

# The Association for University and College Counseling Center Directors Annual Survey

Reporting Period: September 1, 2008 through August 31, 2009

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## Introduction

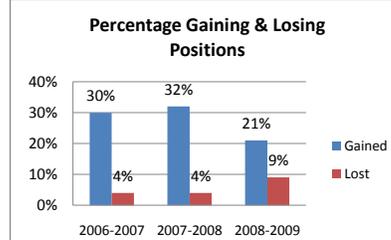
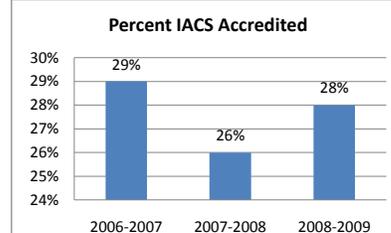
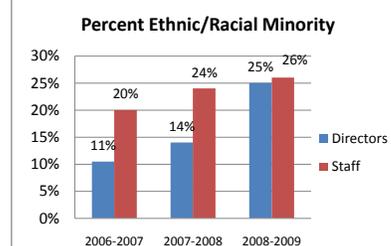
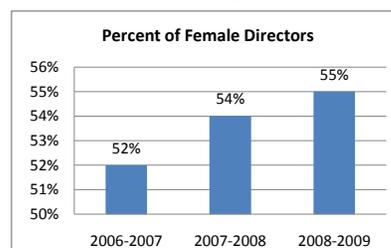
The Association for University and College Counseling Center Directors (AUCCCD) is the international organization for counseling center directors comprised of universities and colleges from the United States Canada, Europe, the Middle East, Asia, and Australia. The mission of AUCCCD is to assist directors 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 university counseling centers.

In the Fall of 2009 a total of 752 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 the 2009 Annual Survey is from September 1, 2008 through August 31, 2009. 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

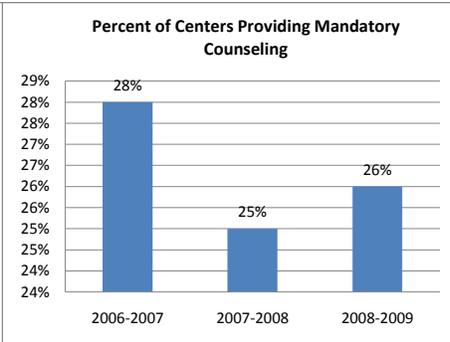
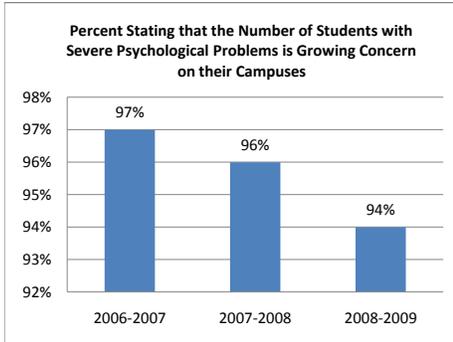
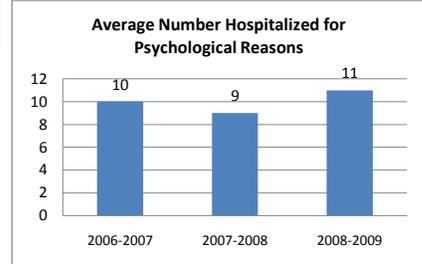
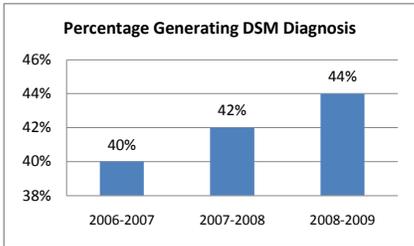
1. 55% of Directors and 67% of Professional Staff were identified as female.
2. 25% of Directors and 26% of Professional Staff were identified as being from an ethnic/racial minority group.
3. 31% of Directors had less than 3 years of experience as a director and 18% of Directors had more than 13 years of experience as a director.
4. 80% 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; 31% were from institutions with enrollments between 5,000 and 15,000; and 26% were from institutions with enrollments greater than 15,000.
7. 46% of Directors were from public colleges or universities, 47% were from private colleges or universities, and 3% were from some other type of institution.
8. 28% of member institutions completing the survey were accredited by the International Association of Counseling Services.
9. 75% of centers reported having some form of training program.
10. 12% of centers reported being fully integrated with 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 100% of counseling center services. 26% of centers are funded by 50% by a mandatory fee.
13. 97% of centers do NOT collect third party payments for counseling.
14. 42% of centers reported a decrease in their operating budget; 41% reported their operating budgets remained the same; and 15% reported an increase in their operating budget.
15. 21% of centers reported gaining professional clinical positions in the past year with 9% reported losing positions.
16. 13% of centers have session limits; 35% have session limits with some flexibility; and 52% report no session limits.
17. 60% of counselor time is spent on direct service activities (e.g., counseling, intake, crisis intervention, assessment).
18. The average Paid Staff to Student Ratio was 1 to 1,738. The average Paid Staff and Intern to Student Ratio was 1 to 1,476.
19. On average, counseling centers provided clinical services to 10% of their campus student populations.
20. The average number of sessions provided to clients was 5.7.
21. 44% of centers reported generating a DSM-IV TR diagnosis on at least one axis.
22. On average, 11 students were hospitalized for psychological reasons.
23. 64% of centers reported having psychiatric services at the counseling center, health service or some other campus site.
24. The average number of psychiatric hours per week offered on campuses was 25.
25. 50% of centers reported that they could definitely use more hours of psychiatric services based on campus need.

## 3-Year Survey Comparative Data



- 26. 73% of centers reported that there has been an increase in the past year in the number of students seeking counseling services who were already taking psychotropic medications.
- 27. 94% of Directors reported that the number of students with significant psychological problems is a growing concern on their campuses.
- 28. 71% of Directors reported that they believe that the number of students with severe psychological problems has increased in the past year.
- 29. 26% of Directors reported that their centers accepted referrals for mandatory counseling.
- 30. 28% of Directors completing the survey were from religiously affiliated institutions.
- 31. On average, during the reporting year 4 students were involuntarily hospitalized for psychological reasons.
- 32. 13% of Directors reported that they have a Case Manager at their center.

### 3-Year Survey Comparative Data



**Director Information**

Total Years as a Director (D002)		
	Freq.	Percent
0-3 years	119	30.9%
4-6 years	87	22.6%
7-9 years	46	11.9%
10-12 years	41	10.6%
13-15 years	24	6.2%
15 years and above	68	17.7%
Total	385	100.0%
Missing	0	0.0%
Total	385	100.0%

Director Racial/Ethnic Background (D005)		
	Freq.	Percent
Black/African American	28	7.3%
American Indian/ Native American	1	0.3%
Asian/Asian American	8	2.1%
Latino/Latina	5	1.3%
White/Caucasian	329	85.5%
Multiracial	5	1.3%
Other (Specify Below)	7	1.8%
Total	383	99.5%
System	2	0.5%
Total	385	100.0%

Director's Gender (D006)		
	Freq.	Percent
Male	171	44.4%
Female	210	54.5%
Transgender	0	0.0%
Other	0	0.0%
Total	381	99.0%
Missing	4	1.0%
Total	385	100.0%

Direct Report: Student Affairs Division (D009)		
	Freq.	Percent
Vice President/Associate VP/ Assistant VP	199	51.7%
Dean of Students/Assistant Dean/Associate Dean	115	29.9%
Director, Health Services	41	10.6%
Other (Specify Below)	16	4.2%
Missing	14	3.6%
Total	385	

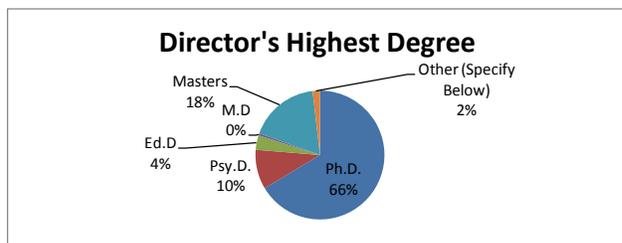
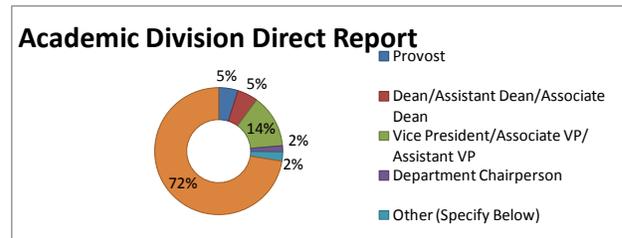
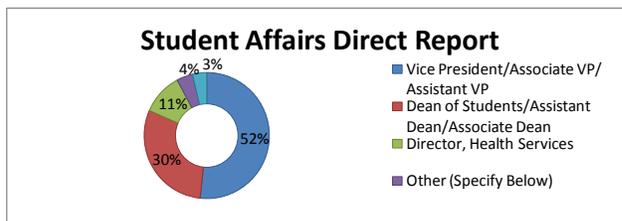
Direct Report: Academic Division (D010)		
	Freq.	Percent
Provost	19	4.9%
Dean/Assistant Dean/Associate Dean	20	5.2%
Vice President/Associate VP/ Assistant VP	52	13.5%
Department Chairperson	6	1.6%
Other (Specify Below)	9	2.3%
Missing	279	72.5%
Total	385	100.0%

Director's Highest Degree (D011)		
	Freq.	Percent
Ph.D.	255	66.2%
Psy.D.	38	9.87%
Ed.D.	14	3.64%
M.D.	2	0.52%
Masters	68	17.66%
Other (Specify Below)	7	1.82%
Missing	1	0.26%
Total	385	100.00%

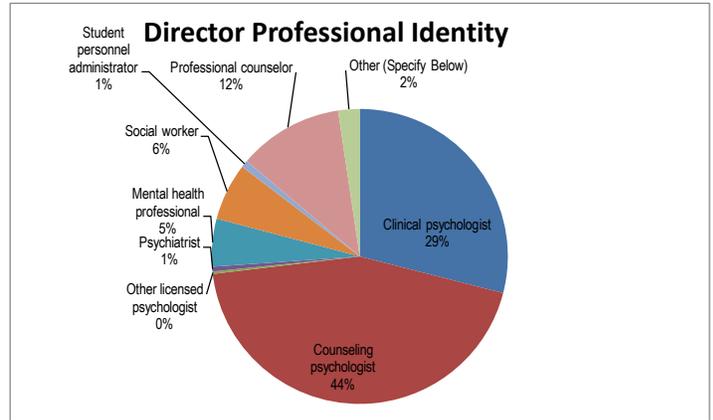
Director's Sexual Orientation (D007)		
	Freq.	Percent
Gay man	16	4.6%
Lesbian	23	5.1%
Bisexual	6	1.8%
Heterosexual	334	88.5%
Total	379	98.4
Missing	6	1.6
Total	385	100%

Do you have a diagnosed & documented learning disability (MR008)		
	Freq.	Percent
Attention Deficit/Hyperactivity Disorder	8	2.08%
Deaf or Hard of Hearing	3	0.78%
Learning Disorder	8	2.08%
Mobility Impairment	3	0.78%
Neurological Disorder	0	0.00%
Physical/Health Related Disorder	2	0.52%
Psychological Disorder/Condition	3	0.78%
Visual Impairment	2	0.52%
Other (Please specify other disability)	3	0.78%

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



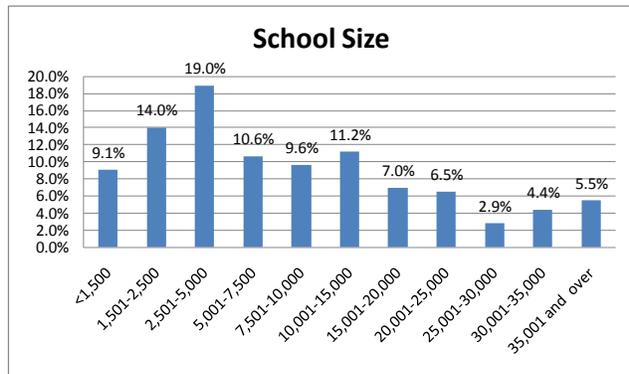
Director's Professional Identity (D012)		
	Freq.	Percent
Clinical psychologist	111	28.8%
Counseling psychologist	169	43.9%
Other licensed psychologist	1	0.3%
Psychiatrist	2	0.5%
Mental health professional	20	5.2%
Social worker	24	6.2%
Student personnel administrator	3	0.8%
Professional counselor	44	11.4%
Other (Specify Below)	9	2.3%
Missing	2	0.5%
Total	385	100.0%
Other Specified:		
Administrator	1	
LCSW	1	
M.Ed. Professional Counselor, Ph.D.	1	
Marriage and Family Therapy	1	
Nurse Practitioner	2	
Nurse Practitioner, NFP	1	
Professional Clinical Counselor	1	
Psychological Associate (Ontario)	1	



Director's Citizen Country (D013)		
	Freq.	Percent
United States	375	97.4%
Canada	4	1.0%
United Kingdom	1	0.3%
Australia	1	0.3%
Trinidad and Tobago	1	0.3%
Peru	1	0.3%
Other (Please specify other country)	1	0.3%
Total	384	99.7%
Missing	1	0.3%
Total	385	100.0%

**Institutional Information**

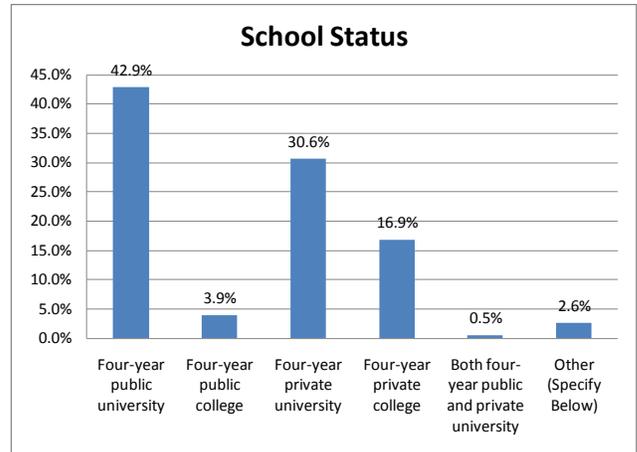
School Size: (based on official enrollment reported in the fall of the past year) (D015)		
	Freq.	Percent
<1,500	35	9.1%
1,501-2,500	54	14.0%
2,501-5,000	73	19.0%
5,001-7,500	41	10.6%
7,501-10,000	37	9.6%
10,001-15,000	43	11.2%
15,001-20,000	27	7.0%
20,001-25,000	25	6.5%
25,001-30,000	11	2.9%
30,001-35,000	17	4.4%
35,001 and over	21	5.5%
Total	384	99.7%
Missing	1	0.3%
Total	385	100.0%



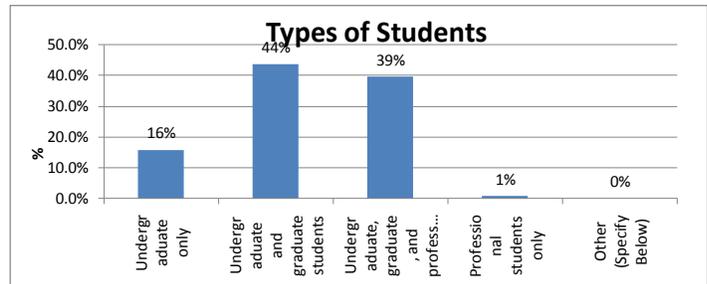
School Location (D14)		
	Freq.	Percent
Urban	199	51.7%
Rural	173	44.9%
Total	372	96.6%
Missing	13	3.4%
Total	385	100.0%

Total Enrollment (NA016)	
Mean	11090.73
Minimum	100
Maximum	57000

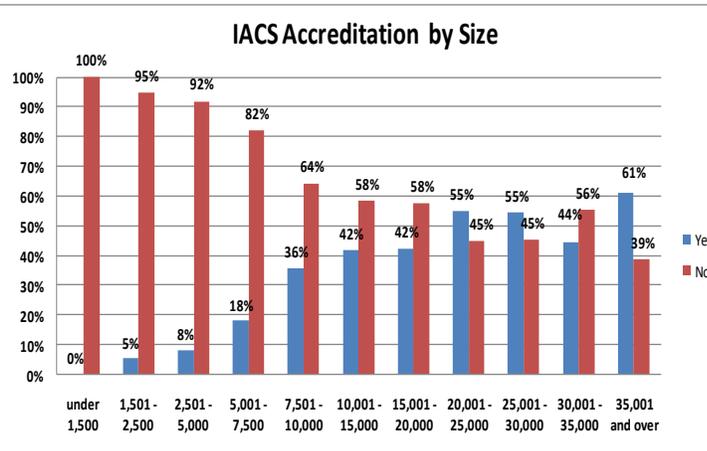
School Status (D017)		
	Freq.	Percent
Four-year public university	165	42.9%
Four-year public college	15	3.9%
Four-year private university	118	30.6%
Four-year private college	65	16.9%
Both four-year public and private university	2	0.5%
Other (Specify Below)	10	2.6%
Total	375	97.4%
Missing	10	2.6%
Total	385	100.0%
Other Specified:		
Four year undergraduate plus graduate programs	1	
Health Sciences School-- mostly graduate studies (Masters and Doctorate)	1	
Health Sciences university	1	
Military/Public	1	
Post graduate and Professional Health Institution	1	
Private research univeristy with undergraduate and graduate and professional schools	1	
Public, primarily 2 yr (five 4-yr degrees)	1	
two year upper level	1	
up to 6 year school	1	
Upper division - 2 yr.	1	



Types of Students (D018)		
	Freq.	Percent
Undergraduate only	61	15.8%
Undergraduate and graduate students	168	43.6%
Undergraduate, graduate, and professional students	152	39.5%
Professional students only	3	0.8%
Other (Specify Below)	0	0.0%
Total	384	99.7%
Missing	1	0.3%
Total	385	100.0%



Does your university provide domestic partner benefits? (D019)		
	Freq.	Percent
Yes	218	57%
No	157	41%
Total	375	97%
Missing	10	3%
Total	385	100%



