
Total	391	100.0%



Does your university provide domestic partner benefits?

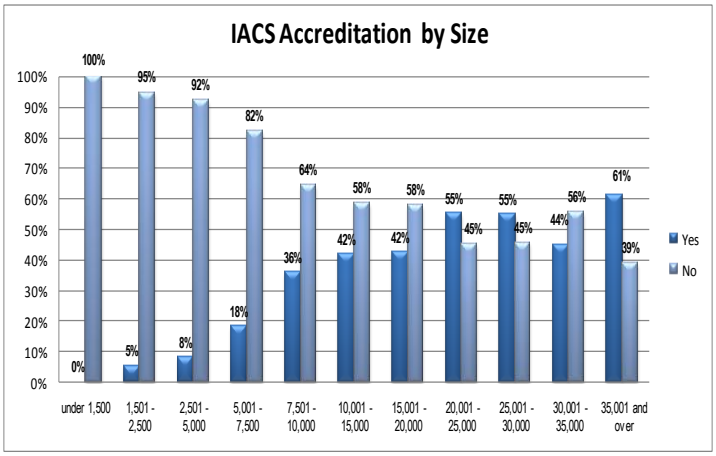
	Freq.	Percent
Yes	211	54%
No	161	41%
Total	372	95%
Missing	19	5%
Total	391	100%

Does your university include sexual orientation in its nondiscrimination statement?

	Freq.	Percent
Yes	312	83%
No	64	17%
Total	376	100%
Missing	15	
Total	391	

Is your Center accredited by IACS?

	Freq.	Percent
Yes	100	26%
No	286	74%
Total	386	100%
Missing	5	
Total	391	



IACS Accredation by School Size

	School Size										
Accredited?	<1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	and over
Yes	0%	5%	8%	18%	36%	42%	42%	55%	55%	44%	61%
No	100%	95%	92%	82%	64%	58%	58%	45%	46%	56%	39%

Reasons for IACS Accredation	
Comment Summary	**Count**
Quality Assurance / external validation / standard of practice / compliance with national standards	68
Enhance credibility / status on campus	28
Improves morale	2
Support of ethical practice	3
Aids in arguments for staff and other funding increases.	18
Valued / respected by administration / supervisor	17
Evidence commitment to standards	11
May be important to applying interns	0
Improve services by process	10
Helps to justfy policies	7
National recognition/prestige	7
Being part of an organization that advocates for Counseling Centers	1
Can Bridge Academic and Student Affairs	1
Do not know	2
Reasonable cost	3
Part of identity	3

Reasons for NOT Pursuing IACS Accredation	
Comment Summary	**Count**
Cost	67
Not enough time to complete	27
Not required / not interested / never applied	25
Brand new center	6
Lack of support by administration / no valued by administration	10
Not applying as do not see center as meeting minimum standards	30
Small center (1 or 1-2 staff)	31
Accredited by other agency	15
New Director, do not know about IACS	2
Use guidelines but not wanting to apply	6
No Ph.D. on staff	2
Services contracted out	2
Don't see benefit to accreditation	9
Application in process - planning in upcoming years	58

Do you have a training program?		
	Freq.	**Percent**
Yes	272	69.6%
No	117	29.9%
Total	389	99.5%
Missing	2	0.5%
Total	391	100.0%

Indicate all of the types of trainee you have		
	Freq.	**Percent**
Practicum	284	72.6%
Intern	112	28.6%
Psychiatric Resident	42	10.7%
Social Work intern	53	13.6%
Counseling Intern	60	15.3%
Other	37	9.5%
No Training Indicated	132	33.8%
Other Specified		
Post Doctoral	28	7.2%
Extern	3	0.8%
Graduate assistantships	5	1.3%
MFT interns	2	0.5%
College Student Personel practicum	1	0.3%

72 Centers indicated that they had APA Acredited Internships

Administrative Information

Is your center integrated within a health service? (D033)

	Freq.	Percent
Fully integrated, all offices are in the health center	61	15.6%
Partially integrated, some offices are in the health center and some offices are at other locations on campus	17	4.3%
Partially integrated and share resources yet the two entities may maintain separate offices in separate build	45	11.5%
Not integrated	260	66.5%
Total	383	98.0%
Missing	8	2.0%
Total	391	100.0%

Staff Demographic Factors (NA034 through NA048) N=2624

	Mean	Median	Mode	Sum	Percent
Black/African American	1	1	1	250	10%
American Indian/Native American	0	0	0	35	1%
Asian/Asian American	1	0	0	155	6%
Latino/Latina	1	0	0	143	5%
White/Caucasian	5	4	3	1,989	76%
Multiracial	0	0	0	37	1%
Other Race/Ethnicity	0	0	0	21	1%
Male	3	2	1	843	32%
Female	5	4	3	1,779	68%
Transgender	0	0	0	2	0%
Gay	1	0	0	103	4%
Lesbian	1	1	0	125	5%
Bisexual	0	0	0	35	1%
Heterosexual	6	5	4	2,004	76%
Diagnosed Diability	1	0	0	100	4%

Frequency Distributions - Staff Demographic Factors

Black/African American

Number of Staff	Freq.	Valid Percent
0	86	22.0%
1	99	25.3%
2	30	7.7%
3	14	3.6%
4	4	1.0%
5	3	0.8%
6	2	0.5%
7	1	0.3%
Total	239	61.1%
Missing	152	38.9%
Total	391	100.0%

American Indian/Native American

Number of Staff	Freq.	Percent
0	140	35.8%
1	11	2.8%
2	3	0.8%
Total	154	39.4%
Missing	237	60.6%
Total	391	100.0%

Asian/Asian American

Number of Staff	Freq.	Percent
0	103	26.3%
1	69	17.6%
2	18	4.6%
3	5	1.3%
4	3	0.8%
5	2	0.5%
6	1	0.3%
7	1	0.3%
Total	202	51.7%
Missing	189	48.3%
Total	391	100.0%

Latino/Latina

Number of Staff	Freq.	Percent
0	105	26.9%
1	57	14.6%
2	17	4.3%
3	4	1.0%
4	2	0.5%
7	2	0.5%
8	1	0.3%
Total	188	48.1%
Missing	203	51.9%
Total	391	100.0%

White/Caucasian

Number of Staff	Freq.	Percent
1	29	7.4%
2	42	10.7%
3	66	16.9%
4	56	14.3%
5	48	12.3%
6	34	8.7%
7	25	6.4%
8	14	3.6%
9	15	3.8%
10	7	1.8%
11	7	1.8%
12	5	1.3%
14	3	0.8%
15	1	0.3%
16	1	0.3%
17	2	0.5%
19	2	0.5%
20	2	0.5%
21	1	0.3%
22	2	0.5%
23	2	0.5%
26	1	0.3%
27	1	0.3%
37	1	0.3%
Total	367	93.9%
Missing	24	6.1%
Total	391	100.0%

Multiracial

Number of Staff	Freq.	Percent
0	106	27.1%
1	27	6.9%
2	1	0.3%
3	1	0.3%
5	1	0.3%
Total	136	34.8%
Missing	255	65.2%
Total	391	100.0%

Other Race/Ethnicity

Number of Staff	Freq.	Percent
0	101	
1	17	
2	2	
Total	120	
Missing	271	
Total	391	

Male

Number of Staff	Freq.	Percent
0	21	5.4%
1	111	28.4%
2	88	22.5%
3	48	12.3%
4	25	6.4%
5	18	4.6%
6	5	1.3%
7	6	1.5%
8	4	1.0%
9	5	1.3%
10	1	0.3%
11	1	0.3%
12	1	0.3%
16	1	0.3%
24	1	0.3%
Total	336	85.9%
Missing	55	14.1%
Total	391	100.0%

Transgender

Number of Staff	Freq.	Percent
0	122	31%
1	2	1%
Total	124	32%
Missing	267	68%
Total	391	100%

Gay Male

Number of Staff	Freq.	Percent
0	96	25%
1	67	17%
2	6	2%
3	6	2%
6	1	0%
Total	176	45%
Missing	215	55%
Total	391	100%

Lesbian

Number of Staff	Freq.	Percent
0	83	21%
1	72	18%
2	14	4%
3	7	2%
4	1	0%
Total	177	45%
Missing	214	55%
Total	391	100%

Bisexual

Number of Staff	Freq.	Percent
0	105	27%
1	29	7%
2	3	1%
Total	137	35%
Missing	254	65%
Total	391	100%

Diagnosed Diability

Number of Staff	Freq.	Percent
0	113	29%
1	65	17%
2	14	4%
3	2	1%
Total	194	50%
Missing	197	50%
Total	391	100%

Female

Number of Staff	Freq.	Percent
0	2	0.5%
1	38	9.7%
2	67	17.1%
3	73	18.7%
4	48	12.3%
5	37	9.5%
6	17	4.3%
7	20	5.1%
8	14	3.6%
9	11	2.8%
10	11	2.8%
11	6	1.5%
12	4	1.0%
13	2	0.5%
14	2	0.5%
15	1	0.3%
16	3	0.8%
17	2	0.5%
18	2	0.5%
20	1	0.3%
21	1	0.3%
23	1	0.3%
24	1	0.3%
26	1	0.3%
37	1	0.3%
Total	366	93.6%
Missing	25	6.4%
Total	391	100.0%

Heterosexual

Number of Staff	Freq.	Percent
0	6	1.5%
1	15	3.8%
2	38	9.7%
3	48	12.3%
4	48	12.3%
5	37	9.5%
6	37	9.5%
7	14	3.6%
8	16	4.1%
9	23	5.9%
10	9	2.3%
11	6	1.5%
12	10	2.6%
13	5	1.3%
14	2	0.5%
15	3	0.8%
16	1	0.3%
20	1	0.3%
21	3	0.8%
24	1	0.3%
25	1	0.3%
28	2	0.5%
34	1	0.3%
38	1	0.3%
39	1	0.3%
Total	329	84.1%
Missing	62	15.9%
Total	391	100.0%

Does your center charge a fee for the following on-campus services?

On-Campus Service	"Yes" Count	"Yes" Percent	"No" Count	"No" Percent	"No Service" Count	"No Service" Percent	Missing Count	Missing Percent	Total
Personal counseling to all students	53	13.6%	334	85.4%	1	0.3%	3	0.8%	391
Personal counseling fee after certain number of sessions	28	7.2%	354	90.5%	5	1.3%	4	1.0%	391
Career Counseling to students	26	6.6%	238	60.9%	116	29.7%	11	2.8%	391
Career testing to students	54	13.8%	187	47.8%	147	37.6%	3	0.8%	391
Structured groups	79	20.2%	284	72.6%	26	6.6%	2	0.5%	391
Psychological testing and assessment	88	22.5%	189	48.3%	111	28.4%	3	0.8%	391
Teaching (Salary comes back to Center)	26	6.6%	221	56.5%	141	36.1%	3	0.8%	391
Consultation	89	22.8%	294	75.2%	5	1.3%	3	0.8%	391
Workshops	84	21.5%	300	76.7%	4	1.0%	3	0.8%	391
Psychiatry	89	22.8%	184	47.1%	117	29.9%	1	0.3%	391

If you charge a fee of Psychological Testing and Assessment, please check all types used

	Charge Fee for Service (Frequency)	Charge Fee for Service (Percent of Total Sample)	Fee for Service (Percent of those charging fee)
Objective Personality	43	11%	49%
Projective Personality	20	5%	23%
Cognitive (e.g. WAIS)	39	10%	44%
Achievement (e.g. Woodcock Johnson)	32	8%	36%
Neuropsychological	14	4%	16%
Career/Vocational Interest	38	10%	43%
Total Sample = 391			

Does your Institution charge a mandatory fee supporting center services?

	Freq.	Percent of total sample (363)	Percent of those responding to
100% funded by a fee	56	14%	16%
75% - 99% funded by a fee	24	6%	7%
50% - 74% funded by a fee	18	5%	5%
25% - 49% funded by a fee	10	3%	3%
1%- 24% funded by a fee	49	13%	14%
0% funded by fee	194	50%	55%
Total	351	90%	100%
Missing	40	10%	
Total	391	100%	

If yes, your Center IS supported by a mandatory fee, does the support come from?

	Freq.	Percent
a fee for counseling services	9	2%
a fee for student health services	86	22%
a general student activities or student life fee	62	16%
fees are charged for testing students who are not clients of the Center (e.g., class assignments.	0	0%
Other (Specify Below)	9	2%
Total	166	42%
Missing	225	58%
Total	391	100%

Do you collect third party payments for counseling?

	Freq.	Percent
Yes	11	3%
No	379	97%
Total	390	100%
Missing	1	0%
Total	391	100%

If You collect third party payments, estimate annual gross income.

	N	Mean	Median	Mode	Max	Min
Annual Gross Income	8	$74,125	$43,000	$200,000	$200,000	$2,000

Frequency Distribution	Freq.	Percent
2,000	1	0%
8,000	1	0%
15,000	1	0%
25,000	1	0%
43,000	1	0%
100,000	1	0%
200,000	2	1%
Total	8	2%
Missing	383	98%
Total	391	100%

Has your center received funding from grants or contracts this past year?

	Freq.	Percent
Yes	86	22.0%
No	299	76.5%
Total	385	98.5%
Missing	6	1.5%
Total	391	100.0%

If yes, your center HAS received funding from grants or contracts this past year, estimate earnings

	N	Mean	Median	Mode	Max	Min
Grant Funding	80	$35,540	$15,000	$10,000	$320,000	$300

What has been the status of your center's budget in the past year: Salaries including cost of living &/or merit

Salary Budget Status	Frequency	Percent
Decreased	7	2%
Stayed the same	81	21%
Increased 1 - 3%	223	57%
Increased 4 - 6%	62	16%
Increased 7% or more	12	3%
Total	385	98%
Missing	6	2%
Total	391	100%

What has been the status of your center's budget in the past year: Operating Budget

Operating Budget Status	Frequency	Percent
Decreased	68	17%
Stayed the same	181	46%
Increased 1 - 3%	92	24%
Increased 4 - 6%	22	6%
Increased 7% or more	24	6%
Total	387	99%
Missing	4	1%
Total	391	100%

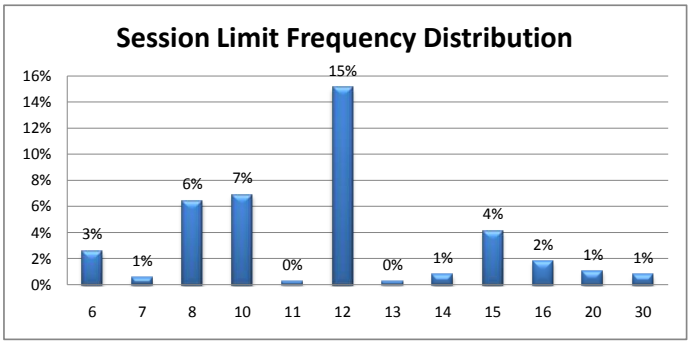
Do you limit the number of counseling sessions allowed a client?

	Frequency	Percent
Yes	68	17%
Yes, flexible	120	31%
No	201	51%
Total	389	99%
Missing	2	1%
Total	391	100%

If yes, you DO limit the number of cnslg sessions allowed, what is session limit?

