February 23, 1976

To the Graduate Council:

I am submitting herewith a dissertation written by William C. Shearer entitled "Counseling Center Accountability: A Critical Review and Model." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education, with a major in Educational Psychology and Guidance.

John W. Edgerly

John W. Edgerly, Major Professor

We have read this dissertation
and recommend its acceptance:

Karen Kirb Swander

Robert L. Williams

Leo F. Droppleman

Accepted for the Council

Hilton A. Smith

Vice Chancellor
Graduate Studies and Research

COUNSELING CENTER ACCOUNTABILITY:

A CRITICAL REVIEW AND MODEL

A Dissertation

Presented for the

Doctor of Education

Degree

The University of Tennessee, Knoxville

William C. Shearer

March 1976

[redacted]

ACKNOWLEDGEMENTS

A great many people have helped bring me to this point. Time and space will, unfortunately, only allow me to mention a few. Thinking back on my entire program, a program begun nearly five years ago, certain individuals stand out as having contributed disproprotionately to my growth. Initially, Dr. Sherry Nye Cormier provided the academic experiences and counseling skills development that has propelled me to this day, culminating in this work. Dr. Schuyler Huck has similarly provided me with valuable skills in research design. Dr. Bob Williams has been directly responsible for the development of a major part of my professional knowledge. All three have inspired me by their unusual competence and professionalism. Special thanks go to the members of my committee, Dr. John Edgerly, Dr. Karen Swander, Dr. Bob Williams, and Dr. Leo Droppleman. In addition to serving on my committee, Karen has long been a special teacher and friend. Dr. John Edgerly has worked tirelessly, as is characteristic of him, to help refine this work and to support and encourage the effort and the author in many ways. Thanks also to Sandy Edgerly for her lasagna and sincere encouragement prior to orals. Finally, thanks to Cleo, for her very special caring.

ABSTRACT

The purpose of this paper was to systematically construct a rationale and methodology for college and university counseling center accountability. A wide and diverse body of literature was analyzed so as to extract knowledge having major implications for assessment of counseling services. This information was then evaluated and finally synthesized to produce a comprehensive matrix of thought on counseling accountability. Specifically, counseling center accountability was investigated in terms of: (a) Assessment of needs within the student population as well as center impact on the population; (b) Criteria of Counseling Effectiveness; (c) Evaluative Research Design; (d) Program Evaluation and Accountability Systems; (e) Time and Cost Accounting; (f) Administrative Accountability; (g) Outreach Evaluation; and (h) Agency goals. Criteria were proposed for evaluative measures of counseling effectiveness. In particular, it was concluded that counseling outcome be assessed through repeated observations of individual behavior change, using both internal and external criteria within a predetermined scaling system for possible outcomes. Time series designs were found to be optimal in a counseling center setting. A final recommendation was that counselors actively involve themselves in interaction with administrators and clients to affect a synthesis of goals upon which to base evaluative efforts.

TABLE OF CONTENTS

CHAPTER	PAGE
INTRODUCTION	1
I. STATEMENT OF THE PROBLEM	3
Accountability Trend	3
Responses to Budgetary Attacks	6
The Need for Ongoing Evaluation Research	8
Resistance to Evaluation Research	9
Benefits	11
Scope, Format, and Direction of Study	13
Assumptions	14
Overview	16
II. A CRITICAL REVIEW OF THE LITERATURE	17
The Population: Needs Assessment and Service Impact	17
Criteria of Counseling Effectiveness	43
Evaluative Research Design	57
The One Shot Case Study	67
The One Group, Pre-test, Post-test Design	68
The Static Group Comparison	69
Pre-test, Post-test, Control Group Design	70
Post-test Only Control Group Design	70
The Soloman Four-Group Design	70
Nonequivalent Control Group Designs	71
Separate-Sample Pre-test--Post-test Designs	72

CHAPTER PAGE

The Single Group Time Series Design 74

Multiple Baseline Designs 77

Program Evaluation and Accountability Systems 80

Time and Cost Accounting 101

Administrative Accountability 106

Outreach Evaluation 114

Agency Goals 120

III. ASSESSMENT METHODOLOGY: SERVICE ASSESSMENT BASED ON EXISTING DATA AND DATA GENERATING MODELS 128

Service Assessment Based on Existing Data 134

Data Generating Models 144

IV. IMPLEMENTATION CONSIDERATIONS 155

V. SUMMARY AND CONCLUSIONS 167

REFERENCES 176

APPENDICES 194

Appendix A 195

Appendix B 197

Appendix C 199

Appendix D 200

Appendix E 202

Appendix F 204

Appendix G 205

Appendix H 206

VITA 207

LIST OF TABLES

TABLE		PAGE
I.	Sample Goal Attainment Scaling	94
II.	Excerpts from John Doe's Annual Accountability Record . . .	104
III.	Program Need Determination	116
IV.	Program Evaluation	118
V.	Example of Enrollment Figures	136

LIST OF FIGURES

FIGURE PAGE

1. Sample Format of Case Study Using the Counseling Outcome Inventory 89

2. Diagram of a Modified Shontz System 150

INTRODUCTION

With the increasing emphasis on accountability extending into all areas of public expenditures, evaluation of campus counseling center services is a particularly timely concern. Vague statements of counseling intent and procedures, as well as subjective impressions of service value will be seen as increasingly less relevant to administrative decisions. It is entirely possible that these administrators, faced with pressing financial considerations, will demand that counseling centers provide concrete proof of their legitimacy. In the absence of valid and meaningful outcome evidence, decisions may have to be made simply on the basis of dollars and cents without regard to service value. Even less appropriate, administrative decisions may be made solely on the administrators' subjective judgement. From a different perspective, effective evaluation procedures can significantly aid in reaching appropriate goals and objectives. Furthermore, it can provide program administrators with sound information with which services can be improved and supported.

Efforts at accountability are equally valid and desirable within the counseling center itself. Meaningful evaluative research data is essential to the practicing counselor interested in improving service delivery. There is wide variability in the extent to which counseling centers are asked to provide accountability data and in the criteria for acceptability of such data. Quite

apart from the concern for demonstrating accountability coming from an administrative viewpoint, evaluative research can provide a foundation for center professionalism quite apart from external demands for accountability.

The purpose of this paper is to systematically construct a rationale and methodology for counseling center accountability. A wide and diverse body of literature has been analyzed in an effort to extract knowledge having major implications for assessment of counseling services. This information is evaluated and finally synthesized to produce a comprehensive matrix of thought on counseling accountability. Final consideration is given to the pragmatic application of evaluative systems and resulting data.

CHAPTER I

STATEMENT OF THE PROBLEM

Accountability Trend

At this point in time, more than at any other time in three decades, all public institutions are being strongly pressed to justify their continued public support by convincingly demonstrating proof of their legitimacy. Public support for higher education has been especially confronted by the issue of accountability. The chief impetus for this confrontation is the fiscal crisis that has become a fact of life for most colleges and universities. As funding becomes increasingly difficult, administrators are under greater pressure to more closely examine budget and spending priorities. They are eliminating and reducing spending on low priority services as well as services not seen as essential to the mission of the college or university.

College and university counseling centers have by no means been exempted from this kind of budgeting attach. It is increasingly apparent that counseling centers, despite the widely held opinion that counselors do "good things," have increasingly experienced drastic cuts in operating budgets, personnel reductions, unfavorable administrative realignment and even, in some cases, the termination of services (Warnath, 1971, 1972). These pressures on counseling centers have paralleled the general trend within the

helping professions for accountability and evaluation to be increasingly required, debated and resisted (Salisin, 1972). This concern for effective evaluation may have begun even before the current budgeting emphasis with Eysenck's 1952 article (Pascal and Zax, 1956; Smith, 1976). More recently accountability within the health services has been an outgrowth of concerns for protecting consumers (Nader Report, 1972; Nader Group, 1975).

During the affluent growing years of college and university counseling services, assessment of the contributions of professional counselors was not questioned (Warnath, 1972). University administrators generally acknowledged that counselors were fulfilling a useful function. However, with increasing size and heterogeneity of the student population, coupled with the proliferation of helping agencies and a tightening of purse strings, administrators have been compelled to rigorously evaluate these campus programs. In regard to education in general and counseling in particular, accountability conveys the premise that educators and counselors should have responsibility for student attainment of specific educational goals or student outcomes. Accountability procedures are expected to provide evidence of program effectiveness as well as identify areas where improvement is needed. Ideally, the statements resulting from these procedures "should" be seen as relevant and useful by university administrators in their decision making (Sullivan & O'Hare, 1971).

Some authors feel that, even without the specific issue of fiscal accountability, public, student, and administrative support

for college and university counseling services has declined (Humes, 1972; Warnath, 1972). Humes sees this decline as the result of guidance not producing a descriptive format readily understood by its consumer, making it "virtually impossible to discuss process and end product" with any degree of precision. Warnath (1972) states that the counselor's accountability confrontation is compounded by the fact that various components of the student population are rejecting traditional services and turning to a variety of nontraditional, often student-run-programs, including minority programs, legal aid services, women's programs, drug crash pads, abortion referral services, assorted crisis centers, and other services quite removed from counseling center auspices. This flight from the counseling center and the resulting role confusion may well be a contributing factor to the somewhat less than total administrative support for counseling services. In an extensive survey of University psychological, psychiatric, and counseling services in the western United States Bloom (1970) found that 89% of counseling personnel reported that the demand for mental health services exceeded their ability to provide such services, while 38% believed that their university administration was skeptical as to the necessity of such services being provided at all.

The conditions listed thus far have prompted serious questions based upon budgeting expediency and varying administrator views as to the contribution of counseling services to the overall mission and viability of the university. Counseling center personnel

have chosen a number of ways of responding to these questions and with varying degrees of success (Humes, 1972; Trembley & Bishop, 1974).

Responses to Budgetary Attacks

Possibly the most common response to budgetary attacks is to ignore and deny them as much as possible or to retreat into the "not measurable" defense asserting that counseling value is intangible and not amenable to conventional assessment. Additionally, the structure of counseling services is thought of as sufficient evidence that such service is desirable and useful; counseling should be justified simply because it is an established traditional service. Such a position, to be successful, would seem to depend upon administrative "good grace" or substantial political power, both of which are rather uncharacteristic of university counseling centers. Such a nebulous and ethereal position would seem most naive in the face of the increasingly sharper scrutiny characteristic of current accountability processes (Trembley & Bishop, 1974).

Another related problem is that concerned counselors become offended by the association of monetary values with counseling outcomes. Krumboltz (1974) sees this particular reaction as a product of confusion between ideas of "cost" and "value": An accountability system does not measure the "value" of an outcome--it measures only "costs." Counseling can be described in terms of cost so long as time and money is expended. The total and ultimate "value" of counseling in terms of the impact of the client's entire life may

indeed be impossible to quantify. However, "cost" is a fair concern for administrators and can be described in relation to specific effects. An accountability system merely makes visible already existing costs of specified outcomes.

A third response to accountability demands involves institutional advocacy: The addumption of new roles within the institution formulated and defined by institutional managers. These new roles may well be at variance with traditional therapeutic roles. Within this framework, counselors might be expected to serve as institutional advocates possibly working at cross purposes to student goals (Warnath, 1972). As an alternative, active counseling center involvement in ongoing self-assessment coupled with student needs assessment, may provide counselors with a means of providing powerful input to decisions involving the direction of counseling services.

A fourth type of response might involve reemphasizing the traditional remedial role of counselors with the expectation that such services are more readily understood and accepted by administrators. Such an approach would seem to be out of touch with current mainstream campus counseling philosophy which advocates outreach programs fostering development and problem prevention for greater numbers of students while at the same time effecting desirable environmental change (Drug & Figler, 1973; Oetting, Ivey & Weigle, 1970).

Emphasis on outreach and developmental programs constitutes a fifth response to budgetary questions. This approach involves

counseling center personnel moving beyond standard remedial and crisis-management services to new roles as consultants, educators, student development facilitators and preventive mental health specialists (Parker, 1974). Counseling center personnel need to be able to authoritatively and convincingly articulate such programs so as to promote understanding rather than confusion among institutional decision makers (Trembley & Bishop, 1974). Such understanding does not of course, preclude administrators from requesting additional accountability data. Evaluation, therefore, should be built into new programs at their inception.

