THE EFFECT AND IMPACT OF EVALUATING COLLEGE COUNSELING CENTER SERVICES

by

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ABSTRACT

Research evidence suggests that counseling services have a positive impact on retention efforts in higher education (Sharkin, 2004). There is also research that supports the use of evaluation of centers for administrators to justify improving services. Although research supports the contribution of college counseling centers to retention, there is need for more assessment of overall counseling center services. This study explores student perceptions of a college counseling center's services and what influences those perceptions have. Many factors influence the decisions students make concerning whether to remain in school or leave. This study used an outcome survey given to students seen at a University of Alabama Counseling Center. It was given to every Counseling Center client who had been seen for at least 3 sessions. It was given during a 4-week period in the spring semester 2011.

There was a significant relationship between satisfaction and importance of counseling center services. Students who thought services were important were also satisfied with services and vice versa. Males and females did not differ in their perception of the importance of the relationship with the counselor. Freshmen, sophomores, junior, seniors, and others did not differ in their perception of the importance of relationship with the counselor. Overall, students were satisfied with counseling services at The University of Alabama.

DEDICATION

This dissertation is dedicated to the ladies in the Women's Thesis and Dissertation Support Group. Keep on truckin'!

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CHAPTER 1

INTRODUCTION

Addressing the increasing psychological needs on campus is a central mission to most college counseling centers (Reynolds & Chris, 2008). Cooper and Archer (2002) provided a rationale for increasing the level of research, assessment, and evaluation at college counseling centers. They reported three main reasons for this: (1) the belief that evaluation can lead to improvement in programs and services, (2) the belief that evaluation could document accountability to administrators who provide support of the counseling center, and (3) the belief that evaluation could enhance institutional effectiveness in achieving missions (Cooper & Archer, 2002). There is also the issue of measuring ability to meet needs with current capacity (Kiracofe et al., 1994). The actual capacity at a university counseling center can be based on different factors such as whether or not the center is accredited. If accredited by the International Association for Counseling Services, the number of staff determines the capacity. For instance, IACS requires that there should be 1 staff member per 1,500 students, therefore for a campus of approximately 30,000 students enrolled, there should be 20 counselors in that center (V. Boyd et al., 2003). If the center is not accredited, then the capacity may be determined by the institution's administration.

Just as the demographics of the current generation of college students have changed, so have their needs, including their mental health needs (Kitzrow, 2003). According to the National Survey of Counseling Center Directors that was conducted at 284 institutions, 9% of enrolled college students in the United States sought counseling in the past year (Gallagher, 2008). The

study further showed that 16% of center clients were referred for psychiatric evaluation. Of the students considered, 26% were prescribed psychiatric medication, a figure that has increased by 20% since 2003. Sharkin (1997) warned that the trend may be based on perception and clinical impression rather than on direct services. There is some evidence that the problems of clients who are being seen at counseling centers are becoming increasingly severe (O'Malley, Wheeler, Murphey, O'Connell & Waldo, 1990). Not only have student needs changed, but these needs have also increased in severity (Kitzrow, 2003). Although college counseling centers are recognized as brief counseling centers (15 sessions or less), they are appearing more like community mental health centers because of the increase in severity of problems amongst students. Benton, Robertson, Tseng, Newton, and Benton (2003) looked at counseling center client problems over a 13-year period: Counseling center staff reported that there has been an increase in severity of symptoms among college students for that period of time.

In 1971 Banning discussed this model in detail and the benefit college counseling centers could gain from its use. "Is the university campus a community?" is a question Banning (1971) posed in an effort to urge the reader to contemplate how the same characteristics of a community mental health model were not being applied inside the walls of higher education institution. Today, college mental health is taken more seriously especially because there have been several incidences in the past few years where students with mental illnesses acted out violently. As mentioned previously, a concern of the past two decades has been the steady increase in severity of client symptoms (Smith et al., 2007). Banning likens campuses to communities, although some may not view them as such. Communities are not immune to stresses and conflicts, and neither are college campuses. He argued that in order for colleges to be able to deal with these stresses, they must view the campus like a community and, therefore, adopt a community mental

health "style" model (Banning, 1971). Although Banning's research is over 30 years old, more current research reflects the need to use such a model, although it might not be labeled the same.

The cornerstone of the community mental health model incorporates (a) community involvement in the development of the model, (b) delivery, (c) evaluation of services, and (d) prevention. As stated, this study focuses on evaluation of services (Hunter & Riger, 2006). Reportedly, there have been low levels of evaluative research done at college counseling centers (Cooper & Archer, 2002). College counselors are in an ironic position in that they are practitioners working in a college setting that values scholarly work (Cooper & Archer, 2002). The current study is not only meant as a practical way to evaluate counseling center services but will also fulfill this institutional expectation (see Figure 1).

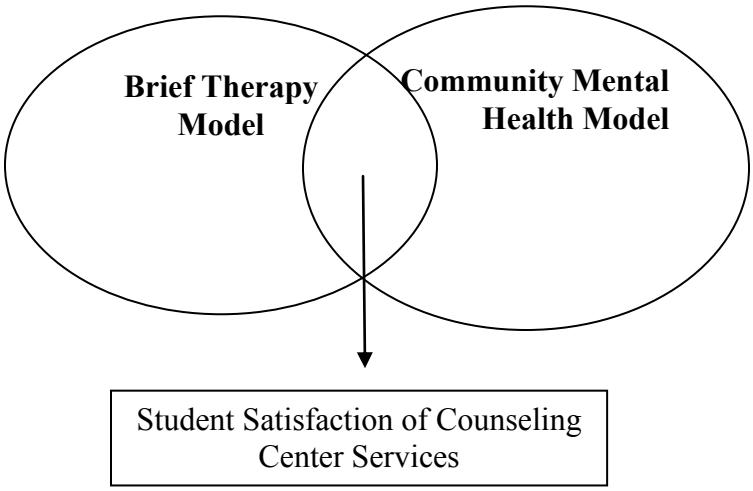

Figure 1. Conceptual models suggesting what impacts and effects evaluating college counseling centers.

In contrast to Banning's model is the brief therapy model (see Figure 1) that is used in many college counseling centers today. The University of Alabama Counseling Center uses the brief therapy model. Session impact, involving participants' postsession mood and evaluation of the immediate session effects, has been proposed as a link between counseling process and

outcome (Stiles & Snow, 1984). Symptom reduction and client satisfaction, as mediated by client and other factors, present a model for a very brief psychotherapy in college mental health settings (Talley, 1992). These theories may ultimately facilitate a lower number of sessions needed by the student as a result of streamlining the services offered. The University of Alabama allows students 15 sessions for counseling per academic year. Students, as well as staff and administration, will benefit from therapy directed toward briefer duration of sessions and positive feedback/outcomes.

As student problems increase in number and severity, the need for college mental health counseling also increases. Data from the 2008 National Survey of Counseling Center Directors show that the following:

- 49% of their clients have severe psychological problems;
- 7.5% have impairment so severe that they cannot remain in school;
- 21% of centers have received (or will) receive additional funding because of the increased focus on counseling following the Virginia Tech shootings (Gallagher, 2008).

Kitzrow (2003) expressed that the increase of severity of student problems and the demand for counseling services has been due to social and cultural factors such as divorce, family dysfunction, violence, drugs, alcohol, and poor interpersonal attachments. More students may also be seeking counseling because they have received counseling while in high school and the stigma is gone. Also, new, more effective psychiatric medications have made it possible for some students to go to college who may not have previously been able to attend (Kitzrow, 2003).

Consequently, because of this increase in psychopathology, it is possible if not likely that the mission and procedures central to university counseling centers are experiencing a period of change and rebalancing. Indeed, there is evidence that a review of their approaches is already

underway at many institutions. When counseling center directors were asked, 49% of them were preparing more reports for higher level administration about their center's capacity for handling student problems (Gallagher, 2008). To reflect the need for more services, college counseling centers have changed to accommodate such needs (see Table 1):

Table 1

Report by Counseling Center Directors

Counseling Center Directors Reported in 2009 (N = 302)	Counseling Center Directors Reported in 2004 (N = 339)
• 6.1% of centers charge for personal counseling, down from the peak of 17.2% in 1996. • 59% of centers are supported by mandatory fees • 10.4% of enrolled students sought counseling in the past year. • The ratio of counselors to students is 1 to 1,527. • 31% of centers tend to place limits on the number of client counseling sessions allowed. • 45% of centers generate a DSM-IV type of diagnosis on 50% or more of their clientele, 55% rarely, or never, do this kind of diagnosis. • 93.4% of directors report that the recent trend toward greater number of students with severe psychological problems continues to be true on their campuses. • Directors report that 48.4% of their clients have severe psychological problems. • 260 centers hospitalized an average of 8.5 students per school year (2,210 students in all) for psychological reasons. • Directors reported 137 student suicides in the past year. 19% of these were former or current center clients (Gallagher, 2009).	• 8.7% of centers charge for personal counseling. • 46% of centers are fully or partially supported by mandatory fees. • Counselors spend 61% of their time providing direct service to students. • 39.3% of centers generate a DSM-IV diagnosis on most clients. • The ratio of counselors to students is 1 to 1,511. • 40.3% of centers limit the number of client sessions. • 10% of the students at participating schools sought counseling in the last year. • 92% of directors report an increase in students coming to counseling who are already on psychiatric medication. • 85.8% of directors believe that in recent years, there has been an increase in the number of center clients with severe psychological problems. • Directors report that 41.3% of their clients have severe psychological problems. • 2,200 students were hospitalized for psychological reasons. • Directors reported 103 student suicides in the past year (Gallagher, 2004).

The most important, and disturbing, change is that the number of suicides has increased, as well as the number of psychiatric hospitalizations. The increase in pathology may be related to

a change in the student body. Rudd (2004) pointed out that there has been an increase in the overall number of young adults attending colleges and universities. Black and Sufi (2002) reported that the number of students of lower socioeconomic status attending colleges and universities is increasing as well. Rudd stated that the trend is that the college counseling center is in the process of becoming more like a community mental health center by having clients with "more severe pathology and problems that require ongoing and longer term care " (p. 316).

Counseling center directors reported in 2009 that 7.6% more students compared to 2004 have had increased psychological problems that were severe. Examples of severe problems are suicidal ideation, major depression, bipolar disorder, and psychotic symptoms. In some cases, short-term therapy may not be appropriate (O'Malley et al., 1990). Counseling center staff effectiveness must be evaluated to determine the success of reducing severity of symptoms as well as to meet the goal of the center's mission.

The statistics in the previous paragraph can be attributed to the changes in college counseling centers over the years. Some of the changes likely have been influenced by demand and an increase in students attending college, but also attitudes about receiving counseling have changed. The Suicide Prevention Resource Center (SPRC) (2004) indicated that one of the primary factors associated with the increased demand for campus counseling services for students with serious psychological issues was decreased stigma associated with mental illness and help-seeking on college campuses. Another change for college counseling centers is an increase in multicultural competence. An increasing number of multiethnic and multicultural students, lifelong learners, and openly gay and lesbian students, among others, are highly visible on today's campus (Hodges, 2001), which in turn may result in more complex needs from a college counseling center. The increasing diversity of the student population is one factor that

university counseling centers are beginning to address (Lafollette, 2009). Another unfortunate change for college counseling centers has resulted from tragedies such as September 11, 2001, and the shooting of 32 students at Virginia Tech University. Because of these tragedies, crisis management and disaster mental health have increased on campuses. A requirement for accreditation is that counseling services must provide crisis intervention and emergency coverage either directly or through cooperative arrangements (V. Boyd et al., 2003).

With the growing demands facing university counseling centers, institutional funding for the centers may need to become more of a priority (Bishop, 2006). Funding for university counseling centers is always a factor in how college counseling centers change. Without administration support of the counseling center, funding can be a limit that most centers cannot overcome. Some centers sustain themselves by charging fees, which is sometimes controversial because some students see this service as being a part of their tuition fee. Lafollete (2009) recommended two ways to help counseling centers fulfill their role on campus: First, hire more staff to meet the needs of the students and disperse workload, and second, use additional funding for preventative means (Lafollete, 2009). As the college student population evolves, so must the college counseling center in order to meet the needs of the student and university as a whole.

Statement of the Problem

Research shows that larger numbers of college students are receiving psychotherapy, are taking or have taken psychotropic medication, or have been in psychiatric hospitals or residential treatment programs (Reynolds & Chris, 2008). College counseling centers' mission is to provide good mental health service for college students. The University of Alabama Counseling Center's mission is to help UA students achieve academic success and personal growth through quality brief counseling and psychological services, outreach and consultative services, and training of

mental health professionals (Counseling Center, n.d.). Counseling center missions should be a subdivision of the overall mission of the institution. The mission of The University of Alabama is to advance the intellectual and social condition of the people of the State through quality programs of teaching, research, and service (Mission and objectives, n.d.).

This study is being conducted to address institutional practices through perceptions-based planning and assessment of a college counseling center. Evaluations of college counseling services are used to document outcomes and demonstrate accountability (Cooper & Archer, 2002). The International Association for Counseling Services (IACS) is the accrediting body that values evaluation and research of college counseling centers. Buffalo State College Counseling Center (BSCC) staff developed their own assessment to examine services provided to students, in an effort to evaluate what services need to be changed. BSCC and The University of Alabama Counseling Center can be compared and contrasted by the size and type of institution, geographic location, historical mission, financial status, sources of funding, and the demographics of their student body. These may all be combined to determine something as simplistic as size of counseling center staff. However, the needs can be very context and institution specific. This study, therefore, analyzes the needs and services of a large public university counseling center by utilizing an assessment created by the staff of a smaller institution.

Purpose of the Study

College counseling centers are under more scrutiny regarding how services contribute to the overall mission of the university. The purpose of this study is to assess counseling center services at The University of Alabama Counseling Center in order to improve programs, change procedures, and meet the goal of the mission of the center. This study used a modified version of

a counseling center survey developed at Buffalo State College to evaluate the services provided to clients of The University of Alabama Counseling Center. The specific perceptions measured may aid counseling centers and other student affairs departments with further evaluation of services as they relate to retention.

Scope of the Study

The campus chosen for this study is a large 4-year public institution in a comprehensive state system. This residential campus, with an enrollment of approximately 28,807 (fall 2009). In terms of student diversity, 53% are women, 12% African Americans, 2% Hispanic American, and 1% Asian American. Sixty-eight percent of students come from Alabama, and 29% come from elsewhere in the United States. Three percent are international students from approximately 72 countries (Demographics, n.d.).

Clients at the University of Alabama Counseling Center were given the assessment survey during a 4-week period in the middle of the spring 2011 semester. The period of time used was chosen to accommodate the academic calendar and maximum availability of clients (Reynolds & Chris, 2008). The instrument was developed by the Buffalo State College Counseling Center staff and used at The University of Alabama Counseling Center. Thirty-nine items centered on the counseling center mission and effectiveness of services. For each statement, participants were asked to respond to a 5-point Likert scale of *agree/disagree* and *important/not important* scale (Reynolds & Chris, 2008).

Conclusion

This study is similar to a case study conducted by Reynolds and Chris at Buffalo State College Counseling Center, in an effort to improve services through an outcome-based survey.

This dissertation is divided into five chapters. The first chapter introduces the problem and the issues under investigation.

Chapter 2 reviews the literature to support the theoretical foundation of the dissertation. The remainder of the chapter reviews literature regarding evaluating counseling centers. Early studies in the area of community mental health models for campus mental health services generally concluded that the model would not work for universities unless the role of the counseling center was established (Banning, 1971). The University of Alabama Counseling Center operates under a brief therapy model, not a community mental health model. As Sharkin and Coulter (2005) and Trela (2008) pointed out, there is a clear need for college mental health services as the psychopathology of college students increases in severity. Other studies have disputed this statement and claim that "client distress at intake has found no significant increases" (Benton et al., 2003, p. 66).

Chapter 3 describes the statistical methods used to measure the data gathered. It describes the research perspective, research design and its limitations, subjects, research variables, instruments and measures of data collection, data analysis, validity, and reliability, as well as methods used in the study (Karchmer & Johnson, 1996). The methodology is described in significant detail so that this study can be replicated.

Chapter 4 presents the results from the data collected and analyzed. Finally, chapter 5 will presents the conclusions of the study. Evaluation of counseling centers could illustrate ways centers can improve. Evaluation is important for services to meet the needs of students. Although students may rate a service as being valuable, they still may not utilize the services (Carney, Savitz, & Weiskott, 1979).

CHAPTER 2

LITERATURE REVIEW

> The quality of mental health counseling services is directly related to the ability of many students to gain a college degree.
>
> —Kadison & DiGeronimo, 2004, p.158

This study draws on four main areas of prior research. The first section of this chapter discusses the historical background of college counseling centers. Counseling centers have been an important part of higher education since before World War II (Hodges, 2001). Since they were first established, college counseling centers have evolved to meet the needs of today's college student. The International Association of Counseling Services, the accrediting board for college counseling centers, determines standards regarding college counseling centers. In order for student needs to be met, a college counseling center must provide certain roles and functions. A counseling center should play three essential roles in serving the university community. The first is to provide direct counseling to students experiencing personal and academic problems. The second is to provide more of a preventative role in helping students discover better ways to learn and cope with college. The third role "involves supporting and enhancing the healthy growth and development of students through consultation and outreach to the campus community" (V. Boyd et al., 2003, p. 169).

The second section of this chapter discusses the reason for evaluating college counseling center services and the relevance of evaluation as it relates to retention, accreditation, and

improvement of programs. Administrators are relying more on retention statistics in helping with recruitment of students and sustainability of departments. Improving services is always a consideration for counseling centers, and one of the ways to know what students need or want is regular evaluation of those services provided. Another factor that warrants mentioning in this section is the need for evaluation of centers in light of the events at Virginia Tech University in 2007. Seung-Hui Cho shot 27 students and 5 faculty members before taking his own life. His mental health history had been documented, but his case seemed to have fallen through the cracks. Many people knew of Cho's problems (e.g., Campus police, faculty, and other students), but there was no system in place to help protect the campus, as well as Cho. After the massacre, college counseling centers across the country had to take a closer look at their practices, and evaluations became more critical (Shuchman, 2007).

The third area of literature considered in this chapter is the challenges facing college counseling centers. Professionals who provide mental health services face questions of uncertainty and change. There is an increase in the severity of problems seen in college counseling centers (Thomas, 2005). Most counseling centers are facing a decrease in financial support as well as more demand for accountability. Some centers do not have enough therapists to meet the requirements for accreditation. Dr. Lee Keyes, director of the University of Alabama Counseling Center, stated that "IACS (International Association of Counseling Services) standards are aspirational. They are committed to developing Centers over time. Their goal is not to block accreditation and not offer any help. This is partly because they realize so many Centers are under-funded and can't miraculously gain a lot of resources over night. Over time a Center can lose its status if it does not demonstrate progress however, and I have seen that happen"

(Keyes, 2011, August 19). These factors increase the pressure on counseling center directors to provide effective services to students.

The fourth portion of this chapter describes orienting concepts for the study. The orienting concepts surround client satisfaction and perception. Research suggests that the whole counseling center system combines with counselors' work to form clients' satisfaction with their counseling experience (Chao, Metcalfe, Leuck, & Petersen, 2004).

Historical Background of College Counseling Centers

The role of a counseling center serves to coincide with the mission of the university, but the primary function is to provide direct services and intervention to students whose personal problems interfere with their ability to perform in the classroom (Sharkin, 2004). One purpose of college counseling centers is to help students make decisions and solve problems more effectively, and this effect of counseling should be reflected in their academic performance (Wilson, Mason, & Ewing, 1997). Counseling centers began gaining more attention after World War II as more students were enrolling. The centers began helping students with vocational and guidance counseling but developed into more personal counseling under the guise of helping their "personal adjustment to college" (Hodges, 2001). As counseling professionals, we must understand our roots so that we can learn from our past (Hodges, 2001).

In the 1930s and 1940s, questions arose about various counseling models and the role of college counseling. The earliest separate unit organized to offer educational and vocational guidance seems to have been the University Testing Bureau at the University of Minnesota in 1932 (Hedahl, 1978). There were other institutions (University of Chicago, Ohio State University, University of Illinois, and University of Missouri) that were provided similar services (Heppner & Neal, 1980). There were those who thought faculty should be "counselors" and

receive training in the counseling field. Some argued that faculty should only provide "normal" academic concerns and that trained professional counselors respond to student issues (Hodges, 2001). Therefore, the problem was who was to deliver counseling and what was the disposition of counseling. The role and function of today's college counseling center continues to evolve and change according to societal, political, and economic trends (Kitzrow, 2003).

Below is a brief timeline of the four general periods identified by Heppner and Neal (1980):

1. Before 1945: The beginnings, different levels of staff (advisors, deans, and counselors) "counseled" students. Later, the need for specialized "clinical counselors" was recognized.
2. 1945-1955: Transition and professionalism, counseling centers were established in response to vocational guidance to veterans returning from World War II. The role of counseling as a profession separated from that of student personnel.
3. 1955-1970: Expansion and consolidation, personal counseling began to emerge as an important function. Consultation and outreach roles began to develop.
4. 1970-1982: Broader scope and constricted budgets, center staff began to see themselves as more than individual counselors, with the entire campus as their client. Many centers had to deal with budget restrictions (Stone & Archer, 1990).

Each of these periods is now considered in more detail.

Historically, counseling center roles and functions have responded to social needs. This action to use vocational counseling in college settings set the college counseling movement in motion in the 1930s and 1940s (Hodges, 2001). Before 1945, books appeared about how to

counsel students, and the role of counseling was broadly defined as helping students remove a variety of obstacles or problems (Heppner & Neal, 1980).

During the period 1932-1955, the roles and functions of the university counseling centers were not clearly or consistently defined (Heppner & Neal, 1980). The notion that colleges and universities must be concerned with the mental health and character development of their students was not a new concept. In a number of schools, such as Yale, Harvard, Princeton, and Stanford, counseling and mental health services developed from student health needs and were staffed by psychiatrists, but at other schools such as University of Minnesota and Ohio State University, counseling grew out of psychology departments or student personnel groups (Archer & Cooper, 1998).

A surge of students enrolled on college campuses after World War II. The Federal Veterans Administration (VA) provided funding for students to attend college (Hodges, 2001). The G.I. Bill, officially called the Servicemen's Readjustment Act of 1944, was designed to give more opportunities to returning veterans (Gutek, 1991). Many veterans took advantage and enrolled. It provided federal aid to help veterans adjust to civilian life. The act provided tuition, books, supplies, equipment, and counseling services (Gutek, 1991). Counseling professionals assisted these students in transitioning to higher education. More of the focus was on vocational education and guidance, and there was a crossover between vocational and academic counseling. There was some confusion about the nature of counseling and those best able to provide it (Hodges, 2001).

The veterans of World War II were enrolling in universities and receiving both vocational and personal adjustment counseling (Hodges, 2001). There were many societal and political changes in the decades to follow, such as the Civil Rights and the women's movement (Hodges,

2001). Efforts were made in many parts of the country to change the social barriers to these minorities and allow access to higher education.

One of the major demographic shifts at this time was the influx of older students with families who matriculated. The faculty was suddenly interacting with older students who were not hesitant to question and discuss policies and practices (Hodges, 2001). Counseling services included considerable academic and career counseling, whereas mental health services tended to be staffed by psychiatrists and to focus mainly on personal issues (Archer & Cooper, 1998). More responsibility designated to the counseling center evolved into a set of distinct services offered only by counseling professionals with specialized training. There was more focus on integration of the counseling center into the university community, including activities such as personal counseling, teaching, consultation, preventative mental health services, and holistic student development (Heppner & Neal, 1980). As a result, college counseling centers emerged to assist with specific student issues such as adjustment or personal problems. The mental health services were delivered by a wide range of professionals, however, which may have contributed to the confusion (Heppner & Neal, 1980). More personnel were hired to help faculty keep up with the demand. Duties that were formerly performed by faculty were now shifted to student affairs. No longer could specific deans provide all the necessary personal services for students. Therefore, campus counseling centers established procedures for assisting with specific student concerns (Hodges, 2001). College counseling centers began to develop an identity that was separate from other student affairs departments (Winston, 1989). Personnel with specialized training, counselors, were able to offer more specific services. Much of counseling was concerned with privacy and confidentiality, so professionals soon advocated for the development of ethical standards (Hodges, 2001).

Research began in the 1950s examining what perceptions student personnel and students had with regard to the roles and functions of a university counseling center (Heppner & Neal, 1980). The growth of the American Psychological Association also attracted many to the counseling profession, and counseling psychology emerged as a distinct field (Hodges, 2001). The 1950s and 1960s were transitional. Many publications appeared advocating personal adjustment counseling of college students. A series of articles advocating new roles for college counseling centers appeared in the 1960s, and because of these articles, a "major reassessment" of the role and function of the university counseling center occurred (Heppner & Neal, 1980).

The years of 1970-1982 brought new social forces. Inflation became a growing concern, and financial budgets for counseling centers across the nation indicated cutbacks (Heppner & Neal, 1980). The "Cube" model was introduced as a way of expanding the role of the counseling center (Stone & Archer, 1990). This model was developed by W. H. Morrill, E. R. Oetting, and J. C. Hurst in 1974. Also termed the *global model*, the Cube model allowed counseling centers to function in light of demands, with greater flexibility, interdependency, and collaboration with the campus community (Pace, Stamler, Yarris, & June, 1996).

