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Patterns of Presenting Problems and Symptom Severity Related to Family
Trauma in a Robust Sample of College Students

Gerilynn Vorkink

A dissertation submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

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ABSTRACT

Patterns of Presenting Problems and Symptom Severity Related to Family Trauma in a Robust Sample of College Students

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Department of Counseling Psychology and Special Education

Doctor of Philosophy

Because of the lasting impact that traumatic family events can have on psychological well-being, students who present for services at college counseling centers may be experiencing problems and symptoms associated with earlier trauma. Many college counseling centers utilize the Counseling Concerns Survey developed by the Research Consortium of Counseling and Psychological Services in Higher Education (1991) and the Outcome Questionnaire-45 (OQ-45; Lambert et al., 1996) as intake instruments to assess students who present for counseling. The major components of the Counseling Concerns Survey are the 18-item Family Experiences Questionnaire, which identifies history of family trauma, and the 42-item Presenting Problems List, which assesses students' major areas of distress. The OQ-45 measures symptom severity. While it is generally assumed that family trauma during childhood and adolescence can negatively impact future mental health and well-being, it has been unclear how specific traumatic family experiences reported on the Family Experiences Questionnaire are related to specific presenting problems as listed on the Presenting Problems List or symptom severity as measured by the OQ-45. The purpose of this study was to examine this relationship and to ascertain discernible patterns.

Data from the intake instruments of 20,495 students who sought counseling services at a large western U.S. university from 1997 to 2007 was analyzed. Logistic regression of each of the 18 traumatic family history experiences was performed, using the initial OQ-45 score, the 42 Presenting Problems List items, and five Presenting Problems List factors (Draper, Jennings, & Baron, 2003) as "predictors" of the types of trauma the students might have experienced. Results showed that although family trauma of a variety of types was associated with symptom severity and various presenting problems, there did not seem to be an overall discernible pattern. The results suggest that trauma seems to have a diffuse association with presenting problems and symptom severity. However, some family traumas are associated with a greater number of presenting problems, and these traumas were identified.

Keywords: family trauma, college counseling, Counseling Concerns Survey, Presenting Problems List, Family Experiences Questionnaire, OQ-45, Outcome Questionnaire-45

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Table of Contents

List of Tables.....	vii
Introduction.....	1
Statement of Problem.....	5
Statement of Purpose.....	5
Review of the Literature.....	6
Traumatic Family Experiences and Their Sequelae.....	6
Abuse.....	7
Parental loss.....	8
Addictions.....	9
Family conflict.....	12
Mental illness.....	14
Debilitating illness/injury/handicap.....	19
Mobility and unemployment.....	20
Criminal prosecution.....	22
Summary.....	23
Method.....	24
Participants.....	24
Measures.....	24
Family Experiences Questionnaire.....	25
Presenting Problems List.....	25
Outcome Questionnaire-45 (OQ-45).....	28

Procedure.....	29
Data Analysis.....	29
Logistic regression analyses.....	29
Matrices showing the relationship between measures.....	32
Results.....	35
Descriptive Statistics.....	35
Family Experiences Questionnaire.....	35
Presenting Problems List.....	36
Outcome Questionnaire-45 (OQ-45).....	40
Logistic Regression Analyses with Different Independent Variables.....	40
Forty-two Presenting Problems List items and intake OQ-45 score.....	40
Five Presenting Problems List factors and intake OQ-45 score	65
Five Presenting Problems List factors.....	85
Matrices Showing the Relationship of Different Independent Variables with Family Trauma.....	102
Forty-two Presenting Problems List items and intake OQ-45 score.....	102
Five Presenting Problems List factors and intake OQ-45 score.....	104
Five Presenting Problems List factors.....	106
Serendipitous Findings.....	107
Discussion.....	108
Conclusions and Implications.....	108
Limitations.....	112
Suggestions for Further Research.....	113
Summary.....	116

References.....118

Appendix A: BYU Counseling and Career Center Intake Instrument.....130

Appendix B: BYU Counseling and Career Center Informed Consent Form.....135

List of Tables

Table 1. Frequency of Experiencing Traumas Listed on the Family Experiences Questionnaire.....	37
Table 2. Frequency of Experiencing Problems on the Presenting Problems List.....	38
Table 3. Regression Coefficients for FEQ Item #1: Parents Divorced or Permanently Separated Before You Were 18 Years Old (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	42
Table 4. Regression Coefficients for FEQ Item #2: Family Frequently Moved (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	43
Table 5. Regression Coefficients for FEQ Item #3: Parent(s) Unemployed for an Extended Period of Time (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	44
Table 6. Regression Coefficients for FEQ Item #4: Frequent, Hostile Arguing Among Family Members (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	46
Table 7. Regression Coefficients for FEQ Item #5: Death of Parent(s) Before You Were 18 Years Old (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	47
Table 8. Regression Coefficients for FEQ Item #6: Parent(s) with a Drinking Problem (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	49
Table 9. Regression Coefficients for FEQ Item #7: Parent(s) with a Drug Problem (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	50
Table 10. Regression Coefficients for FEQ Item #8: Parent(s) with a Gambling Problem (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	51
Table 11. Regression Coefficients for FEQ Item #9: Physical Abuse in Your Family (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	53
Table 12. Regression Coefficients for FEQ Item #10: Sexual Abuse in Your Family (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	54
Table 13. Regression Coefficients for FEQ Item #11: Rape/Sexual Assault of Yourself or Family Member (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	56

Table 14. Regression Coefficients for FEQ Item #12: Family Member Hospitalized for Emotional Problems (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	57
Table 15. Regression Coefficients for FEQ Item #13: Family Member Diagnosed with a Mental Disorder (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	59
Table 16. Regression Coefficients for FEQ Item #14: Family Member Attempted Suicide (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	61
Table 17. Regression Coefficients for FEQ Item #15: Family Member Committed Suicide (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	62
Table 18. Regression Coefficients for FEQ Item #16: Family Member with a Debilitating Illness, Injury, or Handicap (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	63
Table 19. Regression Coefficients for FEQ Item #17: Family Member Prosecuted for Criminal Activity (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	64
Table 20. Regression Coefficients for FEQ Item #18: Family Member with an Eating Problem (Independent Variables: 42 PPL Items and Intake OQ-45 Score).....	66
Table 21. Regression Coefficients for FEQ Item #1: Parents Divorced or Permanently Separated Before You Were 18 Years Old (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	67
Table 22. Regression Coefficients for FEQ Item #2: Family Frequently Moved (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	68
Table 23. Regression Coefficients for FEQ Item #3: Parent(s) Unemployed for an Extended Period of Time (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	69
Table 24. Regression Coefficients for FEQ Item #4: Frequent, Hostile Arguing Among Family Members (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	70

Table 25. Regression Coefficients for FEQ Item #5: Death of Parent(s) Before You Were 18 Years Old (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	71
Table 26. Regression Coefficients for FEQ Item #6: Parent(s) with a Drinking Problem (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	72
Table 27. Regression Coefficients for FEQ Item #7: Parent(s) with a Drug Problem (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	73
Table 28. Regression Coefficients for FEQ Item #8: Parent(s) with a Gambling Problem (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	74
Table 29. Regression Coefficients for FEQ Item #9: Physical Abuse in Your Family (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	75
Table 30. Regression Coefficients for FEQ Item #10: Sexual Abuse in Your Family (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	76
Table 31. Regression Coefficients for FEQ Item #11: Rape/Sexual Assault of Yourself or Family Member (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	77
Table 32. Regression Coefficients for FEQ Item #12: Family Member Hospitalized for Emotional Problems (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	78
Table 33. Regression Coefficients for FEQ Item #13: Family Member Diagnosed with a Mental Disorder (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	79
Table 34. Regression Coefficients for FEQ Item #14: Family Member Attempted Suicide (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	80
Table 35. Regression Coefficients for FEQ Item #15: Family Member Committed Suicide (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	81

Table 36. Regression Coefficients for FEQ Item #16: Family Member with a Debilitating Illness, Injury, or Handicap (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	82
Table 37. Regression Coefficients for FEQ Item #17: Family Member Prosecuted for Criminal Activity (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	83
Table 38. Regression Coefficients for FEQ Item #18: Family Member with an Eating Problem (Independent Variables: Five PPL Factors and Intake OQ-45 Score).....	84
Table 39. Regression Coefficients for FEQ Item #1: Parents Divorced or Permanently Separated Before You Were 18 Years Old (Independent Variables: Five PPL Factors).....	86
Table 40. Regression Coefficients for FEQ Item #2: Family Frequently Moved (Independent Variables: Five PPL Factors).....	87
Table 41. Regression Coefficients for FEQ Item #3: Parent(s) Unemployed for an Extended Period of Time (Independent Variables: Five PPL Factors).....	88
Table 42. Regression Coefficients for FEQ Item #4: Frequent, Hostile Arguing Among Family Members (Independent Variables: Five PPL Factors).....	89
Table 43. Regression Coefficients for FEQ Item #5: Death of Parent(s) Before You Were 18 Years Old (Independent Variables: Five PPL Factors).....	89
Table 44. Regression Coefficients for FEQ Item #6: Parent(s) with a Drinking Problem (Independent Variables: Five PPL Factors).....	90
Table 45. Regression Coefficients for FEQ Item #7: Parent(s) with a Drug Problem (Independent Variables: Five PPL Factors).....	91
Table 46. Regression Coefficients for FEQ Item #8: Parent(s) with a Gambling Problem (Independent Variables: Five PPL Factors).....	92
Table 47. Regression Coefficients for FEQ Item #9: Physical Abuse in Your Family (Independent Variables: Five PPL Factors).....	93
Table 48. Regression Coefficients for FEQ Item #10: Sexual Abuse in Your Family (Independent Variables: Five PPL Factors).....	94

Table 49. Regression Coefficients for FEQ Item #11: Rape/Sexual Assault of Yourself or Family Member (Independent Variables: Five PPL Factors).....	95
Table 50. Regression Coefficients for FEQ Item #12: Family Member Hospitalized for Emotional Problems (Independent Variables: Five PPL Factors).....	96
Table 51. Regression Coefficients for FEQ Item #13: Family Member Diagnosed with a Mental Disorder (Independent Variables: Five PPL Factors).....	97
Table 52. Regression Coefficients for FEQ Item #14: Family Member Attempted Suicide (Independent Variables: Five PPL Factors).....	98
Table 53. Regression Coefficients for FEQ Item #15: Family Member Committed Suicide (Independent Variables: Five PPL Factors).....	99
Table 54. Regression Coefficients for FEQ Item #16: Family Member with a Debilitating Illness, Injury, or Handicap (Independent Variables: Five PPL Factors).....	100
Table 55. Regression Coefficients for FEQ Item #17: Family Member Prosecuted for Criminal Activity (Independent Variables: Five PPL Factors).....	101
Table 56. Regression Coefficients for FEQ Item #18: Family Member with an Eating Problem (Independent Variables: Five PPL Factors).....	102
Table 57. Relationship of Presenting Problems and Intake OQ-45 Score with Family Traumas.....	103
Table 58. Relationship of Five Presenting Problems List Factors and Intake OQ-45 Score with Family Traumas.....	105
Table 59. Relationship of Five Presenting Problems List Factors with Family Traumas.....	107

Introduction

College counselors are faced with clients who have a wide variety of traumatic experiences in their lives and who present with a diversity of problems on intake with a range of symptom severity. Many college counseling centers (approximately 50) use the Counseling Concerns Survey, a standardized instrument developed by the Research Consortium of Counseling and Psychological Services in Higher Education (1991), to identify history of family trauma and presenting problems. Some college counseling centers also use the Outcome Questionnaire (OQ-45; Lambert et al., 1996) to identify symptom severity. It is unclear how specific family trauma reported on the Counseling Concerns Survey predicts specific presenting problems or symptom severity.

It is well known that family trauma during childhood and adolescence can negatively impact future mental health and well-being (Kessler, Davis, & Kendler, 1997; Turner & Butler, 2003). The impact of trauma, whether direct or vicarious, can impact the functioning of the entire family at the time of the trauma and into young adulthood and beyond, and can even be transmitted across generations (Catherall, 2004).

Numerous studies have addressed the substantial and lasting negative effects of specific individual traumas. For example, Neumann, Houskamp, Pollock, and Briere (1996) found that child sexual abuse was significantly associated with adult psychological symptomatology such as depression, anxiety, self-mutilation, impairment of self-concept, interpersonal problems, and suicidality in females. Hanson et al. (2001) reported that childhood rape/sexual assault was significantly related to future substance abuse, post-traumatic stress disorder (PTSD), and depression. Amato and Keith (1991) suggested that parental divorce during childhood has broad negative consequences for quality of life in adulthood, including low life satisfaction, depression,

and low marital quality. Cuijpers, Steunenberg, and van Straten (2006) found that parental alcohol abuse was significantly associated with depression and substance abuse in adulthood.

Because of the lasting impact that traumatic family events can have on mental well-being, students who present for counseling at college counseling centers may be experiencing problems and symptoms that are associated with earlier trauma. While many college counseling centers collect such data, comparison and analysis of that data has been made difficult due to the wide variety of assessment instruments being used. In an effort to standardize the assessment of family trauma, presenting problems, symptom severity, and other information in college students presenting for counseling, in 1991 the Research Consortium of Counseling and Psychological Services in Higher Education constructed the Counseling Concerns Survey. The origin of the Research Consortium and its use and development of the Counseling Concerns Survey will now be described.

The Research Consortium was founded in 1990 by David Drum and Augustine Baron of the Counseling and Mental Health Center at the University of Texas at Austin and originally included 10 college counseling centers (Kearney & Baron, 2003). Subsequent counseling centers were recruited for participation in research endeavors, with approximately 45–50 college counseling centers currently participating.

The Research Consortium's first study in 1991, entitled "Nature and Severity of College Students' Counseling Concerns," surveyed students presenting for counseling in order to establish a baseline of the severity of students' concerns so that changes over time could be assessed. The first version of the Counseling Concerns Survey was constructed for that study and included a demographics questionnaire, the Family Experiences List enumerating traumatic family events, the Presenting Problems List, and the Brief Symptom Inventory (Derogatis &

Melisaratos, 1983). Over the course of 12 months, 3,000 clients from 32 counseling centers were surveyed.

The Research Consortium's second study, in 1994–1995, was similar to the first study and also utilized the Counseling Concerns Survey but involved a sample of 2,500 students from 28 colleges who had not sought counseling (i.e., a non-clinical sample) and was conducted for purposes of comparison with the first study's clinical sample (Kearney & Baron, 2003).

The Research Consortium's third study, in 1997–1998, investigated the impact of counseling on the mental health of students who sought services at college counseling centers (Kearney & Baron, 2003). Over the course of the school year, 4,500 clients and 241 therapists from 42 college counseling centers were surveyed. Measures utilized at intake were the Counseling Concerns Survey and the Stages of Change Measure. Prior to each subsequent counseling session, clients' psychological well-being was assessed with the OQ-45 (Lambert et al., 1996).

In order to continue the establishment of a database that included both clinical and non-clinical samples, the Research Consortium's fourth study surveyed 1,586 students from 15 campuses who had not sought counseling (Kearney & Baron, 2003). They were assessed using the OQ-45 and the Counseling Concerns Survey, the latest version of which included a demographics section, several questions regarding substance use, the Family Experiences Questionnaire, and the Presenting Problems List. The Family Experiences Questionnaire, the Presenting Problems List, and the OQ-45, which are the focus of this dissertation, will now be briefly described. A more detailed description of each of these measures will be presented in the Method section of this paper.

The Family Experiences Questionnaire (FEQ) was constructed by the Research Consortium expressly for the Counseling Concerns Survey and is designed to assess the occurrence of 18 traumatic family history events that may have influenced students' psychological development (Kearney & Baron, 2003). Examples of the traumatic family experiences listed include parental divorce, extended parental unemployment, sexual or physical abuse in the family, a parent with a drinking problem, and suicide of a family member. Students are asked to indicate whether or not each event happened in their family during childhood or adolescence by marking Yes, No, or Unsure.

The Presenting Problems List (PPL) component of the Counseling Concerns Survey was designed to assess students' major areas of distress (which may or may not be related to traumatic family events). The Presenting Problems List was developed from lists provided by 12 counseling centers within the Research Consortium which were combined and reduced into one non-redundant, comprehensive list (Draper, Jennings, & Baron, 2003). Items listed include problems associated with academics, adjustment to college life, body image, emotional distress, and questioning of values. Students are asked to rate each of 42 problems as to the current amount of distress they are experiencing on a 5-point Likert scale (0 = not at all; 4 = extremely) and to indicate the duration of the problem on a 6-point scale (1 = less than a week; 6 = over three years).

The OQ-45 was constructed by Lambert, Lunnen, Umphress, Hansen, and Burlingame (1994) to measure severity of psychological distress and contains three subscales: Symptom Distress (emphasizing anxiety and depressive symptoms), Interpersonal Relationships (emphasizing quality of family and intimate relationships), and Social Role (emphasizing quality

of functioning in school, work, and family roles). A 5-point Likert scale (0–4) is summed to yield a total score of symptom severity.

Statement of Problem

Many college counseling centers utilize the Counseling Concerns Survey developed by the Research Consortium of Counseling and Psychological Services in Higher Education (1991) and the OQ-45 (Lambert et al., 1996) as intake instruments to assess students who are presenting for counseling. The major components of the Counseling Concerns Survey are the Family Experiences Questionnaire, which identifies history of family trauma, and the Presenting Problems List, which assesses students' major areas of distress. The OQ-45 measures symptom severity. While it is generally assumed that family trauma during childhood and adolescence can negatively impact future mental health and well-being, as is suggested by numerous studies, it has been unclear how specific traumatic family experiences reported on the Family Experiences Questionnaire predict specific presenting problems as listed on the Presenting Problems List or symptom severity as measured by the OQ-45.

Statement of Purpose

The purpose of this study was to determine how traumatic family experiences reported on the Family Experiences Questionnaire predict problems endorsed on the Presenting Problems List and severity of symptoms as measured by the OQ-45. This study attempted to ascertain the presence of discernible patterns of presenting problems and symptom severity related to family trauma as indicated by intake data for students seeking services at the counseling center at Brigham Young University (BYU), a large, private university in the western United States. Intake data analyzed consisted of data collected from 20,495 BYU students who sought counseling during the ten-year period of January 1997 through June 2007.

Review of the Literature

Traumatic Family Experiences and Their Sequelae

Traumatic family experiences during childhood and adolescence, whether experienced directly or by a family member, can have a negative impact on future mental health and well-being (Kessler, Davis, & Kendler, 1997). Because of the lasting impact that traumatic family events can have on mental well-being, students who present for counseling at college counseling centers may be experiencing problems and symptoms that are associated with earlier trauma. The Family Experiences Questionnaire identifies 18 problematic family history events that have the potential of impacting individuals in young adulthood and beyond, and literature pertaining to each of these events will now be reviewed. First, however, it should be noted that some of the literature on risks from family trauma may be vulnerable to retrospective error. Retrospective error can occur when the sequelae of family trauma is examined only for individuals who are identified after the fact with the sequelae. Researchers tend to ignore the pathways and sequelae for individuals who experienced trauma but never present with any sequelae. Rarely are studies conducted of individuals who are “survivors” of trauma but who never present at counseling centers and are symptom free. Thus, due to retrospective error, the literature may overestimate the risk of sequelae of traumatic family events.

With that caveat, the traumatic family history events listed on the Family Experiences Questionnaire will now be examined. For the purposes of this review, the 18 items will be grouped into eight categories: abuse (sexual, rape/assault, physical), parental loss (divorce or permanent separation, death), addictions (alcohol, drugs, gambling), family conflict, mental illness (attempted or completed suicide, diagnosis with a mental disorder, hospitalization for

emotional problems, eating disorder), debilitating illness/injury/handicap, mobility and unemployment, and criminal prosecution.

Abuse. Researchers have found that individuals who experience multiple types of abuse report significantly greater symptomatology than do individuals experiencing a single type of abuse (Mullen, Martin, Anderson, Romans, & Herbison, 1996; Wind & Silvern, 1992). Studies indicate that childhood abuse can lead to maladaptive behaviors such as antisocial behavior and delinquency (Silverman, Reinherz, & Giaconia, 1996). Childhood abuse is also associated with higher college drop out rates (Duncan, 2000), high-risk sexual behaviors in adolescence and adulthood (Hillis, Anda, Felitti, & Marchbanks, 2001), suicidal ideation, perpetration of violence, and risky sexual behavior (Green, et al., 2005). While future risky sexual behavior is a potential effect of childhood abuse, it is noteworthy that such behavior is not limited to those who experienced sexual abuse. According to Green et al. (2005), it is not only the experience of sexual abuse or sexual assault that is associated with risky sexual behavior, but the experience of any kind of ongoing abuse.

Sexual abuse and rape/assault. Numerous studies have found associations between childhood sexual abuse and subsequent psychopathology, including eating disorders, anxiety disorders such as PTSD, depression, and substance-use disorders (Rodriguez, Ryan, Van de Kemp, & Foy, 1997). Childhood sexual abuse has been shown to predict the likelihood of having sex with a stranger or on a first date (Green et al., 2005). Incidence of incest among females has been reported to predict intrusive thoughts, memory avoidance, and depression (Alexander, 1993). A history of forced sex is associated with an earlier age of having first voluntary sexual intercourse (Green et al., 2005).