	N	Mean	Median	Mode	Max	Min
Sesion limit	158	11.65	12.00	12.00	30.00	6.00

Frequency Distribution	Frequency	Percent
6	10	3%
7	2	1%
8	25	6%
10	27	7%
11	1	0%
12	59	15%
13	1	0%
14	3	1%
15	16	4%
16	7	2%
20	4	1%
30	3	1%
		0%
Total	158	40%
Missing	233	60%
Total	391	100%



Session Limit with time frame comment

Session limit time frame comment	Commnt Freq.	Session Limit
6 per semester	6	6
80% has to happen within 6 sessions and 20% in 10 sessions, trainees can carry one long term client		
a year, however, this is very much a "guideline" and not set in stone.		
Clients are allowed 6 sessions per academic year.		
year		
per semester	2	7
8 per semester	7	8
8 per semester - 16 per year - but very flexible and rarely enforced	1	8
8 per semester; three "semesters" a year; thus 24 sessions each year.	1	
8 per year	17	
8 sessions per academic year		
10 per semester	2	10
10 sessions per year	19	
10 allowed each year unless extensions are approved by peer supervision group	1	
10 individual sessions each academic year. Students with OSu insurance leigible for more based on clinical need with $15 copay	1	
10 individual sessions per academic year; no limit on group sessions	1	
Most clients need far less than 10 but if we suspect they'll need weekly tx all year/semester, we refer out early	1	
One year after the initial visit	1	
year	1	11
semester	5	12
academic year	42	
12 first academic year and 8 each acedemic year there after	1	
12 one year, with the option for another 12 sessions during student's enrollment, total 24. exceptions are made on rare occasions	1	
12 sessions across 4 years. Students are able to return in emergency.Limited amount of clients we carry for 3-5 semesters.	1	
academic year -- sessions in summer not part of limit.	1	
Course of academic program.	2	

Session limit time frame comment	Comment Freq.	Sess. Limit
Per initiation of service	1	12
The general time frame is the actual duration of their enrollment, but exceptions are made for students who take	1	
two 12 session treatments per student.	1	
academic year (breaks are not included and students who	1	13
semester	1	14
per academic year	2	
year	11	15
Although we say 15 we have flexibility. Students are given 75 sessions for students "lifetime" (15 sessions X 5 years to get degree = 75). Therefore we can offer long term counseling or shorter term counseling. Student as consumer in consult with therapist	1	
Over four years.	1	
sessions within 1 year	5	16
per degree	1	
Year	1	20
20 sessions per degree program	1	
Two years, but the limit is not advertised and is not an entitlement.	1	
Year		30
30 sessions total while they are a student here (however, we allow up to 4 crisis sessions per year after their sessions run	1	
40 lifetime limit	1	40
1-2 years of therapy. It is reevaluated every fall.	1	

Has there been a lawsuit against your Center in the past year?

	Frequency	Percent
Yes	4	1.0%
No	386	98.7%
Total	390	99.7%
Missing	1	0.3%
Total	391	100.0%

If you have experienced a significant/interesting legal/ethical dilemma in the past year, please describe:

President kicked a student out of school without due process and a no. of administrators were accused of supporting his decision. The Director and a counselor were named among others in the lawsuit. No decision has been made at this time. (the only individual responsible for the student being kicked out was the President)

Student client filed suit after voluntary hosptilization, charging client was not accurately assessed and decision to suggest option of hospital was based on bias, etc. This despite presenting to the center with escalating suicidal thinking and plans, increasing paranoid thinking, and other highly concerning symptoms.

where is the place to knock on wood?

Has there been a lawsuit against your center in the past year? If yes, please comment on circumstances

Being told from colleagues in other cousneling centers that our clinical records are educational records and open to anyone under FERPA. We got an opinion from the Attorney General's Office,that psychologists records are clinical records, as noted in FERPA, fall under HIPPA and state Licensure Laws and that we would be in violation of those if we disclosed under FERPA.

1. The Counseling Center is under the Director of Health who is an RN. The RN has made decisions about charting structure, when and where screeners(BDI etc.) can be administered, and has access to all files whenever she wants. She works closely with the VP of student affairs. The staff feels this compromises the confidentiality of the student's information and influences our ability to practice our craft. Resolution: if we don't like things the way they are we can quit. 2. Our HR director wants to develop a protocol where we report when a student makes an allegation against a professor regarding an inappropriate sexual relationship. Even when the student hasn't signed a release. Still to be resolved. 3. A director of another college notified my VP when I posted a concern about a situation that was happening between the VP and the Counseling Center. I feel I can no longer ask the list-serv for assistance with ethical dilemmas without being tattled on to my VP.

1) Whether the CC should be involved in evaluations of readiness-to-return (after either a health-related leave of absence or a judicial decision): Outside providers may not understand the pressures of school and/or may not be concerned about the campus community (they may see themselves as advocates of the client) yet CC staff may be considered to have a conflict-of-interest. 2) To what extent should the CC be involved in "tracking" students who were brought up in the SOC meetings but are not clients of the CC. 3) If we want a forensic evaluation on students who have been threatening/destructive/violent, who pays for it? Since insurance won't, it may mean a cost that blocks students from school. All of these issues are still in discussion, so no resolution yet.

A student who wanted to have her dog live in the dorms with her for mental health reasons. Request was denied. Student brought a lawsuit against the University (not the counseling center). It was eventually settled. It was agreed that she could have the dog while the suit was pending. It took most of the year. Ultimately it was settled that she could have the dog until the end of the semester but not bring it back the following year.

An adjunct Ph.D. professor at this college, unlicensed, with a degree in social psychology conducted a psychological evaluation on a student making a risk assessment that was sent to the Office of Conduct and

An applicant for CDL (commerical driver's license) certificate program had been referred when his drug screen came up positive for marijuana. Without compromising this student's confidentiality, we had to educate the staff of the CDL program about the need to require more than one clean drug screen for graduation from the program, and the ways urine drug screens can be foiled.

Campus PD received a suicidal threat from a non-identifying individual on a cell phone not on record. I was later contacted. PD and I called, person did not return calls. I found out person was a student and a client of SCS. Gave PD info and a safety and wellness visit by city police was arranged through our PD, given non-campus address. Student was by her report and by the observing officers "well," and denied/downplayed severity. I gave my boss a situational report beforehand and a follow-up. Did not reveal particulars, per TX Health & Safety Code 611.0004. New boss was not pleased. Checked my procedure with a senior psychologist/director at main campus in College Station. Procedures I took were verified. Reported so to new boss. She stated that I was in opposition to "New FERPA" and that all her fellow deans at a system meeting do get a report. I stated that the university (each) must decide its exempt versus non-exempt status and that that must be weighed against the aforemenrtioned state law. Resolution was unexpected, see a surprise audit in less than 1-2 weeks or so thereafter and later the SCS directorship will eliminated after 2/13/09 and an executive director over SHS, SCS, & DSS will be appointed. More tba.
Consulting physician exhibited non-sexual boundary crossings with a practicum counselor that made her/him uncomfortable. Other boundary issues were noted (e.g., attempting quasi-psychotherapeutic interventions during medical appointments, without consulting with counseling staff; maintaining loose boundaries with information obtained during staffing conversations). We chose to confront this as a group, resulting in a defensive response and strained relationship with physician this year. Consulting relationship has been modified accordingly, but inevitable hard feelings linger.
Demand by Dean of Students to have access to calendars and names of all students in counseling, and that if I refused to do so a letter of insubordination would be placed in my personnel file. This was resolved finally with the intervention of the Department Chair of Psychology and the Director of the Graduate Program in COunseling speaking dircetly to the President, plus HR checking up on all the documentation I gave her w/r to legal & ethical standards of accepted care. The Dean agreed reluctantly that code numbers on the calendars would be "acceptable", rather than nemes. However, this has left a tense and almost toxic working environment.
Former client graduated, then was charged with a murder in the community. Client's lawyer wanted the complete record as it shows prior mental illness and significant level of prior treatment and substance abuse. We
Former client wanted to do her practicum in the Counseling Office and was denied.
former coounselor failed to keep clinical records, lost records, falsified annual reports Resolution: reported,documented,confronted by SA & HR-->resignation Filed complaint with ethics board; investigation pending
Had a student hospitalized for homicidality. Needed to assess and work with student affairs and residence life and parents to assist him while worrying about safety for the community.
Had an ED client who we "sent home" for treatment at the end of the Fall semester. Her plan was to study abroad, and I thought this was a bad idea. She entered treatment in Dec, and in Jan was released by the hospital to study abroad. Probably the student exerted a lot of pressure for this. Halfway through the spring semester I began to hear about significant weight loss, all third hand. I expressed my concerns to parents, who chose to wait until her return to get treatment, at which time she was severely underweight and needed hospitalization immediately. The dilemma for me was how much to push about allowing her to leave the country, and I deferred to the at-home providers. I'm still not sure that this is what I should have done.
I found out that a former unlicensed staff member (and my supervisee) had been grossly negligent in her documentation, as well as removed client file material from the center. I declined to support her application for licensure. She has appealed the licensing board's decision to decline her application based primarily on her behavior at the center. Resolution has not occurred as she continues to appeal.
Increasing numbers of students needing long-term therapy but lacking health insurance or resources, and extremely limited local referral options.
intern who claimed he witnessed his fellow interns exchanging prescription anti-anxiety medication(klonopin)
Issues surrounding providing telemental health services by landline telephone for a distance education student. Resolved using APA's statement and legal consultation resulting in a special consent to treatment form.
Legal: Here are the details I can remember: International Taiwanese student involuntarily hospitalized for psychosis, SI, HI. Student was questionably released in middle of night to parents and someone who falsely posed as a representative of the Taiwanese Consulate. Student arrives 5 days later at CS with a former university professor who had been fired after being discovered a registered sex offender. Ex-professor demands all records and insists the student be allowed back. Ex-professor was banned from campus, records refused, and student disappeared. 1 month later the family confirmed the student was back in Taiwan and planning to sue. Soon after a certified letter arrived at CS with a court document enclosed. The ex-professor had brought the student to court the day following his AMA discharge to have him sign a form making this ex-professor Power of Attorney. In effect the ex-professor was demanding all university records. The CS Director shared this development with the University Attorney, who instructed the Director of CS to release the records. CS Director denied this instruction. After several refusals, and a threat of being fired, the University attorney consulted with a special mental health attorney, who supported the CS Directorâ€™s decision. For the past three months (9 months after the ordeal began) the student has sought re-admission. The school has denied this request based upon the discovery that this student had maintained below a 2.0 for several semesters and should have been academically suspended at least 2 years ago.
Management of severe psychopathology, including substance abuse, eating disorders, bipolar disorder and when to require adjunctive treatment/evaluation versus referral out for alternate services. Policies being developed to inform students of the right to refuse treatment and/or suspend treatment and/or refer out due to student's level of severity, etc.
Most significant dilemma is sharing information with Administration around at-risk students.
One of our trainees, unknown to us, held an assistantship in another Student Affairs unit, which created some interesting and complex boundary issues.
Our institution refuses to allow us access to legal counsel. Any legal consultations we need must be founded out of our own budget.
pressure to share appointment data with health services
Provision of service to those in continual crisis after student abruptly withdraws from university. Not resolved.
request for student files after death of a student. situation became moot after request was not followed up by the ME
Request to do a violence assessment on existing client. Did not confirm or deny that the student was a client and asked treating therapist and psychiatirst to assess. No basis for threat was determined. Asked student for release to inform the requesting source - both felt violated and targeted.
Role of counseling center director/staff on the Behavioral Consultation Team (BCT)which reviews situations involving potential threat to the University. Particularly problemmatic if focus of investigation is counseling center client in terms of if/how much information center would share with the Team under what circumstances. It is also challenging if person being investigated is referred to the counseling center and the team wants a follow up on the case. A third challenge is if counseling center staff inform the student that theya are the focus of a BCT investigation. Our counseling center will not share any information with the BCT without a client release unless there is an imminent threat and providing information the BCT would be considered reasonable and appropriate to prevent harm. Clients are not generally told they are the focus of an investigation but may be told if there is therapeutic value in doing so. We work to avoid having a staff member in dual roles such as consultant to BCT about an individual and also that individual's counselor.
Student "suicide note" found on a computer being repaired by IT. IT reported it to the administration. Counseling center consulted on how to proceed.
Student who was chronically mentally ill and had used all 75 sessions brought a grievance to the University stating the CC was violating ADA by setting such session limits. University hired third party attorneys to investigate the charge. The CC policy was found not to be in violation of ADA.
There was a change in wording of the mental health code in Illinois (June 1,2008) related to when you were expected to breach confidentiality. In the past a client would need to be "expected to inflict serious physical harm upon him or herself..." to justify an involuntary hospitalization and a breach of confidentiality but now this action is required when the client is "expected to engage in dangerous conduct". Dangerous conduct has been defined as threatening behavior or conduct that places a person in reasonable expectation of being harmed. Because of this I broke confidentiality with a client who had a severe eating disorder.
This is the first year for the waive-able health fee. If students needing counseling have waived the fee they are charged $20/therapy visit (walk-ins and intakes not included for charges). This has raised several issues, first what about students who need counseling and can't afford the fee? and second what about services over breaks? Our staff has not been used to discussing fees with clients and that has been difficult for some.
Treating student who is the child of upper level administrator.
We arranged involuntary hospitalization for a 17 yo student who we thought to be at imminent and significant risk of self harm. Because her parents were from out of state, they wanted to have her transferred to a facility in their community, but we learned that the local hospital was not allowed to transport her across state lines. The resolution was that the parents took her home. We had not known previously about the crossing state lines prohibition.
We continue to struggle to maintain confidentiality boundaries with DOS and VP in a climate of overconcern about campus safety issues, an unusually chaotic semester with 2 armed robbery incidents on campus and parents who call with concerns. We are expected to call and contact students who have not asked for our help and to report that we have done so.
We have been invited to attend a Behavioral Intervention team and have been able to stay away although provide consultation. We are concerned that students will see us as punitive and and that they won't trust us.
We hospitalized an individual without their permission, they ran from the police, and a faculty member helped hide them. Situation was addressed without consequences to the faculty member.