As college counseling centers began to grow in number and sophistication of approaches, those in the profession began to take one of two main viewpoints on their craft. Specifically, an emerging argument in the profession was that of a medical model approach versus the developmental model. Those in favor of using a developmental model believed that "addressing student's emotional concerns can enhance both academic success and satisfaction with the institution" (Hodges, 2001, p. 164). The benefits of this viewpoint would be more attentiveness to the student's self-reflection in a more active, nonjudgmental way. The developmental movement was more about opposing the medical model, because they believed the diagnostic

system to be flawed (unfounded research), and removes counseling from the traditional role (Hodges, 2001). The medical model approach favors a more diagnostic/prescription use with students. Many college counseling centers have veered away from the developmental model because, in recent decades, there has been an increased severity of problems (Sharkin, 1997). Problems such as depression and major mood disturbances have risen in the past 20 to 30 years (Benton et al., 2003; O'Malley et al., 1990). The reason for the increase may vary from better resources to more acceptance of the counseling process. The trend to use a more medical model might be related to the increase in who was taking psychoactive (mood altering) medication (Hodges, 2001).

Traditionally, counseling centers have designed their services using the medical model. Durand, Girton, Robinson, and Cox-Farmer (1980) opined that a reevaluation of traditional services is necessary in order to assess the effectiveness of their internal processes and the external realities of their environment. They argued that moving away from the medical model toward a developmental model would help the counseling center serve as an effective resource for the institution. The medical model does not address the needs of university populations (Durand et al., 1980).

In the past, college counseling centers have seen cuts in job positions and outsourcing of services to local mental health providers (Thomas, 2005). Outside forces such as increased competition for resources and demographics affected college counseling centers (Hodges, 2001). According to college counseling center directors, college counseling centers were seeing more students with severe mental health issues in light of recent events on campus (i.e., Virginia Tech; Wolgast et al., 2005). In one study, there was speculation that therapists perceived an increase in overall client severity because of an increase in the relatively small group of most distressed

students (Benton et al., 2003). Sharkin (1997) argued that a closer look at the research shows that the perception among counseling center therapists is that severity of psychological problems in college students is on the rise, but there is "little direct evidence to support such a trend."

Today, there is a differentiation between career counseling and psychological counseling on college campuses. Bundy and Benshoff (2000) investigated the student perception of personal counseling at a 2-year community college in North Carolina. The authors discuss how the counselor's role has changed over the years from en loco parentis to support for students (Bundy & Benshoff, 2000). A few of the student needs that are addressed in the study are the need for better community resources with regard to quality and affordability, services for nontraditional students, and greater availability of career and personal counseling services (Bundy & Benshoff, 2000). The professionals who work in a college and university counseling center are in a field that continues to grow and evolve (Bishop, 2006). Many factors will be influential in determining what will be important to counseling centers in the future. Some of these factors include the size and type of the institution, demographics of the student body, historical mission, financial status, sources of funding, and size of counseling center staff.

Mental health issues have recently captured the attention of many stakeholders and introduce a new emphasis on the importance of counseling centers on college campuses. The shootings at Virginia Tech University have forced administrators to take a more serious look at mental health services provided to students. Since then, college administrators have been allocating more money and resources into efforts to prevent a similar tragedy on their campuses (Farrell, 2008).

College counseling today is essentially short-term counseling. Because of the kinds of developmental concerns students present at college counseling centers and the impact of class

and term academic calendars, most counseling that university mental health services deliver is de facto short-term and intermittent (Cooper & Archer, 1999). Some of these developmental concerns might be adjustment problems, relationship issues, or poor grades.

Overall, the literature suggests that counseling centers can have a profound individual, as well as institutional, impact. The psychological aspect in a student's departure from college emphasizes the role of psychological characteristics. Students who make use of counseling stay in school at a higher rate when compared to those who do not use counseling (Van Brunt, 2008). Turner and Berry (2000) found that 70% of students who attended counseling reported that their personal problems affected academic performance. Adjustments such as moving away from home, academic expectations, personal identity, and relationship and roommate issues are some of the problems students have when beginning college. Those students with social and emotional problems are at risk for dropping out (Van Brunt, 2008). A recent ACT survey of administrators revealed that the cause of student attrition was more about student issues rather than university factors (Heldman, 2008). There were 13 issues identified: lack of motivation to succeed, inadequate financial resources, inadequate preparation for college, and poor study skills were just a few (Heldman, 2008).

Short-term can be defined, for our purposes, in two ways. First, short-term can be used to describe the amount of time spent per session. For example, welfare counselors may see their students over extended periods of time; yet each session must be as brief and as business-like as possible. Or, second, short-term can refer to the total number of sessions. When, as in welfare or employment counseling, the meetings between student and counselor are brief albeit regular, the counselor is somewhat handicapped in efforts to interact. To be on cordial terms with one's

students and to have them assured that one is always acting in their interest are the significant variables when contact time with the student is minimal.

Reasons Students Go to College Counseling Centers

Students who seek counseling at a college counseling center do so for many reasons. A study by the American College Counseling Association found that a majority of students seek help for normal postadolescent trouble like romantic heartbreak and identity crisis (Center for the Study of College Mental Health, 2009). There have been changes in demographics and in student needs, especially mental health needs. In the past, counseling centers have responded to social needs and have changed over time (Stone &Archer, 1990). Research has been conducted on the increasing psychopathology of college students. At Stony Brook University in New York, director, Dr. Jenny Hwang said, "It's so different from how people might stereotype the concept of college counseling, or back in the 1970's student coming with existential crises: who am I? Now, they're bringing in life stories involving extensive trauma, a history of serious mental illness, eating disorders, self-injury, alcohol and other drug use" (Gabriel, 2010, p. 1). O'Malley et al. (1990) concluded that counseling center directors see the increases resulting from changes in society, students, and their centers.

Kimberly Trela (2008) argued that "clearly, there is a need for collegiate mental health services, but for many campuses, the availability of these services does not match student needs" (p. 30). Many students come to campus already seeing a psychiatrist and being prescribed psychiatric medication. Many people who are in the position of working closely with such students may not recognize the magnitude of the problems that exist on campuses. The events at Virginia Tech and the Massachusetts Institute of Technology (in which a student set herself on fire) have left the higher education community seeking better ways to identify the warning signs

(Trela, 2008). These "frontline responders" (e.g., professors, departmental staff, etc.) are sometimes the first to notice that a student needs help and may refer the student to the counseling center. As mentioned previously, the number of students with more severe psychological problems has increased (Kitzrow, 2003).

Why is there more of a demand for counseling center services? The answer may be that the stigma of going to counseling is not as intimidating. More than likely, it may be social and cultural factors such as family dysfunction, poor coping skills, low frustration tolerance, and experimentation with drugs, alcohol, and sex (Kitzrow, 2003). Also, disorders such as bipolar, schizophrenia, and depression first appear at late adolescence and early adulthood.

If there is more demand for counseling services, it may be due to the increasing need. More students take psychiatric medication, and there are more emergencies requiring immediate attention (Gabriel, 2010). Comparing current data with past data indicates that there has been an increase in the number of college students being hospitalized and an increased number of third party (parents, targets, etc.) who had to be warned because of potential harm students posed to themselves and others (Gallagher, 2002). Because college counseling centers are seeing more severe problems among students, an examination of how the presenting problems of college students compare to the population in general would seem especially relevant to university administrators and psychological service providers (Thomas, 2005).

Another way the counseling center can meet student needs is by helping them remain in school. Bishop and Walker's (1990) study used the University of Delaware's Center for Counseling and Student Development to attempt to identify students who had concerns about retention. After an intake interview, students were asked to answer one of three questions: (a) Were they considering dropping out of school, (b) were they considering transferring, and (c)

were they worried about academic failure? One hundred eighty-seven underclass students were used, as they were among freshmen, sophomores, and juniors who sought counseling services during the academic year. A year later, a client satisfaction survey was mailed to each of the 187 students. This questionnaire was designed to assess the role counseling played in their decision (Bishop & Walker, 1990). The results indicated that students who were considered retention risks tend to persist in their academic careers after receiving counseling (Bishop & Walker, 1990).

College Counseling Center Satisfaction Studies

Whereas we have examined why students go to counseling centers, studies have also addressed students' level of satisfaction with their experience with college counseling center services. However, most studies focus on the effectiveness of mental health care on campuses and student perception of services. Many centers conduct satisfaction surveys to not only evaluate services, but to provide accountability of the effectiveness of counseling to administrators. Stone, Vespia, and Kanz (2000) looked at the effectiveness of mental health on college campuses. They sampled college counseling center directors in a survey concerning their centers' policies and practices in response to Margaret Chisolm's criticism of mental health care on college campuses. Stone et al. (2000) argued that Chisolm offered these criticisms without the benefit of supporting data. Chisolm (1998) stated that she felt that more thorough diagnostic evaluation should be conducted either by a psychiatrist or a "well trained" psychologist. In fact, the Stone et al. (2000) study found that most college counseling centers employed doctoral level psychologists trained in the diagnosis of mental illness. In the Stone et al. (2000) study, it was concluded that many of Chisolm's assertions were not supported by the data.

Hom (2002) studied satisfaction with counseling center services within the community college setting. He prefaced the definition of student satisfaction with the fact that there is a lack of a "standard definition of student satisfaction" (p. 3). He continued by defining it as "a function of relative levels of expectation and perceived performance, formed on the basis of past experiences and similar situations" (p. 4). He compared a customer satisfaction model for business with a general student satisfaction model of a public 2-year college. He concluded by stating that the satisfaction survey should be used as a process improvement tool, not a staff evaluation tool.

Some of the main areas of counseling center satisfaction that have been considered over time have been providing student characteristics, assessing changes in student attitudes and behaviors, and serving as a data source for the campus (V. S. Boyd, Roberts, & Cook, 1994). Older studies such as the one conducted by Watson and Noble (1971) reviewed a survey given at an Inter-University Psychological and Counseling Center during the academic year 1968-1969. This study was unique because the survey only asked three questions: (a) Are there differences in satisfaction among clients with problems that are primarily educational-vocational and personal problems?; (b) Is client satisfaction related to the training and experience of the counselor?; and (c) Is client satisfaction related to amount of time spent in counseling? The researchers focused on client satisfaction and three factors: (a) type of problem brought to the counseling center, (b) training, and (c) experience of the therapist and duration of counseling. The study found that clients were generally satisfied with the service received, but there were significant differences in the degree of satisfaction with the client's experience (Watson & Noble, 1971). Some researchers have integrated a customer satisfaction model in the planning of counseling services (Hom, 2002). Satisfaction is the state felt by a person who has experienced a performance (or

outcome) that has fulfilled his or her expectations (Kotler & Clarke, 1987). The lack of exposure to customer satisfaction theory (see Figure 2)can lead to serious misunderstandings about student satisfaction in terms of its measurement, its analysis, and its use in policy planning (Hom, 2002).

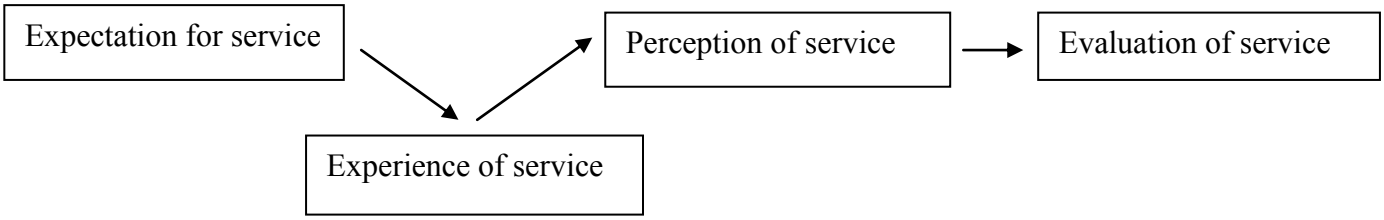

Figure 2. Customer satisfaction theory comprises measurement, analysis, and policy planning.

Clients seeking help for personal problems were more satisfied than those who sought counseling for career planning. The same was true with the question of amount of time in counseling, in that there was a positive relationship for those with personal problems as opposed to those who came for career planning.

Carney et al. (1979) argued that although a student may rate a service as being valuable, he/she still may not use that service. Their study's purpose was to replicate an earlier study that looked at student perceptions of campus counseling services and their needs. They altered the study in four ways: (a) The original study looked at only seniors but this study looked at all students; (b) the title of the agency was provided as opposed to the original study, which did not disclose the agency name; (c) the term *how valuabl*e was replaced with *helpfulness*; and (d) the question of intensity for specific needs was replaced with whether or not students intended to participate in workshops designed to assist with those same needs (Carney et al., 1979). The results confirmed the original findings that few students knew a lot about services provided by the counseling center, and of those, 58% felt services had been somewhat helpful (Carney et al., 1979).

Challenges for College Counseling Centers Today

There are multiple challenges confronting counseling centers today. Some of those challenges are (a) providing cost effective and efficacious services (Nafziger, Couillard, & Smith, 1999); (b) demands for counseling and crisis management services; (c) career development services; (d) special student populations; and (e) retention issues (Bishop, 1990). The need for research in college counseling is greater, also. Researchers reported that one major obstacle counseling centers face when deciding whether to engage in research is the narrow definition of what such research entails (Stone & Archer, 1990). The International Association of Counseling Services (IACS) described a broader definition of research in their standards, by allowing counseling center staff to make other kinds of evaluations part of research (V. S. Boyd et al., 1994). Archer & Cooper (1998) concurred that "it is clearly possible and often desirable to include qualitative and anecdotal data in these kinds of studies because written and concise narrative reporting observations of students can have a significant impact on faculty and administrators" (p. 194).

Professionals who provide mental health services face a "psychological landscape" characterized by uncertainty and change (Nafziger et al., 1999). An important economic condition affecting student needs is the reality that many college counseling centers need to be more self-supporting. This is a challenge. Some centers charge fees, and others do not. Among the reasons given by college counseling center directors was that counseling centers are central to the academic process, and charging a fee could discourage the use of student services (Waehler, Hardin, & Rogers, 1994). The demands for counseling and crisis management are increasing in accordance with the number of students seeking counseling services (Bishop, 1990). Murphy and Martin (2004) offered some suggestions for how counseling centers can meet

the demands. For example, briefer therapies, utilizing waitlists, improving the efficiency of scheduling in order to avoid missed appointments, and providing group treatment are just a few of their suggestions. Some students may use career concerns to influence decisions they make about their education and personal lives. Special student populations such as minority or nontraditional students may have more difficulty adjusting to college. These challenges consider the possibility that without counseling centers in colleges, students may choose to withdraw from school, or the problems they encounter may affect graduation (Sharkin, 2004).

Bishop (1990) mentioned increases in the severity of problems and listed depression and borderline personalities as the mental illnesses with the biggest increases. In a related article, Bishop reported that over the past 20 years, the percentage of counseling center directors that reported such a change has risen from 53% in 1984, to 84% in 1994, to 86% in 2004 (Bishop, 2006). To the contrary, one researcher noted that when there is a particularly difficult crisis or "energy-draining event," the counseling center staff may feel that the problems of college students are increasing in severity (Sharf, 1989). Gallagher (2008) noted that the number of hospitalizations of students for psychological reasons and the frequency of incidents in which third parties needed to be warned has also increased. The rise in adolescent suicide has also had a strong impact on campus counseling centers. Suicide rates are averaged to be 50% higher among college students than for the general population (Westefeld & Patillo, 1987). Also, more attention has been gained from the Virginia Tech homicides/suicide. Since the Virginia Tech tragedy, counseling centers have been more attentive to policies and procedures such as follow-up with students who express suicidal ideation. With these risks greater, the need for better crisis management is also greater. The demand for such services from both student and university personnel on campus may also increase.

Although many university counseling centers do not provide specific career counseling, some do. Campus mental health providers certainly see students who are perplexed about career choice. College students are setting higher goals for themselves and placing more pressure on themselves to achieve those goals. They place more importance on getting good grades and selecting a major that will give them a more prosperous income rather than personal satisfaction (Bishop, 1990). There is some evidence that students are more likely to participate in vocational and career counseling than personal counseling (Carney et al., 1979).

Special student populations such as minorities and nontraditional students may have more difficulty acclimating to college. Counseling centers are important resources for these populations. Black students on a predominantly White campus may be less likely to use psychological services (Bishop, 1990). Language barriers, cultural differences, academic underachievement, and high dropout rates are problems these students face (Mussenden & Bingham, 1985). Older students are important to a college counseling center because they may be reentering higher education. Adjustment to the student role may be an issue.

Another challenge for college counseling centers in demonstrating their level of accountability and institutional worth is to demonstrate that their services contribute to student retention (Sharkin, 2004). In addition, Stone and Archer (1990) listed some challenges for university counseling centers. They reported that centers will face the challenge of unstable social and financial environments.

Relevance of Evaluating Counseling Center Services

Evaluation of student affairs services may take place for many reasons, such as reducing or eliminating "nonessential" services. Many may believe that providing mental health services to a student should be the student's responsibility and they should seek help off campus. After

all, the university is an educational institution, not a rehabilitation facility. Upcraft and Schuh (1996) stated that "assessment is a very complex process of which the selection and use of an instrument may be only a part or no part at all." One key element in evaluating services is that practitioners are constantly being asked to provide accountability and documentation that the services they provide are cost effective (Whitson, 1996).

Because of all of the roles the counseling center has provided, its evaluation has always been an important element of its function. Generally speaking, assessment has become a growing and necessary part of higher education since the 1970s (Upcraft & Schuh, 1996). More specifically, however, college counseling centers are under increasing scrutiny to conduct evaluation, assessment, and research activities (Cooper & Archer, 2002). There are many reasons counseling centers need to evaluate services provided to students. Four main reasons for evaluation are the following: (a) to improve the programs and services within the center; (b) to provide better accountability to administration in keeping with the mission of the university; (c) to maintain standards as required by the accrediting body for counseling centers (International Association of Counseling Services, IACS);and (d) to provide support that the counseling center contributes to retention (V. Boyd et al., 2003).

There is value for counseling centers to conduct research related to expanding the knowledge of the nature of the students at that particular institution (V. S. Boyd et al., 1994). Improvement of services is one of the goals of evaluation. Nafziger et al. (1999) used the College Adjustment Scales to measure outcomes of short-term counseling and whether or not symptoms decreased after six sessions. One of the limitations of their study was that the counseling center used was not diverse, so the authors suggested that a more diverse counseling center be used.

This study is an example of how outcome data can be used to support administrative decisions and improve services.

Along with pressure to show accountability, some college counseling centers may have lost financial support, which results in limiting the number of sessions and charging students for sessions (Nafziger et al., 1999). Evaluating services offered at counseling centers could have an effect on how counseling centers position themselves to deal with increasing demands. In a survey of counseling center directors, 85% believed that administrators were aware of the problems associated with the increased demand for counseling services and the complexity of student problems (Bishop, 2006; Gallagher, 2008). By evaluating counseling center services, directors may be able to persuade administrators to obtain enough resources to do their work. The potential investment in evaluating services is important. If administrators understand the impact that services have on prospective and current students, then support for those services is greater. The emphasis should not be portrayed as only affecting counseling center staff but also how centers operate efficiently, staff morale, and avoiding burnout (Bishop, 2006).

The third reason for evaluation is attention to applied and theoretical evaluation and research, which is directly in the International Association of Counseling Service (IACS) accreditation standards (Cooper & Archer, 2002). There are five areas in the guidelines, and two of them are directly related to evaluation: (a) ethical practice of evaluation and research in college counseling center contexts; (b) evaluations of program effects or of student characteristics; (c) regular review of counseling services based on intrainstitutional evaluation and interinstitutional comparison; (d) collaborative projects with faculty and students; and (e) foundational contributions to college mental health (IACS, 2010). Direct services such as

individual counseling should meet the criteria of "regular evaluation of the effectiveness of the services" (V. Boyd et al., 2003, p. 169).

To provide support that the counseling center contributes to retention is the fourth reason for evaluation. Administrators need to understand that the type of on-campus care that is provided to students can affect the academic performance and retention of such students (Bishop, 2006). Van Brunt (2008) reviewed three key findings and explored ways counseling centers should approach retention issues: (a) students with social and emotional problems are at risk for dropping out, (b) students in counseling have a higher retention rate than those who are not, and (c) counseling helps students address their difficulties and remain in school. He suggested that simple additions to a counseling center's current outcome survey are a good way to further explore the relationship between counseling and retention. "Are you considering dropping out of school?" is an example. This information could be used to highlight the importance of counseling services for college students.

Other entities on campus such as offices that focus on retention, risk management, and recruitment also benefit from a well-performing counseling center (Bishop, 2006). The kind of care a student receives on campus affects whether or not he or she chooses to stay. It would be imperative for recruiters to focus on parents and educating them about mental health services on campus. This is particularly true because more students are coming to college already prescribed psychotropic medications. Turner and Berry (2000) found that students who received mental health counseling were more likely to remain in school than the general student population. Evaluation of services means keeping current data about students who receive services and have remained at that institution. Many counseling centers often neglect to demonstrate to administrators the effectiveness of their counseling services.

As mentioned in the introduction, the shootings at Virginia Tech have played a major role in the relevance of evaluating college counseling centers. The rampage was investigated by several entities: the State of Virginia, the state police, and Virginia Tech University (Shuchman, 2007). The investigation by the State of Virginia's Office of the Inspector General was published, and the Cook Counseling Center at the institution was exposed as having major flaws in the system (Stewart, 2009). One such "flaw" was that the shooter, Seung-Hui Cho's records were located in the former counseling center director's home (Sluss & Moxley, 2009). This tragedy forced college counseling centers to change the way in which they were treating students by promoting more outreach with students, requiring suicidal students to be seen for at least a four-session mental health evaluation, and allowing counseling center staff to teach those who are most likely to interact with students how to recognize suicidal ideation (Shuchman, 2007).

Research Needs in College Counseling

There are several implications in examining the research needs in college counseling. In 2005, Sharkin and Coulter argued that there has been no empirical support for client severity and thus concluded that this is an area that needs continuing attention. Contrarily, in 2003, Benton et al. (2003) conducted a study that found that students who are seen in college counseling centers today are frequently having more complex problems, such as difficulties in relationships and developmental issues, along with more severe problems such as anxiety, depression, suicidal ideation, and personality disorders (Benton et al., 2003). Some centers are now using a multidimensional, psychometric instrument designed to assess mental health in college students called the CCAPS (Counseling Center Assessment of Psychological Symptoms). The CCAPS-62 has eight subscales (Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Family Distress, Hostility, Substance Use) and is typically used for initial

assessments or an intake/termination comparison (Center for the Study of College Mental Health, 2009). The CCAPS family of instruments is managed by the Center for the Study of Collegiate Mental Health (CSCMH).

Traditionally, many counseling and mental health agencies have used client questionnaires as a primary source for evaluation of services. Research is needed to determine how this kind of patient satisfaction survey might most effectively be designed in college counseling centers (Cooper & Archer, 2002). Cooper and Archer suggested that counseling centers should look at "behavior anchored surveys" (i.e., what progress has been made on a specific problem), and better guidelines should be developed for the timing of these surveys (p. 57).

Examining the trends in client problems is another area of focus for more research in college counseling. This can be useful in counseling center program planning. Critical is the need for more accurate diagnosis and intake assessment so that therapists can provide the most effective resources, whether it be referral for psychiatric evaluation or initiating hospitalization when necessary (Sharkin & Coulter, 2005). Many centers have been encouraged to make the shift from a more holistic, developmental, and preventative model to a more clinical and crisis-oriented one (Kitzrow, 2003).

There is also a need for more research in the area of legal consultation and risk management. Several institutions have been involved in lawsuits related to negligence (Kitzrow, 2003). Chisolm (1998) accused counseling centers of having staff that are inadequately trained, and have poor skills in diagnosis, treatment planning, long-term therapy and follow-up. Stone et al. (2000) countered by polling with the national survey of counseling center directors, which found that 94% of counseling center staff has a doctorate in counseling or clinical psychology

and are "well educated, licensed and trained" (p. 501). Counseling centers can benefit by reviewing their current practices, policies, and procedures. Even though, it is a difficult and strenuous process, pursuing accreditation is a way to possibly avoid pitfalls and gain credibility (V. Boyd et al., 2003).

Finally, evaluative methods such as credentialing and outcomes assessment are needed in research in college counseling. Although it appears that overall counseling centers are providing reasonable services to students, there are some evaluative areas that need to be further developed (Stone et al., 2000). The profession should evaluate the mental health services in higher education and encourage the review of practice standards for counseling centers (Kiracofe et al., 1994).

Persistence and Retention

One role of the institution in improving retention is helping the students learn to make decisions and solve problems more effectively, and this effect of counseling should be reflected in their academic performance (Wilson et al., 1997). Keeping students enrolled is not the main purpose of a college counseling center, but the institution should take an active role in retention efforts. It is true that in some cases, it may be in the student's best interest to no longer be enrolled in the institution (Bishop & Walker, 1990).

There are some useful perspectives as to why students voluntarily drop out of college. Vincent Tinto's theory of student departure from higher education has been identified by Braxton, Sullivan, and Johnson (1997). They provided the following tenets of Tinto's theory:

> Characteristics of Tinto's perspective is the view that student departure is a consequence of the interaction between the individual student and the college or university as an organization. Important to such interactions is the meaning the individual student ascribes to his or her relationship with the formal or informal dimensions of the collegiate organization. (p. 108)

The background characteristics and goal commitments mentioned in the previous paragraph are also discussed by Pascarella and Terenzini (1980) in their article on ways to predict freshmen persistence and dropout. They found that background characteristics (e.g., sex, race, academic ability, family social status) and goal commitments (e.g., highest degree expected, importance of graduating from college) influence not only how the student will perform in college, but also how he or she will interact with, and become integrated into, an institution's social and academic systems (Pascarella & Terenzini, 1980). Frank and Kirk (1975) also looked at the relation between use of the university counseling center and persistence in school. They found that counseled students did not differ from noncounseled students in scholastic aptitude, but they graduated at a rate from 12% to 14% higher.