The Need for Ongoing Evaluation Research

None of the responses described above will, in and of themselves, obviate the need to demonstrate accountability in ways that will allow accurate administrative decision making. The basic questions being asked are simply: Do counseling center service accomplishments justify funds and effort being expended? Are services meeting the needs of the student population? the university? It would seem to be imperative that counseling centers be able to clearly communicate to involved persons how specific activities lead to specific results and attainment of predetermined goals. Goal articulation and service evaluation should ideally be an ongoing systematic process, with coordinated, nondisrupting assessment techniques incorporated into all major counseling programs. This is especially important as the center moves into new activities where there is no reservoir of experience in gauging program effectiveness. As a

shift is made to programs with a preventive and enriching impact, new evaluative models need to be developed, models much more meaningful than yesterday's simple head count. Additionally, in a time of rapid institutional change, constant evaluation is essential as functions once considered vital and relevant may later be considered counterproductive (Warnath, 1971b).

It would seem that the mandate from the general public, as expressed through legislators and Boards of Trustees is quite clear: Demonstrate appropriate outcomes in relation to specific costs! In spite of this fact, the debate continues as to whether this thrust for accountability is a "boon or bane" (Humes, 1972), the new "whipping boy" in education, or a matter of survival (Brammer & Whitfield, 1972). Some authors maintain that demonstrating accountability of guidance and counseling may actually serve to salvage a declining speciality (Humes, 1972).

Resistance to Evaluation Research

Assuming that the mandate for greater and more thorough accountability is here to stay, it would seem imperative that counselors face the issue head-on and respond with effective assessment methodology. However, most articles in recent years in counseling and related services have ended with the plea that what is needed is not evaluation but more research (Burke & Peterson, 1975). Routine planning for evaluation is rare (Morrill & Banning, 1973)! Oetting and Hawkes (1974) see this dearth of evaluative effort as having three main causes: First, staff members fear that evaluation

will reflect unfavorably on their professional competencies. Secondly, evaluative research is often confused with laboratory research which is thought of as much too difficult or impractical in service agency settings. Finally, evaluative research is not emphasized in professional training programs. The first cause has to do with confusion between personnel evaluation where individuals are judged and promotions or dismissals may result and program evaluation which may be unrelated to staff or administrative competence. The second cause grows out of a confusion of purpose--scientific research is aimed at the advancement of scientific knowledge while evaluation is geared to collecting immediately useful data. Oetting and Hawkes feel that the research image should not prevent each program from being evaluated in some way, even if experimental research is impossible. In some cases minimal information is all that is necessary. Where information is more important and experimental control is possible, a more thorough research design should be employed. Finally, these authors advocate training professionals in techniques of program evaluation, thereby developing skills quite different from those of laboratory research.

Burke and Peterson (1975) also suggest several reasons why little evaluation of counseling and human service programs has taken place. In addition to the conclusion of Oetting and Hawkes, these authors also suggest that there is a lack of concern for evaluation methodology in counselor training programs. Sophisticated scientific research methodology, while often included in such training, is inappropriate in a field setting. Program evaluation skills

are usually not emphasized. In this emphasis on original research it is easy to lose track of the fact that many gains in knowledge about counseling have come about through long term research replications.

Another reason for the lack of evaluation activity may stem from center priorities and institutional restraints. Counselors often feel they lack time, assistance, and reinforcement for doing evaluation. Still a third reason for insufficient evaluation of some counseling programs may be the absence of basic objectives or of goals that are useable. According to Burke and Peterson, goals are often "glib, obscure, or couched in meaningless jargon that defies evaluation" (p. 565).

Oetting and Hawkes (1974) conclude that many counselors see program evaluation as threatening to favored projects, particular theoretical views, personal competence and professional reputation. Krumboltz (1974) writes of an unspoken counselor fear "that an accountability system would expose failures, incompetencies, and inabilities to cope with the multitudinous demands of a virtually impossible job" (p. 699). This fear is at variance with the views of a number of writers cited up to this point. These authors have advocated good evaluation procedures as increasingly imperative and productive of a wide range of benefits for counselors.

Benefits

In addition to the Accountability advantages elaborated on thus far, there are a number of other functions possibly resulting

when evaluative research is included in program management. A meaningful listing of such functions has been provided by Suchman (1967). He suggests that evaluation research would:

1. Determine the extent to which program activities are achieving the desired objectives, measure the degree of progress toward ultimate goals and indicate level of attainment.
2. Point out specific strong and weak points of program operation and suggest changes and modifications of procedures and objectives. Increase effectiveness by maximizing strengths and minimizing weakness.
3. Examine efficiency and adequacy of programs compared to other methods and total needs. Improve program procedures and increase scope.
4. Provide quality-controls. Set standards of performance and check on their continuous attainment.
5. Help to clarify program objectives by requiring operational definition in terms of measurable criteria. Challenge the "taken-for-granted" assumptions underlying programs. Point out inconsistencies in objectives or activities.
6. Develop new procedures and suggest new approaches and programs for future programs.
7. Provide checks on possible "boomerang" or negative side effects. Alert staff to possible changes of the program.
8. Establish priorities among programs in terms of best use of limited resources--funds, personnel, and time.
9. Indicate degree of transferability of program to other areas and populations. Suggest necessary modifications to fit changing times and places.
10. Advance scientific knowledge base of professional practice by testing effectiveness of proposed preventive and treatment programs. Suggest hypotheses for future research.
11. Advance administrative science by testing effectiveness of different organizational structures and modes of operation.
12. Provide public accountability. Justify program to public. Increase public support for successful programs and decrease demand for unnecessary or unsuccessful ones.
13. Build morale of staff by involving them in evaluation of their efforts. Provide goals and standards against which to measure progress and achievement.

14. Develop a critical attitude among staff and field personnel. Increase communication and information among program staff resulting in better coordination of services (p. 141).

Krumboltz (1974) presents a similar list of advantages of incorporating an effective accountability system into counseling center planning. Such a system would enable counselors to:

1. Obtain feedback on the results of their work.
2. Select counseling methods on the basis of demonstrated success.
3. Identify students with unmet needs.
4. Devise shortcuts for routine operations.
5. Argue for increased staffing to reach attainable goals (p. 642).

Additionally, Krumboltz presents the following counselor benefits:

1. More public recognition for accomplishments.
2. Increased financial support.
3. Better working relationships with teachers and administrators.
4. Acknowledged professional standing.
5. The satisfaction of performing a constantly improving and valued service (p. 643).

Thus far clear and convincing messages have been put forth: counseling accountability processes are an inescapable reality and, far from being the new "whipping boy in education," such processes offer a substantial enhancement of counseling programs.

Scope, Format, and Direction of Study

This study is primarily concerned with the development of a comprehensive matrix of thought on the rationale and methodology for counseling center accountability statements. The major part of the study consists of a critical review of relevant ideas emerging from a survey of widely varying sources having implications

determining efficacy of counseling center services. Contributing areas include industrial management and organizational psychology, evaluative research, medicine, sociology, public health, college student personnel, community mental health, and various other health services and psychological orientations. From this analysis and evaluation of diverse ideas a consistent and integrated rationale is synthesized upon which a comprehensive accountability methodology can be justified. Finally, usage and implementation strategies for evaluative techniques and resulting data are discussed.

Assumptions

A number of assumptions have served to delineate the boundaries and direction of this work. These guiding assumptions are as follows:

1. Accountability can not be discussed simply in terms of outcome research which is only one aspect of a much larger and more complex picture. Accountability also includes needs assessment, estimation of service impact, time and cost accounting, administrative accountability and evaluation of agency goals.

2. Accountability has been a catchphrase for several years and has been used quite widely and loosely with much variation in meaning. To avoid further "sloganese" accountability will be used in this work to denote the responsibility of counseling center personnel to specify accomplishments in relation to cost need, goal attainment, and level of performance.

3. It is assumed that different audiences are interested in different kinds of accountability statements and that accordingly, counselors should employ diverse criteria meaningful from a variety of viewpoints.

4. Accountability systems, to be useful, should be capable of being routinely and easily employed with minimal time and effort expended, while being nondisruptive of ongoing service agency functions.

5. Successful accountability is predicated on a synthesis of goals of three different populations, counseling staff, students, and administrators. Counseling center goals, student needs and goals, and administrative goals should be seen by all three groups as being mutually compatible. Accountability is assumed to be a demonstration of service effectiveness, efficiency, and need for such service within criteria deemed relevant by the "client" populations. In the case of counseling centers, there are three client populations to whom the center staff are accountable, students, university administrators, and counselors in the sense of professional self evaluation.

6. An effective accountability system will allow for recording the counseling experience of the individual in terms of change, as well as analysis of grouped data for overall program evaluation without losing the experience of the individual.

7. Evaluation, rather than being a source of discomfort for counselors can be a significant adjunct to the effectiveness of the counseling process.

8. Well organized research efforts by themselves will not insure that data gathered will have an impact on either administrative decision making or student understanding, appreciation, and usage of counseling services.

Overview

The following is a brief description of the major topic headings remaining in the study. Chapter II will deal with a critical review of the literature within the following areas: (A) The Population: Needs Assessment and Service; (B) Criteria of Counseling Effectiveness; (C) Evaluative Research Design; (D) Program Evaluation and Accountability; (G) Outreach Evaluation; and (H) Agency Goals. Chapter III is concerned with evolved assessment rationale and methodology, first in regard to service assessment of present programs based on existing data, and secondly, in regard to data generating models for routine and continuing assessment. Chapter IV deals with miscellaneous considerations for implementation of evaluative strategies and usage of resulting data. Chapter V concludes with a summary of major findings, conclusions and recommendations. As is probably apparent from the subject areas described, the ultimate aim of this study is to provide comprehensive but general guidelines for evaluating diverse counseling center services within widely varying centers.

CHAPTER II

A CRITICAL REVIEW OF THE LITERATURE

The Population: Needs Assessment and Service Impact

The problem of accountability is multifaceted and can be approached in a variety of ways: Evaluation of counseling outcomes; reconciliation of institutional and agency goals; time and cost accounting; and increased effectiveness of data compilation through more systematic record keeping and administrative procedures. All of these tasks are valid and important if a full and accurate assessment system is to be developed. However, an additional area needing special attention is the characteristics of student populations. Whereas demonstrating the effectiveness of the counseling center in dealing with clientele who get as far as the receptionist is a most important task, the quest for accountability can not be considered complete until something is known about the need characteristics of students in general. In brief, the crucial question is: What is the relationship between counseling center activities and the needs of the student population?

A number of studies have dealt with a variety of aspects of the above question, and will be presented in this section. Very few of the studies reviewed deal with demographic characteristics of the student population without becoming involved concurrently to varying degrees in counseling outcome assessment. Therefore,

there is no precise dichotomy between this section and the fourth section--Program Evaluation and Accountability Systems. The major difference between these sections is one of focus. The focus of the first section is on the "person"--the characteristics of the students receiving or not receiving counseling. The focus of the fourth section is on the "outcome"--ways of evaluating counseling results. Major "person" findings are dealt with in this section with particular attention given to data pertinent to the following questions: What is the pattern of psychological disturbance in college students by college year? What are the outcome differences longitudinally for users and nonusers of counseling services? What proportions of student bodies are users of counseling services? Why are some students users and others nonusers? What is the relation of counseling and student problems to graduation? When do students initiate counseling? What is the proportion of the student body that could benefit from counseling center services? What types of problems are students encountering? When considering all known student population characteristics, what would be the best combination of services?

The studies cited are of interest for two principal reasons: (1) information provided may prove beneficial in helping to determine the efficacy and relevance of counseling center services; (2) these studies should suggest replicable research methodology for use at institutions with varying characteristics.

The typical college population may very well be a healthier subpopulation than is the general population; an advantaged rather

than a disadvantaged group (Arnstein, 1972). A task force of the American College Health Association came to the following conclusion:

> Despite exaggerated public alarm about neurosis, psychosis, deviance, and suicide in the college age group, American college students are in fact among the healthiest groups in the world. There is no evidence that neurotic and psychotic disabilities are especially prevalent among college students. Rather, all of the frequently demonstrated advantages of higher social class and higher education in America apply to college students. . .They are less likely to be troubled to begin with, their psychological disorders are more likely to be minor, and many or most of their problems can be readily relieved (Task Force III, 1970, p. 6).

Even in light of the above statements there seems to be no doubt among professionals that some percentage of college students are in need of and can benefit from educational, vocational, and personal counseling services, as well as preventive and developmental programs. However, the ultimate determination of scope and range of such services being offered and whether certain services will be offered at all has been described as a personal-political rather than a professional decision (McGrath, 1974). In any event, these decisions will be made and, as might be concluded from Chapter I, counseling center personnel can and should provide accurate and detailed input into such administrative decision making. Ideally, such input should speak to the questions cited earlier in this chapter.