Staff Information

How many paid staff positions have you gained/lossed in the past

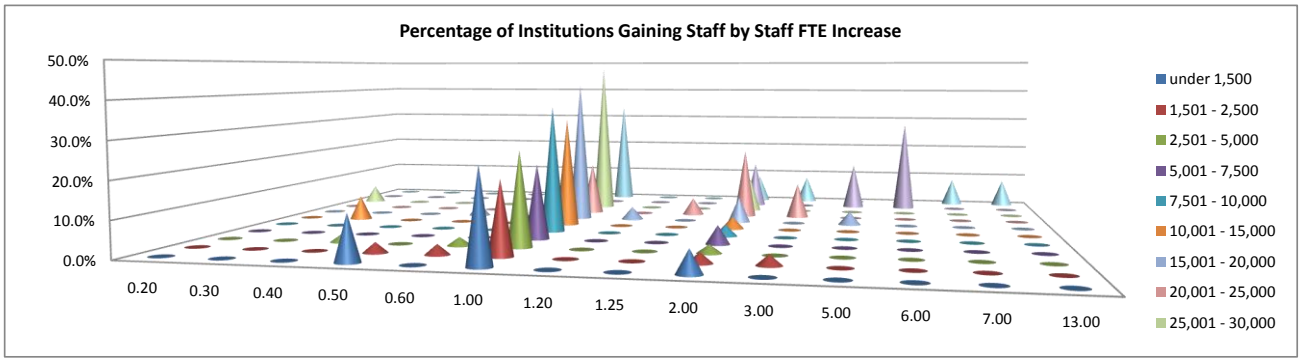
	Added Staff				Lost Staff		
	Mean	Total Count add	Percent Total		Mean	Total Count add	Percent Total
Professional clinical	1.2	123	31.5%		1.0	16	4.1%
Psychiatric Nurse Practitioner	1.1	8	2.0%		1.0	1	0.3%
Psychiatrist	0.7	29	7.4%		1.0	2	0.5%
Psychiatric Resident	0.0	0	0.0%		0.0	0	0.0%
Professional Non-Clinical	0.8	6	1.5%		1.0	2	0.5%
Case Manager	0.9	17	4.3%		0.0	0	0.0%
Support	1.0	30	7.7%		2.1	2	0.5%
Intern	1.1	20	5.1%		0.4	5	1.3%
Post doc	1.0	11	2.8%		0.0	0	0.0%
Other	1.0	9	2.3%		1.8	2	0.5%

Gained Positions in past year FTE	Frequency	Percent
<= .25	6	1.5%
> .25 to .49	3	0.8%
>=.5 to .75	16	4.1%
>.75 to .99	2	0.5%
1 to 1.25	85	21.7%
1.50	12	3.1%
2 to <3	25	6.4%
3 to <4	13	3.3%
4 to <5	5	1.3%
5.00	2	0.5%
6 to ,7	2	0.5%
7.00	1	0.3%
13.00	1	0.3%
Total added	173	44.2%
Total	391	

Lost Positions in past year FTE	Freq.	Percent
<= .25	2	0.5%
> .25 to .49	1	0.3%
>=.5 to .75	3	0.8%
>.75 to .99	0	0.0%
1 to 1.25	20	5.1%
1.50	0	0.0%
2 to <3	3	0.8%
3 to <4	0	0.0%
4 to <5	1	0.3%
Total lost	27	6.9%
Total	391	

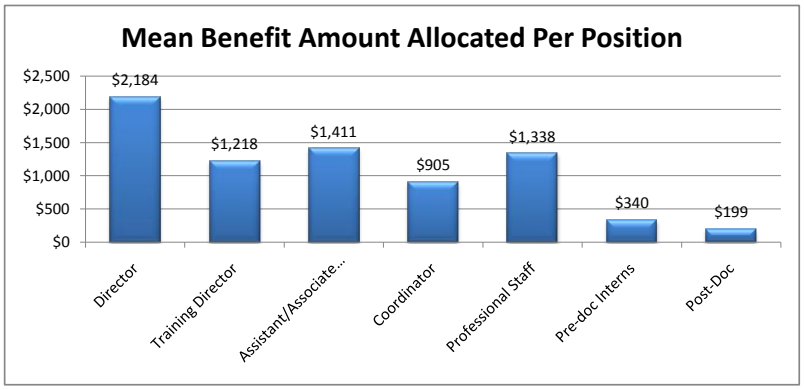
Number of Staff Gained Count by Institution Size & Staff FTE Gained	under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
FTE	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
0.20	0	1	0	0	2	0	0	0	0	0	0
0.30	0	2	1	1	2	0	0	0	0	0	0
0.40	0	2	0	0	0	0	0	0	0	0	0
0.50	4	2	5	1	1	0	0	1	0	0	0
0.60	0	0	1	0	0	0	0	0	0	0	0
1.00	4	11	16	13	7	10	8	4	7	1	5
1.20	0	0	0	0	0	1	1	0	0	0	0
1.25	1	0	0	1	0	0	3	1	1	0	2
2.00	2	2	2	2	2	2	2	2	2	2	2
3.00	1	2	0	0	0	0	1	1	3	3	2
5.00	1	1	0	0	0	2	2	0	2	0	2
6.00	0	0	0	0	0	0	0	0	0	1	1
7.00	0	0	0	0	0	0	0	0	0	1	0
13.00	0	0	0	0	0	0	0	0	0	1	0

Percentage of Staff Gained by Institution Size	under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
0.20	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	0.0%	0.0%
0.30	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%
0.40	0.0%	0.0%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.50	12.5%	2.9%	0.0%	0.0%	0.0%	0.0%	3.8%	0.0%	0.0%	0.0%	0.0%
0.60	0.0%	2.9%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
1.00	25.0%	20.0%	26.2%	21.1%	36.7%	32.1%	42.3%	15.8%	47.4%	0.0%	33.3%
1.20	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.8%	0.0%	0.0%	0.0%	0.0%
1.25	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	0.0%	0.0%	0.0%
2.00	6.3%	2.9%	2.4%	5.3%	3.3%	3.6%	7.7%	21.1%	10.5%	14.3%	8.3%
3.00	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	0.0%	10.5%	0.0%	0.0%	8.3%
5.00	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.8%	0.0%	0.0%	14.3%	0.0%
6.00	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	28.6%	0.0%
7.00	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.3%
13.00	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.3%



Do the following positions exist in the center?	Total	Percent
Director	371	94.9%
Training Director	142	36.3%
Assistant/Associate Director	180	46.0%
Coordinator	129	33.0%
Professional Staff	319	81.6%
Psychiatrist	164	41.9%
Psychiatric nurse Practitioner	33	8.4%
Psychiatric Resident	24	6.1%
Case Manager	28	7.2%
Predoctoral Interns	118	30.2%
Post Docs	61	15.6%
Clinical Graduate Assitant	66	16.9%
Others listed		
Practicum	21	
Support Staff	13	
MSW Trainee	7	
Master Interns	6	
Health Educator/Promotions/Wellness	5	
Clinical Directors	4	
Extern	4	
Extern	3	
Dietitian/Nutritionist	3	
Counseling Interns	2	
Outreach Coordinator	2	
Career	1	
Counselor In Residence	1	
Disability Services Coordinator	1	
Crisis Counselor	1	
Non-clinical GA	1	
MFT Trainee	1	
Nurse	1	
Physician Assistant	1	
Referral Coordinator	1	
AOD	1	

Indicate the amount of benefits allocated per position for a full-time equivalent	Mean	Max	Min	Count
Director	$2,184	$10,000	$0	317
Training Director	$1,218	$10,000	$0	149
Assistant/Associate Director	$1,411	$10,000	$0	172
Coordinator	$905	$6,000	$0	150
Professional Staff	$1,338	$10,000	$0	280
Pre-doc Interns	$340	$10,000	$0	127
Post-Doc	$199	$1,200	$0	95



Indicate the amount of benefits allocated per position for a full-time equivalent

Position			Areas Applied Count	Percent
Director	Mean Amount:			
	Mean Amount:	$2,184	229	58.6%
	Professional Dues		164	41.9%
	License Fee		95	24.3%
	Malpractice Insurance		340	87.0%
Training Director	Travel/Conference Costs			
	Mean Amount:	$1,218	68	17.4%
	Professional Dues		54	13.8%
	License Fee		27	6.9%
	Malpractice Insurance		133	34.0%
Assistant/Associate Director	Travel/Conference Costs			
	Mean Amount:	$1,411	78	19.9%
	Professional Dues		59	15.1%
	License Fee		33	8.4%
	Malpractice Insurance		157	40.2%
Coordinator	Travel/Conference Costs			
	Mean Amount:	$905	49	12.5%
	Professional Dues		40	10.2%
	License Fee		20	5.1%
	Malpractice Insurance		108	27.6%
Professional Staff	Travel/Conference Costs			
	Mean Amount:	$1,338	140	35.8%
	Professional Dues		123	31.5%
	License Fee		74	18.9%
	Malpractice Insurance		281	71.9%
Predoctoral Interns	Travel/Conference Costs			
	Mean Amount:	$340	13	3.3%
	Professional Dues		2	0.5%
	License Fee		5	1.3%
	Malpractice Insurance		79	20.2%
Post Docs	Travel/Conference Costs			
	Mean Amount:	$199	12	3.1%
	License Fee		11	2.8%
	Malpractice Insurance		10	2.6%
	Travel/Conference Costs		45	11.5%

These questions are asking about EXPECTATION and ACTUAL percent of time for work in each of these areas.
On average, during the last academic year, what percentage of time does a full time counseling contract to work and actually \ in the following areas. (PA110 through CS114).

	N	Minimum	Maximum	Mean
Counselor expedted percent: Direct Service	300	25.0%	95.0%	60.4%
Counselor expected percent: Indirect service	298	5.0%	45.0%	23.0%
Counselor expected percent: Administrative service	297	0.0%	67.0%	14.0%
Counselor expected percent: Other	161	0.0%	17.0%	5.5%
Counselor actual percent: Direct service	279	20.0%	95.0%	59.6%
Counselor actual percent: Indirect service	277	5.0%	50.0%	23.3%
Counselor actual percent: Administrative service	277	0.0%	67.0%	14.4%
Counselor actual percent: Other	141	0.0%	28.0%	5.9%
Director expedted percent: Direct Service	300	0.0%	95.0%	32.6%
Director expected percent: Indirect service	301	5.0%	60.0%	23.6%
Director expected percent: Administrative service	305	4.0%	100.0%	39.6%
Director expected percent: Other	180	0.0%	75.0%	8.6%
Director actual percent: Direct service	296	0.0%	90.0%	35.8%
Director actual percent: Indirect service	298	5.0%	60.0%	22.9%
Director actual percent: Administrative service	302	5.0%	100.0%	38.1%
Director actual percent: Other	168	0.0%	70.0%	7.6%

Direct Service (Individual/group counseling, intakes, assessment, crisis intervention, community based services)

Indirect Service (Supervision, RA/peer/clinical training, consultation, case conferences, case notes and outreach)

Administrative Service (Staff business meetings, committee work, center management, and professional

Other (Research, teaching, etc.)

Counselor actual percent: Direct service	Percent
Four-year public university	56.7%
Four-year public college	62.5%
Four-year private university	61.1%
Four-year private college	64.0%
Both four-year public and private university	75.0%
Other	60.0%

Counselor actual percent: Direct service

Institution Size										
under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
61.5%	67.2%	60.8%	58.6%	59.4%	55.8%	54.9%	57.2%	59.5%	58.6%	55.8%

Counselor actual percent: Direct service

	Institution Size										
	under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
Four-year public university			60.6%	59.8%	59.9%	54.1%	52.7%	54.2%	59.2%	58.3%	55.6%
Four-year public college		65.0%	50.0%	60.0%	65.0%			70.0%	65.0%		55.0%
Four-year private university	62.0%	64.2%	62.0%	55.8%	56.4%	60.7%	72.5%	70.0%		60.0%	
Four-year private college	63.0%	68.1%	58.1%	62.5%							
Both four-year public and private university		90.0%									60.0%
Other	45.0%		70.0%	65.0%							

Director actual percent: Direct service	
Four-year public university	27.9%
Four-year public college	47.8%
Four-year private university	40.5%
Four-year private college	46.9%
Both four-year public and private university	45.0%
Other	45.0%

Director actual percent: Direct service

Institution Size										
under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
53.2%	51.8%	42.5%	32.7%	35.3%	28.2%	25.5%	24.5%	24.5%	20.0%	13.7%

Director actual percent: Direct service

Institution Size										
	under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
Four-year public university		90.0%	41.4%	36.9%	33.7%	28.0%	23.1%	25.6%	22.5%	22.0%	13.6%
Four-year public college		56.7%	20.0%	40.0%	62.5%						15.0%
Four-year private university	52.5%	51.9%	43.9%	28.6%	30.0%	30.9%	70.0%	17.5%		10.0%	
Four-year private college	55.9%	48.1%	41.3%	17.5%							
Both four-year public and private university		65.0%									25.0%
Other	37.5%	60.0%	40.0%	50.0%							

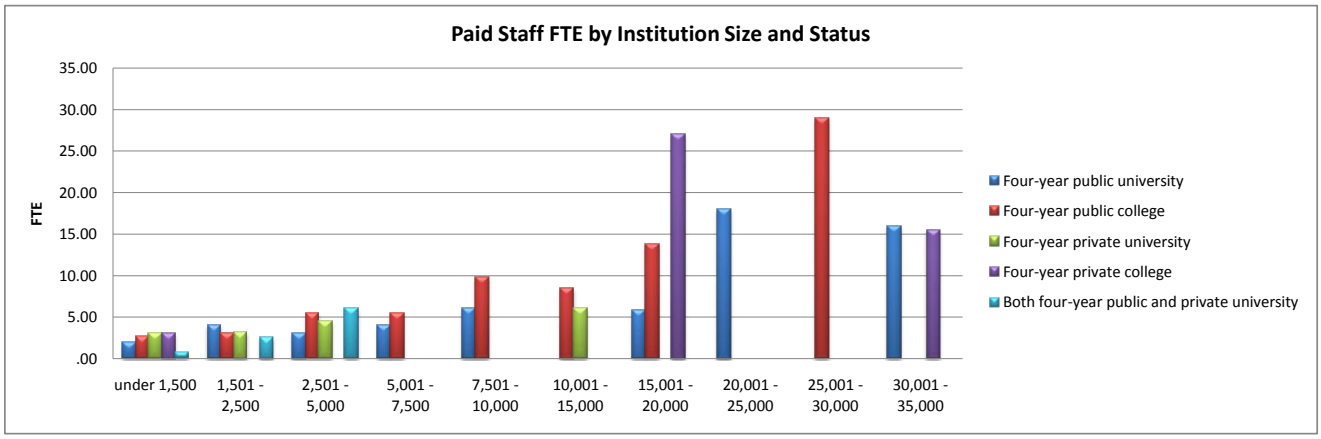
During the academic year, how may FTE PAID mental health professionals are providing services in the Counseling Center (PAID STAFF FTE) (NA114)

FTE based on Paid Staff only	Count	Percent
0-1 FTE	32	8.5%
2-3 FTE	102	27.2%
4-7 FTE	147	39.2%
8-11 FTE	45	12.0%
12-16 FTE	32	8.5%
17 and greater FTE	17	4.5%
Total	375	100.0%
Missing	16	
Total	391	

	Mean	Median	Mode	Minimu	Maximu	Sum	Valid	Missing	Total
NA114	5.9	4.0	3.0	0.0	34.7	2229.0	375	16	391

Mean Professional Paid Staff FTE by Institution Size and School Status

2,008	Institution Size										
	under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
Four-year public university		1.00	2.92	2.92	4.28	6.29	8.18	8.65	10.44	15.79	17.52
Four-year public college	3.00	1.93	4.00	3.00	4.00	6.00		5.80	18.00		16.00
Four-year private university	1.88	2.61	3.09	5.47	5.39	9.82	8.47	13.83		29.00	
Four-year private college	1.88	3.10	3.14	4.50			6.00				
Both four-year public and private university		3.00						27.00			15.50
Other	1.50	.75	2.55	6.00							



During the academic year, how many FTE mental health professionals are providing services in the Counseling Center, Include all paid staff and interns (Paid Staff and Interns FTE)

FTE based on Paid Staff and Interns	Frequency	Percent
0-1 FTE	12	3.6%
2-3 FTE	74	22.2%
4-7 FTE	130	38.9%
8-11 FTE	46	13.8%
12-16 FTE	39	11.7%
17 and greater FTE	33	9.9%
Total	334	100.0%
Missing	57	
Total	391	

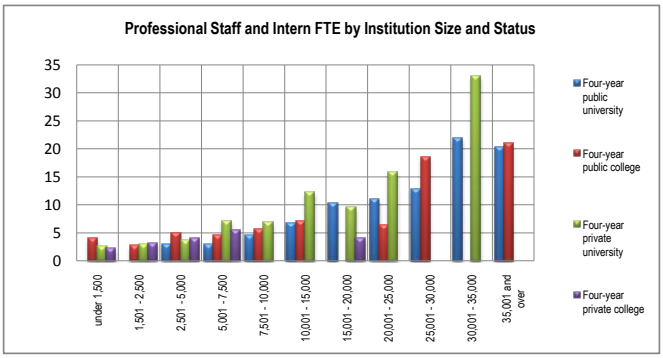
	Mean	Median	Mode	Minimu	Maximu	Sum	Valid	Missing	Total
	7.2	5.0	3.0	0.0	35.5	2552.8	353	38	391

Mean Professional Staff and Intern FTE by Institution Size and School Status NA115

	Institution Size										
	under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
Four-year public university	.	.00	2.98	2.87	4.49	6.72	10.30	11.01	12.75	21.97	20.26
Four-year public college	4.00	2.63	5.00	4.50	5.60	7.00	.	6.30	18.50	.	21.00
Four-year private university	2.57	3.02	3.65	7.15	6.85	12.25	9.60	15.90	.	33.00	.
Four-year private college	2.29	3.10	4.01	5.50	.	.	4.00	.	.	.	.
Both four-year public and private university	.	3.00	.	.	.	.	.	28.00	.	.	17.00
Other	1.80	1.50	2.67	10.00	.	.	.	.	.	.	.