A student's college departure decision often emphasizes the role of key psychological characteristics. Students experience adjustments such as moving away from home, academic adjustments, personal identity, and relationship and roommate issues that cause stress. Students who make use of counseling stay in school at a higher rate when compared to those who do not use counseling (Van Brunt, 2008). Turner and Berry (2000) found that 70% of students who attended counseling reported that their personal problems affected academic performance. Adjustments such as moving away from home, academic expectations, personal identity, relationships, and roommate issues are some of the problems students have when beginning college. Those students with social and emotional problems are at risk for dropping out (Van Brunt, 2008).

Each of the problems previously noted can lead to increases in students' overall levels of stress. Researchers found that becoming more socially integrated had a positive influence on student departure decisions, whereas reactive coping strategies such as denial led to poor social

integration and a more negative outlook on the decision to leave school. In 1975, Tinto published an interaction model of student attrition that laid the theoretical foundation for research about student attrition (Mannan, 2007). Bray, Braxton, and Sullivan (1999) used Tinto's theory of student departure related to social integration as the basis for their study of how stress influences college student departure. Their study found that how students handle stress impacts their social integration, commitment, and intent to remain in school. The central concept of the Tinto model is the level of a student's integration into the social and academic systems of the college, which determines persistence of dropout (Mannan, 2007). Satisfaction and integration are two distinct yet related concepts (Liu & Liu, 2000). Integration into college life is defined as satisfaction (Anderson, 1981). Satisfaction can measure integration with the ability, knowledge, and personal qualities of the instructors, and the social life, development of work skills, and intellectual growth of the students (Liu & Liu, 2000).

Pascarella and Terenzini (1983) provided a further explanation of Tinto's theory:

> Students come to a particular institution with a range of background traits. These lead to initial commitments, both to the institution attended and to the goal of graduation from college. Together with background traits , these commitments influence not only how well the student will perform but also how he or she will interact with, and become integrated into, the institution's social and academic systems. (p. 215)

An identification of these stressors can provide information that allows campus counselors to work toward making the campus less stressful. Murphy and Archer (1996) found the greatest academic stressors to be career and future goals. The greatest personal stressors were living conditions. The researchers compared the results of a 2-page survey that asked students to describe two situations that they found to be most stressful in the two areas of their lives, academic and personal. As resolution to these problems they suggested that counselors should keep a strong focus on the "basics" of academic stress (i.e., exams, grades, and too many

demands on the student's time) and devote more outreaches to help retain students. Second, the general decrease in funding for higher education and the press to do "more with less" may have also had a hand in increasing student academic stress. They concluded that stressors such as decease in faculty and larger class sizes could be helped in different ways. One way would be for counselors to take more of a leadership role. Third, the competition over professional jobs has made career choice a stressor for many students. There need to be even more sensitive and comprehensive services in this area. The study concludes by stating that the stressor least effectively dealt with is financial concerns. It suggests that counselors and student affairs professionals team up with financial aid officers to look at the psychological factors related to financing college.

Wilson et al. (1997) found that social isolation has been shown to be the single most important determinant of student dropout rates even after the effects of background and academic performance are identified. The same factors that cause students to drop out also cause them to seek counseling. Student affairs professionals and residential advisors should be aware of those students who are not dealing with stress or adjusting to college life (Bray et al., 1999). There should be training for these staff members in an effort to make appropriate referrals for counseling.

There is evidence across multiple decades that the severity of student problems and their numbers are both increasing. For example, O'Malley et al. (1990) conducted a study for student affairs professionals to provide guidance on doing preventative and remedial work. The study examined changes in stressors on a university campus over an 8-year period from 1985 to 1993. They found that there had been an increase in the level of psychopathology among students who were being seen in university counseling centers and because of this increase, it seemed likely

that the centers would need to respond by changing procedures and acquiring and reallocating resources in an effort to retain students. Murphy and Archer (1996) found similar results, likewise suggesting that university counseling centers were treating students with more severe problems and pathology than in the years past. They noted that this pathology increased during the 1980s and concluded that this trend would continue into the 1990s. The problem is that most of these students will not seek counseling unless referred by a faculty member or resident advisor, and because these studies focused on freshmen and dropout rate, it can be concluded that emotionally disturbed freshmen had less of a chance of staying in school, unless they received some form of treatment (Offer & Spiro, 1987).

The decision a student makes to either remain in college or leave depends on numerous factors. For those students experiencing personal problems, the decision to stay at a university may be influenced by visiting the university counseling centers and dealing with these problems. There is research that supports the idea that university counseling centers influence retention and graduation rates (Bishop & Walker, 1990). The findings of Bray et al. (1999) suggest that some reasons for student attrition are psychological. Offer and Spiro (1987) found that 20% of entering college freshmen are emotionally disturbed and only about 20%-30% of those students will seek and receive mental health care. This means that some students who have psychological problems may drop out of school more than those who do not. Illovsky (1997) compared retention rates for students who received counseling with students in the general student population and found that 75% of the students who received counseling returned to school, compared with 68% of students in the general population.

Gender Differences

Much of the research on gender differences has been guided by a concern that female and male clients receive proper and equitable treatment and that if treatment is affected by gender, counseling psychologists and researchers should understand how that happens (Nelson, 1993). Blier, Atkinson, and Geer (1987) reported that client and counselor gender did not affect willingness to see the counselor. Although trends in the findings of one study have revealed that female clients may be more successful with female counselors, the findings were inconclusive (Nelson, 1993). Nelson (1993) also found that most effect sizes for gender have been small to moderate, which is consistent with the findings in this study.

Jones and Zoppel (1982) reported that female clients have experienced greater improvement than male clients on their ability to handle personal problems. Most of the research found for this study included gender of therapist and therapist's gender role as an important issue for the client also. Females also have been found to perceive their therapists, regardless of gender, as more critical and judgmental than have male clients (Jones & Zoppel, 1982).

Cultural Differences

Counselors must consider the "cultural identity" of each client (Garretson, 1993). The cultural identity of the client is the degree of involvement with both culture of origin and host culture (Garretson, 1993). Also, to be considered by the counselor is the cultural explanations of the client's illness and the cultural factors related to the psychosocial environment such as the social support system (Garretson, 1993).

Goals (Academic and Personal)

The mission of the Division of Student Affairs at the University of Alabama is to maximize student learning by providing support, guidance, and activities to promote student

development and academic pursuits (University of Alabama website). The Counseling Center, under the Division of Student Affairs, also has the students' academic and personal goals in mind. Traditionally, a central mission of most university counseling centers has been to maximize students' learning experiences by providing various psychological services to assist the students in overcoming personal problems that interfere with their academic achievement (Archer & Cooper, 1998). Implicit in most counseling centers' mission statement is the notion that receiving counseling services will not only help students deal with their personal problems but also promote their subsequent academic success (Choi, Buskey & Johnson, 2010).

Accreditation

The International Association of Counseling Services (IACS), the main accrediting body for college mental health services, has long valued evaluation and research (Cooper & Archer, 2002). Guidelines for college counseling centers were first developed in 1970 by Barbara Kirk and colleagues (Kiracofe et al., 1994). Those guidelines establish standards by which college counseling centers become accredited. Revisions are made periodically to provide guidelines for current changes.

A counseling center must include an appropriate range of activities, such as individual and group counseling, and supervision, to be eligible for accreditation (V. Boyd et al., 2003). Many counseling centers may offer a variety of services and should not be limited to one area such as academic counseling, and so forth. Accredited counseling centers may include areas such as academic counseling, drug and alcohol programs, and learning centers.

According to Kiracofe et al. (1994), the counseling center should play three essential roles in serving the university community. First, provide counseling to students experiencing psychological, emotional, and/or academic problems. Second, play a role in prevention and

assisting students with their life goals. Third, provide support to the university community through consultation and outreach services.

Of the many program functions that are required of a counseling center for accreditation, evaluation of services and research are central. IACS provides instruction and criteria for counseling centers to improve and meet student needs. As demands for accountability increase, professional peer review is vital. IACS accreditation is intended to advocate for quality counseling services that continue to perform effectively and to show awareness and concern for professional growth. An IACS certificate indicates that a counseling center did not hesitate to open its doors to a team of counseling professionals who reviewed and certified the service as one that meets the highest established standards in the field (www.iacsinc.org). A college counseling center can apply for accreditation with IACS at a cost of $700.00. If the application is accepted, a reviewer comes to the center and reviews the policies and procedures. Examples of some of the services required by IACS are individual and group counseling, crisis intervention and emergency services, outreach interventions, consultation interventions, referral resources, research, and program evaluation. If approved for accreditation, IACS reviews the center "on-site" every 4 years, although there is a brief review annually (V. Boyd et al., 2003). The annual fee for accreditation is $800.00.

Counselors, regardless of discipline, have professional interaction with the student. Obviously whether content is personal or vocational, certain sound principles of student-counselor interaction are appropriate. Genuineness, unconditional positive regard, and accurate empathy are such principles (Wickman & Campbell, 2003). College counseling, as a theoretical approach, is built on these principles. Thus, the college counseling model is neither new nor particularly innovative. On the contrary, it is both eclectic and pragmatic and should prove

valuable to counselors across the broad spectrum of mental health delivery. In fact, the impression left from various seminars, workshops, and discussions is that colleagues across North America tend to follow the guidelines of college counseling, regardless of any other theoretical label they might use to describe their interventions.

Orienting Concepts for Study

The framework for this study is based on an evaluation survey given at Buffalo State College Counseling Center in Buffalo, New York. The structure of this study encompasses many aspects of college counseling, and the evaluation of counseling center services is investigated. The creation of college counseling centers and development of the profession has a valued historical background that was stumbled upon after a need for college students was not being met (Hodges, 2001). Today, college counseling centers have evolved into more than vocational advising. They have become an integral part of campuses. College counseling centers have also gained credibility through accreditation standards to better meet the needs of college students. One way college counseling centers can better meet those needs is through satisfaction surveys and evaluation of services.

BSCC staff developed their own evaluation survey, based on corporate evaluation methods of having the student respond with two responses for each statement (Reynolds & Chris, 2008). This study used the same survey instrument in order to evaluate the counseling center services at The University of Alabama Counseling Center and to test the reliability of the results found in the BSCC study.

The major areas of items on the survey examine student perceptions of the services they received at the counseling center, the importance of the relationship with the counselor, the

student's unique culture being valued and respected, student progress both in therapy and academically, and retention.

Clients' satisfaction with their mental services is important for several reasons. First, client satisfaction is a good predictor of clients' treatment outcomes, premature termination, acceptability of new programs, and how effective counseling interventions are for the clients' specific problems (Chao et al., 2004). Second, client satisfaction data provide multiple-sided information to different professionals (i.e., counselors, administrators, coordinators, and receptionists) on clients' degrees of acceptance of psychological interventions and administrative procedures (Chao et al., 2004). These data also provide information for assessments of quality assurance in counseling centers.

Some researchers have suggested that client satisfaction surveys be included in evaluations of clinical programs and practices (Heppner, Cooper, Mulholland, & Wei, 2001). Although, survey evaluations are important, clients begin to form an opinion when calling for an appointment and walking into the center itself. Pascoe (1983) suggested adopting a broad definition of client satisfaction. He emphasized that it is important to know how "the receptor reacts to context, process, and result of his or her service experience" (p. 189). Context refers to administrative aspects of the center that are relevant to how clients receive therapy.

Eklund and Hansson (2001) found that the overall atmosphere of mental health settings, including order and organization, is significantly relevant to clients' satisfaction and therapy. Receptionists often deal with upset, disturbed clients (Archer & Cooper, 1998). Client satisfaction not only includes therapy but also how clients view the system, procedures, and the environment surrounding them.

In this study, client perception was solicited with regard to satisfaction of services and how important those services were to them. The research questions for this study reflect the population of clients who attend counseling at the University of Alabama counseling center. The survey demographics, which include gender and year in school, were chosen to identify a relationship between that demographic and variables from the survey items such as relationship with the counselor, nonjudgmental view of the client for their unique culture, and progress toward meeting their academic and therapy goals.

In this study, these null hypotheses will be proposed. First, there will be a relationship between satisfaction and importance of counseling center services. Second, there will not be a gender difference in how clients' perceive importance of his/her relationship with the counselor. Third, there will not be a year in school difference between how clients perceive importance of relationship with the counselor. Fourth, there will not be a gender difference between how clients perceive satisfaction of feeling not judged. Fifth, there will not be a year in school difference between how clients perceive satisfaction of feeling not judged. Sixth, there will not be a relationship between academic and therapy goals and the importance of this to the client. Lastly, there will not be a year in school difference between how clients perceive importance of coming to the counseling center helping them to stay in school.

Conclusion

The changing environment of the college counseling center has encouraged more examination of evaluative surveys. These surveys are a valued investment in improving and changing the services provided to students on a college campus. In order to understand the value in conducting such surveys, one must take a closer look at the factors related to improving

counseling centers as a whole. Factors such as historical context of college counseling centers, challenges facing centers, and reasons students use those services.

In order to gain a better idea of which services need improvement and which services are providing good care, this study attempted to utilize a recent case study conducted at Buffalo State College Counseling Center. Drs. Amy Reynolds and Stephen Chris were contacted about influences on the study and methods used. One appealing reason for choosing the BSCC study was the unique way in which the survey was developed. Using a corporate business method, the survey offers the student two responses for each statement with regard to satisfaction and importance of services. Drawing on the BSCC study, the hope of the current study is to learn more about how students perceive counseling center services with the intention of changing or expanding such services.

CHAPTER 3

METHODOLOGY

The purpose of this study is to conduct a quantitative single-institution evaluation of counseling center services similar to a case study conducted by Reynolds and Chris (2008). As with Reynolds and Chris' study, the focus of this study is on the performance of a university counseling center. As such, it is not the purpose of this study to outline any special techniques that will be useful to all therapists with all their clients. Nor is it the purpose of this study to suggest any specific formulations that will automatically correspond to the needs of any given client. Instead, this study will survey students who use counseling center services in order to assess the current status of the center's efforts to meet student needs. The study used a quantitative survey approach to assess student needs as well as whether or not the students felt that their needs were being met. A quantitative method was chosen because this study sought to identify factors that influenced an outcome and attempted to understand the relationship of variables with the outcomes (Creswell, 2003).

This is appealing as an approach because addressing the increasing psychological needs on campus is a central mission of most college counseling centers. In addition, many centers are expected to contribute to student academic success and retention. Through the use of perceptions-based assessment, and examining the needs, expectations, and perceptions of students, counseling centers can develop state-of-the-art services. This study explores the impact of a perceptions-based assessment and quantitative method to examine the planning process at a

college counseling center and its influence on the services and practices of the center (Reynolds & Chris, 2008).

Research Questions

A study evaluating counseling center services by utilizing a perceptions-based assessment was conducted. In order to address this focus, the following research questions drove the data collection and analyses in this study.

The following are the research questions to be answered by this study:

1. What expectations do students have of the UA Counseling Center?
2. How well are students' needs being met by the UA Counseling Center?
3. Is there a relationship between satisfaction and perceived importance of counseling center services?
4. Is there a gender difference between how students perceive importance of relationship with the counselor?
5. Is there a year in school difference (freshman, sophomore, junior, senior, other) between how students perceive importance of relationship with counselor?
6. Is there a gender difference between how students perceive satisfaction of feeling not judged?
7. Is there a year in school difference between how students perceive satisfaction of feeling not judged?
8. How important are goals (academic and therapy) to the student?
9. Is there a year in school difference between how students perceive importance of the counseling center helping them to remain in school?

Rationale for the Study

This research involved the development and application of a survey similar to a study conducted at Buffalo State College Counseling Center. The BSCC study was chosen because the structure of the center is similar to that of The University of Alabama Counseling Center. In the past, The University of Alabama Counseling Center has conducted research to satisfy administrative demands for productivity and student satisfaction indicators. Typical information included number of students served, number of counseling sessions and outreach workshops, and various demographics of the client in annual surveys.

The study mirrors many of the survey questions created by staff of BSCC in 2008 in order to measure student perception and satisfaction, but was tailored to The University of Alabama center and its clients. As such, it is not a replication study. Instead, the focus here is an open consideration of the UA center and its current level of meeting student needs and creating satisfaction in its student clientele. Just as the BSCC study is a helpful starting point for this research, the present study is significant to college counseling centers and educational research in general and its possible application to the efforts at The University of Alabama Counseling Center.

Many researchers agree that more studies are needed in research. This study seeks to provide a more detailed analysis for further consideration from others in similar situations in higher education institutions throughout the country. Buffalo State College and The University of Alabama are different in many ways, although this does not necessarily make the use of a modification of the BSCC survey inappropriate. BSCC was established in 1871 and is a part of the State University of New York (SUNY). Enrollment in 2008 was listed at 11,234. BSC offers 140 undergraduate programs and 63 graduate programs. Located in Buffalo, New York, the

college is a residential campus (www.buffalostate.edu). In contrast, The University of Alabama is located in west Alabama, a more rural setting. The enrollment, listed in 2008, was 27,052. Founded in 1831, The University of Alabama is the state's first university (www.ua.edu).

Research Context

The research will be conducted at the University of Alabama Counseling Center in Tuscaloosa, Alabama. The City of Tuscaloosa is located in west central Alabama on the Black Warrior River, 57 miles southwest of Birmingham. Tuscaloosa County is home to The University of Alabama, Stillman College, and Shelton State Community College. Tuscaloosa's industrial base is anchored by Mercedes-Benz International, which began production in 1987. The population of Tuscaloosa was 90,221 in July 2008 (Retrieved August 14, 2010 from www.ci.tuscaloosa.al.us). The University was founded in 1831 and is the flagship university of the State of Alabama. Enrollment at the University of Alabama reached a record high in fall 2009 at 28,807. In 2008, of the total enrollment, 70% of students were from Alabama, and 28% came from elsewhere in the United States.

The University of Alabama's mission is "to advance the intellectual and social condition of the people of the State through quality programs of teaching, research, and service" (Retrieved August 14, 2010 from www.ua.edu). Approximately 2,200 patients were seen each semester. The staff consisted of 3 Licensed Clinical Psychologists, 5 Licensed Professional Counselors, 1 Licensed Clinical Social Worker, 1 part-time temporary Licensed Clinical Social Worker, and 4 doctoral students (3 in Psychology and 1 in Counselor Education; www.sa.ua.edu/counseling).

This site was chosen for the accessibility of subjects, the diversity of staff and patients, and the large number of students seen. Also, student enrollment in the past years has increased significantly, although the number of therapists hired has minimally increased and does not meet

the IACS requirement of 1 therapist per 1,500 students. The type of student usually seen at a college counseling centers presents a range of problems, which may range from financial, vocational, educational, social-personal-emotional, and health. Given that the IACS requirement of counselor-to-student ratio is not met, an important concern was whether or not students felt they received effective treatment. The Counseling Center currently uses a one-page student satisfaction survey, and no findings are statistically analyzed or published. The Counseling Center provides direct services to both undergraduate and graduate students, and the student must be a registered student to be seen. The center provides individual and couples' counseling. Students can be self-referred or referred from other sources such as a professor, parent, or friend. Some groups sessions are provided by the center. Alcohol and drug psychoeducational groups are facilitated twice a month.

Population and Sample

The population being considered here is The University of Alabama Counseling Center clients; they may be registered undergraduate and graduate students who are being seen for counseling. The sample was those students seeking services in the spring 2011 semester over a 4-week period. The survey was handed to the students by Counseling Center staff. The approximate estimate of subjects that would participate was 100-150 students. The period of time selected was to accommodate the maximum availability of clients (Reynolds & Chris, 2008). In the 2007-2008 academic year, the most students were seen at the counseling center in the months of October and April, with April being the busiest. There was no age limit for students to participate in the survey, but they had to be a registered full-time student and seen for at least 3 therapy sessions. Three sessions was chosen so that the student went to counseling enough to evaluate the services, and because the first session was considered an assessment. Demographic

background of clients seen at the center predicted that students would be mostly female, White, and undergraduates between the ages of 18 and 24.

Data Collection

Permission to use the Buffalo State College Counseling Center survey was obtained from the Dr. Stephen Chris, one of the researchers in the case study at BSCC (Appendix A), via email. The survey was handed to the student by an office associate. The reason the survey was given to the student as opposed to mailing a survey via email or by mail was the accessibility to the student, which should render a higher response rate. The student might also have had questions about the survey or the informed consent and might want to talk to the researcher, in person, at the time the survey was received. The student completed the survey in the counseling center waiting area prior to the counseling session. The student brought the completed survey back to the office associate and the survey was placed in a manila envelope along with the other surveys. The instrument was distributed to every client over a 4-week period, in the 2011 spring semester, who attended at least 3 counseling sessions. On April 27, Tuscaloosa, Alabama was hit with an F4 tornado. Many students were affected and six students were killed. This disaster may have an effect on the patterns at the counseling center.

Research Instrument

The Counseling Center Assessment Tool used in this study was developed at Buffalo State College in 2008 (see Appendix B). The instrument used at Buffalo College was chosen because of the general usefulness of the BSCC work in considering issues at UA's center, and the reliability of the instrument had already been established as "adequate." No other information was given in the case study conducted by the researchers in the BSCC report.

Also, Reynolds and Chris (2008) said that one of the limitations of their study was that counseling centers need to engage in more research, assessment, and planning. They suggested further similar studies to help counseling centers assess and improve services in order to improve college student academic success. They developed a 39-item survey. Each statement had a 5-point *agree/disagree* response as well as a 5-point *important/not important* response. Number 6 in the answers column was *does not apply* and was not computed. For example, Item 1 was "belief that my information would be kept private and confidential." On the left side of the survey, the student is asked "how important is this to you?" and on the right side of the survey "how much do you agree this need has been met?" The student circled an answer from choices *not important at all* to *very important* for both questions (see Appendix B). This approach was taken from a corporate evaluation method (Reynolds & Chris, 2008). According to Noel-Levitz (2006), who conducts research in the area of student satisfaction and priorities, "while measuring satisfaction is clearly an important part of an assessment plan, it only tells part of the story of student retention and success. Equally important is the question of what students value most highly in the educational environment and how priorities differ among various demographic subgroups" (pp. 3-4). The staff at BSCC "shaped the raw material from the original focus group sessions into an initial draft of the outcome indicator statements" (Reynolds & Chris, 2008). Below is the list of those outcome statements:

- Students will indicate that they experience therapeutic support in the relationship with their counselor.
- Students will indicate that they feel valued by Center staff for their unique culture.
- Students will demonstrate characteristics that are indicative of positive mental health.
- Students will demonstrate skills associated with self reliance.

- Students will express confidence in the privacy/confidentiality of their experience at the Counseling Center.
- Student will utilize the programs, services, and activities of the College community.
- Student will demonstrate academic progress (Reynolds & Chris, 2008)

These statements summarize the entire content of the survey. BSCC staff used these outcome statements to suggest specific survey items. The result is the 39-item survey (see Appendix B).

A survey was distributed along with an informed consent statement informing the student that by completing the survey they agreed to disclose that they attended counseling at the Counseling Center (see Appendix C). The surveys were kept confidential and no student was identified by either name or campus wide identification number. The surveys were kept locked in a file cabinet in the counseling center's file room. The researcher was the only person with access to that particular file drawer. The surveys, including notes, would be shredded by the researcher in January 2012.

Research Variables and Data Analysis

Independent variables are those that cause, influence, or affect outcomes (Creswell, 2003). The independent variables in this study were gender and year in school. The independent variables in this study (year in school and gender) were both categorical. A categorical variable is "one in which subjects differ in type or kind" (Kerlinger & Pedhazur, 1973, p. 102). The independent variables in this study were year in school (1 = freshman, 2 = sophomore, 3 = junior, 4 = senior and 5 = other) and gender (1 = male and 2 = female). The Likert-scale choice of answers ranged from 1 to 6, and each item had 2 answers (one for satisfaction and one for importance; see Appendix C). For importance that counseling center has met this expectation, 1 = *Not Important At All*, 2 = *Somewhat Unimportant*, 3 = Neutral, 4 = *Somewhat Important*, 5 =

Very Important, and 6 = *Does Not Apply*. For satisfaction that counseling center has met this expectation, 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree, and 6 =Does Not Apply. The Likert-scale answers are interval, continuous variables. A continuous variable is one "that can take on any value in the measurement scale being used" (Hinkle, Wiersma, & Jurs, 1988, p. 617). Biological sex is also dichotomous because there are exactly two classifications (Kroff, 2002).

Dependent variables are those that depend on the independent variables: They are the outcomes or results of the independent variables (Creswell, 2003). The dependent variables in this study were student perception (satisfaction and importance) relative to relationship with counselor, students feeling nonjudged, and student progress toward academic and therapy goals.

Data analyses using nominal, interval, and ratio data are generally straightforward and transparent. Analysis of ordinal data, particularly as it relates to Likert or other scales in surveys, is not. This is not a new issue. The adequacy of treating ordinal data as interval data continues to be controversial in survey analysis in a variety of applied fields. An underlying reason for analyzing ordinal data as interval data might be the contention that parametric statistical tests (based on the central limit theorem) are more powerful than nonparametric alternatives (Allen & Seaman, 2007). Also, conclusions and interpretations of parametric tests might be considered easier to interpret and provide more information than nonparametric alternatives. However, treating ordinal data as interval (or even ratio) data without examining the values of the dataset and the objectives of the analysis can both mislead and misrepresent the findings of a survey (Jamieson, 2004).

