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Assessment in a University Counseling Center: A Case Example

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Abstract

University Counseling Center staff are currently facing pressure to measure the value of their centers, in part due to shrinking institutional budgets and a push towards assessment and accountability. Scrutiny from university stakeholders provides an opportunity to document the efficacy of counseling center services and make improvements. Thus, University Counseling Center staff performed a two-pronged assessment investigating students' perception of, and experience with, University Counseling Center services. This article reviews assessment methods and results, as well as how data gathered was used to improve services and to quantify the University Counseling Center.

Keywords: counseling center, assessment, student services

College and university counseling center personnel are experiencing increased pressure to assess the impact and efficacy of their centers (Bishop, 1995; Cooper & Archer, 2002; Lockard, Hayes, McAleavey & Locke, 2012; Stone & Archer, 1990). This pressure stems from multiple precipitants, including decreased funding for higher education, increased competition among institutions, as well as current trends in assessment and accountability in higher education (Hodges, 2001; Schuh, 2007; Sharkin, 2004; Snell, Mallinckrodt, Hill, & Lambert, 2001; Watkins, Hunt, & Eisenberg, 2011). In addition, administrators and other university staff have become more concerned with the increased pathology and severity of concerns among students (Erickson-Cornish, Riva, Cox-Henderson, Kominars, & McIntosh, 2000; Gallagher, 2012; Rando & Barr, 2010; Watkins, Hunt, & Eisenberg, 2011).

Concern among university personnel regarding increased pathology in the student population is warranted. The prevalence rates of college students seeking psychological help has significantly increased over the past few years and so has the number of students with severe mental illness (Gallagher, 2012;

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Rando & Barr, 2009). According to ACHA's National College Health Assessment (2012), in the past year 31.6% of college students felt so depressed that it was difficult for them to function and 51.3% reported overwhelming anxiety. Additionally, seven and a half percent of college students reported "seriously considering suicide" in the past year. One hopeful note is the work by Locke, Bieschke, Castonguay, and Hayes (2012), which reports that counseling center services have shown to reduce the suicide rate of their clients to one-sixth of what it would be if they were not in counseling.

With the increase in demand for services and in severity of psychological problems, it is essential that university counseling centers make their services widely known across campus, identify the mental health needs of their students, and inquire about areas in need of improvement. However, although the prevalence of counseling center assessment has increased recently, the majority of staff members in counseling centers do little or no scholarly research (Cooper & Archer, 2002). Nevertheless, university counseling centers need to assess and highlight student retention and student learning outcomes to demonstrate their value to the university's academic mission. Rather than responding defensively to these pressures to evaluate their effectiveness, college and university counseling centers should respond proactively, using the results of their assessment to increase understanding of the functions of their counseling center, market the value of their counseling center to administrators, and identify areas in need of improvement. Counseling centers that conduct research regarding their impact on campus are better able to fend off budget or staff cuts than those that do not, leaving them able to serve their student population, which is particularly important in these difficult economic times (Brownson, 2010).

Thus, staff at the Center for Counseling and Human Development (referred to as the Counseling Center throughout this article) conducted a two-pronged assessment to investigate student's perception of, and experience with, our counseling center. This research was exploratory, thus no specific hypotheses were created. However, in the spirit of acknowledging our biases, the counseling center staff hoped to demonstrate that the counseling center was a well-known resource among students, and that students who received counseling would find it helpful both personally and academically. In addition, counseling center staff hoped to demonstrate that counseling center clients found the services helpful, regardless of age, gender, ethnicity, or year in school. Finally, we wanted to confirm that receiving services at the counseling center helps individuals perform better in school and aids in students' retention at the university.

Research suggests there is little shared knowledge of counseling centers' instruments and methods regarding assessment efforts (Brownson, 2010). Our article hopes to improve upon this limitation. In addition, we want to demonstrate to other counseling centers that assessment of services can be used to demonstrate the effectiveness of university counseling centers to administrators and stakeholders, and to show that counseling centers aid in core missions of universities by aiding emotional and academic success among students. We hope our experience with assessment will inspire other counseling centers to study their impact on the helpfulness of their centers to students and university officials.