Does your university include sexual orientation in its nondiscrimination statement? (D020)		
	Freq.	Percent
Yes	311	81%
No	64	17%
Total	375	97%
Missing	10	3%
Total	385	100%

Is your Center accredited by IACS?(D021)		
	Freq.	Percent
Yes	107	28%
No	270	70%
Total	377	98%
Missing	8	2%
Total	385	100%

Accredited?	School Size										
	<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
Yes	0%	5%	8%	18%	36%	42%	42%	55%	55%	44%	61%
No	100%	95%	92%	82%	64%	58%	58%	45%	46%	56%	39%

<b>Reasons for IACS Accreditation (LA022)</b>	
<b>Comment Summary</b>	<b>Count</b>
Quality Assurance / external validation / standard of practice / compliance with national standards	62
Enhance credibility / status on campus	30
Aids in arguments for staff and other funding increases.	9
Valued / respected by administration / supervisor	6
Evidence commitment to standards	1
May be important to applying interns	1
Improve services by process	1
Helps to justify policies	2
National recognition/prestige	4
Do not know	1
Part of identity	1

<b>Reasons for NOT Pursuing IACS Accreditation (LA023)</b>	
<b>Comment Summary</b>	<b>Count</b>
Cost	58
Not enough time to complete	18
Not required / not interested / never applied	26
Brand new center	13
Lack of support by administration / no valued by administration	12
Not applying as do not see center as meeting minimum standards	16
Small center (1 or 1-2 staff)	26
Accredited by other agency	10
New Director, do not know about IACS	6
No Ph.D. on staff	1
Don't see benefit to accreditation	15
Application in process - planning in upcoming years	38
Don't know or unknown	3

<b>Do you have a training program?(D024)</b>		
	<b>Freq.</b>	<b>Percent</b>
Yes	287	74.5%
No	96	24.9%
Total	383	99.5%
Missing	2	0.5%
Total	385	100.0%

<b>Indicate all of the types of trainee you have</b>		
	<b>Freq.</b>	<b>Percent</b>
Practicum	187	48.6%
Intern	122	31.7%
Psychiatric Resident	42	10.9%
Social Work intern	54	14.0%
Counseling Intern	81	21.0%
Other	55	14.3%
No Training Indicated	98	25.5%
Other Specified		
Post Doctoral	35	9.1%
Graduate assistantships	10	2.6%
Psychiatric Interns	3	0.8%
MFT interns	2	0.5%
Extern	1	0.3%
Art Therapy Intern	1	0.3%
School Psychology Graduate Assistant	1	0.3%
Health Communications Intern	1	0.3%
Student Affairs Graduate Assistantant	1	0.3%

75 Centers indicated that they had APA Accredited Internships (D032)

**Administrative Information**

Is your center integrated within a health service? (D033)		
	Freq.	Percent
Fully integrated and share the same facility	46	11.9%
Partially integrated, some offices are in the health center and some offices are at other locations on campus	11	2.9%
Partially integrated and share resources yet the two entities may maintain separate offices/buildings	46	11.9%
Not administratively integrated but relationship is collaborative and offices are located in the same facility.	76	19.7%
Not administratively integrated and do not collaborate but offices are located in the same facility.	7	1.8%
Not integrated	196	50.9%
Total	382	99.2%
Missing	3	0.8%
Total	385	100.0%

Staff Demographic Factors (NA034 through NA048)						
	Mean	Median	Mode	Max	Min	Count
Black/ African American	11%	6%	5%	100%	0%	293
American Indian/ Native American	1%	1%	1%	17%	0%	227
Asian/Asian - American	6%	4%	2%	32%	0%	276
Latino/ Latina	7%	4%	2%	96%	0%	276
White/ Caucasian	69%	75%	80%	99%	0%	295
Multiracial	5%	3%	2%	70%	0%	222
Other	5%	3%	1%	80%	0%	172
Male	34%	34%	30%	100%	0%	301
Female	64%	65%	70%	100%	0%	302
Transgender	1%	1%	1%	2%	0%	147
Gay	4%	3%	2%	25%	0%	182
Lesbian	4%	2%	1%	35%	0%	174
Bisexual	3%	2%	1%	25%	0%	164
Hetrosexual	84%	87%	90%	100%	0%	180
Diagnosed Disability	15%	10%	5%	92%	0%	159

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	13.8%	334	86.8%	1	0.3%	3	0.8%	385
Personal counseling fee after certain number of sessions	28	7.3%	354	91.9%	5	1.3%	4	1.0%	385
Career Counseling to students	26	6.8%	238	61.8%	116	30.1%	11	2.9%	385
Career testing to students	54	14.0%	187	48.6%	147	38.2%	3	0.8%	385
Structured groups	79	20.5%	284	73.8%	26	6.8%	2	0.5%	385
Psychological testing and assessment	88	22.9%	189	49.1%	111	28.8%	3	0.8%	385
Teaching (Salary comes back to Center)	26	6.8%	221	57.4%	141	36.6%	3	0.8%	385
Consultation	89	23.1%	294	76.4%	5	1.3%	3	0.8%	385
Workshops	84	21.8%	300	77.9%	4	1.0%	3	0.8%	385
Psychiatry	89	23.1%	184	47.8%	117	30.4%	1	0.3%	385

If you charge a fee of Psychological Testing and Assessment, please check all types used (MR059)			
	Charge Fee for Service (Frequency)	Charge Fee for Service (Percent of Total Sample)	Fee for Service (Percent of those charging fee)
Objective Personality	48	12.5%	70.6%
Projective Personality	21	5.5%	30.9%
Cognitive (e.g. WAIS)	36	9.4%	52.9%
Achievement (e.g. Woodcock Johnson)	31	8.1%	45.6%
Neuropsychological	15	3.9%	22.1%
Career/Vocational Interest	34	8.8%	50.0%
Total Sample = 385			

Does your Institution charge a mandatory fee supporting center services? (D060)			
	Freq.	Percent of total sample (385)	Percent of those responding to question (248)
100% funded by a fee	61	15.8%	17.5%
75% - 99% funded by a fee	23	6.0%	6.6%
50% - 74% funded by a fee	15	3.9%	4.3%
25% - 49% funded by a fee	16	4.2%	4.6%
1%- 24% funded by a fee	34	8.8%	9.8%
0% funded by fee	199	51.7%	57.2%
Total	348	90.4%	100.0%
Missing	37	9.6%	
Total	385	100.0%	

If yes, your Center IS supported by a mandatory fee, does the support come from?(D061)		
	Freq.	Percent
a fee for counseling services	10	2.6%
a fee for student health services	80	20.8%
a general student activities or student life fee	58	15.1%
Other (Specify Below)	8	2.1%
Total	156	40.5%
Missing	229	59.5%
Total	385	100.0%

**Do you collect third party payments for counseling? (D062)**

	Freq.	Percent
Yes	9	2.3%
No	371	96.4%
Total	380	98.7%
Missing	5	1.3%
Total	385	100.0%

**If You collect third party payments, estimate annual gross income.(NA063)**

	N	Mean	Median	Mode	Max	Min
Annual Gross Income	8	\$102,443	\$120,000	\$200,000	\$200,000	\$100
<b>Frequency Distribution</b>	<b>Freq.</b>					
100	1	0.3%				
5000	1	0.3%				
12000	1	0.3%				
120000	1	0.3%				
180000	1	0.3%				
200000	2	0.5%				
Total	7	1.8%				
Missing	378	98.2%				
Total	385	100.0%				

**Has your center received funding from grants or contracts this past year?(D064)**

	Freq.	Percent
Yes	84	21.8%
No	288	74.8%
Total	372	96.6%
Missing	13	3.4%
Total	385	100.0%

**If yes, your center HAS received funding from grants or contracts this past year, estimate earnings (NA065)**

	N	Mean	Median	Mode	Max	Min
Grant Funding	81	\$40,267	\$12,500	\$10,000	\$266,991	\$500

**What has been the status of your center's budget in the past year: Salaries including cost of living &/or merit (D066)**

Salary Budget Status	Frequency	Percent
Decreased	48	12.5%
Stayed the same	210	54.5%
Increased 1 - 3%	97	25.2%
Increased 4 - 6%	18	4.7%
Increased 7% or more	6	1.6%
Total	379	98.4%
Missing	6	1.6%
Total	385	100.0%

**What has been the status of your center's budget in the past year: Operating Budget (D067)**

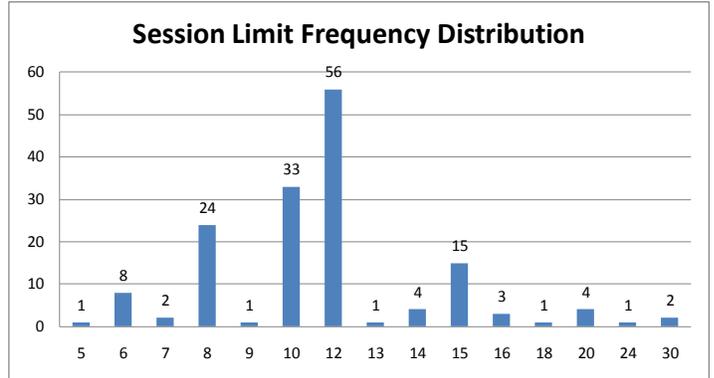
Operating Budget Status	Frequency	Percent
Decreased	162	42.1%
Stayed the same	159	41.3%
Increased 1 - 3%	33	8.6%
Increased 4 - 6%	12	3.1%
Increased 7% or more	13	3.4%
Total	379	98.4%
Missing	6	1.6%
Total	385	100.0%

**Do you limit the number of counseling sessions allowed a client?(D068)**

	Frequency	Percent
Yes	50	13.0%
Yes, flexible	133	34.5%
No	200	51.9%
Total	383	99.5%
Missing	2	0.5%
Total	385	100.0%

If yes, you DO limit the number of cnslg sessions allowed, what is session limit?						
	N	Mean	Median	Mode	Max	Min
Sesion limit	156	11.50	12.00	12.00	30.00	6.00

Frequency Distribution	Frequency	Percent
5	1	1%
6	8	2%
7	2	2%
8	24	2%
9	1	2%
10	33	3%
12	56	3%
13	1	3%
14	4	4%
15	15	4%
16	3	4%
18	1	5%
20	4	5%
24	1	6%
30	2	8%
Total	156	41%
Missing	229	59%
Total	385	100%



Session Limit with time frame comment			Session Limit with time frame comment		
Session limit time frame comment	Commnt Freq.	Sess. Limit	Session limit time frame comment	Comment Freq.	Sess. Limit
no time frame - fairly flexible	1	5	We do not advertise a number to the campus, but tell the	1	12
semester	5	6	entire time at the university	1	12
6 per semester excluding initial assessment appointment(s)	0	6	12 per year before a 10 dollar copay is required	1	12
year	3	6	year	5	12
7 / semester but this is flexible	1	7	year	14	15
Per semester	11	8	year	2	16
year	7	8	degree	1	16
Over the course of an academic year - but the number of sessions is flexible; we advertise ourselves as a short-term treatment option	1	8	6 per semester	1	18
usually within a semester or academic year	1	8	20 per degree program	1	20
8 individual therapy sessions/student/academic year. We do not include psychiatric consultations, emergency appointments or group therapy.	1	8	year	1	20
Eight sessions per semester, not including the Triage or Intake sessions. Each therapist can have two longer term clients at a time, and there is some flexibility based on student needs.	1	8	two years	1	20
Limits are loosely enforced per semester. However, there is broad clinician di	1	8	Student is generally allowed to come in for 4 semesters during	1	24
academic year (There are no limits for group therapy)	1	9	30 sessions within the time the student is here (once they use	1	30
per semester	2	10	45 sessions over the entire course of a student's enrollment.	1	30
year	28	10			
10 individual sessions per year; unlimited group sessions	1	10			
We generally aim for 10 sessions or fewer per year but more accurately look at	1	10			
per year June 1-May 31	1	10			
40 lifetime	1	10			
Per occurrence	1	10			
semester	12	12			
year	42	12			
12/year 30/time in university	1	12			
4 years	1	12			
12/year, with 24 session maximum, rare exceptions	1	12			
12 sessions for the duration of their academic degree program.	1	12			

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

	Frequency	Percent
Yes	5	1.3%
No	378	98.2%
Total	383	99.5%
Missing	2	0.5%
Total	385	100.0%

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

**Has there been a lawsuit against your center in the past year? If yes, please comment on circumstances (D070)**

Student was referred for a Tarasoff evaluation off-campus, involuntarily hospitalized, and subsequently barred from living on-campus. She hired a lawyer, who drew up papers for a lawsuit. Same one reported last year---ongoing process re: a hospitalization decision.

President removed a student from the University who was also a client of the Counseling Center and the student's attorneys decided to sue all key administrators and the Director and counselor in the Center.

A court case has been initiated naming the college and two professional counselors regarding a student who committed suicide. The professionals named provided services to the student in question. Despite s

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

department (counseling psychology program) by a peer of the practicum counselor. The licensed faculty supervisors were aware that the prac counselor was attracted to this client and had discussed this situation at length in supervision. Following consultations with legal and the College Dean, and following due process guidelines, the student was eventually dismissed from the program for this ethical violation. We were contacted by the ex-client during this time, who was concerned about a breach of privacy. Her reasoning was that this information about her now-husband could only have surfaced as a result of someone accessing her records. After consulting with legal and our university privacy/HIPAA office, we conducted an informal internal investigation regarding this claim. We were ultimately "cleared" of responsibility, as there were several other informal ways that this information could have been discovered (e.g., showing but we had to respond. We have since instituted a procedure whereby staff who have private practices are not allowed to directly provide referral information to clients. We have worked up a cover sheet explaining how referral works as well as a referral list which those staff must direct their clients to at which point the front office provides it. These staff members can then answer questions afterwards, but cannot be the direct providers of referral information. The State Ethics Office was satisfied with this from an ethics standpoint even though we were not as satisfied from a clinical standpoint. The case is now closed.

We had a student with evidence of thought disorders (delusions, paranoia). The student refused psychiatric treatment, the roommate became very uncomfortable and requested to change rooms. The student continued with classes and maintain acceptable academic performance. At times the student would become agitated which resulted in campus office staff members being uncomfortable. However, the student never escalated to the point of danger to self or others. The student continued with unusual behaviors and attire. The Dean of Students held a teleconference with the university attorney, Dir of Counseling, psychiatrist, counselor who performed an assessment to discuss level of risk and obtain recommendations for intervention. Due to the moderate/marginal behavior on the part of the student, it was determined that no action would be taken at that time. This situation was further complicated by the fact there was limited family support. The student completed the semester. During the break between semesters the student's behavior escalated and was brought to the attention of the community law enforcement who took action. The student is not enrolled at this time.

We had a client who made a threat against the President of the United States. After all of the appropriate paperwork, the therapist was interviewed by the Secret Service. The threat was not a serious one (though they are all taken that way)but there was a full investigation. The Secret Service actually pursued the student so that they could get him hospitalization help.

We discovered that a former GA had been viewing porn on one of our computers. Before he finished his GA assignment with us two years earlier, his counseling education program had dismissed him for other reasons. In the meantime we had informed his program about finding evidence of porn on the computers he had been using. However, two years later they re-admitted him and mandated that he seek counseling. Without me knowing, one of our new psychologists had been seeing him in our center and he had been assigned a school counseling internship at the local high school where my wife is a counselor. Needless to say, I could not tell my wife about this situation. We had already informed his program that he had done this while he was a GA. So, ordinarily, we would have referred him out for counseling. So, I invited him in informed him that we had told his department about the porn on our computers and that he would have to seek counseling at another agency. He was agreeable and did not deny that he had viewed porn on our computers. As far as I know, he successfully completed the internship at my wife's school.

There is an ongoing discussion about how quickly to notify and involve family members of students who are functioning poorly or engaging in higher risk behaviors given the conflicting philosophy and mandates of the Buckley Amendment and the current climate of addressing disruptive/problematic students within a college community.

The demand for services exceeds our ability to respond to it. We have had a wait list and have had to deal with figuring out how to prioritize student needs as well as determine when it is appropriate to deny a student services and refer them elsewhere. So far, we have been deciding this on a case-by-case basis without an overriding policy but it seems inevitable that we will have to develop one.

The daughter of a full-time staff member requested counseling at the center. Services would be provided by another staff person. However, since the father has computer access privileges with Titanium, the Director had concerns about privacy and confidentiality. A separate paper file was maintained in the director's office. Regular consultation with the daughter's counselor occurred to examine possible dual relationship issues.

The counseling graduate program required their students to obtain 5 counseling sessions while they are enrolled in the program. We have been providing that counseling but are changing our policy to avoid providing counseling to students who are only attending to fulfill an academic requirement and to avoid dual role relationship problems when they are doing practicum at our site. We are changing our policy to no longer provide services to these students, despite the objection of the counseling faculty.

Role of counseling center in "students of concern" process and role of psychologists on the SOC team  
request for complete records for former client applying to Coast Guard. Sent summary which has sufficed in the past, and they replied to student indicating they would "shred" the summary and he needed to send full record to be considered. Client worked through some significant childhood abuse issues that included problems with anger, anxiety, PTSD. Made significant progress in therapy, but is concerned the full record will be read and limit his chances. He's still deciding what to do.

Raised the question of when a student declines a recommended tx plan that involves a referral to a setting that allows for more intensive training.

Professional staff were forced to see a significantly higher number of high risk clients because of a significant increase in hospitalizations and concerns that would limit the clients to only being seen by staff. As a result, many clients who would have not been given to practicum students in the past were ultimately staffed to trainees. Fortunately, we expanded our training program earlier in the year and had a couple of more advanced students who we were comfortable giving more complex cases to. I also had to use our hospitalization numbers to convince our Dean of Students and VP of Student Affairs to allow us to expand contract psychologist hours because of potential liability concerns.

My recommendations regarding a schizoaffective student (who was decompensating and causing major behavioral problems around campus) were not followed by higher administration. I felt a need to consult with other directors off campus (as I am only mental health practitioner on campus) as well as contact the APA for consultation. I then had to present all those data to my administration to further press my recommendations. They still did not follow my recs. It took escalating behavior for them to finally dismiss the student and ban her from campus.