When investigating the difference between two unrelated or independent groups (in this case males and females) on an approximately normally distributed dependent variable, it is

appropriate to choose an independent samples *t* test if certain assumptions are not markedly violated (Morgan, Leech, Gloeckner, & Barrett, 2011). Assumptions of the independent samples *t* test are the following: (a) The variances of the dependent variable in the two populations are equal, (b) the dependent variable is normally distributed within each population, and (c) the data are independent (scores of one participant are not related systematically to scores of the others) (Morgan et al., 2011). For Research Questions 4 and 6, independent samples *t* test were used. The test for Assumption 1 was tested using Levene's test for equal variances. Assumption 2 was tested using Explore on SPSS to see whether the dependent variables were at least approximately normally distributed for each gender. Assumption 3 was met, because the genders were not matched or related pairs, and there was no reason to believe that one person's score might have influenced another person's.

Another issue that should be discussed is robustness. Some tests like the *t* test and ANOVA are said to be "robust" to violations of the normality assumption, meaning that the sample data might deviate from normality but the test will still lead to the right conclusion about the null hypothesis (Morgan et al., 2011). No clear consensus has emerged on how much deviation from normality is a problem for which tests.

The survey approach is a research strategy, not a research method (Kelley, Clark, Brown, & Sitzia, 2003). Survey research is common in studies of health and health services, although its roots lie in the social surveys conducted in Victorian Britain by social reformers to collect information on poverty and working class life (Kelley et al., 2003). There are advantages and disadvantages to survey research.

The advantages are the following:

- Research produces data based on real-world observations;

- Data are based on a representative sample and can be generalizable to a population;
- Surveys can produce a large amount of data in a short amount of time at fairly low cost.

The disadvantages are the following:

- Data are likely to lack depth or details on the topic being investigated;
- A high response rate can be hard to control especially when it is face-to-face or over the telephone (Kelley et al., 2003).

The aim of descriptive research is to examine a situation by describing factors associated with that situation, such as demographic, socioeconomic, and health characteristics, and events, behaviors, attitudes, experiences, and knowledge (Kelley et al., 2003). Descriptive studies are used to estimate specific parameters in a population (Wright, 2003). Descriptive statistics, the basic means, percentages, standard deviations, and so forth, should always be reported. Statistical tests will be conducted for the purposes of answering the nine research questions in the study, and the results of all analyses will be presented in chapter 4.

Most counseling centers use evaluation and assessment models and methods to document outcomes or demonstrate accountability (Cooper & Archer, 2002). Although the information in this study could be used for those purposes, the focus was toward student satisfaction and improving services. The needs of the students have to be identified before designing or changing counseling center policies, procedures, and services (Guneri, Aydin, & Skovholt, 2003). Evidence points to changes in client presenting needs and center expectations about the types of services that should be provided (Robbins, May, & Corazzini, 1985).

Students were asked (on the survey) how important a certain issue was to them and how well the therapist or center met their needs. For example, students were asked to indicate if they

experienced therapeutic support, or if they felt valued by the center staff (Reynolds & Chris, 2008). Counselor assessment of student needs has been studied in the past. Robbins et al. (1985) investigated counseling center staff perceptions of student needs. Although the study was positive from the standpoint of staff being able to tailor services to meet student needs, it was lacking in that it did not provide the opinions from the students they served. This study focused more on clients' perception, in order to gain a better understanding of what clients have learned from, and how they have been affected by, the counseling process (Reynolds & Chris, 2008). With this knowledge, counseling centers may further evaluate how students see clinical services and can more effectively meet their needs.

The first research question concerning what expectations students have of the UA Counseling Center was answered by the other research questions. It is the goal of this study to shed light on the influence of student expectation of services they received at the University of Alabama, especially those expectations of the Counseling Center. The second research question concerns whether the students' needs were being met. There have been several studies concerning the impact of evaluation on services provided to students (Cooper & Archer, 2002). These services are of no use if they cannot meet the needs of the student population at that particular institution.

Research Question 3 asked if there is a relationship between satisfaction and importance of counseling center services. Analysis was done using correlation to understand the nature of the relationship between satisfaction and importance of the counseling center services. Sexton and Whiston (1994) stated that "the quality of the counseling relationship has consistently been found to have the most significant impact on successful client outcome" (p. 6). The fourth research question asked if there is a gender difference between how students perceive the

importance of relationship with the counselor. Analysis was done by using a *t* test, because the data were quantitative and could be averaged. Research Question 5 asked if there was a year in school difference between how students perceive the importance of relationship with the counselor. Analysis used ANOVA (analysis of variance) because there were more than two groups. Items 1, 2, 4, 7, 12, 17, 18, 20, 23, 29, 30, 36, and 38 reflected the relationship between the counselor and the student. Analysis was done using descriptive statistics and the significance level (reporting the actual *p* value).

Research Question 6 asked if there was a gender difference in how students reported satisfaction of feeling not judged. Analysis was done using a *t* test because the data were quantitative and could be averaged. Research Question 7 asked if there was a year in school difference in how students reported satisfaction of feeling not judged. Analysis used ANOVA (analysis of variance) because there were more than two groups. Items 8 and 14 specifically asked the student about feeling judged and accepted for their unique culture. Analysis was done using descriptive statistics and the significance level (reporting the actual *p* value).

Research Question 8 asked if the goals (both personal and academic) were important to the student. Analysis was made using the means in order to discuss the highest, middle and lowest mean. The survey included statements about client involvement in treatment, achieving personal goals, and learning new skills. Items 2, 3, 9-11, 13, 15, 16, 21, 24, 28, 31-37, and 39 asked the student to rate involvement in developing therapy and academic goals as well as the student's progress. There were two answers for each question to represent two perspectives: Importance and satisfaction. On the left side, the student was asked to answer with importance in mind, and on the right side the student was asked to answer with satisfaction in mind. Finally, Research Question 9 asked whether there was a year in school difference between how students

perceived importance of coming to the counseling center helping them to stay in school. Analysis was done using ANOVA (analysis of variance) because there were more than two groups. This addresses the issue of retention (dependent variable) and the factors that influence students to make the decision not to leave school. Research efforts suggest that counseling services have a positive impact on retention efforts in higher education (Bishop & Walker, 1990). According to Tinto (1993), almost half of the students entering 2-year colleges and more than one fourth of the students entering 4-year colleges leave at the end of their 1st year, and more than 40% of the college entrants leave college without earning a degree (Tinto, 1993). Item 5 addressed whether or not counseling made a difference in retaining the student. Analysis was done using descriptive statistics and the significance level (reporting the actual *p* value). SPSS (version 18.0) was used to analyze the data, and a report is included in this study.

The left side of the survey was Likert-scale of importance (from *not important at all* to *very important*). The right side of the survey was a Likert-scale of satisfaction (from *strongly disagree* to *strongly agree*).

There must be an impact on students in order to justify pursuing who uses what student services (Upcraft and Schuh, 1996). In the study by Reynolds and Chris (2008), Cronbach's alpha was .97 for the Agree items and .98 for the Importance items, but the reliability was only "adequate" (p .377). The survey and assessment data were entered into the Statistical Package for the Social Sciences, for data analysis.

Reliability

Reliability tells you how reproducible your measures are on a retest, so it impacts experimental studies: The more reliable a measure, the fewer subjects you need to see a small change in the measure. Cronbach's alpha was used as a cautionary test to ensure the scales were

acceptable, although they were the ones used in the BSCC study. Survey research presents all subjects with a standardized stimulus, and this goes a long way toward eliminating unreliability in the researcher's observations. The only evidence found in the Reynolds and Chris (2008) study was that the researchers found Cronbach's alphas of .97 for the Agree items and Cronbach's alphas of .98 for the Importance items, and that coefficient was calculated to indicate adequate reliability.

There are some researchers who argue the usefulness of Cronbach's alpha. Sijtsma (2009) stated that "alpha is used more often as a measure of the test's internal consistency than as an estimate of reliability" (p. 107). But there are other researchers who believe that Cronbach's alpha is a good measurement particularly with counseling psychology research (Helms, Henze, Sass, & Mifsud, 2006). One of the researchers of the original study at BSCC was contacted by phone to discuss research methods and statistical analysis. She explained that the study was not a research study but was meant more for evaluating services. She also explained that the way the data were collected did not allow for regression or level of analysis.

Research questions, variables, and statistical methods are listed in the following table (Table 2).

Table 2

Research Questions and Statistical Methods

Research Question	Variables/Items	Statistical Methods
What expectations do students have of the UA Counseling Center?	IV: None DV: Perceptions (Satisfaction/Importance) Items 1-39	The answer to this research question will be derived from all other research questions.
How well are students' needs being met by the UA Counseling Center?	IV: None DV: Satisfaction (Met) Items 1-39	The answer to this research question will be derived from all other research questions
Is there a relationship between satisfaction and importance of counseling center services?	IV: None DV: Satisfaction/Importance Items 1-39	Correlation
Is there a gender difference between how students perceive importance of relationship with the counselor?	IV: Gender DV: Importance Items 1,2,4,7,12,17,18,20,23, 29,30,36,38	*t* test
Is there a year in school difference (freshman, sophomore, junior, senior, other) between how they perceive importance of relationship with counselor?	IV: Year in school DV: importance of services Items 1,2,4,7,12,17,18,20,23,29,30, 36,38	ANOVA
Is there a gender difference between how they perceive satisfaction of feeling not judged?	IV: Gender DV : satisfaction Items 8,14	*t* test
Is there a year in school difference between how they perceive satisfaction of feeling not judged?	IV: Year in school DV: satisfaction Items 8, 14	ANOVA
How important are goals (academic and therapy) to the student?	IV: None DV: Importance Items 2,3,9,10,11,13,15,16,21,24, 25,26,27,28,31,33,34,35,36,37,39	Means
Is there a year in school difference between how students perceive importance of coming to the counseling center as helping them remain in school	IV: Year in school DV: Importance Item 5	ANOVA

The measurement literature is sometimes contradictory in defining how counseling psychologists should report, interpret, and use reliability coefficients. There are few pragmatic strategies for analyzing data in a manner that contributes to sound reporting and interpreting practices (Helms et al., 2006). Cronbach's alpha is, reportedly, the most frequently used procedure for estimating reliability in applied psychology (Cortina, 1993). Cronbach's alpha is an estimate of the consistency of the participants' response to items based on a single administration of the instrument (Helms et al., 2006). It refers to the group's sample as a whole as opposed to individual scores within the sample. Sijtsma (2009) argued that reliability estimates based on a single test administration, like alpha, may not convey much information about the accuracy of individual test performance.

Feldt and Charter (2003) discussed three models to help researchers decide if alpha is appropriate for their study: Classically Parallel Model, Essentially Tau Equivalent Model, and Congeneric Model. In the Classically Parallel Model, if the items are composed of the same response format (Likert-type scale) and if item-response means and standard deviations are equal, then it is reasonable to hypothesize that this model is applicable. For the current study, this model was most useful in yielding reasonable estimates of alpha. Helms et al. (2006) considered it a good practice to calculate and report reliability coefficients for each measure used. Perhaps the most confusing information applied researchers are likely to encounter regarding reliability coefficients is how to interpret them once obtained: "The use of the term "adequate" without specifying an adequate rationale for such interpretations, presumably reflects confusion with regard to interpreting reliability coefficients" (Helms et al., 2006, p. x).

Limitations

There were several limitations to this study that should be discussed. First, this study may not be generalized to other counseling centers. Factors such as enrollment size, size of counseling staff, and mission of counseling center may exclude the use of the study in considering links of the results of this study to other centers. Second, there was no evaluation of those students who did not complete the survey or their opinion about receiving counseling center services. Third, this study uses a self-report survey, and the results may have been influenced by the students' willingness and comfort level to disclose certain attitudes, concerns, or behaviors (Reynolds & Chris, 2008). Lastly, the survey instrument was not revised for The University of Alabama Counseling Center specifically, so it was measuring more general trends in counseling center use and success rather than using a more context-specific approach.

Another limitation of this study is that some students are mandated to attend counseling at the counseling center. Those students' perceptions and expectations of counseling may be negative based on the fact that they are being required to come to counseling. For instance, most mandated students are referred by either Judicial Affairs or Tuscaloosa County court. The percentage of students mandated is small but mainly because UA department of Judicial Affairs has begun its own intervention classes to help these students. As opposed to students who want to be in counseling.

Delimitations of the Study

This study was taken from a case study by Reynolds and Chris' (2008) study at Buffalo College Counseling Center for the 2005-2006 year, and the current study reflects these possible limitations:

1. The study is confined to college clients at The University of Alabama Counseling Center in Tuscaloosa, Alabama.
2. This study and the former study by Reynolds and Chris may limit generalizations to other populations and counseling centers.
3. The sample is predominantly college-aged students ranging from 18-25 years of age.

One of the reasons The University of Alabama was chosen for this study is because of the high volume of students seen at the counseling center, and a sample would be less difficult to attain. The University of Alabama Counseling Center currently uses a Counseling Center Outcome Survey (Appendix D) in which students are asked to disclose their classes, grades, number of sessions, and counselor. Students are asked to complete 14 questions about their experience at the counseling center. The current study was more specific in asking students about the services, and there would be two answers for each question. This is more time consuming for the student but would give the center and institution a more thorough look at such services and needs. The Buffalo State College Counseling Center survey can be applied at the University of Alabama because "gathering information on students' perception of their awareness, knowledge, and behavior after a counseling intervention may help staff gain a better understanding of what students have learned and how they have been affected by the counseling process" (Reynolds & Chris, 2008, p. 376).

Conclusion

The counseling center in this study is located at The University of Alabama in Tuscaloosa, AL. All of the data that were collected from the counseling center client population were devoid of all student identifiers. The decision to use counseling center clients was made in order to reflect accurate similarity to the 2005-2006 study conducted at Buffalo State College

Counseling Center. The decision to use data collected over a 4-week period in the spring semester was made in order to have more students participate during an optimum time of the year at the counseling center. The research questions were developed to encompass as much information as possible from the data, and statistics were generated from this study and used to thoroughly answer the questions about the counseling center's services and needs of the students.

CHAPTER 4

FINDINGS

This study began in April 2011, with a sample from clients being seen at The University of Alabama counseling center. The counseling center is located in a free standing building near the border of the campus. There is signage to identify the counseling center, and clients are asked to swipe their student identification card (Action card) in order to gain access to the center. Students were handed an outcome survey by one of the two office staff members. The first page of the survey was an informed consent form introducing the researcher, explaining the study, and giving parameters for agreeing or not agreeing to take the survey. Quantitative data were obtained from registered undergraduate and graduate students who were counseling center clients. Data was collected for 4 weeks in March and April 2011 in order to obtain the sample. The purpose of this study was to evaluate student perception of counseling center services at The University of Alabama counseling center. This chapter presents the findings of this study.

Reliability

The original study from Buffalo State College Counseling Center used Cronbach's alpha, and the reliability coefficient was .97 for the Agree items and .98 for the Importance items. The original study had a small sample size of 94. It was a basic, single institution study and did not have research questions. The BSCC study found that most respondents significantly agreed that the Counseling Center met their outcomes (Reynolds & Chris, 2008). The researchers reported that the results of the survey indicated, that, overall, clients were very pleased with the services that they received at the Counseling Center (Reynolds & Chris, 2008).

In order to understand whether the questions in this questionnaire all reliably measure the same variable (so a Likert scale could be constructed), a Cronbach's alpha was run on a sample of 122 clients. In this study, Cronbach's alpha was used to analyze reliability for the satisfaction and importance items. It is usually used to assess the internal consistency reliability of several items or scores that the researcher wants to add together to get a summary or summated scale score (Muijs, 2008). Alpha should be positive and greater than .70 in order to provide good support for internal consistency reliability (Morgan et al., 2011). Cronbach's alpha reliability coefficient normally ranges between 0 and 1 (Gliem & Gliem, 2003). When using Likert-type scales it is imperative to calculate and report Cronbach's alpha coefficient for internal consistency reliability for any scales or subscales one may be using (Gliem & Gliem, 2003). The analysis of the data then must use these summated scales or subscales and not individual items. If one does otherwise, the reliability of the items is at best probably low and at worst unknown. Cronbach's alpha does not provide reliability estimates for single items (Gliem & Gliem, 2003).

The reliability statistics yielded a Cronbach's alpha (.98) for Research Question 1. An alpha is based on standardizing the items (.70). Alpha is based on a correlation matrix and is interpreted similarly to other measures of reliability; alpha should be positive and usually greater than .70 in order to provide good support for internal consistency reliability (Morgan et al., 2011). Responses for items associated with total importance and total satisfaction were very reliable according to reliability standards. However, alpha is highly dependent on the number of items in the proposed summated scale so .98 is probably acceptable to most researchers for a two-item scale. The measure (alpha or α) assumes that items measuring the same thing will be highly correlated (Welch & Comer, 1988). The Cronbach's alpha statistic was calculated, and the reliability attained is shown in Table 3:

Table 3

Cronbach's Alpha for Total Importance and Total Satisfaction Items

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	*N* of Items
.981	.983	39

The reliability analysis provided a Cronbach's alpha (.98) for Research Questions 2 and 3. Counseling center clients' responses to items associated with gender and importance of relationship with counselor were very reliable. Reliability is of use to estimate the internal consistency reliability of multiple indicators for each construct in the gender and importance of relationship with counselor items. In this study, reliability should be higher than .70, or 70%, for the questionnaire to be reliable. The Cronbach's alpha statistic was calculated, and the reliability attained is shown in Table 4:

Table 4

Cronbach's Alpha for Gender and Importance of Relationship with Counselor

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	*N* of Items
.979	.980	39

Reponses for the items associated with year in school and importance of relationship with counselor were judged to be very reliable for those students who participated in the survey. The

reliability statistics provided the Cronbach's alpha (.95) for Research Questions 4 and 5. The Cronbach's alpha was calculated, and the reliability attained is shown in Table 5:

Table 5

Cronbach's Alpha for Year in School and Importance of Relationship with Counselor

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	*N* of Items
.952	.952	13

Counseling center clients' responses to items representing year in school and satisfaction of not feeling judged were reliable. The reliability statistics provided the Cronbach's alpha (.73) for Research Questions 6 and 7. Cronbach's alpha was calculated and the reliability attained is shown in Table 6:

Table 6

Cronbach's Alpha for Year in School and Satisfaction of Not Feeling Judged

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	*N* of Items
.733	.739	3

Responses by counseling center clients to items associated with gender and satisfaction of not feeling judged were very reliable based on reliability standards. The reliability statistics provided the Cronbach's alpha (.97) for Research Question 8. Cronbach's alpha was calculated and the reliability attained is shown in Table 7:

Table 7

Cronbach's Alpha for Gender and Satisfaction of Not Feeling Judged

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	*N* of Items
.967	.972	21

Streiner and Norman (1989) reported that

> although Cronbach's Alpha is widely used nowadays, there are certain problems related to it. The first problem is that alpha is dependent not only on the magnitude of the correlations among items, but also on the number of items in the scale. A scale can be made to look more "homogenous" simply by doubling the number of items, even though the average correlation remains the same. This leads directly to the second problem. If we have two scales which each measure a distinct aspect, and combine them to form one long scale, alpha would probably be high, although the merged scale is obviously tapping two different attributes. Third, if alpha is too high, then it may suggest a high level of item redundancy; that is, a number of items asking the same question in slightly different ways. (pp. 64-65).

Under the "Cronbach's Alpha if Item is Deleted" (see Appendix G), the reliability of .981 is the highest, so it is not necessary to delete any of the items to improve the reliability score of this scale.

Descriptive Data

The population for this study was undergraduate and graduate students at The University of Alabama who have attended and are clients at the university counseling center. They were registered undergraduate and graduate students for the spring semester 2011. Criteria for students asked to take the survey were that they had been seen for at least three counseling sessions. The three session minimum was needed for clients to form relationships with the counselors and be able to consider and express their opinion about that relationship in a meaningful manner.

The total sample comprised 137 undergraduate and graduate students from a variety of majors. The survey was handed individually to each student by counseling center support staff. Of the 137, only 122 students completed the entire survey; thus the final sample represented 122 students. The survey respondents ranged in age from 18 years to 48 years. There were 98 undergraduates and 24 graduate students who participated in the survey. There were 80 females and 42 males who took the survey. As reported on the University of Alabama website, of the 31,747 students enrolled at UA in the fall of 2010, 54% were women, 13% were African American, 3% were Hispanic American and 2% were Asian American (The University of Alabama website at www.ua.edu).

Originally, there were 253 students identified (those students who had attended at least three sessions) to take the survey scheduled to be distributed from March 8, 2011 and April 8, 2011. Each week a schedule was developed to give to the office staff so they would know who would take the surveys. The office staff marked those students who took the survey. Because of the schedules being created ahead of time, it was anticipated that 253 students would be eligible to take the survey. Due to appointment cancellations, no shows, and/or client rescheduling, this number was drastically reduced to 122 students who agreed to take the survey.

Essentially, the target sample size for a survey depends on three main factors: the resources available, the aim of the study, and the statistical quality needed for the survey (Kelley, Clark, Brown, & Sitzia, 2003). The survey was given every business day for 4 weeks. Students were usually seen weekly. The survey was given to those students who had been seen for at least three counseling sessions. Three sessions was a random number chosen because the first session is an assessment (screening), and counseling does not begin until the second session, so by the third session the student should have an impression. There are approximately 80 screening

sessions a week at the University of Alabama Counseling Center. At the time the survey was given, there were 16 therapists, and each should have completed five screenings a week. Limitations are no-shows or cancellations, so the anticipated number of surveys completed was not reliable. For example, if 80 appointments are scheduled, there may be many no-shows and/or cancellations. If a student was screened the week on March 8-13, 2011, then it would be 3 weeks later when they would be given a survey.

There were 22 freshmen, 20 sophomore, 23 juniors, 29 seniors, and 28 other (assuming graduate students) who took the University of Alabama Counseling Center survey. The percentages of students who took the survey there were 18% freshmen, 16.4% sophomores, 18.9% juniors, 23.8% seniors, and 23.0% other (assuming graduate students; see Appendix F). There were 42 (34.4%) men and 80 (65.6%) women who took the survey (see Appendix F). There were 80.3% undergraduates and 19.7% graduate students who took the survey (see Appendix F). The average age of those students who participated in this study was 22.55 years old, with the oldest respondent being 48 years old (see Appendix F).

A power analysis was conducted on the data. An effect size needs to be specified in order to do a power analysis. Methods have been developed for many statistical tests to estimate the sample size needed to detect a particular effect, or to estimate the size of the effect that can be detected with a particular sample size (McDonald, 2009). A post-hoc analysis is done after a study has been carried out in order to help explain the results of the study (Onwuegbuzie & Leech, 2002). A post-hoc power analysis was computed using Research Question 6 statistics. A post- hoc analysis was used because the power analysis was conducted after the data was collected. It also helps to explain the results if a study did not find any significant effects (Onwuegbuzie & Leech, 2002). Using Cohen's d = (.08), probability level (.05), and sample size

(122), the power to detect a significant effect was about 11% (Cohen, 1988). This would be small based on Cohen's effect size definition.

There are sums of the variables that were created in order to run the statistics. They are represented by these titles: Total Importance (Imp), Total Satisfaction (Met), Relationship to Counselor(importance), Not Feeling Judged(satisfaction), and Goals (Academic/Therapy(importance)). The total importance variable was created by adding up all of the items for importance. The total satisfaction (met) variable was created by adding up all of the items for satisfaction. The variable Relationship to Counselor(importance) was created by adding up all items pertaining to relationship with counselor, and importance. The Not Feeling Judged (satisfaction)SAT variable was created by adding up all items pertaining to not feeling judged for student's unique culture, and satisfaction. The Goals (Academic and Therapy) (importance) variable was created by adding up all items pertaining to academic and therapy goals, and importance. These descriptive statistics are located in Table 2 of Appendix F. Frequencies, means, standard deviations, and minimum/maximum numbers for each item on the survey can be located in Appendix F.

Kurtosis and skewness were computed for constructed variables. Kurtosis is a measure of the extent to which observations cluster around a central point (Bump, 1991). For a normal distribution, the value of the kurtosis statistic is zero (SPSS Inc., 2011). Skewness is a measure of the asymmetry of a distribution (Bump, 1991). The normal distribution is symmetric and has a skewness value of 0. A distribution with a significant positive skewness has a long right tail. A distribution with a significant negative skewness has a long left tail. As a guideline, a skewness value more than twice its standard error is taken to indicate a departure from symmetry (SPSS, 2011). In this study, descriptive statistics for each constructed variable were computed in order to

identify normality of distributions (See Appendix F). Each variable had a negatively skewed distribution and thus, not normally distributed.

In this study, parametric tests were used because the *t* test and ANOVA are quite robust to violations of normality (Morgan et al., 2011). Some parametric statistics have been found to be robust with regard to their assumptions (meaning the assumption can be violated without damaging the validity of the statistic) (Fayers, 2011). They were designed for data that have certain characteristics, including approximately normal distributions (Morgan et al., 2011).

An argument can be made for the use of parametric statistics even if the distribution is not normal. True normality is relatively rare in psychology (Micceri, 1989). Many of the more interesting variables psychologists work with are fundamentally latent constructs with unknown units of measurement (e.g., depression, satisfaction, attitude, extroversion, etc.; Minium, King, & Bear, 1993). As a result, these tend to be measured using a psychometric scale, but the interval between scale points cannot be claimed to be equal and so these measures are considered ordinal (Stine, 1989). The mean and variance of an ordinal measure do not have the same meaning as they do for interval or ratio-scale measures, and so it is not strictly possible to determine whether such measures are normally distributed (Minium et al., 1993). Many psychological researchers have ignored this for two reasons: (a) not being able to do parametric tests limits the kinds of questions that can easily be answered, and many researchers would argue that by using them we have revealed some useful truths that have stood the test of time, and (b) there is an argument that many ordinal measures actually contain more information than merely order and that some of the better measures lie in a region somewhere between ordinal- and interval-level measurement (Minium et al., 1993). In this study, parametric tests are used for the *t* tests and ANOVAs because they are especially robust.