General Overview

This counseling center assessment took place at a mid-sized public university. Approximately 89% percent of students at this university are European-American. Currently, the counseling center hosts five full time licensed psychologists, a certified alcohol and other drug counselor, a part time psychiatrist, a doctoral intern, a graduate assistant, and an administrative assistant. The counseling center is accredited by the International Association of Counseling Services (IACS). The counseling center provides individual, couples, and group counseling, as well as outreach, consultation, and crisis intervention to undergraduate and graduate students.

Survey 1

Method

In our first survey, we asked about participants demographic information, awareness of the counseling center, how participants learned about the counseling center, participants' views on what is important for the counseling center to offer, as well as other questions (see Appendix A). Because we could not locate a standardized instrument that specifically met the needs of our research, we designed a survey ourselves with input from other counseling center professionals. This survey was mailed to 800 randomly selected full time students. Respondents could anonymously enter a drawing for one of two \$50.00 gift certificates to the university bookstore. Our first survey studied the general student body to better understand our reputation on campus and the broader mental health needs of the student body. Of the 800 surveys mailed, 114 were completed and returned, yielding a response rate of 14%.

Participants

Of the 114 participants, 75% were female and 25% were male with a mean age of 21. In addition, 91% indicated that they were European American, 4% were African American, 2% were Asian American, 1% were International students, and 3% "preferred not to answer". Sixty-one percent lived off campus and 38% lived on campus. Year in school was fairly evenly distributed (freshman 25%, sophomore, 24%, junior 20% and senior 24%), and graduate students consisted of 8% of respondents. In all, the distribution of gender was the only demographic that was not reflective of the student population.

Results

Overall, 82 percent of respondents reported being aware that psychological counseling services were offered by the university. Females were more likely than males (85% vs. 71%) to be aware of the counseling services, as were sophomores (93% vs. 78% for all other classes) and those living on campus (93% vs. 76%). However, only differences in residential status proved to be statistically reliable ($\chi^2(1, N=104) = 4.706, p = .030$, with graduate students omitted), with those living off campus being less aware of counseling center services.

Of respondents that were aware of the counseling center ($n = 93$), 26% indicated that they first became aware of our services by hearing a friend or professor talk about the Counseling Center. Nineteen percent found out about

the Counseling Center by seeing a flyer or other written information, and 18% became aware of the Counseling Center during student orientation. Eighteen percent indicated that there were multiple ways by which they learned about Counseling Center services. Finally, four percent learned of the Counseling Center by participating in a depression, anxiety, or alcohol screening session. Three percent discovered us on the Internet, and two percent attended a presentation by Counseling Center staff.

Twelve percent of respondents indicated that they have visited the Counseling Center for counseling services. Of those who had not been to the Counseling Center ($n = 100$), the vast majority (73%) indicated that they had not been to the Counseling Center because they did not feel they needed to go. Another 13% stated that they did not believe their problems were serious enough to go to the Counseling Center. Five percent said they felt they should be able to solve their own problems, and two percent indicated that they feared others might think less of them if they attended sessions at the Counseling Center. In this survey, 93% of all students indicated that they would refer a friend in need of counseling center services, while seven percent indicated that they would not. Of the respondents that indicated they would not refer someone to our services ($n = 8$), none had first-hand experience with the Counseling Center.

Respondents of this survey were asked to rank on a Likert-type scale from one to five how important was it for the Counseling Center to address certain student concerns (one being least important, five being most important). When comparing means, respondents indicated they felt it was most important to be able to address sexual assault and rape ($M = 4.37$), followed by depression or sadness ($M = 4.27$), stress management ($M = 4.19$), coping with grief ($M = 4.08$), anxiety ($M = 4.02$), substance abuse ($M = 4.01$) and healthy eating and body image ($M = 3.95$). Other variables deemed important to address included general academic distress ($M = 3.92$), family issues and skills ($M = 3.84$), relationship skills ($M = 3.77$), anger management ($M = 3.79$), self-development issues ($M = 3.74$), multi-cultural/race issues ($M = 3.57$), communication skills ($M = 3.46$) and assertiveness skills ($M = 3.32$). Females had higher means than males for most of these concerns but were significantly higher ($p < .05$) only on anxiety and stress management.