Merging with the student health center has brought up numerous ethical and boundary issues. They continue to think they need access to counseling records. The director of the overall center has tried to access some information through the secretary. It has been a constant battle.

Many small ethical matters, but no significant issues in the past year.

Like many centers balancing ethics and legal standards with new mandates around threat assessment.
Learning about a student from Students of Concern committee then having the student request services and give account that conflicted with SOC committee report. What we did was fill in the therapist about the conflicting information so he could incorporate that into his clinical impression, but therapist did not challenge student on his version or let him know that he had received information about him from another source.
Holding records for a former client who is party to litigation against the university and university attorney wants records uploaded electronically to central site for access by various parties involved in litigation. Awaiting resolution by asking client to authorize release of records in this form.
Having students with significant MH dx called before the Honor Board where they would be asked to disclose dx to explain behavior.
Emergency response team requested information about a former client whose behavior was of current concern. Our center cited confidentiality and declined to provide information.
Discussions with university attorney regarding interpretation of FERPA as it relates to Subpoena. Attorney believes that subpoena IS court order. Also, FERPA is not as strict as state law with regard to subpoena and discussions around interpretation of FERPA and logistics of release of records within the context of subpoena. Some subpoenas are blanket subpoenas for all university records.
Dilemma involving 3 students coming into our walk-in center to express concern for a friend who they described as addicted to oxycontin. Described severe withdrawal symptoms which prompted counselor to advise that the students contact Residence Life immediately after leaving office. They agreed....but later changed their minds and emailed counselor that they would rather just handle this themselves. Decision involved necessity of contacting Residence Life, thus breaking confidentiality. Discussion topics included degree of confidentiality applied in consultation session vs counseling session with consent form signed.
Dean of Students making requests for information that pertains to confidential information. Discussed professional ethics with her.
Bridging students who are on leave or dismissed from school to appropriate resources has been an ethical/legal dilemma because of scarcity of community resources and complexity of the cases.
As part of our EAP services, we had supervisors demanding they be told if and when their employees were coming, without a release. A conversation took place with HR, educating them on confidentiality. A statement was written indicating that an employee if using work time to attend counseling needs to sign a release for their supervisor for attendance verification.
An intern was determined to be impaired.
Client reported a clearly dangerous student at another campus. She came from the same hometown and was afraid of reporting his dangerous threats directed at the other school and himself. Fortunately she was eventually convinced to allow us to report.
A student who was seen as a client, 4 years later applied for a graduate assistant position. After lengthy discussion/consultations we decided that since she was not informed at the time she received services and she had been successful through the interview process without the committee members knowing her identity we accepted her. We then made sure her records were secured and that her previous therapist has no supervisory or evaluative responsibilities over her.
A former staff member (who left staff in summer '09) engaged an attorney in an attempt to recoup wages from the university> The (3 year renewable) work visa for this former staff member expired during the spring semester. The staff member held the university, and the human resources department in particular, responsible for the expired visa and did not assume any personal responsibility for letting the visa lapse. While the former staff member did not (to date) bring a lawsuit against us/the university, it made for a very uncomfortable work environment, in part contributing to the polarization of this staff member from everyone else at our center. The departure of this staff member has provided significant relief to all of us in our center. I turned the issue over to our HR department to manage and did not become involved in the legal and financial negotiations on this very difficult situation.
A former client made comments reflective of a suicidal plan and intent to several people who contacted the Center. The former client declined all requests and offers. The counselor, based on the level of concern, the content of the concerns, and the former client's history filed a petition for the student to be evaluated for involuntary admission to a psychiatric facility. The local community mental health provider evaluated and released the student. This happened just before a month long break between semesters. We made the decision to provide 2 alumni, 1 student life professional, and 1 community member (those who had contacted the Center with their concerns) with a local and parent address, the names and phone numbers for the county court along with the case file number of the original petition for evaluation, and the name and phone number to the police office who had been involved. The student did make a very serious attempt, the student did send a middle of the night good-bye email to one of the people we sent information to, that person called the police, gave the local address, the student was found, revived, spent several days in ICU, as transferred to the psychiatric unit, and as o

**Staff Information**

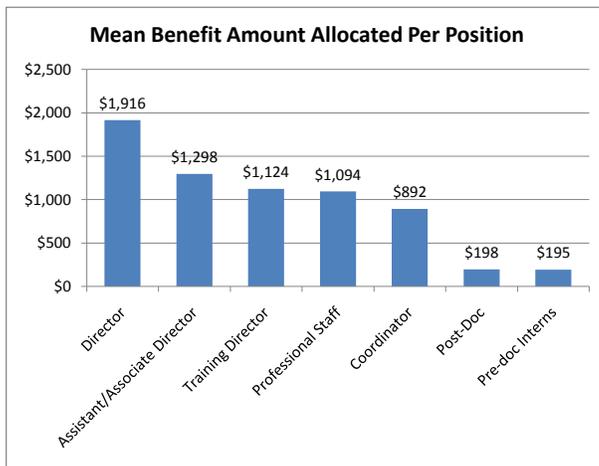
How many paid staff positions have you gained/lossed in the past							
	Added Staff				Lost Staff		
	Mean	Total Count add	Percent Total		Mean	Total Count add	Percent Total
Professional clinical	1.3	82	21.3%		1.2	34	8.8%
Psychiatric Nurse Practitioner	0.8	2	0.5%		0.0	0	0.0%
Psychiatrist	0.7	23	6.0%		1.0	1	0.3%
Psychiatric Resident	1.4	4	1.0%		0.0	0	0.0%
Professional Non-Clinical	1.0	5	1.3%		1.0	2	0.5%
Case Manager	0.9	9	2.3%		1.3	11	2.9%
Support	1.0	25	6.5%		0.9	6	1.6%
Intern	1.3	15	3.9%		1.3	7	1.8%
Post doc	1.2	10	2.6%		0.0	0	0.0%
Other	0.8	9	2.3%		1.0	4	1.0%

Gained/Lost Positions in past year FTE	Frequency	Percent
-5	2	0.5%
-3	2	0.5%
-2	4	1.0%
>-2 to 1	20	5.2%
>-1 to 0	10	2.6%
0	221	57.4%
0 to <1	32	8.3%
1 to <2	63	16.4%
2 to <3	18	4.7%
3	6	1.6%
4	3	0.8%
5	2	0.5%
7	1	0.3%
19	1	0.3%
Total	385	

Number of Staff Gained/Loss 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
	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
-5	0	0	0	0	0	0	0	0	0	0	0
-3	0	0	0	0	0	0	0	0	1	0	0
-2	0	0	0	1	0	0	0	2	0	0	0
>-2 to 1	2	3	5	3	3	2	0	1	0	0	1
>-1 to 0	1	2	0	0	0	2	2	0	0	0	3
0	27	32	49	25	22	23	12	11	7	6	7
0 to <1	1	5	8	2	5	2	5	1	1	2	0
1 to <2	4	7	10	7	5	9	3	5	2	5	5
2 to <3	0	3	1	3	1	4	3	1	0	0	2
3	0	1	0	0	0	0	2	1	1	0	1
4	0	1	0	0	1	0	0	0	0	0	1
5	0	0	0	0	0	1	0	0	0	0	1
7	0	0	0	0	0	0	0	1	0	0	0
19	0	0	0	0	0	0	0	1	0	0	0

Do the following positions exist in the center?		
	Total	Percent
Director	371	96.4%
Training Director	128	33.2%
Assistant/Associate Director	178	46.2%
Coordinator	124	32.2%
Professional Staff	325	84.4%
Psychiatrist	174	45.2%
Psychiatric nurse Practitioner	29	7.5%
Psychiatric Resident	27	7.0%
Case Manager	32	8.3%
Predoctoral Interns	132	34.3%
Post Docs	59	15.3%
Clinical Graduate Assitant	72	18.7%
Others listed		
Practicum	26	
Master Interns	14	
Health Educator/Promotions/Wellness	5	
MSW Trainee	5	
Support Staff	5	
Dietitian/Nutritionist	4	
AOD	3	
Disability Services Coordinator	3	
Non-clinical GA	3	
Extern	2	
Outreach Coordinator	2	
Undergrad Assistants	2	
Accounting Assistant	1	
Clinical Director	1	
Crisis Counselor	1	
Intake Specialist	1	
MFT Trainee	1	
Physician Assistant	1	
Project Assistant	1	
Psychiatric Vendor	1	
Student Success Coordinator	1	
Tutoring Services Coordinator	1	

Indicate the amount of benefits allocated per position for a full-time equivalent					
	Mean	Max	Min	Count	% Cng
Director	\$1,916	\$15,000	\$0	328	-12.3%
Assistant/Associate Director	\$1,298	\$15,000	\$0	172	-8.0%
Training Director	\$1,124	\$5,000	\$0	150	-7.7%
Professional Staff	\$1,094	\$15,000	\$0	291	-18.2%
Coordinator	\$892	\$5,000	\$0	123	-1.4%
Post-Doc	\$198	\$1,250	\$0	86	-0.1%
Pre-doc Interns	\$195	\$1,250	\$0	121	-42.6%



Indicate the amount of benefits allocated per position for a full-time equivalent				
Position	Mean Amount:		Areas Applied	
			Count	Percent
Director	Mean Amount:	\$1,916		
	Professional Dues		200	51.9%
	License Fee		145	37.7%
	Malpractice Insurance		74	19.2%
	Travel/Conference Costs		309	80.3%
Assistant/Associate Director	Mean Amount:	\$1,298		
	Professional Dues		73	19.0%
	License Fee		50	13.0%
	Malpractice Insurance		28	7.3%
	Travel/Conference Costs		141	36.6%
Training Director	Mean Amount:	\$1,124		
	Professional Dues		52	13.5%
	License Fee		33	8.6%
	Malpractice Insurance		13	3.4%
	Travel/Conference Costs		117	30.4%
Professional Staff	Mean Amount:	\$1,094		
	Professional Dues		136	35.3%
	License Fee		114	29.6%
	Malpractice Insurance		58	15.1%
	Travel/Conference Costs		265	68.8%
Coordinator	Mean Amount:	\$892		
	Professional Dues		38	9.9%
	License Fee		27	7.0%
	Malpractice Insurance		11	2.9%
	Travel/Conference Costs		86	22.3%
Predoctoral Interns	Mean Amount:	\$195		
	Professional Dues		10	2.6%
	License Fee		3	0.8%
	Malpractice Insurance		3	0.8%
	Travel/Conference Costs		65	16.9%
Post Docs	Mean Amount:	\$198		
	Professional Dues		13	3.4%
	License Fee		9	2.3%
	Malpractice Insurance		6	1.6%
	Travel/Conference Costs		40	10.4%

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	Min	Max	Mean
Counselor expected percent: Direct Service	351	10.0%	90.0%	61.1%
Counselor expected percent: Indirect service	350	5.0%	58.0%	22.2%
Counselor expected percent: Administrative service	346	1.0%	50.0%	13.5%
Counselor expected percent: Other	160	1.0%	30.0%	7.5%
Counselor actual percent: Direct service	327	0.5%	95.0%	60.1%
Counselor actual percent: Indirect service	323	0.3%	58.0%	22.4%
Counselor actual percent: Administrative service	324	0.2%	50.0%	14.2%
Counselor actual percent: Other	140	0.5%	30.0%	8.2%
Director expected percent: Direct Service	346	1.0%	85.0%	33.6%
Director expected percent: Indirect service	355	5.0%	60.0%	23.0%
Director expected percent: Administrative service	358	5.0%	100.0%	39.6%
Director expected percent: Other	181	1.0%	70.0%	10.0%
Director actual percent: Direct service	341	0.4%	85.0%	36.5%
Director actual percent: Indirect service	349	0.3%	60.0%	22.5%
Director actual percent: Administrative service	352	0.3%	100.0%	37.7%
Director actual percent: Other	168	1.0%	50.0%	9.0%

**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										
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
63.6%	68.2%	63.2%	61.4%	57.1%	59.9%	54.8%	55.8%	56.4%	55.1%	50.3%

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			66.0%	68.5%	59.5%	59.5%	53.8%	54.4%	56.7%	55.5%	48.8%
Four-year public college	70.0%	70.0%	70.0%	63.3%	75.0%	70.0%	52.5%				
Four-year private university	54.1%	66.6%	63.0%	55.8%	49.4%	57.7%	56.3%	70.0%	55.0%		
Four-year private college	68.2%	69.5%	60.6%	65.0%	70.0%	80.0%				50.0%	
Both four-year public and private university											55.0%
Other	60.0%	0.6667	65.0%		75.0%						

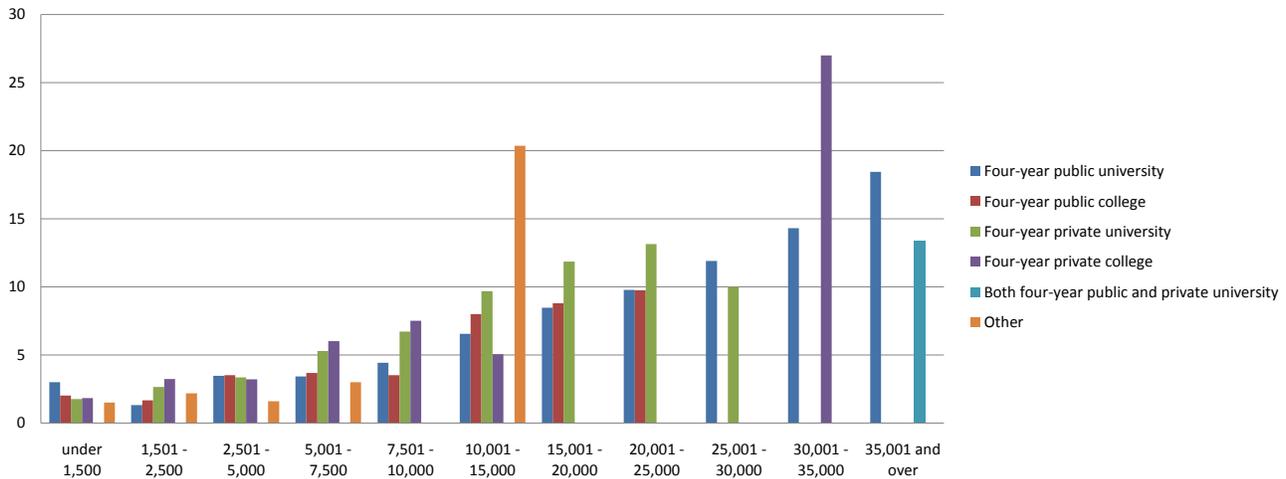
Director actual percent: Direct service										
Institution Size										
under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
54.6%	51.3%	43.0%	36.1%	33.2%	31.8%	23.3%	24.0%	23.3%	22.0%	14.8%

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	45.0%		37.7%	41.1%	34.2%	33.7%	25.8%	22.8%	26.6%	22.9%	15.1%
Four-year public college	50.0%	43.3%	50.0%	41.7%		30.0%	35.0%	30.0%			
Four-year private university	48.1%	48.3%	44.8%	30.8%	27.7%	36.0%	8.8%	30.0%	10.0%		
Four-year private college	58.1%	53.3%	41.7%	15.0%	60.0%	20.0%			10.0%		
Both four-year public and private university											17.0%
Other	60.0%	66.7%	40.0%	65.0%		5.0%					

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	Mean	Median	Mode	Minimum	Maximum	Sum	Valid	Missing	Total	
0-1 FTE	28	7.5%	6.3	4.7	3.0	0.3	43.0	2343.6	371	14	385	
1.1-3 FTE	118	31.5%										
3.1-6 FTE	98	26.1%										
6.1-11 FTE	70	18.7%										
11.1-16 FTE	38	10.1%										
16.1 and greater FTE	19	5.1%										
Total	371	98.9%										
Missing	14											
Total	385											

Mean Professional Paid Staff 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	3	1.30	3.46	3.42	4.41	6.53	8.46	9.76	11.89	14.30	18.45
Four-year public college	2.00	1.67	3.50	3.67	3.50	8.00	8.785	9.75			
Four-year private university	1.75	2.65	3.33	5.28	6.72	9.68	11.85	13.13	10		
Four-year private college	1.83	3.22	3.19	6.00	7.5	5.04				27	
Both four-year public and private university											13.35
Other	1.50	2.17	1.58	3.00		20.35					

Mean Professional Paid Staff FTE by Institution Size and School Status



**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	16	4.8%
1-3 FTE	68	20.4%
3-6 FTE	100	29.9%
6-11 FTE	80	24.0%
11-16 FTE	39	11.7%
16.1 and greater FTE	42	12.6%
Total	345	103.3%
Missing	40	
Total	385	

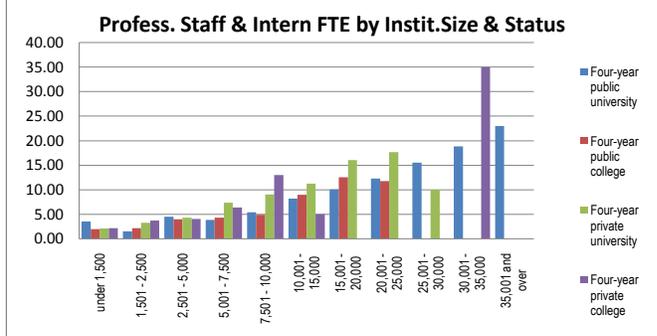
	Mean	Median	Mode	Minimum	Maximum	Sum	Valid	Missing	Total
NA115	8.2	6.0	3.0	0.5	48.0	2798.9	343	42	385

**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	3.50	1.50	4.48	3.83	5.42	8.22	10.09	12.31	15.52	18.83	23.01
Four-year public college	2.00	2.17	4.00	4.33	4.90	9.00	12.54	11.75			
Four-year private university	2.09	3.29	4.32	7.35	9.05	11.27	16.03	17.68	10.00		
Four-year private college	2.16	3.75	4.03	6.40	13.00	5.04				35.00	
Both four-year public and private university											16.50
Other	1.50	2.50	2.08	3.00		20.80					

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

	Freq.	Percent
0-1 FTE	27	7.01%
1-3 FTE	19	4.94%
3-6 FTE	8	2.08%
6-11 FTE	6	1.56%
11-16 FTE	2	0.52%
16.1 and greater FTE	2	0.52%