Another concern is the lack of consensus on how best to decide whether a variable is normally distributed or not. Use of a histogram can be an advantage because it is easy to do, but it can also be a disadvantage because there are no agreed criteria for determining how far the data can deviate from normality in order to proceed with parametric statistics (Stine, 1989).

The means of all the items that compose the scale were computed so that there could be a comparison between students who answered all the survey questions and those students who may have omitted some questions. Computing the means rather than sum allows the inclusion of all participants. If respondents chose "does not apply" as an answer, it was not included in this calculation.

Research Questions

There are two overarching research questions for this study: (a) What expectations do students have of the UA Counseling Center, and (b) how well are students' needs being met by the UA Counseling Center. The broad nature of the first two questions is best explained by the results of the analyses of the other seven research questions at the end of this section. All of the other research questions are answered in terms of the relationship between the independent variables—gender and year in school—and the two dependent variables—satisfaction and importance. The analysis of Research Question 2 discusses the results with correlations (Spearman's rho). The results of Research Questions 5, 7, and 9 are discussed using Analysis of Variance (ANOVA). Research Question 8 compares means from highest to lowest. Lastly, Research Questions 4 and 6 discusses using the independent samples *t* test. The significance level was set at .05 for all statistical analyses.

Research Questions 1 and 2: 1. What expectations do students have of the UA counseling center, and 2. How well are students' needs being met by the UA counseling center?

The overarching questions, Research Questions 1 and 2, were answered by the seven other research questions. The first two research questions also can be answered in part by looking at Table 8 and Table 9. Question 1, what expectations do students have of the UA counseling center, can be answered by observing the highest and lowest means for the items. In Table 8, the highest mean corresponded with the item "becoming more able to work through future problems on my own" so one can deduce that this is most important to students. Here, UA students showed a desire to work through their problems and anxiety, as well as ensure that they are able to apply the time in the Counseling Center to improving their lives. The lowest mean on the table corresponded with the item "reducing my use of alcohol and drugs," while issues on seeking other services and self-harm items also scored low. It can be deduced that these items on average were not as important to the students as all the other items.

Research Question 2, how well are students' needs being met by the UA counseling center can best be answered by observing Table 9. These items are listed from highest to lowest means for satisfaction items. The item on which students report most satisfaction with was "belief that my information would be kept confidential." One can deduce that student's feel confident that the counseling center is helping them to work through problems and prepare them for handling problems in the future (i.e., coping skills). Most therapists use a cognitive-behavioral therapy (CBT) model. Cognitive-behavioral is roughly defined as using cognitions (thoughts) to change behavior. There is empirical evidence that CBT is effective for the treatment of a variety of problems, including mood, anxiety, personality, eating, substance abuse, and psychotic disorders (Butler, Chapman, Forman, & Beck, 2006). Because the University Counseling Center is a brief counseling center (meaning 15 sessions or less in an academic year),

CBT is a successful mode of therapy for helping students learn to cope. Students who come to the counseling center may be recommended for medication, but many students choose not to take medication in hope of learning skills on their own to deal with their problems.

Table 8

Means of Importance Items from Highest to Lowest

Item	Importance Means	*SD*
1. Becoming more able to work through future problems on my own	4.86	.537
2. Learning strategies to help me manage anxiety	4.82	.583
3. Belief that my counselor genuinely understood my thoughts/feelings	4.80	.639
4. Improving my general sense of well being	4.79	.589
5. Ability to apply the skills I've learned in counseling to my life	4.78	.571
6. Having a good relationship with my counselor	4.78	.687
7. Beginning to feel better about myself	4.76	.693
8. Belief that my information would be kept confidential	4.75	.688
9. Effective support when I had a personal crisis	4.75	.725
10. Beginning to feel more hopeful about the future	4.75	.626
11. Reducing my level of anxiety	4.74	.672
12. Feeling regarded in a positive way	4.67	.763
13. Achieving my personal counseling goals	4.67	.722
14. Feeling accepted for being me, and not feeling judged	4.66	.908
15. Learning strategies to help me bounce back from a personal crisis	4.65	.786
16. An increase in my self-awareness	4.64	.781
17. Belief that my counselor was knowledgeable re: my unique culture and identity and its effect on my concerns	4.63	.858
18. Adjustment of the counseling approach to meet my personal needs	4.63	.724
19. Becoming more aware of my personal strengths and weaknesses	4.62	.745
20. Belief that my counselor recognizes my personal strengths	4.61	.781
21. Helpfulness of the psychiatric intervention I received	4.60	.944
22. Learning skills that will help me in relationships	4.59	.845
23. Reducing my depressed mood	4.58	.820
24. Having a good relationship with the psychiatrist	4.58	.889
25. Learning strategies to help me manage depression	4.57	.896
26. Active involvement in the overall counseling experience	4.54	.823
27. Belief that my counselor advocates for my success at UA	4.52	.944
28. Learning to believe that I can be successful at UA	4.51	.895
29. Support in achieving my academic goals	4.49	.835
30. Involvement in setting personal counseling goals	4.45	.817
31. More awareness of vital mental health info (sleep, exercise, diet)	4.42	.959
32. Feeling accepted for my unique culture	4.23	1.152
33. Discussing my ongoing academic experience	4.21	1.091
34. Learning strategies to advocate for myself with UA faculty/staff	4.07	1.174
35. Assistance in deciding to stay at UA	3.85	1.341
36. Reducing my thoughts about hurting myself	3.73	1.514
37. Becoming more connected to other UA programs and services	3.57	1.243
38. Learning about the impact of alcohol and drugs on student success	3.04	1.514
39. Reducing my use of alcohol and drugs	2.89	1.499

The item on which students reported the lowest satisfaction with was "learning about the impact of alcohol and drugs on student success." One can deduce that students felt less confident that they were learning about how drugs and alcohol impact their success at UA or that this was not a valuable factor for them when coming to the counseling center.

It can be assumed that because the items regarding alcohol and drugs were the lowest means for satisfaction and importance, students were not satisfied or did not feel this service was important. This is one area that can be researched in the future. On the survey, there was a "does not apply" response, and it was not counted in data computation.

In Table 9, the means for the satisfaction items are shown. The highest mean is the item "belief that my information would be kept confidential." A recent study identified confidentiality as the most frequently encountered dilemma for college counselors. For a counseling center, this is probably the best attribute to attain because dealing with people's private information is sensitive. If someone came for counseling and learned that their information had been compromised, they would no longer feel the personnel could be trusted, not to mention potential lawsuits that could ensue.

The lowest mean for satisfaction items was "learning about the impact of alcohol and drugs on student success." It would appear that students were not satisfied with this service, but it may be that students did not care about this service and therefore would rate it low. As stated previously, the importance item "reducing my use of alcohol and drugs" was also the lowest mean. College students, especially those between the ages of 18 and 24 who are enrolled in 4-year colleges and universities are at greater risk for engaging in high-risk drinking and other drug use than their non-college peers. As a group, person's ages 18 to 24 tend to drink and use drugs

Table 9

Means of Satisfaction Items from Highest to Lowest

Item	Importance Means	*SD*
1. Belief that my information would be kept confidential	4.76	.754
2. Having a good relationship with my counselor	4.55	.905
3. Feeling accepted for being me, and not feeling judged	4.53	.923
4. Belief that my counselor advocates for my success at UA	4.52	.870
5. Feeling regarded in a positive way	4.47	.903
6. Belief that my counselor was knowledgeable re: my unique culture and identity and its effect on my concerns	4.46	.916
7. Active involvement in the overall counseling experience	4.44	.865
8. Belief that my counselor genuinely understood my thoughts/feelings	4.42	1.012
9. Ability to apply the skills I've learned in counseling to my life	4.42	.871
10. An increase in my self-awareness	4.41	.857
11. Effective support when I had a personal crisis	4.40	.963
12. Improving my general sense of well being	4.39	.849
13. Adjustment of the counseling approach to meet my personal needs	4.39	.852
14. Beginning to feel more hopeful about the future	4.38	.919
15. Learning strategies to help me manage anxiety	4.35	.920
16. Discussing my ongoing academic experience	4.29	.938
17. Beginning to feel better about myself	4.29	.981
18. Involvement in setting personal counseling goals	4.28	.940
19. Having a good relationship with the psychiatrist	4.26	1.121
20. Learning strategies to help me manage depression	4.26	1.016
21. Belief that my counselor recognizes my personal strengths	4.25	1.038
22. Becoming more able to work through future problems on my own	4.25	.993
23. Becoming more aware of my personal strengths and weaknesses	4.24	1.000
24. Reducing my depressed mood	4.22	1.030
25. Learning strategies to help me bounce back from a personal crisis	4.20	.949
26. Reducing my level of anxiety	4.18	1.008
27. Helpfulness of the psychiatric intervention I received	4.18	1.115
28. Learning skills that will help me in relationships	4.17	1.096
29. Support in achieving my academic goals	4.17	.971
30. Learning to believe that I can be successful at UA	4.17	.969
31. More awareness of vital mental health info (sleep, exercise, diet)	4.16	.966
32. Achieving my personal counseling goals	4.08	.920
33. Feeling accepted for my unique culture	4.03	1.265
34. Reducing my thoughts about hurting myself	3.97	1.242
35. Assistance in deciding to stay at UA	3.93	1.257
36. Learning strategies to advocate for myself with UA faculty/staff	3.85	1.190
37. Becoming more connected to other UA programs and services	3.53	1.223
38. Reducing my use of alcohol and drugs	3.50	1.165
39. Learning about the impact of alcohol and drugs on student success	3.46	1.240

more excessively than other age groups, whether or not they attend college (Johnston, O'Malley, Bachman, & Schulenberg, 2011). Generally, this tendency stems from the following:

- developmental factors of late adolescence and young adulthood, including continuing brain development through the early 20s and the move toward greater independence and autonomy;
- cultural and social norms of college life that support heavy alcohol use (Hingson, Zha, & Weitzman, 2009).

Individual factors such as family history also may play a part in the development of high-risk alcohol and drug use.

Students who abuse alcohol experience more physical and mental health problems than those who don't drink or who drink at low-risk levels (Hingson et al., 2009). They report lower rates of overall health and experience higher rates of depression, anxiety, and personality disturbances. What's more, binge drinking, marijuana use, tobacco use, and use of other substances are linked to increased rates of suicidal ideation (Johnston et al., 2011).

Research Question 3: Is there a relationship between satisfaction and importance of counseling center services?

To investigate if there was a statistically significant association between satisfaction and importance, a correlation was computed. The Pearson correlation was calculated for each item for importance and satisfaction. Table 10 shows that the strongest correlation for satisfaction and importance was "belief that my counselor advocates for my success at UA," $r = .76$; $p = .000$. There was a strong, positive correlation between the satisfaction of the belief that my counselor advocates for my success and the importance of the belief that my counselor advocates for my success at UA. The weakest correlation for satisfaction and importance was "feeling accepted for being me, not feeling judged," $r = .38$; $p = .000$, meaning that the level of student satisfaction on the item had a very weak link to the level of importance the students attached to the topic. Students may have felt that this was not an important issue for them and did not pertain to them,

Table 10

Pearson Predicting Correlation Between Satisfaction and Importance

Item	Correlation Coefficient	*p*
1. Belief that my counselor advocates for my success at UA	.764	.000
2. Discussing my ongoing academic experience	.741	.000
3. Having a good relationship with my counselor	.736	.000
4. Helpfulness of the psychiatric intervention I received	.720	.000
5. Reducing my thoughts about hurting myself	.707	.000
6. Learning strategies to advocate for myself with UA faculty/staff	.698	.000
7. Feeling regarded in a positive way	.690	.000
8. An increase in my self-awareness	.688	.000
9. Belief that my counselor recognizes my personal strengths	.661	.000
10. Effective support when I had a personal crisis	.660	.000
11. Learning strategies to help bounce back from personal crisis	.641	.000
12. Learning skills that will help me in relationships	.635	.000
13. Belief that my counselor genuinely understood my thoughts	.625	.000
14. Learning about the impact of alcohol and drugs on student success	.624	.000
15. Learning strategies to help me manage depression	.607	.000
16. Becoming more aware of personal strengths and weaknesses	.594	.000
17. Becoming more connected to other UA programs and services	.584	.000
18. Feeling accepted for my unique culture	.581	.000
19. Having a good relationship with my psychiatrist	.580	.000
20. Involvement in setting personal counseling goals	.550	.000
21. Improving my general sense of well being	.544	.000
22. Achieving my personal counseling goals	.543	.000
23. Becoming more able to work through problems on my own	.533	.000
24. Support in achieving my academic goals	.529	.000
25. Assistance in deciding to stay at UA	.527	.000
26. Reducing my use of alcohol and drugs	.523	.000
27. Reducing my depressed mood	.521	.000
28. Active involvement in the overall counseling experience	.514	.000
29. More awareness of vital mental health information	.505	.000
30. Ability to apply the skills I have leaned in counseling to my life	.495	.000
31. Learning to believe that I can be successful at UA	.491	.000
32. Reducing my level of anxiety	.473	.000
33. Adjustment of counseling approach to meet personal needs	.468	.000
34. Belief my counselor is knowledgeable about my unique culture and identity	.461	.000
35. Beginning to feel more hopeful about the future	.437	.000
36. Belief that my information would be kept private and confidential	.421	.000
37. Beginning to feel better about myself	.411	.000
38. Learning strategies to help me manage anxiety	.383	.000
39. Feeling accepted for being me, and not feeling judged	.378	.000

if those limits were not pressing. In the middle is the item "involvement in setting personal counseling goals," $r = .55$; $p = .000$. There was a positive correlation between the two variables,

satisfaction and importance for this same item. This means that students appeared to be satisfied with feeling they were involved in setting personal goals and also felt it was important.

Research Question 4: Is there a gender difference between how students perceive importance of relationship with the counselor?

Table 11 shows that males and females were not significantly different in perceiving importance of relationship with their counselor. The table, independent samples test, provides two statistical tests. Levene's test for the assumption that the variances of the two groups are equal. The *F* test only assesses the assumption. The *F* statistic, $F(117) = 1.042$, is not significant because (Sig. >.05) and the assumption is not violated. The *t* test was used to compare means. The *t* statistic ($p = .989$) is not statistically significant, which means it can be concluded that there is no evidence of a systematic difference between males and females on importance of relationship with counselor. Inspection of the two group means indicates that the average item rating for males and females is the same ($M = 4.60$). Based on examining the means, both males and females have about the same perception of importance of relationship with counselor.

Table 11

T Test for Gender Differences and Importance of Relationship with Counselor

Variable	*M*	*SD*	*t*	*df*	*p*	*d*	*F*
Importance of Relationship with Counselor			-.014	117	.989	0	1.042
Males	4.60	.439					
Females	4.60	.640					

The effect size (*d*) is the difference between the means, *M*1 – *M*2, divided by the standard deviation of either group (Cohen, 1988). The Cohen's *d* effect size associated with this was 0. Using Cohen's criteria, this finding represented a small to no effect size. Effect sizes are generally defined as small (*d* = .2), medium (*d* = .5), and large (*d* = .8). Thus, males and females did not differ in their perception of the importance of the relationship with the counselor.

Research Question 5: Is there a year in school difference (freshman, sophomore, junior, senior) between how students perceive importance of relationship with counselor?

A one-way analysis of variance (ANOVA) was used to determine the interaction of year in school and importance of relationship with counselor. The assumptions of ANOVA are (a) Observations are independent, (b) variances on the dependent variable are equal across groups, and (c) the dependent variable is normally distributed for each group. Because ANOVA is robust when the data is normally distributed and there are violations of assumption #2 and/or #3, ANOVA may still be used (Morgan et al., 2011). In order to check the assumption that the variances of the year in school groups are equal, Levene's test was used. For year in school (p = .049), the Levene's test is significant, and thus the assumption of equal variances is violated. Therefore, the variances are not equal.

Using year in school as the independent variable and importance of services as the dependent variable, the ANOVA indicated that there was no significant difference in year in school and importance of services (see Table 12). Freshmen, sophomore, juniors, and seniors were not different in their perception of the importance of services.

To calculate effect size for ANOVA, the formula is

$$\eta^2 = \frac{\text{Treatment Sum of Squares}}{\text{Total Sum of Squares}}$$

The effect size for Research Question 5 is $\eta^2 = .032$. This would be deemed by Cohen's (1988) guidelines as a small to medium effect size; 3.2% of the variance was caused by the IV (treatment).

Table 12

Year in School and Importance

Year in School	Sum of Squares	*df*	Mean Squares	*F* Value	Sig.
Importance					
Between Groups	.973	4	.243	.728	.574
Within Groups	30.080	114	.334		
Total	39.053	118			

Research Question 6: Is there a gender difference between how students perceive satisfaction of feeling not judged?

Table 13 shows that males and females were not significantly different in perceiving satisfaction of not feeling judged. The table, independent samples test, provides two statistical tests. Levene's test for the assumption that the variances of the two groups are equal. The *F* test only assesses the assumption. The *F* statistic, $F(115) = .016$, is statistically significant ($p < .05$), and the variances are significantly different and the assumption of equal variances is violated. The appropriate $t = -.455$, *(df)* = 84.209, and $p = .650$. The *t* test was used to compare means. The *t* test was not statistically significant so we can conclude that there was no difference between males and females in perception of satisfaction of feeling not judged. Inspection of the two group means indicates that the average item rating for males ($M = 4.35$) is lower than that for females ($M = 4.43$). Based on examining the means, females have higher satisfaction of feeling not

judged than males. The effect size *d* is -0.08, which indicates a small to no effect. Males did not differ significantly than females in their satisfaction with feeling not judged.

Table 13

T Test for Gender Differences Between How Students Perceive Satisfaction of Not Feeling Judged

Variable	*M*	*SD*	*t*	*df*	*p*	*d*	*F*
Importance of Relationship with Counselor			-.445	115	.657	-0.08	.016
Males	4.35	.910					
Females	4.43	.977					

The effect size (*d*) is the difference between the means, *M*1 – *M*2, divided by the standard deviation of either group (Cohen, 1988). The Cohen's *d* effect size associated with this was -0.08. Using Cohen's criteria, this finding represented a small to no effect size. Effect sizes are generally defined as small (*d* = .2), medium (*d* = .5), and large (*d* = .8).

Research Question 7:Is there a year in school difference between how students perceive satisfaction of feeling not judged?

A one-way analysis of variance (ANOVA) was used to determine the interaction of year in school and satisfaction of not feeling judged. Using year in school as the independent variable and satisfaction as the dependent variable, the ANOVA indicated there was no significant difference in year in school and satisfaction with services (see Table 14). Freshmen, sophomores juniors, seniors, and others were not different in their satisfaction of feeling not judged. In order to check the assumption that the variances of the year in school groups are equal, Levene's test

was used. For year in school (p =.002), the Levene's test is significant and thus the assumption of equal variances is violated. Therefore the variances are unequal.

To calculate effect size for ANOVA, the formula is

$$\eta^2 = \frac{\text{Treatment Sum of Squares}}{\text{Total Sum of Squares}}$$

The effect size for research question 5 is η^2 =.047. This would be deemed by Cohen's (1988) guidelines as a small to medium effect size; 4.7% of the variance was caused by the IV (treatment).

Table 14

Year in School and Feeling Not Judged

Year in School	Sum of Squares	*df*	Mean Squares	*F* Value	Sig.
Feeling Not Judged					
Between Groups	5.212	4	1.303	1.461	.219
Within Groups	99.017	112	.892		
Total	105.129	116			

Research Question 8: How important are goals (academic and therapy) to the student?

A survey by the Association for University and College Counseling Center Directors has provided an insight into students' mental health issues. Based on data obtained from directors of 424 campus counseling centers, results of the 2010 survey revealed an increase in student clients with severe psychological problems but showed that anxiety overtook depression as the top student complaint (Sieben, 2011). This may be some justification for why "learning strategies to reduce my anxiety" was the highest mean for the goals of students. For the lowest rated item,

reducing use of alcohol and drugs," studies have found that students who most need alcohol-related interventions may be least likely to participate in counseling sessions (Larimer & Cronce, 2002). So motivating students to receive brief interventions, especially interventions delivered outside the health center and mandated contexts, is key to reducing alcohol consumption on campus. One solution may be to treat students as consumers of brief intervention services and then to market the intervention "product" accordingly. Research suggests that social marketing techniques may improve recruitment of students to alcoholism prevention and intervention services. Calling students when they miss appointments and using other program reminders may increase participation by heavier drinkers.

Table 15 shows the means for all the items of goals (academic and therapy), and importance to the student. The item with the highest mean was "learning strategies to reduce my anxiety," M = (4.82). The item with the lowest mean was "reducing my use of alcohol and drugs."This indicates that students perceived learning strategies to reduce anxiety as the most important goal and reducing my use of alcohol and drugs not as important a goal.

One of the biggest issues The University of Alabama counseling center deals with is anxiety, even more so than depression, and the list of means was consistent with this. Also, it may suggest that staff predominantly see students who are in crisis or in significant levels of distress and see fewer students who are dealing with developmental type issues. Immediately, what stood out was that drug and alcohol were perceived by the students to be least important. Also, surprisingly, "helping decrease suicidal thoughts" had a low mean, but spring 2011 was a particularly busy time for hospitalizations for suicidal thoughts and attempts.

Table 15

Means for Goals and Importance

Item	*M*
1. Learning strategies to help me manage anxiety	4.82
2. Improving my general sense of well being	4.79
3. Reducing my level of anxiety	4.74
4. Achieving my personal counseling goals	4.67
5. Learning strategies to help bounce back from personal crisis	4.65
6. An increase in my self-awareness	4.64
7. Becoming more aware of personal strengths and weaknesses	4.62
8. Learning skills that will help me in relationships	4.59
9. Reducing my depressed mood	4.58
10. Learning strategies to help me manage depression	4.57
11. Active involvement in the overall counseling experience	4.54
12. Learning to believe that I can be successful at UA	4.51
13. Involvement in setting personal counseling goals	4.45
14. Ability to apply the skills I have leaned in counseling to my life	4.42
15. Beginning to feel more hopeful about the future	4.38
16. More awareness of vital mental health information	4.16
17. Learning strategies to advocate for myself with UA faculty/staff	4.07
18. Reducing my thoughts about hurting myself	3.73
19. Learning about the impact of alcohol and drugs on student success	3.04
20. Reducing my use of alcohol and drugs	2.89

Research Question 9: Is there a year in school difference between how students perceive importance of the counseling center helping them to remain in school?

A one-way analysis of variance (ANOVA) was used to determine the interaction of year in school and the counseling center helping them to remain at UA. Using year in school as the independent variable and importance of CC helping them remain at UA as the dependent variable, the ANOVA indicated that there was no significant difference in year in school and importance of services (see Table 16). Freshmen, sophomores, juniors, seniors, and others showed no difference in feeling that the counseling center helped them stay in school at UA. In order to check the assumption that the variances of the year in school groups are equal, Levene's

test was used. For year in school (p =.410), the Levene's test is not significant, and thus the assumption of equal variances is not violated. Therefore, the variances are equal.

To calculate effect size for ANOVA, the formula is

$$\eta^2 = \frac{\text{Treatment Sum of Squares}}{\text{Total Sum of Squares}}$$

The effect size for research question 5 is η^2 =.047. This would be deemed by Cohen's (1988) guidelines as a small to medium effect size; 4.7% of the variance was caused by the IV (treatment).

Table 16

Year in School and Retention

Year in School	Sum of Squares	*df*	Mean Squares	*F* Value	Sig.
Deciding to Stay at UA					
	4.347	4	1.087	.590	.671
Between Groups	127.018	69	1.841		
Within Groups	131.365	73			
Total					

Utilization of Information

This information will be useful to The University of Alabama Counseling Center staff because it can be discussed in a bimonthly peer review meeting. Peer review is the evaluation of creative work or performance by other people in the same field in order to maintain or enhance the quality of the work or performance in that field. It is based on the concept that a larger and more diverse group of people will usually find more weaknesses and errors in a work or performance and will be able to make a more impartial evaluation of it than will just the person or group responsible for creating the work or performance (Horner & Minifie, 2011).

Another way the information from this study will be useful is providing accountability.

College and university counseling centers have been encouraged to become more accountable for the quality of services they offer. Other student affairs departments have turned their attention to the overall importance of accountability (Mines, Gressard, & Daniels, 1982). An accountability system is a set of procedures in which evaluation is used to facilitate decision making or policy formation (Krumboltz, 1974). Evaluation is defined as a methodological activity in which one attempts to determine the value or worth of something, and as such, it is related to accountability (Bishop & Trembley, 1987). This is related to the purpose of this study.

Conclusion

There was a significant relationship between satisfaction and importance of counseling center services. Students who thought services were important were also satisfied with services and vice versa. More specifically, they identified belief that my counselor advocates for my success at UA, as the most important item and were satisfied. They also thought feeling accepted for being me, and not feeling judged, were not as important and were not as satisfied with that service. Males and females did not differ in their perception of the importance of the relationship with the counselor. Freshmen, sophomores, junior, seniors, and others did not differ in their perception of the importance of relationship with the counselor. There was no significant difference in males or females regarding feeling not judged for their unique culture/race. Freshmen, sophomores, juniors, seniors, and others all showed no difference in their satisfaction of not feeling judged while at the center. Students perceived learning strategies to reduce anxiety as the most important goal and reducing use of alcohol and drugs as the least important goal. Finally, there was no year in school difference (freshmen, sophomores, juniors, seniors, and others) in their perception that the counseling center helped them to remain at UA. Overall, the

results from this study showed that students were satisfied with counseling center services and perceived services as important.