Survey 2

Method

Our second survey measured the impact of Counseling Center utilization by past and current clients. We mailed a questionnaire (see Appendix B) to all students seen at the Counseling Center in the previous semester. The survey was also developed by Counseling Center staff, with input from other counseling center professionals. In order to protect the confidentiality of our clients, the survey in no way indicated that we knew them to be past or current patrons of the Counseling Center.

In total, 280 surveys were mailed to clients who received individual counseling sessions in the previous semester. Nineteen of these surveys were returned because the student could not be located. However, forty-six surveys were completed and returned, yielding a response rate of 18%. Questions

included inquiries about demographic information, satisfaction with services, perceptions of their counselor, and how services impacted participant's feelings, relations with others, academic functioning, as well as other queries (see Appendix B).

Participants

Of the 46 participants, 74% were female and 26% were male. Fifteen percent were freshman, 17% sophomores, 24% juniors, 24% seniors, and 15% graduate students. The mean age for respondents was 23. Of our participants, 37% lived on campus and 63% lived off campus. Finally, 78% of respondents were European American, 7% were African American, 2% were Asian American, 2% were multi-racial, 4% identified themselves as other and 7% preferred not to answer.

Results

As expected, all respondents to the second survey (N = 46) reported that they had received services at the counseling center. Two percent had attended one counseling session, 15% attended 2-3 counseling sessions, 28% attended 4-7 counseling sessions, and 54% had attended counseling sessions eight or more times. All respondents believed the information they revealed in counseling was confidential.

Twenty-eight percent of respondents became aware of the counseling center through conversations with friends or professors, 20% heard about the Counseling Center during student orientation, and 13% found out about the Counseling Center on the Internet. A large percentage of students (30%) found out about the Counseling Center by other means, which primarily included referrals from Health Services, from personnel working in the residence halls, or from Judicial Affairs.

Sixty-four percent of respondents indicated that they were very satisfied with the services they received at the Counseling Center, and 33% indicated that they were satisfied. Eighty percent indicated they would definitely come back to the Counseling Center if they needed help again, while 16% responded "yes, I think so" to this question. Only two individuals (4%) stated that they didn't think they would return to the Counseling Center if they needed help again. In addition, 83% would definitely recommend the Counseling Center to a friend in need, and 11% indicated that they would probably recommend the Counseling Center. All but one respondent (98%) indicated that they felt accepted and respected by their counselor. Seventy-four percent felt their counselor was sensitive to issues of diversity, and 24% indicated that they were unsure or had no opinion about their counselor's sensitivity to issues of diversity.

Regarding outcomes as a result of counseling, 98% of respondents felt that counseling helped them deal more effectively with their problems (47% "helped a great deal" and 51% "helped somewhat"), while one person (two percent) did not think that counseling helped them. In addition, 74% indicated that they felt better about themselves as a result of counseling, 17% did not notice a change in how they felt about themselves, and nine percent felt that it was too soon to comment on this question. Finally, 52% felt that they related better to others as a result of counseling, 30% said there was no change, and 17% indicated that it was too soon to comment on this question.

Several questions in our second survey measured directly or indirectly the impact of counseling on participant's academic success. For example, 41% indicated that as a result of counseling they accomplished things more efficiently, 39% stated that there was no change in how they accomplished things, seven percent said that counseling did not help, and 13% felt that it was too soon to comment on this question. Sixty-seven percent of respondents said that they thought more clearly as a result of counseling, 22% said that there was no change in how they think, and 11% responded that it was too soon to comment on this question.

Two questions directly inquired about academic success. Forty-six percent of respondents said that by coming to counseling they are able to function better academically. Four percent indicated that they were not able to function better academically as a result of counseling, 35% indicated that there was no change, and 15% indicated that it was too soon to comment on this question. Finally, 68% of respondents stated that Counseling Center services positively affected the chances they will stay in college.