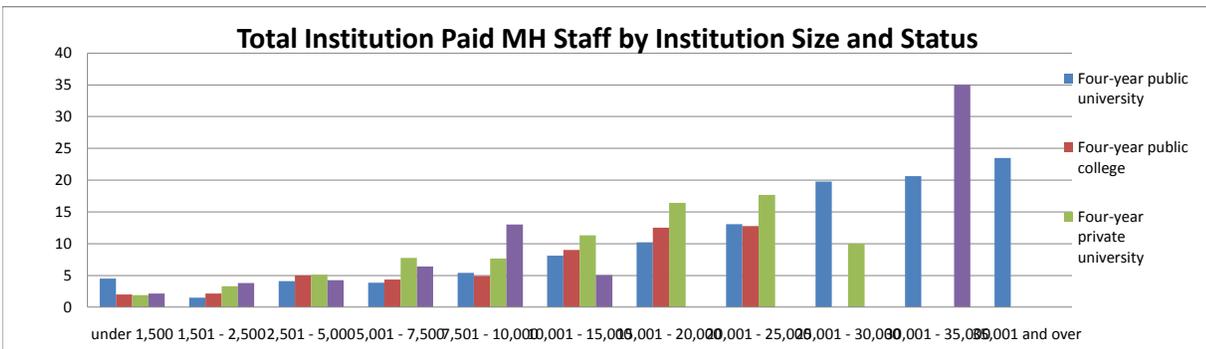
**Total Institution Paid FTE (Counseling Center and Other Campus Site FTE)**

	Freq.	Percent
0-1 FTE	24	6.42%
1-3 FTE	73	19.52%
3-6 FTE	102	27.27%
6-11 FTE	84	22.46%
11-16 FTE	39	10.43%
16.1 and greater FTE	52	13.90%
Total	374	100.00%
Missing	11	
Total	385	

	Mean	Median	Mode	Minimum	Maximum	Valid	Missing	Total
Non-CC. MH Prof. FTE	3.3	1.8	1.0	0.1	20.0	64	321	385
MH Prof. at Inst. FTE	8.4	6.0	4.0	0.3	48.0	374	11	385

**Total Institution Paid FTE by Institution Size and School Status**

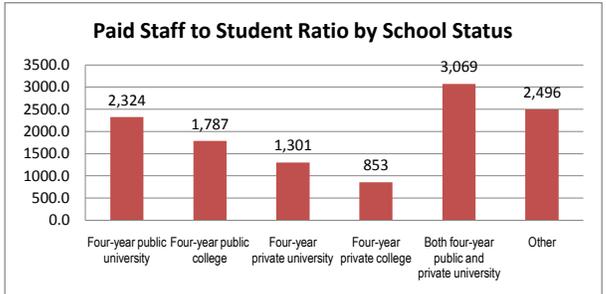
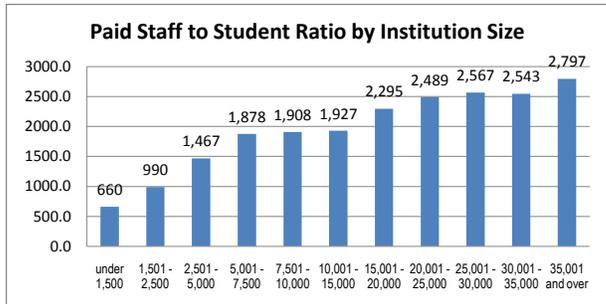
	Institution Size										
	under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
Four-year public university	4.5	1.50	4.10	3.84	5.38	8.11	10.21	13.08	19.80	20.66	23.48
Four-year public college	2.00	2.17	5.00	4.33	4.90	9.00	12.535	12.75			
Four-year private university	1.90	3.29	5.11	7.78	7.68	11.33	16.43	17.68	10		
Four-year private college	2.16	3.80	4.27	6.40	13	5.04				35	
Both four-year public and private university											18.10
Other	2.50	2.58	2.08	3.00		20.8					



Paid Staff to Student Ratio (1 to xxxx)	Mean	Min	Max	Count
Paid Staff to Student Ratio	1738.4	82.5	14000.0	371.0
Paid Staff and Intern to Student Ratio	1475.6	82.5	14000.0	374.0
All campus MHP to Student Ratio	1413.3	82.5	14000.0	374.0

Average Paid Staff to Student Ratio (1 to xxxx) by Institution Size				
Institution Size	Mean	Max	Min	Count
under 1,500	659.6	1350.0	82.5	33
1,501 - 2,500	989.6	2500.0	242.4	53
2,501 - 5,000	1467.0	14000.0	458.3	70
5,001 - 7,500	1877.9	6840.0	522.8	40
7,501 - 10,000	1907.8	4550.0	944.4	34
10,001 - 15,000	1927.3	4000.0	414.5	42
15,001 - 20,000	2294.6	4872.3	976.8	27
20,001 - 25,000	2489.0	5004.8	773.1	24
25,001 - 30,000	2567.0	4651.8	1610.2	11
30,001 - 35,000	2543.2	5640.9	1013.7	17
35,001 and over	2796.6	5035.0	1162.4	19

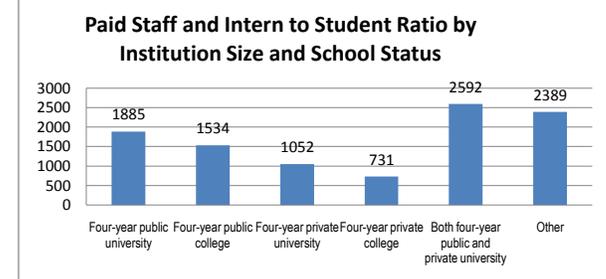
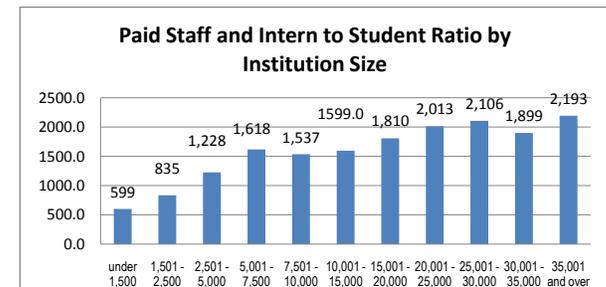
Average Paid Staff to Student Ratio (1 to xxxx) by School Status				
School Status	Mean	Max	Min	Count
Four-year public university	2323.8	6840.0	389.3	157
Four-year public college	1786.8	3621.4	740.0	15
Four-year private university	1300.7	5004.8	82.5	113
Four-year private college	852.7	2200.2	242.4	64
Both four-year public and private university	3069.2	3350.4	2787.9	2
Other	2495.8	14000.0	589.7	10



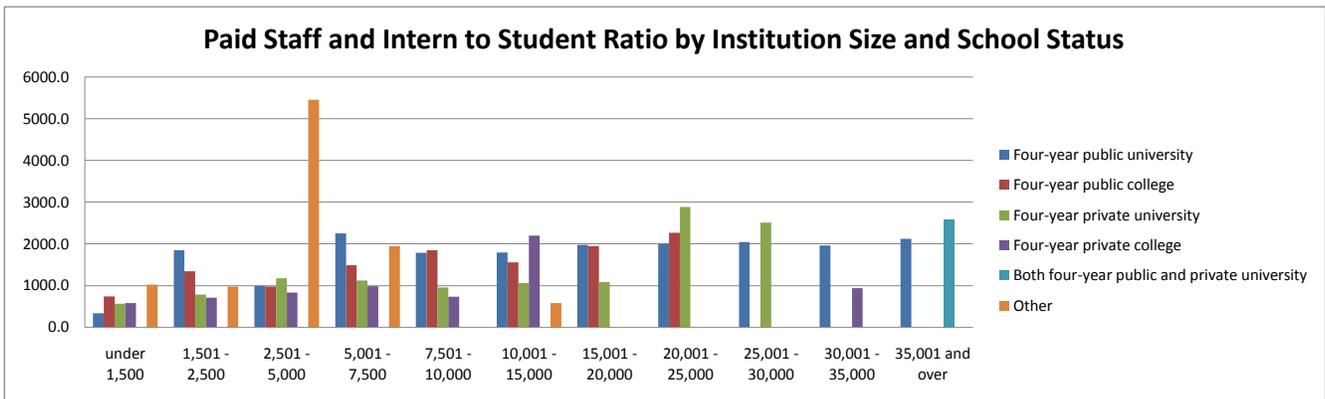
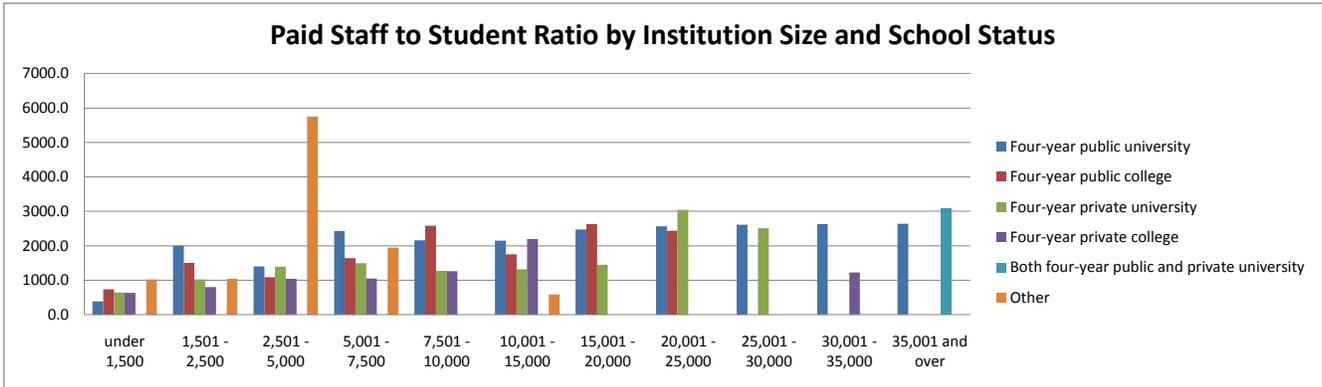
	Institution Size										
	under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
Four-year public university	389.3	2000.0	1399.2	2426.3	2155.2	2147.5	2472.4	2567.2	2612.2	2625.8	2643.4
Four-year public college	740.0	1507.5	1084.0	1640.3	2583.4	1750.0	2626.1	2432.7			
Four-year private university	645.8	1024.9	1392.3	1493.4	1271.7	1320.1	1451.0	3044.1	2510.5		
Four-year private college	638.3	803.3	1039.2	1053.8	1266.7	2200.2			1222.2		
Both four-year public and private university											3069.2
Other	1025.0	1042.2	5748.5	1945.7		589.7					

Average Paid Staff and Intern to Student Ratio (1 to xxxx) by Institution Size				
Institution Size	Mean	Max	Min	Count
under 1,500	598.7	1350.0	82.5	34
1,501 - 2,500	835.3	2500.0	188.6	53
2,501 - 5,000	1227.9	14000.0	302.2	71
5,001 - 7,500	1618.3	6840.0	503.6	40
7,501 - 10,000	1537.0	4550.0	620.1	34
10,001 - 15,000	1599.0	3062.5	283.6	42
15,001 - 20,000	1810.2	4383.5	644.3	27
20,001 - 25,000	2012.8	5004.8	769.0	24
25,001 - 30,000	2105.7	3289.2	1167.7	11
30,001 - 35,000	1899.2	3399.6	894.7	17
35,001 and over	2193.2	3166.7	1063.5	20

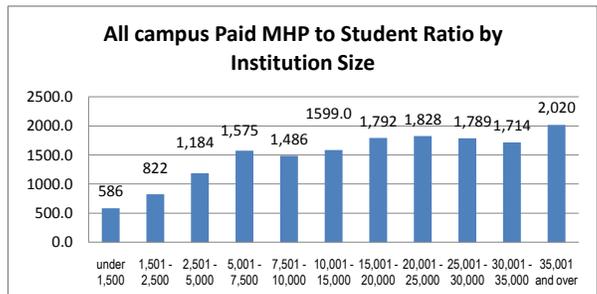
Average Paid Staff and Intern to Student Ratio (1 to xxxx) by School Status				
School Status	Mean	Max	Min	Count
Four-year public university	1885	6840	284	158
Four-year public college	1534	3400	670	15
Four-year private university	1052	5005	83	114
Four-year private college	731	2200	180	65
Both four-year public and private university	2592	3127	2058	2
Other	2389	14000	565	10



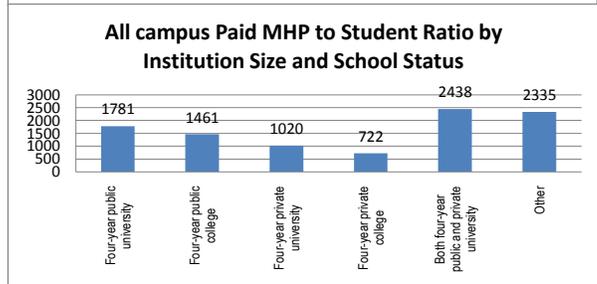
Average Paid Staff and Intern to Student Ratio (1 to xxxx) by Institution Size and School Status											
	Institution Size										
	under 1,500	1,501 - 2,500	2,501 - 5,000	5,001 - 7,500	7,501 - 10,000	10,001 - 15,000	15,001 - 20,000	20,001 - 25,000	25,001 - 30,000	30,001 - 35,000	35,001 and over
Four-year public university	333.7	1850.0	993.0	2248.7	1786.5	1790.4	1979.0	1997.7	2048.4	1959.0	2121.9
Four-year public college	740.0	1340.0	979.0	1489.1	1845.3	1555.6	1944.8	2265.3			
Four-year private university	568.0	784.6	1175.9	1123.8	954.8	1060.4	1081.2	2886.9	2510.5		
Four-year private college	577.7	714.0	833.7	988.0	730.8	2200.2				942.9	
Both four-year public and private university											2592.4
Other	1025.0	979.4	5459.0	1945.7		576.9					



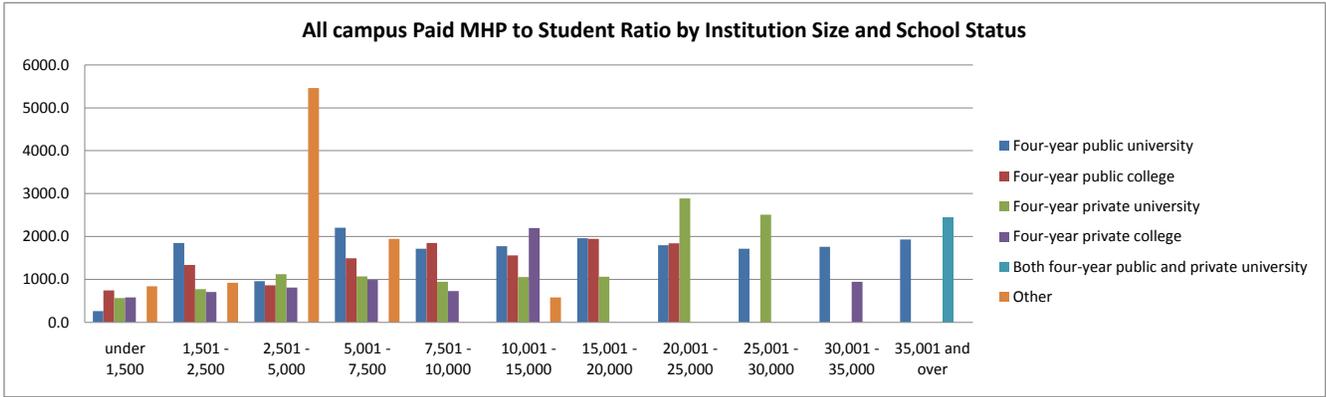
All campus Paid MHP to Student Ratio (1 to xxxx) by Institution Size				
Institution Size	Mean	Max	Min	Count
under 1,500	585.5	1350.0	82.5	34
1,501 - 2,500	822.4	2500.0	188.6	53
2,501 - 5,000	1183.7	14000.0	202.4	71
5,001 - 7,500	1575.3	6840.0	503.6	40
7,501 - 10,000	1486.2	4550.0	491.8	34
10,001 - 15,000	1586.0	3062.5	234.3	42
15,001 - 20,000	1791.7	4383.5	644.3	27
20,001 - 25,000	1828.1	5004.8	769.0	24
25,001 - 30,000	1788.6	2938.0	751.5	11
30,001 - 35,000	1714.1	2926.9	819.3	17
35,001 and over	2020.0	3075.8	1063.5	20



All campus Paid MHP to Student Ratio (1 to xxxx) by School Status				
School Status	Mean	Max	Min	Count
Four-year public university	1781	6840	234	158
Four-year public college	1461	2786	600	15
Four-year private university	1020	5005	83	114
Four-year private college	722	2200	180	65
Both four-year public and private university	2438	3076	1801	2
Other	2335	14000	375	10



All campus Paid MHP 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	259.6	1850.0	955.4	2203.6	1716.9	1771.2	1959.3	1798.7	1712.7	1762.3	1931.0
Four-year public college	740.0	1340.0	859.0	1489.1	1845.3	1555.6	1944.8	1840.3			
Four-year private university	568.0	769.3	1120.1	1071.3	940.5	1055.8	1060.4	2886.9	2510.5		
Four-year private college	577.7	705.9	807.4	988.0	730.8	2200.2				942.9	
Both four-year public and private university											2438.2
Other	837.5	923.6	5459.0	1945.7		576.9					



**Clinical Service Information**

**Does the staff of your counseling center assume responsibility for providing courses for academic credit (Check all that apply.) (MR444)**

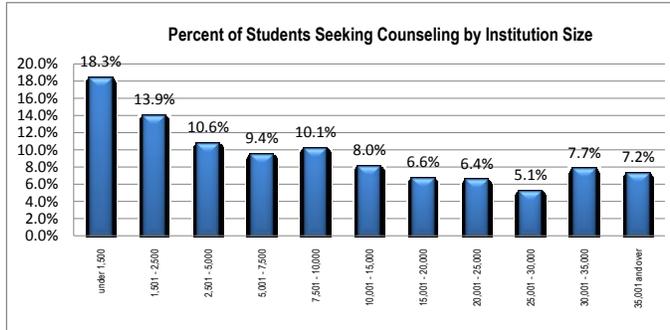
	Frequency	Percent
Yes, Undergraduate-level course for credit	96	24.9%
Yes, Graduate-level practicum course	39	10.1%
Yes, Graduate-level content/theories course	44	11.4%
No, Staff of counseling center are not engaged in providing courses for academic credit.	249	64.7%
Sample Total	385	100.0%