CHAPTER 5

CONCLUSIONS

This study was undertaken to examine counseling center services at the University of Alabama Counseling Center. Participants in this study consisted of undergraduate (n = 98)and graduate (n = 24) students who were clients at the counseling center. Participants' age ranged from 18-48 years old. This chapter provides summarized findings, a discussion of those findings, and implications for research and practice. The chapter concludes by reminding the reader of the intent of the study and how the findings can be implemented.

There are several reasons counselors have failed to conduct evaluations. An important reason is that conducting evaluation requires some degree of expertise in research methods, particularly in formulating research questions, collecting data, and selecting appropriate analyses. Yet, counselors typically receive little training to prepare for demonstrating outcomes (Whitson, 1996) and evaluating services (Hosie, 1994). Counselor education programs have been criticized for failing to provide appropriate evaluation and research training to new counselors (Borders, 2002). This may keep counselors from program evaluation because of lack of confidence in their ability to effectively collect and analyze data and apply findings to professional practice (Issacs, 2003). Another counselor hesitance might be fear of finding out that their services are ineffective (Lusky & Hayes, 2001).

In spite of these concerns, program evaluation can be viewed as a critically important activity, a type of accountability that focuses on program effectiveness and improvement (Issacs, 2003). Astramovich and Coker (2007) believed that demonstrating accountability forms a bridge

between counseling practice and the broader context of the service impact on the stakeholders (students). Loesch (2001) supported this position, emphasizing that counseling evaluations should be used to improve services rather than to provide justification for existing programming.

This chapter presents a summary of the study and important conclusions drawn from the data presented in chapter 4. It provides a discussion of the implications for action and recommendations for further research. As an aid to the reader, this final chapter of the dissertation briefly revisits the research problem and reviews the major methods used in the study. The major sections of this chapter summarize the results and discuss their suggestions.

Brief Overview of the Problem

Severity of symptoms has increased in college students (Sharkin, 1997). Addressing these needs is the central theme of any college counseling center. Also, many of these centers may contribute to the retention and success of the students. Evaluation of counseling center services helps to insure a better approach to counseling and helping students.

During the 2005-2006 academic years, Drs. Amy Reynolds and Stephen Chris conducted a case study with a survey that was developed by the staff at Buffalo State College Counseling Center, in Buffalo, New York. The 39-item survey asked students who were clients at the counseling center to give their perception of counseling center services based on satisfaction and importance of the services.

This study used the Buffalo State College Counseling Center survey, with the permission of the researchers, at the University of Alabama counseling center in order to evaluate services. The purpose of this study was to evaluate counseling center services in order to improve those services and allow the clients to feel they are being heard by staff and are able to influence future changes. Astin (1993) reported a positive relationship between student satisfaction and provided

services, and college expenditures devoted to such services. The importance of this study can be regarded as helpful to the particular center that was used. The findings could be used at other centers in areas of retention, improving services, accountability, and staff development.

This study uses a survey to analyze the needs and services of a large public university counseling center in an effort to improve services. In trying to comply with the mission of the overall University, the counseling center also has a mission that parallels the purpose for students. Students should have input into the services they are receiving at the counseling center (Waehler, Hardin, & Rogers, 1994). This survey gives the client an opportunity to voice his/her perspective by asking them about specific areas and whether or not these areas were important to them and were they satisfied with the service.

Hopefully, with the information collected, administrators and staff will be able to learn from the results and improve services, if needed. This knowledge is essential in order to present a case for improving services and receiving funding. Retention is a key factor that most administrators see as necessary to continue growth at an institution and also to fulfill the institution's mission. Without administration support, the counseling center might not be a service offered to students. This loss of services could be detrimental to an institution, similar to the recent tragic events (i.e., Virginia Tech and Northern Illinois University) on college campuses through the country. As mentioned, the problems seen amongst the college population have increased and are even more severe. At times, staff can feel that the university counseling center has evolved into a more intensive engine that mimics a community mental health center. Gone are the days of only treating minor issues such as homesickness or class scheduling. Today, college students present with anything from mild depression to suicide or homicidal ideation.

In 1971, James Banning discussed a community mental health model for campus mental health services (Banning, 1971). Little did he realize his theory would come to be useful today. Many college counseling center professionals speak negatively about this theory because many have come from a background in community mental health and found campus counseling services more challenging than expected. As a reprieve, the college counseling center was viewed as a place where professionals could help students grow and mature. But, as mentioned, students' problems have become more difficult in nature, and reaction to these issues takes energy and effort, thus leaving a professional sometimes feeling back at the community mental health center.

Summarized Findings

This study was comprised of undergraduate and graduate students in order to evaluate their satisfaction with services at the University of Alabama counseling center. In order to answer the nine research questions, several quantitative statistical analyses were applied: correlation, ANOVA, and *t* test. The statistical tests consisted of parametric and nonparametric tests based on the robustness of the tests. The intent of this study was to ask students to evaluate services in order to take the findings and improve or change services to meet the needs of the students who are served.

In this study, there are two overarching questions: (a) What expectations do students have of the UA Counseling Center, and (b) how well are students' needs being met by the UA Counseling Center? Two demographics areas were chosen as control variables (gender and year in school). Undergraduate and graduate students enrolled at the University of Alabama and who were clients of the counseling center were asked to participate. The survey was taken from a

study conducted by Reynolds and Chris (2008) at Buffalo State College Counseling Center in Buffalo, New York.

The findings from Research Question 3 speak to the correlation between satisfaction and importance. The results from the Pearson correlation analysis indicate that satisfaction and importance were significantly related with a positive directionality, therefore, implying that when satisfaction increases so does importance of services.

Importance of services is one of the variables for Research Question 4. The results from the independent samples *t* test showed that there is no significant gender difference on the importance of the relationship with the counselor. The majority of students who took the UA Counseling Center survey were women. Prior research has shown that men are less likely than women to seek help for problems as diverse as depression, substance abuse, physical disabilities, and stressful life events (McKay, Rutherford, Cacciola, & Kabasakalian-McKay, 1996). Their research may support the finding of fewer men than women, who took the survey.

Previous research shows mixed results when examining gender differences. For example, Junn et al. (1996) found that females had a higher rate of using selected services than males, and research conducted by Strach, Freeberg, and Cash (1995) revealed that female students rate female faculty higher than did male students. On the other hand, Hirsch (1997) found no significant gender differences in student perceptions of public safety policy, and Mitchell and Fandt (1995) discovered no significant differences in self-esteem scores between male and female college students.

There are several arguments on therapist-patient gender matching, and the literature is usually biased in that it discusses mostly the needs of female clients (Mogul, 1982). It is unclear whether it is best to pair same-gender dyads or opposite-gender dyads, but either can be effective

or ineffective. It depends on things such as the sensitivity of the therapist and the strength of the therapeutic bond in longer term therapy, but gender may make a difference in shorter term therapy like that at the UA Counseling Center. As some clients may not be willing to start therapy with opposite-gender therapists, pairing same-gender dyads may be more effective because it gets the client in for treatment. Often, the reason for referral will determine the gender pairing (women who have been sexually abused may prefer a same-gender dyad). Thus, gender may matter to get the client into treatment to get the minimum dose of therapy, but after that it appears to be the sensitivity of the therapist that counts. This means the relationship with the counselor does make a difference to the client, unless there is a specific issue where the client may be better suited with a particular gender therapist (such as males who have a sexual dysfunction may prefer a male therapist).

The importance of counselor gender role in the counseling relationship has been established. Although trends in the findings have revealed that female clients may be more successful with female counselors, most findings have been inconclusive. Specifically, Feldstein (1979) found that counselor gender role interacts with client gender in affecting preference for counselor gender role, with men preferring feminine counselors and women preferring more masculine counselors. She also found an interaction between client gender and counselor gender role in predicting client satisfaction.

Research Question 5 used a one-way analysis of variance (ANOVA) and showed that there was no significant year in school difference when considering relationship with counselor. In a study conducted by Chao et al. (2004), year in school was a variable when examining satisfaction of services at a college counseling center. They found that there were no significant differences on overall satisfaction with participants with different years in school. In another

study, counseling was perceived to be effective even though the counselor and the client did not agree on treatment approaches (Mellott, DeStafano, French-Bloomfield, & Kavcic, 1999). This, counseling effectiveness may not depend on congruence between client preferences for treatment approaches and those practiced by the counselors.

Research Question 6 results from the independent samples *t* test showed that there is no significant gender difference in the perception of satisfaction of not feeling judged. This result may stem from applying a traditional individual differences methodology to the study of gender differences.

Wade and Bernstein (1991) examined the effects of brief culture sensitivity training for counselors and effects of counselors' race on Black female clients' perceptions of counselor characteristics and the counseling relationship, and the clients' satisfaction with counseling. They found that clients assigned to experienced counselors who had received culture sensitivity training rated their counselor higher on credibility and relationship measures, returned for more follow-up sessions, and expressed greater satisfaction with counseling than did clients assigned to experienced counselors who had not received the additional training. Counselors must view the identity and development of culturally diverse people in terms of multiple, interactive factors, rather than a strictly cultural framework (Romero, 1985). A pluralistic counselor considers all facets of the client's personal history, family history, and social and cultural orientation (Arcinega & Newlou, 1981).

Research Question 7 used a one-way analysis of variance (ANOVA) and showed that there was no significant year in school difference between satisfaction and not feeling judged. Studies have been conducted using year in school and satisfaction as variables that resulted in

unclear direction or pattern of satisfaction changes over the college years (Betz, Klingensmith, & Menne, 1970).

Research Question 8 used the means of each item for importance and the mean for each item of satisfaction to rank from highest to lowest.

In a study by Kitzrow (2003), 90% of the respondents reported that counseling helped them meet their goals at the university and helped reduce stress that was interfering with their schoolwork. Counseling center directors and other student affairs officers can play an important role in educating administrators about the "importance and value" (Stone & Archer, 1990) of counseling services and their role in serving the mission of the university to retain students and help them meet their academic and personal goals (Wilson, Mason, & Ewing, 1997).

Research Question 9 used a one-way analysis of variance (ANOVA) to determine the interaction of year in school and importance of the counseling center helping them stay at UA. The findings showed that there was no significant difference in year in school and perception of staying at UA. It seems that counseling is especially effective in terms of students' personal-emotional and social adjustment. These factors are important to students' well-being and may lead to increased academic success and student retention (Gerdes & Mallinckrodt, 1994). This news that students who participate in counseling will likely improve their academic performance should be reassuring to college counseling centers.

One segment of the student body that is at risk for attrition is students who are in academic jeopardy. A review of the literature describing attributes of students at risk for early attrition (i.e., those in academic jeopardy) suggests that counseling services may not only be desirable but are much needed for these individuals (Wlazelek & Coulter, 1999). Illovsky (1997) compared students who received counseling with the general population and found that 75% of

the students who received counseling registered again in the following semester, whereas only 68% of the students in the general population did.

Research Questions 1 and 2 can be answered based on the findings of the other questions. Clients' expectations of counseling affect how long clients stay in counseling, how satisfied they are with counseling, and how much and how rapidly they. Despite the significance of these expectations, the bases of clients' expectations have rarely been studied (Goldfarb, 2002).

Despite the advances made in developing and testing effective prevention approaches, one difficulty is often present in the college setting that limits the utility of individually focused prevention efforts. Specifically, many students do not participate in these programs, and those students who most need them appear to be least likely to utilize them (Black & Coster, 1996). For example, Black and Coster found that 46.2% of male drinkers and 39.6% of female drinkers had no interest in participating in even a minimal intervention involving informational brochures and flyers. In this section, we review some suggestions (with support from the literature) for increasing identification, recruitment, and retention of students into individually focused prevention/treatment programs.

Discussion

Of particular interest in this study is the survey item "learning strategies to help with my anxiety." This item had a high mean, which meant that students feel this is an important service. At the University of Alabama Counseling Center, stress and anxiety are some of the most frequent issues. Researchers have reported that college student depression has risen but that college student anxiety has decreased (Guthman, Iocin, & Konstas, 2010). The rise in depression among students may be because they feel more socially disconnected. In contrast to depression, cases of severe anxiety have shown a drop. This could indicate that students are learning more

effective strategies to deal with anxiety. Although many university counselors feel that things are getting worse, it is important to understand which areas are changing in terms of mental health. This is a good rationale for evaluation and is important in order to learn more about these changes.

Counselors can no longer question the merit of and the need for evaluating their counseling program and services. Instead, today's counselors must actively learn about and use evaluation methods as a means of enhancing their counseling practices, providing accountability to stakeholders, and enhancing the professional identity of all counselors (Astramovich & Coker, 2007). Program evaluation continues to be a force in the development of the counseling professions (Wheeler & Loesch, 1981). Given the persistence of the topic and the ongoing calls for outcomes research and accountability of counseling practices, program evaluation can no longer be ignored by counseling professionals.

During times of decreasing budgets, increased caseloads, clients with more severe problems, and decreasing staff sizes, it is often difficult to make time to conduct evaluation studies (Silker, 1994). This study used a survey to evaluate the University of Alabama Counseling Center services. The reason for the study was to consider a different way of using an outcome survey to meet the needs of the clients. Client satisfaction is a goal of most healthcare facilities. Clients' overall satisfaction significantly relates to their reactions to counselor interventions (Chao, Metcalfe, Lueck, & Petersen, 2004).

Conducting this evaluation study highlights three functions of brief client surveys. First, brief client surveys are valuable in documenting the counseling center's effectiveness for accountability. Second, they provide counselors with client feedback. Third, brief client surveys

facilitate counseling service revision. Client satisfaction research has become an important resource for review of counseling center operation and program development.

College counseling centers are under increasing pressure to conduct assessment, evaluation, and research activities (Upcraft & Schuh, 1996). Because college counseling center trends are changing, evaluation is more important than ever. Centers are faced with an increasing need to demonstrate effectiveness and utility of their programs for the sake of survival (Mines, Gressard, & Daniels, 1982). Krumboltz (1974) viewed an accountability system as a set of procedures in which evaluation is used to facilitate decision making or policy formation.

The findings in this study can be compared to other studies. Chao, Metcalfe, Leuck, and Petersen (2004) explored client satisfaction in a study that used client self-generated responses to evaluate services. The sample size was large (N = 1,053). The clients only had to have been seen for one session, and the study was conducted at a Midwestern counseling center. More females than males participated and were mostly undergraduates. The current study also used one college counseling center to evaluate services, and more females than males participated. The sample size was drastically smaller and consisted of clients who had been seen for at least three sessions. The demographics for both studies included gender and year in school but the Chao et al. (2004) study included status, race/ethnicity, and sexual identity. Another difference in the present study is that the survey also asked clients to answer regarding importance of services.

Results of both studies were similar. An ANOVA was used in the Chao et al. study and indicated that male and female participants had no significant differences on overall satisfaction. Their finding matched the current study. Nor did the participants with different years in school have significant differences in overall satisfaction. Again, this was consistent with the current study.

Regarding relationship with counselor, in the Chao study 14% acknowledged being dissatisfied with counseling services. The dissatisfied group was significantly higher than the satisfied group on all negative responses of counselors' work (i.e., "not helpful, confused, mistaken, no guidance/advice"; Chao et al., 2004). In the current study, relationship with counselor was a factor but not as specific as in the aforementioned study and no particular themes were discovered.

Counseling, like other interpersonal relationships, involves both direct and indirect attempts by one person (the counselor) to influence the thoughts and actions of another (the client; McKee & Smouse, 1983). There are different cues that can affect a client's perception of the counselor. Evidential cues include characteristics such as how the counselor looks, and what he or she wears, as well as office décor, location, and furnishings. Reputational cues include information made known about the counselor's professional and/or social background, and behavioral cues include the counselor's verbal and nonverbal behaviors (Leierer et al., 1998). All of these factors can influence the relationship between client and counselor. In order to make aware counselor/client rapport, satisfaction surveys are pertinent and useful for evaluating staff competencies, expertness, and ability to identify the client's problem.

Implications for Research

Conducting a satisfaction survey must be made a priority by counseling center administration and staff or it will not happen. Gaining the support and cooperation of all counselors and support staff is essential for an effective study. Support staff gave all respondents the survey. Without input and cooperation from these individuals, the study literally could not have been completed. Cooperation involves soliciting input and reactions to the survey from all those individuals expected to use the data collected. Counseling center staff should take time to

thoughtfully discuss those reactions. This is essential. Time must be scheduled to do this; otherwise day-to-day demands may interfere with thoughtful consideration of what can be learned from study results. The current study will be presented to the staff at the UA counseling center in an effort to promote discussion of service improvement and generate ideas that can contribute to better mental health for students (central to the mission of the center).

As has been mentioned many times throughout this study, there has been an increase in severity of counseling center client problems. Students with severe and persistent mental illness present unique needs and therapeutic issues to the college counseling setting (Beamish, 2005). Because of the increase in client symptoms, it has also been suggested that college counseling centers can be compared with community mental health centers. This chapter discusses some implication for college counseling to consider in an effort to manage these issues.

Truly, effective therapy requires a whole therapeutic environment, counselors, center location, center operations, and supportive staff, as the whole counseling center makes its impression on clients. Future research on client satisfaction should access clients' perceptions of the entire functioning of the system. Chao et al. (2004) suggested that the clients developed their overall impression when they stepped into the counseling center, and their satisfaction was comprised of their impressions of more than counseling itself.

It would be helpful if more college counseling centers collected data that could aid in the quest to further examine trends in problem severity over the coming years (Sharkin & Coulter, 2005). College counselors and directors must be the catalyst for change among students, faculty, and administrators (Beamish, 2005). The Outcome Questionnaire (OQ-45, Lambert et al., 1996) is used in a few college counseling centers to measure clinical diagnoses of symptom distress

(Sharkin & Coulter, 2005). This would be a good tool for centers to use because it could examine trends on a national level.

Another implication of the challenges regarding increased severity of problems is to differentiate between what is found in students who seek counseling versus the experiences of college students in general (Beamish, 2005). Two studies found differing results: One study found that symptoms in students were increasing, and the other study found that symptoms were actually decreasing (Benton et al., 2003; Furr, Westefiled, McConnell, & Jenkins, 2001). This demonstrates how research findings can be different depending on who is being studied, students in general or those who sought counseling.

The next implication that should be addressed is how symptoms relate to expectations of counseling. Goldfarb (2002) found that depending on what the client's symptoms are, expectations about the counseling experience may be affected. She focused more on hopelessness than depression. Her original hypothesis was that depression would be more of a factor in expectations for counseling but the results showed that hopelessness was more related to expectations. Because hopelessness relates to expectations, counselors should assess a client's level early in treatment.

Future research might also compare student clients' academic standing before counseling and after completing counseling services. Information on whether counseling benefits academic achievement will have a significant impact on college counseling centers and strengthen their mission and purpose on college campuses.

Finally, the implication that college counseling centers are appearing more like community mental health centers should be acknowledged. James Banning first looked at this concept and its ramifications back in 1971 when he posed the questions of "should college

counseling centers operate under a community mental health model?" (Banning, 1971). The center has evolved throughout the years into more of a valued entity on campus either because clients' problems have become more severe or the fact that mental health knowledge has also increased.

David Rudd (2004) suggested that the observed trend reflects the changes in student population and not the development of more severe problems. There not only has been an increase in the number of 18- to 24-year-olds enrolling in colleges, but also an increase in those students from disadvantaged backgrounds (i.e., lower socioeconomic status and single-parent homes; Gunn, Frederick, Greer, & Thomas, 2005). Consequently, there will be more demand on staff, more need for training, and more need for resource allocation, with such changes. If they are not already in place, counseling centers will need to develop clear-cut policies on how to deal with emergencies and crises. One researcher also suggested that administrators work closely with inpatient facilities even to the point of entertaining joint contracts (Rudd, 2004). Another suggestion would be to have a risk management officer on staff at the counseling center. If this thought is considered, then university counseling centers really would be closer to resembling a community clinic. Since counseling centers deal with crisis on an everyday basis, a risk management officer could address issues immediately with regards to issues such as confidentiality. The current study found that students felt satisfied with how confidentiality was presented to them, and they also perceived it as important, but confidentiality is core to services and sometimes staff needs to consult with counsel in an urgent situation.

This study evaluated services of a counseling center and how important those services were and how satisfied students were with the services, but as problems with students become more severe, as research suggests, staff will become more pressed to alter services. This will

affect future evaluation and may result in poorer results than were found in this study. Overall, students at the University of Alabama Counseling Center were satisfied with services and thought services were also important. It could be argued that in future evaluation, students will become unsatisfied with services if policies are not in place to prepare for factors such as increased enrollment.

Implications for Practice

The results from this study have the potential of real-world impact. Many college counseling centers use simple outcome studies in order to evaluate their services, but questions are sometimes general, and the results of the survey are not connected to making improvements. This study used an outcome survey asking general questions about the services the student had received. The results were not published or discussed any further with the student because they are anonymous. The student was asked to participate but had the right to refuse to take the survey. This study used a survey developed by professionals at another institution of differing factors and the outcome of that case study was not discussed in detail. The survey was long, and the student was asked to give two responses for each of the 39 items. So, it was surprising that 137 students agreed to take the survey under these conditions, because it would take concentration and time to complete.

All items on the survey were of importance, but some items more than others, and were represented in the research questions. Because anyone who seeks counseling may be discussing personal, intimate, and confidential information, the relationship with the counselor is very important. Entering into a counseling relationship is, basically, like entering into a contractual agreement "that simultaneously defines the nature of the counselor-client relationship and the goals of treatment" (Goodyear & Bradley, 1980). Centers should individually evaluate

counseling styles of the center staff and promote professional development of each style represented. As mentioned previously, cognitive-behavioral therapy is commonly used in college counseling centers because it focuses more on brief therapy. Other institutions may need to consider using a brief therapy model in an effort to limit overuse of counseling services for those clients who are longer term. This idea might help alleviate caseload concerns and possible waiting lists. One of the variables of this study, relationship with counselor, could have been influenced by the counselor's particular style. This might be an area for future research in order to be more specific about why students were satisfied with the relationship with their counselor and why they thought it was important.

The items with high and low means can be connected back to the current study. The lowest means for both importance and satisfaction was pertaining to alcohol and drug use and strategies to deal with alcohol and drug use. Counseling centers should conduct evaluations specifically for their center in order to identify certain areas of discrepancy. Professional development might be a good place to start remedying this issue at UA Counseling Center. Requiring that counselor seek development in these center deficits.

Conclusions

In order to remain competitive, colleges need to measure and address service expectations of students (Canale, Dunlap, Britt, & Donahue, 1996). For recruitment and retention purposes, such information can provide insight into serving students better and producing student satisfaction of services (Anastasia, Tremblay, Makela, & Drennen, 1999).

As mentioned in the introduction, a significant contributor to counselors' disinterest in evaluation involves the lack of practical program evaluation models available to them for this purpose (Astramovich & Coker, 2007). Therefore, the development of new, counselor-specific

models that clearly conceptualize program evaluation and accountability may provide the necessary motivation to establish program evaluation as a standard of practice in counseling.

This study used an already developed survey created at a smaller institution to evaluate counseling services provided to students. The intent of this study was to explore placing the student at the center of the evaluating counseling services in order to improve the effectiveness of those services. This study offers a comprehensive look at the relationship between student satisfaction with and importance of the center's services, as well as builds on the research by Banning (1971) and others. This research found evidence that student were very satisfied with counseling center services and found those services to be important. Although, this is good news for the University of Alabama counseling center, the opportunity to continue building program evaluation in providing services should still be considered.

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APPENDIX A

PERMISSION GIVEN BY DR. STEPHEN CHRIS

From Dr. Chris
Chris, Stephen [CHRISSA@BuffaloState.edu]
You replied on 3/4/2009 3:42 PM.
Sent: Wednesday, March 04, 2009 12:15 PM
To: Guenther, BJ
Attachments: Buffalo State Counseling C~1.ppt (142 KB)[Open as Web Page]

<<Buffalo State Counseling Center Outcomes Survey Latest Draft.ppt>>

BJ,

This is the survey…again, please consider adapting it to the Center that you are in. Page one of the survey is the face sheet with the counselor's names, the presenting concern etc. If you have questions please call.

Regards,

Dr. Chris

APPENDIX B

BUFFALO STATE COLLEGE COUNSELING CENTER SURVEY

Buffalo State Counseling Center Student Survey

Buffalo State
Declare yourself.

Instructions: Each item below describes an expectation that the Counseling Center has for your experience at the Center. *On the left*, tell us **how important** it is that we meet this expectation. *On the right,* tell us how much you **agree (or disagree)** that the Counseling Center or your counselor has met this expectation.

Record your answer by making a circle around the appropriate number...1 thru 6. Example: 1 2 3 (4) 5 6

Note: When an item does not apply to you, circle "6".