The relationships among demographic, process, and outcomes variables in study two were explored with nonparametric correlations. Given the small sample size, the restricted variation in many of the variables and the number of different correlations examined, these results should be approached cautiously. There were only a few significant correlations between demographic variables and other variables of interest. Not surprisingly, being further along in school and being older were both positively related to the number of sessions attended at the Counseling Center ($r_s = .38$ and $.40$, respectively). Also, those who lived off campus were more satisfied with services and more trusting that sessions were treated confidentially ($r_s = .39$ and $.37$, respectively).

The results of study two also revealed a significant correlation ($r_s = .34$) between the number of sessions attended at the Counseling Center and whether the participant found that they dealt more effectively with their problems as a result of counseling. Those who attended more sessions were also more satisfied with our services ($r_s = .28$) and more likely to report that the likelihood of staying in college was positively affected by their experience at the Counseling Center ($r_s = .27$). However, these findings were only marginally significant (p 's = $.058$ and $.079$, respectively). There was also a significant correlation ($r_s = .40$) between number of counseling sessions attended and whether an individual believed the information he or she revealed was confidential.

Whether students felt accepted and respected by their counselor was also positively related to some of the outcome measures. Those who felt more accepted and respected by their counselor were more satisfied with services ($r_s = .58$), more effective in dealing with their own problems ($r_s = .30$), more satisfied with their own growth ($r_s = .32$), and more likely to return to the Counseling Center if help was needed again ($r_s = .48$). In addition, questions measuring satisfaction and improvement were generally related in a positive fashion (e.g., being satisfied with services and believing Counseling Center services positively affected the chances they will stay in college).

Discussion

This counseling center assessment measured awareness of our services, assessed student needs, and measured our impact among students to provide data to help us better serve an increasingly complex and distressed student population. In the first survey, a majority of the respondents (82%) reported being aware of our counseling services on campus. Females, sophomores, and those living on campus were more likely than other groups to be aware of the services. Even though assessment results indicated an overall awareness of our services was high, the counseling center staff decided to increase outreach efforts, particularly for students who live off campus. We co-ordinated programming at the university Commuter House, conducted outreach with student veterans, published articles in the student magazine and newspaper, implemented “pet a therapy dog” stress reduction events at our student center, and increased guest lectures on mental health topics. By increasing our visibility on campus, we hope to increase awareness of the Counseling Center and reach students who are less likely to make use of our services.

Our first study sought feedback on issues the Counseling Center should address. The top issues noted were depression, stress management, grief, anxiety, and substance abuse. Counseling Center response was two-fold: we expanded our mental health programming across campus on these issues, and we sought additional training and education on these issues. Our outreach programming included depression and anxiety screenings, sexual assault awareness and prevention, and stress and substance abuse workshops with student-athletes. We also created two new therapy groups: a “Mindfulness Stress Reduction” group and an “Adult Children of Alcoholics” group. Finally, Counseling Center staff met with the director of the Women’s Wellness Center, Campus Police, and the Title IV Coordinator to discuss how we can better coordinate services for students who have been sexually assaulted. In this way, the results of our first survey helped us tailor our training and outreach efforts to better serve the university. We hope that future assessment efforts demonstrate increased awareness of the Counseling Center services.

The second survey examined the impact of the Counseling Center utilization on past and current clients. Of the respondents who utilized our services, 97% reported being very satisfied or satisfied with the services they received. The majority of these students heard about the Counseling Center through referrals from professors, friends, and personnel in other departments on campus. These results highlight the importance of communication and partnerships with different departments on campus. Our staff has regular contact with faculty, staff, and administrators throughout the university. By establishing these relationships and informing stakeholders about our high level of client satisfaction, university personnel are likely to advocate for the Counseling Center. Moreover, our referrals from others across campus, particularly among faculty, have increased. In addition, the relatively high percentage of clients who found out about us through the Internet, served as the impetus to update and improve our Counseling Center website.

