

First-Year Students in Counseling at the University Counseling Service
An Outcome Evaluation Study
Fall 2011

Background

First-Year students undergo a host of changes and transitions during their first semester on campus. While this can be an exciting time for students, it can also be stressful. The University Counseling Service is one of the offices in the Division of Student Life that can help students with these issues.

Purpose

This study explored which psychological difficulties first-year students reported upon entering counseling, how symptoms might have changed at the end of a counseling experience, and a possible correlation between symptom status and retention.

Learning Outcomes

The following are generalized learning outcomes for clients at the University Counseling Service who identify as first-year students. There are specific learning outcomes for each student in addition to the generalized learning outcomes for this particular student population.

1. Make successful adjustment to university setting and expectations
2. Reduce symptoms of anxiety and/or depression if present
3. Reduce relationship and family distress if present
4. Learn to problem solve
5. Explore identity concerns
6. Resolve stressors to increase chance of continued enrollment at the university

Method

Clients who identified as first-year students and sought services at the University Counseling Service (UCS) during Fall 2011 were included in this study. Therapists at the UCS were asked to administer the Counseling Center Assessment of Psychological Symptoms survey (CCAPS) to first-year student clients at intake and sessions 3, 6, and termination. The intake CCAPS assessment is part of the UCS required assessment for all clients, the repeated measurements are optional for therapists to request. The CCAPS is an electronic instrument normed on and for college students. It consists of 62 items that are grouped into eight subscales: depression, generalized anxiety, social anxiety, family distress, academic distress, eating concerns, hostility, and drug and alcohol use. A reliable change index (RCI) score indicates statistically significant changes in subscale scores between administrations.

Results

A total of 117 first-year students accessed UCS services during Fall 2011. Of those students, presumably about 50% were offered ongoing counseling (this is the general percentage of students who are offered ongoing counseling versus one-session consultations). Typically, about 50-60% of those students who are offered ongoing services persist for at least two sessions, making for a potential sample of 25 participants in this study. The actual sample for this outcome evaluation was comprised of 14 first-year students who were seen for a minimum of three sessions and received the CCAPS instrument at intake (session 0) and at session 3. Ten of these 14 clients were seen for at least six sessions and took a CCAPS at session 6 in addition to intake and session three. There were an additional four first-year students in ongoing counseling at the UCS this fall who would have qualified for this study but were not included due to individual therapists not cueing repeated CCAPS administrations.

There were three men and 11 women in the sample, with 12 students being 18 years old and two students being 19. Eleven of the fourteen students identified as Caucasian. Thus, this is a traditional first-year student sample. Twelve of the fourteen students who had received services at the UCS were registered for their second semester at the UI while two participants were no longer enrolled in the university. This retention rate of 86% is roughly equal to recent retention rates for the UI.

Mean scores for the CCAPS subscales at intake, session 3, and session 6 are reported in Table 1. CCAPS subscale scores are percentile scores, comparing the population for this study to a norm sample of approximately 20,000 college students in counseling nationally. Thus, for instance, the UCS sample had a mean depression score at intake of 53.8%, meaning that the students scored higher than 53.8% of their peers in counseling nationally. According to a paired samples t-test, there was statistically significant change between intake and session 6 for all but the eating concerns, family concerns, and drug/alcohol abuse subscales.

Table 1: Means of CCAPS subscales across time

	Intake	Session 3	Session 6
Depression	53.8	41.7	26.1
Generalized Anxiety	60.3	48.7	28.3
Social Anxiety	47.7	45.9	32.8
Academic Distress	38.6	31.2	13.3
Eating Concerns	48.9	45.7	33.7
Family Distress	43.0	44.0	30.9
Hostility	55.4	50.6	31.0
Drug/Alcohol Abuse	17.9	35.4	27.9

Discussion

Several patterns emerged from the data. First-year students in counseling at the UCS showed reduced symptoms in all areas of concern except for drug and alcohol abuse as measured by the CCAPS. It is notable that while improvements in depression, generalized anxiety, academic distress were statistically significant between intake and the third session in therapy, improvements were even greater between session 3 and 6 in those areas. Additionally, areas of concern that had not significantly improved between intake and session 3, including social anxiety and hostility, showed significant improvement by session 6. Family distress initially remained high through week 3 of therapy but then dropped significantly for students. Even though the change is not statistically significant, this study should be repeated with a larger sample to see if family distress is correlated with participation in counseling.

One possible explanation for the overall pattern in symptom reduction is that the initial benefit of counseling was to reduce distress (as in depression, generalized anxiety, and academic distress) and that the additional changes between sessions 3 and 6 required more time and more work on part of the client and therapist, such as in reducing symptoms of social anxiety. Family distress and eating concerns are often a long-standing problem for students and not as easily addressed in individual therapy as some of the other issues that appear more individualized. The slight reduction in hostility between sessions 3 and 6 can be explained with clients needing time and experience with the therapist to trust the person and the counseling process. In addition, many of our first-year students are referred by others and thus not initially intrinsically motivated for counseling, a fact that could contribute to some initial difficulty with trusting and engaging productively in counseling. Though not a statistically significant change either, the percentage increase in drug and alcohol abuse over the course of therapy is concerning yet not surprising, given the high percentage of student binge drinking behaviors on this campus.

Summary and Recommendations

First-year students who sought clinical services at the UCS showed significant improvement in their overall distress and more specifically in the areas of depression, generalized anxiety, and academic concerns. While there was some initial change between intake and session 3, it is evident that further positive change took place between sessions 3 and 6. Drug and alcohol abuse remains an area of concern. The small sample size in this study as well as the lack of a control group should be considered when interpreting results.

The following are recommendations from the results of this study:

- First-year students as a group should be strongly encouraged to seek counseling for their concerns as counseling has shown to be beneficial to this population.
- First-year students who are offered ongoing counseling services should be encouraged to fully engage in the counseling process and make use of the services provided to them.

- Therapists should assess change in the different areas of a student's functioning and work toward improvement in all areas, in addition to focusing solely on the presenting concern.
- Drug and alcohol use and abuse by first-year students should be closely monitored in individual counseling even if the student might not appear concerned about his or her use. Motivational interviewing strategies could be used to discuss any increase in severity of drug and alcohol use as measured by repeated CCAPS administrations.
- Due to small sample size, further data collection is strongly encouraged and current results should be viewed as preliminary.