How important is this to you? (1 = NOT IMPORTANT AT ALL, 2 = SOMEWHAT UNIMPORTANT, 3 = NEUTRAL, 4 = SOMEWHAT IMPORTANT, 5 = VERY IMPORTANT, 6 = DOES NOT APPLY)		How much do you agree this need has been met? (1 = STRONGLY DISAGREE, 2 = DISAGREE, 3 = NEUTRAL, 4 = AGREE, 5 = STRONGLY AGREE, 6 = DOES NOT APPLY)
1 2 3 4 5 6	Belief that my information would be kept private and confidential.	1 2 3 4 5 6
1 2 3 4 5 6	Involvement in setting personal counseling goals.	1 2 3 4 5 6
1 2 3 4 5 6	Achieving my personal counseling goals.	1 2 3 4 5 6
1 2 3 4 5 6	Support in achieving my academic goals.	1 2 3 4 5 6
1 2 3 4 5 6	Assistance in deciding to stay at Buffalo State.	1 2 3 4 5 6
1 2 3 4 5 6	Becoming more connected to other BSC programs and services.	1 2 3 4 5 6
1 2 3 4 5 6	Belief that my counselor genuinely understood my thoughts/feelings.	1 2 3 4 5 6
1 2 3 4 5 6	Feeling accepted for being me, and not feeling judged.	1 2 3 4 5 6
1 2 3 4 5 6	An increase in my self awareness.	1 2 3 4 5 6
1 2 3 4 5 6	Learning about the impact of alcohol and drugs on student success.	1 2 3 4 5 6
1 2 3 4 5 6	Learning skills that will help me in relationships.	1 2 3 4 5 6
1 2 3 4 5 6	Effective support when I had a personal crisis.	1 2 3 4 5 6
1 2 3 4 5 6	Reducing my thoughts about hurting myself.	1 2 3 4 5 6
1 2 3 4 5 6	Feeling accepted for my unique culture.	1 2 3 4 5 6
1 2 3 4 5 6	Active involvement in the overall counseling experience.	1 2 3 4 5 6
1 2 3 4 5 6	Improving my general sense of well being.	1 2 3 4 5 6
1 2 3 4 5 6	Belief that my counselor recognizes my personal strengths.	1 2 3 4 5 6
1 2 3 4 5 6	Having a good relationship with my counselor.	1 2 3 4 5 6
1 2 3 4 5 6	Becoming more able to work through future problems on my own.	1 2 3 4 5 6
1 2 3 4 5 6	Feeling regarded in a positive way.	1 2 3 4 5 6

Buffalo State Counseling Center Student Survey

Page 3

Record your answer by making a circle around the appropriate number...1 thru 6. Example: 1 2 3 (4) 5 6

Note: When an item does not apply to you, or you don't know the answer, circle "6".

How important is this to you?							How much do you agree this need has been met?						
NOT IMPORTANT AT ALL	SOMEWHAT UNIMPORTANT	NEUTRAL	SOMEWHAT IMPORTANT	VERY IMPORTANT	DOES NOT APPLY		STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	DOES NOT APPLY
1	2	3	4	5	6	Reducing my use of alcohol or drugs.	1	2	3	4	5	6
1	2	3	4	5	6	Discussing my ongoing academic experience.	1	2	3	4	5	6
1	2	3	4	5	6	Adjustment of the counseling approach to meet my personal needs.	1	2	3	4	5	6
1	2	3	4	5	6	Learning strategies to help me manage depression.	1	2	3	4	5	6
1	2	3	4	5	6	Learning strategies to help me manage anxiety.	1	2	3	4	5	6
1	2	3	4	5	6	Learning strategies to help me bounce back from a personal crisis.	1	2	3	4	5	6
1	2	3	4	5	6	Reducing my depressed mood.	1	2	3	4	5	6
1	2	3	4	5	6	Reducing my level of anxiety.	1	2	3	4	5	6
1	2	3	4	5	6	Having a good relationship with the psychiatrist.	1	2	3	4	5	6
1	2	3	4	5	6	Helpfulness of the psychiatric intervention I received.	1	2	3	4	5	6
1	2	3	4	5	6	Learning strategies to advocate for myself with BSC faculty/staff.	1	2	3	4	5	6
1	2	3	4	5	6	Beginning to feel better about myself.	1	2	3	4	5	6
1	2	3	4	5	6	Learning to believe that I can be successful at Buffalo State.	1	2	3	4	5	6
1	2	3	4	5	6	Becoming more aware of my personal strengths and weaknesses.	1	2	3	4	5	6
1	2	3	4	5	6	More awareness of vital mental health info (like sleep, exercise, diet).	1	2	3	4	5	6
1	2	3	4	5	6	Belief that my counselor was knowledgeable re: my unique culture and identity and its effect on my concerns.	1	2	3	4	5	6
1	2	3	4	5	6	Ability to apply the skills I've learned in counseling to my life.	1	2	3	4	5	6
1	2	3	4	5	6	Belief that my counselor advocates for my success at Buffalo State.	1	2	3	4	5	6
1	2	3	4	5	6	Beginning to feel more hopeful about the future.	1	2	3	4	5	6

Just a few final questions ...

Please circle your answers to the final questions.

1. How satisfied are you with the courtesy of the receptionist? Would you say…

1……**2**……**3**……**4**……**5**

Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied

2. How satisfied are you with how quickly you are able to get appointments?

1……**2**……**3**……**4**……**5**

Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied

3. How satisfied are you with the overall physical environment of the Center?

1……**2**……**3**……**4**……**5**

Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied

4. How satisfied are you with the overall effectiveness of the Center's services?

1……**2**……**3**……**4**……**5**

Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied

5. How satisfied are you with the experience of completing this questionnaire?

1……**2**……**3**……**4**……**5**

Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied

I would recommend the Counseling Center's Services to other students.

1……2……3……4……5

Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

Please comment on how the Counseling Center could improve its services to help you with your personal and academic success. Use other side of paper if necessary.

APPENDIX C

THE UNIVERSITY OF ALABAMA COUNSELING CENTER SURVEY

UNIVERSITY OF ALABAMA
Counseling Center Services Survey
Participant Information Sheet

You are being asked to take part in a research study. This study is called *The Effect and Impact of Evaluating College Counseling Center Services.* The study is being conducted by *B.J. Guenther M.A.,LPC,* who is a doctoral student at the University. Ms. Guenther is being supervised by Dr. Nathaniel Bray, who is a professor in the Higher Education Administration Program.

The purpose of this assessment is to obtain information from students at the University of Alabama in order to assess student satisfaction and importance of treatment by staff.

You have been asked to be in this study because you are a client at the University counseling center.

Approximately 250-300 other clients will be in this study.

If you decide to be in this study, you will be asked to do these things:

Complete the University of Alabama Counseling Center Outcome Survey.

Being in this study will take about 10-15 minutes.

There will be no cost to you except for your time in completing the survey.

Although benefits cannot be promised in research, it is possible/likely that participating in this study could help identify the factors that lead students to leave school or stay in school.
Usually the outcome survey is anonymous but in your case, if you agree to participate in the study, you will be identified solely for the purpose of identifying you as a Counseling Center client and you will be giving your consent.

Your outcome survey will be reviewed ONLY by the researcher. No other University personnel will see this survey. Your confidentiality will not be compromised.

You will be asked by the support staff to complete the outcome survey and then the staff will give the survey directly to the researcher. The researcher will then keep all surveys in a locked file cabinet which will also be kept behind 2 locked doors. Statistical analysis will be conducted and the results will be reported, from all surveys together. This will be included in the researcher's dissertation. All surveys will be destroyed after dissertation is successfully defended and researcher graduates (approximately December 2011).

Taking part in this study is voluntary—it is your free choice. You may choose not to take part at all. If you start the study, you can stop at any time. Leaving the study will not result in any penalty or loss of any benefits you would otherwise receive.

The University of Alabama Institutional Review Board (IRB) is the committee that protects the rights of people in research studies. The IRB may review study records from time to time to be sure that people in research studies are being treated fairly and that the study is being carried out as planned.

If you have questions about the study right now, please ask them. If you have questions about the study later on, please call the investigator B.J. Guenther at 205-348-3863. If you have any questions about your rights as a research participant you may contact Ms. Tanta Myles, The University of Alabama Research Compliance Officer, at (205)-348-8461or toll-free at 1-877-820-3066.

UA IRB Approved Document
Approval date: 3-7-11
Expiration date: 3-6-12

Hi,

I am a graduate student working on my dissertation and researching the satisfaction with and importance of counseling center services. You have been selected to participate in this survey because you are a client at the counseling center. The survey is voluntary and should take you approximately 10-15 minutes to complete.

There will be no cost to you except for your time in completing the survey.

Although benefits cannot be promised in research, it is possible/likely that participating in this study could help identify the factors that lead students to leave school or stay in school.

Usually the outcome survey is anonymous but in your case, if you agree to participate in the study, you will be identified solely for the purpose of identifying you as a Counseling Center client and you will be giving your consent.

Your outcome survey will be reviewed ONLY by the researcher. No other University personnel will see this survey. Your confidentiality will not be compromised.

Taking part in this study is voluntary—it is your free choice. You may choose not to take part at all. If you start the study, you can stop at any time. Leaving the study will not result in any penalty or loss of any benefits you would otherwise receive.

If you have any questions, please feel free to contact me at bguenther@sa.ua.edu or 205-348-3863.

Thanks in advance for your participation in this research project.

B.J. Guenther

Please answer the following:

Gender:_____

Age: _____

Year in School:_____

Undergraduate or Graduate:_____

The University of Alabama Counseling Center Student Survey

Instructions: Each item below describes an expectation that the Counseling Center has for your experience at the Center. *On the left,* tell us **how important** it is that we meet this expectation. *On the right,* tell us how much you **agree (or disagree)** that the Counseling Center or your counselor has met this expectation.

Record your answer by making a circle around the appropriate number...1 thru 6. Example: 1 2 3 (4) 5 6

Note: When an item does not apply to you, circle "6".

How important is this to you?							How much do you agree this need has been met?						
NOT IMPORTANT AT ALL	SOMEWHAT UNIMPORTANT	NEUTRAL	SOMEWHAT IMPORTANT	VERY IMPORTANT	DOES NOT APPLY		STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	DOES NOT APPLY
1	2	3	4	5	6	Belief that my information would be kept private and confidential.	1	2	3	4	5	6
1	2	3	4	5	6	Involvement in setting personal counseling goals.	1	2	3	4	5	6
1	2	3	4	5	6	Achieving my personal counseling goals.	1	2	3	4	5	6
1	2	3	4	5	6	Support in achieving my academic goals.	1	2	3	4	5	6
1	2	3	4	5	6	Assistance in deciding to stay at UA.	1	2	3	4	5	6
1	2	3	4	5	6	Becoming more connected to other UA programs and services.	1	2	3	4	5	6
1	2	3	4	5	6	Belief that my counselor genuinely understood my thoughts/feelings.	1	2	3	4	5	6
1	2	3	4	5	6	Feeling accepted for being me, and not feeling judged.	1	2	3	4	5	6
1	2	3	4	5	6	An increase in my self awareness.	1	2	3	4	5	6
1	2	3	4	5	6	Learning about the impact of alcohol and drugs on student success.	1	2	3	4	5	6
1	2	3	4	5	6	Learning skills that will help me in relationships.	1	2	3	4	5	6
1	2	3	4	5	6	Effective support when I had a personal crisis.	1	2	3	4	5	6
1	2	3	4	5	6	Reducing my thoughts about hurting myself.	1	2	3	4	5	6
1	2	3	4	5	6	Feeling accepted for my unique culture.	1	2	3	4	5	6
1	2	3	4	5	6	Active involvement in the overall counseling experience.	1	2	3	4	5	6
1	2	3	4	5	6	Improving my general sense of well being.	1	2	3	4	5	6
1	2	3	4	5	6	Belief that my counselor recognizes my personal strengths.	1	2	3	4	5	6
1	2	3	4	5	6	Having a good relationship with my counselor.	1	2	3	4	5	6
1	2	3	4	5	6	Becoming more able to work through future problems on my own.	1	2	3	4	5	6
1	2	3	4	5	6	Feeling regarded in a positive way.	1	2	3	4	5	6

The University of Alabama Counseling Center Student Survey

Page 2

Record your answer by making a circle around the appropriate number...1 thru 6. Example: 1 2 3 (4) 5 6

Note: When an item does not apply to you, or you don't know the answer, circle "6".

How important is this to you?							How much do you agree this need has been met?					
NOT IMPORTANT AT ALL	SOMEWHAT UNIMPORTANT	NEUTRAL	SOMEWHAT IMPORTANT	VERY IMPORTANT	DOES NOT APPLY		STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	DOES NOT APPLY
1	2	3	4	5	6	Reducing my use of alcohol or drugs.	1	2	3	4	5	6
1	2	3	4	5	6	Discussing my ongoing academic experience.	1	2	3	4	5	6
1	2	3	4	5	6	Adjustment of the counseling approach to meet my personal needs.	1	2	3	4	5	6
1	2	3	4	5	6	Learning strategies to help me manage depression.	1	2	3	4	5	6
1	2	3	4	5	6	Learning strategies to help me manage anxiety.	1	2	3	4	5	6
1	2	3	4	5	6	Learning strategies to help me bounce back from a personal crisis.	1	2	3	4	5	6
1	2	3	4	5	6	Reducing my depressed mood.	1	2	3	4	5	6
1	2	3	4	5	6	Reducing my level of anxiety.	1	2	3	4	5	6
1	2	3	4	5	6	Having a good relationship with the psychiatrist.	1	2	3	4	5	6
1	2	3	4	5	6	Helpfulness of the psychiatric intervention I received.	1	2	3	4	5	6
1	2	3	4	5	6	Learning strategies to advocate for myself with UA faculty/staff.	1	2	3	4	5	6
1	2	3	4	5	6	Beginning to feel better about myself.	1	2	3	4	5	6
1	2	3	4	5	6	Learning to believe that I can be successful at UA.	1	2	3	4	5	6
1	2	3	4	5	6	Becoming more aware of my personal strengths and weaknesses.	1	2	3	4	5	6
1	2	3	4	5	6	More awareness of vital mental health info (like sleep, exercise, diet).	1	2	3	4	5	6
1	2	3	4	5	6	Belief that my counselor was knowledgeable re: my unique culture and identity and its effect on my concerns.	1	2	3	4	5	6
1	2	3	4	5	6	Ability to apply the skills I've learned in counseling to my life.	1	2	3	4	5	6
1	2	3	4	5	6	Belief that my counselor advocates for my success at UA.	1	2	3	4	5	6
1	2	3	4	5	6	Beginning to feel more hopeful about the future.	1	2	3	4	5	6

Just a few final questions ...

Please circle your answers to the final questions.

1. How satisfied are you with the courtesy of the receptionist? Would you say…

1……**2**……**3**……**4**……**5**

Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied

2. How satisfied are you with how quickly you are able to get appointments?

1……**2**……**3**……**4**……**5**

Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied

3. How satisfied are you with the overall physical environment of the Center?

1……**2**……**3**……**4**……**5**

Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied

4. How satisfied are you with the overall effectiveness of the Center's services?

1……**2**……**3**……**4**……**5**

Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied

5. How satisfied are you with the experience of completing this questionnaire?

1……**2**……**3**……**4**……**5**

Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied

I would recommend the Counseling Center's Services to other students.

1……2……3……4……5

Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

Please comment on how the Counseling Center could improve its services to help you with your personal and academic success. Use other side of paper if necessary.

APPENDIX D

THE UNIVERSITY OF ALABAMA COUNSELING CENTER OUTCOME SURVEY

COUNSELING CENTER OUTCOME SURVEY

Please circle the appropriate answers:

Sex: M F Age: 17-22 23-29 30+ Year in School: Fr Soph Jr Sr Grad
List your classes and estimated grades:

_____
_____
_____
_____
_____

I have had: 0-5 5-10 10-15 15+ sessions with:
_____

1. Please let us know what you think about the counseling you received. As a result of counsel...

2. I learned how to better manage my stress or negative feelings.

    a. Not applicable to me Not at all Slightly In some ways Significantly Very much

3. I understand myself better.

    a. Not applicable to me Not at all Slightly In some ways Significantly Very much

4. I learned how to improve communication with others.

    a. Not applicable to me Not at all Slightly In some ways Significantly Very much

5. I learned how to adjust to college life.

    a. Not applicable to me Not at all Slightly In some ways Significantly Very much

6. I learned how to take an active role with my goals.

    a. Not applicable to me Not at all Slightly In some ways Significantly Very much

7. I learned how to better use supportive resources.

    a. Not applicable to me Not at all Slightly In some ways Significantly Very much

8. I was able to reduce my symptoms or distress.

    a. Not applicable to me Not at all Slightly In some ways Significantly Very much

9. I learned how to work more effectively with my personal problems.

    a. Not applicable to me Not at all Slightly In some ways Significantly Very much

10. I learned how to engage in healthier relationships.

    a. Not applicable to me Not at all Slightly In some ways Significantly Very much

11. I improved my academic performance.

    a. Not applicable to me Not at all Slightly In some ways Significantly Very much

12. I was better able to stay in school.

    a. Not applicable to me Not at all Slightly In some ways Significantly Very much

13. Are you worried about failing out of school?
    a. Not applicable to me Not at all Slightly In some ways Significantly Very much

14. Are you considering dropping out of school?
        i. Yes or No
    b. 13a. If yes, to what degree are the issues that brought you to counseling contributing to your thoughts of dropping out?
    c. Not applicable to me Not at all Slightly In some ways Significantly Very much

15. 14.The process of being welcomed and setting appointments was satisfactory.

    a. True False

16. 14b. If you think we need to improve something, or that we did something well, tell us about
    a. it on the next page.

17. 15a. Things the Counseling Center could improve:

18. 15b. Did you tell your counselor about your concerns in the above areas?

        i. Yes No

19. 15c. Did someone in the Counseling Center do a good job? Tell us about it he

APPENDIX E

INSTITUTIONAL REVIEW BOARD APPROVAL

March 7, 2011

Office for Research

Institutional Review Board for the Protection of Human Subjects

THE UNIVERSITY OF ALABAMA RESEARCH

B.J. Guenther
Department of Higher Education Administration
College of Education
The University of Alabama

Re: IRB # 11-OR-071 "The Effect and Impact of Evaluating College Counseling Center Services"

Dear Ms. Guenther:

The University of Alabama Institutional Review Board has granted approval for your proposed research.

Your protocol has been given expedited approval according to 45 CFR part 46. You have also been granted the requested waiver of informed consent. Approval has been given under expedited review category 7 as outlined below:

(*7*) *Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.*

Your application will expire on March 6, 2012. If your research will continue beyond this date, complete the relevant portions of Continuing Review and Closure From. If you wish to modify the application, complete the Modification of an Approved Protocol Form. When the study closes, complete the appropriate portions of FORM: Continuing Review and Closure.

Please provide participants with a copy of the attached participant information sheet.

Should you need to submit any further correspondence regarding this proposal, please include the above application number.

Good luck with your research.

Sincerely,

Carpantato T. Myles, MSM, CIM
Director & Research Compliance Officer
Office for Research Compliance
The University of Alabama

152 Rose Administration Building
Box 870117
Tuscaloosa, Alabama 35487-0117
(205) 348-8461
FAX (205) 348-8882
TOLL FREE (877) 820-3066

UNIVERSITY OF ALABAMA INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS
REQUEST FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS

I. Identifying information

	Principal Investigator	Second Investigator	Third Investigator
Name:	B.J. Guenther	Nathaniel Bray	
Department:	Higher Education Administration	Higher Education Administration	
College:	Education	Education	
University:	The University of Alabama	The University of Alabama	
Address:	Box 870362	Box 870302	
Telephone:	205-348-3863	205-348-1159	
FAX:	205-348-9256		
E-mail:	bguenther@sa.ua.edu	nbray@bamaed.ua.edu	

Title of Research Project: The Effect and Impact of Evaluating College Counseling Center Services

Date Submitted: Funding Source: Student dissertation project-Self funded

Type of Proposal: _X_New ___Revision ___Renewal ___Completed ___Exempt

Attach a renewal application

Attach a continuing review of studies form

Please enter the original IRB # at the top of the page

UA faculty or staff member signature _____

II. NOTIFICATION OF IRB ACTION (to be completed by IRB):

Type of Review: _____ Full board _____ Expedited

IRB Action:

___Rejected Date:_____

___Tabled Pending Revisions Date:_____

___Approved Pending Revisions Date:_____

✓ Approved—this proposal complies with University and federal regulations for the protection of human subjects

Approval is effective until the following date: 3-6-12 &

Items approved:
___ Research protocol: dated
___ Informed consent: dated
___ Recruitment materials: dated
___ Other: dated

Approval signature _____ Date 3/7/2011

APPENDIX F

DESCRIPTIVE STATISTICS OF SURVEY ITEMS

Gender Desciptives					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	42	34.4	34.4	34.4
	Female	80	65.6	65.6	100.0
	Total	122	100.0	100.0	

Undergraduate and Graduate Descriptives					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Undergraduate	98	80.3	80.3	80.3
	Graduate	24	19.7	19.7	100.0
	Total	122	100.0	100.0	

Year in School Descriptives					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Freshman	22	18.0	18.0	18.0
	Sophomore	20	16.4	16.4	34.4
	Junior	23	18.9	18.9	53.3
	Senior	29	23.8	23.8	77.0
	Other	28	23.0	23.0	100.0
	Total	122	100.0	100.0	

Age Mean and Median		
N	Valid	122

	Missing	0
Mean		22.5574
Median		21.0000

Age Descriptives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18.00	11	9.0	9.0	9.0
	19.00	13	10.7	10.7	19.7
	20.00	24	19.7	19.7	39.3
	21.00	19	15.6	15.6	54.9
	22.00	14	11.5	11.5	66.4
	23.00	6	4.9	4.9	71.3
	24.00	8	6.6	6.6	77.9
	25.00	6	4.9	4.9	82.8
	26.00	6	4.9	4.9	87.7
	27.00	5	4.1	4.1	91.8
	28.00	1	.8	.8	92.6
	29.00	1	.8	.8	93.4
	30.00	1	.8	.8	94.3
	32.00	1	.8	.8	95.1
	33.00	2	1.6	1.6	96.7
	36.00	2	1.6	1.6	98.4
	44.00	1	.8	.8	99.2
	48.00	1	.8	.8	100.0
	Total	122	100.0	100.0	

Total Importance Items Descriptives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	.8	.8	.8

	1.67	1	.8	.8	1.6
	2.11	1	.8	.8	2.5
	2.50	1	.8	.8	3.3
	2.94	1	.8	.8	4.1
	3.00	1	.8	.8	4.9
	3.06	1	.8	.8	5.7
	3.13	1	.8	.8	6.6
	3.26	1	.8	.8	7.4
	3.69	1	.8	.8	8.2
	3.75	1	.8	.8	9.0
	3.85	1	.8	.8	9.8
	3.85	1	.8	.8	10.7
	3.87	1	.8	.8	11.5
	3.88	1	.8	.8	12.3
	3.91	1	.8	.8	13.1
	3.92	1	.8	.8	13.9
	3.93	1	.8	.8	14.8
	3.97	1	.8	.8	15.6
	4.00	3	2.5	2.5	18.0
	4.09	1	.8	.8	18.9
	4.11	1	.8	.8	19.7
	4.13	1	.8	.8	20.5
	4.14	1	.8	.8	21.3
	4.14	1	.8	.8	22.1
	4.17	1	.8	.8	23.0
	4.23	1	.8	.8	23.8
	4.24	1	.8	.8	24.6
	4.26	1	.8	.8	25.4
	4.26	1	.8	.8	26.2
	4.30	2	1.6	1.6	27.9
	4.30	1	.8	.8	28.7
	4.33	1	.8	.8	29.5
	4.35	1	.8	.8	30.3
	4.38	1	.8	.8	31.1
	4.38	2	1.6	1.6	32.8
	4.40	1	.8	.8	33.6
	4.41	1	.8	.8	34.4
	4.41	1	.8	.8	35.2
	4.42	1	.8	.8	36.1

	4.44	1	.8	.8	36.9
	4.44	1	.8	.8	37.7
	4.45	1	.8	.8	38.5
	4.45	1	.8	.8	39.3
	4.47	1	.8	.8	40.2
	4.47	1	.8	.8	41.0
	4.48	1	.8	.8	41.8
	4.50	3	2.5	2.5	44.3
	4.51	1	.8	.8	45.1
	4.53	1	.8	.8	45.9
	4.53	1	.8	.8	46.7
	4.54	1	.8	.8	47.5
	4.55	1	.8	.8	48.4
	4.55	2	1.6	1.6	50.0
	4.57	1	.8	.8	50.8
	4.58	1	.8	.8	51.6
	4.59	1	.8	.8	52.5
	4.60	1	.8	.8	53.3
	4.62	1	.8	.8	54.1
	4.63	1	.8	.8	54.9
	4.63	1	.8	.8	55.7
	4.64	1	.8	.8	56.6
	4.65	1	.8	.8	57.4
	4.65	1	.8	.8	58.2
	4.66	1	.8	.8	59.0
	4.67	4	3.3	3.3	62.3
	4.68	1	.8	.8	63.1
	4.68	1	.8	.8	63.9
	4.70	1	.8	.8	64.8
	4.71	1	.8	.8	65.6
	4.71	1	.8	.8	66.4
	4.74	1	.8	.8	67.2
	4.79	1	.8	.8	68.0
	4.79	1	.8	.8	68.9
	4.80	1	.8	.8	69.7
	4.81	1	.8	.8	70.5
	4.82	1	.8	.8	71.3
	4.83	1	.8	.8	72.1
	4.84	1	.8	.8	73.0

	4.85	1	.8	.8	73.8
	4.89	1	.8	.8	74.6
	4.89	1	.8	.8	75.4
	4.89	2	1.6	1.6	77.0
	4.90	1	.8	.8	77.9
	4.90	1	.8	.8	78.7
	4.91	1	.8	.8	79.5
	4.92	2	1.6	1.6	81.1
	4.92	1	.8	.8	82.0
	4.93	2	1.6	1.6	83.6
	4.94	1	.8	.8	84.4
	4.94	1	.8	.8	85.2
	4.94	3	2.5	2.5	87.7
	4.95	1	.8	.8	88.5
	4.96	1	.8	.8	89.3
	4.97	1	.8	.8	90.2
	4.97	1	.8	.8	91.0
	4.97	1	.8	.8	91.8
	5.00	10	8.2	8.2	100.0
	Total	122	100.0	100.0	

Total (Satisfaction) Met Items Descriptives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.08	1	.8	.8	.8
	1.62	1	.8	.8	1.7
	2.00	1	.8	.8	2.5
	2.69	1	.8	.8	3.3
	2.76	1	.8	.8	4.1
	2.81	1	.8	.8	5.0
	2.83	1	.8	.8	5.8
	2.94	1	.8	.8	6.6
	3.00	1	.8	.8	7.4
	3.05	1	.8	.8	8.3
	3.16	1	.8	.8	9.1
	3.29	1	.8	.8	9.9
	3.30	1	.8	.8	10.7