Relatively little research has been aimed at determining the incidence of different types of psychological dysfunction on college and university campuses. Figures provided by one of the earliest studies on the prevalance of psychological difficulties

remain relatively unchallenged. Blanton (1925) in a study of 1000 unselected college students reported that "fully half have emotional difficulties that will prevent them from realizing their highest possibilities, while fully 10% have maladjustment serious enough to warp their lives and in some cases to cause mental breakdown unless properly treated" (p. 478). More recently King (1964) concluded that there can be no confidence in estimates of emotional difficulties in college populations as systematic data is unavailable. He further stated, however, that the rate of emotional difficulty, whatever it is in actuality, seems to be fairly stable over time and across institutions. It is interesting to note that Blanton's 10% estimate, although made in 1925, is still the most widely accepted and quoted statistic (Reifler, Liptzen & Fox, 1967).

Working from a variety of types of data Farnsworth (1966) estimated that for every 10,000 students:

> 1,000 will have emotional conflicts of sufficient severity to warrant professional help.
>
> 300 to 400 will have feelings of depression severe enough to impare their efficiency.
>
> 100 to 200 will be apathetic and unable to organize their efforts.
>
> 20 to 50 will be so adversely affected by past family experiences that they will be unable to control their impulses.
>
> 15 to 25 will become ill enough to require treatment in a mental hospital.
>
> 5 to 20 will attempt suicide of whom one or more will succeed (p. 14).

Reifler (1971) has surveyed ten epidemiological studies carried

out at nine different schools between 1920 and 1966. Estimates of dysfunction have varied from 6 to 16% and have been based on a variety of instruments including questionnaires, interviews, medical history questionnaires, and questionnaires together with interviews. At the same time, Reifler reviewed 16 studies and reported that the usage rate varied from 2 per hundred to 10 per hundred students. In neither study did the results appear to vary regularly over time. Reifler and Liptzen (1969) elsewhere concluded that:

> the data. . . do not give an answer to questions relating to whether there is an increased incidence of disturbance in college students. The data does suggest, however, that the prevalence of psychiatric distrubance (however defined at the time of survey by the various investigators) has not changed much over the past thirty years. Further, it does not appear that the prevalence of severe disturbance (as inferred from facility usage rates for such conditions) has changed much either, over the same period of time. Rather, the increased facility usage seems to reflect the availability of staff and an increasing representation of less severe problems (p. 663).

Reifler and others have concluded that such studies, no matter how well done, are largely inadequate in providing information about the total counseling services needed (Reifler, Liptzen, & Fox, 1967; Glasscote & Fishman, 1973). In fact, Reifler may have been in error in inferring anything at all about the prevalence of severe disturbance directly from facility usage data. While facility usage is helpful in measuring the demand characteristics for counseling services, the assumption that such usage represents the incidence of dysfunction in the population is untenable. Logically, if this assumption were maintained, each opening of a new counseling service

would indicate a rise in dysfunction level from zero to whatever usage rate the new center realized.

King (1964) in his review of a number of studies found that certain types of difficulties seem to be more prevalent than others among college students. He listed apathy, inadequate self image, and acute, confusional and agitated states as being especially common conditions. Winer and Dorus reviewing fourteen years of frequency data listed the following, in order of frequency, as the most common difficulties brought to college counseling centers: Affective disorders, interpersonal difficulties, academic concerns, feelings of inadequacy, somatic complaints, alienation or identity problems, suicidal thoughts or actions, military draft concerns, drugs, money problems, homosexuality, change of consciousness or perception, alcoholism, and illegal behavior. Several shortcomings of both studies described are apparent. First, although the Winer and Dorus study does provide insight into college student problems, the results can not be generalized beyond the university where the study took place. Secondly, both the Winer and Dorus study and the King study present lists that are rather general, and with imprecise terminology. A third shortcoming is that the problems described are more applicable to the traditional college student (McGrath, 1974). In the last ten years, college campuses have become increasingly heterogeneous with lower socioeconomic students, minority students, veterans, foreign students, and older students presenting more varied and non traditional counseling needs (Drum & Figler, 1973; McGrath, 1974). Demographic data on these special groups as well as data on their particular

needs and the effect of counseling services has been noticeably absent in the literature.

Other writers have also concluded that the major problems related to gathering percentage data on the level of psychological dysfunction within the student population stems from the imprecise defining of mental health categories and unreliable dysfunction nomenclature (Levy, Herzog & Slotkin, 1968). Additionally, it is most costly and difficult to gather precise data on the frequency of psychological problems. Different epidemiological surveys in mental health settings (Dohrenwend & Dohrenwend, 1965; Harding, Macklin, MacMillan & Leighton, 1963; Srole & Fischer, 1962) have, after spending large sums of money, reported widely varing incidence of mental illness ranging from an insignificant fraction of the population to 80% of the population of New York City reported by Srole (1962). Apparently the great ambiguity of nomenclature renders such studies unreliable while at the same time economically impractical until such a time that less ambiguous nomenclature is developed. Possibly, exact percentages for specific problems are not as important as simply determining that adjustment problems occur within the student population at a significant level. Also, the focus should not be solely on maladjustment. Academic adjustment often constitutes a major problem among otherwise healthy students and the academic mortality rate for college students has long been a subject of general concern (Iffort, 1957). Along with this concern has come a growing awareness of the importance of emotional and mental health factors in the academic adjustment and retention of students (Speilberger, 1971).

Even among seemingly well-adjusted students, observers have reported a high percentage presenting problems or raising questions that could require professional assistance (Heath & Gregory, 1946). Heath and Gregory had interviewed male college sophomores chosen on the basis of good health, social adjustment and academic achievement, 90% still reported major problems that could justifiably be dealt with by counseling. In a study of the frequency and severity of different personal problems, Rust and Davie (1961) found that 80% of respondents reported having had at least one problem during the school year that bothered them "very often" or "fairly often." Another 35% reported being often bothered by "nervousness." This finding mirrors the prevalent views of late adolescence as a time of adjustment difficulty or "storm and stress" (Farnham, 1951). The need for counseling services should not be based solely upon the prevalence of "clinical" dysfunction as a great many help seekers would simply not fit that expectation.

A somewhat different approach was employed by Baker and Nidorf (1963, 1964). Rather than focus on determination of the percentage of the student population having psychological disturbances, Baker and Nidorf studied the pattern of such disturbances as a function of year in college and time of year. These authors defined occurrence of disturbance in terms of the incidence of appeal for services, over a seven year period, at a university psychological clinic which worked primarily with personal-social problems. A major finding was that number of appeals in the first semester was consistently almost double the number in the second

semester, with the incidence in the first half of the first semester being significantly larger than in the second half. Further examination of the data revealed that this peak counseling load early in the year was accounted for mainly by freshmen although sophomores and juniors also used the clinic more at that time within their respective year groups. Of the freshman class, 9.7% was known to the clinic as compared to 6.2% of the sophomore class, 5.5% of the junior class, and only 3.8% of the senior class. As can be seen, not only is there a general decrease in the incidence of appeals for psychological services over the course of the year, but over all four years of college as well. The authors attributed this to two factors: (1) Normal attrition of students not able to meet the stressful demands of the academic experience; (2) A process of accommodation to stresses as the student proceeds through the four year period.

Sharp and Kirk (1974) conducted a similar study (the University of California at Berkeley) which attempted to answer two questions: (1) When do students initate counseling? (2) Is there a relationship between client characteristics and when he or she initiates counseling? Earlier, Snyder and Kahne (1969) had concluded "we have forceful evidence that the nature, intensity, and location of educational and other stresses strongly affect patterns of the use of psychiatrists by students." The Sharp and Kirk study was designed to pinpoint this relationship between time and type of institutional stress and the seeking of counseling help. As with

the Baker and Nidorf (1964) study, counseling starts were found to be greatest just after the class arrives on campus, with a sharp decline over time. As found earlier, heaviest intake was during the fall. Women were found to initiate contacts earlier in the quarter than men. In contrast to men, women increased their seeking of counseling in the fourth year over the third year. Counseling starts increased during midterm and finals each quarter. The students who initiated contact at those times were those who, at entrance, had been tested as being most psychologically vulnerable according to the social-emotional adjustment cluster of the Omnibus Personality Inventory.

Studies such as those by Baker and Nidorf and Sharp and Kirk tie into the subject of accountability in at least two general ways: First, figures on the proportion of the population served broken down into year level are made available. As a result, efforts can be geared proportionately more toward groups with greater needs. A second benefit would be the advantage in planning counseling center activities of being able to predict peak workload periods. Ideally, such research would yield additional information on differing patterns between sexes and subgroups such as ethnic groups, older students, veterans, etc.

A number of studies have further examined and compared the characteristics of students who do and do not use university counseling facilities. These studies have been conducted at the universities of Minnesota (Berdie & Stein, 1966; Campbell, 1965; Schneider & Berdie, 1942), Iowa (Cooke & Kiesler, 1967), California

(Mendelsohn & Kirk, 1962; Kirk, 1973), the Georgia Institute of Technology (Meadows & Oelke, 1968), and at the Massachusetts Institute of Technology (Snyder & Kahne, 1969). The Minnesota studies had generally shown that U. of M. students seeking counseling did not differ significantly from other undergraduate students in terms of abilities, interests, family background or personality characteristics. The remaining studies, however, have found various differences between counseling center users and nonusers at those institutions.

Cooke and Kiesler (1967) found significant differences on several MMPI scales between 80 Iowa freshmen seeking help and 80 students who had not come to the counseling service. The counseled students tended to have significantly greater indications of psychological disturbance. Meadows and Oelke (1968) reported that students seeking counseling were lower in academic achievement (although not different in aptitude), were less involved in extracurricular activities, and more uncertain vocationally. Mendelsohn and Kirk (1962) compared counseling center users and nonusers from the 1959 class of freshmen in regard to their responses to a Myer-Briggs type indicator. They concluded that counseling seekers tended to be less judgmental and feeling oriented and more introspective and intuitive than students who were not counseled.

Synder and Kahne (1969) reported demographic and personality characteristics of student users and nonusers of the Massachusetts Institute of Technology psychiatric service. The 1965 class was followed over four years while Snyder and Kahne collected data on

approximately 100 demographic and psychological variables for each student. Twenty-three percent of the entering class was ultimately seen by the service (representing 30% of students on campus for senior year when corrected for attrition). In addition to demographic data, information was gathered through the Omnibus Personality Inventory. Snyder and Kahne reported that distinctive use patterns significantly differentiated between student groups. Socioeconomic class of parents, education of parents, father's occupations, and parental divorce were found to be discriminating factors. Additionally five scales of the OPI revealed significant differences between users and nonusers at the .01 level of probability (Aestheticism, Complexity, Autonomy, Religious Liberalism and Impulse Expression) two other scales were significant at the .05 level (Thinking Introversion and Schizoid Functioning).

A similar study employing the Omnibus Personality Inventory was conducted by Kirk (1973). This was a four year longitudinal study which followed the 1966 freshman class at the University of California, Berkeley. The purpose of the study was to find out the use of mental health services, by sex, of four groups: (1) Students contacting the counseling center only, (2) The psychiatric service only, (3) Both, and (4) Neither. The instruments employed were the School and College Ability test (SCAT), the Omnibus Personality Inventory (OPI), and the Strong Vocational Interest Blank (SVIB). Twelve to 14% of the total student body used the counseling center each year, with 25.4% being counseling center users over four years.

Approximately eleven percent (11.4%) sought assistance from the Psychiatric service and 4.3% sought assistance from both facilities. In mental health epidemiological terms, 32.6% sought psychological assistance during their four years in school. All four groups showed differences on the three instruments employed. On the SCAT verbal scores for users of the psychiatric service were significantly higher than those of nonusers. When all OPI scales were considered simultaneously, all four user groups were found to have statistically different OPI profiles. Certain SVIB scales revealed significant differences, particularly for users and nonusers of psychiatric services. These findings led Kirk to state that "the conclusion that students possessing certain characteristics when they enter a college or university are more likely to feel the need for and seek counseling services for optimizing their educational experience is inescapable" (p. 467). In other words, Kirk thinks that it is possible to establish upon entry an indication of the general number of students, if not particular individuals, who will need and use psychological services. This conclusion constitutes a revision in her thinking from an earlier study using the same population for the first two years (Rossman & Kirk, 1970) in which it was stated that "there are essentially no differences between students who seek and those who fail to seek counseling" (p. 188). Kirk further concluded that the different usage rates for the two campus facilities reflected differences in the kinds of services offered. Both offered personal counseling/therapy while the counseling center, in addition, had

a well established and well known program of vocational-educational counseling thereby providing for the developmental needs of an important segment of students.