**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. ) (NA445)**

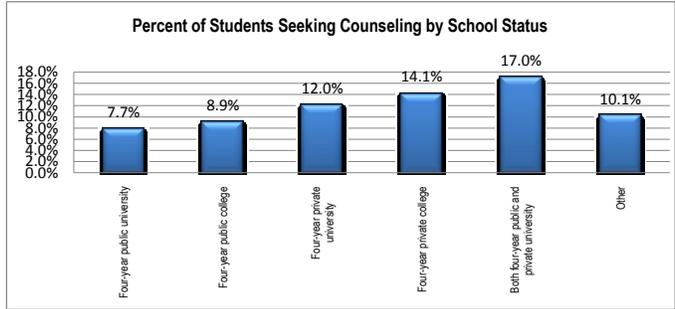
	Mean	Median	Mode	Max	Min	Count
Percent of students seeking counseling	10.2%	9.0%	6.0%	40.0%	1.0%	391

**Percent of Students Seeking Counseling by Institution Size (NA445)**

Institution Size	Mean	Count
under 1,500	18.3%	28
1,501 - 2,500	13.9%	53
2,501 - 5,000	10.6%	66
5,001 - 7,500	9.4%	33
7,501 - 10,000	10.1%	40
10,001 - 15,000	8.0%	43
15,001 - 20,000	6.6%	24
20,001 - 25,000	6.4%	20
25,001 - 30,000	5.1%	19
30,001 - 35,000	7.7%	9
35,001 and over	7.2%	16



Percent of Students Seeking Counseling by School Status		
School Status	Mean	Count
Four-year public university	7.7%	165
Four-year public college	8.9%	15
Four-year private university	12.0%	118
Four-year private college	14.1%	65
Both four-year public and private university	17.0%	2
Other	10.1%	10



Institution Size	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500	27.0%	1	1.0%	1	23.0%	11	17.0%	20	0	13.0%	2	
1,501 - 2,500	8.0%	2	14.0%	3	15.0%	22	14.0%	24	0	10.0%	3	
2,501 - 5,000	13.0%	13	20.0%	2	10.0%	37	10.0%	16	0	8.0%	3	
5,001 - 7,500	7.0%	17	6.0%	3	12.0%	19	12.0%	1	0	0	1	
7,501 - 10,000	10.0%	24	4.0%	1	8.0%	11	37.0%	1	0	0	0	
10,001 - 15,000	8.0%	27	6.0%	1	8.0%	10	8.0%	1	0	11.0%	1	
15,001 - 20,000	6.0%	20	10.0%	2	9.0%	5	0	0	0	0	0	
20,001 - 25,000	6.0%	19	7.0%	2	8.0%	2	0	0	0	0	0	
25,001 - 30,000	5.0%	9	0	0	5.0%	1	0	0	0	0	0	
30,001 - 35,000	7.0%	16	0	0	0	0	1	0	0	0	0	
35,001 and over	6.0%	17	0	0	0	0	0	17.0%	2	0	0	

Total Number of Sessions Provided NOT including medication management (MR446)							
	Mean	Median	Mode	Max	Min	Count	Sum
Total number of sessions	3380	2361	3000	26000	64	334	1,239,252.00

Total Number of Sessions Provided including medication management (MR447)							
	Mean	Median	Mode	Max	Min	Count	Sum
Total number of sessions	3865	2526	3000	28000	10	265	1,024,277.00

Total Number of Sessions Provided NOT including Med. Mgmt. by Paid Staff FTE				
Paid Staff FTE	Mean	Max	Min	Count
0-1 FTE	651	1853	64	34
2-3 FTE	1301	3050	300	104
4-7 FTE	2810	7770	400	134
8-11 FTE	5498	9650	2730	48
12-16 FTE	7444	14584	1300	34
17 and greater FTE	12129	26000	4900	17

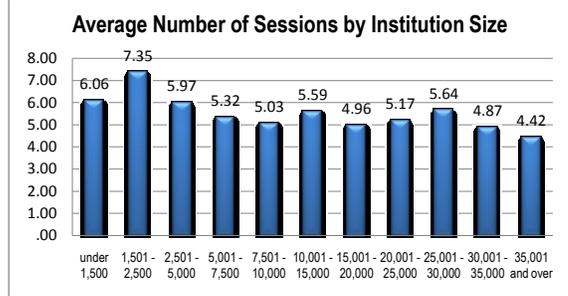
Total Number of Sessions Provided including Med. Mgmt. by Paid Staff FTE				
Paid Staff FTE	Mean	Max	Min	Count
0-1 FTE	651	1853	64	34
2-3 FTE	1301	3050	300	104
4-7 FTE	2810	7770	400	134
8-11 FTE	5498	9650	2730	48
12-16 FTE	7444	14584	1300	34
17 and greater FTE	12129	26000	4900	17

Institution Size	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500	2172	1	349	1	781	11	1125	20	.	.	975	2
1,501 - 2,500	513	2	1317	3	1407	22	1723	24	.	.	995	3
2,501 - 5,000	1519	13	2313	2	1612	37	1573	16	.	.	866	3
5,001 - 7,500	1583	17	1499	3	2802	19	3303	1	.	.	.	1
7,501 - 10,000	2069	24	1636	1	3218	11	7770	1	.	.	.	.
10,001 - 15,000	3442	27	3400	1	5527	10	3392	1	.	.	8212	1
15,001 - 20,000	4531	20	4592	2	6409	5	.	.	.	.	.	.
20,001 - 25,000	5296	19	4985	2	10873	2	.	.	.	.	.	.
25,001 - 30,000	7291	9	.	.	4150	1	.	.	.	.	.	.
30,001 - 35,000	8822	16	.	.	.	.	26000	1	.	0	.	.
35,001 and over	8473	17	.	.	.	.	.	.	12117	2	.	.

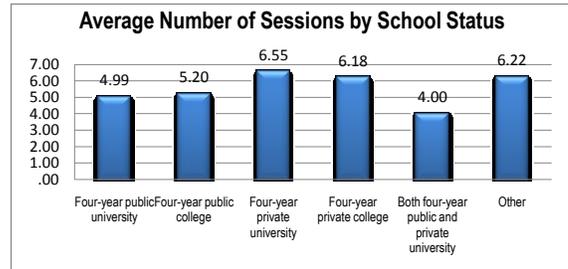
Institution Size	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500	.	1	349	1	813	11	1361	20	.	.	981	2
1,501 - 2,500	.	2	1813	3	1664	22	1712	24	.	.	1411	3
2,501 - 5,000	1722	13	2897	2	1727	37	1447	16	.	.	549	3
5,001 - 7,500	1813	17	1623	3	3397	19	3303	1	.	.	.	1
7,501 - 10,000	2210	24	1724	1	3439	11	7897	1	.	.	.	.
10,001 - 15,000	4018	27	6100	1	6082	10	3800	1	.	.	.	1
15,001 - 20,000	4937	20	7897	2	7442	5	.	.	.	.	.	.
20,001 - 25,000	5631	19	9534	2	13649	2	.	.	.	.	.	.
25,001 - 30,000	8170	9	.	.	4470	1	.	.	.	.	.	.
30,001 - 35,000	10534	16	.	.	.	.	28000	1	.	.	.	.
35,001 and over	10710	17	.	.	.	.	.	.	15521	2	.	.

What is the average number of sessions per client (NA448)						
	Mean	Median	Mode	Max	Min	Count
Average Number of Sessions per client	5.69	5.00	5.00	32.00	2.00	351

Average Number of Sessions Per Client by Institution Size				
Institution Size	Mean	Max	Min	Count
under 1,500	6.06	10.00	3.00	35
1,501 - 2,500	7.35	22.00	2.00	54
2,501 - 5,000	5.97	32.00	3.00	73
5,001 - 7,500	5.32	9.00	3.00	41
7,501 - 10,000	5.03	9.00	2.00	37
10,001 - 15,000	5.59	11.00	2.00	43
15,001 - 20,000	4.96	9.00	2.00	27
20,001 - 25,000	5.17	7.00	4.00	25
25,001 - 30,000	5.64	7.00	4.00	11
30,001 - 35,000	4.87	11.00	3.00	17
35,001 and over	4.42	6.00	3.00	21



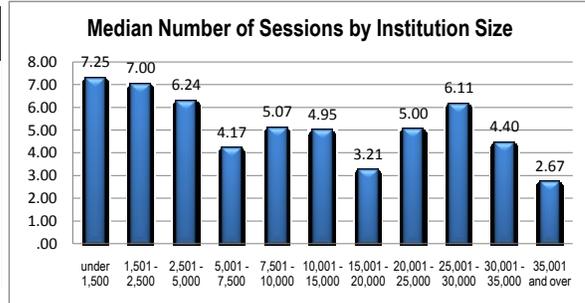
Average Number of Sessions Per Client by School Status				
School Status	Mean	Max	Min	Count
Four-year public university	4.99	10.00	3.00	165
Four-year public college	5.20	11.00	2.00	15
Four-year private university	6.55	32.00	3.00	118
Four-year private college	6.18	15.00	3.00	65
Both four-year public and private university	4.00	5.00	3.00	2
Other	6.22	15.00	3.00	10



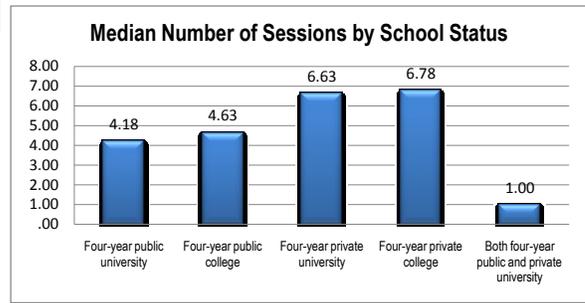
Institution Size	Average Number of Sessions per Client by Institution Size and School Status											
	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500	7	1	5.00	1	6.50	11	5.76	20			6.50	2
1,501 - 2,500	4.00	2	5.33	3	8.27	22	6.68	24			8.00	3
2,501 - 5,000	4.83	13	4.00	2	6.47	37	6.43	16			4.67	3
5,001 - 7,500	4.76	17	5.67	3	5.88	19	4.00	1				1
7,501 - 10,000	4.91	24	5.00	1	5.50	11	3	1				
10,001 - 15,000	5.38	27	11.00	1	6.22	10	3	1			5	1
15,001 - 20,000	5.15	20	3.5	2	4.75	5						
20,001 - 25,000	5.17	19	4.50	2	5.00	2						
25,001 - 30,000	5.56	9			7	1						
30,001 - 35,000	4.43	16			0	11						
35,001 and over	4.53	17			0	0	0	4.00	2			

What is the median number of sessions? (NA449)						
	Mean	Median	Mode	Max	Min	Count
Average Median Number of Sessions	5.43	4.00	3.00	33.00	1.00	234

Median Number of Sessions by Institution Size				
Institution Size	Mean	Max	Min	Count
under 1,500	7.25	33.00	2.00	35
1,501 - 2,500	7.00	20.00	2.00	54
2,501 - 5,000	6.24	27.00	1.00	73
5,001 - 7,500	4.17	10.00	1.00	41
7,501 - 10,000	5.07	15.00	2.00	37
10,001 - 15,000	4.95	10.00	1.00	43
15,001 - 20,000	3.21	7.00	1.00	27
20,001 - 25,000	5.00	12.00	2.00	25
25,001 - 30,000	6.11	24.00	3.00	11
30,001 - 35,000	4.40	10.00	1.00	17
35,001 and over	2.67	4.00	1.00	21

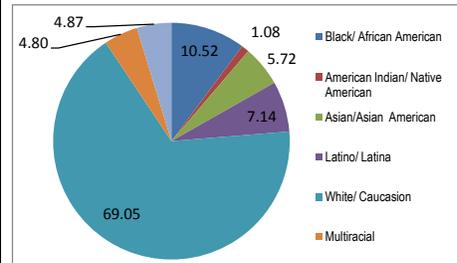


Median Number of Sessions by School Status				
School Status	Mean	Max	Min	Count
Four-year public university	4.18	15.00	1.00	165
Four-year public college	4.63	10.00	2.00	15
Four-year private university	6.63	27.00	1.00	118
Four-year private college	6.78	33.00	1.00	65
Both four-year public and private university	1.00	1.00	1.00	2
Other	5.40	12.00	1.00	10

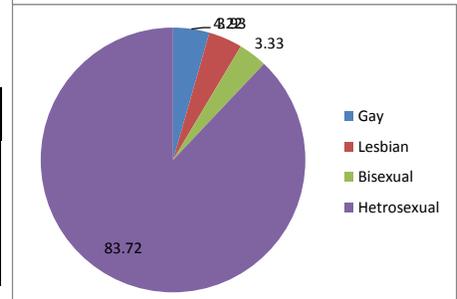


Institution Size	School Status		School Status		School Status		School Status		School Status		School Status	
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
	Mean	Count	Mean	Count	6	11	8.58	20	.	.	.	2
under 1,500	3.00	1	3.00	1	6.00	11	8.58	20	.	.	.	2
1,501 - 2,500	.	2	6.33	3	7.19	22	6.73	24	.	.	8.00	3
2,501 - 5,000	5.00	13	2.00	2	7.04	37	5.80	16	.	.	3.67	3
5,001 - 7,500	3.92	17	5.00	3	4.40	19	.	1	.	.	.	1
7,501 - 10,000	4.83	24	3.00	1	5.88	11	5.00	1	.	.	.	.
10,001 - 15,000	4.43	27	.	1	6.60	10	1.00	1	.	.	.	1
15,001 - 20,000	3.00	20	.	2	4.50	5	.	.	.	.	.	.
20,001 - 25,000	5.25	19	5.00	2	.	2	.	.	.	.	.	.
25,001 - 30,000	3.88	9	.	.	24.00	1	.	.	.	.	.	.
30,001 - 35,000	4.00	16	.	.	.	0	8.00	1	.	.	.	.
35,001 and over	2.90	17	.	.	.	0	.	.	1	2	.	.

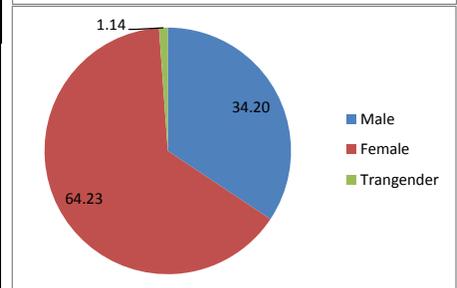
During the past academic year, using your best clinical data, what percentage of your clients had the following condition/presenting concern/dagnosis? (NA450 to NA465)						
	Mean	Median	Mode	Max	Min	Count
Had extensive or significant prior treatment histories.	12.51	8.00	5.00	90.00	.00	220
Clients taking Psychotropic medications	23.94	23.00	20.00	85.00	.00	259
Clients engaging in self-injury	7.38	5.00	1.00	40.00	.00	235
Clients with depression	37.45	36.00	40.00	100.00	.00	278
Clients with Learning Disability	8.62	5.00	1.00	70.00	.00	195
Clients with Add or ADHD	9.15	6.00	5.00	60.00	.00	210
Clients with suicidal thoughts or behaviors	15.04	10.00	10.00	65.00	.00	253
Clients with anxiety	36.78	35.00	40.00	90.00	.00	275
Clients with substance abuse/dependence other than alcohol	7.15	4.00	1.00	50.00	.00	230
Clients with alcohol abuse/dependence	11.49	9.00	10.00	75.00	.00	254
Clients dealing with issues of oppression	5.25	2.00	1.00	60.00	.00	165
Clients with eating disorders	6.87	5.00	5.00	57.00	.00	263
Clients with relationship issues	35.93	33.00	20.00	90.00	.00	261
Clients with sexual/physical assault/aquaintance rape	6.95	4.00	1.00	55.00	.00	244
Clients experience of being stalked	1.91	1.00	1.00	28.00	.00	163
Other	17.61	10.00	.00	70.00	.00	36



What is the number of Students on your campus who: (NA466 to NA471)						
	Mean	Median	Mode	Max	Min	Count
Attempted Suicide	7.43	3.00	.00	187.00	.00	235
Were placed on medical leave for psychological reasons	10.55	5.00	2.00	135.00	.00	223
Were hospitalized (or sent to an ER or other center for assessment for hospitalization) for psychological reasons	11.43	7.00	2.00	180.00	.00	270
Died by suicide	.42	.00	.00	7.00	.00	262
Died by accident	.96	.00	.00	14.00	.00	227
Died by some other means	.77	.00	.00	14.00	.00	195

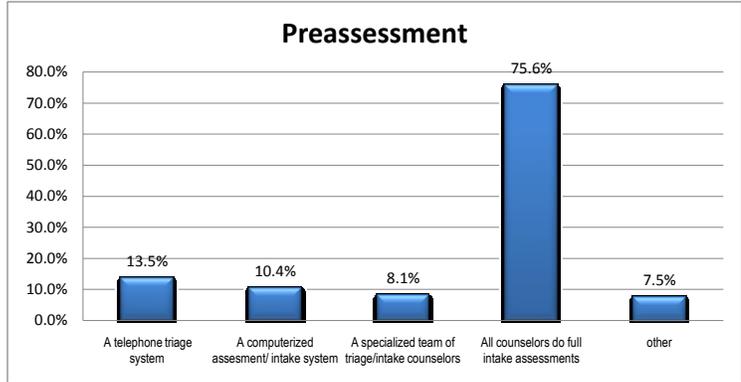


What Percentage of your clients were:						
	Mean	Median	Mode	Max	Min	Count
Black/ African American	10.52	6.00	5.00	100.00	.00	293
American Indian/ Native American	1.08	1.00	1.00	17.00	.00	227
Asian/Asian American	5.72	4.00	2.00	32.00	.00	276
Latino/ Latina	7.14	4.00	2.00	96.00	.00	276
White/ Caucasian	69.05	75.00	80.00	99.00	.00	295
Multiracial	4.80	3.00	2.00	70.00	.00	222
Other	4.87	2.50	1.00	80.00	.00	172
Male	34.20	34.00	30.00	100.00	.00	299
Female	64.23	65.00	70.00	100.00	.00	302
Trangender	1.14	1.00	1.00	67.00	.00	149
Gay	4.22	3.00	2.00	25.00	.00	182
Lesbian	3.93	2.00	1.00	35.00	.00	174
Bisexual	3.33	2.00	1.00	25.00	.00	164
Heterosexual	83.72	87.00	90.00	100.00	.00	180
Diagnosed Disability	15.45	10.00	5.00	92.00	.00	159