Physical abuse. Individuals who experience physical abuse and family violence in childhood or adolescence are at an increased risk for high levels of chronic interpersonal stress as adults and, for people with a history of depression, for an increased number of major depressive episodes (Kessler & Magee, 1994). Kaplan et al. (1999) found that individuals who had been physically abused had significantly higher hopelessness scores than did a comparison group, and females had significantly higher hopelessness scores than did males. Kaplan et al. (1999) also found that physical abuse can result in increased suicidal attitudes, thoughts, and behaviors.

Parental loss. Loss of a parent is a traumatic family event that can have immediate and far-reaching effects on offspring. Such a loss is usually the result of divorce, permanent separation, or death.

Divorce or permanent separation. Research has documented the negative effects parental divorce can have on children for years after the parents have separated (Amato & Keith, 1991). As children, offspring of divorced parents report more life stress, more substance-using friends and family members, and more depression (Short, 1998). As adults, offspring of divorced parents often experience lower levels of well-being, likely due to the decrease in standard of living, decrease in parental attention, and lifestyle disruption (e.g., moving, changing schools, parental remarriage, etc.) that often occur in the aftermath of divorce (Amato & Keith, 1991). A sample of young adult college students who were offspring of divorced parents reported significantly more current life stress, avoidant coping, and family conflict than did comparison groups. They reported significantly less supportive parenting (before divorce), friend support, and family cohesion (Short, 2002). Other potential effects of parental divorce on young adults include early childbearing and low educational attainment (McLanahan & Sandefur, 1994), poorer mental health (even when controlling for pre-divorce differences), more premarital

cohabitation (Chase-Lansdale, Cherlin, & Kiernan, 1995), and higher body dissatisfaction (Billingham & Abrahams, 1998).

Death. Death of a parent can have a traumatic impact on offspring during childhood, adolescence, and beyond. Studies have compared the impact of types of parental loss, divorce or death, and have found differential effects. Mack (2000) found that adults who experienced parental divorce reported higher levels of self-confidence but lower levels of parent–child relationship quality and lower levels of depression than adults who experienced parental death during childhood. Beam, Servaty-Seib, and Mathews (2003) reported significantly higher levels of anorectic-related cognitions in college-age women who had experienced parental death as compared to college-age women who had experienced parental divorce. Thus, type of childhood loss (e.g., divorce or death), should be taken into consideration when assessing effects of these experiences.

Addictions. Children of parents with various addictions frequently experience adverse effects. Parental addictions may include alcohol, drugs, and gambling.

Alcohol. Research has established that children of parents with a drinking problem have an increased risk of developing mental health difficulties not only during childhood but also into adolescence and adulthood. During their childhood, children of problem drinkers are more likely to develop conduct disorders, delinquency, eating disorders, and depression (Van Steinhausen, 1995; Von Knorring, 1991). They are also at higher risk for abuse and neglect and may have lower intelligence and more physical problems (Cuijpers, Steunenbergh, & van Straten, 2006). During adolescence and adulthood, children of problem drinkers are at an increased risk for anxiety, depression, and addiction problems (Cuijpers, Langendoen, & Bijl, 1999), as well as for problems with intimacy, relationships, and social skills (Greenfield, Swartz, Landerman, &

George, 1993). Young-adult offspring of problem drinkers also report greater impulsivity and less overall well-being (Baker & Stephenson, 1995). Cuijpers, Steunenbergh, and van Straten (2006) interviewed older adults (mean age 85 years) living in nine residential homes in Amsterdam and found clear indications that effects of parental problem drinking, including major depression and substance use, were still evident in old age.

The Research Consortium of Counseling & Psychological Services in Higher Education (2000) examined the relationship of a history of parental problem drinking with help-seeking college students' distress scores and alcohol use, a study which is particularly informative to this dissertation due to its use of two of the instruments that are utilized in this dissertation, the OQ-45 and the Family Experiences Questionnaire. The OQ-45 was used to measure students' distress, and the Family Experiences Questionnaire was used to assess parental alcohol use, based on one of its items which asks whether a parent (or parents) had a drinking problem. Four auxiliary questions to the Family Experiences Questionnaire measured the students' own alcohol use. The Research Consortium analyzed data from 4,679 clients from 42 college counseling centers for the time period of 1997–1998 and found that students who reported problematic parental drinking reported greater distress than students who did not report problematic parental drinking, indicating that “growing up in a family in which a parent has a drinking problem may have enduring effects on psychological well-being into adulthood” (Research Consortium of Counseling & Psychological Services in Higher Education, 2000, p. 2).

While numerous adverse effects of parental problem drinking on offspring have been documented, researchers are also cognizant of the importance of examining the effects of concomitant problematic variables in the family environment. For example, Lyman (1997) studied 793 students seeking services at a college counseling center and found that parental

problem drinking, accompanied by a variety of other family disruptions, is associated with psychological maladjustment; parental problem drinking alone, however, apparently does not increase psychological distress significantly above that of clients without family disruptions. Fischer et al. (2000) compared collegiate adult children of alcoholics (ACOAs) and adult children from dysfunctional families (ACDFs) with control groups and found considerable overlap between the two groups. Both ACOA and ACDF status significantly predicted stress, and ACDF status was an even better predictor of stress than ACOA status. A study by Henderson, Albright, Kalichman, and Dugoni (1994) underscored the importance of separating the influences of parental substance abuse from other family environment variables when they found that the concomitants of parental substance abuse (e.g., exposure to abuse/neglect) were more strongly related to poorer offspring adjustment than was substance abuse itself.

Drugs. Much of the extensive literature about the consequences of parental problem drinking can be generalized to other drugs of abuse, which have been less studied, as there is little reason to suspect that major differences would exist between families using drugs (e.g., cocaine, opiates) and families using alcohol (Silverman & Schonberg, 2001). As with alcohol, the effects of being reared in a household with a drug-abusing parent include in utero exposure to the harmful substance, criminality associated with substance abuse, psychological and physical abuse associated with parental addiction, disturbed interfamilial relationships, chaotic family lifestyle, and diversion of resources to support a drug habit (Silverman & Schonberg, 2001). Biederman, Faraone, Monuteaux, and Feighner (2000) found that parental drug use predicts substance use disorders in offspring.

Gambling. Parents with gambling problems can have significant negative effects on their offspring. In order to gain a deeper understanding of the experiences of children who live in

families where a parent has a serious gambling problem, Darbyshire, Oster, and Carrig (2001) conducted a qualitative study of 15 Australian children and adolescents between the ages of 7 and 18 years. They reported a central finding as being a sense of “pervasive loss,” which included physical and existential aspects of the children’s lives, including loss of parent, trust, security, relationships, sense of home, and material goods. They concluded that children who live in families where gambling is a problem encounter significant threats to their overall well-being.

In addition to impacting children’s overall psychological and physical well-being, parental gambling can also have an effect on offspring’s subsequent gambling behavior, which could potentially become problematic. Magoon and Ingersoll (2006) surveyed 116 high school students from a Midwestern urban high school to determine the relationship between gambling behavior and parental and peer influences. They found that frequency of gambling in students and likelihood of being classified as a problem gambler were related to parental gambling, thus illuminating the important role parents play in influencing adolescent participation in problem behaviors. Browne and Brown (1994) studied 288 American college students and found that student participation in lottery gambling was associated with having parents and friends who were lottery gamblers. They surmised that parental influence probably exerts a more prominent effect than peer influence due to the fact that parental influences occur earlier in life than do peer influences.

Family conflict. Family conflict, defined as frequent, hostile arguing among family members, can have adverse, potentially long-lasting effects on individuals, including depression, disturbed social relations, negative attitudes toward intimacy, and use of alcohol. Sheeber, Hops, Alpert, Davis, and Andrews (1997) studied the relationship between family support, family

conflict, and adolescent depressive symptoms in a longitudinal sample of 189 male and 231 female adolescents and their mothers. Regarding conflict, their findings revealed that more conflictual family environments were related to greater depressive symptomatology concurrently and over a one-year period, for both boys and girls.

Cole and McPherson (1993) investigated the relationship of conflict, cohesion, and expressiveness in family subsystems to depression in 107 high-school students. Regarding conflict, they found that marital conflict affected adolescent depression, but that the effects were completely mediated by parent–adolescent relationships. They also found that father–adolescent conflict was more strongly related to depressive symptoms than was mother–adolescent conflict.

Family conflict can also have an effect on the development of social relations, as indicated in a study by Jones (1992) that examined the relationship between family conflict, characteristics of the friendship network, and parental divorce. In the sample of 113 college students from divorced families and 96 college students from intact families, parental divorce was found to have a limited effect on the characteristics of the friendship network, while higher levels of family conflict apparently compromised size of network and quality of friendships and exacerbated loneliness.

The relationship of family conflict and attitudes toward intimacy among young adults was investigated by Kozuch and Cooney (1995), whose findings suggested that offspring from high-conflict families hold negative attitudes toward romantic relationships and intimacy. The association of family conflict and potential for alcoholism was studied by Pardeck et al. (1991), using a sample of 209 college students. A significant relationship was found between perceived conflict in family of origin and potential for alcoholism.

Mental illness. When parents are diagnosed with a mental disorder, are hospitalized for emotional problems, attempt or complete suicide, or struggle with an eating disorder, children frequently experience adverse effects.

Diagnosis with a mental disorder. Having a parent who has been diagnosed with a mental disorder puts a child at risk for a number of negative outcomes, some of which may be influenced by genetics and some of which may be influenced by environment. A combination of the two are most likely influential in a study by Martin, Cabrol, Bouvard, Lepine, and Mouren-Simeoni (1999) of 51 children diagnosed with either phobic disorders or anxiety. They found that 81% of the children had at least one parent with a history of mental illness, and, for 41% of the children, both parents had a history of mental illness. In addition, parents who had a mental disorder were more likely to have diagnoses similar to the diagnoses of their children.

In a review of studies that have examined the links between parental mental illness and adverse outcomes for children, Leverton (2003) identified the negative outcomes as including not only psychiatric disorders, but also emotional, cognitive, behavioral, and social difficulties. Rutter and Quinton (1984) conducted a 4-year prospective study in England of 137 individuals diagnosed with psychiatric disorders who had children under the age of 15 and compared them to a control group of families in the general population who had 10-year-old children. Results indicated a much higher level of marital and family discord among the individuals with psychiatric disorders. Both the mental disorder and the family discord persisted over the 4-year period, with the persistence being much more prominent when the parent had a personality disorder. Results also showed that the children of individuals with mental disorders had an increased rate of emotional and behavioral disturbance, usually involving disorders of conduct, which was exacerbated by the presence of personality disorders in their parents. In addition,

children most vulnerable to the ill effects of parental mental disorder were boys who exhibited temperamental risk features.

Other studies have investigated the impact on offspring of a parent diagnosed with a personality disorder. Weiss et al. (1996) conducted a pilot study of psychopathology in the offspring of 9 mothers with borderline personality disorder as compared to a control group of offspring of 14 mothers with another personality disorder. Results indicated that the children of the mothers with borderline personality disorder had more psychiatric diagnoses, a higher frequency of prodromal borderline personality disorder, more impulse control disorders, and lower overall functioning as measured on the Child Global Assessment Schedule (Schaffer et al., 1983). However, there was no significant difference between the two groups on abuse or total trauma experienced (as reported by both mothers and children), as indicated by the finding that 90% of the children in each group had been exposed to some form of trauma. Of the 21 children of mothers with borderline personality disorder, 33% had been sexually abused, 62% had been physically abused, 24% had a history of placement outside of the family, and 57% were severely neglected. Of the 23 children of mothers with another personality disorder, 22% had been sexually abused, 83% had been physically abused, 18% had a history of placement outside of the family, and 48% were severely neglected.

Having a sibling diagnosed with a mental illness can impact individuals in diverse ways. For example, Kinsella, Anderson, and Anderson (1996) reported that children under the age of 10 at the onset of schizophrenia in their siblings tended to utilize negative coping behaviors such as engaging in addictive-type behaviors or repressing emotions.

Hospitalization for emotional problems. In addition to the negative outcomes described above that are associated with having a parent with a mental illness, further adverse experiences

can be encountered by children whose mentally-ill parents are hospitalized. Hawes and Cottrell (1999) investigated changes in childcare arrangements for children (ages 0–16 years) of mothers who were admitted to acute psychiatric wards in England. They found that, as a result of parental hospitalization, 12 of the 53 children had to re-locate their residence, and that in half of the mothers the mental illness was apparently chronic. Their findings suggest that children’s lives are affected by maternal psychiatric admission, with repeated disruption likely when the mother’s mental illness is chronic.

Attempted or completed suicide. Suicide of a family member can have a traumatic impact upon survivors, including an increased risk of suicide among remaining family members. Qin, Agerbo, and Mortensen (2002) conducted a study that assessed whether family history of completed suicide, as well as mental illness that results in hospital admission, are risk factors for suicide, and how these factors interact. They analyzed Danish longitudinal register data that included 4,262 people who had committed suicide during 1981–1997. Each case was randomly matched with up to 20 control individuals of the same age and sex who were alive at the date of the suicide. Findings indicated that a family history of completed suicide significantly increases the risk of suicide independently of a family history of mental illness.

Suicide of a parent can be especially traumatic, and assisting offspring after such an event has been described as being “analogous to providing temporary shelter following the total destruction of home and community in a violent earthquake: We do what we can to pick up the pieces, but life will never be the same” (Webb, 1993, p. 152). Shepherd and Barraclough (1976) studied 36 children who had lost a parent to suicide between the ages of 2 and 17. At follow-up interviews with their surviving parents 5–7 years later, the researchers found a higher-than-average level of psychiatric disturbance (e.g., anxiety) and risk of behavior problems in the

children. The researchers indicated that with respect to mental health the children appeared to be vulnerable, with an increased risk of delinquency. However, they also pointed out that the children's home life prior to the suicide had been abnormal due to mental illness, and that pre-suicide stressors and family disruption were significantly related to present functioning. They conclude that "the suicide should be seen not as a sudden isolated disaster but as a major event in an unhappy series, bringing in its wake grief certainly, but the possibility also of relief" (p. 272).

In addition to suicide of a parent, suicide of a sibling can also have a profound impact on survivors. Brent et al. (1993) investigated the psychiatric sequelae of the loss of an adolescent sibling to suicide and reported that teenaged siblings of adolescent suicide victims were at a sevenfold increased risk for incurring a major depression within 6 months of their siblings' suicide when compared to control subjects unexposed to suicide. However, in a follow-up study of the same family members three years after the initial interviews (Brent, Moritz, Bridge, Perper, & Canobbio, 1996), Brent and colleagues found relatively few long-term psychiatric sequelae of exposure to suicide for the adolescent siblings, despite prolonged elevated grief at the time of the suicide. Mothers of the suicide victims, and possibly younger siblings of the suicide victims, however, showed an increased rate of recurring depression at follow-up.

Eating disorder. While there is considerable evidence that children of parents with mental disorders are at increased risk of disturbed development, only recently has research on the children of parents with eating disorders emerged. Park, Senior, and Stein (2003) reviewed the emerging research and concluded that children of mothers with eating disorders are at increased risk of disturbance in diverse areas of life. They noted, however, that increased difficulties are not inevitable, as evidenced by the fact that a significant proportion of offspring in community samples are unaffected by their mothers' eating disorder. Based on studies reviewed, Park and

colleagues (2003) suggested five ways in which eating disorders may disturb parenting and influence the development of children: First, genetic influences may be a mechanism that transmits eating disturbances from parent to child (Strober, Freeman, Lampert, Diamond, & Kaye, 2000). However, the research is inconclusive, and, most likely, gene–environment interactions are of importance (Klump, Kaye, & Strober, 2001). Second, parental eating disturbances may directly affect children, as when, for example, in an effort to make their children thinner, mothers with anorexia nervosa withhold food from their children as they do from themselves (Russell, Treasure, & Eisler, 1998). Third, parental eating disorders may negatively impact general parental functioning, as when, for example, mothers preoccupied with food, weight, and body shape get into conflict with their children during mealtime or playtime (Stein, Woolley, Cooper, & Fairburn, 1994). Fourth, parents with eating disorders may transmit eating disturbances to their children through the modeling of poor eating behaviors and attitudes (Bulik, Sullivan, & Kendler, 1998; Franzen & Gerlinghoff, 1997). Fifth, parental eating disorders are often associated with conflict in family and marital relationships, which can have an adverse effect on child development.

Hodes, Timimi, and Robinson (1997) conducted a study that supports the concept that children of mothers with eating disorders are at increased risk of disturbed development. Their study investigated the extent of mental disorder and weight and growth abnormalities among the 26 children of 13 mothers with eating disorders. Findings indicated that 50% of the children had psychiatric disorders, such as obsessive-compulsive disorder and anorexia nervosa, and 32% had abnormalities of weight or growth, such as stunted growth, which can be long lasting. All of the children had backgrounds that included high levels of family discord and parental separation.

Woodside and Shekter-Wolfson (1990) conducted a study involving the clinical observation of 12 adults with eating disorders who were participating in a day hospital treatment program and who were parents. Most reported experiencing serious difficulties in parenting. Few expressed happiness with their parenting role, and in the families where there was not outright abandonment of children, there were many distortions in parent–child relationships, such as when children cooked for parents or when children dieted in response to obvious weight loss in their parent.

Debilitating illness/injury/handicap. Debilitating illnesses, injuries, and handicaps can present great challenges to family members. One illness that has been studied as to its effects on family members is that of cancer. The prevalence of cancer has been documented by the American Cancer Society (1998), who estimates that three out of four families in the United States will have a member diagnosed with cancer. Thus, most families will be faced with adjusting to the disease in a family member, and many of these families will still have children or adolescents at home. Tedeschi and Calhoun (1995) suggest that cancer has the potential to be even more traumatic for patients' children than for patients themselves, due to both short-term stressors, such as disrupted routine, hospitalized parent, and less attention from the healthy parent, and long-term stressors, such as threats of recurrence, elevated personal risk for cancer, and parental death.

Compas and associates (1994, 1996) conducted two studies examining psychological distress in family members of cancer patients. In the first study (Compas et al., 1994), 117 adult cancer patients, 76 spouses, and their 110 children (34 young adult, 50 adolescent, and 26 preadolescent) were assessed to identify family members at risk for psychological maladjustment. They found a greater-than-expected proportion of patients and family members

to be in the clinical range for symptoms of depression and anxiety. Approximately one third of male patients, female and male spouses, adolescent girls whose mothers had cancer, and young adult women whose mothers had cancer indicated significant distress levels. In the second study (Compas, Worsham, Ey, & Howell, 1996), 43 young adults, 59 adolescents, and 32 preadolescent offspring of a parent with cancer were surveyed regarding their cognitive appraisals and psychological distress. The findings indicated that regardless of age, all offspring perceived themselves as having very little control over their parents' cancer, which was reflected in their low levels of problem-focused coping and their higher levels of emotion-focused coping, as evidenced by avoidance of thoughts about the cancer and more symptoms of depression and anxiety.

Mobility and unemployment. Structural instability in children's lives has the potential to negatively impact their well-being. Two common sources of such instability are mobility and unemployment.

Mobility. Several studies have documented the negative effects of mobility on children, adolescents, and young adults. Schuler (1990) investigated the effects of frequent moving on the academic achievement of 253 elementary-school students in California and found that California Achievement Test scores of children whose families moved more than once a year were lower in almost every category. A report in the *Brown University Child & Adolescent Behavior Letter* (1996) indicated that the disruption of children's lives that occurs when families move can have negative consequences that extend into early adulthood. According to this study of a rapidly growing suburb of Toronto, adolescents who had moved to Toronto were significantly less likely to finish high school or college, and were more likely to have lower occupational status, than were their peers who had lived in Toronto all their lives. This study was based on follow-up

interviews with 492 young adults who first participated in the initial stage of a life course study as adolescents in 1976. Negative effects of moving were found to be significantly more pronounced in young adults who reported having uninvolved fathers and unsupportive mothers.

Unemployment. Extended parental unemployment can negatively impact families and has been associated with physical abuse of children (Christoffersen, 2000; Lindell & Svedin, 2001), behavioral problems in children (Harland, Reijneveld, & Brugman, 2002; Isaranurug, Nitirat, & Chauyong, 2001), depression (Katliala-Heino, Rimpela, & Rantanen, 2001; Sund, Larsson, & Wichstrom, 2003), poor self-esteem (Christoffersen, 1994; Ho & Lempers, 1995), and increased likelihood of binge drinking (Lundborg, 2002). Due to stressors such as loss of daily structure, decreased social status, loss of social contacts, and feelings of personal failure, unemployed parents are likely to be less sensitive to the needs of their children, which could result in self-destructive behavior, psychiatric problems, and personality disorders in their offspring (Christoffersen, 2000). Perceived financial hardship during childhood has also been related to moderate subjective health in adolescents (Hagquist, 1998), and illness (Lundberg, 1993) and poor psychosocial functioning (Harper et al., 2002) later in adulthood. A particular consequence of parental unemployment can occur with individuals who are in late adolescence. Faced with the unemployment of their parent(s), adolescents may have difficulty imagining their own future work (Schliebner & Peregoy, 1994), and financial hardships may limit their opportunities for further education (Jones, 1988).

Takeuchi, Williams, and Adair (1991) examined the relationship between two forms of economic stress—perceived financial stress and welfare status—and children’s behavioral and emotional problems. Utilizing National Survey of Children data from 2,279 children ages 7–11, they found levels of impulsive behavior, antisocial behavior, and depressive symptoms to be

higher among children who had experienced either form of economic stress compared to those who were unaffected by financial stress.