Kirk's findings have very important implications for administrative planning and projection, as well as for the issue of accountability. If base rates on the need and usage of each facility can be established in advance, staffing and funding decisions could be significantly facilitated. As institutions have varying composites of student groups over time however, entering classes would need to be assessed continually to detect changes in the composition so that projections of counseling needs could be adjusted. Additionally, Kirk's findings should be replicated before they could be applied to a different institution. The comparison with another campus helping agency is also important. Such a comparison helps to pinpoint differences in clientele and should provide clues as to what kinds of student needs are being met where. Important accountability questions dealt with are: Are services an unnecessary duplication of effort on campus? Can certain services be provided more efficiently in the counseling center than through other agencies? Do relative usage rates point up differences in making services known, understood, and valued by student population? and how do different usage rates relate to patterns of support from the University administration?

In 1968, King conducted a study which had implications for the predictability of help seeking for entering students. He investigated the characteristics of Harvard male help seekers for

the classes of 1969 and 1965. He found that most background factors were not significantly related to seeking help but that personality tests and certain aspects of their present behavior were related. Help seekers tended to be less conforming, less accepting of authoritarianism, and more emotionally expressive. These findings would tend to support Kirk's (1974) advocacy of student factors as predictors of counseling needs.

Another approach to differentiating users and nonusers of counseling services has been to observe the effect of counseling on one particular developmental outcome such as graduation from college. Although graduation from college can not be considered a total criterion for assessing counseling outcome, any finding of relationship would constitute an important accountability statement. This is assuming that the chief purpose of colleges and universities is to educate students and symbolize that education by awarding a degree. The United States Office of Education (1958) has emphasized the importance of determining all factors that account for the retention and graduation of college students so as to enhance cost effectiveness. There is some evidence, however, that college and university counseling may not be as effective in this area as might be possible. A survey of 2,200 male graduates revealed that 60% of the lowest ratings given college facilities and services involved student personnel functions, particularly the lack of assistance in educational and vocational choice (U. S. Office of Education, 1958).

Toven (1945) had studied the effect, not of counseling, but of academic advising on college graduation. A randomly selected group seen regularly over four years had a graduation rate of 53.7%, compared with only 36.2% as a control group. Shepherd (1965) undertook a study to determine first, if similar results could be obtained through formal counseling, and, secondly, if graduation rate varied with type of problem. Shepherd reported that 51% of the counseled group graduated compared to only 37% of the non-counseled group, matched according to sex, division of initial registration at the university, and academic ability as indicated by the Freshman Placement Tests. This finding was significant at the .001 level of confidence.

A further Shepherd finding was a significant difference (.001 level) in rate of graduation for different diagnostic classifications--a difference exclusive of academic ability. Shepherd found a relatively lower rate of graduation for students with emotional problems, in spite of the fact that this group had somewhat higher tested academic aptitude. There were no significant differences in academic ability, however, between the counseled-graduated and the counseled-nongraduated groups, within any of the diagnostic groups ruling out a conclusion that graduation was due simply to greater academic ability. In this respect, Shepherd's findings parallel those of other researchers (Campbell, 1965; Volsky, Magoon, Norman & Hoyt, 1965) whose counseled subjects did not differ in academic ability from noncounseled subjects but who graduated at a rate from 12 to 14% higher. Motivation for coun-

seling was probably not as important a factor as counseling itself as Magoon, Hoyt, Volsky, and Norman (1957) had obtained similar results using a control group motivated for counseling. An important implication to be drawn from the similar findings of both the Toven (1945) and Shepherd (1965) studies is the possibility of the Hawthorne effect. What is done specifically may not be as important as the fact that the institution provides someone whose job it is to listen, provide information and care for the student. In any event, such studies provide powerful accountability data in favor of continued support of counseling facilities that may very well foster retention and a higher graduation rate. Another issue is the criticism of retention efforts frequently heard on college and university campuses. The argument holds that the effort expended may result in retention of poorer students who are less deserving of an education than some applicants rejected for entry. The studies cited tend to refute this argument by the finding that emotional disturbance is a more likely cause of dropping out than academic deficiency. In fact, one factor oftens leads to the other. Other authors have reported that the academic situation frequently intensifies anxiety and adjustment difficulties to the point that general academic performance is impaired (McKeachie, 1951; McKeachie, Pollie & Speisman, 1955; Strogner, 1953).

A more complete study was undertaken by Speilberger (1962, 1971), aimed at investigating the relationship between academic performance (mean grade point average) and anxiety level (Taylor

Manifest Anxiety Scale) as a function of student's ability level (A.C.E.). Grades of both anxious and non-anxious students were examined for a single semester with long-term effects of anxiety evaluated three years later by noting the number in each group who had graduated or had left classified as academic failures. Speilberger found an interaction of factors. Anxious middle ability students received lower grades and accounted for a higher percentage of academic failures than non-anxious middle ability students. Low ability students earned low grades regardless of anxiety level. However, a higher percentage of those students having high anxiety were academic failures. Superior students (A.C.E. score above 150) may have actually performed better under anxiety. The implication of Speilberger's work is clear: If anxious students can be identified and receive assistance early in their academic careers, the rate of academic mortality and underachievement due to emotional factors could conceivably be reduced.

A recent study by Frank and Kirk (1975) went one step further. In addition to also finding a differential graduation rate for counseling center users versus nonusers, change in grade point average (GPA) was examined as a possible criterion for assessing counseling outcome. Myers (1971), in an earlier review had stated that while counseling may be associated with a higher completion rate, grades may or may not be affected. Frank and Kirk found that the proportion of students who used the counseling center and left in bad standing (GPA below 2.0) was significantly lower than for nonusers. For graduates, however, final

grades and majors, entering scholastic abilities, interests and backgrounds were not significantly different from students not seeking counseling. Again, the implication is that counseling and not GPA constituted the distinguishing variable. As with earlier studies (Johnson, 1965; Shepherd, 1965), this study seemed to indicate that students with different problems persist in school for different lengths of time.

A major weakness of the Frank and Kirk (1975) study lies in the fact that the noncounseled students constitute nonmotivated controls; the act of seeking counseling may in itself have been the basis for a significant difference and therefore a contaminating influence. Perhaps the obtained results would have been different if the control group had been composed of students who sought counseling but did not get it. Without further study what was found should be regarded simply as a set of relationships and not fully adequate for a generalizable inference that counseling produced the observed outcome.

As with the Shepherd (1965) study, studies such as the Frank and Kirk study can be viewed as having an accountability translation into favorable cost-effective terms. Early completion of degree requirements and graduation represents significant financial efficiency for both institution and individual. However, few such studies have been done on this kind of accountability because it is rather expensive to demonstrate; it requires an extensive data base, wide support, and substantial funding (Frank & Kirk, 1975).

In a post graduation study of the effects of college counseling, Meadows (1975) followed 100 students who had sought counseling and 100 students who had not. These students were followed for approximately seven years subsequent to an earlier study (Meadows & Oelke, 1968) and four years beyond graduation or the time graduation might have been expected. In the original study counseled students were found to be significantly lower in academic achievement, less involved in extra-curricular concerns, less sure of vocational or curriculum choice and frequently enrolled in academic majors unrelated to tested interests (on Strong Vocational Interest Blank). In the final study all of these differences were found to be alleviated over time with counseled students registering significant improvement. Meadows was careful not to attribute this lessening of differences between the two groups to counseling and to speculate that the deficiencies of the counseled group while in college may have been due to a "psychosocial moratorium" or holding pattern along with the identity confusion perhaps a part of late adolescence and early adulthood. A possible problem overlooked by Meadows and a possible explanation for the diminishing of group differences is the phenomenon of statistical regression. Whenever a researcher deals with sets of extreme scores the possibility exists of those scores regressing toward the mean over time, thereby confusing measurement of treatment effect. In any event, demonstrating a relationship between counseling and improved academic functioning, more appropriate curriculum majors and positive post-college experiences,

provides for a powerful accountability inference and an ideal area for further research.

A study of help-seeking behavior can be revealing of a wide variety of information having a bearing on the subject of accountability. Schneiderman (1974) surveyed Michigan State University students receiving aid through Student Services and Mental Health Services during the 1973-74 school year. From those students who responded Schneiderman was able to determine such statistics and factors as the following:

1. The percentage of first presented student problems falling into the categories of biosocial (4.4%), cognitive-affective (33.5%), interpersonal (14.6%), educational-vocational (37.3%), and miscellaneous (5.1%).

2. A comparison of pre-counseling problem percentages with those percentages reported in the first interview revealed a shift between problems reported in pre-counseling intake session and those reported in first interview.

3. The average number of problems presented (1.3) and their range (1 to 4).

4. The number of laypeople problems were discussed with (average of 2.7).

5. The number of professionals contacted prior to initial visit (1).

6. The number of people talked to about seeking counseling (2.2).

7. The percentage having had counseling or psychotherapy previously (29.1%).

8. The reasons for discontinuing previous counseling or psychotherapy (most common reason was that clients believed they had not been helped).

9. The percentage of respondents advised to seek professional help (69%, 26.6% at client request, 39.9% unsolicited.

10. The percentage hesitant about seeking professional help (66.5% gave reasons in order of importance of self reliance, discomfort discussing problem with a stranger, belief that it would not do any good, and limited financial resources).

11. The percentage reluctant to seek help from particular source finally chosen (39.2%, giving reasons of negative image of center, self reliance, fear that information would not be confidential, and discomfort in discussing problems).

12. Reasons for selecting source of help chosen in order were--convenient location, free service, referral, no knowledge of other sources, and faith in center providing more competent aid than otherwise available.

Additionally, it was found that there is more fear and reluctance in discussing one's problems with others than in simply talking to them about seeking counseling or therapy. Student groups utilizing each service were compared in regard to types of problems presented and relative percentages of those problems. Females were found to be more willing to talk to more people about seeking counseling or therapy than males, with less fear of

rejection for doing so. As might be expected, females also more readily followed through by actually seeking help.

There are some flaws in a study such as that conducted by Schneiderman. Perhaps the most obvious is that it is based only on clients who volunteered to be surveyed, not saying anything about the majority of M.S.U. counseling/therapy recipients or, perhaps even more importantly, about nonclients. There is also a bias reflected in the fact that a greater percentage of females were sampled (64%) than actually received services (56%). Additionally, these findings are "institution specific" and may not be applicable to other schools. Other questions might have been included such as place of contact and year in school.

The significance of the Schneiderman study is the fine example it provided of the detailed information to be gained from one instrument and the implications it has for replication. In particular, factors in seeking help and reasons for reluctance to seek counseling have major implications for accountability. It is possible that a center putting forth great effort on behalf of a small number of clients could fail to meet the needs of large numbers of students due to failure to fully advertise services and overcome reasons for reluctance.

While all of the studies discussed so far have focused primarily on students receiving counseling, several studies have dealt with students who chose not to use counseling facilities, and their reasons for not seeking help. Rust and Davie (1961) suggested that nonusers probably felt that their concerns were

not major enough or appropriate for counseling, that material discussed might not be kept confidential, or that counseling would be uncomfortable. Additionally, Rust and Davie found that in seeking help with all kinds of problems, friends were sought first, followed by parents, faculty, and last of all, psychological services workers. The reasons for this sequence are not entirely clear. Form (1953) had earlier suggested that nonusers have a negative attitude toward counseling. King and Matteson (1959) suggested that those who had never visited a counseling center lacked information on the center and the services offered. Hoover (1957) reported that students who did not seek counseling help for educational problems preferred to solve their own problems, saw less need for academic achievement, and had more outlets for anxieties than counseling seekers. A major shortcoming of several of these studies was their lack of systematic student input. In a direct student survey and the most comprehensive and systematic study to date, Snyder, Hill and Dirksen (1972) replicated the work of Rust and Davie (1961) and found that students reported that they would seek help for personal and social problems by first turning to friends, then sequentially to parents, faculty, and psychological services, with the order reversed for vocational and educational problems. Although Rust and Davie (1961) also reported the first sequence, they did it for all kinds of problems, and made no differentation as did Snyder, Hill and Dirksen. In accord with the Rust and Davie subjects, the Snyder, Hill, and Dirksen subjects reported that they were not sure that their problems were

important enough for counseling. These subjects further indicated uncertainty as to whether it was best to solve one's own problems or ask for assistance.

Possibly the most significant aspect of the Snyder, et al. (1972) study was its direct questioning of nonclient students concerning their attitudes and opinions about counseling services and facilities. The research questionnaire provided a method of quantitatively measuring the stigma of seeking counseling, opinions on the effectiveness of counseling, readiness for counseling, and the amount of information students had about counseling and counseling facilities. Such a measure provides a needed means for evaluating counseling efficacy and relevance from the students viewpoint. Advantages of such an evaluation are readily apparent. If for example, nousers are found to lack information about services available or about the counseling environment, as was the case in the Snyder, Hill and Dirksen study, then educational activities at freshman orientation as well as at other times might be suggested. A counseling center would certainly be open to valid criticism of an accountability nature if services, which might well be excellent, were relatively unknown or poorly understood by appreciable numbers of students. It would seem quite pertinent therefore to compile and analyze data on nonusers to ascertain if center services were visible enough.