**What type of pre-assessment is done before assigning a client to a counselor? (check all that apply) (MR487)**

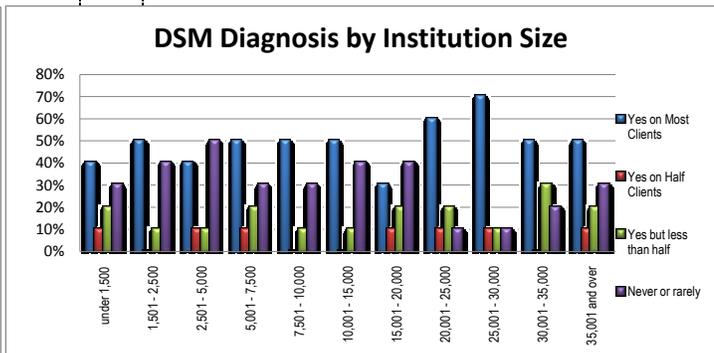
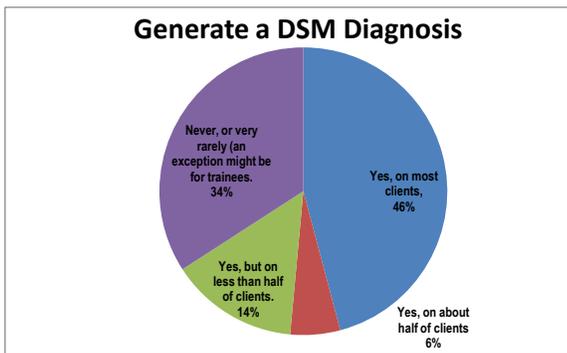
	Count	Percent
A telephone triage system	52	13.5%
A computerized assessment/ intake system	40	10.4%
A specialized team of triage/intake counselors	31	8.1%
All counselors do full intake assessments	291	75.6%
other	29	7.5%
<b>Total</b>	<b>385</b>	<b>100.0%</b>
<b>Other Specified</b>		
A 30 minute triage meeting	6	
all counselors conduct walk-in triage assessments	1	
all staff conduct screenings	1	
assigned by office manager unless request by staff or student	1	
brief interview	1	
Counselors do modified assessment - no psychometrics	1	
Crisis assessment	1	
crisis/walk-in triage worksheet	1	
Dispo Team	1	
face to face triage	1	
front desk paper screen	1	
Graduate Assistant triages students and schedules intake with the intake forms	1	
Milton College Inventory	1	
no pre-assessment	1	
None. In the past year we have moved to near random assignment.	1	
Paperwork Triage	1	
Pre-assessment cooccurs with first appointment.	1	
Reception Staff Triage	1	
referral by staff/faculty	1	
review of client's information form	1	
Walk-in Clinic	1	
walk-in system	1	



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

	Count	Percent
Yes, on most clients,	172	44.7%
Yes, on about half of clients	21	5.5%
Yes, but on less than half of clients.	54	14.0%
Never, or very rarely (an exception might be for trainees.	128	33.2%
<b>Total Survey Sample</b>	<b>385</b>	<b>100.0%</b>

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 exception might be for trainees)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
under 1,500	15	40%	2	10%	6	20%	11	30%
1,501 - 2,500	26	50%	1	0%	8	10%	19	40%
2,501 - 5,000	26	40%	4	10%	6	10%	34	50%
5,001 - 7,500	19	50%	2	10%	6	20%	13	30%
7,501 - 10,000	17	50%	1	0%	5	10%	12	30%
10,001 - 15,000	21	50%	2	0%	3	10%	17	40%
15,001 - 20,000	9	30%	3	10%	5	20%	10	40%
20,001 - 25,000	14	60%	3	10%	5	20%	2	10%
25,001 - 30,000	8	70%	1	10%	1	10%	1	10%
30,001 - 35,000	8	50%	0	0%	5	30%	3	20%
35,001 and over	9	50%	2	10%	3	20%	6	30%



Who usually transports students in need of psychiatric hospitalization to these facilities? (Check all that apply)		
	Yes	Percent
Campus police	253	66%
Psychiatric staff	1	0%
Counseling Center staff	47	12%
Other campus administrative personnel (e.g., Resident Hall Director)	47	12%
Family members	125	32%
Friends (roommate, classmate, etc.)	127	33%
Local EMS	205	53%
Total Survey Sample	385	100%

Are Psychiatric services available at your campus?		
	Yes	Percent
Yes, in the Counseling Center only.	160	42%
Yes, in the Student Health Center only.	55	14%
Yes, in both Counseling and Student Health centers.	24	6%
Yes, in other places on campus.	9	2%
No, but we contract out for psychiatrists and pay fee.	20	5%
No access to psychiatrist except as a private referral.	108	28%
Total Survey Sample	385	100%

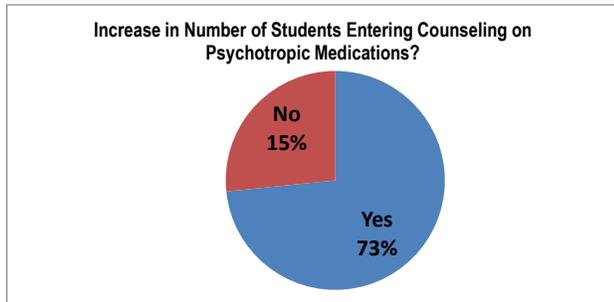
If psychiatric services are located in the Health Center, what is the quality of the relationship between the counseling center and psychiatry?		
	Count	Percent
Terrible	4	1%
Poor	9	2%
Fair	47	12%
Good	49	13%
Excellent	109	28%
Total	385	100%

If psychiatric services are offered on campus, total number of psychiatric hours per week						
	Mean	Median	Mode	Maximum	Minimum	Valid N
Number of Psychiatric Hours	25.3	9.5	4.0	174	227	391

Institution Size	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		
	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	
under 1,500	.	.	.	.	1.50	11	3.50	20	.	.	.	1	2
1,501 - 2,500	.	.	4.00	3	8.80	22	9.50	24	.	.	.	.	.
2,501 - 5,000	2.33	13	10.00	2	5.21	37	6.14	16	.	.	.	.	.
5,001 - 7,500	3.63	17	4.00	3	20.60	19	.	.	.	.	.	.	.
7,501 - 10,000	5.96	24	1.00	1	12.00	11	8.00	1	.	.	.	.	.
10,001 - 15,000	17.26	27	7.00	1	35.56	10	6.50	1	.	.	100.00	1	.
15,001 - 20,000	23.53	20	81.00	2	47.70	5	.	.	.	.	.	.	.
20,001 - 25,000	38.39	19	75.00	2	96.00	2	.	.	.	.	.	.	.
25,001 - 30,000	49.83	9	.	.	32.00	1	.	.	.	.	.	.	.
30,001 - 35,000	60.29	16	.	.	.	.	60.00	1	.	.	.	.	.
35,001 and over	73.17	17	.	.	.	.	.	.	75.00	2	.	.	.

How would you characterize the number of psychiatric hours		
	Count	Percent
They are nonexistent to Inadequate	74	22.6%
We definitely could use more hours based on our campus needs.	164	50.0%
We are about where we should be for this size campus.	87	26.5%
We have more psychiatric consulting hours than we need.	3	0.9%
Total	328	100.0%

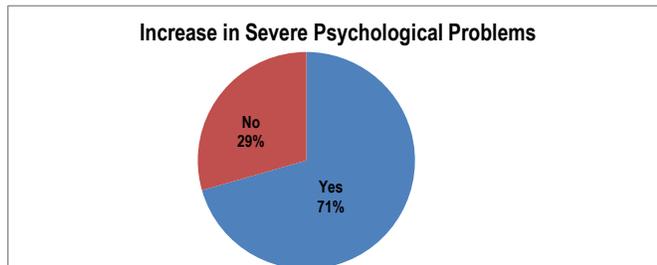
Based on your experience has there been an increase in the past year in the number of students coming for counseling that are already taking psychiatric medications?		
	Count	Percent
Yes	262	73%
No	95	27%
Total	357	100%



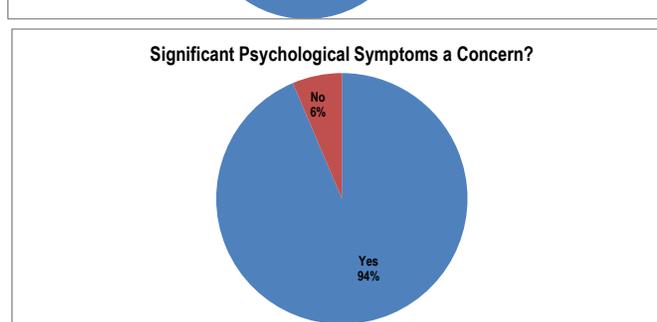
<b>Does your Counseling Center accept referrals for mandatory counseling?</b>		
	Count	Percent
Yes	99	26%
No	60	16%
Yes, but only for initial assessment from specific sources, and not on-going counseling.	220	58%
Total	379	100%



<b>Do you believe the number of students with severe psychological problems on your campus has increased in the past year?</b>		
	Count	Percent
Yes	259	71%
No	108	29%
Total	367	100%



<b>Is the number of students with significant psychological problems a growing concern in your center or on campus?</b>		
	Count	Percent
Yes	352	94%
No	24	6%
Total	376	100%



<b>If yes, what actions, if any, has your center taken to help handle this problem? (Check all that apply)</b>		
	Count	Percent
Increased training for staff in working with difficult cases (in-service or external workshops)	186	49.7%
Increased training for staff in time-limited therapy to help manage case loads better	73	19.5%
Increased counseling staff	97	25.9%
Increased psychiatric consulting hours	86	23.0%
Increased part-time counselors during busy time of year	88	23.5%
Trained faculty and others on campus to help them make more appropriate and timely referrals	233	62.3%
Served on a Student Assistance Committee that includes varied campus personnel	245	65.5%
Offered psycho-educational assistance on a center webpage	193	51.6%
Provided psychologically oriented columns for the student newspaper	64	17.1%
Expanded external referral network	181	48.4%
None	8	2.1%
Other (Specify Below)	22	5.9%
Total Survey Sample	374	

<b>Other Specified</b>
(will increase staff this year (fall 2009) with a part time case manager
added flex hours (later appts. in early evenings
Created Director position 2009-10
Developed brochures & literature on helping distressed students. see website AAMU.EDU under news &
Developed telephone triage assessment for those who claim to be in crisis
Expanded hours
hired crisis and referral coordinator
Improved student health mental health benefits; improved mental health withdrawal and re-entry protocol
increased case consultation time
increased outreach
More intense RA training
More intentional treatment planning and improved risk assessment protocols
new suicide policy
over a year ago added a social work practicum student to add social service need referrals/ participation in Case management team made of multiple sources on campus like residential life, police, judicial officer, Violence Against Women Coord. to assist in difficult cases
provided articles for other publications
Redefined scope of practice
stress research project to learn more about stress on campus and to take cation to reduce stress
Students of Concern Publications for Fac & Staff
work with student groups

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

	Count	Percent
Yes	136	37.2%
No	230	62.8%
Total	366	100.0%

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

	Count	Percent
Yes	153	41.9%
No	212	58.1%
Total	365	100.0%

**If yes, do you believe it is legally permissible 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	34.0%
Only the the hospital or the clinic the notification	38	20.2%
Other	86	45.7%
Total	188	100.0%

**When a student is a suicidal risk but appropriate for treatment (as opposed 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	286	76.5%
Generally, No	62	16.6%
Other (Specify Below)	26	7.0%
Total	374	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

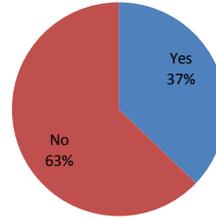
**If yes, how successful have you or your staff been in obtaining client's permission?**

	Count	Percent
Not very successful	5	1.6%
Successful some of the time	105	32.9%
Successful most of the time	209	65.5%
Total	319	100.0%

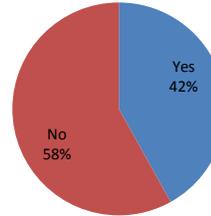
**In cases where clients are not of legal age and are a suicidal risk (but not appropriate for hospitalization) and will not give you permission to notify family (in your state) is it leagly permissible to do so?**

	Count	Percent
Yes	303	87.6%
No	43	12.4%
Total	346	100.0%

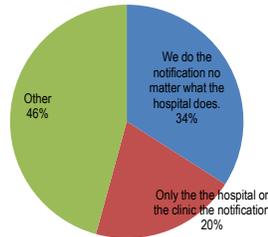
**Notify Chief Student Affairs Officer with Hospitalizing Student**



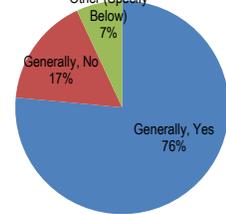
**Notify Parent when Hospitalize Student**



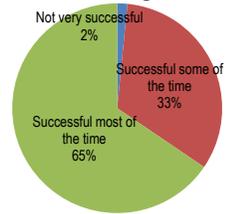
**Who handles parent nofication?**



**Seek Suicidal Student Permission to Inform Others**



**Success in Obtaining Client Permission**



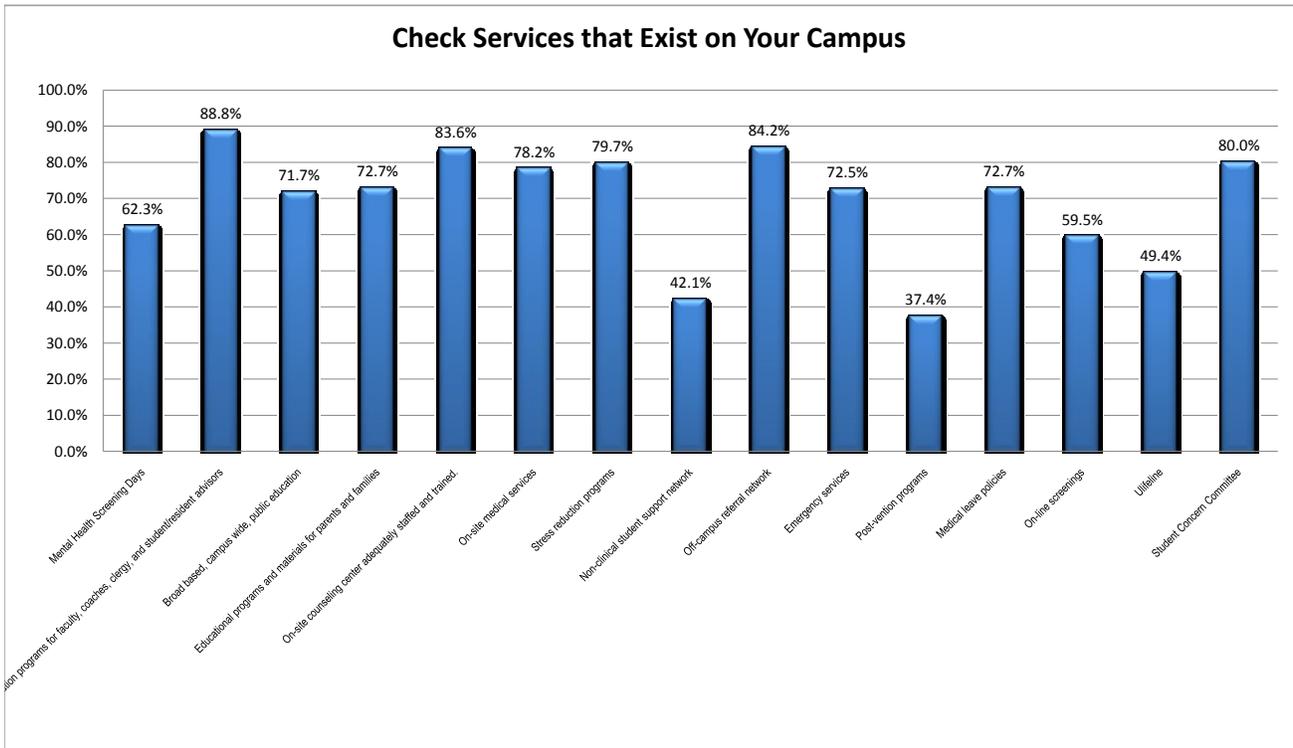
In such cases would you notify parents?		
	Count	Percent
Yes, in all cases	63	18.1%
Generally yes. Unless in my judgement this would be harmful to the client.	225	64.7%
Generally no, except in very unusual circumstances	60	17.2%
Total	348	100.0%

Do you have written guidelines for notifying parents in high risk situations?		
	Count	Percent
Yes	139	37.7%
No	230	62.3%
Total	369	100.0%

Check the services that exist on your campus:		
	Yes (count)	Percent of Total Sample
Mental Health Screening Days	240	62.3%
Targeted education programs for faculty, coaches, clergy, and student/resident advisors	342	88.8%
Broad based, campus wide, public education	276	71.7%
Educational programs and materials for parents and families	280	72.7%
On-site counseling center adequately staffed and trained.	322	83.6%
On-site medical services	301	78.2%
Stress reduction programs	307	79.7%
Non-clinical student support network	162	42.1%
Off-campus referral network	324	84.2%
Emergency services	279	72.5%
Post-vention programs	144	37.4%
Medical leave policies	280	72.7%
On-line screenings	229	59.5%
Uilifeline	190	49.4%
Student Concern Committee	308	80.0%