Sleskova et al. (2006) surveyed 2,836 adolescents and young adults ages 14–22 in Slovakia and found that extended unemployment, particularly of fathers, significantly predicted low long-term well-being among males and females. The negative association between long-term unemployment and adolescents' subjective health remained even when the variables of financial strain and social class were taken into account.

Lempers, Clark-Lempers, and Simons (1989) studied the effect of stressful economic times in Midwest farming communities on 622 rural adolescents and found indirect effects of economic hardship on depression/loneliness and delinquency/drug use. These indirect effects were mediated by inconsistent parental discipline and hardship-induced changes in parental discipline.

Criminal prosecution. Only a few studies regarding the effects of the prosecution of a family member for criminal activity have been reported. Results of these studies indicate that growing up in a family with a history of criminality is associated with subsequent adolescent and young-adult criminality. Mednick, Baker, and Carothers (1990) conducted a longitudinal study of 408 Danish males and found that a record of paternal crime was associated with offspring crime. Hickman (1999) conducted a case study of 12 incarcerated female juvenile delinquents and found that a history of criminality, as well as drug abuse, in family and household environments was associated with the initial and continuing criminality of the young women. Hickman proposed that such environments served to socialize the young women toward a life of crime. Although apparently no studies have been conducted regarding the effects on mental health and well-being of having a family member imprisoned, based on studies of the effects on

children of long-term parental hospitalization and other types of parental loss, it can be assumed that parental incarceration would likely be associated with grief and with disruption of family living conditions.

Summary

Traumatic family experiences during childhood and adolescence, such as those described above which are listed on the Family Experiences Questionnaire, can have adverse effects on individuals' future mental health and well-being. Because of the lasting impact that family trauma can have on psychological well-being, students who seek counseling at college counseling centers may be experiencing problems and symptoms that are associated with earlier trauma. As stated previously, the purpose of this study was to determine how traumatic family experiences reported on the Family Experiences Questionnaire predict problems endorsed on the Presenting Problems List and severity of symptoms as measured by the OQ-45. This study utilized intake data from 20,495 BYU students who sought counseling during the ten-year period of January 1997 through June 2007.

Method

Participants

The participants in this archival study were 20,495 students who sought counseling services in the Counseling and Career Center at Brigham Young University during the ten-year period between January 1997 and June 2007. As a standard procedure, students seeking counseling were routinely required to complete initial intake paperwork before meeting with a counselor. Thus, the sample includes virtually all students who sought counseling during the ten-year period, with the exception of a few who were treated as emergency cases and who were immediately seen by a counselor and then did not return for further counseling.

The demographics of the sample are as follows:

- Mean Age: 23.05
- Gender: 37% male and 63% female, in comparison to a student body that is 51% male and 49% female.
- Citizenship: 94% U. S. citizens and 6% international students, in comparison to a student body that is 96% U. S. citizens and 4% international.
- Religious Affiliation: 99% Church of Jesus Christ of Latter-day Saints (LDS), in comparison to a student body that is 98–99% LDS.
- Marital Status: 56% single, 43% married, 1% divorced, and less than 1% widowed, in comparison to a student body that is 75% single.

Measures

The intake paperwork included the OQ-45 (Lambert et al., 1996), and the Counseling Concerns Survey (Research Consortium, 1991), which were briefly described in the introductory section of this dissertation. (See Appendix A for a copy of the BYU Counseling and Career

Center intake instrument.) The OQ-45 and the two primary components of the Counseling Concerns Survey—the Family Experiences Questionnaire and the Presenting Problems List—are the focus of this dissertation and will now be described in greater detail.

Family Experiences Questionnaire. The Family Experiences Questionnaire was constructed by the Research Consortium expressly for the Counseling Concerns Survey and is designed to assess the occurrence of traumatic family history events that may have influenced students' psychological development (Kearney & Baron, 2003). Students are asked to indicate whether or not each event happened in their family during childhood or adolescence and are given the following instructions: "Below is a list of experiences which may occur in families. Read each experience carefully. Some of these may have been true at one point in your life but not true at another point. Think about your childhood and your adolescence. If the experiences never happened in your family, please fill in the 'bubble' mark for NO. If you are unsure whether or not the experience occurred in your family at some time, please fill in the middle bubble mark for UNSURE. If the experience happened in your family during either of these periods, either during your childhood or adolescence, please fill in the bubble for YES."

The list of 18 family experiences includes parental divorce or permanent separation, frequent moving, parental unemployment, frequent and hostile conflict, death of a parent, parents with drinking/drug or gambling problems, physical or sexual abuse, rape/sexual assault, family member diagnosed with or hospitalized for a mental disorder, attempted or completed suicide, family member with a debilitating illness, family member with an eating problem, and family member with criminal activity.

Presenting Problems List. The Presenting Problems List component of the Counseling Concerns Survey was designed to assess students' major areas of distress, the amount of distress

being caused by each problem, and the amount of time the client has been experiencing each problem. The 42-item Presenting Problems List was developed from lists provided by 12 counseling centers within the Research Consortium, which were combined and reduced into one non-redundant, comprehensive list (Draper, Jennings, & Baron, 2003). Students are asked to rate each problem as to the current amount of distress they are experiencing on a 5-point Likert scale (0 = not at all; 4 = extremely) and to mark the duration of the problem on a 6-point scale (1 = less than a week; 6 = over three years). The instructions say, “Below is a list of problems students sometimes face. Read each item on the list and, if it is a problem for you, fill in the ‘bubble’ indicating the extent to which the problem is currently causing you distress. If a situation is not causing distress, leave the item blank. If you do report distress for a problem, go on to Part 2 and rate how long the situation has been a problem for you.”

Through factor analysis (Draper, Jennings, & Baron, 2003), the 42 items on the Presenting Problems List have been categorized into five distinct factors: Academic Stress, Adjustment to College Life, Questioning Values, Emotional Distress, and Body Image. Each of the five factors consists of individual items from the Presenting Problems List.

Factor 1—Academic Stress: Academics/school work/ grades, concentration, decisions about career/major, finances, procrastination/motivation, reading/study skills problems, stress management, test anxiety/speech anxiety/performance anxiety, time management, and uncertainty about future/life after college.

Factor 2—Adjustment to College Life: Adjustment to the university/college, assertiveness, developing independence from family, homesickness, making friends, perfectionism, relationship with friends/roommates/peers, self-esteem/self-confidence, and shyness/being ill at ease with people.

Factor 3—Questioning Values: Confusion about beliefs/values, dating concerns, religious/spiritual concerns, sexual concerns, sexual identity/orientation issues, and sexually-transmitted disease(s).

Factor 4—Emotional Distress: Anxiety/fear/worries/nervousness, breakup/loss of a relationship, depression, irritability/anger/hostility, physical health problems, relationship with romantic partner/spouse, sleeping problems, and suicidal feelings/thoughts.

Factor 5—Body Image: Binging/vomiting/dieting/using laxatives/etc., fasting/avoiding food, and weight problems/body image.

Six items from the Presenting Problems List did not load onto any of the five factors but were not discarded due to the important information they provide: Alcohol/Drugs, Death of a Significant Other, Ethnic/Racial Discrimination, Problem Pregnancy, Rape/Sexual Assault/Unwanted Sex, and Relationship with Family/Parents/Siblings.

The Presenting Problems List also includes a 43rd item in which clients write in a problem not covered in the 42 listed items and rate it for severity of distress and duration. This analysis does not include the 43rd item because responses are not entered into the database and because it is not a frequently endorsed item.

The overall internal consistency for the Presenting Problems List is high, with a Cronbach alpha of .90. The individual factors also show high levels of reliability with Cronbach alphas of .84, .79, .67, .74, and .71 for each of the respective factors. Concurrent validity of the five factors ranges from between .31 and .75 when correlated with the initial OQ-45 score: Factor 5 (Body Image) has a correlation of .31; Factor 3 (Questioning Values) has a correlation of .37; Factor 2 (Adjustment to College Life) has a correlation of .57; Factor 1 (Academic Stress)

has a correlation of .60; and Factor 4 (Emotional Distress) has a correlation of .75 (Draper, Jennings, & Baron, 2003).

Outcome Questionnaire-45 (OQ-45). The OQ-45 is a brief screening and outcome assessment scale that measures severity of psychological distress by assessing the subjective experience of a person and the way they function in the world in three domains: Symptom Distress, Interpersonal Relations, and Social Roles (Lambert et al., 2004). The Symptom Distress subscale primarily measures depression- and anxiety-based disorders. The Interpersonal Relations subscale measures satisfaction and problems with interpersonal relations. It includes items dealing with friendships, family, and marriage. The Social Role subscale identifies levels of dissatisfaction, conflict, distress, and inadequacy in tasks related to employment, family roles, and leisure life. A sample OQ-45 question reads, “I feel worthless.” Respondents are requested to indicate how they have been feeling over the last week for each of 45 items by marking a five-point Likert scale of 0 (representing “never”) to 4 (representing “almost always”). The instructions read as follows: “Looking back over the last week, including today, help us understand how you have been feeling. Read each item and fill in the ‘bubble’ that best describes your current situation.” Responses are summed to yield a total score of symptom severity, with a score of 63 or higher considered to be in the clinical range (Kadera, Lambert, & Andrews, 1996). A high total score indicates significant distress, difficulties in relationships, problems in social role functioning, and low overall quality of life.

The OQ-45 has a high overall internal consistency of .93 and a test-retest reliability of .84 (Lambert et al., 2004). Concurrent validity scores range from .66 to .79 on the General Symptom Index of the Symptom Check List 90 Revised, the Inventory of Interpersonal Problems, and the

Social Adjustment Scale in college counseling center populations, with a range of .82 to .88 in inpatient clinics, and a range of .71 to .84 in community outpatient clinics (Lambert et al., 2004).

Procedure

As part of the intake procedure at the BYU Counseling and Career Center, students were given an informed consent form that described research studies that were being conducted within the Counseling Center and how, if they consented to participate, their data would be placed in an archive for future research projects. The informed consent form included the purpose, procedures, terms of confidentiality, and potential benefits and risks of participating. Students were eligible for counseling services regardless of whether or not they agreed to participate. (See Appendix B for a copy of the BYU Counseling and Career Center informed consent form.)

Data from the OQ-45 and from the Counseling Concerns Survey, including the Family Experiences Questionnaire and the Presenting Problems List, were entered into a database designed for BYU's Counseling and Career Center. Information that identified individuals was removed from the data prior to being used for purposes of research; thus, the data was given to the researcher in an aggregate format. The data was downloaded into an SPSS file encompassing 20,495 intakes. From the pool of 20,495 clients, data analyses (logistic regressions) were conducted on sub-samples that varied according to the actual responses of the clients. Sample sizes ranged from 13,661 to 16,479 across the various regressions.

Data Analysis

Analysis of the data involved several steps: logistic regression analyses and the construction of matrices. Each of these steps will be described below.

Logistic regression analyses. Utilizing Version 14 of SPSS for Windows, logistic regression analyses were performed on each of the 18 traumas listed on the Family Experiences

Questionnaire. Logistic regression can be considered an extension of multiple regression, with the goal being to identify the combination of independent variables that best predicts membership in a particular group, as measured by a dependent variable (Mertler & Vannatta, 2005). Logistic regression is similar to discriminant analysis in that the dependent variable in both techniques may be categorical and dichotomous. However, logistic regression has several advantages over discriminant analysis as well as multiple regression, a primary one being that the independent variables in logistic regression do not need to be normally distributed or have equal variances.

Originally, it was proposed that the family traumas be used to predict presenting problems and intake OQ-45 scores. However, logistic regression simplified the analysis by allowing for the reversal of the position of the variables, thus using presenting problems and intake OQ-45 scores to “predict” the family traumas that had been experienced by participants. Thus, the independent variables in this study were the presenting problems and the intake OQ-45 score, and the dependent variable in each logistic regression analysis was the particular family trauma being analyzed. Because of the dichotomous nature of the dependent variable (i.e., presence or absence of membership in a group that experienced a particular family trauma), and because of the skewed distribution and unequal variances of the independent variables, logistic regression was especially suited for this study. A more detailed description of the independent and dependent variables follows.

As stated previously, the independent variables were the intake OQ-45 score and the 42 items listed on the Presenting Problems List. Although the OQ-45 includes, in addition to a total score of symptom severity, the three subscales of Symptom Distress, Interpersonal Relations, and Social Roles, this study utilized only the total score, as calculated at intake. Although the

Presenting Problems List provides scales on which to respond both to level of current distress and duration of the problem, this study utilized only the level of distress, as measured on a 5-point Likert scale (0 = not at all; 4 = extremely). As a variation, the Presenting Problems List items were collapsed into Draper et al.'s (2003) five factors: Academic Stress, Adjustment to College Life, Questioning Values, Emotional Distress, and Body Image. The logistic regression procedure was then repeated with the five factors, both with and without intake OQ-45 scores, as independent variables. In all, a total of 54 logistic regressions were conducted: 18 using the intake OQ-45 score and 42 presenting problems as independent variables, 18 using the OQ-45 score and five Presenting Problems List factors as independent variables, and 18 using just the five Presenting Problems List factors as independent variables.

As stated above, the dependent variable in each logistic regression analysis was the particular family trauma (1–18) being analyzed. Although the Family Experiences Questionnaire allows for participants to endorse one of three responses (No, Unsure, or Yes), for the purposes of this study, only responses of “Yes” or “No” were analyzed. While responses of “Unsure” are likely to be helpful clinically, they were found to be psychometrically confusing in the analyses.

SPSS provides several regression methods for identifying the combination of independent variables that best predicts membership in a particular group. Due to the large size of the predictor pool, in this study the forward stepwise selection method was used. In this method, independent variables are entered one at a time, with statistically significant predictors entered first. The analysis is completed when no other predictors contribute significantly to the prediction of group membership, and thus the resulting combination of independent variables includes only those variables that significantly predict the dependent variable. (The level of statistical significance was set at $p \leq 0.05$ in this study.) The forward stepwise selection method

has the advantage of making the resulting models more parsimonious and less likely to have problems associated with multicollinearity.

In the Results section of this dissertation, a table of regression coefficients and a written description of the results are presented for each logistic regression analysis that was conducted. Each table consists of several different statistics. As described by Mertler and Vannatta (2005), B is the regression coefficient, or beta coefficient, and, as in multiple regression, represents the effect the predictor variable has on the dependent variable (the family trauma). *Wald* measures the significance of B and is a representation of the significance of each independent variable's ability to contribute to the model. Larger *Wald* statistics indicate greater significance of an independent variable's ability to contribute to the model. Degrees of freedom (df) and level of significance (p) are presented for each *Wald* statistic. In the written description of results presented for each logistic regression analysis, -2 Log Likelihood and Chi-square statistics are discussed. The -2 Log Likelihood statistic is an index of overall model fit, with smaller values indicating that the model fits the data better. A value of 0 would indicate a perfect model, whereas a much larger value would indicate a questionable model fit. The Chi-square statistic is an index of the Goodness-of-Fit between the generated full model and the constant-only model. A significant Chi-square statistic indicates that the full model is different from the constant-only model and is significantly better in predicting group membership than the constant-only model.

Matrices showing the relationship between measures. After the 54 logistic regression analyses were conducted, the results of these analyses were used to construct a series of matrices, the purpose being to more easily examine discernible patterns of presenting problems and symptom severity related to family trauma. For the purposes of this study, the term "pattern" is defined as the presence of non-overlapping, reasonably orthogonal clusters of presenting

problems associated with each trauma. In each matrix, the 18 family traumas were listed across the top, forming the columns, and the various independent variables were listed down the left side, forming the rows. For each family trauma column, a mark was placed in each cell that corresponded to an independent variable that significantly predicted the occurrence of that family trauma. Although only the final set of matrices will be presented in the Results section of this dissertation, all matrices generated will now be described.

In the first set of matrices, the family traumas and the various independent variables were listed in the order that they occurred on the Counseling Concerns Survey itself, and “X”s were placed in the appropriate cells to indicate which independent variables were predictors of each family trauma. One matrix included the intake OQ-45 score and 42 Presenting Problems List items as independent variables, another matrix included the intake OQ-45 score and the five Presenting Problems List factors as independent variables, and a third matrix included only the five Presenting Problems List factors as independent variables.

The second set of matrices was ordered in the same way as the first set; however, each X was replaced with either a plus sign (+) or a minus sign (-), depending on whether the beta coefficient (B) was positive or negative. The third set of matrices also utilized plus and minus signs; however, the listings of family traumas and various independent variables were reordered according to frequency of loadings (horizontally and vertically). In other words, instead of being listed according to the order in which they appeared on the Counseling Concerns Survey, the family traumas were listed in descending order beginning with the one associated with the largest number of predictor variables, and the various independent variables (presenting problems, intake OQ-45 score, and five factors) were listed in descending order beginning with the one that was associated with the most family traumas. Thus, in the third set of matrices, the upper left

quadrant indicated the independent variables and traumas that were most broadly associated, while the bottom right quadrant represented the independent variables and traumas that were least broadly associated. The purpose of this reordering was to facilitate the search for discernible patterns between measures.

The fourth and final set of matrices was identical to the third reordered set, except that the minus signs were removed. It had originally been assumed that all beta coefficients would be positive, thus indicating positive correlations between predictor variables and the dependent variable. However, the logistic regression analyses resulted in some beta coefficients that were negative, indicating negative correlations between predictor variables and the dependent variable. For the purposes of this study, the negative beta coefficients were deemed to be uninterpretable. Following this determination, the fourth set of matrices was constructed retaining only the plus signs (i.e., the predictor variables that had positive beta coefficients). Only this fourth and final set of matrices, with reordered variables and positive beta coefficients, will be displayed in the Results section of this dissertation.

Results

Descriptive Statistics

Descriptive statistics for each of the measures (Family Experiences Questionnaire, Presenting Problems List, and Outcome Questionnaire-45) are provided below for informational purposes. Two previous studies (Evans, 2005; White, 2005) utilized a portion of the same BYU Counseling Center data that was used in this dissertation, and the descriptive statistics in this dissertation were compared to the descriptive statistics in those two studies. (The other two studies addressed research questions that were different than the research question posed in the current dissertation. Evans analyzed general trends over time in presenting problems, distress levels, and number of family traumas endorsed, and White analyzed trends over time in specific presenting problems and symptom distress.) While the current dissertation utilized BYU Counseling Center data from the time period of January 1997–June 2007, both Evans and White utilized the BYU Counseling Center data from the time period of July 1994–June 2004. Thus, the data used in Evans' and White's studies and the current dissertation have an overlapping seven years (January 1997–June 2004) in common, and therefore would be expected to yield similar descriptive statistics.

Family Experiences Questionnaire. The mean number of family traumas endorsed on the Family Experiences Questionnaire during the time period analyzed in this dissertation (January 1997–June 2007) was 2.45 (sd = 2.45). This mean is similar but slightly lower than the mean reported by Evans (2005), who found that during the time period of July 1994–June 2004 the mean number of family traumas endorsed was 3.3 (sd = 3.03). A likely reason for the higher mean in Evans' study is that she included responses of both “Yes” and “Unsure” in her

calculation of the mean number of traumas endorsed, while the current dissertation included only responses of “Yes” in the calculation of mean number of traumas endorsed.

The frequency of experiencing different types of family trauma is presented in Table 1. Traumas are listed in descending order of percentage of clients who endorsed them. It appeared that the three most highly endorsed items during the ten-year period of January 1997–June 2007 were frequent, hostile arguing among family members; family member diagnosed with a mental disorder; and family frequently moved. The three least-endorsed items were parent(s) with a gambling problem, parent(s) with a drug problem, and family member committed suicide.

Presenting Problems List. The mean number of problems endorsed on the Presenting Problems List during the time period analyzed in this dissertation (January 1997–June 2007) was 15.73 (sd = 7.98). This mean is slightly lower than that reported by Evans (2005), who found that during the time period of July 1994–June 2004 the mean number of problems endorsed on the Presenting Problems List was 16.27 (sd = 8.26). The frequency of endorsing different presenting problems is presented in Table 2. Problems are listed in descending order of percentage of clients who endorsed them. It appeared that the three most highly endorsed items during the ten-year period of January 1997–June 2007 were academics, anxiety/fear/worries, and depression. The four least-endorsed items were sexually-transmitted disease, problem pregnancy, ethnic/racial discrimination, and alcohol or drugs (the latter two items were tied). Both the three highest and the four lowest items endorsed concur with results found by White (2005) for the time period of July 1994–June 2004.