In summary, accountability turns out to be a rather complex subject which can be approached in a variety of ways. However, a basic source of accountability information involves an examination

of all that is known about the population as a whole. In particular, information is desired regarding the needs of students in general and the impact of the center on the total population.

Substantial effort has been devoted to determining the prevalence of dysfunction within a college or university environment. However, due to faulty assessment methods, imprecise defining, and unreliable nomenclature, little meaningful data has resulted. It is far easier to establish that counseling helps students in general in substantial numbers. An important conclusion to be drawn is that many students may benefit from counseling, not just those who might be labeled dysfunctional. To base the need for counseling services solely on the presence or absence of "clinical dysfunction" would be to ignore a great many who could quickly benefit from remedial efforts.

A more productive approach would be to study the requests for counseling services as a function of year level, time of year, and client characteristics. Practical implications are:

1. Efforts can be geared proportionately more toward groups with greater needs.

2. A basis is provided for planning counseling center activities and predicting periods of peak workload.

3. It may be possible to predict future center usage for an entering class.

These approaches would, of course, require replication as student populations vary widely between institutions and over time. If

another helping agency exists on a particular campus, a comparison of usage may reveal insights into duplication of services, differences in making services known, understood and valued, and different patterns of institutional support.

Several studies imply that counseling facilities may very well foster retention and a higher graduation rate, particularly if anxious students are identified and provided assistance early in their academic careers. This can not be overemphasized. Similarly, other relationships might be demonstrated between counseling and improved academic functioning, more appropriate curriculum majors, and positive post-college experiences. Replication of these relationships would constitute powerful accountability statements.

Direct surveys of the help seeking behavior of both clients and nonclients reveal the stigma of seeking counseling, opinions on the effectiveness of counseling, readiness for counseling, and the amount of information students have about counseling and counseling facilities. As a result, deficiencies and the necessary remedial action could be readily determinable.

Criteria of Counseling Effectiveness

The basic problem encountered in assessing counseling effectiveness is the selection of appropriate criteria. Traditionally this area has been a source of contradiction and confusion. The purpose of this section is to counter that confusion, and describe the characteristics of useful criteria that emerge from a thorough examination of pertinent literature. Additionally, related issues

are dealt with such as: Can criteria be developed that are useful from varying viewpoints? and, Who is to be the judge of criteria being met? Up to the present time, these criteria have had serious limitations because the instruments for measuring them suffered from a lack of validity, reliability, and practicality (Lichtenstein, 1971; Miller & Thompson, 1973; Zax & Klein, 1966). Frequently, the choice of criteria has been dictated simply by their availability and accessibility and not their relevance to predetermined counseling objectives. The same can be said of the instruments used to assess counseling effectiveness--that is--the availability and assessibility of the instrument, not specific criteria, has been the basis for instrument usage (Bruck, Cottingham & Reardon, 1973). Additionally, criteria acceptable to one group are often not acceptable or not the criteria for another group. Also by changing conditions and requirements criteria acceptable at one particular time may not be acceptable at another time (Lennard & Bernstein, 1971). Historically, this confusion has been the rule as clients, therapists, and investigators have found agreement on criteria to be elusive (Parloff & Rubenstein, 1959). This lack of agreement across investigations, and typically within single investigations, has been a result of the widely varying time, place and instrumental focus for evaluation (Cartwright, Kirtner & Fiske, 1963; Luborsky & Strupp, 1962; Paul, 1969; Zax & Klein, 1960). A major factor contributing to the problem has resulted from the different frames of reference employed by persons differing in evaluation roles and perspectives. Additionally, Paul (1969)

states that criteria stem primarily from particular theoretical orientations without regard to client and problem variation. Criteria developed from different basic approaches may be poorly related or even unrelated to one another.

In regard to the congruency between theory derived criteria and client's frame of reference, Paul (1969) states that congruency is unlikely "since few clients enter treatment with a request to reduce their self ideal discrepancy, to increase their conditionability, or to become a genital personality" (p. 63). Additionally, whereas the counselor or therapist may focus predominately on intra therapy changes, clients and other involved agencies and persons may care only about pertinent behavioral changes outside of therapy. There may even be hidden criteria for evaluation of therapy effectiveness, as there is some evidence that clients rated as most improved are apt to be those who begin to resemble their therapist in values, interests, and style of life (Leonard & Bernstein, 1971). There has also been a substantial variation in criteria between various counseling and mental health programs. Reviews and reports on research design and method of measurement have shown that different programs have tended to develop their own working definitions and measures. According to Kiresuk and Sherman (1968), "While these procedures have led to the creation of a great diversity of criteria and measures, together with their rationales, they have not encouraged the development of a standard method of evaluation that would have applicability to a variety of mental health programs" (p. 446).

The issue is compounded when evaluation is seen as having an accountability function. Whereas client and counselor determined criteria for counseling efficacy, although varied, reflect a focus on counseling outcome, administrator determined criteria may include other considerations. From an administrative standpoint, the contribution of counseling services to the overall mission of the university and the cost/benefit ration of such services are important aspects of determining accountability. Even among administrators as a group the determination of how to measure profitability is often a matter of substantial controversy. Economically oriented administrators may be concerned primarily with cost/benefit ratios while other administrative program planners may prefer epidemiological measurement criteria, judging program effectiveness in terms of its impact upon the total student population (Levy, Harzog, & Stotkin, 1968). Ultimately the determination of criteria may reduce to a question of values (Leonard & Bernstein, 1971). It is apparent that counselors seeking to answer accountability questions need to develop criteria meaningful from varying viewpoints.

According to Paul (1969), since criteria based on different theoretical viewpoints have traditionally had so little agreement, major effectiveness criteria should be established outside of guiding theories. Logic and ethics would seem to dictate that criteria stem directly from the basic purpose of counseling: Helping clients to change behaviors in positive directions without causing new difficulties (Astin, 1961; Battle, Imber, Hoehn-Saric, Stone, Nash &

Frank, 1966; Betz, 1962; Ewing, 1964; Ford, 1959; Hoppock, 1953; Paul, 1969; Rickard, 1965). A second important consideration for criteria should be that behavior changes need to be also demonstrated outside of the counseling situation, in the environment where problem behaviors originated (Froehlich, 1955; Luborsky & Strupp, 1962; Paul, 1969; Zax & Klein, 1960). Follow-up research should focus on improvement criteria tailored to particular individuals as it would be unrealistic to assume that a uniform outcome or set of outcomes could be used as a yardstick of success for all clients (Ford & Urban, 1963; Hyman & Breger, 1965; Krumboltz, 1966). In short, the basic requirement for dependent variables in evaluation research is that they include individual behavioral changes from prior to treatment to post-treatment with focus of assessment being on behaviors external to treatment proper (Goldstein & Dean, 1966; Goldstein, Haller & Sechrest, 1966; Greenhouse, 1964; Paul, 1966, 1969).

Another important consideration when criteria for evaluation are discussed is the time period used. Sargent (1960) and Paul (1969) have stated that long-term follow up status has typically been seen by behavior modification writers as the appropriate time period for evaluation. Sufficient time passage has been thought a necessity to fully assess the effects of the treatment (Burck, Cottingham & Reardon, 1973; Williamson & Bordin, 1941). More recently, the research value of follow up has been questioned due to intrinsic methodological problems such as differential client mortality, increased chance of extraneous confounding

variables, and instrument error (Goldstein et al., 1966; May, Tuma & Kraude, 1965; Paul, 1968; Stone, Frank, Nash & Imber, 1961). Paul (1969) states that although "the stability of treatment effects is an important question, the length of time between treatment termination and follow up should be dictated on the basis of the likelihood of 'relapse' as determined from pretreatment stability of the distressing behavior" (p. 64). Paul further recommends that two or more short term follow ups be used to determine trends of relapse, stability or continued improvement. This seems an effective answer to the longstanding debate over the appropriate time interval for follow up. While some authors (Kaczkowski & Rothney, 1956; Warthers, 1954) have advocated follow up periods of from six months to five years after treatment to allow time for demonstration of permanent treatment effects, others (Gonyea, 1962) have supported immediate criteria as timely and relatively free of confounding intervening variables. Paul's recommendation is consistent with an earlier suggestion by O'Dea and Zeran (1953) that both delayed and immediate effects of counseling be evaluated, and seems to be an effective compromise.

Related to the problem of deciding what criteria constitute success is the problem of who should be the judge of success. The most probable judges are researchers, counselors, and clients. The viewpoints of these judges may not converge and client rating of improvement has been shown to usually fall out as a separate factor in factor analytic studies (Cartwright, Robertson, Fiske & Kirtner, 1961; Forsyth & Fairweather, 1961; Strupp & Bergin, 1969).

Several approaches to be discussed in a later section are diagnostic systems that involve both client and counselor judging goal attainment with measures of agreement between both perspectives.

There is general agreement on the part of many methodologists that objective behavioral criteria external to the treatment situation constitute the best measures (Goldstein & Dean, 1966; Goldstein, Haller & Sechrest, 1966; Greenhouse, 1964; Paul, 1966, 1969). Furthermore, these criteria should stem from the distressing behavior that leads the client to seek counseling (Ullmann & Krasner, 1969), and therefore, assessment should ideally focus on specific problem behaviors and the time and situation that elicits such behavior. Frequently, however, problem behaviors are wholly or in part ideational or affective behaviors with limited external referents other than client self-report. When this situation exists, paper-and-pencil tests and questionnaires can be appropriate assessment instruments (Paul, 1969). However, wherever possible, such measures should be supplemented by other types of assessment.

From a somewhat different viewpoint, Suchman (1967) has proposed several classifications for ordering different types of criteria. These categories are: (1) effort, (2) performance, (3) adequacy of performance, (4) efficiency, and (5) process. These criteria categories are interrelated and constitute something of a hierarchy. Evaluation of "effort" constitutes the easiest kind of evaluation and represents the quantity and quality of activity that takes place, an assessment of input regardless

of output. "Performance" criteria measure the results of the effort rather than the effort itself. Here a determination is made as to how much has been accomplished relative to a particular goal. Intense expenditure of effort does not guarantee successful performance. "Adequacy of performance" refers to the degree that performance has been adequate in meeting the total amount of need. For example, a counseling program involving considerable and highly effective results (performance) for a very small group may be largely inadequate in meeting the needs of the total campus community. With "efficiency" criteria the question is asked, "Is there a better way to attain the same results?" This is a particularly pertinent question from an accountability standpoint as agencies that can demonstrate greatest efficiency in terms of time, money and personnel will prove most viable. "Process" criteria go beyond the preceding four evaluation criteria. Process criteria deal with how and why a program works or does not work so that one can "make sense" of evaluative findings without being left simply with the descriptive results of an evaluation study.

As implied earlier, another way of categorizing criteria for counseling outcome assessment is to choose between client-specific, tailor made criteria or standard criteria applicable to all clients. Significantly, there seems to be a convergence from varying psychotherapeutic orientations toward recognizing the utility of tailoring change criteria to individual clients (Krumboltz, 1966; Lichtenstein, 1971; Rickard, 1965; Schlein, 1966; Strupp & Bergin, 1969; Volsky et al., 1965). Most writings

reviewed in the section of "Program Evaluation and Accountability Systems" focus on strategies for assessing change in individual clients using criteria unique to particular clients, usually in terms of movement toward the client's own goals.

Krumboltz (1966) has been a leading advocate of evaluating counseling outcome in terms of individualized behavioral goals. He has recommended that these goals be stated in terms of overt observable behavior changes. Other writers (Brayfield, 1962, 1963; Samler, 1962) have also stressed performance criteria which embodied objective observations rather than egocentric self-regarding internal states such as self-acceptance and self-understanding. Krumboltz (1966) has listed the following criteria for counseling goals: (1) "The goals of counseling should be capable of being stated differently for each individual client" (p. 154). Goals of different clients may even be contradictory; one client may wish to become more assertive while a reduction in assertive behavior might be more appropriate for another; (2) "The goals of counseling for each client should be compatible with, though not necessarily identical to, the values of the counselor" (p. 154). Each counselor must make an evaluative judgement of his or her clients goals to determine compatibility with the counselors own competencies, interests, and ethical standards (Krumboltz, 1965); (3) "The degree to which the goals of counseling are attained by each client should be observable" (p. 155). Krumboltz uses the term "observable" in a broad sense to indicate any way of assessing verbal or written statements, or responses that can be seen or heard.