To what extent are you and your supervisor in agreement on how to handle high risk cases.		
	Count	Percent
Not very often	4	1%
Between Not Very Often and Some of the Time	4	1%
Some of the Time	23	6%
Between Some of the Time & Most of the Time	63	18%
Most of the time	262	74%
Total	356	100%

To what extent does the administration at your institution understand counseling center issues?		
	Count	Percent
Not very often	6	2%
Between Not Very Often and Some of the Time	11	3%
Some of the Time	53	15%
Between Some of the Time & Most of the Time	87	24%
Most of the time	201	56%
Total	358	100%



**What kind of outcomes assessment do you utilize? (Check all that apply) (MR501)**

	Yes (count)	Percent of Total Sample
General student evaluation forms	331	86.0%
Pre and Post testing	112	29.1%
Post therapy assessment of goal attainment	81	21.0%
Other	35	9.1%
<b>Other (Specify Below)</b>		
8th session by counselor		
Assessment of behavioral changes		
assessment of learning outcomes from psychotherapy and support groups		
BHM Every session evaluation		
CCAPS		
Center specific satisfaction and learning outcome assessment		
client satisfaction		
Counseling Center Assessment of Symptoms questionnaire administered at intake and electronic intake		
focus inquiry - ask		
GAF		
learning outcomes questionnaire		
My Outcomes		
NSSE		
online evaluation		
OQ 45 Every session		
OQ-45 administered at pre assessment and at every 4 session interval thereafter un		
OQ45 prior to every session		
Outcome Rating Scale Session Rating Scale		

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

	Count	Percent
Yes	291	75.6%

**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	63.6%	65.5%	80.0%	100.0%	5.0%	234

**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	61	15.8%
Local home telephone/Fax	137	35.6%
Cell Phone	260	67.5%
E-mail	187	48.6%
Appointment for on-going counseling arranged at the end of intake	272	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	340	88.3%
Billing	37	9.6%
Maintaining client case notes	281	73.0%
Program to output clinician's caseloads and turnover	157	40.8%
Database on services/activities	260	67.5%
Electronic mail	323	83.9%
On-line services	196	50.9%
<b>Other (Specify Below)</b>	21	5.5%
Administrative work		
Advertisement		
biofeedback		
biofeedback program		
biofeedback software; video recording fo		
clients' evaluation of services		
Electronic intake using computer tablets		
Info and self-assessments on web page		
intake		
intake forms can be down loaded		
maintain website for psychoeducation and		
professional list serves		
psychoeducation materials		
psychoeducation; biofeedback training		
Referral info		
testing		
Trainee recording		
Various administrative reports		
web page of info.		
website		

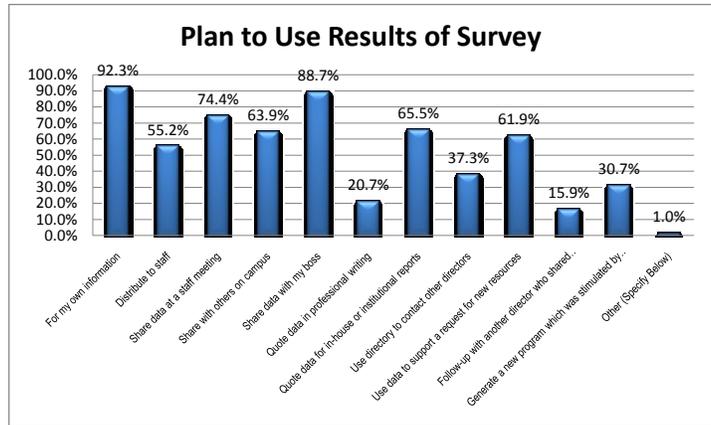
What type of services do you offer on-line?		
	Yes (count)	Percent of Total Sample
Mental health screenings	217	56.4%
Self-help pamphlets to be downloaded	236	61.3%
Electronic support groups	5	1.3%
On-line counseling	4	1.0%
Chat rooms around specific themes for students	4	1.0%
<b>Other (Specify Below)</b>	28	7.3%
audio relaxation MP3 Podcasts		
Counseling Center information and Referral Guide		
e-CheckUpToGo online interventions		
Education		
facebok, podcasts		
Facebook		
Helpful websites on relevant topics and lists of outreach programs that are available.		
hotline numbers		
Information about the Counseling Department		
links to mental health websites		
links to MH information		
online appointment scheduling		
Online intakes, service requests are planned for summer 2010.		
online questiona and answer		
Registration for developmental program workshops		
self-help videos		
survey		
Training link for training on how to help a friend who may be suicidal. Interactive training program on date rape/sexual assault		
ulifeline		
virtual relaxation/stressmanagement		

Do you have a Counseling Center Web Page?	Count	Percent
Yes	368	96%
No	14	4%

If yes, how many homepage hits did you have last year?	Mean	Median	Mode	Maximum	Minimum
	Number of Hits	27547	10000	100,000	299,864

**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	216	55.2%
Share data at a staff meeting	291	74.4%
Share with others on campus	250	63.9%
Share data with my boss	347	88.7%
Quote data in professional writing	81	20.7%
Quote data for in-house or institutional reports	256	65.5%
Use directory to contact other directors	146	37.3%
Use data to support a request for new resources	242	61.9%
Follow-up with another director who shared information in the survey	62	15.9%
Generate a new program which was stimulated by ideas shared in the survey	120	30.7%
Other (Specify Below)	4	1.0%



**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.rand@wright.edu. If less than 1500 words please paste into the text box.**

- We have developed a Case Review Committee with associated procedures to ensure that staff act within the role and scope of their positions.
- Our school has no veterans service office. I am a vet and have started a student veteran group under the auspices of the counseling center. Given the statistics on TBI and PTSD among returning vets, my
- My Center developed an Eating Disorder Protocol along with our Student Health Services to assess, refer, and treat eating disorders. I will send a description of the protocol to vbarr, as it is lengthy.
- ISU has expanded prior research on the impact of counseling on retention to include the cost of attrition. This study describes the steps we followed to determine how much revenue the University loses w
- In Section III, psychology postdocs should be included as a type of trainee.
- We have embedded a cadre of peer counselors who have gone through an extensive training course within all university residence halls. they have bee very successful in providing ongoing clinical assistance and referral dynamics to the students in the residence halls and have received positive affirmation for their work from Residenc Life Staff, University Police and the students they serve. The Director of this group (Wellness Advocates) has been invited to present the program at a national conference this spring.
- We do a drop-in group for relaxation called "Drop-in Chill-Out" and it works well
- We assembled an on-going team to look at mental Health issues of our international and study abroad students. We've taken an advocacy role to have the campus explore issues for transgender students. We co-sponsor a diverse group of agencies around the region who are concerned with issues for returning veterans.
- We are a pilot site for the American Foundation for Suicide Prevention on line suicide assessment program. We will be presenting at the NASPA Mental Health Conference in New Orleans in January and I will propose a presentation for the AUCCCD conference in 2010.
- To provide service to more male students, I teach a 3-session workshop on overcoming procrastination. Will share my approach on list-serve. Get 15-20 students (60% male) each year...with several following up with individual counseling
- This year we are moving our annual intermar African American History weekly Quiz during African-American History month to our web site as a campus wide quiz for students. There are weekly drawings for those with the right answers and a final drawing for a grand prize of all those who submitted partial answers. One of our staff, Dr. Lynette Sparkman-Barnes, who is this year's winner of the APPIC Excellence in Diversity Training Award, has developed these wonderful but probing questions that send you through an expedition into African-American history in pursuit of an unfolding story. One click of the "search engine" does not get you the answer but keeps you hunting while deepening your knowledge.
- Theme oriented support groups. i.e. relationship groups, anxiety and/or depression management groups in order to supplement individual treatment
- Talking Helps: ?Targeted? Counseling Center Services Brochures In collaboration with our campus partners, the University of Utah Counseling Center (UCC) has developed a set of ?targeted brochures? that describe our counseling services to diverse groups of students on campus. We are in the process of expanding these brochures to include information
- Student ADVISORY bOARDS
- See: Bigard, M.F. (2009) Walking the labyrinth: An innovative approach to counseling center outreach. Journal of College Counseling, 12, 137-148.
- Pilot study from the Center for the Study of Collegiate Mental Health --- based on over 28000 counseling center cases at 66 centers.
- Our counseling center has recently revised our service model and adopted a stepped care model of service to accommodate the increased service demands and limited resources
- Offer self-help resource library for students, with list available online.
- My Center has agreed to participate in an outreach program though the American Foundation for Suicide Prevention that involves an Interactive Screening Program. It permits us to offer a specialized screening to specific groups of students, screening for suicide ideation.
- Delivering Mental Health First Aid training on campus for faculty, staff, and students. See the Mental Health First Aid US website. This is not unique to our center, but there are only a couple of dozen counseling centers around the US with staff who are certified trainers in MHFA and are offering training on their campuses. MHFA has only been in the US for
- Decision Tree for assisting university community in how to respond to distressed students.
- Coordinating and presenting weekly wellness workshops on campus.
- Collaborative arrangement with nearby VA Hospital to share some resources for o/p services for veterans.
- athletics is paying for a graduate assistant (advanced doctoral student in the psychology dept) to provide consultation and therapy for student athletes
- Article published in the Journal of College Student Psychotherapy: "The Interns Play: A Mimetic Approach to Introducing and Working with Countertransference in Professional Training." This technique of using literature to teach about countertransference is used in our training program.
- 24 Hour Behavior Concerns Advice Line

<b>Please provide us with your thoughts on key strategic issues for the Association for University and College Counseling Center Directors Character (Limit 1500)</b>
Utilization of the data from this survey and from the Penn State research team to demonstrate needs/benefits of more fully funding college mental health services.
Threat Assessment, Behavioral intervention and other student of concern committees
There is a need to continue to develop and promote minimum standards, desirable standards and best practices for our centers, and to utilize our network of professional resources and partners to fight for if not INSIST on their adoption by all Universities and Colleges. IACS, APA, ACA, and many other organizations can help. AUCCCD can lead by publishing stronger position statements and other documents as the science provides us with data to make our case that counseling center functions are a necessary part of students' higher education, a campus's safe and healthy community, etc.
The specific mission of any center will always be determined at that institution. However, a white paper from AUCCCD which lays out some recommended parameters regarding expectations for mental health services would be very helpful and indeed may help to actually set those expectations
the increasing assimilation of counseling centers into health centers, and the risk of the loss of autonomy and altered mission
on-line counseling, use of electronic media, social networking
Need to redefine appropriate levels of staffing given increased severity of presenting problems and number of students with serious mental illness on campus. Need to address issues of inadequate sleep and abuse of alcohol and the role these play in mental health issues among college students.
More attention to small centers where directors have large caseloads.
It's all about increased volume and intensity in our work. We need to advocate strongly for resources to keep pace with our workload.
It's all about budgets with the current economy and the possible reduction of service providers at many schools
Interaction with media and legislators regarding current trends and issues on campuses
Inclusion of schools in AUCCCD -- i.e., community colleges, technical schools Supporting schools and directors following critical incidents (i.e., school shootings, suicides), and also advocating for adequate resources to prevent incidents
Identifying best practices with regard to involuntary and voluntary medical leave and re-entry procedures, parental/administrative notification, students of concern committee procedures, etc.
I'd like to see a clearer stance against mandatory counseling, since so many campus offices seem to want to make counseling the solution to every problem (often behavioral, academic).
I would like to know if other directors feel it is or has been important to make their center's philosophical/theoretical assumptions concerning student development clear to their campus community (i.e. we do not follow the medical model or we are different from advisors). We are finding this to be a critical component in gaining support and understanding for our mission. We have been able to engage in meaningful conversation about the differences between counseling and medical intervention specifically, as well as how counseling is different from other university functions like advising. This has brought understanding and support for our efforts from students, instructors, and administrators.
I think we should be advocating as a group for mental health treatment for students. The national discussion on health insurance raises the issue of how we can advocate as a group for affordable and convenient services for students. I know the advocacy role is not something AUCCCD favors, but in this political climate how can we stand by and watch.
I recommend that AUCCCD encourage IACS to review accreditation guidelines including expanded role of masters level directors and role of undergraduate and graduate student workers in accredited sites.
I hope that AUCCCD will continue to advocate for centers to use outcome measures to demonstrate effectiveness of counseling. I also hope that we can move away from using the language of the medical model, especially when we focus on DSM-IV categories to define "increases in severity."
I believe that we need to address the issue of Counseling Center models in the 21st century. We have people who work under different models in relation to other health services (freestanding but allied, integrated under various structures, etc.). The integrated model which appears to be strongly espoused by the ACHA is being aggressively promoted by them. We, on the other hand, are eclectic, open to all comers, and I am glad for that. In the openness of our organization, however, I think there is a gap in the open support of the freestanding but allied model for Counseling Centers that the majority of us have in place. I think we at least need more illumination of the viable models within our schools, including more work on what is viable about a freestanding Center and how one can support developmental concerns in the face of the onslaught most of us have experienced with more students coming to us with serious concerns. The medical folks have an agenda, and we're too nice to really look at the models as an organization for fear of offending anyone. The medicalized/integrated model is very different from my vision of a Counseling Center and from that of many of my peers. I have seen some mergers that are not medically dominated, however, and some, especially in smaller schools, that are supervised by psychologists and other mental health professionals who are not M.D.'s. My concern is that there is an active promotion of the ACHA integrated medical model, and there is no organization to stand for the other, as best as I can tell. Can we at least call out the elephant in the room and truly address the issues of medicalized, non-medicalized, developmental, hybrid, etc., etc.? We need help in developing a viable model for the 21st century that is not medicalized. People are still struggling with that, and the NCHA onslaught continues. Integration is not the answer for all of us, but we don't have an organization who speaks for those of us who are against the integrated medical model in our setting, and we don't have a consensus model that we can deliver to our local administrations, we are at a terrible disadvantage.
I am seeing the rise on our campus of "coaches" within academic divisions, i.e. College of Arts and Sciences, School of Nursing who are either licensed social workers, social work or counseling psychology graduate students who are providing "drop in" supportive, supposedly non-confidential services on site in the academic units to support retention of students. They do problem solving, supportive meetings, and meet regularly with students around life and academic concerns. While I find this beneficial for students, I am increasingly wondering how they divide the line between their service and ours. Also, in our budget model, Academic units are "taxed" to support Student Affairs Division services. At what point in tight budgets will this impact funding and eventually lead to decentralized Counseling Services. Are others experiencing this movement on medium to large campuses?
How to continue to provide adequate services with the current budget restraints.
Helping to define scope of service for colleges and universities in terms of best practices (maybe by size of institution).
Generate policy documents that can be used by members to support requests for further services and funding.
Developing preventive services for students, since professional counseling resources will never be enough for the demand.
Continue to ensure the viability of college and university counseling centers by advocating for what we do.
case management (students with chronic or recurrent conditions) collaborating/merging with Health Services/Wellness
As a profession I think we need to determine the degree to which we are getting in the area of forensic psychology.

Suggestions for changes next year's survey: Add any items you would like to see included
You might ask if the school's nondiscrimination policy includes "gender expression." Please check items that are supposed to accept decimals (ie, percentage of students who used services, average number of sessions); these did not accept decimals this year, so I rounded off.
When you say psychiatric services does that include our health center generalists who provide scripts for psychotropic meds. We have the majority of our scripts for psychological meds written by health center generalists and only 8 hours of psychiatry of which only 5 is face to face. Can you define the academic year so we all are talking about the same calendar dates? The questions in which I am asked to speculate if this year is worse than last year seem meaningless to me. How should I report visiting lines or persons who are both trainees because they don't have their license but in permanent paid staff positions?
What are some of the supervision challenges, including staff opposition, both overt and covert? How do you decide case load? How much time do you allow for people to complete casenotes? Does anyone do quality control on client's charts?
We maintain a severity and urgency 1 - 5 rating on every client. We know, for example, that we saw 410 students (27%) who were severe and urgent at some time during contact with our center in the past year. It would be a very good thing if we had this type of comparison among other counseling centers.
We have 5 staff members who have quarter time teaching appointments. That is paid for out of the academic department. It is hard to answer some of these questions adequately with such a complex staffing system.
We call a taxi to transport students to the hospital and accompany them in the taxi. There was no way to indicate this on the survey.
Veterans' problems, innovative programming
under the section for FTE employees, it would be extremely helpful to have a subsection related to contracted counselors/psychologists that includes hourly wages, the total number of contracted hours per week, and the average number of clients a contract employee sees
There were several items that were not well defined or problematic. I am using my SDS data to complete this and it is not broken down by lesbian and gay; also, over 25% of students did not answer the question on the intake form. We have one transgendered students but I cannot report that as a percentage. The definition of "significant treatment history" as prior hospitalization is confusing. Is it that you ONLY want people who have been hospitalized or rather those who have had counseling before? The severity question needs to be defined in behavioral terms. I continue to be concerned that this kind of self report will inflate changes in client presenting concerns. I hope this issue will be addressed in the CSCMH data. It would be very nice to use this survey only for issues related to salary and staffing and let the CSCMH speak to the clinical data.
The survey is getting more streamlined and consistent with CSCSMH data collection which is great. Keep up the work toward making this a more seamless process.
The survey appears to have more of a political agenda in years past. ALL the questions about gay and lesbian issues will not be a selling point at a Catholic school. I have always shared the results with my boss...I don't know if I will be able to this year. Also, there were some places fields for comments were needed. I didn't lose any positions, but I had a hiring freeze for four months and we had frozen salaries for four months before we got our 2% raises. I also was required to fill two PhD positions with master's level clinicians to save money.
The item on domestic partner benefits does not take into account states that have legalized gay marriage and no longer have benefits.
Taking into consideration our cultures and ethnicity in constructing the items since there may be members from all over the world
Some questions on other services we provide (ie., outreach, consultations, training, etc) to demonstrate all the other work we do outside of clinical
Some of the questions are problematic as I read them as they do not capture the potential complexity of a phenomenon. For example, asking about increases in complicated cases seems deceptive. We may be seeing more complex cases because we have increased community awareness and/or students feel more safe using services. It may be helpful to review the survey with an eye toward underlying variables, capturing the data as accurately as possible.
Shorten length
sexual orientation should include and other category
See complaint on disability question.
Salary data is too long, confusing
Salaries of part time counselors and hours they work should be included more specifically.
Re-word the question about average appointments to exclude those coming in specifically for a "one time assessment" or sanctioned meeting. I didn't realize how many of our appointments were single visit, not because of people coming and not liking the service, but because they were only required to come in for one, or we did testing with them and no follow up.
Psychiatrist contracted and uses facility, but services are rendered at student's expense. Provide participants in advanced with a copy (in a PDF file) of the survey so that data gathering could be targeted toward the items.
please let distribution list know that you are seeking statistical information about staffing, utilization, etc. at the time of the request to conduct survey. It took a long time to collect information once in the survey.
Our average number of sessions per client is 5.7, but this number was not accepted so it was rounded up to 6.
Number the items. Clearer instructions on saving, printing and returning to the survey and moving through the survey.
number the items for easy reference