Table 1

Frequency of Experiencing Traumas Listed on the Family Experiences Questionnaire

Family Trauma	Yes %	No %	Unsure %	No Answer %
Frequent, Hostile Arguing Among Family	39.2	51.4	8.8	0.5
Family Member Diagnosed - Mental Disorder	24.6	63.9	11.0	0.5
Family Frequently Moved	23.0	72.9	3.6	0.5
Parent(s) Unemployed for Extended Period	18.9	76.2	4.4	0.5
Family Member with an Eating Problem	18.6	70.9	9.9	0.6
Family Member w/ Debilitating Illness, Injury	16.7	79.1	3.6	0.6
Parents Divorced/Permanently Separated	16.6	82.1	0.9	0.5
Family Member Hospitalized - Emotional Prob.	15.3	77.8	6.3	0.6
Family Member Attempted Suicide	13.2	77.5	8.8	0.6
Physical Abuse in Your Family	12.5	80.3	6.6	0.5
Rape/Sexual Assault of Self/Family Member	11.6	83.5	4.3	0.6
Family Member Prosecuted - Criminal Activity	9.9	86.2	3.3	0.6
Sexual Abuse in Your Family	8.4	86.6	4.5	0.5
Parent(s) with a Drinking Problem	5.9	91.6	1.9	0.5
Death of Parent(s) Before You Were 18	3.6	95.6	0.2	0.6
Family Member Committed Suicide	3.0	95.3	1.0	0.6
Parent(s) with a Drug Problem	2.8	95.0	1.6	0.6
Parent(s) with a Gambling Problem	1.3	96.4	1.7	0.6

Table 2

Frequency of Experiencing Problems on the Presenting Problems List

Problem	Distress		If Yes, Level of Distress			
	No %	Yes %	A Little Bit %	Moderate %	Quite a Bit %	Extreme %
Academics	19.7	80.3	14.4	21.0	28.9	16.0
Anxiety/Fear/Worries	25.3	74.7	13.1	18.3	27.4	15.9
Depression	33.0	67.0	15.0	15.7	20.8	15.5
Concentration	35.6	64.4	14.7	17.7	20.4	11.6
Self-Esteem/Self-Confidence	36.0	64.0	12.0	15.9	20.3	15.7
Procrastination/Motivation	36.9	63.1	12.4	14.4	18.9	17.4
Finances	39.9	60.1	16.8	16.9	16.4	10.0
Decisions about Career/Major	45.0	55.0	13.6	14.9	16.3	10.3
Perfectionism	45.8	54.2	12.1	13.8	16.6	11.8
Uncertain about Future	45.9	54.1	11.6	12.8	15.9	13.9
Stress Management	46.3	53.7	9.4	14.2	18.1	12.1
Time Management	49.7	50.3	12.2	14.3	14.6	9.3
Dating Concerns	50.1	49.9	12.1	12.7	15.8	9.3
Weight Problems/Body Image	52.3	47.7	12.6	10.9	11.9	12.3
Sleeping Problems	57.9	42.1	10.2	10.8	11.9	9.2
Irritability, Anger, or Hostility	58.0	42.0	14.4	13.1	10.3	4.1
Relationship with Family	58.5	41.5	10.2	10.9	11.4	9.0
Physical Health Problems	61.6	38.4	9.7	10.1	11.3	7.3
Reading or Study Skills	61.8	38.2	10.2	9.9	10.6	7.5
Romantic Relationship	62.6	37.4	7.3	8.1	11.4	10.6
Making Friends	64.5	35.5	11.9	10.4	8.9	4.3
Assertiveness	64.8	35.2	11.5	12.2	8.8	2.8
Breakup/Loss of Relationship	64.8	35.2	7.5	7.4	10.1	10.1

Table 2, continued

Frequency of Experiencing Problems on the Presenting Problems List

Problem	Distress		If Yes, Level of Distress			
	No %	Yes %	A Little Bit %	Moderate %	Quite a Bit %	Extreme %
Relationship with Friends	65.0	35.0	11.7	10.2	8.8	4.3
Religious/Spiritual Concerns	65.4	34.6	9.6	9.2	9.9	5.9
Adjustment to the University	66.5	33.5	13.7	9.7	7.2	2.9
Developing Independence	68.8	31.2	10.8	8.2	7.6	4.6
Shyness/Being Ill at Ease	68.8	31.2	9.9	8.9	7.6	4.9
Confusion about Beliefs	71.1	28.9	9.9	7.3	7.3	4.3
Test/Performance Anxiety	71.4	28.6	6.9	7.3	8.3	6.2
Sexual Concerns	72.7	27.3	5.2	5.9	8.6	7.6
Suicidal Feelings/Thoughts	75.1	24.9	12.2	6.0	4.2	2.6
Homesickness	76.5	23.5	11.1	5.6	4.3	2.5
Fasting or Avoiding Food	79.3	20.7	7.9	5.0	4.7	3.0
Eating: Binging, Vomiting, etc.	79.8	20.2	5.5	4.2	5.5	5.1
Death of Significant Person	84.1	15.9	5.4	3.9	3.2	3.4
Rape/Sexual Assault	91.8	8.2	2.6	1.7	1.7	2.2
Sexual Identity/Orientation	92.8	7.2	2.3	1.1	1.5	2.3
Ethnic/Racial Discrimination	95.4	4.6	2.6	0.9	0.6	0.6
Alcohol or Drugs	95.4	4.6	3.0	0.7	0.5	0.4
Problem Pregnancy	97.3	2.7	1.4	0.4	0.4	0.5
Sexually Transmitted Disease	97.8	2.2	1.4	0.3	0.2	0.3

Outcome Questionnaire-45 (OQ-45). The mean of the intake OQ-45 total score during the time period analyzed in this dissertation (January 1997–June 2007) was 67.79 (sd = 23.88), which is above the cutoff score for clinical significance, which is 63. This mean is almost identical to the mean of 67.01 (sd = 23.68) that was found by Evans (2005) in her study using the data for the time period of July 1994–June 2004.

Logistic Regression Analyses with Different Independent Variables

Logistic regression analyses were performed on the 18 family traumas using the 42 Presenting Problems List items and intake OQ-45 score, the five Presenting Problems List factors and intake OQ-45 score, and the five Presenting Problems List factors alone as independent variables. The results of these analyses are presented below.

Forty-two Presenting Problems List items and intake OQ-45 score. Regression coefficients for the logistic regression analyses performed for each of the 18 traumas on the Family Experiences Questionnaire, utilizing the 42 Presenting Problems List items and the intake OQ-45 scores as independent variables, are presented in Tables 3–20. In each table, the predictor variables are ordered according to the step on which they were entered, which is an indicator of their relationship with the criterion variable (i.e., the particular family trauma).

Family Experiences Questionnaire item #1: Parents divorced or permanently separated before you were 18. Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced parental divorce or permanent separation before they were 18 years old (yes or no). Regression results indicated that the overall model fit of 14 predictors (relationship with family, developing independence from family, finances, ethnic/racial discrimination, shyness, eating problems, adjustment to the university, academics, breakup/loss

of relationship, relationship with friends, uncertainty about future, religious/spiritual concerns, relationship with romantic partner, and self-esteem/self-confidence) was questionable (-2 Log Likelihood = 13,129.175) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced parental divorce or permanent separation before they were 18 years old; $Chi-square(14) = 579.239, p < .001$. Regression coefficients are presented in Table 3. *Wald* statistics indicated that the 14 variables significantly predict whether clients had experienced parental divorce or permanent separation during their childhood or adolescence.

Family Experiences Questionnaire item #2: Family frequently moved. Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had frequently moved during their childhood or adolescence (yes or no). Regression results indicated that the overall model fit of seven predictors (relationship with family, finances, developing independence from family, OQ-45 score, anxiety, depression, and procrastination/motivation) was questionable (-2 Log Likelihood = 16,106.172) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not moved frequently during their childhood or adolescence; $Chi-square(7) = 177.660, p < .0001$. Regression coefficients are presented in Table 4. *Wald* statistics indicated that the seven variables significantly predict whether clients had frequently moved during their childhood or adolescence.

Table 3

Regression Coefficients for FEQ Item #1: Parents Divorced or Permanently Separated Before You Were 18 Years Old (Independent Variables: 42 PPL Items and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Relationship with Family, Parents, or Siblings	0.324	405.86	1	< .001
Developing Independence from Family	-0.158	54.71	1	< .001
Finances	0.098	31.35	1	< .001
Ethnic/Racial Discrimination	0.184	16.75	1	< .001
Shyness, Being Ill at Ease with People	-0.073	11.66	1	.001
Eating: Binging, Vomiting, Dieting, Laxatives, etc.	-0.084	15.40	1	< .001
Adjustment to the University	0.114	25.90	1	<.001
Academics or School Work or Grades	-0.067	12.68	1	<.001
Breakup/Loss of a Relationship	0.049	9.01	1	.003
Relationship with Friends, Roommates, or Peers	-0.055	6.91	1	.009
Uncertain About Future or Life After College	-0.046	7.43	1	.006
Religious or Spiritual Concerns	-0.051	7.43	1	.006
Relationship with Romantic Partner or Spouse	0.036	5.26	1	.022
Self-Esteem or Self-Confidence	0.038	4.67	1	.031
Constant	-1.912	1562.56	1	<.001

Table 4

Regression Coefficients for FEQ Item #2: Family Frequently Moved (Independent Variables: 42 PPL Items and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Relationship with Family, Parents, or Siblings	0.117	63.37	1	<.001
Finances	0.093	38.59	1	<.001
Developing Independence from Family	-0.058	10.28	1	.001
Intake OQ-45 Score	0.005	15.80	1	<.001
Anxiety, Fear, Worries, or Nervousness	-0.040	5.95	1	.015
Depression	-0.046	7.03	1	.008
Procrastination or Getting Motivated	0.035	5.63	1	.018
Constant	-1.610	646.91	1	<.001

Family Experiences Questionnaire item #3: Parent(s) unemployed for an extended period of time. Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced extended parental unemployment during clients' childhood or adolescence (yes or no). Regression results indicated that the overall model fit of eight predictors (finances, relationship with family, developing independence from family, OQ-45 score, academics, perfectionism, and death of a significant person) was questionable (-2 Log Likelihood = 14,138.802) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced extended parental unemployment during their childhood or

adolescence; $Chi-square(8) = 502.564, p < .0001$. Regression coefficients are presented in Table 5. *Wald* statistics indicated that the eight variables significantly predict whether clients had experienced extended parental unemployment during their childhood or adolescence.

Table 5

Regression Coefficients for FEQ Item #3: Parent(s) Unemployed for an Extended Period of Time

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Finances	0.231	205.27	1	<.001
Relationship with Family, Parents, or Siblings	0.174	126.25	1	<.001
Developing Independence from Family	-0.058	9.32	1	.002
Intake OQ-45 Score	0.005	18.63	1	<.001
Academics or School Work or Grades	-0.042	5.72	1	.017
Perfectionism	-0.034	4.74	1	.029
Death or Impending Death of a Significant Person	0.049	5.40	1	.020
Constant	-2.097	953.24	1	<.001

Family Experiences Questionnaire item #4: Frequent, hostile arguing among family members. Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced frequent, hostile arguing among family members during their childhood or adolescence (yes or no). Regression results indicated that the overall model fit of 15 predictors (relationship with family, OQ-45 score, irritability, finances, developing independence from

family, depression, weight problems/body image, academics, homesickness, time management fasting/avoiding food, sleeping problems, adjustment to the university, death of a significant person, and decisions about career/major) was questionable (-2 Log Likelihood = 17,072.751) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced frequent, hostile arguing among family members during their childhood or adolescence; $Chi-square(15) = 2090.764, p < .0001$. Regression coefficients are presented in Table 6. *Wald* statistics indicated that the 15 variables significantly predict whether clients had experienced frequent, hostile arguing among family members during their childhood or adolescence.

Family Experiences Questionnaire item #5: Death of parent(s) before you were 18.

Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced death of parent(s) before they were 18 years old (yes or no). Regression results indicated that the overall model fit of six predictors (death of a significant person, procrastination/motivation, ethnic/racial discrimination, developing independence from family, adjustment to the university, and relationship with family) was questionable (-2 Log Likelihood = 17,072.751) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced death of parent(s) before they were 18; $Chi-square(6) = 281.494, p < .0001$. Regression coefficients are presented in Table 7. *Wald* statistics indicated that the six variables significantly predict whether clients had experienced parental death before they were 18 years old.

Table 6

*Regression Coefficients for FEQ Item #4: Frequent, Hostile Arguing Among Family Members
(Independent Variables: 42 PPL Items and Intake OQ-45 Score)*

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Relationship with Family, Parents, or Siblings	0.457	962.58	1	<.001
Intake OQ-45 Score	0.011	89.80	1	<.001
Irritability, Anger, or Hostility	0.139	65.63	1	<.001
Finances	0.112	56.87	1	<.001
Developing Independence from Family	-0.089	23.87	1	<.001
Depression	-0.060	13.13	1	<.001
Weight Problems or Body Image	0.055	14.74	1	<.001
Academics or School Work or Grades	-0.064	14.88	1	<.001
Homesickness	-0.079	12.49	1	<.001
Time Management	0.041	7.12	1	.008
Fasting or Avoiding Food	-0.053	6.76	1	.009
Sleeping Problems	0.033	4.92	1	.027
Adjustment to the University	0.047	5.63	1	.018
Death or Impending Death of a Significant Person	0.043	4.51	1	.034
Decisions about Career or Major	-0.030	4.51	1	.034
Constant	-1.552	616.52	1	<.001

Table 7

Regression Coefficients for FEQ Item #5: Death of Parent(s) Before You Were 18 Years Old (Independent Variables: 42 PPL Items and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Death or Impending Death of a Significant Person	0.506	283.43	1	<.001
Procrastination or Getting Motivated	-0.085	7.93	1	.005
Ethnic/Racial Discrimination	0.179	5.72	1	.017
Developing Independence from Family	-0.142	11.13	1	<.001
Adjustment to the University	0.097	5.89	1	.015
Relationship with Family, Parents, or Siblings	0.067	4.39	1	.036
Constant	-3.569	2301.27	1	<.001

Family Experiences Questionnaire item #6: Parents with a drinking problem. Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced parents(s) with a drinking problem during their childhood or adolescence (yes or no). Regression results indicated that the overall model fit of 16 predictors (relationship with family, ethnic/racial discrimination, OQ-45 score, developing independence from family, finances, homesickness, academics, death of a significant person, shyness, rape/sexual assault, adjustment to the university, relationship with romantic partner, decisions about career/major, making friends, irritability/anger/hostility, and alcohol/drugs) was questionable (-2 Log Likelihood = 6,478.652) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had

and who had not experienced problematic parental drinking during their childhood or adolescence; $Chi-square(16) = 306.873, p < .0001$. Regression coefficients are presented in Table 8. *Wald* statistics indicated that the 16 variables significantly predict whether clients had experienced problematic parental drinking during their childhood or adolescence.

Family Experiences Questionnaire Item #7: Parent(s) with a drug problem. Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced parents(s) with a drug problem during their childhood or adolescence (yes or no). Regression results indicated that the overall model fit of seven predictors (relationship with family, alcohol/drugs, developing independence from family, adjustment to the university, death of a significant person, relationship with romantic partner, and uncertain about future) was questionable (-2 Log Likelihood = 3,763.730) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced parents with a drug problem during their childhood or adolescence; $Chi-square(7) = 187.801, p < .0001$. Regression coefficients are presented in Table 9. *Wald* statistics indicated that the seven variables significantly predict whether clients had experienced parents with a drug problem during their childhood or adolescence.

Family Experiences Questionnaire item #8: Parent(s) with a gambling problem. Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had, during childhood or adolescence, experienced parents(s) with a gambling problem (yes or

no). Regression results indicated that the overall model fit of 11 predictors (relationship with family, rape/sexual assault, death of a significant person, OQ-45 score, ethnic/racial

Table 8

Regression Coefficients for FEQ Item #6: Parent(s) with a Drinking Problem (Independent Variables: 42 PPL Items and Intake OQ-45 Score)

Variable	B	Wald	df	p
Relationship with Family, Parents, or Siblings	0.197	62.80	1	<.001
Ethnic/Racial Discrimination	0.277	24.01	1	<.001
Intake OQ-45 Score	0.007	15.97	1	<.001
Developing Independence from Family	-0.216	39.77	1	<.001
Finances	0.120	19.40	1	<.001
Homesickness	0.114	9.72	1	.002
Academics or School Work or Grades	-0.098	10.45	1	.001
Death or Impending Death of a Significant Person	0.109	12.02	1	.001
Shyness, Being Ill at Ease with People	-0.075	4.59	1	.032
Rape, Sexual Assault, or Unwanted Sex	0.085	4.91	1	.027
Adjustment to the University	0.110	9.80	1	.002
Relationship with Romantic Partner or Spouse	0.057	5.89	1	.015
Decisions about Career/Major	-0.066	5.99	1	.014
Making Friends	-0.085	5.70	1	.017
Irritability, Anger, or Hostility	0.064	4.53	1	.003
Alcohol or Drugs	0.140	4.13	1	.042
Constant	-3.546	906.17	1	<.001

Table 9

Regression Coefficients for FEQ Item #7: Parent(s) with a Drug Problem (Independent Variables: 42 PPL Items and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Relationship with Family, Parents, or Siblings	0.354	115.89	1	<.001
Alcohol or Drugs	0.302	13.10	1	<.001
Developing Independence from Family	-0.194	18.19	1	<.001
Adjustment to the University	0.200	22.78	1	<.001
Death or Impending Death of a Significant Person	0.129	9.43	1	.002
Relationship with Romantic Partner or Spouse	0.099	9.16	1	.002
Uncertain About Future or Life After College	-0.097	7.92	1	.005
Constant	-4.087	2072.36	1	<.001

discrimination, sexual concerns, developing independence from family, homesickness, shyness, finances, and academics) was questionable (-2 Log Likelihood = 2,090.240) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, parents with a gambling problem; $Chi-square(11) = 114.053, p < .0001$. Regression coefficients are presented in Table 10. *Wald* statistics indicated that the 11 variables significantly predict whether clients had experienced parents with a drug problem.

Table 10

Regression Coefficients for FEQ Item #8: Parent(s) with a Gambling Problem (Independent Variables: 42 PPL Items and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Relationship with Family, Parents, or Siblings	0.250	26.77	1	<.001
Rape, Sexual Assault, or Unwanted Sex	0.197	9.45	1	.002
Death or Impending Death of a Significant Person	0.133	5.21	1	.023
Intake OQ-45 Score	0.011	8.83	1	.003
Ethnic/Racial Discrimination	0.232	5.13	1	.024
Sexual Concerns	0.107	4.80	1	.028
Developing Independence from Family	-0.156	6.23	1	.013
Homesickness	0.157	5.76	1	.016
Shyness, Being Ill at Ease with People	-0.132	4.50	1	.034
Finances	0.128	5.91	1	.015
Academics or School Work or Grades	-0.125	4.73	1	.030
Constant	-5.436	504.59	1	<.001

Family Experiences Questionnaire item #9: Physical abuse in your family. Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced physical abuse in their family during childhood or adolescence (yes or no). Regression results indicated that the overall model fit of 16 predictors (relationship with family, rape/sexual assault, finances, developing independence from family, irritability/anger,

ethnic/racial discrimination, decisions about career/major, physical health problems, fasting/avoiding food, OQ-45 score, depression, suicidal feelings, procrastination, relationship with friends, self-esteem/self-confidence, and sexual concerns) was questionable (-2 Log Likelihood = 10,181.027) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced physical abuse in their family during childhood or adolescence; $Chi-square(16) = 1,034.380, p < .0001$. Regression coefficients are presented in Table 11. *Wald* statistics indicated that the 16 variables significantly predict whether clients had experienced physical abuse in their family during childhood or adolescence.

Family Experiences Questionnaire item #10: Sexual abuse in your family. Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced sexual abuse in their family during childhood or adolescence (yes or no). Regression results indicated that the overall model fit of 10 predictors (rape/sexual assault, relationship with family, sexual concerns, academics, fasting/avoiding food, finances, developing independence from family, problem pregnancy, physical health problems, and homesickness) was questionable (-2 Log Likelihood = 7,918.878) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced sexual abuse in their family during childhood or adolescence; $Chi-square(10) = 725.596, p < .0001$. Regression coefficients are presented in Table 12. *Wald* statistics indicated that the 10 variables significantly predict whether clients had experienced sexual abuse in their family during childhood or adolescence.

Table 11

Regression Coefficients for FEQ Item #9: Physical Abuse in Your Family (Independent Variables: 42 PPL Items and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Relationship with Family, Parents, or Siblings	0.433	563.54	1	<.001
Rape, Sexual Assault, or Unwanted Sex	0.171	35.53	1	<.001
Finances	0.118	34.62	1	<.001
Developing Independence from Family	-0.114	24.97	1	<.001
Irritability, Anger, or Hostility	0.091	16.40	1	<.001
Ethnic/Racial Discrimination	0.196	16.25	1	<.001
Decisions about Career or Major	-0.074	14.57	1	<.001
Physical Health Problems (e.g., Headaches)	0.076	14.70	1	<.001
Fasting or Avoiding Food	-0.097	12.43	1	<.001
Intake OQ-45 Score	0.006	14.03	1	<.001
Depression	-0.093	14.52	1	<.001
Suicidal Feelings or Thoughts	0.081	7.95	1	.005
Procrastination or Getting Motivated	-0.057	8.34	1	.004
Relationship with Friends, Roommates, or Peers	-0.066	8.37	1	.004
Self-Esteem or Self-Confidence	0.049	5.47	1	.019
Sexual Concerns	0.042	4.69	1	.030
Constant	-2.907	1012.03	1	.055

Table 12

Regression Coefficients for FEQ Item #10: Sexual Abuse in Your Family (Independent Variables: 42 PPL Items and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Rape, Sexual Assault, or Unwanted Sex	0.534	390.93	1	<.001
Relationship with Family, Parents, or Siblings	0.298	193.76	1	<.001
Sexual Concerns	0.114	28.34	1	<.001
Academics or School Work or Grades	-0.111	20.93	1	<.001
Fasting or Avoiding Food	-0.109	10.28	1	.001
Finances	0.087	13.33	1	<.001
Developing Independence from Family	-0.078	7.90	1	.005
Problem Pregnancy	-0.232	7.34	1	.007
Physical Health Problems (e.g., Headaches)	0.065	7.77	1	.005
Homesickness	-0.076	4.71	1	.030
Constant	-2.835	1921.59	1	<.001

Family Experiences Questionnaire item #11: Rape/sexual assault of yourself or a family member. Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced rape/sexual assault of themselves or a family member during childhood or adolescence (yes or no). Regression results indicated that the overall model fit of 15 predictors (rape/sexual assault, relationship with family, physical health problems, uncertain about future, finances, developing independence from family, intake OQ-45 score, shyness,

sexual concerns, religious/spiritual concerns, weight problems/body image, academics, death of a significant person, problem pregnancy, and irritability/anger) was questionable (-2 Log Likelihood = 9,357.058) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced rape/sexual assault of themselves or a family member during childhood or adolescence; $Chi-square(15) = 1,491, p < .0001$. Regression coefficients are presented in Table 13. *Wald* statistics indicated that the 15 variables significantly predict whether clients had experienced rape/sexual assault of themselves or a family member during childhood or adolescence.