How many FTE mental health professionals are providing services elsewhere on campus?

	Freq.	Percent
0-1 FTE	21	5.37%
2-3 FTE	16	4.09%
4-7 FTE	7	1.79%
8-11 FTE	3	0.77%
12-16 FTE	1	0.26%
17 and greater FTE	0	0.00%



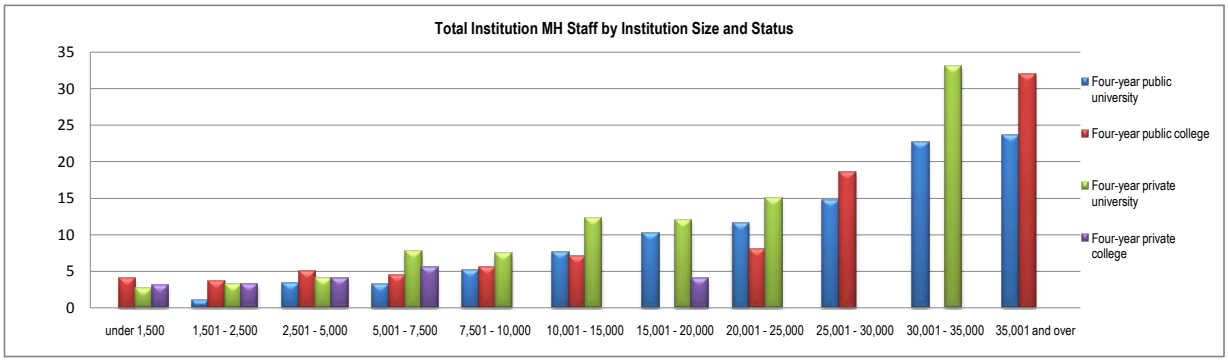
Total Institution FTE (Counseling Center and Other Campus Site FTE

	Freq.	Percent
0-1 FTE	25	6.91%
2-3 FTE	72	19.89%
4-7 FTE	142	39.23%
8-11 FTE	50	13.81%
12-16 FTE	32	8.84%
17 and greater FTE	41	11.33%
Total	362	100.00%
Missing	29	0.08011
Total	391	

	Mean	Median	Mode	Minimum	Maximum	Valid	Missing	Total
Non-CC. MH Prof. FTE	0.4	0.0	0.0	0.0	16.0	301	90	391
MH Prof. at Inst. FTE	7.7	5.0	4.0	0.0	46.7	361	30	391

Total Institution FTE by Institution Size and School Status

	Institution Size										
	under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
Four-year public university	.	1.00	3.36	3.16	5.13	7.61	10.20	11.67	14.78	22.67	23.60
Four-year public college	4.00	3.63	5.00	4.50	5.60	7.00	.	8.10	18.50	.	32.00
Four-year private university	2.57	3.20	3.98	7.71	7.39	12.27	11.94	14.93	.	33.00	.
Four-year private college	3.02	3.26	4.01	5.50	.	.	4.00	.	.	.	.
Both four-year public and private university	.	3.00	.	.	.	.	.	28.00	.	.	22.00
Other	.50	2.00	3.00	10.00	.	.	.	.	.	.	.

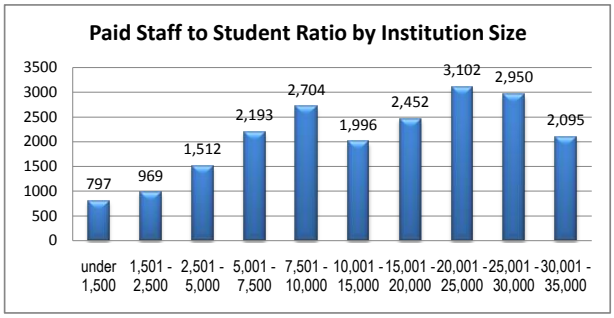


This next Analysis is not based on NA118 but a calculated value NA016/NA114 and NA016/NA115

Staff to Student Ratio (1 to xxxx)	Mean	Max	Min	Count
Paid Staff to Student Ratio	1952.2	18230.0	277.0	368.0
Paid Staff and Intern to Student Ratio	1653.0	9000.0	213.1	330.0

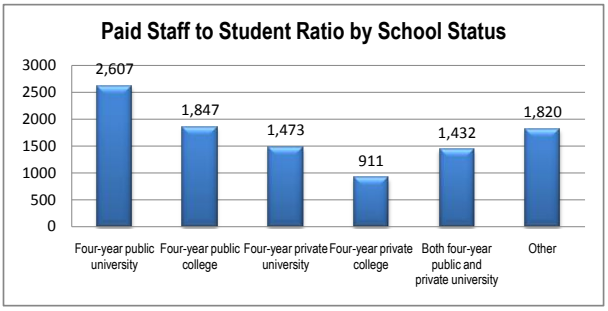
Average Paid Staff to Student Ratio (1 to xxxx) by Institution Size

Institution Size	Mean	Max	Min	Count
under 1,500	797	2894	277	30
1,501 - 2,500	969	4800	330	59
2,501 - 5,000	1512	4613	467	74
5,001 - 7,500	2193	6482	514	40
7,501 - 10,000	2704	18230	780	43
10,001 - 15,000	1996	4948	473	48
15,001 - 20,000	2452	5000	1280	26
20,001 - 25,000	3102	8589	772	20
25,001 - 30,000	2950	7500	1238	22
30,001 - 35,000	2095	3172	1103	9
35,001 and over	2709	4472	1434	18



Average Paid Staff to Student Ratio (1 to xxxx) by School Status

School Status	Mean	Max	Min	Count
Four-year public university	2607	18230	490	178
Four-year public college	1847	3681	393	13
Four-year private university	1473	9000	315	115
Four-year private college	911	2894	330	68
Both four-year public and private university	1432	2790	733	3
Other	1820	4800	277	8

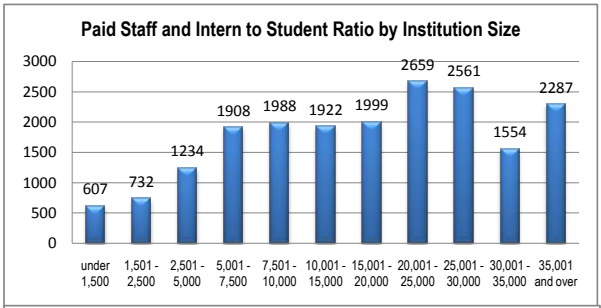


Average Paid Staff to Student Ratio (1 to xxxx) by Institution Size and School Status

	Institution Size										
	under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
Four-year public university		2500	1826	2745	2875	2180	2450	3367	3001	2219	2808
Four-year public college	393	909	1000	2049	2403	2200	.	3681	1889	.	3213
Four-year private university	805	943	1523	1536	2157	1292	2765	2363		1103	
Four-year private college	848	704	1172	1367			2612		.		.
Both four-year public and private university		733					.	772			2790
Other	539	3199	1756	.			.		.		.

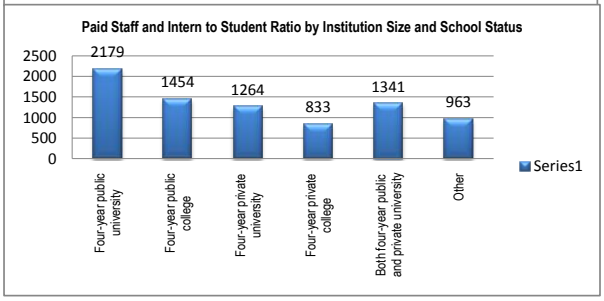
Average Paid Staff and Intern to Student Ratio (1 to xxxx) by Institution Size

Institution Size	Mean	Max	Min	Count
under 1,500	607	1400	213	30
1,501 - 2,500	732	1600	307	59
2,501 - 5,000	1234	4613	337	74
5,001 - 7,500	1908	6482	500	40
7,501 - 10,000	1988	9000	557	43
10,001 - 15,000	1922	6000	284	48
15,001 - 20,000	1999	3945	938	26
20,001 - 25,000	2659	8589	744	20
25,001 - 30,000	2561	6000	1238	22
30,001 - 35,000	1554	2584	970	9
35,001 and over	2287	4181	1070	18

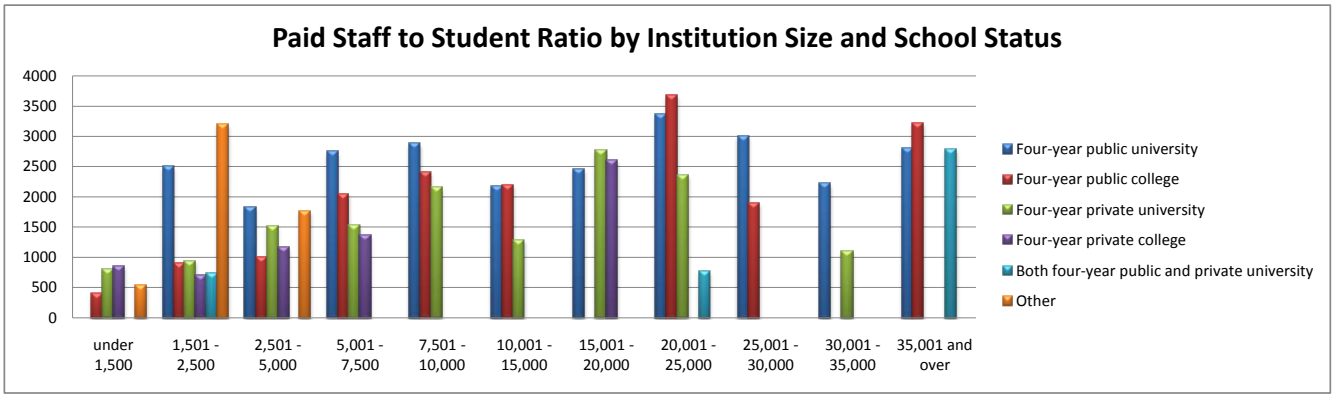


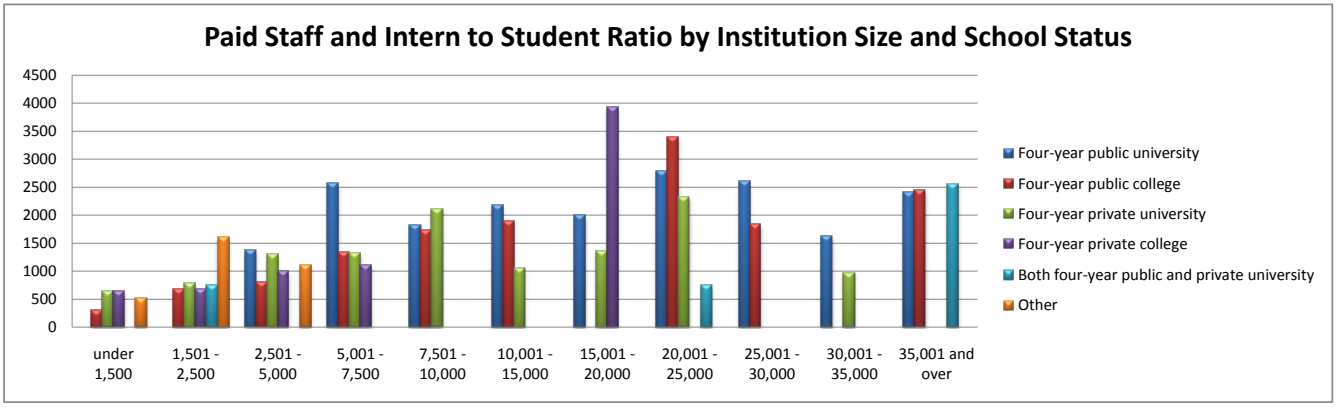
Average Paid Staff and Intern to Student Ratio (1 to xxxx) by School Status

School Status	Mean	Max	Min	Count
Four-year public university	2179	8589	284	178
Four-year public college	1454	3389	295	13
Four-year private university	1264	9000	307	115
Four-year private college	833	3918	250	68
Both four-year public and private university	1341	2544	733	3
Other	963	1609	213	8



Average Paid Staff and Intern to Student Ratio (1 to xxxx) by Institution Size and School Status											
	Institution Size										
	under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
Four-year public university	.	.	1370	2561	1811	2171	1998	2784	2596	1627	2400
Four-year public college	295	677	800	1333	1716	1886	.	3389	1838	.	2448
Four-year private university	640	777	1304	1323	2115	1055	1349	2316	.	970	.
Four-year private college	635	671	995	1101	.	.	3918	.	.	.	.
Both four-year public and private university	.	733	.	.	.	.	.	744	.	.	2544
Other	507	1600	1101	.	.	.	.	.	.	.	.





Clinical Service Information

Does the staff of your counseling center assume responsibility for providing courses for academic credit (Check all that apply.)

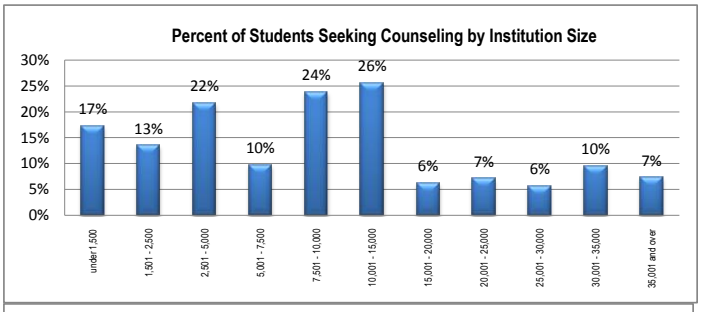
	Frequency	Percent
Yes, Undergraduate-level course for credit	115	29.4%
Yes, Graduate-level practicum course	42	10.7%
Yes, Graduate-level content/theories course	52	13.3%
No, Staff of counseling center are not engaged in providing courses for academic credit.	231	59.1%
Sample Total	391	100.0%

Divide the total number of students who sought counseling in your center last year by the total number of students enrolled to obtain the percentage of the student body that were counseled at your center: (Please enter a '20' to represent 20% for instance.)

	Mean	Median	Mode	Max	Min	Count
Percent of students seeking counseling	10%	9%	5%	40%	1%	391

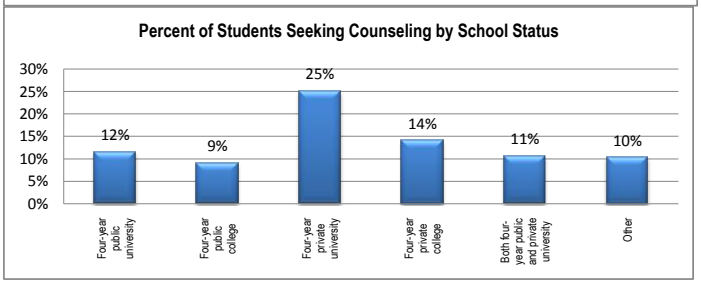
Percent of Students Seeking Counseling by Institution Size

Institution Size	Mean	Count
under 1,500	17%	28
1,501 - 2,500	13%	53
2,501 - 5,000	22%	66
5,001 - 7,500	10%	33
7,501 - 10,000	24%	40
10,001 - 15,000	26%	43
15,001 - 20,000	6%	24
20,001 - 25,000	7%	20
25,001 - 30,000	6%	19
30,001 - 35,000	10%	9
35,001 and over	7%	16



Percent of Students Seeking Counseling by School Status

School Status	Mean	Count
Four-year public university	12%	158
Four-year public college	9%	11
Four-year private university	25%	108
Four-year private college	14%	60
Both four-year public and private university	11%	3
Other	10%	7



Percent of Students Seeking Counseling by Institution Size and School Status

	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
Institution Size	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500	.	.	27%	1	18%	9	16%	16	.	.	19%	2
1,501 - 2,500	4%	1	15%	2	13%	20	15%	27	13%	1	8%	2
2,501 - 5,000	10%	12	4%	1	31%	37	11%	13	.	.	6%	3
5,001 - 7,500	8%	15	5%	1	11%	14	10%	2	.	.	.	.
7,501 - 10,000	33%	26	4%	2	7%	11	.	.	.	.	.	.
10,001 - 15,000	8%	31	6%	1	8%	10	.	.	.	.	.	.
15,001 - 20,000	5%	20	.	0	10%	2	15%	1	.	.	.	.
20,001 - 25,000	6%	15	7%	1	10%	3	.	.	14%	1	.	.
25,001 - 30,000	6%	18	9%	1	.	.	.	.	.	.	.	.
30,001 - 35,000	8%	8	.	0	20%	1	.	.	.	.	.	.
35,001 and over	8%	12	4%	1	.	0	.	.	5%	1	.	.