Krumboltz (1966) lists several advantages of behavioral statements of counseling goals. These are: (1) "Counselors, clients, and citizens could more clearly anticipate what the counseling process could, and could not accomplish" (p. 156). (2) "Counseling psychology would become more integrated with the mainstream of psychological theory and research" (p. 157). (3) "The search for new and more effective techniques of helping clients would be facilitated" (p. 157). With widely varying counseling objectives, it seems safe to assume that no one counseling orientation would produce universally positive results. (4) "Different criteria would have to be applied to different clients in assessing the success of counseling" (p. 157). Krumboltz sees the practice of evaluating a program in terms of a standard expected outcome as an explanation for many findings of non-significant difference between treatment and experimental groups.

Another way of looking at criteria for counseling effectiveness is to consider the dimensions within which criteria may vary (Burck, Cottingham & Reardon, 1973). Several of these dimensions are as follows:

1. General criteria vs. specific criteria. Examples of opposite ends of this continuum would be "self esteem" vs. "frequency of positive statements about self." As previously indicated, Krumboltz and others feel that generalities such as self understanding and self esteem need to be translated into appropriate specific client behaviors to be useful.

2. Objective vs. Subjective. Examples of opposites here

would be public consensus of observable behaviors vs. phenomenological self-reports such as self-rating scales, follow up interviews, and Q-sorts. There are several possible problems with self-reports. Instruments used are not totally adequate and the clients responses are often confounded by immediate and unstable conditions (Lazarus, 1966; Levitt, 1967; Travers, 1959). Other writers see a problem of inference in understanding phenomenological states (Crowne & Stephens, 1961), or a problem in moving from theory and hypothetical constructs to operational definitions (Underwood, 1957). Objective criteria may be very specific such as graduation rate or GPA, or may involve rather complicated observer rating scales. Such criteria may be much more difficult to utilize than subjective criteria and not necessarily more relevant. An additional problem has already been mentioned: The fact that problem behaviors may be wholly or in part ideational or affective behaviors with limited external referents. Even with the limitations of both objective and subjective criteria, the use of both would seem desirable wherever possible for purposes of cross validation.

3. Single vs. Multiple. While the emphasis on observable specific goals in counseling might easily lead to the use of a single criterion measure, a number of writers have advocated that multiple criteria be used in evaluating counseling efficacy. Farnsworth (1966) has reported the frequent failure of single criteria studies to demonstrate positive results. Other writers (Goldstein, Heller & Sechrest, 1966; Strupp & Luborsky, 1962;

Truax & Carkhuff, 1964; Wrenn & Parker, 1960) have stated that studying personality change (anything but a unitary phenomenon) warrants the use of multiple criteria to maximize evaluative adequacy.

4. Internal vs. External. Internal criteria are criteria accessible within the counseling session while external criteria (such as GPA) are manifested in the client's environment. A number of writers cited previously (Froehlich, 1955; Luborsky & Strupp, 1962; Paul, 1969; Shoben, 1953; Zax & Klein, 1960) concur that immediate criteria like intra-counseling client satisfaction are relevant only if they are indicative of extra counseling behavior. Shoben (1953) further states: "Until the operational criteria used in specific studies are related to the realities of the client's actual world, their meaningfulness remains moot and controversial" (p. 16).

5. Common vs. Individualized. The issue of common criteria for all subjects versus individualized criteria has already been touched upon (Krumboltz, 1966). Kiesler (1966) blames what he calls the "patient uniformity assumption" (the idea that clients are more similar than dissimilar) for the failure of many studies to yield more meaningful results. Other authors (Ford & Urban, 1963; Goldstein, Heller & Sechrest, 1966; Hyman & Breger, 1965; Levitt, 1967; Tiedeman, 1960) have reached similar conclusions. It would seem that the consensus overwhelmingly favors individualized criteria.

6. Client Goals vs. Therapist-Goals. Thompson and Zimmerman (1969) have reported a marked discrepancy between the goals of clients and counselors, and instability of both sets of goals over time. This finding would seem to call for consideration of both therapist and client goals in the criterion, as well as allowance for goal changes over time.

Wellman (1968) in Burck, Cottingham and Reardon (1973), has compiled some excellent guidelines for consideration in selecting counseling effectiveness criteria:

> 1. Criteria should be expressed positively and defined in terms of evidence of the achievement of, or movement toward, specific developmental objectives.
> 2. Basic criteria should be reduced to units of behavior that will permit reliable observation and reporting, and if global criteria are utilized and interpreted by inference, relationship with behavioral manifestations should be demonstrated as a basis for the influence.
> 3. Criteria should be defined precisely enough to permit scaling on a continuum, with the extremes of the variables easily identifiable; and where discrete units are utilized, relationships to continuously distributed units should be investigated.
> 4. The developmental approach, which attempts to differentiate individuals and to account for environmental influences, dictates the establishment of multidimensional criteria.
> 5. Criteria should be structured to permit the estimation of criterion variables from two or more sources whenever possible.
> 6. Criteria capable of reflecting change in relation to a developmental model should permit repeated observations with appropriate attention to the time dimension.
> 7. Criteria requiring subjective estimations should be balanced with objective data at least inferentially related to the subjective criteria.
> 8. Combinations of internal criteria, intra-individual of intra-counseling, with external performance criteria should be sought.

9. Operational definitions of criteria should provide the basis for instrumentation rather than the instrument providing the definition of the criteria (p. 39).

The following are the major implications of this review on selection of criteria for counseling effectiveness:

1. Program performance may be judged against a variety of criteria. A total evaluation program will include provision for different criteria of success for different publics interested in the findings. Total program evaluation may involve a system of continuous monitoring of criterion variables at several different levels. These levels would include the individual client level, the counseling agency functioning level, and the university system level.

2. Criteria should exist apart from theory and be based on positive changes in the client's problem behavior toward a predetermined goal.

3. Behavior to be used as evidence of successful counseling should be demonstrated outside of the counseling situation.

4. Evaluation research should focus on improvement criteria for particular individuals, assessing change from prior to treatment to post-treatment, and ideally at intervals in between.

5. Two or more short term follow-ups may be preferable over long-term follow-up from a methodological standpoint.

6. As clients and counselors may disagree on goal selection and goal attainment, provision should be made for input from each.

7. Objective behavioral criteria are preferred, but when behavioral referents are limited, client self-report is appropriate.

8. Suchman's (1967) classification of types of criteria offers useful guidelines to the program evaluator interested in insuring that the appropriate questions have been asked and examined.

The Wellman list has special significance in that it offers the most thorough compilation of essential evaluation criteria reviewed. In particular, the idea of defining criteria precisely enough to permit scaling on a continuum is considered important enough to be suggested at a later point as a basic component of evaluation systems. This concept enables the research to attach different weight to varying degrees of goal attainment. Wellman's recommendations regarding the preferred use of repeated observations over time, combinations of internal and external criteria are highly consistent with the major conclusions of this work.

Evaluative Research Design

In this section a rather extended treatment is given to research designs that may be employed for evaluative research. The types that are presented are pure types with many possible variations. It will be shown that the debate over degree of experimental control is largely unnecessary, that the designs most frequently used are not necessarily the best designs, that some designs are definitely better than others, and that better designs are not more difficult, only less well understood.

The inferential procedures that can be utilized for evaluation can be generally divided into three categories: experimental,

quasi-experimental, and nonexperimental. Experimental procedures are marked by: planned control so as to eliminate the effect of background variables not part of the experiment, experimental design or patterning to avoid measurement bias, and randomization to assure valid estimate of error and make possible the application of statistical tests of significance. Due to stringent requirements however, many evaluators see experimental design as generally inapplicable in attempts to solve evaluation problems (Worthen, 1968).

Quasi-experimental inference is signified by a lack of randomization and with some treatment condition control being maintained. Campbell and Stanley (1963) have suggested a variety of designs that permit inferences in such situations with minimal bias. According to Levy, Herzog and Slotkin (1968) these experiments may be "the only inferential paradigms applicable to the evaluation of impact programs . . . and prevention programs, but even here it is often all but impossible to provide adequate treatment variable control" (p. 344).

Nonexperimental inference is involved with developing and fitting models to observed data, no matter how that data is observed. Neither randomization or controlled treatment are possible. The focus is on developing and testing models linking relevant variables in a conceptually meaningful way. Both quasi-experimental and nonexperimental models have been described as more appropriate for evaluation research than traditional, and possibly impractical experimental design (Levy, Herzog & Slotkin, 1968).

Suchman (1968) has stated that "Examples of evaluative research which satisfy even the most elementary levels of the scientific method are few and far between" (p. 74). An attempt by an evaluation planning group in mental health (Milbank Memorial Fund, 1958, in Suchman, 1968) led to a statement that "no situations" could be found which satisfied their basic demands for a "meaningful evaluation of mental health demonstrations" (p. 74).

Much of the criticism of current evaluation procedures may stem from a failure to recognize specific inherent differences between the research methods and objectives associated with evaluative research as compared to "basic" research (Dyar, 1963). The experimental model associated with nonevaluative research has been criticized as inappropriate in the evaluation of broad aim service or action programs (Schulberg & Baker, 1968; Shufflebeam, 1968; Suchman, 1968; Weiss & Rein, 1970). Experimental design has been described as creating "technical and administrative problems so severe as to make the evaluation of questionable value (Weiss & Rein, 1970, p. 97).

According the Suchman (1968), "the crucial issue is not simply one of right measures versus wrong, not of objectivity versus subjectivity, nor even of standards versus expediency, but a rather complex mixture of differing values, purposes, and resources" (p. 74). Confusion over the differences between evaluative research with the goal of testing the application of knowledge, and basic research intended to discover knowledge, underlies the debate over the "invalidity" of evaluative research and the "uselessness" of

basic research. Fleck (1963) sees that basic difference as the presence in evaluative research of a goal that "knowledge sought be used as a guide for practical action" (p. 717).

Another major difference lies in the fact that as one moves along the continuum ranging from theoretical study to evaluative research, the ability to control relevant variables decreases significantly, while the quantity of contingent factors increases. The more rigid control of extraneous factors characteristic of basic research and experimental or near experimental studies, when applied to unstandardized, virtually unreplicated programs, has resulted in problems of cost, administrative irrelevance, and difficulty of interpretation (Morris & Rein, 1967; Rossi, 1966; Thernstrom, 1969). Weiss and Rein (1970) list several technical difficulties when experimental design is applied to the evaluation of broad aim service programs. First, it is very difficult to select satisfactory criteria as program aims might be rather nonspecific, with narrowly defined criteria misrepresenting actual aims. Secondly, the situation is essentially uncontrolled with insufficient replications, and little opportunity for randomization or use of control groups. Third, experimental design, in its answering of specific research questions is limited in the information it can produce. Shufflebeam (1968) lists three major objectives in his vigorous attack on the usefulness of the experimental model in evaluation:

1. The model fails to provide for continual program improvement. It inhibits improvement, because internal validity

requires that the treatment not be modified during evaluation.

2. The model generates relevant data only upon program completion, but it is almost without value in program planning and implementation.

3. As Guba (1965) has pointed out, experimental control is generally unavailable, since randomization is rarely feasible outside the laboratory.

The third objection is the one most frequently noted while reviewing evaluation literature (Houston, 1970; Rossi & Williams, 1970; Worthen, 1968).

There is of course another side of the controversy: in Rossi and Williams (1970) states that "most of the objections to the experimental model, upon closer examination, to incomplete understanding or unskilled application of the model" (p. 59). Shufflebeam (1968) suggests that some opposition arises from the fact that "no significant difference findings," often associated with experimental design, are generally poorly received by personnel with an "a priori" conclusion that their program benefits their clientele. Campbell (1967, 1969) has discussed several political and psychological factors which have operated to continue the pre-experimental status quo in evaluation research in spite of fifty years of scientifically sound alternatives. One factor is the belief that a control group situation deprives clients of treatment. Houston (in Rossi & Williams, 1970) points out that this is a misconception as the experimental model does not require "no treatment," only a different or delayed treatment. In the

case of counseling center clients, control group subjects could be those on a waiting list or uncounseled students randomly selected from the student population.

After weighing all arguments, Suchman (1968) stated the following conclusions applicable to the evaluative research method:

> 1. It seems to us futile to argue whether a certain design is "scientific". . . . It is not a case of scientific or not scientific, but rather one of good or less good design.
> 2. The proof of the hypothesis is never definitive. The best one can hope to do is to make more or less plausible a series of alternative hypotheses.
> 3. There is no such thing as a single correct design. . . . Hypotheses can be studied by different methods using different designs.
> 4. All research design represents a compromise dictated by the many practical considerations that go into social research. . . . A compromise between the level of incontrovertible proof desired and the administrative resources at hand.
> 5. A research design is not a highly specific plan to be followed without deviation, but rather a series of guideposts to keep one headed in the right direction (p. 91).