Family Experiences Questionnaire item #12: Family member hospitalized for emotional problems. Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced, during childhood or adolescence, the hospitalization of a family member for emotional problems (yes or no). Regression results indicated that the overall model fit of 15 predictors (relationship with family, suicidal feelings, finances, depression, rape/sexual assault, death of a significant person, developing independence from family, sexual identity, alcohol/drugs, procrastination, assertiveness, OQ-45 score, self-esteem/self-confidence, weight problems/body image, and homesickness) was questionable (-2 Log Likelihood = 12,293.394) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced the hospitalization of a family member for emotional problems during childhood or adolescence; $Chi-square(15) = 441.226, p < .0001$. Regression coefficients are presented in Table 14. *Wald* statistics indicated that the 15 variables significantly predict whether clients had

Table 13

*Regression Coefficients for FEQ Item #11: Rape/Sexual Assault of Yourself or Family Member
(Independent Variables: 42 PPL Items and Intake OQ-45 Score)*

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Rape, Sexual Assault, or Unwanted Sex	0.841	903.14	1	<.001
Relationship with Family, Parents, or Siblings	0.175	75.20	1	<.001
Physical Health Problems (e.g., Headache)	0.069	10.30	1	.001
Uncertain About Future or Life After College	-0.092	19.37	1	<.001
Finances	0.105	22.86	1	<.001
Developing Independence from Family	-0.085	11.22	1	.001
Intake OQ-45 Score	0.005	12.15	1	<.001
Shyness, Being Ill at Ease with People	-0.094	13.89	1	<.001
Sexual Concerns	0.077	13.37	1	<.001
Religious or Spiritual Concerns	-0.078	10.83	1	.001
Weight Problems or Body Image	0.063	9.76	1	.002
Academics or School Work or Grades	-0.057	6.17	1	.013
Death or Impending Death of a Significant Person	0.067	6.34	1	.012
Problem Pregnancy	-0.174	6.43	1	.011
Irritability, Anger, or Hostility	0.051	4.37	1	.037
Constant	-2.855	945.21	1	<.001

Table 14

Regression Coefficients for FEQ Item #12: Family Member Hospitalized for Emotional Problems (Independent Variables: 42 PPL Items and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Relationship with Family, Parents, or Siblings	0.159	88.37	1	<.001
Suicidal Feelings or Thoughts	0.134	28.48	1	<.001
Finances	0.100	32.42	1	<.001
Depression	0.089	16.81	1	<.001
Rape, Sexual Assault, or Unwanted Sex	0.110	15.97	1	<.001
Death or Impending Death of a Significant Person	0.079	12.11	1	.001
Developing Independence from Family	-0.054	6.40	1	.011
Sexual Identity or Orientation Issues	-0.082	6.10	1	.013
Alcohol or Drugs	0.106	4.14	1	.042
Procrastination or Getting Motivated	-0.045	6.77	1	.009
Assertiveness	0.054	6.66	1	.010
Intake OQ-45 Score	0.004	6.90	1	.009
Self-Esteem or Self-Confidence	-0.061	9.62	1	.002
Weight Problems or Body Image	0.041	5.31	1	.021
Homesickness	-0.058	5.03	1	.025
Constant	-2.361	904.00	1	<.001

experienced, during childhood or adolescence, the hospitalization of a family member for emotional problems.

Family Experiences Questionnaire item #13: Family member diagnosed with a mental disorder. Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced, during childhood or adolescence, the diagnosis of a family member with a mental disorder (yes or no). Regression results indicated that the overall model fit of 17 predictors (depression, relationship with family, anxiety, suicidal feelings, uncertain about future, assertiveness, ethnic/racial discrimination, finances, homesickness, perfectionism, self-esteem/self-confidence, sexual identity, OQ-45 score, academics, adjustment to the university, and decisions about career/major) was questionable (-2 Log Likelihood = 15,575.780) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, the diagnosis of a family member with a mental disorder; *Chi-square*(17) = 652.993, $p < .0001$. Regression coefficients are presented in Table 15. *Wald* statistics indicated that the 17 variables significantly predict whether clients had experienced, during childhood or adolescence, the diagnosis of a family member with a mental disorder.

Family Experiences Questionnaire item #14: Family member attempted suicide. Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced, during childhood or adolescence, the attempted suicide of a family member (yes or no). Regression results indicated that the overall model fit of 11 predictors (relationship with family, suicidal feelings, rape/sexual assault, death of a significant person, intake OQ-45

Table 15

Regression Coefficients for FEQ Item #13: Family Member Diagnosed with a Mental Disorder (Independent Variables: 42 PPL Items and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Depression	0.174	89.49	1	<.001
Relationship with Family, Parents, or Siblings	0.119	69.44	1	<.001
Anxiety, Fear, Worries, or Nervousness	0.069	16.40	1	<.001
Suicidal Feelings or Thoughts	0.102	20.86	1	<.001
Uncertain About Future or Life After College	-0.054	10.25	1	.001
Assertiveness	0.064	12.67	1	<.001
Ethnic/Racial Discrimination	-0.167	11.33	1	.001
Finances	0.057	13.65	1	<.001
Homesickness	-0.094	17.32	1	<.001
Perfectionism	0.057	14.65	1	<.001
Self-Esteem or Self-Confidence	-0.065	15.67	1	<.001
Sexual Identity or Orientation Issues	-0.089	9.93	1	.002
Intake OQ-45 Score	0.003	5.48	1	.019
Academics or School Work or Grades	-0.055	9.45	1	.002
Adjustment to the University	0.056	7.84	1	.005
Decisions About Career or Major	-0.036	4.62	1	.032
Constant	-1.649	612.88	1	<.001

score, uncertain about future, finances, decisions about career/major, test/speech/performance anxiety, developing independence from family, and weight problems/body image) was questionable (-2 Log Likelihood = 10,921.075) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, the attempted suicide of a family member; $Chi-square(11) = 623.556, p < .0001$. Regression coefficients are presented in Table 16. *Wald* statistics indicated that the 11 variables significantly predict whether clients had experienced, during childhood or adolescence, the attempted suicide of a family member.

Family Experiences Questionnaire item #15: Family member committed suicide.

Forward logistic regression was conducted to determine which independent variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced, during childhood or adolescence, the commitment of suicide of a family member (yes or no). Regression results indicated that the overall model fit of eight predictors (death of a significant person, suicidal feelings, test/speech/performance anxiety, irritability/anger, weight problems/body image, and uncertain about future) was questionable (-2 Log Likelihood = 4,072.25) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, the suicide of a family member; $Chi-square(8) = 169.238, p < .0001$. Regression coefficients are presented in Table 17. *Wald* statistics indicated that the eight variables significantly predict whether clients had experienced, during childhood or adolescence, the suicide of a family member.

Table 16

Regression Coefficients for FEQ Item #14: Family Member Attempted Suicide (Independent Variables: 42 PPL Items and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Relationship with Family, Parents, or Siblings	0.221	154.77	1	<.001
Suicidal Feelings or Thoughts	0.229	83.88	1	<.001
Rape, Sexual Assault, or Unwanted Sex	0.147	27.83	1	<.001
Death or Impending Death of a Significant Person	0.124	28.69	1	<.001
Intake OQ-45 Score	0.007	31.15	1	<.001
Uncertain About Future or Life After College	-0.056	6.99	1	.008
Finances	0.094	24.27	1	<.001
Decisions About Career or Major	-0.057	7.16	1	.007
Test, Speech, or Performance Anxiety	-0.058	7.40	1	.007
Developing Independence from Family	-0.055	6.10	1	.014
Weight Problems or Body Image	0.036	4.18	1	.041
Constant	-2.72	1037.29	1	<.001

Family Experiences Questionnaire item #16: Family member with a debilitating illness, injury, or handicap. Forward logistic regression was conducted to determine which variables (the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced, during childhood or adolescence, a family member with a debilitating illness, injury, or handicap (yes or no). Regression results indicated that the overall

Table 17

Regression Coefficients for FEQ Item #15: Family Member Committed Suicide (Independent Variables: 42 PPL Items and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Death or Impending Death of a Significant Person	0.348	101.72	1	<.001
Suicidal Feelings or Thoughts	0.191	18.14	1	<.001
Test, Speech, or Performance Anxiety	-0.134	10.05	1	.002
Irritability, Anger, or Hostility	0.084	4.50	1	.034
Weight Problems or Body Image	0.068	4.33	1	.038
Uncertain About Future or Life After College	-0.079	5.19	1	.023
Constant	-4.058	641.73	1	<.001

model fit of eight predictors (death of a significant person, relationship with family, physical health problems, finances, weight problems/body image, fasting/avoiding food, and rape/sexual assault) was questionable (-2 Log Likelihood = 13,181.116) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and had not experienced, during childhood or adolescence, a family member with a debilitating illness, injury, or handicap; Chi-square(8) = 523.839, $p < .0001$. Regression coefficients are presented in Table 18. *Wald* statistics indicated that the eight variables significantly predict whether clients had experienced, during childhood or adolescence, a family member with a debilitating illness, injury, or handicap.

Family Experiences Questionnaire item #17: Family member prosecuted for criminal activity. Forward logistic regression was conducted to determine which independent variables

Table 18

Regression Coefficients for FEQ Item #16: Family Member with a Debilitating Illness, Injury, or Handicap (Independent Variables: 42 PPL Items and Intake OQ-45 Score)

Variable	B	Wald	df	p
Death or Impending Death of a Significant Person	0.300	237.94	1	<.001
Relationship with Family, Parents, or Siblings	0.105	43.19	1	<.001
Physical Health Problems (e.g., Headaches)	0.097	34.07	1	<.001
Finances	0.067	16.31	1	<.001
Weight Problems or Body Image	0.045	7.26	1	.007
Fasting or Avoiding Food	-0.070	8.73	1	.003
Rape, Sexual Assault, or Unwanted Sex	0.055	4.07	1	.044
Constant	-2.076	2879.48	1	<.001

(the 42 Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced, during childhood or adolescence, the prosecution of a family member for criminal activity (yes or no). Regression results indicated that the overall model fit of 11 predictors (relationship with family, rape/sexual assault, finances, developing independence from family, religious/spiritual concerns, death of a significant person, dating concerns, relationship with romantic partner, uncertain about future, irritability/anger, and relationship with friends) was questionable (-2 Log Likelihood = 9,459.080) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, the prosecution of a family member for criminal activity; $Chi-square(11) = 274.956, p < .0001$.

Regression coefficients are presented in Table 19. *Wald* statistics indicated that the 11 variables significantly predict whether clients had experienced, during childhood or adolescence, the prosecution of a family member for criminal activity.

Table 19

Regression Coefficients for FEQ Item #17: Family Member Prosecuted for Criminal Activity (Independent Variables: 42 PPL Items and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Relationship with Family, Parents, or Siblings	0.229	132.12	1	<.001
Rape, Sexual Assault, or Unwanted Sex	0.142	21.38	1	<.001
Finances	0.079	14.02	1	<.001
Developing Independence from Family	-0.093	13.63	1	<.001
Religious or Spiritual Concerns	0.077	12.66	1	<.001
Death or Impending Death of a Significant Person	0.9	11.89	1	.001
Dating Concerns	-0.039	3.54	1	.060
Relationship with Romantic Partner or Spouse	0.039	4.14	1	.042
Uncertain About Future or Life After College	-0.047	5.34	1	.021
Irritability, Anger, or Hostility	0.056	5.57	1	.018
Relationship with Friends, Roommates, or Peers	-0.053	4.25	1	.039
Constant	-2.588	2468.36	1	<.001

Family Experiences Questionnaire item #18: Family member with an eating problem.

Forward logistic regression was conducted to determine which independent variables (the 42

Presenting Problems List items and the intake OQ-45 score) were predictors of whether clients had experienced, during childhood or adolescence, a family member with an eating problem (yes or no). Regression results indicated that the overall model fit of 14 predictors (weight problems/body image, eating, relationship with family, fasting/avoiding food, homesickness, rape/sexual assault, ethnic/racial discrimination, finances, uncertain about future, anxiety, sexual identity, academics, OQ-45 score, and sleeping problems) was questionable (-2 Log Likelihood = 12,736) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, a family member with an eating problem; $\chi^2(14) = 1,352.615, p < .0001$. Regression coefficients are presented in Table 20. Wald statistics indicated that the 14 variables significantly predict whether clients had experienced, during childhood or adolescence, a family member with an eating problem.

Five Presenting Problems List factors and intake OQ-45 score. Regression coefficients for the logistic regression analyses performed for each of the 18 traumas on the Family Experiences Questionnaire, utilizing the intake OQ-45 scores and the five Presenting Problems List factors (i.e., Academic Stress, Adjustment to College Life, Questioning Values, Emotional Distress, and Body Image) as independent variables, are presented in Tables 21–38. In each table, the predictor variables are ordered according to the step on which they were entered, which is an indicator of their relationship with the criterion variable (i.e., the particular family trauma).

Family Experiences Questionnaire item #1: Parents divorced or permanently separated before you were 18 years old. Forward logistic regression was conducted to determine which

Table 20

*Regression Coefficients for FEQ Item #18: Family Member with an Eating Problem
(Independent Variables: 42 PPL Items and Intake OQ-45 Score)*

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Weight Problems or Body Image	0.285	242.49	1	<.001
Eating: Binging, Vomiting, Dieting, Laxatives, etc.	0.212	91.92	1	<.001
Relationship with Family, Parents, or Siblings	0.166	110.26	1	<.001
Fasting or Avoiding Food	0.087	13.81	1	<.001
Homesickness	-0.101	17.42	1	<.001
Rape, Sexual Assault, or Unwanted Sex	0.107	15.47	1	<.001
Ethnic/Racial Discrimination	-0.189	11.62	1	.001
Finances	0.066	14.38	1	<.001
Uncertain About Future or Life After College	-0.058	12.30	1	<.001
Anxiety, Fear, Worries, or Nervousness	0.042	4.87	1	.027
Sexual Identity or Orientation Issues	-0.109	10.93	1	.001
Academics or School Work or Grades	-0.069	13.61	1	<.001
Intake OQ-45 Score	0.003	4.50	1	.034
Sleeping Problems	0.034	4.01	1	.045
Constant	-2.22	902.42	1	<.001

independent variables (the intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced parental divorce or permanent separation before they were 18 years old (yes or no). Regression results indicated that the overall model fit of one predictor (emotional distress) was questionable (-2 Log Likelihood = 13,683.381) but did show that the model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced parental divorce or permanent separation before they were 18 years old; *Chi-square*(1) = 25.033, $p < .001$. Regression coefficients are presented in Table 21. *Wald* statistics indicated that emotional distress significantly predicts whether clients had experienced parental divorce or permanent separation during their childhood or adolescence.

Table 21

Regression Coefficients for FEQ Item #1: Parents Divorced or Permanently Separated Before You Were 18 Years Old (Independent Variables: Five PPL Factors and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.018	25.32	1	<.001
Constant	-1.776	2015.72	1	<.001

Family Experiences Questionnaire item #2: Family frequently moved. Forward logistic regression was conducted to determine which independent variables (the intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had frequently moved during their

childhood or adolescence (yes or no). Regression results indicated that the overall model fit of two predictors (academic stress and intake OQ-45 score) was questionable (-2 Log Likelihood = 16,225.71) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not moved frequently during their childhood or adolescence; Chi-square(2) = 58.127, $p < .0001$. Regression coefficients are presented in Table 22. *Wald* statistics indicated that academic stress and intake OQ-45 score significantly predict whether clients had frequently moved during their childhood or adolescence.

Table 22

Regression Coefficients for FEQ Item #2: Family Frequently Moved (Independent Variables: Five PPL Factors and Intake OQ-45 Score)

Variables	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Academic Stress	0.010	15.51	1	<.001
Intake OQ-45 Score	0.003	9.51	1	.002
Constant	-1.514	623.89	1	<.001

Family Experiences Questionnaire item #3: Parent(s) unemployed for an extended period of time. Forward logistic regression was conducted to determine which independent variables (the intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced extended parental unemployment during clients' childhood or adolescence (yes or no). Regression results indicated that the overall model fit of two predictors

(academic stress and intake OQ-45 score) was questionable (-2 Log Likelihood = 14,499.515) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced extended parental unemployment during their childhood or adolescence; *Chi-square*(2) = 141.851, $p < .0001$. Regression coefficients are presented in Table 23. *Wald* statistics indicated that academic stress and intake OQ-45 score significantly predict whether clients had experienced extended parental unemployment during their childhood or adolescence.

Table 23

Regression Coefficients for FEQ Item #3: Parent(s) Unemployed for an Extended Period of Time (Independent Variables: Five PPL Factors and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Academic Stress	0.015	32.08	1	<.001
Intake OQ-45 Score	0.006	28.46	1	<.001
Constant	-2.015	914.66	1	<.001

Family Experiences Questionnaire item #4: Frequent, hostile arguing among family members. Forward logistic regression was conducted to determine which independent variables (intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced frequent, hostile arguing among family members during their childhood or adolescence (yes or no). Regression results indicated that the overall model fit of four predictors (intake OQ-45 score, emotional distress, adjustment to college life, and academic stress) was

questionable (-2 Log Likelihood = 18,468.133) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced frequent, hostile arguing among family members during their childhood or adolescence; $Chi-square(4) = 695.382, p < .0001$. Regression coefficients are presented in Table 24. *Wald* statistics indicated that intake OQ-45 score, emotional distress, adjustment to college life, and academic stress significantly predict whether clients had experienced frequent, hostile arguing among family members during their childhood or adolescence.

Table 24

Regression Coefficients for FEQ Item #4: Frequent, Hostile Arguing Among Family Members (Predictor Variables: Five PPL Factors and Intake OQ-45 Score)

Variables	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Intake OQ-45 Score	0.009	68.86	1	<.001
Emotional Distress	0.026	36.23	1	<.001
Adjustment to College	0.014	14.83	1	<.001
Academic Stress	0.008	9.99	1	.002
Constant	-1.357	560.70	1	<.001

Family Experiences Questionnaire item #5: Death of parent(s) before you were 18 years old. Forward logistic regression was conducted to determine which independent variables (intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had

experienced death of parent(s) before they were 18 years old (yes or no). Regression results indicated that the overall model fit of one predictor (emotional distress) was questionable (-2 Log Likelihood = 4,706.306) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced death of parent(s) before they were 18; *Chi-square*(1) = 7.486, $p < .0001$. Regression coefficients are presented in Table 25. *Wald* statistics indicated that emotional distress significantly predicts whether clients had experienced parental death before they were 18 years old.

Table 25

Regression Coefficients for FEQ Item #5: Death of Parent(s) Before You Were 18 Years Old (Predictor Variables: Five PPL Factors and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.019	7.63	1	.006
Constant	-3.477	1892.17	1	<.001

Family Experiences Questionnaire item #6: Parent(s) with a drinking problem.

Forward logistic regression was conducted to determine which independent variables (intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced parents(s) with a drinking problem during their childhood or adolescence (yes or no). Regression results indicated that the overall model fit of three predictors (emotional distress, intake OQ-45 score, and adjustment to college life) was questionable (-2 Log Likelihood = 6.701.939) but did

show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced problematic parental drinking during their childhood or adolescence; $Chi-square(3) = 83.587$, $p < .0001$. Regression coefficients are presented in Table 26. *Wald* statistics indicated that emotional distress, intake OQ-45 score, and adjustment to college life significantly predict whether clients had experienced problematic parental drinking during their childhood or adolescence.

Table 26

Regression Coefficients for FEQ Item #6: Parent(s) with a Drinking Problem (Independent Variables: Five PPL Factors and Intake OQ-45 Score)

Variables	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.037	20.88	1	<.001
Intake OQ-45 Score	0.007	10.28	1	.001
Adjustment to College	-0.015	5.78	1	.016
Constant	-3.485	881.41	1	<.001

Family Experiences Questionnaire item #7: Parent(s) with a drug problem. Forward logistic regression was conducted to determine which independent variables (intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced parents(s) with a drug problem during their childhood or adolescence (yes or no). Regression results indicated that the overall model fit of one predictor (emotional distress) was questionable

(-2 Log Likelihood = 3,919.900) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced parents with a drug problem during their childhood or adolescence; *Chi-square*(1) = 31.631, $p < .0001$. Regression coefficients are presented in Table 27. *Wald* statistics indicated that emotional distress significantly predicts whether clients had experienced parents with a drug problem during their childhood or adolescence.

Table 27

Regression Coefficients for FEQ Item #7: Parent(s) with a Drug Problem (Independent Variables: Five PPL Factors and Intake OQ-45 Score)

Variables	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.043	32.84	1	<.001
Constant	-3.936	1792.28	1	<..001

Family Experiences Questionnaire item #8: Parent(s) with a gambling problem.