not new items, necessarily, but clarification about the place and/or reporting on non-clinical professional staff who provide significant outreach/education/health education functions for the department. these positions also have operating budgets for programs & services. do many other centers have these positions (health educator, diversity educator)?
New Hire section is difficult; would help to click only to those categories that apply to our center
Let' do some research on the CC director's role in Threat Assessment programs and on the programs themselves. The question on the next page about Board Certification is misleading "high and rigorous standards" is not the criteria for BC in psychology - please contact me next time you are writing a question on BC and I'll be happy to help.
It would be helpful to have a way to mark/return to unanswered items.
It would be helpful if the questions took into account the data that is possible to get out of Titanium reports.
Interns get paid hourly - can't input info
Interactive website
I'm not sure what percentage of centers are now using Titanium, but I wish some of the survey questions more closely lined-up with it.
I would like to see specific steps on how to retrieve the requested information from Titanium for those campuses who use this software.
I suggest adding items that reflect other counseling funtions i.e. academically at risk/failure as a presenting problem. My center does outreach to probation and dismissal students because we see this as a symptom of other issues. Also our population is very diverse and this kind of outreach brings in students who would never come to counseling on their own.
I don't think I saw an item assessing number of centers using facebook...seems to be a popular discussion these days.
I believe that more of a distinction should be made between experienced, licensed, staff and inexperienced, unlicensd staff,(i.e. a masters-level person within 1-2 years of gaining their degree), who require much closer supervision. Otherwise, thanks so much for all your hard work on culling this valuable data.
How about letting us put in fractions?
Hi Victor - Thanks for all the work you do on this. Our center does not neatly fit into the salary and head count process because the Director is F/T and three staff psychologists work about 16 hours eachand are paid by the hour, no benefits.
For the questions that ask for percentages and means/medians, please modify the survey so that it accepts decimal values (currently it generates an error message if any decimal values are entered; therefore I had to round all figures off to whole integers, which in some cases does not lead to very accurate data). Thanks! Also, it would be helpful to add another question about "category" of institution (e.g., national liberal arts university; research 1 university; etc); many of us need to be able to gather data from peer institutions, and if the AUCCCD survey allowed a way to do this, it would be an incredibly valuable addition. Of course, that would mean that the database would have to be available to all members, and searchable based on institution category (as mentioned above) as well as size of student body (e.g. I would need to be able to search the database for all national liberal arts universities in a certain size category). Thank
For questions under section VI Clinical Services it would be really helpful if this info could parallel the info many centers are gathering through the CSCMH Standard Data Set. For example under Sexual Orientation there is a category "Questioning" which is an option on our intake but isn't included on the Director's Survey. This would make it a lot easier to pull the numbers and would assure that we are counting the same things. Also for number of sessions provided by your center I'm assuming this means actual ATTENDED sessions, but a clarification of whether this is attended or scheduled sessions would be helpful. Finally, I always struggle with the salary info because I have so many part-time staff that are paid an hourly rate. I like how you have the hourly rate option for the psychiatrists. Would it be useful to include that option for part-time staff?
Due to the increase in number of clients and increase in severity of issues, do counselors see themselves as leaders on their campuses. Are counelors satisfied with their jobs? Do counselors believe they are competent in performing their job efficiently?
does your center include a national testing service who coordinates the testing service how many staff the testing service
Clearer definition of terms used in Clinical Services section, i.e. "extensive or significant prior treatment histories", "eating disorders" (meets DSM criteria or disordered eating symptoms?) "What is the number of students who...." Does this mean student client or simply all students at the institution?
Breakdown client numbers by sex
ask if positions have been cut to 9 or 10 months. all positions here were cut from 12-month to either 9 or 10.
administrative support staff FTE The number of centers who have training programs buit do not have APA pre-doctoral programs. For example, how many of ur smaller centers especially have only masters trainees?
Add clinical director to list of staff types on salary survey We have a CD not an assistant director
1) Idicate if center's professional staff is tenure track / non tenure track faculty or staff; if faculty, is director faculty or staff 2) Do professional staff members work during the academic year, 12 - month, etc. 3) Do centers use undergraduate and / or graduate students to assist in scheduling appointments, answering the phone, etc.? If so, what is reasoning for this practice and how has it worked? 4) Clarify enrollment related questions to differentiate between enrollment on the main campus and enrollment for the institution as whole which may include off campus locations where student may not be eligible for or able to access various counseling services.Then the question on ratio of counselors to students should be based on those students enrolled that would be eligible for or able to access services and not necessarily the institutions entire student body. This would likely vary from institution to institution.
1) Breakdown the # of scheduled appts into: % of those appts that were attended % of those cancelled % of those no-shows 2) % of students who come from highly dysfunctional/abusive families (e.g. severe parental abuse/neglect, domestic violence, severe parental AOD problems, severe parental mental illness, etc)

**Trial Questions: These questions are derived from the issues that seem to be on the minds of many directors as expressed on the listserve.**

Do you consider yourself a "One-person Counseling Center" (D0523)		
	Count	Percent
Yes	23	6%
No	356	92%
	Subtotals	379
	Missing	6
Total	385	100%

Is your school religiously affiliated? D0524		
	Count	Percent
Yes	107	28%
No	273	71%
	Subtotals	380
	Missing	5
Total	385	100%

**Does your center have a written scope of practice? (A document that defines the clients issues, procedures, actions, and processes that are within the range for service provision provided by a center.)( D0525)**

	Count	Percent
Yes	207	54%
No	170	44%
Subtotals	377	
Missing	8	
Total	385	100%

**Are you Board Certified? (Typically a nationally recognized formal process that is designed to recognize highly accomplished professionals who meet high and rigorous standards. ( D0525)**

	Count	Percent
Yes	78	20%
No	293	76%
Subtotals	371	
Missing	14	
Total	385	100%

**Does your center have a policy that prohibits the prescription of ADHD/Stimulant medication? ( D0527)**

	Count	Percent
Yes	39	10%
No	322	84%
Subtotals	361	
Missing	24	
Total	385	100%

**How many student group contacts did your center provide last year. (12 student attending one group = 12)? (NA528)**

	Mean	Median	Mode	Maximum	Minimum	Valid N
Group Contacts	595.3	106.0	8.0	9000	1	220

**How many student group contacts did your center provide last year. (12 student attending one group = 12)? (NA528)**

Institution Size	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500	.	1	60.00	1	173.75	11	117.00	20	.	.	.	2
1,501 - 2,500	7.00	2	20.67	3	310.50	22	323.50	24	.	.	5.00	3
2,501 - 5,000	698.67	13	36.00	2	379.00	37	91.57	16	.	.	5.00	3
5,001 - 7,500	341.33	17	3311.50	3	790.92	19	71.00	1	.	.	.	1
7,501 - 10,000	333.38	24	1185.00	1	860.57	11	.	1	.	.	.	.
10,001 - 15,000	206.54	27	10.00	1	1277.14	10	15	1	.	.	518	1
15,001 - 20,000	277.60	20	616.5	2	177.00	5	.	.	.	.	.	.
20,001 - 25,000	757.73	19	9000.00	2	.	2	.	.	.	.	.	.
25,001 - 30,000	850.17	9	.	.	210	1	.	.	.	.	.	.
30,001 - 35,000	1192.83	16	.	.	.	.	4961	1	.	.	.	.
35,001 and over	905.67	17	.	.	.	.	.	.	1609.00	2	.	.

**What is your operating budget (The portion of your budget that is not allocated for salary and benefits)? (NA529)**

	Mean	Median	Mode	Maximum	Minimum	Valid N
Budget	\$90,680.0	\$25,960.0	\$10,000.0	\$3.5 Mil	\$400	286

**What is your operating budget (The portion of your budget that is not allocated for salary and benefits)? (NA529)**

Institution Size	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500	\$35,000	1	\$5,000	1	\$15,510	11	\$9,883	20	.	.	\$22,000	2
1,501 - 2,500	\$7,500	2	\$35,333	3	\$22,715	22	\$35,571	24	.	.	\$20,000	3
2,501 - 5,000	\$68,485	13	\$13,950	2	\$30,731	37	\$15,689	16	.	.	\$16,500	3
5,001 - 7,500	\$32,050	17	\$26,788	3	\$37,865	19	\$20,000	1	.	.	\$4,249	1
7,501 - 10,000	\$52,595	24	\$8,500	1	\$33,701	11	\$150,000	1	.	.	.	.
10,001 - 15,000	\$77,715	27	\$8,500	1	\$118,201	10	.	1	.	.	\$30,000	1
15,001 - 20,000	\$52,817	20	\$250,000	2	\$84,917	5	.	.	.	.	.	.
20,001 - 25,000	\$138,288	19	\$575,500	2	\$1,008,128	2	.	.	.	.	.	.
25,001 - 30,000	\$227,946	9	.	.	\$61,000	1	.	.	.	.	.	.
30,001 - 35,000	\$72,773	16	.	.	.	.	.	1	.	.	.	.
35,001 and over	\$612,466	17	.	.	.	.	.	.	\$147,719	2	.	.

**What is the total square footage of your counseling center(s)? (including the waiting room)? (NA530)**

	Mean	Median	Mode	Maximum	Minimum	Valid N
Square Feet	4761	2047	1500	80000	70	146

What is the total square footage of your counseling center(s)? (including the waiting room)? (NA530)												
Institution Size	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500		1	675	1	260	11	1107	20			1300	2
1,501 - 2,500		2	2500	3	835	22	1161	24			1200	3
2,501 - 5,000	4201	13	2546	2	1966	37	900	16			300	3
5,001 - 7,500	1342	17	2000	3	2600	19		1				1
7,501 - 10,000	2528	24	18000	1	1175	11		1				
10,001 - 15,000	4550	27		1	7224	10		1			6700	1
15,001 - 20,000	4464	20		2	10000	5						
20,001 - 25,000	4613	19	1500	2		2						
25,001 - 30,000	16867	9			2700	1						
30,001 - 35,000	17592	16										
35,001 and over	12448	17							9180	2		

What is the total square footage of your counseling center(s)? (including the waiting room)? (NA530)				
Paid Staff and Intern FTE	Mean	Max	Min	Count
0-1 FTE				0
2-3 FTE	825	1000	650	5
4-7 FTE	3743	18000	1100	25
8-11 FTE	4844	9000	1500	26
12-16 FTE	13388	80000	1000	32
17 and greater FTE	9422	30000	1800	27

What is the total square footage of your waiting room)? (NA531)						
	Mean	Median	Mode	Maximum	Minimum	Valid N
Waiting Square feet	305	200	150	3900	0	139

What is the total square footage of your waiting room? (NA531)												
Institution Size	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500		1	225	1	50	11	229	20			136	2
1,501 - 2,500		2	90	3	135	22	139	24				3
2,501 - 5,000	335	13	780	2	175	37	215	16			150	3
5,001 - 7,500	181	17	200	3	248	19		1				1
7,501 - 10,000	258	24	162	1	143	11		1				
10,001 - 15,000	376	27		1	110	10		1			315	1
15,001 - 20,000	266	20		2	500	5						
20,001 - 25,000	551	19	200	2		2						
25,001 - 30,000	324	9			450	1						
30,001 - 35,000	473	16				0		1				
35,001 and over	946	17				0		0	400	2		

On how many occasions during the past year were students involuntarily hospitalized for psychological reasons? (not a count of the students but of the hospitalizations) (NA532)						
	Mean	Median	Mode	Maximum	Minimum	Valid N
	3.6	1.5	0.0	62	0	256

On how many occasions during the past year were students involuntarily hospitalized for psychological reasons? (not a count of the students but of the hospitalizations) (NA532)												
Institution Size	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500		1	0.00	1	.33	11	1.43	20			1.00	2
1,501 - 2,500	.50	2	3.50	3	2.12	22	2.81	24			0.00	3
2,501 - 5,000	4.13	13	0.00	2	2.27	37	1.00	16			0.00	3
5,001 - 7,500	1.64	17	0.00	3	1.79	19		1				1
7,501 - 10,000	5.39	24	1.00	1	3.25	11		1				0
10,001 - 15,000	3.57	27	5.00	1	1.80	10		1			0.00	1
15,001 - 20,000	4.73	20	0.00	2	3.50	5						
20,001 - 25,000	4.86	19	0.00	2	3.00	2						
25,001 - 30,000	10.50	9			3.00	1		0				
30,001 - 35,000	15.64	16						1				
35,001 and over	7.44	17							1.00	2		

What was the number of students who were involuntarily hospitalized? (NA533)						
	Mean	Median	Mode	Maximum	Minimum	Valid N
	2.8	1.0	0.0	65	0	256

What was the number of students who were involuntarily hospitalized? (NA533)												
Institution Size	School Status											
	Four-year public		Four-year public		Four-year private		Four-year private		Both four-year		Other	
	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count	Mean	Count
under 1,500	.00	1	0.00	1	0.33	11	1.43	20	.00	1	1.00	2
1,501 - 2,500	.50	2	3.50	3	2.12	22	2.81	24	.00	1	0.00	3
2,501 - 5,000	4.13	13	0.00	2	2.27	37	1.00	16	.00	1	0.00	3
5,001 - 7,500	1.64	17	0.00	3	1.79	19	.00	1	.00	1	.00	1
7,501 - 10,000	5.39	24	1.00	1	3.25	11	.00	1	.00	1	.00	1
10,001 - 15,000	3.57	27	5.00	1	1.80	10	.00	1	.00	1	0.00	1
15,001 - 20,000	4.73	20	0.00	2	3.50	5	.00	1	.00	1	.00	1
20,001 - 25,000	4.86	19	0.00	2	3.00	2	.00	1	.00	1	.00	1
25,001 - 30,000	10.50	9	.00	1	3.00	1	.00	1	.00	1	.00	1
30,001 - 35,000	15.64	16	.00	1	.00	1	.00	1	.00	1	.00	1
35,001 and over	7.44	17	.00	1	.00	1	.00	1	1.00	2	.00	1

Does your school have a case manager position?(D534)		
	Count	%
Yes	49	13%

Case Manger in Counseling Center (SA534)		
	Count	%
Yes	34	0.09

If yes, is it located in the counseling center?(SA535)						
Institution Size	Four-year public university	Four-year public college	Four-year private univer.	Four-year private college	Both four-year public and private univer.	Other
under 1,500	.00	.00	.00	.00	.00	.00
1,501 - 2,500	.00	.00	1.00	.00	.00	.00
2,501 - 5,000	2.00	.00	.00	1.00	.00	.00
5,001 - 7,500	1.00	.00	1.00	.00	.00	.00
7,501 - 10,000	2.00	.00	.00	.00	.00	.00
10,001 - 15,000	2.00	.00	1.00	.00	.00	.00
15,001 - 20,000	2.00	.00	1.00	.00	.00	.00
20,001 - 25,000	3.00	.00	1.00	.00	.00	.00
25,001 - 30,000	.00	.00	.00	.00	.00	.00
30,001 - 35,000	9.00	.00	.00	.00	.00	.00
35,001 and over	7.00	.00	.00	.00	.00	.00

Case Manger Outside Counseling Center (SA536)		
	Count	%
Yes	18	0.05
Placement	18.0	
Dean of Students	10	
Disabilities services	1	
HEALTH CENTER	1	
Judicial Affairs and Student Advocacy	1	
Near other auxillary services in Student Life.	1	
office of student assistance	1	
Student Affairs	1	
Student Life Office, supervised by the VP and Dean for Student Life	1	
Vice Chacellor for Student Affairs	1	
VP's Office	1	

What is considered providing direct services at your center?	Yes	No	Missing	Yes%	No%	Missing%
Direct Service:Entry to service (triage, phone triage, intake-however named)	349	18	18	91%	5%	5%
Direct Service: Individual counseling/psychotherapy	375	0	10	97%	0%	3%
Direct Service: Career Counseling	175	126	84	45%	33%	22%
Direct Service: Couples counseling	344	18	23	89%	5%	6%
Direct Service: Psychiatric contact	214	86	85	56%	22%	22%
Direct Service: Family counseling	229	72	84	59%	19%	22%
Direct Service:Case Management and Facilitating Referral	209	108	68	54%	28%	18%
Direct Service: Psychological assessment (while in the presence of the client).	291	38	56	76%	10%	15%
Direct Service: Psychological assessment (time spent outside of client contact).	75	222	88	19%	58%	23%
Direct Service: Group Counseling	344	16	25	89%	4%	6%
Direct Service: Structured groups	325	28	32	84%	7%	8%
Direct Service: Teaching a class	54	251	80	14%	65%	21%
Direct Service: Presentations	143	194	48	37%	50%	12%
Direct Service: Workshops	168	165	52	44%	43%	14%
Direct Service: Supervision provision	174	166	45	45%	43%	12%
Direct Service: Peer Supervision	54	251	80	14%	65%	21%
Direct Service: Providing training to trainees	100	221	64	26%	57%	17%
Direct Service: Consultation with faculty staff, parents and students about other students.	211	144	30	55%	37%	8%
Direct Service: Consultation with staff and trainees.	124	213	48	32%	55%	12%
Direct Service: Participation on Students of Concern/ Threat/Behavior Assessment teams:	83	244	58	22%	63%	15%
Direct Service: Crisis intervention, campus wide emergency response, and postvention	321	46	18	83%	12%	5%
Direct Service: Research	20	298	67	5%	77%	17%
Direct Service: Documentation (Intake writeup, session notes, crisis documentation, etc.)	72	266	47	19%	69%	12%