	3.31	1	.8	.8	11.6
	3.33	1	.8	.8	12.4
	3.37	1	.8	.8	13.2
	3.38	1	.8	.8	14.0
	3.48	1	.8	.8	14.9
	3.54	1	.8	.8	15.7
	3.58	1	.8	.8	16.5
	3.64	1	.8	.8	17.4
	3.66	1	.8	.8	18.2
	3.71	1	.8	.8	19.0
	3.72	1	.8	.8	19.8
	3.73	1	.8	.8	20.7
	3.74	1	.8	.8	21.5
	3.77	1	.8	.8	22.3
	3.80	1	.8	.8	23.1
	3.83	1	.8	.8	24.0
	3.90	1	.8	.8	24.8
	3.93	1	.8	.8	25.6
	3.94	1	.8	.8	26.4
	3.97	1	.8	.8	27.3
	3.97	2	1.6	1.7	28.9
	4.00	2	1.6	1.7	30.6
	4.04	1	.8	.8	31.4
	4.06	1	.8	.8	32.2
	4.07	1	.8	.8	33.1
	4.07	1	.8	.8	33.9
	4.10	1	.8	.8	34.7
	4.18	1	.8	.8	35.5
	4.20	1	.8	.8	36.4
	4.21	1	.8	.8	37.2
	4.22	1	.8	.8	38.0
	4.23	1	.8	.8	38.8
	4.28	1	.8	.8	39.7
	4.30	1	.8	.8	40.5
	4.32	1	.8	.8	41.3
	4.34	1	.8	.8	42.1
	4.38	1	.8	.8	43.0
	4.38	1	.8	.8	43.8
	4.42	1	.8	.8	44.6

	4.42	1	.8	.8	45.5
	4.43	1	.8	.8	46.3
	4.43	1	.8	.8	47.1
	4.46	1	.8	.8	47.9
	4.48	1	.8	.8	48.8
	4.48	1	.8	.8	49.6
	4.50	2	1.6	1.7	51.2
	4.52	1	.8	.8	52.1
	4.52	1	.8	.8	52.9
	4.55	1	.8	.8	53.7
	4.55	1	.8	.8	54.5
	4.56	1	.8	.8	55.4
	4.57	1	.8	.8	56.2
	4.57	1	.8	.8	57.0
	4.57	1	.8	.8	57.9
	4.58	1	.8	.8	58.7
	4.59	2	1.6	1.7	60.3
	4.59	1	.8	.8	61.2
	4.60	1	.8	.8	62.0
	4.62	1	.8	.8	62.8
	4.63	1	.8	.8	63.6
	4.64	1	.8	.8	64.5
	4.65	1	.8	.8	65.3
	4.67	2	1.6	1.7	66.9
	4.68	1	.8	.8	67.8
	4.69	1	.8	.8	68.6
	4.70	1	.8	.8	69.4
	4.70	1	.8	.8	70.2
	4.71	1	.8	.8	71.1
	4.72	1	.8	.8	71.9
	4.73	1	.8	.8	72.7
	4.74	1	.8	.8	73.6
	4.78	1	.8	.8	74.4
	4.79	1	.8	.8	75.2
	4.82	1	.8	.8	76.0
	4.83	1	.8	.8	76.9
	4.84	1	.8	.8	77.7
	4.85	1	.8	.8	78.5
	4.86	1	.8	.8	79.3

	4.86	1	.8	.8	80.2
	4.87	1	.8	.8	81.0
	4.88	1	.8	.8	81.8
	4.88	1	.8	.8	82.6
	4.89	1	.8	.8	83.5
	4.89	1	.8	.8	84.3
	4.89	1	.8	.8	85.1
	4.91	1	.8	.8	86.0
	4.94	1	.8	.8	86.8
	4.95	1	.8	.8	87.6
	4.97	2	1.6	1.7	89.3
	4.97	1	.8	.8	90.1
	4.97	2	1.6	1.7	91.7
	5.00	10	8.2	8.3	100.0
	Total	121	99.2	100.0	
Missing	System	1	.8		
Total		122	100.0		

Not Feeling Judged (SAT) Items Descriptives					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	2	1.6	1.8	1.8
	1.50	2	1.6	1.8	3.5
	2.00	3	2.5	2.7	6.2
	2.50	5	4.1	4.4	10.6
	3.00	5	4.1	4.4	15.0
	3.50	3	2.5	2.7	17.7
	4.00	16	13.1	14.2	31.9
	4.50	9	7.4	8.0	39.8
	5.00	68	55.7	60.2	100.0
	Total	113	92.6	100.0	
Missing	System	9	7.4		
Total		122	100.0		

Goals (Academic/Therapy) (IMP) Items Descriptives				
	Frequency	Percent	Valid Percent	Cumulative Percent

Valid	1.00	2	1.6	1.6	1.6
	1.80	1	.8	.8	2.5
	2.17	1	.8	.8	3.3
	2.50	1	.8	.8	4.1
	3.00	2	1.6	1.6	5.7
	3.10	1	.8	.8	6.6
	3.20	1	.8	.8	7.4
	3.35	1	.8	.8	8.2
	3.50	1	.8	.8	9.0
	3.71	2	1.6	1.6	10.7
	3.78	1	.8	.8	11.5
	3.81	2	1.6	1.6	13.1
	3.86	1	.8	.8	13.9
	3.93	1	.8	.8	14.8
	3.95	2	1.6	1.6	16.4
	4.00	7	5.7	5.7	22.1
	4.05	1	.8	.8	23.0
	4.06	1	.8	.8	23.8
	4.06	1	.8	.8	24.6
	4.11	1	.8	.8	25.4
	4.19	2	1.6	1.6	27.0
	4.21	1	.8	.8	27.9
	4.25	1	.8	.8	28.7
	4.26	2	1.6	1.6	30.3
	4.29	2	1.6	1.6	32.0
	4.32	1	.8	.8	32.8
	4.33	2	1.6	1.6	34.4
	4.35	1	.8	.8	35.2
	4.36	1	.8	.8	36.1
	4.37	2	1.6	1.6	37.7
	4.38	1	.8	.8	38.5
	4.38	1	.8	.8	39.3
	4.39	1	.8	.8	40.2
	4.40	3	2.5	2.5	42.6
	4.42	1	.8	.8	43.4
	4.43	2	1.6	1.6	45.1
	4.44	1	.8	.8	45.9
	4.47	1	.8	.8	46.7
	4.47	1	.8	.8	47.5

	4.48	1	.8	.8	48.4
	4.50	4	3.3	3.3	51.6
	4.53	1	.8	.8	52.5
	4.56	1	.8	.8	53.3
	4.58	1	.8	.8	54.1
	4.60	1	.8	.8	54.9
	4.63	1	.8	.8	55.7
	4.64	2	1.6	1.6	57.4
	4.65	3	2.5	2.5	59.8
	4.65	3	2.5	2.5	62.3
	4.67	1	.8	.8	63.1
	4.71	1	.8	.8	63.9
	4.76	2	1.6	1.6	65.6
	4.77	2	1.6	1.6	67.2
	4.80	2	1.6	1.6	68.9
	4.81	1	.8	.8	69.7
	4.83	1	.8	.8	70.5
	4.84	1	.8	.8	71.3
	4.85	1	.8	.8	72.1
	4.86	1	.8	.8	73.0
	4.88	1	.8	.8	73.8
	4.89	2	1.6	1.6	75.4
	4.89	1	.8	.8	76.2
	4.90	2	1.6	1.6	77.9
	4.90	1	.8	.8	78.7
	4.94	1	.8	.8	79.5
	4.94	1	.8	.8	80.3
	4.95	2	1.6	1.6	82.0
	4.95	2	1.6	1.6	83.6
	5.00	20	16.4	16.4	100.0
	Total	122	100.0	100.0	

Descriptive Statistics for All Constructed Variables					
	N	Minimum	Maximum	Mean	Std. Deviation
TotalImportance	122	1.00	5.00	4.4146	.66443
TotalMet	121	1.08	5.00	4.2459	.73994
RelCounselorIMP	119	1.00	5.00	4.6055	.57529
NotFeelingJudgedSAT	113	1.00	5.00	4.3673	1.01114

AcadTherIMP	122	1.00	5.00	4.3646	.73525
Valid N (listwise)	112				

Descriptive Statistics for Each Item					
	N	Minimum	Maximum	Mean	Std. Deviation
Belief my information kept private and confidential - Importance	107	1	5	4.75	.688
Involvement in setting personal counseling goals - Importance	111	1	5	4.45	.817
Achieving my personal counseling goals - Importance	102	1	5	4.67	.722
Support in achieving my academic goals - Importance	100	1	5	4.49	.835
Assistance in deciding to stay at UA - Importance	74	1	5	3.85	1.341
Becoming more connected to other UA programs - Importance	92	1	5	3.57	1.243
Belief that counselor genuinely understood my thoughts - Importance	106	1	5	4.80	.639
Feeling accepted for being me and not feeling judged - Importance	105	1	5	4.66	.908
An increase in my self awareness - Importance	102	1	5	4.64	.781
Learning impact of alcohol and drugs on student success - Importance	79	1	5	3.04	1.514
Learning skills that will help me in relationships - Importance	99	1	5	4.59	.845

Effective support when I had a personal crisis - Importance	96	1	5	4.75	.725
Reducing my thoughts about hurting myself - Importance	64	1	5	3.73	1.514
Feeling accepted for my unique culture - Importance	69	1	5	4.23	1.152
Active involvement in overall counseling experience - Importance	109	1	5	4.54	.823
Improving my general sense of well being - Importance	101	1	5	4.79	.589
Belief my counselor recognizes my personal strengths - Importance	104	1	5	4.61	.781
Having a good relationship with my counselor - Importance	101	1	5	4.78	.687
Becoming more able work through problems on my own - Importance	98	1	5	4.86	.537
Feeling regarded in a positive way - Importance	101	1	5	4.67	.763
Reducing my use of alcohol or drugs - Importance	55	1	5	2.89	1.499
Discussing my ongoing academic experience - Importance	103	1	5	4.21	1.091
Adjustment of counseling approach to meet personal needs - Importance	105	1	5	4.63	.724
Learning strategies to help me manage depression - Importance	91	1	5	4.57	.896

Learning strategies to help me manage anxiety - Importance	95	1	5	4.82	.583
Learning strategies to help bounce back from personal crisis - Importance	94	1	5	4.65	.786
Reducing my depressed mood - Importance	95	1	5	4.58	.820
Reducing my level of anxiety - Importance	95	1	5	4.74	.672
Having a good relationship with the psychiatrist - Importance	93	1	5	4.58	.889
Helpfulness of the psychiatric intervention I received - Importance	78	1	5	4.60	.944
Learning strategies to advocate for myself with UA faculty/staff - Importance	82	1	5	4.07	1.174
Beginning to feel better about myself - Importance	103	1	5	4.76	.693
Learning to believe that I can be successful at UA - Importance	85	1	5	4.51	.895
Becoming more aware of personal strengths and weaknesses - Importance	102	1	5	4.62	.745
More awareness of vital mental health info - Importance	96	1	5	4.42	.959
Belief my counselor knowledgeable about unique culture and identiity - Importance	89	1	5	4.63	.858
Ability to apply the skills I have learned in counseling to my life - Importance	105	1	5	4.78	.571

Belief that my counselor advocates for my success at UA - Importance	98	1	5	4.52	.944
Beginning to feel more hopeful about the future - Importance	100	1	5	4.75	.626
Belief my information kept private and confidential - Met	105	1	5	4.76	.754
Involvement in setting personal counseling goals - Met	110	1	5	4.28	.940
Achieving my personal counseling goals - Met	110	1	5	4.08	.920
Support in achieving my academic goals - Met	106	1	5	4.17	.971
Assistance in deciding to stay at UA - Met	71	1	5	3.93	1.257
Becoming more connected to other UA programs - Met	91	1	5	3.53	1.223
Belief that counselor genuinely understood my thoughts - Met	109	1	5	4.42	1.012
Feeling accepted for being me and not feeling judged - Met	111	1	5	4.53	.923
An increase in my self awareness - Met	107	1	5	4.41	.857
Learning METact of alcohol and drugs on student success - Met	71	1	5	3.46	1.240
Learning skills that will help me in relationships - Met	105	1	5	4.17	1.096
Effective support when I had a personal crisis - Met	103	1	5	4.40	.963
Reducing my thoughts about hurting myself - Met	58	1	5	3.97	1.242

Feeling accepted for my unique culture - Met	66	1	5	4.03	1.265
Active involvement in overall counseling experience - Met	105	1	5	4.44	.865
METroving my general sense of well being - Met	109	1	5	4.39	.849
Belief my counselor recognizes my personal strengths - Met	107	1	5	4.25	1.038
Having a good relationship with my counselor - Met	103	1	5	4.55	.905
Becoming more able work through problems on my own - Met	104	1	5	4.25	.993
Feeling regarded in a positive way - Met	104	1	5	4.47	.903
Reducing my use of alcohol or drugs - Met	50	1	5	3.50	1.165
Discussing my ongoing academic experience - Met	105	1	5	4.29	.938
Adjustment of counseling approach to meet personal needs - Met	108	1	5	4.39	.852
Learning strategies to help me manage depression - Met	99	1	5	4.26	1.016
Learning strategies to help me manage anxiety - Met	105	1	5	4.35	.920
Learning strategies to help bounce back from personal crisis - Met	101	1	5	4.20	.949
Reducing my depressed mood - Met	102	1	5	4.22	1.030
Reducing my level of anxiety - Met	107	1	5	4.18	1.008

Having a good relationship with the psychiatrist - Met	99	1	5	4.26	1.121
Helpfulness of the psychiatric intervention I received - Met	85	1	5	4.18	1.115
Learning strategies to advocate for myself with UA faculty/staff - Met	85	1	5	3.85	1.190
Beginning to feel better about myself - Met	107	1	5	4.29	.981
Learning to believe that I can be successful at UA - Met	94	1	5	4.17	.969
Becoming more aware of personal strengths and weaknesses - Met	106	1	5	4.24	1.000
More awareness of vital mental health info - Met	96	1	5	4.16	.966
Belief my counselor knowledgeable about unique culture and identiity - Met	93	1	5	4.46	.916
Ability to apply the skills I have learned in counseling to my life - Met	110	1	5	4.42	.871
Belief that my counselor advocates for my success at UA - Met	104	1	5	4.52	.870
Beginning to feel more hopeful about the future - Met	110	1	5	4.38	.919
Valid N (listwise)	9				

Normality of Distributions

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
TotalImportance	122	1.00	5.00	4.4146	.66443	-2.529	.219	8.306	.435
Valid N (listwise)	122								
NotFeelingJudgedSAT	117	1.00	5.00	4.4046	.95199	-1.861	.224	2.995	.444
AcadTherIMP	122	1.00	5.00	4.3568	.73633	-2.371	.219	7.307	.435
Valid N (listwise)	122								
RelCounselorIMP	119	1.00	5.00	4.6055	.57529	-3.173	.222	14.359	.440
Valid N (listwise)	119								
Valid N (listwise)	117								
TotalMet	121	1.08	5.00	4.2459	.73994	-1.599	.220	3.217	.437
Valid N (listwise)	121								

APPENDIX G

CRONBACH'S ALPHA IF ITEM IS DROPPED

Item-Total Statistics for Research Question 1					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Belief my information kept private and confidential - Importance	154.62	1470.590	.860	.	.980
Involvement in setting personal counseling goals - Importance	155.00	1490.667	.780	.	.980
Achieving my personal counseling goals - Importance	154.46	1480.436	.892	.	.980
Support in achieving my academic goals - Importance	155.08	1492.244	.697	.	.981
Assistance in deciding to stay at UA - Importance	155.54	1511.936	.419	.	.982
Becoming more connected to other UA programs - Importance	155.85	1499.474	.459	.	.982
Belief that counselor genuinely understood my thoughts - Importance	154.69	1469.397	.840	.	.980
Feeling accepted for being me and not feeling judged - Importance	154.85	1475.474	.707	.	.981
An increase in my self awareness - Importance	154.69	1477.231	.700	.	.981
Learning impact of alcohol and drugs on student success - Importance	155.69	1489.231	.569	.	.981
Learning skills that will help me in relationships - Importance	155.08	1475.577	.696	.	.981
Effective support when I had a personal crisis - Importance	154.46	1473.436	.821	.	.980

Reducing my thoughts about hurting myself - Importance	155.85	1483.974	.586	.	.981
Feeling accepted for my unique culture - Importance	155.23	1492.526	.581	.	.981
Active involvement in overall counseling experience - Importance	155.31	1479.231	.699	.	.981
Improving my general sense of well being - Importance	154.54	1471.936	.840	.	.980
Belief my counselor recognizes my personal strengths - Importance	154.69	1470.897	.825	.	.980
Having a good relationship with my counselor - Importance	154.85	1466.641	.786	.	.980
Becoming more able work through problems on my own - Importance	154.38	1475.590	.891	.	.980
Feeling regarded in a positive way - Importance	154.77	1471.692	.830	.	.980
Reducing my use of alcohol or drugs - Importance	155.69	1497.731	.496	.	.981
Discussing my ongoing academic experience - Importance	155.00	1494.333	.651	.	.981
Adjustment of counseling approach to meet personal needs - Importance	154.62	1484.090	.863	.	.980
Learning strategies to help me manage depression - Importance	154.46	1477.936	.865	.	.980
Learning strategies to help me manage anxiety - Importance	154.46	1480.436	.892	.	.980

Learning strategies to help bounce back from personal crisis - Importance	154.38	1481.256	.828	.	.980
Reducing my depressed mood - Importance	154.54	1481.436	.885	.	.980
Reducing my level of anxiety - Importance	154.69	1477.064	.848	.	.980
Having a good relationship with the psychiatrist - Importance	154.69	1475.064	.824	.	.980
Helpfulness of the psychiatric intervention I received - Importance	154.54	1480.103	.798	.	.980
Learning strategies to advocate for myself with UA faculty/staff - Importance	155.15	1487.808	.605	.	.981
Beginning to feel better about myself - Importance	154.38	1477.590	.869	.	.980
Learning to believe that I can be successful at UA - Importance	154.85	1478.308	.869	.	.980
Becoming more aware of personal strengths and weaknesses - Importance	154.54	1474.436	.969	.	.980
More awareness of vital mental health info - Importance	154.85	1481.808	.651	.	.981
Belief my counselor knowledgeable about unique culture and identiity - Importance	154.85	1476.641	.758	.	.980
Ability to apply the skills I have learned in counseling to my life - Importance	154.62	1478.256	.933	.	.980

Belief that my counselor advocates for my success at UA - Importance	154.62	1475.090	.858	.	.980
Beginning to feel more hopeful about the future - Importance	154.54	1477.103	.878	.	.980

Item-Total Statistics for Research Questions 2 and 3					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Belief my information kept private and confidential - Met	149.79	1130.027	.752	.	.978
Involvement in setting personal counseling goals - Met	150.29	1129.297	.725	.	.979
Achieving my personal counseling goals - Met	150.50	1114.577	.881	.	.978
Support in achieving my academic goals - Met	150.57	1124.110	.699	.	.979
Assistance in deciding to stay at UA - Met	151.00	1137.846	.480	.	.980
Becoming more connected to other UA programs - Met	151.00	1146.308	.407	.	.980
Belief that counselor genuinely understood my thoughts - Met	150.43	1104.264	.897	.	.978
Feeling accepted for being me and not feeling judged - Met	150.21	1119.720	.753	.	.978
An increase in my self awareness - Met	150.14	1130.747	.788	.	.978

Learning METact of alcohol and drugs on student success - Met	151.14	1125.978	.566	.	.979
Learning skills that will help me in relationships - Met	150.57	1110.879	.906	.	.978
Effective support when I had a personal crisis - Met	150.50	1106.115	.855	.	.978
Reducing my thoughts about hurting myself - Met	150.86	1156.286	.314	.	.980
Feeling accepted for my unique culture - Met	150.71	1134.681	.613	.	.979
Active involvement in overall counseling experience - Met	150.64	1116.709	.860	.	.978
METroving my general sense of well being - Met	150.21	1124.643	.893	.	.978
Belief my counselor recognizes my personal strengths - Met	150.43	1109.956	.830	.	.978
Having a good relationship with my counselor - Met	150.21	1123.874	.905	.	.978
Becoming more able work through problems on my own - Met	150.79	1104.027	.945	.	.978
Feeling regarded in a positive way - Met	150.29	1114.681	.871	.	.978
Reducing my use of alcohol or drugs - Met	150.50	1146.731	.532	.	.979
Discussing my ongoing academic experience - Met	150.50	1132.423	.649	.	.979
Adjustment of counseling approach to meet personal needs - Met	150.36	1138.863	.709	.	.979

Learning strategies to help me manage depression - Met	150.57	1133.187	.705	.	.979
Learning strategies to help me manage anxiety - Met	150.43	1128.264	.911	.	.978
Learning strategies to help bounce back from personal crisis - Met	150.79	1115.104	.853	.	.978
Reducing my depressed mood - Met	150.79	1124.335	.665	.	.979
Reducing my level of anxiety - Met	150.79	1128.643	.681	.	.979
Having a good relationship with the psychiatrist - Met	150.43	1129.187	.821	.	.978
Helpfulness of the psychiatric intervention I received - Met	150.64	1117.324	.907	.	.978
Learning strategies to advocate for myself with UA faculty/staff - Met	151.07	1126.995	.731	.	.979
Beginning to feel better about myself - Met	150.71	1103.143	.882	.	.978
Learning to believe that I can be successful at UA - Met	150.64	1137.170	.560	.	.979
Becoming more aware of personal strengths and weaknesses - Met	150.29	1136.220	.676	.	.979
More awareness of vital mental health info - Met	150.64	1123.940	.723	.	.979
Belief my counselor knowledgeable about unique culture and identiity - Met	150.43	1131.341	.731	.	.979
Ability to apply the skills I have learned in counseling to my life - Met	150.71	1107.912	.909	.	.978

Belief that my counselor advocates for my success at UA - Met	150.00	1140.769	.685	.	.979
Beginning to feel more hopeful about the future - Met	150.43	1140.418	.603	.	.979

Item-Total Statistics for Research Questions 4 and 5					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Belief my information kept private and confidential - Importance	54.84	74.555	.848	.953	.946
Involvement in setting personal counseling goals - Importance	55.23	76.226	.650	.594	.950
Support in achieving my academic goals - Importance	55.14	75.423	.614	.660	.952
Belief that counselor genuinely understood my thoughts - Importance	54.93	71.972	.887	.978	.944
Effective support when I had a personal crisis - Importance	54.89	73.173	.813	.970	.946
Belief my counselor recognizes my personal strengths - Importance	55.00	73.023	.827	.919	.946
Having a good relationship with my counselor - Importance	55.00	71.953	.850	.934	.945
Feeling regarded in a positive way - Importance	55.11	71.777	.831	.911	.946
Adjustment of counseling approach to meet personal needs - Importance	55.09	74.689	.754	.744	.948

Having a good relationship with the psychiatrist - Importance	54.95	75.300	.724	.904	.949
Helpfulness of the psychiatric intervention I received - Importance	55.02	73.976	.734	.915	.948
Belief my counselor knowledgeable about unique culture and identiity - Importance	55.02	76.255	.622	.674	.951
Belief that my counselor advocates for my success at UA - Importance	55.14	73.423	.703	.778	.949

Item-Total Statistics for Research Questions 6 and 7					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Feeling accepted for being me and not feeling judged - Importance	9.03	2.378	.554	.308	.651
Feeling accepted for my unique culture - Importance	9.29	2.243	.573	.330	.632
Belief my counselor knowledgeable about unique culture and identiity - Importance	9.00	2.862	.562	.317	.656

Item-Total Statistics for Research Question 8					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Involvement in setting personal counseling goals - Importance	79.33	360.095	.757	.	.964

Achieving my personal counseling goals - Importance	78.87	357.838	.823	.	.963
An increase in my self awareness - Importance	79.00	352.571	.713	.	.965
Learning impact of alcohol and drugs on student success - Importance	79.87	352.695	.632	.	.966
Learning skills that will help me in relationships - Importance	79.40	352.114	.700	.	.965
Reducing my thoughts about hurting myself - Importance	80.00	351.857	.611	.	.967
Active involvement in overall counseling experience - Importance	79.53	354.410	.662	.	.965
Improving my general sense of well being - Importance	78.87	351.838	.825	.	.963
Reducing my use of alcohol or drugs - Importance	79.87	355.552	.581	.	.967
Learning strategies to help me manage depression - Importance	78.80	354.457	.855	.	.963
Learning strategies to help me manage anxiety - Importance	78.80	355.600	.881	.	.963
Learning strategies to help bounce back from personal crisis - Importance	78.73	356.067	.818	.	.963
Reducing my depressed mood - Importance	78.87	355.695	.879	.	.963
Reducing my level of anxiety - Importance	79.00	352.857	.854	.	.963

Learning strategies to advocate for myself with UA faculty/staff - Importance	79.47	355.981	.640	.	.966
Learning to believe that I can be successful at UA - Importance	79.13	352.981	.874	.	.963
Becoming more aware of personal strengths and weaknesses - Importance	78.87	353.267	.943	.	.962
More awareness of vital mental health info - Importance	79.13	354.410	.662	.	.965
Ability to apply the skills I have learned in counseling to my life - Importance	78.93	353.781	.933	.	.962
Beginning to feel more hopeful about the future - Importance	78.87	353.410	.881	.	.963