Forward logistic regression was conducted to determine which independent variables (intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had, during childhood or adolescence, experienced parents(s) with a gambling problem (yes or no).

Regression results indicated that the overall model fit of two predictors (emotional distress and questioning values) was questionable (-2 Log Likelihood = 2,161.769) but did show that the full model was not identical to the constant-only model. There was a statistically significant

difference between the models in predicting who had and who had not, during childhood or adolescence, experienced parents with a gambling problem; $Chi-square(2) = 42.525, p < .001$.

Regression coefficients are presented in Table 28. *Wald* statistics indicated that emotional distress and questioning values significantly predict whether clients had experienced, during their childhood or adolescence, parents with a drug problem.

Table 28

Regression Coefficients for FEQ Item #8: Parent(s) with a Gambling Problem (Independent Variables: Five PPL Factors and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.058	25.58	1	<.001
Questioning Values	0.039	4.87	1	.027
Constant	-5.01	1225.64	1	<.001

Family Experiences Questionnaire item #9: Physical abuse in your family. Forward logistic regression was conducted to determine which independent variables (intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced physical abuse in their family during childhood or adolescence (yes or no). Regression results indicated that the overall model fit of three predictors (emotional distress, intake OQ-45 score, and questioning values) was questionable ($-2 \text{ Log Likelihood} = 10,976.197$) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced physical

abuse in their family during childhood or adolescence; $Chi-square(13) = 239.210, p < .0001$.

Regression coefficients are presented in Table 29. *Wald* statistics indicated that emotional distress, intake OQ-45 score, and questioning values significantly predict whether clients had experienced physical abuse in their family during childhood or adolescence.

Table 29

Regression Coefficients for FEQ Item #9: Physical Abuse in Your Family (Independent Variables: Five PPL Factors and Intake OQ-45 Score)

Variable	B	Wald	df	p
Emotional Distress	0.045	65.05	1	<.001
Intake OQ-45 Score	0.004	7.75	1	.005
Questioning Values	0.014	4.06	1	.044
Constant	-2.663	1016.25	1	<.001

Family Experiences Questionnaire item #10: Sexual abuse in your family. Forward logistic regression was conducted to determine which independent variables (intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced sexual abuse in their family during childhood or adolescence (yes or no). Regression results indicated that the overall model fit of three predictors (questioning values, emotional distress, and academic stress) was questionable (-2 Log Likelihood = 8,563.895) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced sexual abuse

in their family during childhood or adolescence; $Chi-square(3) = 80.578, p < .0001$. Regression coefficients are presented in Table 30. *Wald* statistics indicated that questioning values, emotional distress, and academic stress significantly predict whether clients had experienced sexual abuse in their family during childhood or adolescence.

Table 30

Regression Coefficients for FEQ Item #10: Sexual Abuse in Your Family (Independent Variables: Five PPL Factors and Intake OQ-45 Score)

Variable	B	Wald	df	p
Questioning Values	0.046	33.91	1	<.001
Emotional Distress	0.031	27.24	1	<.001
Academic Stress	-0.011	8.44	1	.004
Constant	-2.667	1998.59	1	<.001

Family Experiences Questionnaire item # 11: Rape/sexual assault of yourself or family member. Forward logistic regression was conducted to determine which independent variables (intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced rape/sexual assault of themselves or a family member during childhood or adolescence (yes or no). Regression results indicated that the overall model fit of six predictors (emotional distress, questioning values, academic stress, body image, intake OQ-45 score, and adjustment to college life) was questionable ($-2 \text{ Log Likelihood} = 10,637.175$) but did show that the full model was not identical to the constant-only model. There was a statistically significant

difference between the models in predicting who had and who had not experienced rape/sexual assault of themselves or a family member during childhood or adolescence; $Chi-square(6) = 211.854, p < .0001$. Regression coefficients are presented in Table 31. *Wald* statistics indicated that emotional distress, questioning values, academic stress, body image, intake OQ-45 score, and adjustment to college life significantly predict whether clients had experienced rape/sexual assault of themselves or a family member during childhood or adolescence.

Table 31

Regression Coefficients for FEQ Item #11: Rape/Sexual Assault of Yourself or Family Member (Predictor Variables: Five PPL Factors and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.04	41.29	1	<.001
Questioning Values	0.033	21.46	1	<.001
Academic Stress	-0.017	20.52	1	<.001
Body Image	0.042	22.56	1	<.001
Intake OQ-45 Score	0.006	12.88	1	<.001
Adjustment to College	-0.011	4.33	1	.037
Constant	-2.666	971.54	1	<.001

Family Experiences Questionnaire item #12: Family member hospitalized for emotional problems. Forward logistic regression was conducted to determine which independent variables (intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients

had experienced, during childhood or adolescence, the hospitalization of a family member for emotional problems (yes or no). Regression results indicated that the overall model fit of three predictors (emotional distress, intake OQ-45 score, and body image) was questionable (-2 Log Likelihood = 12,520.091) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, the hospitalization of a family member for emotional problems; $Chi-square(3) = 214.528, p < .0001$. Regression coefficients are presented in Table 32. *Wald* statistics indicated that emotional distress, intake OQ-45 score, and body image significantly predict whether clients had experienced, during childhood or adolescence, the hospitalization of a family member for emotional problems.

Table 32

Regression Coefficients for FEQ Item #12: Family Member Hospitalized for Emotional Problems (Independent Variables: Five PPL Factors and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.034	43.44	1	<.001
Intake OQ-45 Score	0.005	12.41	1	<.005
Body Image	0.02	6.48	1	.011
Constant	-2.356	960.81	1	<.001

Family Experiences Questionnaire item #13: Family member diagnosed with a mental disorder. Forward logistic regression was conducted to determine which independent variables (intake OQ-45 score and the five PPL factors: academic stress, adjustment to college,

questioning values, emotional distress, and body image) were predictors of whether clients had experienced, during childhood or adolescence, the diagnosis of a family member with a mental disorder (yes or no). Regression results indicated that the overall model fit of three predictors (emotional distress, intake OQ-45 score, and adjustment to college life) was questionable (-2 Log Likelihood = 15,878.784) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, the diagnosis of a family member with a mental disorder; $Chi-square(3) = 349.988, p < .0001$. Regression coefficients are presented in Table 33. *Wald* statistics indicated that emotional distress, intake OQ-45 score, and adjustment to college life significantly predict whether clients had experienced, during childhood or adolescence, the diagnosis of a family member with a mental disorder.

Table 33

Regression Coefficients for FEQ Item #13: Family Member Diagnosed with a Mental Disorder (Independent Variables: Five PPL Factors and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.031	46.55	1	<.001
Intake OQ-45 Score	0.006	28.65	1	<.001
Adjustment to College	0.01	7.49		.006
Constant	-1.746	759.27	1	<.001

Family Experiences Questionnaire item #14: Family member attempted suicide.

Forward logistic regression was conducted to determine which independent variables (intake

OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced, during childhood or adolescence, the attempted suicide of a family member (yes or no).

Regression results indicated that the overall model fit of four predictors (emotional distress, intake OQ-45 score, academic stress, and body image) was questionable (-2 Log Likelihood = 11,261.400) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, the attempted suicide of a family member; $Chi-square(4) = 283.231, p < .0001$. Regression coefficients are presented in Table 34. *Wald* statistics indicated that the variables of emotional distress, intake OQ-45 score, academic stress, and body image significantly predict whether clients had experienced, during childhood or adolescence, the attempted suicide of a family member.

Table 34

Regression Coefficients for FEQ Item #14: Family Member Attempted Suicide (Independent Variables: Five PPL Factors and Intake OQ-45 Score)

Variables	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.038	43.90	1	<.001
Intake OQ-45 Score	0.01	39.25	1	<.001
Academic Stress	-0.011	11.73	1	.001
Body Image	0.028	11.26	1	.001
Constant	-2.724	1091.63	1	.066

Family Experiences Questionnaire item #15: Family member committed suicide.

Forward logistic regression was conducted to determine which independent variables (intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced, during childhood or adolescence, the commitment of suicide of a family member (yes or no). Regression results indicated that the overall model fit of three predictors (intake OQ-45 score, academic stress, and emotional distress) was questionable (-2 Log Likelihood = 4,191.735) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, the suicide of a family member; *Chi-square*(3) = 49.759, $p < .0001$. Regression coefficients are presented in Table 35. *Wald* statistics indicated that intake OQ-45 score, academic stress, and emotional distress significantly predict whether clients had experienced, during childhood or adolescence, the suicide of a family member.

Table 35

Regression Coefficients for FEQ Item #15: Family Member Committed Suicide (Independent Variables: Five PPL Factors and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Intake OQ-45 Score	0.01	11.23	1	.001
Academic Stress	-0.022	11.55	1	.001
Emotional Distress	0.035	10.13	1	.001
Constant	-4.154	687.55	1	<.001

Family Experiences Questionnaire item #16: Family member with a debilitating illness, injury, or handicap. Forward logistic regression was conducted to determine which independent variables (intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced, during childhood or adolescence, a family member with a debilitating illness, injury, or handicap (yes or no). Regression results indicated that the overall model fit of three predictors (emotional distress, academic stress, and adjustment to college life) was questionable (-2 Log Likelihood = 13,551.646) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, a family member with a debilitating illness, injury, or handicap; *Chi-square*(3) = 153.309, *p* < .0001. Regression coefficients are presented in Table 36. *Wald* statistics indicated that emotional distress, academic stress, and adjustment to college life significantly predict whether clients had experienced, during childhood or adolescence, a family member with a debilitating illness, injury, or handicap.

Table 36

Regression Coefficients for FEQ Item #16: Family Member with a Debilitating Illness, Injury, or Handicap (Independent Variables: Five PPL Factors and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.028	37.13	1	<.005
Academic Stress	0.008	7.13	1	.008
Adjustment to College	0.009	4.45	1	.035
Constant	-2.004	2055.74	1	<.001

Family Experiences Questionnaire item #17: Family member prosecuted for criminal activity. Forward logistic regression was conducted to determine which independent variables (intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced, during childhood or adolescence, the prosecution of a family member for criminal activity (yes or no). Regression results indicated that the overall model fit of one predictor (emotional distress) was questionable (-2 Log Likelihood = 9,683.161) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, the prosecution of a family member for criminal activity; *Chi-square*(1) = 50.875, $p < .0001$. Regression coefficients are presented in Table 37. *Wald* statistics indicated that emotional distress significantly predicts whether clients had experienced, during childhood or adolescence, the prosecution of a family member for criminal activity.

Table 37

Regression Coefficients for FEQ Item #17: Family Member Prosecuted for Criminal Activity (Independent Variables: Five PPL Factors and Intake OQ-45 Score)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.031	51.99	1	<.001
Constant	-2.477	2395.21	1	<.001

Family Experiences Questionnaire item #18: Family member with an eating problem.

Forward logistic regression was conducted to determine which independent variables (intake OQ-45 score and the five PPL factors: academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced, during childhood or adolescence, a family member with an eating problem (yes or no).

Regression results indicated that the overall model fit of two predictors (body image and emotional distress) was questionable (-2 Log Likelihood = 12,998.046) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, a family member with an eating problem; $Chi-square(2) = 1,091.498$, $p < .0001$. Regression coefficients are presented in Table 38. *Wald* statistics indicated that body image and emotional distress significantly predict whether clients had experienced, during childhood or adolescence, a family member with an eating problem.

Table 38

*Regression Coefficients for FEQ Item #18: Family Member with an Eating Problem
(Independent Variables: Five PPL Factors and Intake OQ-45 Score)*

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Body Image	0.206	809.92	1	<.001
Emotional Distress	0.022	33.04	1	<.001
Constant	-2.057	2393.79	1	<.001

Five Presenting Problems List factors. Regression coefficients for the logistic regression analyses performed for each of the 18 traumas on the Family Experiences Questionnaire, utilizing the five Presenting Problems List factors (i.e., Academic Stress, Adjustment to College Life, Questioning Values, Emotional Distress, and Body Image) as independent variables, are presented in Tables 39–56. In each table, the predictor variables are ordered according to the step on which they were entered, which is an indicator of their relationship with the criterion variable (i.e., the particular family trauma).

Family Experiences Questionnaire item #1: Parents divorced or permanently separated before you were 18 years old. Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced parental divorce or permanent separation before they were 18 years old (yes or no). Regression results indicated that the overall model fit of two predictors (emotional distress and body image) was questionable (-2 Log Likelihood = 14,802.204) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced parental divorce or permanent separation before they were 18 years old; $Chi-square(2) = 31.358, p < .0001$. Regression coefficients are presented in Table 39. *Wald* statistics indicated that emotional distress and body image significantly predict whether clients had experienced parental divorce or permanent separation during their childhood or adolescence.

Table 39

Regression Coefficients for FEQ Item #1: Parents Divorced or Permanently Separated Before You Were 18 Years Old (Independent Variables: Five PPL Factors)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.020	31.64	1	<.001
Body Image	-0.016	4.23	1	.040
Constant	-1.752	2093.46	1	<.001

Family Experiences Questionnaire item #2: Family frequently moved. Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had frequently moved during their childhood or adolescence (yes or no). Regression results indicated that the overall model fit of one predictor (academic stress) was questionable (-2 Log Likelihood = 17,507.297) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not moved frequently during their childhood or adolescence; $Chi-square(1) = 56.780, p < .0001$. Regression coefficients are presented in Table 40. *Wald* statistics indicated that academic stress significantly predicts whether clients had frequently moved during their childhood or adolescence.

Family Experiences Questionnaire item #3: Parent(s) unemployed for an extended period of time. Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values,

Table 40

Regression Coefficients for FEQ Item #2: Family Frequently Moved (Independent Variables: Five PPL Factors)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Academic Stress	0.015	57.12	1	<.001
Constant	-1.362	1623.69	1	<.001

emotional distress, and body image) were predictors of whether clients had experienced extended parental unemployment during clients' childhood or adolescence (yes or no). Regression results indicated that the overall model fit of two predictors (academic stress and emotional distress) was questionable (-2 Log Likelihood = 15,631.257) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced extended parental unemployment during their childhood or adolescence; $Chi-square(2) = 146.238, p < .0001$. Regression coefficients are presented in Table 41. *Wald* statistics indicated that academic stress and emotional distress significantly predict whether clients had experienced extended parental unemployment during their childhood or adolescence.

Family Experiences Questionnaire item #4: Frequent, hostile arguing among family members. Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced frequent, hostile arguing among family members during their childhood or adolescence (yes or no). Regression results indicated that the overall model fit of three predictors (emotional distress, adjustment to

Table 41

Regression Coefficients for FEQ Item #3: Parent(s) Unemployed for an Extended Period of Time (Independent Variables: Five PPL Factors)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Academic Stress	0.019	52.27	1	<.001
Emotional Distress	0.015	13.24	1	<.001
Constant	-1.795	1980.07	1	<.001

college life, and academic stress) was questionable ($-2 \text{ Log Likelihood} = 19,926.603$) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced frequent, hostile arguing among family members during their childhood or adolescence; $\text{Chi-square}(3) = 679.823, p < .0001$. Regression coefficients are presented in Table 42. *Wald* statistics indicated that emotional distress, adjustment to college life, and academic stress significantly predict whether clients had experienced frequent, hostile arguing among family members during their childhood or adolescence.

Family Experiences Questionnaire item #5: Death of parent(s) before you were 18 years old. Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced death of parent(s) before they were 18 years old (yes or no). Regression results indicated that the overall model fit of one predictor (emotional distress) was questionable ($-2 \text{ Log Likelihood} = 5,093.423$) but did

Table 42

Regression Coefficients for FEQ Item #4: Frequent, Hostile Arguing Among Family Members (Independent Variables: Five PPL Factors)

Variables	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.045	154.57	1	<.001
Adjustment to College	0.018	28.44	1	<.001
Academic Stress	0.013	26.83	1	<.001
Constant	-0.987	369.30	1	<.001

show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced death of parent(s) before they were 18; *Chi-square*(1) = 7.432, $p < .0001$. Regression coefficients are presented in Table 43. *Wald* statistics indicated that the variable of emotional distress significantly predicts whether clients had experienced parental death before they were 18 years old.

Table 43

Regression Coefficients for FEQ Item #5: Death of Parent(s) Before You Were 18 Years Old (Independent Variables: Five PPL Factors)

Variables	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.019	7.57	1	.006
Constant	-3.461	2033.25	1	<.001

Family Experiences Questionnaire item #6: Parent(s) with a drinking problem.

Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced parents(s) with a drinking problem during their childhood or adolescence (yes or no). Regression results indicated that the overall model fit of one predictor (emotional distress) was questionable (-2 Log Likelihood = 7,365.639) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced problematic parental drinking during their childhood or adolescence; *Chi-square*(1) = 71.667, $p < .0001$. Regression coefficients are presented in Table 44. *Wald* statistics indicated that emotional distress significantly predicts whether clients had experienced problematic parental drinking during their childhood or adolescence.

Table 44

Regression for FEQ Item #6: Parent(s) with a Drinking Problem (Independent Variables: Five PPL Factors)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.044	74.00	1	<.001
Constant	-3.162	2539.51	1	<.001

Family Experiences Questionnaire item #7: Parent(s) with a drug problem. Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body

image) were predictors of whether clients had experienced, during childhood or adolescence, parents(s) with a drug problem (yes or no). Regression results indicated that the overall model fit of one predictor (emotional distress) was questionable ($-2 \text{ Log Likelihood} = 4,191.988$) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, parents with a drug problem; $Chi\text{-square}(1) = 29.621, p < .0001$. Regression coefficients are presented in Table 45. *Wald* statistics indicated that the variable of emotional distress significantly predicts whether clients had experienced, during childhood or adolescence, parents with a drug problem.

Table 45

Regression Coefficients for FEQ Item #7: Parent(s) with a Drug Problem (Independent Variables: Five PPL Factors)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.041	30.70	1	<.001
Constant	-3.917	1907.63	1	<.001

Family Experiences Questionnaire item #8: Parent(s) with a gambling problem.

Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had, during childhood or adolescence, experienced parents(s) with a gambling problem (yes or no). Regression results indicated that the overall model fit of two predictors (emotional distress and questioning values) was questionable

(-2 Log Likelihood = 2,255.484) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, parents with a gambling problem; $Chi-square(2) = 48.405, p < .0001$. Regression coefficients are presented in Table 46. *Wald* statistics indicated that emotional distress and questioning values significantly predict whether clients had experienced, during childhood or adolescence, parents with a drug problem.

Table 46

Regression Coefficients for FEQ Item #8: Parent(s) with a Gambling Problem (Independent Variables: Five PPL Factors)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.059	28.06	1	<.001
Questioning Values	0.043	6.22	1	.013
Constant	-5.082	1294.53	1	<.001

Family Experiences Questionnaire item #9: Physical abuse in your family. Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced physical abuse in their family during childhood or adolescence (yes or no). Regression results indicated that the overall model fit of two predictors (questioning values and emotional distress) was questionable (-2 Log Likelihood = 11,940.225) but did show that the full model was not identical to the constant-only model.

There was a statistically significant difference between the models in predicting who had and who had not experienced physical abuse in their family during childhood or adolescence; *Chi-square*(2) = 259.670, $p < .0001$. Regression coefficients are presented in Table 47. *Wald* statistics indicated that questioning values and emotional distress significantly predict whether clients had experienced physical abuse in their family during childhood or adolescence.

Table 47

Regression Coefficients for FEQ Item #9: Physical Abuse in Your Family (Independent Variables: Five PPL Factors)

Variables	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.056	199.11	1	<.005
Questioning Values	0.017	6.41	1	.011
Constant	-2.465	2736.56	1	<.001

Family Experiences Questionnaire item #10: Sexual abuse in your family. Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced sexual abuse in their family during childhood or adolescence (yes or no). Regression results indicated that the overall model fit of three predictors (questioning values, emotional distress, and academic stress) was questionable (-2 Log Likelihood = 9,333.833) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced sexual abuse in their family during childhood

or adolescence; $Chi-square(3) = 88.932, p < .0001$. Regression coefficients are presented in Table 48. *Wald* statistics indicated that questioning values, emotional distress, and academic stress significantly predict whether clients had experienced sexual abuse in their family during childhood or adolescence.

Table 48

Regression Coefficients for FEQ Item #10: Sexual Abuse in Your Family (Independent Variables: Five PPL Factors)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Questioning Values	0.047	38.55	1	<.001
Emotional Distress	0.031	29.14	1	<.001
Academic Stress	-0.012	9.33	1	.002
Constant	-2.644	2150.88	1	<.001

Family Experiences Questionnaire item #11: Rape/sexual assault of yourself or family member. Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced, during childhood or adolescence, rape/sexual assault of themselves or a family member (yes or no). Regression results indicated that the overall model fit of four predictors (emotional distress, questioning values, academic stress, and body image) was questionable (-2 Log Likelihood = 11,491.066) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not

experienced, during childhood or adolescence, rape/sexual assault of themselves or a family member; $Chi-square(4) = 223,292, p < .0001$. Regression coefficients are presented in Table 49. *Wald* statistics indicated that emotional distress, questioning values, academic stress, and body image significantly predict whether clients had experienced, during childhood or adolescence, rape/sexual assault of themselves or a family member.