All but one respondent indicated that they felt accepted and respected by their counselor and the majority of students, regardless of their race or gender, felt their counselors were sensitive to issues of diversity. The

Counseling Center values diversity and is committed to meeting the needs of all students, including students of color, international students, lesbian, gay, bisexual, transgender and questioning (LGBTQ) students, student veterans, and students from different religious and socioeconomic backgrounds. As the diversity of students who utilize counseling center services increases, so does the importance for university counseling centers to deal effectively with cultural issues and concerns related to sexual identity (Watkins et al., 2013). One way the Counseling Center demonstrates our appreciation of diversity is to have visual displays supporting diversity (artwork, maps, flags, and magazines) in the waiting area and Counseling Center offices. In addition, Counseling Center staff continue to attend trainings that teach and value multicultural competence, and are involved in campus events celebrating diversity. All of our Counseling Center staff have completed Safezone training, a program intended to increase awareness and understanding of the issues faced by lesbian, gay, bisexual, transgender, and questioning students. Our Counseling Center works hard to demonstrate our appreciation of all forms of diversity, and we are pleased that we provide counseling to an increasing percentage of underrepresented students each year. In addition, the percentage of underrepresented students to whom we provide counseling services is greater than expected given the overall demographics of the university, indicates our appreciation of diversity is recognized among students.

Mental health problems can negatively impact student retention and classroom management. For example, a study by Krumrei, Newton, and Kim (2010) indicated that 87% of students report that their personal problems negatively impacted their academic performance. Thus, an implicit goal of university counseling centers is to help students manage their personal problems that may interfere with their ability to take advantage of the educational opportunities which enhance student success. Student retention is a high priority at most universities, and counseling centers are increasingly expected to contribute to the academic success and retention of the student population (Lockard, Hayes, McAleavey & Locke, 2012; Turner & Berry, 2000). Our results demonstrated that we aid in student retention, and we use these results in discussion with stakeholders and university administration. That said, retention cannot be a counseling center's primary goal or influence what is best for the student. If a student is a disruption to the university community, or is unhappy about their decision to acquire higher education, it may be best for a student to leave the university. While this assessment reveals that our Counseling Center plays a role in retention, this data should not be the only measure of evaluating our effectiveness.

Thankfully, there are additional ways that counseling centers can demonstrate their effectiveness. For example, our research suggests that services at our counseling center help our students think more clearly and perform better academically. These findings are similar to those of Gallagher (2012), who found that 56% of clients reported that counseling helped them remain in school and that 61% believed that counseling center services improved their academic performance. In addition, students who attended a greater number of sessions were more likely to feel they could deal more effectively with their problems than students who attended fewer sessions. These findings indicate that counseling may help to improve student functioning

in other aspects of their lives. Once again, we shared these results with administrators to emphasize the importance of Counseling Center services on campus. With decreasing budgets and an increasing number of students with severe mental health problems, it is important that administrators consider retaining or adding psychological staff to minimize wait times and allow students to attend regular counseling appointments that are not abbreviated by predetermined session limits. Perhaps due in part to our assessment, our Counseling Center has been able to avoid any staffing cuts, and in fact we have slightly increased staffing over the past two years, which is unusual among counseling centers during these difficult economic times.

Limitations and Future Research Considerations

Our research findings have important implications for clinicians working at university counseling centers because they demonstrate the usefulness of strategic assessment to improve services and to market a counseling center's value in aiding academic success and retaining students. However, there are some limitations to this research study. Our assessment instrument was not an empirically derived standardized measure. Because our assessment instrument has unknown psychometric properties, the data cannot be used to contribute to the overall understanding of campus mental health. The development of the Counseling Center Assessment of Psychological Symptoms- 62 (CCAPS-62; Locke et al. 2011), and CCAPS- 34 (Locke et al., 2013) derived since this research was conducted shows promise, and is becoming the first widely accepted assessment instrument designed specifically for college students mental health. Perhaps such a measure could help compare the quality of individual counseling centers with other centers at similar institutions. That said, we encourage counseling centers that use CCAPS or other standardized questionnaires to add additional questions of particular relevance to their counseling center to address specific concerns or priorities of university students or officials.