Total Number of Sessions Provided NOT including medication management

	Mean	Median	Mode	Max	Min	Count
Total number of sessions	3319	2130	1000	28000	125	309

Total Number of Sessions Provided including medication management

	Mean	Median	Mode	Max	Min	Count
Total number of sessions	4824	3124	2000	29000	400	170

Total Number of Sessions Provided NOT including Med. Mgmt. by Paid Staff FTE

Paid Staff FTE	Mean	Max	Min	Count
0-1 FTE	582	1750	125	27
2-3 FTE	1511	3200	316	90
4-7 FTE	2581	8561	538	106
8-11 FTE	5521	9009	2247	36
12-16 FTE	7682	16000	4674	27
17 and greater FTE	13853	28000	6394	13

Total Number of Sessions Provided including Med. Mgmt. by Paid Staff FTE

Paid Staff FTE	Mean	Max	Min	Count
0-1 FTE	582	1750	125	27
2-3 FTE	1511	3200	316	90
4-7 FTE	2581	8561	538	106
8-11 FTE	5521	9009	2247	36
12-16 FTE	7682	16000	4674	27
17 and greater FTE	13853	28000	6394	13

Total Number of Sessions NOT including Medication Management by School Status and Institution Size

	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
Institution Size	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500	.	.	1607	1	1008	7	1064	14	.	.	737	1
1,501 - 2,500	402	1	679	2	1329	16	1505	23	1450	1	544	1
2,501 - 5,000	1559	12	1724	1	1669	33	1617	10	.	.	1484	2
5,001 - 7,500	1325	15	2000	1	2845	11	2800	2	.	.	.	.
7,501 - 10,000	2089	25	2116	2	3077	8	.	.	.	.	.	.
10,001 - 15,000	3191	24	2514	1	4821	9	.	.	.	.	.	.
15,001 - 20,000	4185	19	.	.	8816	2	2456	1	.	.	.	.
20,001 - 25,000	5143	14	4050	1	4390	2	.	.	16000	1	.	.
25,001 - 30,000	6378	16	12798	1	.	.	.	.	.	.	.	.
30,001 - 35,000	9138	8	.	.	28000	1	.	.	.	.	.	.
35,001 and over	9678	12	16000	1	.	.	.	.	11379	1	.	.

Total Number of Sessions including Medication Management by School Status and Institution Size

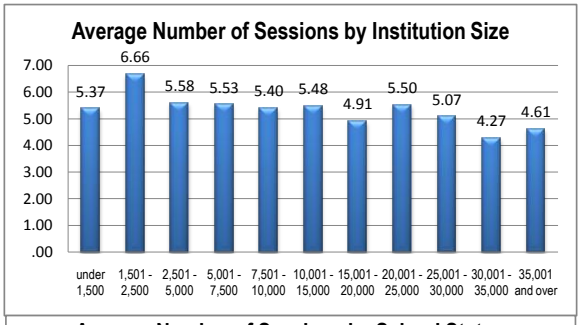
	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
Institution Size	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500	.	.	.	.	3000	1	1278	5	.	.	.	.
1,501 - 2,500	.	.	776	2	1828	8	1952	15	.	.	.	.
2,501 - 5,000	2297	5	1850	1	2210	13	2309	7	.	.	1418	1
5,001 - 7,500	1479	5	2200	1	4190	8	.	.	.	.	.	.
7,501 - 10,000	2795	12	2324	2	3322	6	.	.	.	.	.	.
10,001 - 15,000	4387	13	2964	1	5644	6	.	.	.	.	.	.
15,001 - 20,000	5292	12	.	.	9237	2	2656	1	.	.	.	.
20,001 - 25,000	5604	10	.	.	12325	2	.	.	21000	1	.	.
25,001 - 30,000	8025	9	14947	1	.	.	.	.	.	.	.	.
30,001 - 35,000	12444	4	.	.	29000	1	.	.	.	.	.	.
35,001 and over	13581	9	.	.	.	.	.	.	12550	1	.	.

What is the average number of sessions per client

	Mean	Median	Mode	Max	Min	Count
Average Number of Sessions per client	5.50	5.00	5.00	22.00	2.00	328

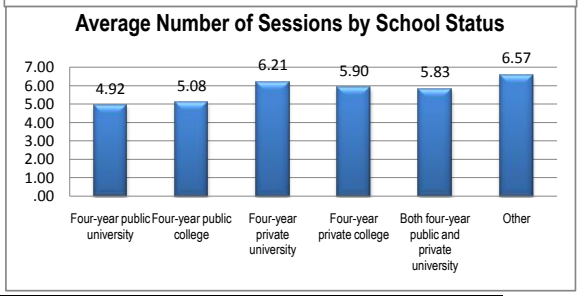
Average Number of Sessions Per Client by Institution Size

Institution Size	Mean	Max	Min	Count
under 1,500	5.37	15.00	2.00	27
1,501 - 2,500	6.66	20.00	3.00	44
2,501 - 5,000	5.58	10.00	2.10	59
5,001 - 7,500	5.53	22.00	2.00	31
7,501 - 10,000	5.40	9.00	2.00	37
10,001 - 15,000	5.48	12.00	2.50	41
15,001 - 20,000	4.91	6.89	2.00	23
20,001 - 25,000	5.50	8.00	3.00	20
25,001 - 30,000	5.07	7.47	3.20	18
30,001 - 35,000	4.27	7.00	2.50	9
35,001 and over	4.61	8.00	3.00	17



Average Number of Sessions Per Client by School Status

School Status	Mean	Max	Min	Count
Four-year public university	4.92	10.00	2.00	154
Four-year public college	5.08	7.00	3.00	11
Four-year private university	6.21	22.00	2.10	99
Four-year private college	5.90	15.00	2.00	51
Both four-year public and private university	5.83	7.00	5.00	3
Other	6.57	15.00	3.00	6



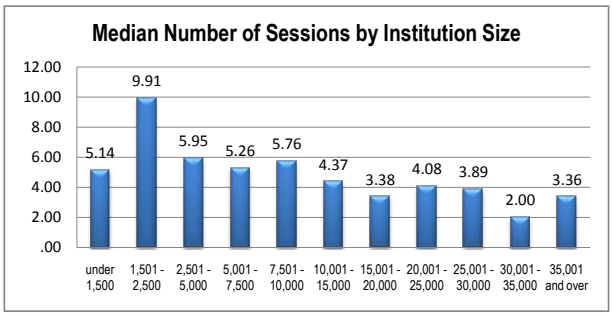
Average Number of Sessions per Client by Institution Size and School Status

	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
Institution Size	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500	.	.	3.00	1	5.48	8	5.62	16	.	.	4.15	2
1,501 - 2,500	5.10	1	4.60	2	7.39	17	6.10	21	5.00	1	10.00	2
2,501 - 5,000	4.24	10	5.00	1	5.80	35	6.17	11	.	.	5.57	2
5,001 - 7,500	4.38	15	7.00	1	6.99	12	4.99	2	.	.	.	.
7,501 - 10,000	5.27	25	6.45	2	5.50	10	.	.	.	.	.	.
10,001 - 15,000	5.23	30	5.00	1	6.27	10	.	.	.	.	.	.
15,001 - 20,000	4.79	20	.	.	5.75	2	.	.	.	.	.	.
20,001 - 25,000	5.35	15	4.00	1	6.27	3	.	.	7.00	1	.	.
25,001 - 30,000	5.13	17	4.20	1	.	.	.	.	.	.	.	.
30,001 - 35,000	4.30	8	.	.	4.00	1	.	.	.	.	.	.
35,001 and over	4.46	13	5.60	1	.	.	.	.	5.50	1	.	.

What is the median number of sessions?

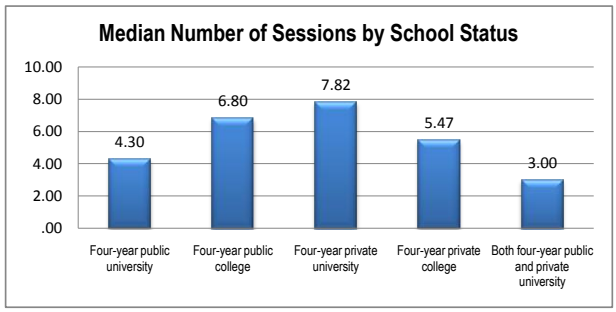
	Mean	Median	Mode	Max	Min	Count

Average Median Number of Sessions	5.65	4.00	4.00	121.00	1.00	206



Median Number of Sessions by Institution Size

Institution Size	Mean	Max	Min	Count
under 1,500	5.14	12.00	1.00	19
1,501 - 2,500	9.91	121.00	2.00	34
2,501 - 5,000	5.95	20.00	2.00	39
5,001 - 7,500	5.26	17.00	2.00	20
7,501 - 10,000	5.76	15.00	1.00	20
10,001 - 15,000	4.37	15.00	2.00	21
15,001 - 20,000	3.38	6.00	1.00	16
20,001 - 25,000	4.08	8.00	3.00	12
25,001 - 30,000	3.89	5.00	2.00	8
30,001 - 35,000	2.00	4.00	1.00	5
35,001 and over	3.36	5.00	2.00	11



Median Number of Sessions by School Status

School Status	Mean	Max	Min	Count
Four-year public university	4.30	15.00	1.00	97
Four-year public college	6.80	12.00	5.00	5
Four-year private university	7.82	121.00	2.00	64
Four-year private college	5.47	20.00	1.00	35
Both four-year public and private university	3.00	3.00	3.00	1
Other	4.50	10.00	2.00	4

Median Number of Sessions by School Status and Institution Size

	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
Institution Size	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500	.	.	.	.	5.75	6	5.09	12	.	.	2.00	1
1,501 - 2,500	4.00	1	9.00	2	16.49	14	4.67	15	.	.	7.00	2
2,501 - 5,000	5.25	8	6.00	1	5.70	22	8.06	7	.	.	2.00	1
5,001 - 7,500	5.35	12	.	.	5.29	7	4.00	1	.	.	.	.
7,501 - 10,000	5.64	14	.	.	6.03	6	.	.	.	.	.	.
10,001 - 15,000	4.38	17	.	.	4.30	4	.	.	.	.	.	.
15,001 - 20,000	3.21	14	.	.	4.50	2	.	.	.	.	.	.
20,001 - 25,000	4.44	9	.	.	3.00	2	.	.	3.00	1	.	.
25,001 - 30,000	3.73	7	5.00	1	.	.	.	.	.	.	.	.
30,001 - 35,000	2.00	5	.	.	.	.	.	.	.	.	.	.
35,001 and over	3.20	10	5.00	1	.	.	.	.	.	.	.	.

During the past academic year, using your best clinical data, what persentage of your clients had the following condition/presenting concern/daignosis?

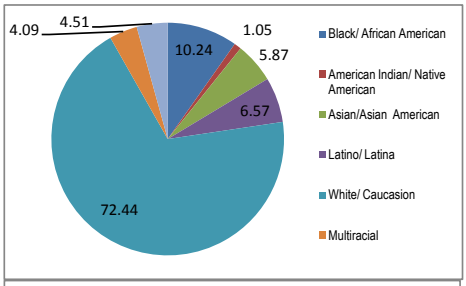
	Mean	Median	Mode	Max	Min	Count
Had extensive or signficant prior treatment histories.	13.43	10.00	10.00	80.00	.00	211
Clients taking Psychotropic medications	24.64	23.00	20.00	80.00	1.00	249
Clients engaging in self-injury	7.45	5.00	5.00	45.00	1.00	220
Clients with depression	37.01	35.00	30.00	90.00	1.00	269
Clients with Learning Disability	7.90	5.00	10.00	30.00	.00	182
Clients with Add or ADHD	8.60	6.00	10.00	90.00	.00	199
Cients with suicidal thoughts or behaviors	14.40	11.00	10.00	100.00	1.00	249
Clients with anxiety	36.65	30.50	25.00	100.00	2.00	268
Clients with substance abuse/dependance other than alcohol	7.10	5.00	1.00	60.00	.00	217
Clients with alcohol abuse/dependance	11.62	9.00	10.00	65.00	.00	237
Clients dealing with issues of opression	4.71	2.00	1.00	31.00	.00	173
Clients with eating disorders	6.72	5.00	5.00	45.00	1.00	256
Clients with relationship issues	36.63	35.00	50.00	95.00	1.00	255
Clients with sexual/physical assault/aquaintance rape	5.93	5.00	1.00	70.00	.00	241
Clients experience of being stalked	1.78	1.00	1.00	22.00	.00	160
Other	12.70	13.80	.00	41.10	.00	27

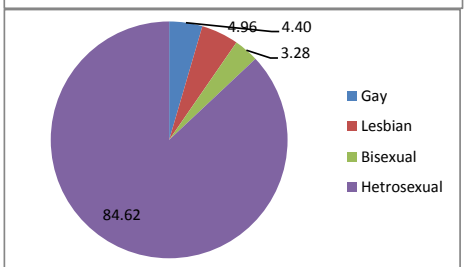
What is the number of Students on your campus who:

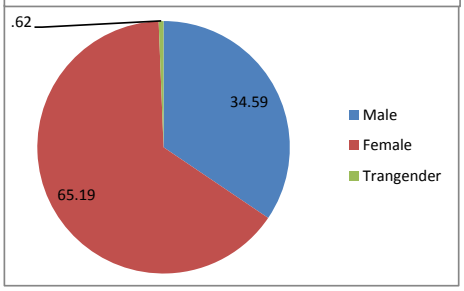
	Mean	Median	Mode	Max	Min	Count
Attempted Suicide	6.53	3.00	2.00	100.00	.00	221
Were placed on medical leave for psychological reasons	13.59	5.00	2.00	200.00	.00	214
Were hospitlized for psychological reasons	9.03	5.00	3.00	108.00	.00	252
Died by suicide	.59	.00	.00	8.00	.00	265
Died by accident	1.69	1.00	.00	18.00	.00	237
Died by some other means	1.09	.00	.00	16.00	.00	200

What Percentage of your clients were:

	Mean	Median	Mode	Max	Min	Count
Black/ African American	10.24	6.00	3.00	100.00	.00	285
American Indian/ Native American	1.05	1.00	1.00	15.00	.00	216
Asian/Asian American	5.87	4.00	2.00	35.00	.00	274
Latino/ Latina	6.57	4.00	2.00	100.00	.00	272
White/ Caucasion	72.44	78.00	80.00	100.00	.00	283
Multiracial	4.09	3.00	2.00	30.00	.00	206
Other	4.51	2.70	1.00	100.00	.00	149
Male	34.59	35.00	30.00	100.00	.00	282
Female	65.19	65.00	70.00	100.00	.00	283
Trangender	.62	.30	.00	7.00	.00	131
Gay	4.40	3.00	5.00	31.00	-6.00	146
Lesbian	4.96	3.00	1.00	62.00	.00	142
Bisexual	3.28	2.00	1.00	28.00	.00	129
Hetrosexual	84.62	88.00	90.00	99.00	.00	141
Diagnosed Disability	17.20	11.00	10.00	100.00	.00	142