These considerations, general in nature, are especially applicable to evaluative research with its focus upon administrative decision making, and improvement of center services rather than the acquisition of knowledge.

The designs to be discussed offer a range of control from designs of weak control to highly experimental methods. There are a number of special problems associated with control in counseling research that have resulted in certain designs being used with more frequency than others and have also contributed to misleading

results. Some of these problems of control are briefly discussed.

1. Pretest effect. Several of the methods for evaluating counseling outcome discussed later in this chapter have pretest sensitization as a possible confounding factor; that is, the use of a pretest may sensitize the client to the treatment effect thus confusing outcome interpretation (Burck, Cottingham & Reardon, 1973; Huck, Cormier & Bounds, 1974).

2. Non-counseled Controls. Designs that call for a control group present several problems. First, a control group of clients who have not volunteered for counseling can not be considered an equivalent group, even if randomly selected from the population. Comparing the treatment group with control group subjects who have volunteered for counseling but are placed on a waiting list presents an ethical problem. Can treatment be delayed for the sake of experimental evaluation, if such treatment is needed for problems the clients consider urgent and this treatment would otherwise be immediately available? Additionally, isolating a help seeking client from sources of help even temporarily may be an impossibility. Orne (1962) has demonstrated that help seekers if unsuccessful in obtaining professional help, obtain such aid elsewhere, thus greatly limiting the value of "waiting list control groups." Some authors present an even more pessimistic view of the use of control subjects. For example, Wolberg (1967) has stated that controls can never be fully equivalent. He writes:

> Our quandary is that there is no such thing as exactly the same kind of an emotional problem. Subtle and oft indetectable, cognitive, emotional and behavioral differences within the same syndrome may actually be the determining factor. By no stretch of the imagination can we say that the environmental pressures or the healing adventitious situational elements, that impinge themselves on any two people are the same, nor can we keep them anywhere near constant throughout the period of our differential study. . . . Indeed any attempt to use controls may introduce new errors. It is conceivable that if we followed thousands of cases that had been treated over a period of years, as well as a roughly similar number of control subjects, our errors would be reduced. However this could not be guaranteed (p. 261).

Designs where the subjects acts as his or her own control may be the only effective remedy for these problems.

3. Counselor Cooperation. If evaluation is to be effective, it must be understood and endorsed by all concerned (Krumboltz, 1966). In the more experimental evaluative efforts counselors may feel that their efforts are greatly restricted by predetermined controls and evaluation may be subverted (Burck, Cottingham & Reardon, 1974).

4. Situational Variables. Several writers (Burck, Cottingham, and Reardon, 1973; Paul, 1969; Ullman & Krasner, 1969; Voth, Modlin & Orth, 1962) have discussed the need to consider variables outside the treatment situation in evaluating counseling outcome. Important situational variables such as attitudes of significant others toward the client may provide a valuable frame of reference while having very limited controlability.

5. Replication. Burck, Cottingham and Reardon (1973) have stated that "it has been manifestly impossible for one investigator to confirm or verify the work of another" (p. 21). In spite of

this inherent difficulty, attempts to replicate findings remain scientifically essential (Fiske et al., 1970), and continued refinement of research designs toward this purpose is therefore a valuable research effort. Moreover, within the context of counseling accountability the prevailing absence of random sampling procedures for counselors, clients and treatment conditions can be countered by more replication leading to increased external validity (Campbell & Stanley, 1963). In other words a large number of counseling situations, in spite of the absence of randomization, will reveal certain trends and consistencies upon which accountability statements can be based.

6. Hello-goodby effect. A problem effecting several of the evaluative methods to be discussed is a natural regression phenomenon where client complaints may be exaggerated in the beginning of counseling and minimized upon termination (Burck, Cottingham and Reardon, 1973). This artifact may result from an initial need to justify seeking professional help and an ultimate need to show appreciation to the counselor, i.e., to make the counselor also feel good. This is an obvious confounding problem both in control group situations and where the individual client acts as his or her own control with one pre- and one post-test rating. A possible solution is provided by the time series designs where trends of relapse, stability or continued improvement can be determined (Paul, 1969).

7. The Problem of Adventitious Change. One of the most perplexing factors of evaluation in general is the difficulty in

finding a meaningful comparison for obtained results. It has been widely reported that two thirds of all patients improve irrespective of the particular therapeutic approach used, and also that two thirds of patients with emotional problems improve ultimately even without treatment (Eysenck, 1952, 1965; Wolberg, 1967). These findings are suspect however and of little practical value, as terminology such as "improvement" or "psychotherapy" or "no treatment" is extremely vague and ambiguous. There remains the methodological problem that many factors outside of counseling may serve to bring about behavioral change in the client.

8. Statistical Regression. Campbell and Stanley (1966) have noted the widespread practice of program planners to replace randomization when randomization could not be employed for one reason or another with expost facto matching on what they considered to be relevant criterion variables, and to fail to control for statistical regression. Campbell and Erlebacher (1970) believe that such matching after the fact can not be valid and in fact produces two entirely different populations. Ignoring the phenomenon of statistical regression poses a potential threat to important social programs where no differences are found between experimental and control groups, or where the treatment appears to have a harmful effect. According to Wortman (1957): "These 'tragically misleading misanalyses' (Campbell & Erlebacker, 1970, p. 185) are doubly unfortunate in that they have been interpreted by high level policy planners (Moynihan, 1973) as indicative of the failure of a wide range of social action reforms dating back to the New Deal" (p. 568).

Control is a relative goal in evaluation of counseling center services and must be balanced against effective service delivery and administrative resources.

In the remaining portion of this section, variations in evaluative research design will be briefly discussed along with inherent sources of error. The list is by no means exhaustive as there are numerous variations and extensions for each design discussed. A notational system suggested by Campbell (1957, 1963) will be used where X represents the exposure of a group to the experimental variable and O represents measurement or observation. Additionally, a specific row of X's and O's represents the same group while parallel rows represent matched or equivalent samples of subjects. Time order is indicated by a sequence from left to right. Continued treatment is indicated by a continuous line. The first three designs are pseudo-experimental or pre-experimental designs as they are largely without built in controls. As a result, it is impossible to be highly confident in the validity of inference from results obtained.

The One Shot Case Study

XO

In this design measurement follows exposure to the program being evaluated with no baseline measurement or control group for comparison. This is probably the weakest yet the most common evaluative research design (Suchman, 1968). Frequently this design leads to testimonial evidence in favor of a particular program, evidence

that may reassure program administrators while providing little evidence of effectiveness. The quality of this evidence may be improved by checks on the validity of the testimony and by retrospectively reproducing the individuals functioning before treatment. Ralph (1975) has used such a retrospective technique out of the belief that the inability of evaluators to demonstrate significant treatment effects is often due to the inappropriate use of pre-post designs with self-report measures. He feels that shifts in the phenomenological base of such ratings are uncontrolled causing subjects to use identical pre- and post-ratings to indicate subjectively different self-ratings. It is suggested instead that subjects rate themselves after treatment as to how they perceive themselves now and how they would have rated themselves at the beginning of treatment. As such ratings would probably be from the same phenomenological base, the subjects "now/then" ratings are thought to more accurately reflect objective change than would pre-post measures. An obvious limitation to such a technique would be a memory and halo bias (Suchman, 1968).

The One Group, Pre-test, Post-test Design

$$O_1 \; X \; O_2$$

In this evaluative design observations are made before and after the treatment variable has been introduced to the group. While change can be measured objectively, change can not be attributed to the program being evaluated in the absence of a control group. The effects of the treatment variable may possibly be con-

founded by six uncontrolled extraneous variables or threats to internal validity: history, maturation, testing, instrumentation, statistical regression, and mortality. If a significant difference is found all six extraneous variables constitute viable rival hypotheses (Huck, Cormier & Bounds, 1974).

In spite of limitations, this design has been the principle design suggested for evaluating client change, particularly for those studies where movement toward the client's own objectives was proposed as an effective indication of counseling success (Bijou, 1966; Brayfield, 1963; Burck & Patterson, 1975; Hill, 1975; Kiresuk & Sherman, 1968; Krumboltz, 1966, 1974; Pascal & Zax, 1956; Thompson & Miller, 1973). Several proposed program evaluation and accountability systems will be discussed in detail in a subsequent section.

The Static Group Comparison

$$\begin{matrix} X & _{01} \\ & _{02} \end{matrix}$$

In this design two groups are compared after one has been exposed to a particular treatment. The major shortcoming from a methodological standpoint is that there is no way of assuming that the groups were equivalent before the treatment (Huck, Cormier & Bounds, 1974). Selective matching and retrospective measures of the two groups in regard to pre-treatment characteristics may help to counter this limitation (Suchman, 1968).

Pre-test, Post-test, Control Group Design

$$\begin{array}{llll} R & O_1 & X & O_2 \\ R & O_3 & & O_4 \end{array}$$

This design constitutes the first of the true experimental designs (Campbell & Stanley, 1963), with built-in controls for threats to internal validity and randomization (R). The only major threat to internal validity is "mortality." Subjects dropping out of the study, possibly because of the treatment variable, may bring about a finding of a significant difference and the erroneous conclusion that the difference was caused by the treatment variable.

Post-test Only Control Group Design

$$\begin{array}{lll} R & X & O_1 \\ R & & O_2 \end{array}$$

Again, the major threat is "mortality." If genuine randomization is achieved, this technique is as good as the preceeding design as randomization is a most effective technique for achieving group equivalence (Huck, Cormier & Bounds, 1974). This design applies where a pre-test is not desirable or possible (Burck, Cottingham & Reardon, 1973).

The Soloman Four-Group Design

$$\begin{array}{llll} R & O_1 & X & O_2 \\ & O_3 & & O_4 \\ & & X & O_5 \\ & & & O_6 \end{array}$$

This design controls for an important threat to external

validity, pre-test sensitization, the possible interaction between the pre-test and the treatment. If pre-test sensitization occurs it may indicate that the treatment will not produce significant results without an accompaning pre-test. Where such a finding would be very important and four groups can not be used, it might be better to use a modified static group comparison in which equivalent groups are selected prior to treatment.

The preceding three designs represent designs where the evaluator has almost total experimental control, a condition that many writers consider unlikely in evaluating a broad range service program. When true experimental designs are not possible or practical the evaluator can turn to quasi-experimental designs where there is limited experimental control. While there is a sacrifice of control over internal threats to validity, quasi-experimental designs can have greater control over external threats. For example, where intact or naturally formed groups are used rather than being composed of randomly assigned subjects, subject reactivity is decreased (Huck, Cormier & Bounds, 1974). Five quasi-experimental designs will be briefly described.

Nonequivalent Control Group Designs

O X O

O O

In this design two nonrandomly assigned groups are compared before and after one of the groups receives treatment. This design is especially appropriate for research in natural or field

settings where randomization is impractical. In two versions of this design groups may be either "intact" and naturally assembled, or "self-selected" as when clients volunteer for counseling. With self-selected groups the chance of the groups being dissimilar is increased. To determine specific threats to internal validity the circumstances of the particular study would have to be investigated (Huck, Cormier & Bounds, 1974).

Separate-Sample Pre-test--Post-test Designs

R O (X)
R X O

In this design the research can not randomly separate groups but can randomly determine which subjects are to be observed before and after treatment. One group is observed prior to treatment and one group afterward. Both groups receive the treatment but in the case of the first group, treatment is irrelevant to the results of the study. Internal threats not controlled for are history, mortality, and perhaps instrumentation and maturation (Huck, Cormier & Bounds, 1974).

Two variations of control group designs warrant mentioning. The first is the "invited remedial treatment design" (Paul, 1966; Speilberger & Waitz, 1964). In this design clients are invited to participate in a particular program and divided into several groups: (1) invited clients who elect counseling and are accepted; (2) invited clients who ask for counseling and are refused; and (3) uninvited control clients. In addition, Goldstein, Heller and Sechrest

(1966) and Campbell and Stanley (1963) have advocated continuously evolving "patched up designs" where controls are added as alternate hypotheses are identified. This approach seems appropriate to a flexible ongoing service program where continued refinement of evaluative design is entirely possible and even the probable pattern of design development.

In the preceding eight designs a control group was employed presenting problems that have already been alluded to, namely--how are counseling seekers assigned to noncounseling control groups to be handled? If counseling is delayed might these subjects go elsewhere for help? Might not the expectation of future help lead to improvement? Is delay ethical? As pointed out earlier, control subjects who do not wish counseling introduce an important, possibly confounding, difference between groups, namely--motivation for counseling. Additionally there is some thought that group designs may obscure individual client change and treatment in fundamentally different ways. According to Thoreson and Anton (1974): "Exclusive concern with group means and variabilities impedes understanding of the treatment process and may lead to erroneous generalizations about treatment effects" (p. 556). The designs introduced next involve clients acting as their own controls and thereby avoid the control group dilemma. Moreover, these designs may be particularly well suited to program evaluation as they do not require large numbers, complex statistics or highly developed research abilities.