Conclusion

Given the increase in demand for counseling services and the expansion of mental health problems among students attending college, it is essential that university counseling centers evaluate their services and make changes on a regular basis so that they can meet the mental health needs of college students. In general, our assessment demonstrated that students were satisfied with our services and that we support them in attaining their personal and academic goals. Our counseling center has addressed areas which students reported needing further attention and we will engage in future assessment to ensure that we continuously address concerns and reevaluate our procedures to maximize student success and retention. Our Counseling Center staff also plan to compare our assessment data over time to measure the impact of our strategic, data driven interventions.

We hope that we have demonstrated that counseling center outcome based assessment studies are valuable because they provide pertinent information about the provision of quality and effective services. Assessment results allow counseling centers to tailor programming to directly address student needs, and can be useful in strategic planning and policy development.

We showed that data collected from counseling center assessment can be used to demonstrate how counseling centers aid in the university's mission and in student retention. Hopefully, these data can better fend off personnel and budget cuts. In closing, we hope that other counseling centers will be inspired to conduct their own assessment in order to improve services and increase awareness of the importance of counseling centers on college and university campuses.

References

- American College Health Association. American College Health Association-National College Health Assessment II: Reference Group Executive Summary Fall 2012. Hanover, MD: American College Health Association; 2013. Retrieved May 8, 2013, from http://www.acha-ncha.org/docs/ACHA-NCHA-II Reference Group_ExecutiveSummary_Fall2012.pdf
- Bishop, J.B. (1995). Emerging administrative strategies for college and university counseling centers. *Journal of Counseling & Development*, 74 (1), 33-38. doi:10.1002/j.1556-6676.1995.tb01819.x
- Brownson, C. (2010). Conducting research in college and university counseling centers. In J. Kay, V. Schwartz (Eds.). *Mental health care in the college community* (pp. 325-342). Wiley-Blackwell.
- Cooper, S. E., Archer, J. A. (2002). Evaluation and research in college counseling center contexts. *Journal of College Counseling*, 5 (1), 50-59. doi: [10.1002/j.2161-1882.2002.tb00206.x](https://doi.org/10.1002/j.2161-1882.2002.tb00206.x)
- EricksonCornish, J. A., Riva, M. T., Cox-Henderson, M., Kominars, K. D., & McIntosh, S. (2000). Perceived distress in university counseling center clients across a six-year period. *Journal of College Student Development*, 41(1), 104-109.
- Gallagher, R. P. (2012). Thirty years of the national survey of counseling center directors: A personal account. *Journal of College Student Psychotherapy*, 26 (3), 172-184. doi:10.180/87568225.2012.685852
- Hodges, S. (2001). University counseling centers at the twenty-first century: Looking forward, looking back. *Journal of College Counseling*, 4 (2), 161-173. doi: [10.1002/j.2161-1882.2001.tb00196.x](https://doi.org/10.1002/j.2161-1882.2001.tb00196.x)
- Krumrei, E. J., Newton, F. B., & Kim, E. (2010). A multi-institution look at college students seeking counseling: Nature and severity of concerns. *Journal of College Student Psychotherapy*, 24 (4), 261-283. doi: 10.1080/87568225.2010.509223
- Lockard, A. J., Hayes, J. A., McAleavey, A. A., & Locke, B. D. (2012). Change in academic distress: Examining differences between a clinical and nonclinical sample of college students. *Journal of College Counseling*, 15 (3), 233-246. doi:10.1002/j.2161-1882.2012.00018.x