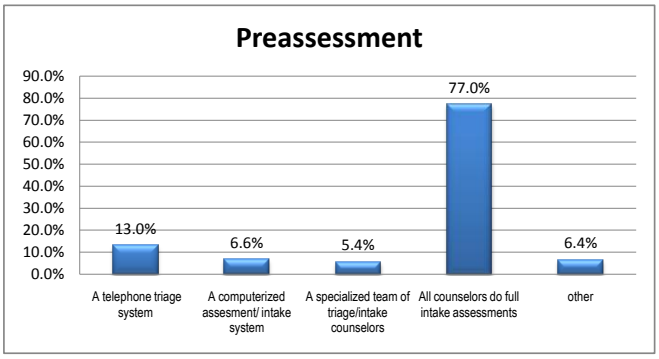




What type of pre-assessment is done before assigning a client to a counselor? (check all that apply)

	Count	Percent
A telephone triage system	51	13.0%
A computerized assesment/ intake system	26	6.6%
A specialized team of triage/intake counselors	21	5.4%
All counselors do full intake assessments	301	77.0%
other	25	6.4%
Total	391	100.0%

Other Specified	Count
30 minute face-to-face initial consultations (triage)	1
all counselors conduct abbreviated in person triage interviews in walk in intakes	1
all counselors conduct screenings	1
all counselors conduct triage/intakes	1
All counselors cover triage/walk-in hours during the week, after pre-assessment clients are assigned to an intake counselor.	1
all therapists do traige 1 day a week	1
both walk-in and intake	1
brief, walk-in assessments	1
Crisis session for triage	1
drop in triage session	1
emergency triage	1
face to face intake/assessment	1
face to face triage	1
In person triage	1
intake forms	1
none	1
Nothing, they just schedule an appt.	1
One counselor, I see everyone.	1
review of intake form	1
self-report measures prior to intake appt.	1
Staff conduct intake during walk-in hours	1
student information form and schedules	1
telephone triage for attentional problems	1
walk in crisis appointments	1

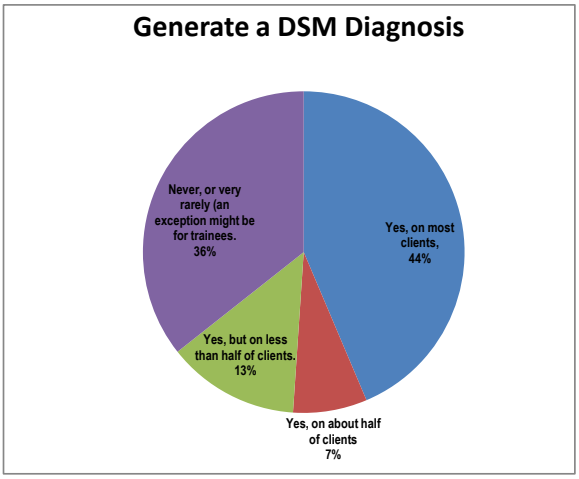


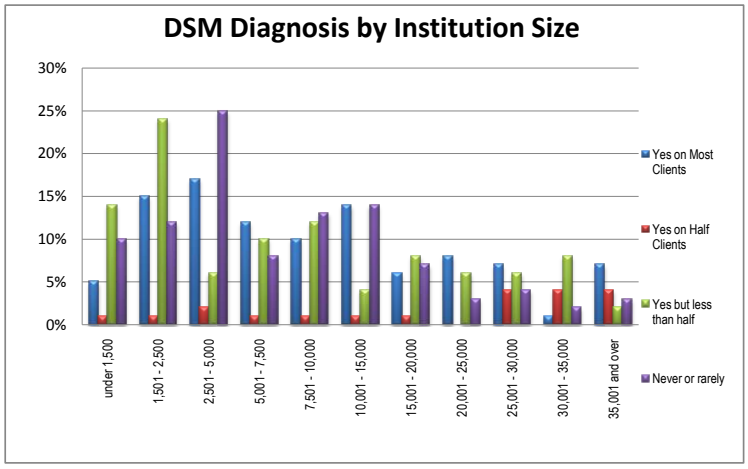
Does your center generate a DSM IV TR type of diagnosis on at least one axis?

	Count	Percent
Yes, on most clients.	164	41.9%
Yes, on about half of clients	28	7.2%
Yes, but on less than half of clients.	50	12.8%
Never, or very rarely (an exception might be for trainees.	134	34.3%
Total Survey Sample	391	100.0%

DSM-IV TR Diagnosis by Institution Size

	Yes, on most clients		Yes, on about half of clients		Yes, but on less than half of clients		Never, or very rarely (an	
Institution Size	Count	Percent	Count	Percent	Count	Percent	Count	Percent
under 1,500	8	5%	2	1%	7	14%	13	10%
1,501 - 2,500	24	15%	3	1%	12	24%	16	12%
2,501 - 5,000	28	17%	7	2%	3	6%	33	25%
5,001 - 7,500	20	12%	3	1%	5	10%	11	8%
7,501 - 10,000	16	10%	2	1%	6	12%	17	13%
10,001 - 15,000	22	14%	5	1%	2	4%	19	14%
15,001 - 20,000	9	6%	3	1%	4	8%	9	7%
20,001 - 25,000	13	8%	0	0%	3	6%	4	3%
25,001 - 30,000	11	7%	1	4%	3	6%	5	4%
30,001 - 35,000	1	1%	1	4%	4	8%	2	2%
35,001 and over	11	7%	1	4%	1	2%	4	3%





Who usually transports students in need of psychiatric hospitalization to these facilities? (Check all that apply)

	Yes	Percent
Campus police	246	63%
Psychiatric staff	5	1%
Counseling Center staff	43	11%
Other campus administrative personnel (e.g., Resident Hall Director)	55	14%
Family members	139	36%
Friends (roommate, classmate, etc.)	142	36%
Local EMS	226	58%
Total Survey Sample	391	100%

Are Psychiatric services available at your campus?

	Yes	Percent
Yes, in the Counseling Center only.	152	39%
Yes, in the Student Health Center only.	57	15%
Yes, in both Counseling and Student Health centers.	24	6%
Yes, in other places on campus.	3	1%
No, but we contract out for psychiatrists and pay fee.	20	5%
No access to psychiatrist excpet as a private referral.	120	31%
Total Survey Sample	391	100%

If psychiatric services are located in the Health Center, what is the quality of the relationship bewteen the counseling center and psychiatry?

	Count	Percent
Terrible	2	2%
Poor	3	3%
Fair	9	8%
Good	32	30%
Excellent	62	57%
Total	108	100%

If psychiatric services are available at your campus what is the number of psychiatric hours

	Mean	Median	Mode	Maximum	Minimum	Valid N
Number of Psychiatric Hours	25	10	4	180	1	391

Psychiatric Hours by Institution Size and School Status

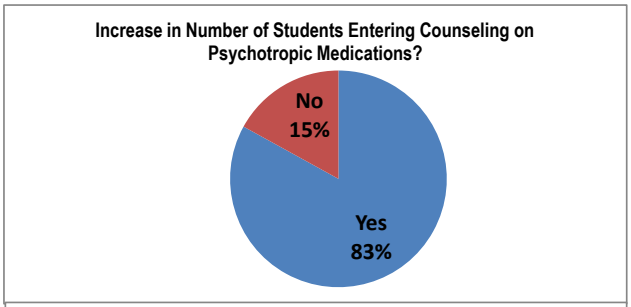
	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
Institution Size	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500							6.33	18				
1,501 - 2,500			2.00	3	8.13	21	5.61	29	4.00	1		
2,501 - 5,000	4.80	13	3.00	1	6.39	41	6.60	16			2.00	3
5,001 - 7,500	3.33	19	6.00	2	23.08	15		2			20.00	1
7,501 - 10,000	6.25	29	9.63	2	10.00	11		0				
10,001 - 15,000	15.07	35	7.00	1	36.20	10		1				
15,001 - 20,000	37.86	21			40.67	3	6.00	1				
20,001 - 25,000	25.61	15	72.00	1	82.00	3		0	141.00	1		
25,001 - 30,000	46.88	21	40.00	1				0				
30,001 - 35,000	62.14	8			40.00	1		0				
35,001 and over	86.57	14	120.00	1				0	80.00	1		

How would you characterize the number of psychiatric hours

	Count	Percent
They are nonexistant to Inadequate	81	25.0%
We definitely could use more hours based on our campus needs.	163	50.3%
We are about where we should be for this size campus.	78	24.1%
We have more psychiatric consulting hours than we need.	2	0.6%
Total	324	100.0%

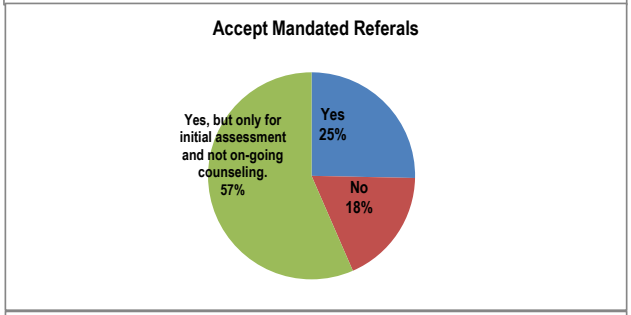
Based on your experience has there been an increase in the past year in the number of students coming for counseling that are already taking psychiatric medications?

	Count	Percent
Yes	298	83%
No	61	17%
Total	359	100%



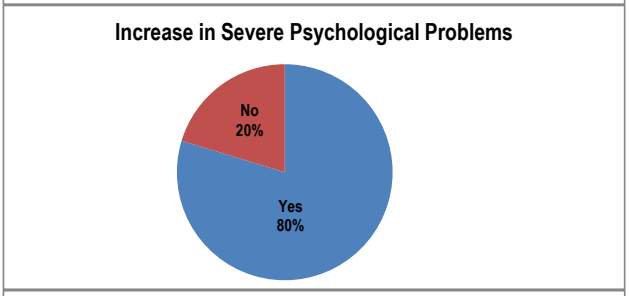
Does your Counseling Center accept referrals for mandatory counseling?

	Count	Percent
Yes	95	25%
No	68	18%
Yes, but only for initial assessment from specific sources, and not on-going counseling.	212	57%
Total	375	100%



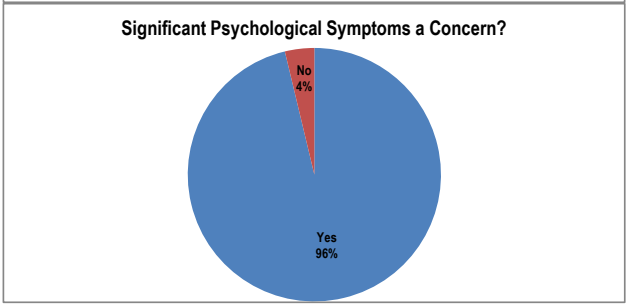
Do you believe the number of students with severe psychological problems on your campus has increased in the past year?

	Count	Percent
Yes	291	80%
No	74	20%
Total	365	100%



Is the number of students with signficant psychological problems a growing concern in your center or on campus?

	Count	Percent
Yes	360	96%
No	14	4%
Total	374	100%



If yes, what actions, if any, has your center taken to help handle this problem? (Check all that apply)

	Count	Percent
Increased training for staff in working with difficult cases (in-service or external workshops)	189	50.5%
Increased training for staff in time-limited therapy to help manage case loads better	74	19.8%
Increased counseling staff	124	33.2%
Increased psychiatric consulting hours	110	29.4%
Increased part-time counselors during busy time of year	85	22.7%
Trained faculty and others on campus to help them make more appropriate and timely referrals	235	62.8%
Served on a Student Assistance Committee that includes varied campus personnel	229	61.2%
Offered psycho-educational assistance on a center webpage	200	53.5%
Provided psychologically oriented columns for the student newspaper	58	15.5%
Expanded external referral network	187	50.0%
None	8	2.1%
Other (Specify Below)	16	4.3%
Total Survey Sample	374	

Other Specified
Development of Rapid Referral Program
DBT type group
Decreased outreach so as to increase clinical hours
Hired a psychiatrist and case manager
Improved website
Increased practicum student positions
Instituted a triage intake system with option for gorup participation until individual appointment avail.
Mental health newsletter published onece per semester
More suicide prevention programs
MOUs with local systems
Moved from contract service to full-time in house with doctoral level director and practicum students
Outreach through email
Prioritized walk-in availability
Rural campus - no outside resources
Substantially expanded our Health Promotions Program - moved it from Health Services to CC.
Table tents with pertinent topics (e.g., sleep and college student to market CC services).

When you hospitalize a student for psychological reasons, do you believe it is legally permissable to notify the schools Chief Student Affairs Officer (or other appropriate administrator) without client consent.

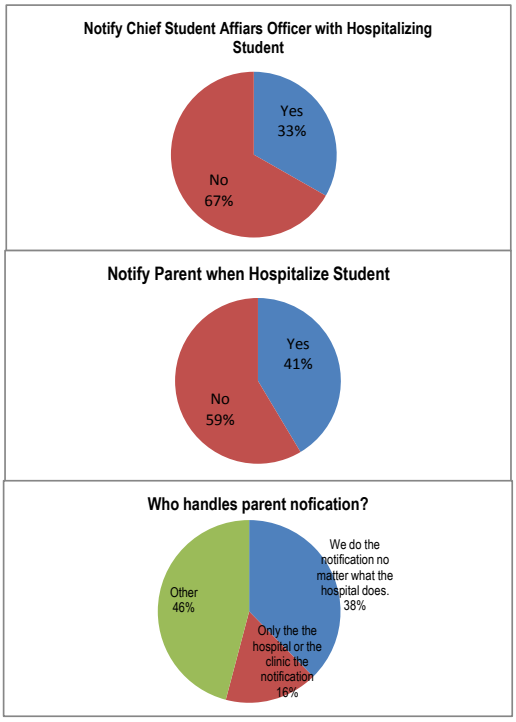
	Count	Percent
Yes	121	33.2%
No	243	66.8%
Total	364	100.0%

When you hospitalize a student for psychological reasons, do you believe it is legally permissable to notify parents or other significant relative(s) without client consent?

	Count	Percent
Yes	152	41.4%
No	215	58.6%
Total	367	100.0%

If yes, do you believe it is legally permissable to notify parents or other significant relative when you hospitalize a student for psychological reasons, who handles the notification?

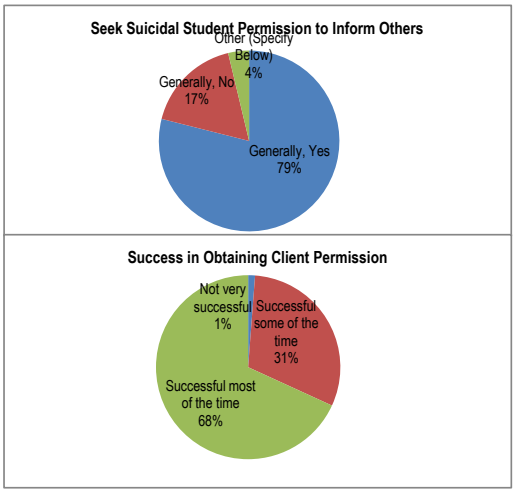
	Count	Percent
We do the notification no matter what the hospital does.	64	37.6%
Only the the hospital or the clinic the notification	28	16.5%
Other	78	45.9%
Total	170	100.0%



When a student is a suicidal risk but appropriate for treatment (as oposed to hospitalization or referral to an outside agency) would you seek the students permission to inform family members or others who might be in a position to provide some additional support?