Table 49

Regression Coefficients for FEQ Item #11: Rape/Sexual Assault of Yourself or Family Member (Independent Variables: Five PPL Factors)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.049	95.08	1	<.001
Questioning Values	0.035	27.72	1	<.001
Academic Stress	-0.018	28.75	1	<.001
Body Image	0.043	27.10	1	<.001
Constant	-2.427	2316.28	1	<.001

Family Experiences Questionnaire item #12: Family member hospitalized for emotional problems. Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced, during childhood or adolescence, the hospitalization of a family member for emotional problems (yes or no). Regression results indicated that the overall model fit of two predictors (emotional distress and body image) was questionable (-2 Log Likelihood = 13,581.096) but did show that the full

model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, the hospitalization of a family member for emotional problems; $\chi^2(2) = 225.422, p < .0001$. Regression coefficients are presented in Table 50. Wald statistics indicated that emotional distress and body image significantly predict whether clients had experienced, during childhood or adolescence, the hospitalization of a family member for emotional problems.

Table 50

Regression Coefficients for FEQ Item #12: Family Member Hospitalized for Emotional Problems (Independent Variables: Five PPL Factors)

Variable	B	Wald	df	p
Emotional Distress	0.048	167.82	1	<.001
Body Image	0.021	7.87	1	.005
Constant	-2.13	2622.65	1	<.005

Family Experiences Questionnaire item #13: Family member diagnosed with a mental disorder. Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced, during childhood or adolescence, the diagnosis of a family member with a mental disorder (yes or no). Regression results indicated that the overall model fit of two predictors (emotional distress and adjustment to college life) was questionable (-2 Log Likelihood = 17,031.304) but did show that the full model

was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, the diagnosis of a family member with a mental disorder; $Chi-square(2) = 344.506$, $p < .0001$. Regression coefficients are presented in Table 51. *Wald* statistics indicated that emotional distress and adjustment to college life significantly predict whether clients had experienced, during childhood or adolescence, the diagnosis of a family member with a mental disorder.

Table 51

Regression Coefficients for FEQ Item #13: Family Member Diagnosed with a Mental Disorder (Independent Variables: Five PPL Factors)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.046	164.66	1	<.001
Adjustment to College	0.014	16.80	1	<.001
Constant	-1.489	1758.35	1	<.001

Family Experiences Questionnaire item #14: Family member attempted suicide.

Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced, during childhood or adolescence, the attempted suicide of a family member (yes or no). Regression results indicated that the overall model fit of two predictors (emotional distress and body image) was questionable (-2 Log Likelihood = 12,217.635) but did show that the full model was not identical to the

constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, the attempted suicide of a family member; $Chi-square(2) = 273.116, p < .0001$. Regression coefficients are presented in Table 52. *Wald* statistics indicated that the variables of emotional distress and body image significantly predict whether clients had experienced, during childhood or adolescence, the attempted suicide of a family member.

Table 52

Regression Coefficients for FEQ Item #14: Family Member Attempted Suicide (Independent Variables: Five PPL Factors)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.055	198.42	1	<.001
Body Image	0.028	12.72	1	<.001
Constant	-2.363	2755.51	1	<.001

Family Experiences Questionnaire item #15: Family member committed suicide.

Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced, during childhood or adolescence, the commitment of suicide of a family member (yes or no). Regression results indicated that the overall model fit of three predictors (emotional distress, academic stress, and body image) was questionable ($-2 \text{ Log Likelihood} = 4,472.942$) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference

between the models in predicting who had and who had not experienced, during childhood or adolescence, the suicide of a family member; $Chi-square(3) = 40.323, p < .0001$. Regression coefficients are presented in Table 53. *Wald* statistics indicated that emotional distress, academic stress, and body image significantly predict whether clients had experienced, during childhood or adolescence, the suicide of a family member.

Table 53

Regression Coefficients for FEQ Item #15: Family Member Committed Suicide (Independent Variables: Five PPL Factors)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.049	29.51	1	<.001
Academic Stress	-0.018	8.68	1	.003
Body Image	0.034	4.84	1	.028
Constant	-3.738	1681.14	1	<.001

Family Experiences Questionnaire item #16: Family member with a debilitating illness, injury, or handicap. Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced, during childhood or adolescence, a family member with a debilitating illness, injury, or handicap (yes or no). Regression results indicated that the overall model fit of three predictors (emotional distress, academic stress, and adjustment to college life) was questionable (-2 Log Likelihood = 14,563.446) but did show that the full model was not identical to the

constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, a family member with a debilitating illness, injury, or handicap; $Chi-square(3) = 162.029, p < .0001$. Regression coefficients are presented in Table 54. *Wald* statistics indicated that emotional distress, academic stress, and adjustment to college life significantly predict whether clients had experienced, during childhood or adolescence, a family member with a debilitating illness, injury, or handicap.

Table 54

Regression Coefficients for FEQ Item #16: Family Member with a Debilitating Illness, Injury, or Handicap (Independent Variables: Five PPL Factors)

Variable	B	Wald	df	p
Emotional Distress	0.027	36.92	1	<.001
Academic Stress	0.009	9.19	1	.002
Adjustment to College	0.008	4.39	1	.036
Constant	-2.003	2205.72	1	<.001

Family Experiences Questionnaire item #17: Family member prosecuted for criminal activity. Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced, during childhood or adolescence, the prosecution of a family member for criminal activity (yes or no). Regression results indicated that the overall model fit of one predictor (emotional distress) was questionable

(-2 Log Likelihood = 10,553.798) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in predicting who had and who had not experienced, during childhood or adolescence, the prosecution of a family member for criminal activity; *Chi-square*(1) = 50.805, *p* < .0001. Regression coefficients are presented in Table 55. *Wald* statistics indicated that emotional distress significantly predicts whether clients had experienced, during childhood or adolescence, the prosecution of a family member for criminal activity.

Table 55

Regression Coefficients for FEQ Item #17: Family Member Prosecuted for Criminal Activity (Independent Variables: Five PPL Factors)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Emotional Distress	0.03	51.87	1	<.001
Constant	-2.442	2554.86	1	<.001

Family Experiences Questionnaire item #18: Family member with an eating problem.

Forward logistic regression was conducted to determine which independent variables (the five PPL factors of academic stress, adjustment to college life, questioning values, emotional distress, and body image) were predictors of whether clients had experienced, during childhood or adolescence, a family member with an eating problem (yes or no). Regression results indicated that the overall model fit of two predictors (body image and emotional distress) was questionable (-2 Log Likelihood = 14,027.477) but did show that the full model was not identical to the constant-only model. There was a statistically significant difference between the models in

predicting who had and who had not experienced, during childhood or adolescence, a family member with an eating problem; $Chi-square(2) = 1,187.148, p < .0001$. Regression coefficients are presented in Table 56. *Wald* statistics indicated that body image and emotional distress significantly predict whether clients had experienced, during childhood or adolescence, a family member with an eating problem.

Table 56

Regression Coefficients for FEQ Item #18: Family Member with an Eating Problem (Independent Variables: Five PPL Factors)

Variable	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>
Body Image	0.204	871.08	1	<.001
Emotional Distress	0.023	41.57	1	<.001

Matrices Showing the Relationship of Different Independent Variables with Family

Trauma

The results of the logistic regression analyses presented above were used to construct a set of matrices, the purpose being to facilitate the examination of discernible patterns of presenting problems and symptom severity (OQ-45 score) related to family trauma. The first matrix shows the relationship of the 42 Presenting Problems List items and intake OQ-45 score with family traumas. The second matrix shows the relationship of the five Presenting Problems List factors and intake OQ-45 score with family traumas, and the third matrix shows the relationship of just the five Presenting Problems List factors with family traumas.

Forty-two Presenting Problems List items and intake OQ-45 score. The matrix showing the relationship of presenting problems and intake OQ-45 scores with family traumas is

Table 57

Relationship of Presenting Problems and Intake OQ-45 Score with Family Traumas

Predictor Variables	Family Traumas																	
	Parents divorced or separated for extended period of time	Family member with a debilitating illness, injury, or handicap	Parent(s) unemployed for extended period of time	Family frequently moved	Rape / sexual assault of yourself or a family member	Family member with a mental disorder	Parent(s) with a drug problem	Sexual abuse in your family	Death of parent(s) before you were 18 years old	Parent(s) with a gambling problem	Family member attempted suicide	Parent(s) committed suicide	Family member diagnosed with a mental problem	Parent(s) with a drinking problem	Family member hospitalized for emotional problems	Physical abuse in your family		
Relationship with Family	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	16	
Finances	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	15	
Death of Significant Person	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	12	
Intake OQ-45 Score	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	11	
Rape/Sexual Assault	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	10	
Weight Problems/Body Image				+	+	+	+	+	+	+	+	+	+	+	+	+	7	
Adjustment to the University	+			+	+						+						6	
Irritability, Anger, or Hostility	+	+			+	+					+						6	
Ethnic / Racial Discrimination	+	+							+			+					5	
Suicidal Feelings or Thoughts		+	+	+								+	+				5	
Physical Health Problems				+						+						+	4	
Relationship with Romantic Partner	+									+	+					+	4	
Sexual Concerns			+				+	+								+	4	
Alcohol or Drugs	+		+													+	3	
Anxiety/Fear/Worries/Nervousness				+			+										2	
Assertiveness				+	+												2	
Depression				+	+												2	
Homesickness	+							+									2	
Procrastination/Motivation					+											+	2	
Self-Esteem/Self-Confidence		+									+						2	
Sleeping Problems					+		+										2	
Breakup/Loss of Relationship											+						1	
Eating: Binging, Vomiting, etc.										+							1	
Fasting or Avoiding Food										+							1	
Perfectionism					+												1	
Relationship with Friends										+							1	
Religious/Spiritual Concerns											+						1	
Sexual Identity/Orientation					+												1	
Time Management						+											1	
Academics/School Work/Grades																	0	
Concentration																	0	
Confusion about Beliefs or Values																	0	
Dating Concerns																	0	
Decisions about Career/Major																	0	
Developing Independence																	0	
Making Friends																	0	
Problem Pregnancy																	0	
Reading or Study Skills Problems																	0	
Sexually Transmitted Disease(s)																	0	
Shyness, Being Ill at Ease																	0	
Stress Management																	0	
Test/Speech/Performance Anxiety																	0	
Uncertain about Future																	0	
	11	10	10	10	9	9	9	8	7	7	7	6	5	5	5	4	4	4

shown in Table 57. The upper left quadrant indicates the independent variables and traumas that are most broadly associated, while the bottom right quadrant represents the independent variables and traumas that are least broadly associated. The seven family traumas that seem to be associated with the highest number of presenting problems and highest intake OQ-45 score are parents with a drinking problem; physical abuse in your family; family member hospitalized for emotional problems; family member diagnosed with a mental disorder; frequent, hostile arguing among family members; rape/sexual assault of yourself or a family member; and family member with an eating problem. Each of these traumas was associated with from 9 to 11 predictor variables. The predictor variables associated with most of these seven traumas were relationship with family; finances; death of a significant person; intake OQ-45 score; and rape, sexual assault, or unwanted sex. The three family traumas that seem to be associated with the lowest number of presenting problems are death of parent(s) before you were 18 years old, family frequently moved, and parent(s) unemployed for extended period of time. Each of these traumas was associated with four predictor variables.

Five Presenting Problems List factors and intake OQ-45 score. As was described in the Data Analysis section of this paper, as a variation on using the 42 presenting problems as independent variables, the 42 presenting problems were collapsed into five factors (Draper et al., 2003), which were utilized as independent variables both with and without the inclusion of the intake OQ-45 score. The matrix showing the relationship of the five factors and intake OQ-45 score with family traumas is shown in Table 58. The seven family traumas that appear to be associated with the highest number of Presenting Problems List factors and the highest intake OQ-45 score are frequent, hostile arguing among family members; rape/sexual assault of

Emotional Distress. The six family traumas that seem to be associated with the lowest number of presenting problems are parents divorced or separated before you were 18 years old, family frequently moved, death of parent(s) before you were 18 years old, parent(s) with a drug problem, parent(s) with a drinking problem, and family member prosecuted for criminal activity. Each of these traumas was associated with only one predictor variable, which, in every case but one, was the factor of Emotional Distress.

Serendipitous Findings

In the course of analyzing the data, several serendipitous findings came to light regarding how each of the 18 family traumas relate not to the 42 presenting problems and intake OQ-45 score, but to each other. Because an examination of this relationship was not part of the specific research question of this dissertation, findings concerning this relationship are only preliminary and not exhaustive. An example of such a finding is the fact that, in the data used in this dissertation, 100% of students who reported the family trauma of parent(s) with a drug problem and 98% of students who reported the family trauma of parent(s) with a drinking problem also reported the family trauma of frequent, hostile arguing among family members.

Discussion

Conclusions and Implications

Numerous studies, many of which have been cited in this dissertation's literature review, have lent support to the idea that family trauma during childhood and adolescence can negatively impact future mental health and well-being. However, it has been unclear how specific family traumas relate to presenting problems and symptom severity as reported at intake by students who present for services at college counseling centers. The purpose of this dissertation was to determine how family trauma reported on the Family Experiences Questionnaire is related to problems endorsed on the Presenting Problems List and severity of symptoms as measured by the OQ-45. Logistic regression analyses were conducted on each of the 18 family traumas, utilizing the 42 Presenting Problems List items and the intake OQ-45 score as independent variables. As a variation, the five Presenting Problems List factors (Draper et al., 2003) were also used, both with and without the intake OQ-45 score, as independent variables in additional logistic regression analyses. Matrices were constructed in order to more easily examine discernible patterns of family trauma as related to presenting problems and symptom severity. The term "pattern" was defined as the presence of non-overlapping, reasonably orthogonal clusters of presenting problems associated with each trauma. Results suggested that although family trauma of a variety of types was associated with symptom severity and various presenting problems, there did not seem to be an overall discernible pattern. Family trauma, then, seems to have a diffuse association with presenting problems and symptom severity. Rather than showing non-overlapping clusters of presenting problems associated with each trauma, which would have indicated a pattern, the results of this study showed that the sequelae of family trauma seems to be expressed in diffuse ways.

Although no overall pattern was apparent, the data showed some interesting findings. As suggested by the results of the logistic regression analyses, some family traumas seem to be more impactful than others. As can be seen in the matrix in Table 57, certain family traumas are associated with a greater number of presenting problems. When the 42 Presenting Problems List items and intake OQ-45 score were used as independent variables, the seven traumas associated with the highest number of presenting problems (between 9 and 11) and highest intake OQ-45 score were as follows: parents with a drinking problem; physical abuse in your family; family member hospitalized for emotional problems; family member diagnosed with a mental disorder; frequent, hostile arguing among family members; rape/sexual assault of yourself or a family member; and family member with an eating problem. When the five Presenting Problems List factors and intake OQ-45 scores were used as independent variables (see Table 58), five of the same seven traumas listed above were found to be associated with the greatest number of factors and highest intake OQ-45 score. When the five Presenting Problems List factors alone were used as independent variables (see Table 59), two of the same seven traumas listed above were found to be among those associated with the greatest number of factors. (These two traumas were frequent, hostile arguing among family members and rape/sexual assault of yourself or a family member.) Because on each of these matrices anywhere from two to seven of the same traumas were among those associated with the highest number of predictor variables, it may be that these seven traumas have the most impact and can be considered the most serious due to the fact that they are associated with so many student problems.

Just as some family traumas seemed to have more diffuse associations than other family traumas, some family traumas seemed to have less diffuse associations than others. These traumas varied according to matrix (i.e., according to which variables were used as independent

variables). Across the three matrices, the one trauma that was associated with the least amount of problems was death of parent(s) before you were 18 years old. Other traumas that were associated with the least amount of problems on the different matrices were family frequently moved, parents divorced or permanently separated before you were 18 years old, parent(s) with a drug problem, family member prosecuted for criminal activity, and parent(s) unemployed for extended period of time. It may be that while these traumas can have important consequences, they might possibly have the least relative impact.

The identification of the particular predictor variables associated with the most family traumas was also an interesting finding. As can be seen in Table 57, the predictor variables associated with the most traumas were relationship with family, parents, or siblings; finances; death or impending death of a significant person; intake OQ-45 score; and rape, sexual assault, or unwanted sex. Relationship with family, parents, or siblings was associated with the highest number of family traumas: 16 out of 18. It may be that when trauma occurs, one of the first areas to be impacted by the trauma is family relationships. While at first thought this might be considered a pattern, it probably does not constitute a pattern due to the fact that when students present with family relationship problems, the associated family traumas that they experienced could be any of a number of traumas (i.e., 16). Thus, when defining “pattern” as the presence of non-overlapping clusters of presenting problems associated with each trauma, in this situation no pattern would exist. The presenting problem of relationship with family is associated with numerous, rather than just one or several, family traumas.

Because the presenting problem of relationship with family was associated with almost all of the 18 family traumas (see Table 57), it might be assumed that this problem would have an effect on the presentation of results in the other two matrices as well (see Tables 58-59).

However, when the 42 Presenting Problems List items were collapsed into five factors (Draper et al., 2003), relationship with family was one of six presenting problems that did not load onto any of the five factors. Therefore, its impact cannot be seen on the matrices on which the five factors are the independent variables. On these two matrices, the one factor that was associated with almost all of the 18 family traumas (16 traumas in Table 58 and 17 traumas in Table 59) was that of Emotional Distress. This seems logical since the factor of Emotional Distress encompasses two of the most highly endorsed presenting problems: anxiety, fear, worries, or nervousness, and depression (see Table 2).

In summary, although some family traumas seemed to be more impactful and have a more diffuse influence than other family traumas, and some predictor variables (i.e., presenting problems, intake OQ-45 score, and five factors) seemed to be associated with more family traumas than other predictor variables, no overall pattern of family trauma related to presenting problems and symptom severity seems to exist. This result appears to be consistent with the findings of many of the studies presented in the literature review of this dissertation. In these studies, it was often the case that a variety of problems seemed to be the sequelae of any particular family trauma.

Two implications of the finding that family trauma seems to have a diffuse influence on presenting problems are as follows. First, attempting to identify a specific presenting problem as being the result of a specific family trauma appears to be misguided. Since, according to the results of this study, specific presenting problems are not associated in a pattern-like manner with specific family traumas, it would most likely not be useful to try to connect family traumas with specific presenting problems. In other words, if a student comes in for counseling with a particular presenting problem, the counselor can make no assumptions regarding the particular

family traumas that the student may have experienced, as there seems to be no direct pathway between particular traumas and particular presenting problems.

A second implication of the finding that family trauma seems to have a diffuse influence on presenting problems is that the Family Experiences Questionnaire can play a useful role as an instrument to help counselors better understand their clients' backgrounds. If this study had found a relationship between presenting problems and family traumas, the implication might be that family traumas experienced by clients could be inferred from their presenting problems. However, since traumas cannot be inferred from presenting problems, information gleaned from the Family Experiences Questionnaire can be clinically beneficial.

Limitations

Several limitations of this study involve generalizability and study design. Regarding generalizability, because the study was conducted at a university counseling center, results are limited to college students who have presented for counseling services (i.e., a clinical college population). In addition, because the university is a religious institution in which the majority of students are Latter-day Saints, results may be unique to that religious population. It would be interesting to compare the results of this study to those of other counseling centers at universities that are both religious and non-religious in their affiliation. One source of data with which to compare the results of this study is the Research Consortium of Counseling and Psychological Services in Higher Education, which periodically publishes descriptive data related to the Counseling Concerns Survey from numerous colleges and includes both clinical and non-clinical samples in its studies.

Regarding study design, the results of this study may be limited due to the method of data collection, which was self-report. The fact that the Presenting Problems List and the OQ-45

involved self-report is not necessarily problematic because the subjective nature of clients' distress is what brings them to counseling in the first place, and it is that subjective distress that is usually addressed in counseling. However, the fact that the Family Experiences Questionnaire involved self-report is more problematic in that clients may not have accurately remembered whether or not particular traumas occurred in their families, particularly if those traumas took place in early childhood and/or if psychological denial is involved. Also, clients may not have accurately filled out the Family Experiences Questionnaire (or the Presenting Problems List) due to embarrassment or hesitancy to reveal certain family traumas or presenting problems.

Another limitation of the study design is the confusing format of the Family Experiences Questionnaire. In several of the 18 items, it is unclear whether respondents are being asked to report about traumas that they experienced themselves, or traumas that a family member experienced. For example, item #9 reads "Physical abuse in your family." Respondents may be unclear as to whether the item refers to physical abuse that they themselves experienced or physical abuse that other family members experienced. Because of this lack of clarity regarding what several items are referring to, students' responses may also be unclear. When a student answers "Yes" to, for example, item #10, "Sexual abuse in your family," the counselor and/or researcher cannot be sure whether the sexual abuse was experienced by the student or by a family member. If various measures on the Counseling Concerns Survey are revised in the future, it may be beneficial to change the wording on some of the items on the Family Experiences Questionnaire so that they are expressed with more clarity.

Suggestions for Further Research

Suggestions for further research involving the data used in this dissertation include questions concerning the Family Experiences Questionnaire, the Presenting Problems List, the

relationship between these instruments and the OQ-45, and the results of the logistic regression analyses performed on the 18 family traumas. Regarding the Family Experiences Questionnaire, as was stated in the Results section of this dissertation, in the course of analyzing the data several serendipitous findings came to light concerning how the 18 family traumas relate not just to the 42 presenting problems and intake OQ-45 score but to each other. It may be of interest to examine in greater detail the interconnectedness of various family traumas listed on the Family Experiences Questionnaire.