- Locke, B. D., Bieschke, K. J., Castonguay, L. G., & Hayes, J. A. (2012). The center for collegiate mental health: Studying college student mental health through an innovative research infrastructure that brings science and practice together. *Harvard Review of Psychiatry*, 20 (4), 233-245. doi: 10.3109/10673229.2012.712837
- Locke, B. D., McAleavey, A. A., Zhao, Y., Lei, P., Hayes, J. A., Castonguay, L. G., Li, H., Tate, R., & Lin, Y. (2012). Development and initial validation of the Counseling Center Assessment of Psychological Symptoms-34. *Measurement and Evaluation in Counseling and Development*, 45 (3), 152-169. doi: 10.1177/07481175611432642
- Locke, B. D., Buzolitz, J., Lei, P., Boswell, J. F., McAleavey, A. A., Sevig, T. D., Dowis, J. D., Hayes, J. A. (2011). Development of the Counseling Center Assessment of Psychological Symptoms-62 (CCAPS-62). *Journal of Counseling Psychology*, 58 (1), 97-109. doi: 10.1037/a0021282
- Rando, R., & Barr, V. (2010). The Association for University and College Counseling Center Directors Annual Survey [AUCCCD 2008 Mono-graph, public version]. Retrieved from http://www.aucccd.org/?page=resources_directorsurveys
- Schuh, J. H. (2007). Changing student services through assessment. In G. L. Kramer (Ed.), *Fostering student success in the campus community* (pp.61-80). San Francisco, CA US: Jossey-Bass.
- Sharkin, B. S. (2004). College counseling and student retention: Research findings and implications for counseling centers. *Journal of College Counseling*, 7(2) 99-108. doi: [10.1002/j.2161-1882.2004.tb00241.x](https://doi.org/10.1002/j.2161-1882.2004.tb00241.x)
- Snell, M. N., Mallinckrodt, B., Hill, R. D., & Lambert, M. J. (2001). Predicting counseling center clients' response to counseling: A 1-year follow-up. *Journal of Counseling Psychology*, 48 (4), 463-473. doi: [10.1037/0022-0167.48.4.463](https://doi.org/10.1037/0022-0167.48.4.463)
- Stone, G. L., & Archer, J. (1990). College and university counseling centers in the 1990s: Challenges and limits. *The Counseling Psychologist*, 18 (4), 539-607. doi: [10.1177/0011000090184001](https://doi.org/10.1177/0011000090184001)
- Turner, A. I., & Berry, T.R. (2000). Counseling center contributions to student retention and graduation: A longitudinal assessment. *Journal of College Student Development*, 41 (6), 627-636.
- Watkins, D. C., Hunt, J. B., & Eisenberg, D. (2011). Increase demand for mental health services on college campuses: Perspectives from administrators. *Qualitative Social Work*, 11(3), 319-337. doi:10.1177/1473325011401468

Appendix A
Center for Counseling and Human Development
Millersville University
General Survey

The Center for Counseling and Human Development staff seeks to evaluate our services by gathering information from Millersville students. Please help us to improve our services by answering this brief, anonymous questionnaire. You can return the questionnaire by using the envelope that is provided. Your return of the questionnaire will be regarded as giving your consent to participate in the survey. Thank you for taking time to provide us with your feedback.

1. Gender Male Female
 2. What is your age? _____
 3. Year in School (according to credits)
 a) Freshman b) Sophomore c) Junior
 d) Senior e) Graduate Student f) Unsure/Don't know
 4. Do you live on campus? Yes No
 5. Race/Ethnicity:
 a) African American b) Asian American c) European American/White
 d) Hispanic American e) Native American f) International
 g) Multi-racial h) Other/ _____ i) Prefer not to answer
 6. Are you aware that the Millersville University Center for Counseling and Human Development offers psychological counseling services? Yes No
 7. If yes, how did you learn about the availability of these services?
 a) I heard a friend or professor talking about the Counseling Center
 b) I saw a flier or other written information about the Counseling Center
 c) I attended a presentation by someone who works at the Counseling Center
 d) I heard about the Counseling Center during orientation
 e) I found out about the Counseling Center on the Internet
 f) I participated in a mental health screening for depression, anxiety or alcohol abuse
 g) Other/ _____
 8. Have you visited the Counseling Center for counseling? Yes No
 9. If no, why not?
 a) No need/didn't need help
 b) Did not believe my problems were serious enough to see a counselor
 c) I feel/felt I should be able to solve my own problems
 d) The hours of the Counseling Center are not convenient
 e) The location of the Counseling Center is inconvenient
 f) I had to wait too long for an appointment
 g) Concerns about confidentiality
 h) I believe that others might think less of me if I go to the Counseling Center
 i) Other/ _____
 10. How important is it to you that the Counseling Center addresses the following concerns of students?
- | | Not Very Important | | Very Important | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| a) General academic distress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Adjustment to college | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Depression/sadness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Healthy eating/body image issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Family issues and skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Relationship skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Self-development issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Stress management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- j) Communication skills
 - k) Assertiveness skills
 - l) Anger management
 - m) Coping with grief
 - n) Sexual assault/rape
 - o) Multi-cultural/race issues
 - p) Substance abuse
 - q) Other/ _____
12. If a friend were in need of psychological help, would you recommend the Counseling Center to her/him? Yes No