	Count	Percent
Generally, Yes	296	78.9%
Generally, No	65	17.3%
Other (Specify Below)	14	3.7%
Total	375	100.0%

Other Specified:
Indiv and situational risk assessed and risk of harm to student
Case by case judgement
Depends on circumstances
Depends on risk assessment
Relevant faculty yes - family: No
Sometimes, as part of safety plan



If yes, how successful have you or your staff been in obtaining client's permission?

	Count	Percent
Not very successful	4	1.2%
Successful some of the time	102	30.6%
Successful most of the time	227	68.2%
Total	333	100.0%

In cases where clients are not of legal age and are a suicidal risk (but not appropriate for hospitalization) and will not give you permission to notify family (in your state) is it leaglly permissiable to do so?

	Count	Percent
Yes	310	89.3%
No	37	10.7%
Total	347	100.0%

In such cases would you notify parents?

	Count	Percent
Yes, in all cases	69	19.7%
Generally yes. Unless in my judgement this would be harmful to the client.	242	69.1%
Generally no, except in very unusual circumstances	39	11.1%
Total	350	100.0%

Do you have written guidelines for notifying parents in high risk situations?

	Count	Percent
Yes	112	31.2%
No	247	68.8%
Total	359	100.0%

Check the services that exist on your campus:

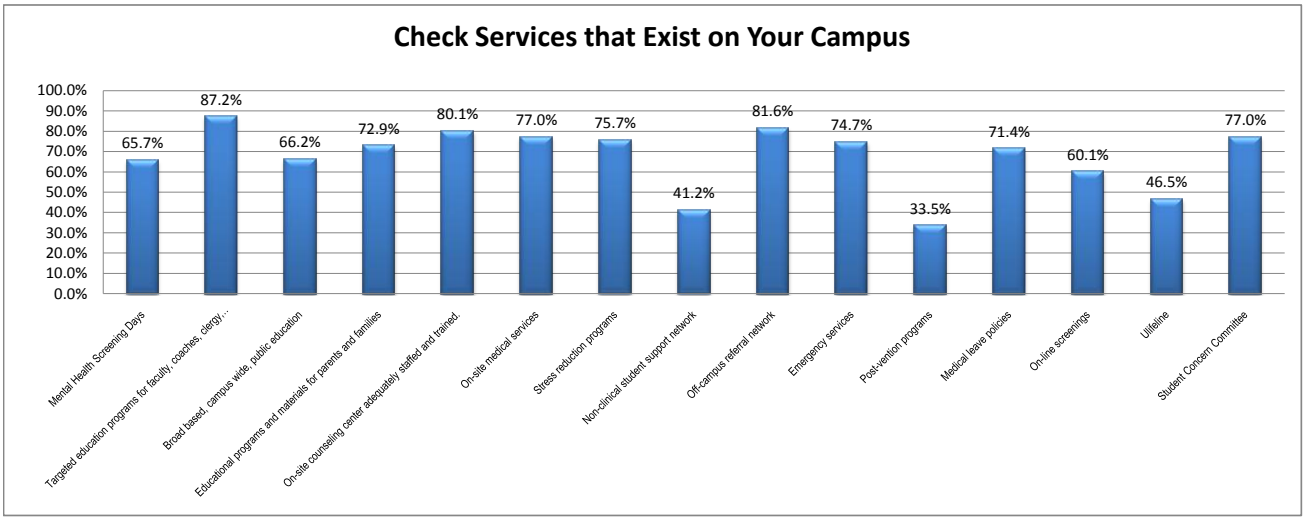
	Yes (count)	Percent of Total Sample
Mental Health Screening Days	257	65.7%
Targeted education programs for faculty, coaches, clergy, and student/resident advisors	341	87.2%
Broad based, campus wide, public education	259	66.2%
Educational programs and materials for parents and families	285	72.9%
On-site counseling center adequately staffed and trained.	313	80.1%
On-site medical services	301	77.0%
Stress reduction programs	296	75.7%
Non-clinical student support network	161	41.2%
Off-campus referral network	319	81.6%
Emergency services	292	74.7%
Post-vention programs	131	33.5%
Medical leave policies	279	71.4%
On-line screenings	235	60.1%
Ulifeline	182	46.5%
Student Concern Committee	301	77.0%

To what extent are you and your supervisor in agreement on how to hndle high risk cases.

	Count	Percent
Not very often	2	1%
Between Not Very Often and Some of the Time	4	1%
Some of the Time	33	9%
Between Some of the Time & Most of the Time	51	14%
Most of the time	271	75%
Total	361	100%

To what extent does the administration at your institution understand counseling center issues?

	Count	Percent
Not very often	8	2%
Between Not Very Often and Some of the Time	17	5%
Some of the Time	56	15%
Between Some of the Time & Most of the Time	82	23%
Most of the time	201	55%
Total	364	100%



What kind of outcomes assessment do you utilize? (Check all that apply) (MR427)

	Yes (count)	Percent of Total Sample
General student evaluation forms	315	80.6%
Pre and Post testing	99	25.3%
Post therapy assessment of goal attainment	81	20.7%
Other	23	5.9%
Other (Specify Below)		
affiliated with CSCSMH		
Annual Client satisfaction survey		
BHM 20		
CCAPS		
Client acknowledgement of pre-defined behavior changes as a result of counseling		
Client problem rating forms and session rating forms completed every session		
Group climate assessment		
Group therapy assessment, pre-post assessment for reading and student skills, outreach		
Informal		
learning outcomes data		
Learning outcomes model		
National college health assessment		
OQ-45		
PHQ9		
Retention and GPA		
Satisfaction survey		
Pre-post screening for depression and anxiety are done for some but not all		
Client evaluation of counseling experience and benefits and client evaluation of counselor		

Does your center's evaluation form include a question that asks students if counseling has helped with their academic performance?

	Count	Percent
Yes	284	72.6%

If yes, your centers evaluation form includes a question that asks students if counseling has helped their academic performance, what percentage responded positively?

	Mean	Median	Mode	Max	Min	Total
Percentage Responding Positively	66.0	70	90	100	3	391

How do you contact clients for ongoing Counseling assignment beyond initial contact? (Check all that apply)

	Yes Count	Percent of Total Sample
On-campus mail/US mail	66	16.9%
Local home telephone/Fax	154	39.4%
Cell Phone	258	66.0%
E-mail	195	49.9%
Appointment for on-going counseling arranged at the end of intake	276	70.6%

Technology and Information Use

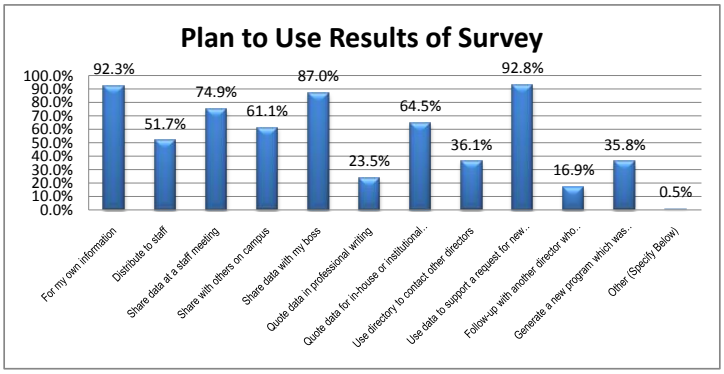
Do you make use of computers in your Center for any of the following functions? (Check all that apply)	Yes	Percent
Scheduling	319	81.6%
Billing	41	10.5%
Maintaining client case notes	268	68.5%
Program to output clinician's caseloads and turnover	142	36.3%
Database on services/activities	268	68.5%
Electronic mail	319	81.6%
On-line services	199	50.9%
Other (Specify Below)	372	95.1%
Other Specified		
Biofeedback training		
counseling outcome assessment		
department intranet		
electronic health record		
instant msg drop in hours		
intake screening		
outcomes assessment		
pt portal in developmental stages		
referrals to medicatl		
screenings		
staff communication		
stress mgmt software		
video recording for training/supervision		
web portal with information and links to national resources		
webpage		
writing client notes which are then printed out		

What type of services do you offer on-line?	Yes (count)	Percent of Total Sample
Mental health screenings	236	65.0%
Self-help pamphlets to be downloaded	244	67.2%
Electronic support groups	6	1.7%
On-line counseling	5	1.4%
Chat rooms around specific themes for students	3	0.8%
Other (Specify Below)	21	5.8%
Other Specified:		
confidential referral form		
audio recordings of relaxation exercises		
downloadable audio clips for relaxation/stress mgmt		
Facebook		
General informaiton		
Handouts and weblinks		
Signs and sympoms of stress		
Links to community resources		
Links to helpful resources and information		
Live chat q&a		
Podcasts		
Workshops		

Do you have a Counseling Center Web Page?	Count	Percent
Yes	373	95%
No	9	2%

If yes, how many homepage hits did you have last year?	Mean	Median	Mode
Number of Hits	19475	5600	100,000

How do you plan on using the results of this survey? (Check all that apply)	Yes (count)	Percent of Total Sample
For my own information	361	92.3%
Distribute to staff	202	51.7%
Share data at a staff meeting	293	74.9%
Share with others on campus	239	61.1%
Share data with my boss	340	87.0%
Quote data in professional writing	92	23.5%
Quote data for in-house or institutional reports	252	64.5%
Use directory to contact other directors	141	36.1%
Use data to support a request for new resources	363	92.8%
Follow-up with another director who shared information in the survey	66	16.9%
Generate a new program which was stimulated by ideas shared in the survey	140	35.8%
Other (Specify Below)	2	0.5%



Information to Share

Center directors often develop new policies, prepare something in writing to defend a practice, advocate for a position, or justify a new request. If you have documents you would be willing to share with your counterparts, please e-mail to; robert,rando@wright.edu. If less than 1500 words please paste into the text box.
Guidelines for Staff Relations with Trainees Fair Treatment Even minor considerations accorded to one trainee can be perceived as differential treatment by other trainees. Therefore, any opportunity for training should be offered to all equivalent level trainees and should be routed through the Training Director before arrangements are made. Socializing As a training team, we value developing positive collegiality with trainees and regard warm relationships as an asset to the training experience. We expect that individual trainees will eventually develop closer relationships with some staff and not others. However, particularly early in the academic year (i.e., fall semester) when relationships are only beginning to form, invitations for social events should attempt to include all members of a class, excluding only those who choose not to attend. As the academic year progresses, senior staff will meet apart from the interns, to discuss the appropriateness of socializing. There is not an expectation that senior staff socialize with interns outside of the workplace. Preventive discussions with interns regarding relationships with multiple roles are encouraged.
http://safety.umb.edu for our protocol on how to deal with distressed and distressing students and a powerpoint that describes the protocol and compares it to the code of student conduct.
I creaed a Resuming Residence in the Residence Hall procedural document for students returning to campus after a visit to the ER and/or psychiatric hospitalization. I also created a MOU between Oxford College and Peachford Hospital. I beleive both documents have been submitted to the listserve and posted in the directory.
"Talking Helps" Targeted Brochures: In collaboration with our campus partners, the University of Utah Counseling Center (UCC) has developed a set of â€œtargeted brochuresâ€• that describe our counseling services to diverse groups of students on campus. We are in the process of expanding these brochures to include information for Asian American and International Students, and plan to continue to create other brochures as time and resources allow. It will likely never be a complete set! We have found this to be an effective marketing tool for students who might otherwise be hesitant to seek our services. We display these brochures at our tabling events and have provided copies for our campus partners to have in their offices to share with students. We also plan to make these brochures available online. We created the brochures using a standard format, but use language and artwork congruent with the group we are targeting. Campus partners include our campus Center for Ethnic Student Affairs, LGBT Resource Center, and Educational Opportunity/Trio Programs Office. This collaboration has strengthened and nurtured our relationship with these offices, which also adds to our ability to provide effective outreach and clinical services on campus.
1) Informal walking/running group. Counseling Center initiated but not limited to SCS clients: The Breakfast Club meets on the old Hutsell Track on the corner of Biggio Drive and Samford Avenue on Wednesday mornings. We gather near dawn at first safe light to run, jog, walk, or crawl. This group is not about speed. It is simply about moving our bodies through space at whatever pace feels right. Some stay on the track. Others venture on to campus, the intramural field, or the Snake Hill trails. It is intentionally informal and only loosely organized. Bring a friend or meet one. Move alone or with someone else. No rules, just using our bodies the way they were intended. 2) 3-mile running tour of campus for parents during the eight orientation sessions held during the summer. For more information, contact.....
Co-authored (w/ Chris Flynn) an article in the Counseling Psychologist, vol 36, No. 3, May, 2008. Tragedy at Virginia Tech:Trauma and Its Aftermath
In a three-year period we have been able to have 912 students complete the Ulifeline Self-evaluator, many more than we could reach through traditional screening days. The average for all schools in the Ulifeline network in this same period is around 21. We did this by embedding and linking in key University web pages and by distributing information on Ulifeline to our campus community.
Last year, we assisted students in the development of a blog called "Me Too". It developed after one of our programs where our outreach director address the concept of "effortless perfection" among students and the inability to be vulnerable and real with one another. On the blog, students could describe anything positive or negative they were experiencing, and others simply responded "Me Too." It was a resounding success among our students. This year we're beginning a series of programs aimed at the concept of "What is Beautiful" and how to expand it beyond narrow social prescriptions. Already, students are talking about developing a blog called, "Now That's Beautiful" where nontraditional concepts of beauty and beautiful actions are described.
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Michelle Bigard, MSW, LMSW from the Central Michigan University Counseling Center offers various opportunities of walking a labyrinth as an innovative approach to Counseling Center outreach. Examples of labyrinth uses she has employed includes faculty training, human resources wellness training, multicultural programming, academic classes for students in transition, various student groups, and making a labyrinth available for individual self-reflection. She recently has written an article which is in press for the Journal of College Counseling titled "Walking the Labyrinth: An Innovative Approach to Counseling Center Outreach" that introduces the use of the labyrinth as one systemic approach counseling centers can employ when conducting outreach targeting the college community. Discussed in the article are the labyrinthâ€™s history and its recent resurgence in professional settings, a summary of the principles of walking the labyrinth, examples of its introduction on one university campus, and practical considerations for incorporating the labyrinth in college counseling center outreach efforts. Michelle can be contacted by email at bigar1mf@cmich.edu or phone at 989-774-3381.
Online mini-course in values clarification and personal development. Includes empirically-derived, culturally sensitive values assessment with interpretive results and strategies to foster resilience, productivity, and fulfillment.
Parent's Orientation Programming using family sculpt. Five parents volunteerand create a "family" with child leaving for college. Discussion revolves around family changes t ex[ect as child leaves, returns on break, and comes home (or not) for summer. Director is family therapist familiar with sculpting techniques.
Probably not novel, but our weekly Student Workshop Series offered at noon in our student union building has grown in popularity over the past two years. Great PR, great visibility, and an opportunity to provide something for the general college student who does not grace our doors. www.ewu.edu/caps
Post Docs to Regional Campuses Counselor In Residence
We have been using the NEO-PI to help resident advisors to address issues such as peer supervision and interpersonal conflict. We are in the process of conducting research on the relationship between personality and performance as a resident advisor. We also use the NEO-PI with many of our individual counseling clients to further one of our goals of increasing student self-understanding, and with other student groups who are seeking to enhance their relationships and group functioning. The NEO-PI is also useful when used in conjuction with the Strong Interest Inventory and the VIA Signature Strengths Inventory.
We recently began a group for survivors of sexual assault that includes two components: 45 minutes of yoga, followed by 45 minutes of discussion. Participants have reported a very high degree of satisfaction. Facilitators report that the yoga appears to foster a sense of openness, sharing, and comfort.