Regarding the Presenting Problems List, useful information might be obtained by incorporating duration of distress, in addition to level of distress, for each presenting problem. Such information could lend additional insight to the nature of distress being experienced by students in regards to their presenting problems. It might also be beneficial to examine subgroups of the sample in order to see how they differ on particular presenting problems endorsed. For example, the data could be analyzed by gender, age, and marital status. It would be interesting to see whether, for example, students who were 18 years old were more likely than students who were 26 years old to report a presenting problem of homesickness. It would also be interesting to see if, when such demographic subgroups were examined, a discernible pattern emerged between specific traumas reported on the Family Experiences Questionnaire and specific presenting problems as listed on the Presenting Problems List or symptom severity as measured by the OQ-45. Although no discernible pattern was found in this dissertation, it is possible that when analyzed by subgroups, a pattern might emerge.

An examination of other questions regarding the relationship between the Family Experiences Questionnaire, the Presenting Problems List, and the OQ-45 could yield interesting findings. It should be noted that similar, but not identical, questions have already been addressed

by White (2005) and Evans (2005), who analyzed a portion of the same data used in this dissertation. One possible research question is as follows: Is a greater number of traumas endorsed on the Family Experiences Questionnaire associated with a higher intake OQ-45 score? An examination of this question might also address the concept of differential weighting of family traumas, the assumption being that not all family traumas are of equal weight and impact. Another possible research question is as follows: Do specific family traumas endorsed on the Family Experiences Questionnaire predict intake OQ-45 scores better than do specific presenting problems endorsed on the Presenting Problems List? A final research question dealing with the relationship between instruments is as follows: Of those respondents who endorsed a particular family trauma, what percentage also endorsed particular presenting problems? An examination of such an inquiry might add insight to the question of whether or not a discernible pattern exists between family trauma and presenting problems.

In addition to questions regarding the individual instruments (i.e., Family Experiences Questionnaire, Presenting Problems List, and OQ-45) and their relationship, additional inquiry into the results of the logistic regression analyses, specifically negative beta coefficients, could be of benefit. As described earlier in this dissertation, it was originally assumed that all beta coefficients would be positive, thus indicating positive correlations between predictor variables and the dependent variable (the specific family trauma). However, the logistic regressions resulted in some beta coefficients that were negative, indicating negative correlations between predictor variables and the dependent variable. For the purposes of this dissertation, the negative beta coefficients were deemed to be uninterpretable. It might, however, be interesting to examine further the meaning of negative beta coefficients. Could it be, for example, that if a particular family trauma and a particular presenting problem have a negative beta coefficient that the

occurrence of that trauma is somehow associated with a reduction in the probability of experiencing a particular presenting problem? Answers to questions such as this might lead to beneficial information regarding the impact of family traumas and might involve the concept of resiliency.

Summary

Although results of this study did not show a discernible pattern between family traumas and presenting problems and symptom severity as measured by several intake instruments that are utilized by college counseling centers, it did show that family trauma seems to have a diffuse association with presenting problems and symptom severity; in other words, the sequelae of family trauma seems to be expressed in diffuse ways. However, some family traumas seem to have a greater number of associations than other family traumas, and family traumas that are associated with the most and with the least number of presenting problems were identified. The family traumas listed on the Family Experiences Questionnaire that seem to be associated with the greatest number of presenting problems are parents with a drinking problem; physical abuse in your family; family member hospitalized for emotional problems; family member diagnosed with a mental disorder; frequent, hostile arguing among family members; rape/sexual assault of yourself or a family member; and family member with an eating problem. Family traumas listed on the Family Experiences Questionnaire that seem to be associated with the least number of presenting problems are death of parent(s) before you were 18 years old, family frequently moved, parents divorced or permanently separated before you were 18 years old, parent(s) with a drug problem, family member prosecuted for criminal activity, and parent(s) unemployed for an extended period of time.

An implication of the finding that trauma seems to have diffuse associations is that attempting to identify a specific problem as being the result of a specific family trauma appears to be misguided, since there seems to be no direct pathway between particular traumas and particular presenting problems. Since traumas cannot be inferred from presenting problems, the Family Experiences Questionnaire can thus play a useful role in helping counselors to better understand the family trauma in their clients' backgrounds. In addition to the findings and implications discussed above, this study also introduced a number of intriguing questions that could fruitfully be examined in further research.

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Appendix A

BYU Counseling and Career Center Intake Instrument

BYU ID:

Date:

Counseling and Career Center Initial Survey Thank you for completing these questionnaires. Your answers to these confidential questionnaires will help us serve you better. If the question calls for a written answer, please write legibly. Any DARK pen or pencil will work for the response "bubbles," but avoid stray marks and fill the response "bubbles" completely. Your ID number and the date you were given this form appear as bar codes above. If your ID number or the date are printed incorrectly, cross out the incorrect information and write in a correction.

Reliable Marks

Marks That Won't Scan Or Are Likely To Cause Scoring Errors



1. Your full name (Last Name, First Name, Middle Name or Initial): _____

2. Your local address (Street Address, City, Zip): _____

3. Local Residence Phone: _____ Cell Phone: _____ Email address: _____

4. Which of these do you prefer? Local Phone, Cell Phone, Email Address. Can we contact you by: Local Phone, Cell Phone, Email Address. Yes No

Best time to reach you by phone? _____

5. Your permanent address (Street, City, State or Country, Zip): _____

6. Permanent Phone: _____ May we call? _____ Best time? _____

7. Are you now or have you previously received counseling? _____ If yes, when? _____

If yes, where and with whom? _____

8. Referred By: Self-Referred, Friend, Relative, Faculty Member, Residence Hall (RA or Head Resident), Physician or Mental Health Worker, University Administration, Student Services, Honor Code Office, Bishop or Other Religious Leader, Other:

9. Date of Birth (Month, Day, Year) 10. Marital Status (Single, Married, Divorced, Separated, Widowed) 11. Religion (LDS Ward?, Catholic, Protestant, Other Christian, Buddhist, Hindu, Jewish, Moslem, Sikh, None) 12. Ethnicity or Race (optional): African American, Alaskan Native, Asian Heritage, Hispanic, Native American, Pacific Islander, Caucasian, Multi-Ethnic, Other:

13. Disability Status? (optional) None, Wheelchair (manual), Wheelchair (powered), Visually Impaired, Speech or Hearing Impaired, Learning Impaired, Chronic Health Problems, Other:

14. University Status: Freshman, Sophomore, Junior, Senior, Non-Degree Grad Student, Masters Student, Law School, Ph.D. Student, Prospective Student, Faculty or Staff, Family--Fac. or Staff, Family--Student, Other:

15. Current semester enrollment: (credit hours) 0-20, More than 20?, Plus 1/2 credit?

16. Academic Standing: Good Standing, Warning, Probation, Continued Probation, Suspension

17. College major, if declared: _____

Please complete and give these confidential questionnaires to your counselor. Please use a dark pen or pencil and avoid stray marks, especially near the scannable response "bubbles."

Reliable Marks

Marks That WON'T Scan or Will Likely Cause Scanning Errors



What is the most pressing concern which brought you to the Counseling and Career Center?

What would you like to change?

Your Current Situation: Looking back over the last week, including today, help us understand how you have been feeling. Read each item and fill the "bubble" that best describes your current situation. For this questionnaire, "work" is defined as: employment, school, housework, volunteer work, and so forth.

	Never	Rarely	Sometimes	Frequently	Almost Always		Never	Rarely	Sometimes	Frequently	Almost Always
1 I get along well with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24 I like myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 I tire quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25 Disturbing thoughts come into my mind that I cannot get rid of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 I feel no interest in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26 I feel annoyed by people who criticize my drinking (or drug use). (If not applicable, mark "never.")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 I feel stressed at work/school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27 I have an upset stomach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 I blame myself for things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28 I am not working/studying as well as I used to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 I feel irritated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29 My heart pounds too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 I feel unhappy in my marriage or significant relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30 I have trouble getting along with friends and close acquaintances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 I have thoughts of ending my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31 I am satisfied with my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 I feel weak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32 I have trouble at work/school because of drinking or drug use. (If not applicable, mark "never.")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 I feel fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33 I feel that something bad is going to happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 After heavy drinking, I need a drink the next morning to get going (If you do not drink, mark "never")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34 I have sore muscles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 I find my work/school satisfying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35 I feel afraid of open spaces, of driving, or being on buses, subways, and so forth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 I am a happy person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36 I feel nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 I work/study too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37 I feel my love relationships are full and complete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 I feel worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38 I feel that I am not doing well at work/school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 I am concerned about family troubles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39 I have too many disagreements at work/school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 I have an unfulfilling sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40 I feel something is wrong with my mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 I feel lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41 I have trouble falling asleep or staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 I have frequent arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42 I feel blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 I feel loved and wanted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43 I am satisfied with my relationships with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 I enjoy my spare time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44 I feel angry enough at work/school to do something I might regret	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 I have difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45 I have headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 I feel hopeless about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

Family History Questions: Below is a list of experiences which may occur in families. Read each experience carefully. Some of these may have been true at one point in your life but not true at another point. Think about your childhood and your adolescence. If the experiences never happened in you family, please fill in the "bubble" mark for NO. If you are unsure whether or not the experience occurred in your family at some time, please fill in the middle bubble mark for UNSURE. If the experience happened in your family during either of these periods, either during your childhood or adolescence, please fill in the bubble for YES.

	NO - NEVER HAPPENED	UNSURE	YES - THIS HAPPENED
1. Parents divorced or permanently separated before you were 18 years old.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Family frequently moved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Parent(s) unemployed for an extended period of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Frequent, hostile arguing among family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Death of parents(s) before you were 18 years old.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Parent(s) with a drinking problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Parent(s) with a drug problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Parent(s) with a gambling problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Physical abuse in your family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Sexual abuse in your family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Rape / sexual assault of yourself or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Family member hospitalized for emotional problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Family member diagnosed with a mental disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Family member attempted suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Family member committed suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Family member with a debilitating illness, injury, or handicap.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Family member prosecuted for criminal activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Family member with an eating problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Medication Questions: It is important for us to know if you are taking medications that effect your psychological and emotional functioning. These might include medications for depression, for anxiety, or for conditions sometimes called "chemical imbalances." Sometimes medications taken for other medical conditions can effect emotions or psychological functioning. Are you taking any medications that affect your emotions or psychological condition? (Mark any answers which apply.)

- NO** You are not now taking such medications and have never taken such medications. If "NO," you're finished with this questionnaire.
- YES** You are now taking such medications. If so, please complete question 1, below, and discuss this with your counselor during your session.
- NOT NOW** You are not now taking such medications, but have in the past. If this is the case, please finish question 2, below and discuss this with your counselor during your session.
- UNSURE** If you are not certain about your current or past medications, you are finished with questions about medication, but please discuss this with your counselor during your session.

1. Please list below the main psychologically active medication(s) you are now taking and indicate for how long you have been taking each:

Medication(s)	Length of Treatment With Each Medication
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2. Please list below the main psychologically active medication(s) you took in the past and indicate for how long you took each and how long since you stopped taking these medications:

Medication(s)	Length of Treatment With Each	How Long Since Treatment Stopped?
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Part 1, Your Specific Concerns: Below is a list of problems students sometimes face. Read each item on the list and, if it is a problem for you, fill in the "bubble" indicating the extent to which the problem is currently causing you distress. If a situation is not causing distress, leave the item blank. If you do report distress for a problem, go on to Part 2, on the right, and rate how long the situation has been a problem for you.

	CURRENT DISTRESS				DURATION						
	None - no mark necessary	A little bit	Moderate	Quite a bit	Extreme	Less than a week	1 to 4 weeks	1 to 6 months	6 to 12 months	1 to 3 years	More than 3 years
1. Academics or school work or grades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Adjustment to the university.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Alcohol or drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Anxiety, fear, worries, or nervousness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Assertiveness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Breakup / loss of a relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Concentration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Confusion about beliefs or values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Dating concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Death or impending death of a significant person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Decisions about career or major.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Depression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Developing independence from family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Ethnic / racial discrimination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Eating: binging, vomiting, dieting, laxatives, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Fasting or avoiding food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Finances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Homesickness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Irritability, anger, or hostility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Making friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Perfectionism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Physical health problems (e.g., headaches, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Problem pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Procrastination or getting motivated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Rape, sexual assault, or unwanted sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Reading or study skills problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Relationship with family, parents, or siblings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Relationship with friends, roommates, or peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Relationship with romantic partner or spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Religious or spiritual concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Self-esteem or self-confidence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Sexual concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Sexual identity or orientation issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Sexually transmitted disease(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Shyness, being ill at ease with people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Sleeping problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Stress management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Suicidal feelings or thoughts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Test, speech, or performance anxiety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Time management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Uncertain about future or life after college.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Weight problems or body image.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 2, Duration of Your Concern: For each item you marked on the left as causing you distress, fill in a "bubble" below which indicates for how long you have had the problem. If an item is not causing distress and if you did not fill in a "bubble" for the item on Part 1 on the left, then don't mark a duration for that item in this second set of "bubbles" below.

Academics or school work or grades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to the university.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol or drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety, fear, worries, or nervousness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assertiveness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breakup / loss of a relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concentration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusion about beliefs or values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dating concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Death or impending death of a significant person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decisions about career or major.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing independence from family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnic / racial discrimination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating: binging, vomiting, dieting, laxatives, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fasting or avoiding food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homesickness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability, anger, or hostility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perfectionism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical health problems (e.g., headaches, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procrastination or getting motivated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rape, sexual assault, or unwanted sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading or study skills problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with family, parents, or siblings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with friends, roommates, or peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with romantic partner or spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious or spiritual concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-esteem or self-confidence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual identity or orientation issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted disease(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shyness, being ill at ease with people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicidal feelings or thoughts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Test, speech, or performance anxiety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertain about future or life after college.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight problems or body image.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. Other: If you are having difficulty with some problem not covered by the list above, please write a brief note describing your problem to the right, here, and mark the "bubbles" which describe your current distress about this problem and for how long this has been a concern for you.

Appendix B

BYU Counseling and Career Center Informed Consent Form

BYU ID:

BYU COUNSELING & CAREER CENTER
Clinical Services
Office Policy Information

SERVICES The Counseling and Career Center (CCC), a department of Student Life, offers services that are typically oriented toward short-term interventions designed to help students develop self-reliance and to succeed in their role as students. Specifically, CCC provides individual and group counseling, couples counseling, and stress management education to assist students as they work toward their academic goals. Counseling services are offered to full-time day students. Couples counseling is available if one of the pair is a full-time day student. You will have an intake interview following which you will be referred to the professional service in the Center appropriate to your concern. Periodic review of cases by the CCC Counseling Staff will determine the type and duration of CCC services made available to clients. CCC after-hours emergency services can be accessed by contacting the BYU Police at 422-2222.

WHO WE ARE The professional personnel of the CCC include: licensed professionals in the fields of counseling and clinical psychology, social work, and marriage and family therapy, psychology interns and externs, and doctoral practicum students. In addition, we also have paraprofessionals who assist in the delivery of services.

CONFIDENTIALITY CCC counselors are legally and ethically bound to maintain the confidentiality of your discussions in counseling. Any inquiries about you from outside the Center will not be acknowledged without your written permission. *Exceptions to this policy may occur in cases of child or elder abuse or where there is clear and present danger to yourself or others. Please discuss these exceptions with your counselor if you have any questions.* Email is not a secure medium so any correspondence you may have with the center via email cannot be guaranteed to remain confidential.

PROFESSIONAL STANDARDS If you should have any questions or concerns about your counseling or your treatment by any of our staff, please discuss these issues with your counselor or with the Center's clinical director. If we determine that we cannot meet your needs at CCC, we will help you find other resources.

COUNSELING APPOINTMENTS We will be sending an email reminder of your appointment which you will receive the day prior to your appointment. *If you would like to have this service, please initial here.* _____ . Since counselor time is in high demand, we request your cooperation in notifying our office promptly, **at least 24-hours in advance**, when you are unable to attend a session. If a pattern of missing appointments becomes apparent, it is our policy for your counselor to discuss this with you. A persistent problem with no shows or cancellations may result in limited access to our services or may be grounds for discontinuing treatment in the center. Our phone number is 422-3035.

TAPING We often tape client sessions in CCC (video or audio). This is done primarily to ensure that clinicians in training are properly supervised and secondarily as a vehicle for professionals to consult with one another. Only professional personnel of CCC will be permitted to view or hear a tape.

Please initial in the following space to give your consent to taping: _____.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ, UNDERSTOOD, AND AGREED TO THE ABOVE INFORMATION. YOUR INTAKE COUNSELOR WILL REVIEW THESE POLICIES WITH YOU TO ANSWER ANY QUESTIONS YOU MAY HAVE ABOUT THEM.

Client Name (please print)

Client Signature

Date

Counselor Signature

Date

[Please take an unsigned copy of this form for your personal records]

SEE REVERSE SIDE FOR RESEARCH CONSENT FORMS

Consent To Be a Research Participant at the Counseling and Career Center

Research Archive Project

Purpose. We hope to study counseling effectiveness at the BYU Counseling and Career Center (the CCC) and share what we learn among those with a scientific interest in counseling. We do this by creating an archive of psychological assessments and information about counseling from which we will carry out various research projects as scientific questions about counseling arise.

Procedures. All clients at the CCC are asked to complete psychological assessments as part of counseling. We also record referrals to physicians, referrals for educational and career assessment, attendance at sessions, and so on. Some assessments are completed by all clients prior to the first session and all clients are asked to complete the Outcome Questionnaire (the OQ45) before each session. Your counselor may ask you to complete other psychological assessments as part of your counseling. We would like to place information from your counseling in a confidentially coded research archive. You have the right to choose whether or not to participate. You were selected for participation in this research because you are receiving counseling and will complete such assessments. If you choose not to participate, information from your counseling will not be placed in the archive nor will it be included in scientific research reports. **Counseling services will not be stopped, limited, or jeopardized in any way if you decide not to participate in our archival research.** If you decide not to participate in this research, your counselor may still ask that you complete psychological assessments for counseling purposes.

Confidentiality. All information about your counseling is strictly confidential. Information about you will be kept in a secure, confidential file during counseling regardless of inclusion in the research archive. Only researchers from the CCC or researchers working under the close supervision of CCC counselors will have access to information in the research archive. Personally identifying information is removed from the research archive and replaced by code numbers making it impossible to identify individual clients from archival information. Coded information in the archive will be stored indefinitely in a secure manner. Information from the archive will be reported as group data only. Individuals will never be identifiable in such reports.

Risks. Risks from including your information in our research archive are no greater than the risks from counseling.

Benefits. The main benefit in allowing us to include information about your counseling in our research archive is that counseling as a science and profession may improve through better understanding about counseling gained through our research.

Consent. We would like to use information from your counseling in the research archive. If you consent to have your information included in the archive, sign on the line directly below, at the left. If you do not consent, sign on the line directly below, at the right. You may discuss this with your counselor before your sign or you may sign now, but your counselor will only answer questions and will not persuade you either way.

I agree to participate. I agree to have information from my counseling included in the research archive.

or I do not agree to participate. I don't want information from my counseling included in the research archive.

(signature)

(date)

(signature)

(date)

Feedback Research Project

Purpose. There is evidence that providing clients with detailed feedback about their progress during counseling improves the effectiveness of counseling. We would like to test this by providing feedback to a randomly selected subgroup of clients at the CCC. Randomization is needed to isolate any positive or negative effects due to providing feedback from possible competing explanations.

Procedures. Approximately half of CCC clients will be selected on a random basis to receive information about the progress of their counseling. Feedback will be based primarily on the OQ45, though counselors may ask clients to complete other psychological assessments which could provide information during counseling. If you are randomly selected to receive ADDITIONAL feedback you will, from time to time, receive ADDITIONAL detailed information about the progress of your counseling. If you are not selected to receive feedback, counseling will proceed as usual. Your counselor may still use psychological assessment as part of counseling. **In order to participate in this feedback research project, it will be necessary to have your counseling information included in the research archive described above. Counseling services will not be stopped, limited, or jeopardized in any way if you decide not to participate in this feedback research project.**

Confidentiality. Counseling information will be handled in a strictly confidential manner during this project. Preparation of feedback about progress in counseling will take place under the careful supervision of the CCC's professional counselors and in a secure location at the CCC. Information about you will remain in a secure file and detailed feedback will be given only to you and to your counselor.

Risks. There are no known risks from receiving feedback about progress in counseling. It is possible that clients who learn that counseling is not proceeding as expected or as they want could experience disappointment or discouragement. Counselors are prepared and qualified to deal with such negative reactions, since such reactions may occur during regular counseling even when detailed feedback is not provided.

Benefits. Previous research suggests that clients like to receive detailed feedback about their progress and that counseling may become more effective when such feedback is given. You may receive these benefits if you are among the clients selected to receive feedback. If it becomes reliably clear that providing feedback is helpful we will begin to provide feedback to all clients.

Consent. We invite you to participate in this research. You must consent to participate in the research archive project described above to participate in this project. If you consent, sign and date to the left below. If you do not consent, sign and date to the right below:

I agree to participate in the client feedback project.

or I do not agree to participate in the client feedback project.

(signature)

(date)

(signature)

(date)

Researcher. If you have any questions about either of these research projects, contact Dr. David Smart, Counseling and Career Center, WSC 2518, BYU; phone (801) 422-3035.

Institutional Research Review Board at BYU. For information regarding the rights of research participants, contact Dr. Renea Beckstrand, Chair, Institutional Review Board, 422 SWKT, Brigham Young University, Provo, Utah 84602; phone (801) 422-3873, renea_beckstrand@byu.edu.