Thank you for your participation! If you have any questions or concerns about this questionnaire, please contact the Center for Counseling and Human Development at (717) 872-3122.

Appendix B
Center for Counseling and Human Development
Millersville University
Evaluation/Assessment

In order to evaluate the services provided by the Millersville University Center for Counseling and Human Development, we are gathering information from Millersville students. Please help us to improve our program by answering this brief, anonymous questionnaire. You can return the survey to us by using the envelope that is provided. Returning the questionnaire will be regarded as giving your consent to participate in the survey.

Thank you for taking the time to provide us with your feedback; we really appreciate your help.

- 1. Gender: Male Female
- 2. What is your age? _____
- 3. Year in school (based on credits): Freshman Sophomore
 Junior Senior Graduate Student Other
- 4. Do you live on campus? Yes No
- 5. Ethnicity: European American/White African American Asian American
 Hispanic American Native American International Multi-racial

Other _____ Prefer not to answer

- 6. How did you first learn about the Center for Counseling and Human Development?
 I heard a friend or professor talking about the Counseling Center.
 I saw a flier or other written information about the Counseling Center.
 I attended a presentation by someone who works at the Counseling Center.
 I heard about the Counseling Center during orientation.
 I found out about the Counseling Center on the Internet.
 I participated in a mental health screening for depression, anxiety or alcohol abuse.
 I didn't know about the Center for Counseling and Human Development.
 Other _____
- 7. Have you utilized the services at the Counseling Center? Yes No
- 8. If a friend were in need of psychological help, would you recommend the Counseling Center to him/her?
 Yes, definitely Yes, I think so No, I don't think so
 No, definitely not Unsure/no opinion

*Please continue if you have received services at the Center for Counseling and Human Development.

- 9. How many times have you seen a counselor at the Counseling Center?
 Once 2-3 times 4-7 times 8 or more times
- 10. Overall, how satisfied are you with the counseling services you have received?
 Very satisfied Satisfied Dissatisfied Very dissatisfied
- 12. Did you believe that the information you revealed would be treated confidentially?
 Yes, definitely Yes, generally No, not really No, definitely not

13. Did the services you received (or are receiving) help you to deal more effectively with your problems?
 Yes, they helped a great deal Yes, they helped somewhat
 No, they really don't help No, they seemed to make things worse
14. Did you (or do you) feel accepted and respected by your counselor?
 Yes, definitely Yes, I think so No, I don't think so No, definitely not
15. Did you (or do you) feel that your counselor was sensitive to issues of diversity?
 Yes, definitely Yes, I think so No, I don't think so
 No, definitely not Unsure/no opinion
16. Please rate your satisfaction with your own growth as a result of counseling services.
 Very satisfied Satisfied Dissatisfied Very dissatisfied
17. How would you rate yourself now as compared to when you came to the Center for Counseling and Human Development?

Please check only one box for each statement.	Yes	No	No Change	Too Soon To Comment
I feel better about myself.				
I relate better to others.				
I accomplish things more efficiently.				
I think more clearly.				
By coming to counseling, I am able to function better academically.				

18. My experience at the Center for Counseling and Human Development has positively affected the chances that I will stay in college.
 Yes, definitely Yes, I think so No, I don't think so
 No, definitely not Don't know/unsure
19. If you were in need of help again, would you come back to the Counseling Center?
 Yes, definitely Yes, I think so No, I don't think so
 No, definitely not Not applicable

Thank you for your participation. If you have any questions or concerns about this questionnaire, please call the Center for Counseling and Human Development at (717) 872-3122.