Plese provide us with your thoughts on key strategic issues for the Association for University and College Counseling Center Directors Character (Limit 1500)
As our field becomes more international, and our students more international, we need to make more effort to include our international counseling director colleagues. I suggest that AUCCCD develop a scholarship for attending the annual conference each year.
budgetary issues and impact on/choice of service delivery models;
Continue to make policy statements regarding concerns with mandatory counseling and provide a national framework/ definition for administrative neutrality with committee work.
Continue to represent directors' opinions as universities and legislatures respond to acts of campus violence.
continued demand for services
develop an emerging practice document for case managers in counseling centers
Help with lowering IACS staffing to student ratio for Single-Person Centers. This is a struggle to get administration to understand the need for increased staffing when we fall under the ratio. The number of students who are entering with serious issues take up more time than just one session per week. You may see only 30 students in one month but 25 of those have serious issues which lead to 2-3 sessions a week until you can refer out if they go and if you are the only staff member, Director and Secretary--according to IACS that is ok. We need help through IACS.
I have been unable to attend conferences for a few years so I don't know if these issues have been covered. I would like to see us address the influence of the medical model on our way of thinking about and doing therapy. I would encourage us to invite people such as Bruce Wampold, Michael Lambert, Scott Miller, and Barry Duncan to talk about moving beyond a focus on technique and more toward common factors in effective relationships. I had the privilege of seeing them all at one conference this summer and hearing about how many agencies have used their teaching and research to make amazing gains in terms of increasing effectiveness. I am concerned that we are still asking questions on this survey that focus on medical/diagnostic conceptualizations of counseling as if "increasing severity" were the only way to justify the value of what we offer to students and to the institution. I would also like to see AUCCCD delve more deeply into the relationship among the pharmaceutical industry, research on therapy outcome, and programs such as "mental health screenings."
Increasing the focus on counseling centers around the world and the commonailities and distinctness of these settings as nested in their countries and culture and higher educational contexts
It seems to me that college counseling centers are one of the few remaining institutions which actively resist the growing trend toward medical model conceptualizations of the human dilemma (at least in the field of psychology). I would very much like to see a dynamic discussion of how counseling centers see this issue and more importantly choose to deal with this issue (even if centers choose to believe it is not a concern).
Its time counseling centers are not seen as out of the norm or somehow betraying the profession when involuntary services are offered.
Outsourcing of counseling centers, given increasingly tight budgets Adequate staffing counseling centers Legal issues, such as pressure for parental notification that is at odds with legal and ethical guidelines Threat assessment policies and procedures
Please continue working closely with NASPA wo help educate chief student affairs officers on the realities of our jobs. Consider ways to streamline costs of annual conference (e.g. hotel and banquet costs, shorten by one night's stay) to maximize attendance during times of extreme budget constraints on professional travel.
promote university counseling center directors as having the most advanced and specialized expertise on college student psychological health
Response to ASD students, colloboration with other university resources, etc. The number of students with neurosocial disorders is increasing on campus.
See responses to expand duty to warn in the post VT/NIU+ era with laws in both duty to warn and duty to protect states that are more stringent than many of the Sokolow-ites are now proposing.
Somehow the leadership needs to better influence administrators and legislators when it comes to staffing. Tragedies lead to anxiety which leads to finger-pointing but everyone overlooks how short-staffed so many of us are. What is truly amazing is how many tragedies we avoid with the staff sizes we have!
Strategic Issues: a) liability concerns given the increasing pathology on-campus, e.g. should all providers carry personal insurance; are directors at increased risk; under what circumstances can a counselong center refuse to treat a student;); b) is there a national standard of practice that states the ratio of counselors to students, what recourse is there if your school refuses to hire at that level.
Surviving the national budget crisis and keeping your counseling service intact (i.e., not losing too many staff).
The need for more sophisticated electronic communications media for the Directors in the Association, i.e., web based interactive media to replace the listserv with something more useful and searchable.
The psychiatric epidemilogical data on persons of traditional college age in the U.S. make it clear that the existing need far outstrips the available treatment resources, on and off campus. We have to start creating programmatic initiatives that will address this issue.
There is a need for subgroups or affinity groups within AUCCCD based on size of institution. The needs vary so greatly by setting. I don't understand how anyone can possibly keep up with the massive daily volume on the listserv in a meaningful way. A need for sublists that would allow meaningful discussion by topic or by affinity group/institutional context. A need for a more systematic way to post the responses to various resource requests into a databank that can result in easy sharing of resources and less redundancy of the listserv topics. a better search function for the listserv topics and better decorum by senders of requests to use the subject line in a constructive yet concise and relevant to the group fashion.
Training faculty/staff to be the primary gatekeepers for counseling services. Managing counseling services in view of the economic downturn, and financial exigency.
We really need to get a handle on how to respond to popular media, news, governmental agencies and the like -- speaking for counseling centers. We need more professional consultation about this. I recommend that we talk to NASPA about how they do this and whether they could assist.
Trying to sort out how to get help for students who need a higher level of care than we can provide.

Suggestions for changes next year's survey: Add any items you would like ot see included
we have no resources to collect alot of the data you request. it would be nice if there was some way to mark this.
--Consider adding statement in intro as to how confidentiality of data is managed, who has access to raw data, etc. --Consider adding additional center/university dimensions (e.g. singe-person centers, religious institutions, etc) to aid in filtering data
1. Use of psychiatrist to prescribe stimulant medications (e.g, Ritalin) 2. A series of questions with the stem "Have you started... within the last year" (triage system, use of on-line intake forms, graduate students as "counselor on call", etc. This would allow comparisons not only of who is using what technologies and programs, but who is starting new uses - this kind of information would be helpful in making a case to a direct report about the need for a new service.
A simple one, "If you had it to do over again, would you be a director again?" No Yes Yes but not at this school
Accept decimal figures. Whole number really give a faulty impression in some cases, especially in staff FTE. My figures are inflated in this survey due to rounding.
Add the concept of "Questioning" to Lesbian, Gay and Bisexual. It's already being used by students who refer LGBTQ. Add International students to the demographics -- it's a big concern for most of us and how to address needs. In the question where we're asked how many students were hospitalized -- add a question about how many students were sent to the ER for assessment. Sometimes the numbers are very different, and each number represents levels of high concern about safety. In the concerns section, add some questions related to resilience factors such as students who document family support, religious support and social support. We found this year that 42% of our clients named religious beliefs as central for them. We were very surprised, and it's generated new dialogues with campus ministry.
Allowing entering data for school less than 1500 students
An item that asks about staff to student ratios based on IACS standards: Professional staff not including interns or other trainees.
Ask about "dangerousness to others" - how many students presented with that concern.
Caseload for directors, broken down by size of institution and size of center staff. Case manager positions: where are they housed administratively and how are they structured
clarify item on courses offered by center to include graduate classes that may not be practicum classes. Maybe list undergraduate, graduate, both undergrad and grad, etc...
Have staff/student ratio exclude trainees, since this is how IACS reports this data (or at least include both ways.) Also, include a third ratio that only includes director's time devoted to clinical work.
How about more questions on positive psychology, developmental models, and the use of effective outcome measures? I think it is necessary to adopt a uniform way of measuring "increasing severity" in order to draw any valid conclusions about mental health on college campuses. The results of this survey are used as the basis of many articles in the popular media but the public has no idea that directors are probably using vastly different criteria on which to make their judgments.
I found this survey to be too detailed and time consuming. For example one question asks "during the past academic year...how many students a) had extensive or significant prior treatment histories" To answer that question I will have to add that to our end of the semester reports and "extensive or significant" will have to be defined. I am concerned about adding more work on my staff. I am willing to do this but ask that you review the survey to find ways to simplify. I recommend that you define the academic year as Fall, Spring, and Summer. With your current method (July 1, 2007 to June 30, 2008) we must arbitrarily divide the summer numbers. Lastly, on your final page add in a feature that allows the user to review answers and then confirm that they are done with the survey before submitting.
I have a hard time with filling in the data numbers as I collecte them defferently than you ask for them. I am a very small center with a fulltime director and a part time counselor and two interns. I find there isn't any place to discuss the PT counselor and her functions/salary and she is a very, very valuable part of what we do. Extending the deadline was great. Missed it anyway because I am just back to my desk today following break. If timing of data could be just a bit later in Jan. it would help those of us who didn't have time at the end of the semester but do have time when we return following break. Thanks for all your hard work.
I just started as the Director of Counseling Services two months ago and I am unable to complete this survey properly because I do not have the data or information. I just joined AUCCCD and I have been enjoying the emails and discussions on line. Thanks! Betsy Smith Psy.D.
I think there is a lot of overlap with Dr. Gallagher's survey. I'm not sure I understand entirely why we are doing two surveys which are so similar. So maybe just drop it down to the "unique" items.
I think this survey is great and helpful. But, November is one of the busiest months. It's very difficult to take the time to collect all the info and complete the survey.
I was not able to report a 1/2 time FTE post-doc psychology position under "other," because no periods or fractions were accepted in blank.
I wish the survey came out in late Spring/early Summer rather than the Fall semester when I am completely overwhelmed. Some of the questions on the survey make me think of data I might have collected but i didn't think of it and now hopefully I will remember to consider these things next year.
I would like to know if other Centers have someone on their staff responsible for doing the assessment and evaluation work. If so, is a full-time person or someone who has dedicated hours from their other responsibilities. Also, I would like to know their salary or stipend.
I would like to know what is the percent of No shows and the percent not used for whatever reason.
I would love to see a section specifically for one person counseling centers - about Director salary, counselor to student ratio, interns, specific mental health issues, referral policies, innovative programs, outreach programs, etc.
I'd like to suggest re-phrasing some items to be more clear (and avoid the problem of â€œgarbage in, garbage outâ€• .) 1) In Section VI, it asks "the number of student on your campus who..." committed suicide, etc. It's unclear whether you are asking about events that occurred ON campus or occurred to students attending your university(including on campus or elsewhere). Better phrasing would be: "number of students attending your university who....â€□ 2) Re â€œIn cases where clients are not of legal age in your State (i.e., do not have rights of privilege)â€□ . Itâ€™s unclear whether this question is asking about all minors OR only those minors who do not have the legal capacity to consent to mental health treatment; these are not the same thing in every state. Secondly, the phrase â€œrights of privilegeâ€• does not have any legal meaning. Perhaps you mean the right of confidentiality? Privilege refers to the privilege against compelled disclosure of evidence or testimony in court. Privilege and confidentiality reflect a similar value but are not interchangeable terms. A suggestion would be: â€œIf a client possesses neither the right to confidentiality nor the capacity to consent to treatment (due to age or other factors) and is a suicide risk...â€□ 3) â€œWho usually transports students in need of psychiatric hospitalization to these facilities?â€□ Need to add the option of campus security personnel for those who do not have commissioned police officers.
In IACS standards the student/staff ratio excludes trainees. The student/staff ratio calculated by the AUCCCD survey includes trainees. It would be helpful to have these consistent. I would suggest this survey use the IACS calculation.
In salary section, it would be helpful to ask about hourly wage for part-time staff, since a halftime salary (without benefits)x 2 is not necessarily equivalent to a full-time salary thst comes with benefits.
In the sections on which positions exist in counseling centers add Clinical Director; In the item "indicate the amount of benefits allotted per position for a full time equivalent" it is not clear how benefits is defined. Benefits can mean health insurance/retirement etc. but it does not seem you mean that. I think you mean professional development money. This needs clarifying.I can understand asking the item about perceptions of increased pathology and use of psychotropic meds but from a scientific perspective I think these questions are not useful. Without measuring this in a more specific way throughout the year I suspect most of us would retrospectively think we experienced an increase whether we did or not. It would be interesting to ask if we have any way of measuring this, if so how, and what our data show.

Include item numbers and page numbers on the survey. Question about waiting lists, i.e., who has, how long the wait, how many students on list, etc. Question about number of referrals to off campus providers. Question about how many clients the training director, associate director sees, e.g. avg. caseloads.
Instructions about which academic year to use when reporting data are confusing. At times, instructions are clear about using PREVIOUS ACADEMIC YEAR; in other parts of the survey, it's not clear whether you want current data (e.g., staffing FTE's) or data based on the previous year.
It would be interesting to know ratio of centers' operating budgets (both with and without salaries) per student. Having such a comparison would make it easier to advocate for continued allocation of resources during tough times.
just feedback: some questions didn't work easily, e.g., domestic partner benefits because some groups have them (faculty) while most others do not. Regarding sexual orientation, unless someone is out, I wouldn't know (particularly if they identify as bisexual and I only know them by behavior, e.g., as a lesbian, gay man or heterosexual. I just started being Director this past May and we started using Titanium halfway through last year, so that is why I had so many blanks. and frankly, I am just too busy right now to research the answers. also, our faculty unionized contract would make our pay scale very different. and our director is a faculty member who simply takes a turn at being director/chair for three year segments.
Less questions, it was very difficult to take the time and complete this survey. Some items would've taken so much time to accurately determine (ie: median), we just guessed.
more on mandated counseling, assessment and treatment
Need to separate out group work contacts
Regarding the question : Do you believe that the number of students with severe psychological problems has increased in the past year? I would suggest that we cosnider asking directors if they believe the amount of time spent managing severe cases has increased. Because when I answer the question currently, I would say that the number of severe cases is about the same as last year (which is always high) but the amount of time that my staff spends managing theses cases has increased significantly, perhaps exponentially.
separate counselors from psychiatrists in count of available MH professionals.. Otherwise available counseling ratios are misleading as psychiatrists do not actually do counseling
Since we are categorizing concerns in congruence with the CSCSMH scheme, we do not have data for the concerns/diagnoses section of this survey. Correspondence between the categories would be very helpful.
Some items are hard to understand so I may have given inaccuracte info for that reason.
Some of the questions on salaries are hard or impossible to answeer regarding salaries. In our center all the staff but the director are part timers, so annual salary is not an accurate to report data.
The format for the salary information is hard to manage. Since the same question is asked repeated a chart would be easy to enter. Also more detail in terms of indirect service, campus role on threat assessment teams, conflicts, confidential issues, relationship to campus departments
the item regarding benefits did not make sense. I interpret benefits as health and retirement. A more specific item requesting amount of dollars paid in past year for travel, etc. would make more sense. Many of us do not have line items in our budgets for the listed activities, yet manage each year to spend a certain amount on some of them.
The question about previous extensive counseling is pretty subjective and difficult to answer accurately. I can tell how many peple reported being in the hosptial, and how many reported previous therapy, since that is on the SDS. Others have similar issues, but this is the one that I remember being most frustrated with.
The web site 'home-page hits' question needs clarification. Do you simply mean the center "home page", or the center's site (our site has approx 70 pages)? Do you really mean "hits / pageviews" or "unique visitors"? Our answers would vary from 18,000 to 300,000 depending on what you mean.
This is not necessarily a suggested change but in our center we consider supervision direct service hence this information is included in the direct service hours reported, not the indirect service hours. I would like to know how to best address this for future reporting.
This survey was more user friendly.
This was a big improvement over last year's survey; thank you for your hard work on this.
Three of the four of us are part-time. The fourth is full-time for the academic year only. When I calculated salaries, they sounded quite good -- but at the part-time level, they are quite modest. I guess I would have liked to have a place in the survey to describe that more clearly.
We have money for benefits--malpractice insurance and for conferences, but it is in 2 lump sums--we don't divide it among each staff member. People apply for funding if there's a conference they want to attend, etc. Full-timers get their malpractice coverage paid. There was no way to note this on the questionnaire.
whether people provide education re: aod issues and/or mandated sanction-based educational interventions... break out of asian population percentages at least by south, southeast and east asian subgroups...very different realities how directors pay for annual directors conference (self, institution, etc.)? box to express appreciation to you both for the survey and it's utility to our organizations (seriously)
No, thanks to Bob and Vic et alum for a job well done. You rock!