The Single Group Time Series Design

This design provides a valuable model for ongoing or continuous evaluation research and is particularly appropriate for long term developmental programs. Each individual acts as his/her own control and is observed at different times, permitting continuous feedback and program changes (Suchman, 1968). In addition to dealing with the control group problem discussed in the last section another important shortcoming of many designs is avoided. Studies that rely heavily on simple point estimates such as pre-test and post-test means may be seriously misleading. For example, change might already be accelerating during pre-treatment or baseline leading the researcher to conclude from two point observations that treatment is successful. As Glass, Wilson and Gottman (1972) have further stated:

> The pre-test--post-test experimental design has never been highly regarded as an experimental technique in the behavioral and social sciences, and for good reasons. The simple pattern of observation-treatment-observation of change which worked so well in the physical sciences is seldom equal to the difficult task of the demonstration of causal relationships in systems of human behavior (p. 1).

In essence, there is a critical need to be able to follow the client in such a way so that observation of change is nearly continuous. In contrast to experimental research, time series designs or "intensive designs" (Thoreson & Anton, 1974) offer the counselor immediate feedback and the opportunity to implement other treatment strategies as necessary during treatment. As a result time spent

on ineffectual treatment is minimized. Huck, Cormier and Bounds (1974) discussed three variations of this design having program evaluation applicability:

A. Single group with temporary single treatment.

$O_1 \quad O_2 \quad O_3 \quad O_4 \quad X \quad O_5 \quad O_6 \quad O_7 \quad O_8$

Here treatment is discontinued and additional observations are made.

B. Single group with continuous single treatment and withdrawal.

$O_1 \quad O_2 \quad O_3 \quad O_4 \quad X \quad \overline{O_5 \quad O_6} \quad O_7 \quad O_8$

The horizontal line indicates treatment continuing concurrently with observations, but not for entire study.

C. Single group with continuous single treatment.

$O_1 \quad O_2 \quad O_3 \quad O_4 \quad X \quad \overline{O_5 \quad O_6 \quad O_7 \quad O_8}$

Paul (1969) has stated the value of a number of such cases in canceling out the within class confounding of individual studies to the extent that some confident inferences of specific cause-effect relationships may be made. History and mortality are the most plausible threats to internal validity but again, a number of such studies of individuals spread over a lengthy period of time would seem to cancel out confounding influences. The design under these conditions could be described as a Multiple-Group Time Series Design and could be diagrammed as follows:

O O O O X O O O O

O O O O X O O O O

Gottman, McFall and Barnett (1969) have labeled the same design a "time lagged control design, withholding treatment from a second subject for a period of time to provide both a control and an independent replication" (p. 300). In evaluating counseling efficacy, such a design could continuously assess different clients' progress toward their stated goals, in comparison with the progress of clients on a waiting list. A number of writers have described the Single Group Time Series Design as an excellent quasi-experimental design for assessing the impact of planned intervention (Browning & Stover, 1971; Campbell & Stanley, 1963; Chassan, 1967; Gottman & Leiblum, 1973). The basic formula for a time series design involves at least three measures (Burck, Cottingham & Reardon, 1973): (1) evaluation upon acceptance for treatment; (2) evaluation after a waiting period and prior to treatment; and (3) evaluation upon termination of treatment. This design avoids the problems associated with control groups but includes the problems of history, maturation, instrument decay and client sensitization to testing, confounding events that occur with the passage of time and which may be responsible for client changes. A "yoked control" may be used in which another group or client is measured over time without receiving treatment. However, there still remain the problems associated with the withholding of counseling services.

Multiple Baseline Designs

The design discussed above under the heading "time lagged control design (Gottman, McFall & Barnett, 1969) could have also been described as a multiple baseline design with baselines obtained across individuals (Schmidt, 1974). This technique is also useful across behaviors and across situations. In regard to the "across behaviors" approach the client quite often has several different behaviors that he or she perceives as needing to be changed. It might be argued that it would be easier to use a single baseline design and deal with all problem behaviors simultaneously. There are two good reasons however, that warrant consideration of a multiple baseline design. First, if a procedure is applied at different time intervals for different behaviors, a strong inference of a causal relationship, is established when those behaviors change successively at the point where experimental procedures are employed. Secondly, and perhaps most important from a service point of view, working on behavior changes one at a time will help prevent the client (and the counselor) from being overwhelmed by the number and complexity of tasks. The third type of multiple baseline procedure involves the concurrent measurement of an individual's behavior in different stimulus situations. As was pointed out in an earlier section, behavior to be used as evidence of successful counseling should be demonstrated outside of the counseling situation. It is entirely conceivable that the counselor would

choose to plot target behaviors within counseling sessions while arranging to have the same behaviors recorded in external situations.

In addition to the utility of multiple baseline designs in determining counseling efficacy across individuals, situations, and behaviors, such techniques also allow for more precision in determining why a particular approach has succeeded or failed. The counselor/evaluator is thereby better equipped as a practitioner in applied research, being able to not only determine success or failure but also to make statements about the precise time and cause of that outcome. A major advantage of intensive designs therefore is the precision offered in the assessment of treatment components. This benefit in turn allows the results to be replicated by the same counselor or by others. As counselors are able to demonstrate inter or intra-individual replication confidence is increased that counseling procedures are beneficial. Finally, continuous observations may facilitate treatment by increasing both counselor and client awareness of specific factors influencing client behavior.

All intensive designs, single group time series, or multiple baseline, require different data analysis procedures than those typically employed in group design. Parametric methods such as analysis of variance are usually inappropriate as the following assumptions can not be satisfied: (a) the sample is not randomly selected from a population; (b) the error components are not homogeneous or normally distributed; and (c) the error components are

not independent (Thorensen & Anton, 1974). Alternative analyses are the split middle procedure (Thorensen & Anton, 1974) and the integrated moving averages model (Glass, Wilson & Gottman, 1972). The latter procedure weighs heaviest on observations closest to the point where treatment is introduced and systematically tests for shifts in level and slope of data in comparison to expected random, non-systematic changes over time. The major problem involved in using this procedure seems to be its complexity, usually necessitating a computer program (Huck, Cormier & Bounds, 1974; Thorensen & Anton, 1974).

As pointed out earlier, the designs that have been described are by no means the only designs available for evaluation research but rather represent major distinct types. Numerous variations and extensions are possible. Further design elaboration can be found in Campbell and Stanley (1966) and Huck, Cormier and Bounds (1974), including guidance on appropriate statistical procedures.

Two factors would seem to have greater impact in design selection than even the need to conduct rigorously sound experimental research. First, as collection of quantitative data in counseling centers is often rather infrequent, even at a time of increasing emphasis on accountability, there would seem to be a great need for outcome evaluation to become continuous and routine (Edgerton, 1971; Ladd, 1967; Lichtenstein, 1971). Secondly, such outcome evaluation should be nondisruptive of service delivery, involving economical participating of service oriented, rather than research oriented, agency personnel in something less than

a true experimentally controlled setting (Levy, Herzog & Stotkin, 1968; Lichtenstein, 1971). Such factors would seem to weigh heavily on the side of those authors already cited who feel that experimental procedures are rarely appropriate in the evaluation of broad aim service programs.

The major conclusions of this section are as follows: (1) There is little to be gained from a debate over designs being more or less "scientific." When the needs, resources and unique environment of a particular agency are considered, it should be readily apparent that some designs are better than others; (2) Designs most frequently used are not the most useful or the easiest to implement. Time series designs simplify research by eliminating the experimental requirements for randomization and control groups while at the same time more accurately assess change over time.

In the following section specific recommendations for program evaluation and accountability systems will be reviewed. The emphasis will be on general evaluation systems found to have greatest applicability for a counseling center accountability system. These suggestions represent an interdisciplinary review encompassing industrial management, psychology, sociology, and medicine sources.

Program Evaluation and Accountability Systems

As has been reported earlier, numerous instruments used to measure widely varying criteria of counseling success have had serious problems of reliability, validity and practical utility

(Lichtenstein, 1971; Zax & Klein, 1966). Additionally, clients, therapists and judges have been shown to have different viewpoints on what constitutes counseling success (Cartwright, Robertson, Fiske & Kirtner, 1961; Crown, 1968; Forsyth & Fairweather, 1961; Horenstein, Houston & Holmes, 1973; Strupp & Bergin, 1969). The finding of Horenstein et al. that clients ratings were unrelated to counselors ratings but highly related to the ratings of independent judges raises the question of who is in the best position to evaluate counseling outcome. In addition to the possibility that the client may choose other criteria of success than would the counselor (Thompson & Miller, 1969, 1973) another complication is that either client or counselor goals may change and diverge during the course of counseling (Zimmerman, 1969). This section is intended as a review of several systems that are successful in varying degrees in resolving the problems listed above.

Several researchers have attempted to develop criterion systems to overcome the obstacles described above. For the most part these criterion systems are based primarily on the client's point of view, with provisions for change during counseling, and versatility for a variety of treatments and client problems. Additionally, such systems have claimed measurement procedures that are reliable, easily validated and practical in a counseling center setting. A major example of such a criterion system is the one developed by Thompson and Miller (1973).

In this system, two basic instruments are used: A goal checklist containing a wide range of personal goals and a follow-

up questionnaire. The checklist was compiled from goals of frequent concern to clients seen at the University of Oregon Counseling Center and included such goals as "loss of weight, fewer less intense period of depression, determination of careers for which I am best suited, and more sensitivity and perceptiveness in social situations." (The 1969-70 checklist has 38 goals and is described as to the rationale, uses and factor structure in previous articles--Miller & Thompson, 1973; Thompson & Zimmerman, 1969. A copy of the checklist is provided in Appendix A.) Prior to their first appointment or group meeting, clients are instructed to check any goal of concern for which counselor assistance is requested. In the follow-up effort subjects are sent a copy of their goal checklist, a questionnaire, and a sample completed questionnaire illustrating the degree of detail desired in the response. The questionnaire contains four questions. Subjects are asked first to rate the degree of progress they have made toward their goals, indicating definite progress, some progress, no progress, and doing worse. Next they are asked to "indicate what sorts of events have occurred which support the progress ratings you have just assigned above." Third, they are asked if there are other relevant goals not marked initially, and are asked to state what those goals are and what progress has been made toward them. The fourth question is whether or not the counselor aided in goal achievement (indicated on a four point scale): Definitely of no aid, perhaps of some help, definitely of some help, and of great aid.

In evaluating their criterion system, Thompson and Miller used four groups--two groups of individually counseled students, students seen for group counseling, and nonclients randomly selected from among volunteers. Nonclient volunteers were asked to "check goals that really are personally meaningful to you and which you hope to make progress toward in the near future." For parts two and three of the follow-up questionnaire, 29 fairly discrete categories of response were devised, using two judges with high inter-judge agreement. The authors claimed several kinds of substantial validity with factor structure for the categorization scheme and checklist being logically related. In terms of progress toward goals, clients and nonclients differed significantly ($p < .01$), with clients reporting more progress. The mean progress rating across goals was shown to be significantly related to the subjects' rating of therapist aid. According to the authors, many outcomes reported were quite specific and would require little checking to determine the actuality of their occurrence. Other outcomes could be assessed by a variety of readily available psychological tests of mood or self concept. This validation method is compatible with their intention "not to supplant other criterion systems but to complement them, thus increasing the number and type of potentially useful and relevant criteria for follow-up research" (p. 306).

There were several flaws in this report. First, the client and nonclient groups were very different groups, a fact which greatly limits the meaning of any comparisons. Secondly, the nonclient sample reported almost as much goal progress as the client groups,

a result consistent with Eysenck's (1965) findings. This condition is possibly the result of the fact that in both studies self-selected clients were compared with nonclients with the inherent methodological problem already noted. Thirdly, other studies have shown changes in goals as counseling progressed (Zimmerman, 1969); therefore, better outcome criteria might result from client participation throughout counseling in determining relevant criteria of success, rather than just before and after counseling. Finally, no comparison was offered between client and counselor goals and perceptions of goal attainment.

The "Personal Goals Checklist" developed at the University of Oregon has been used at a number of other university counseling centers including that of the University of Washington (Broedel, 1974)[1]. At the Washington Center, this checklist was used to attain a common format for both client and counselor goal statements, allowing a ready measure for goal attainment and comparability of client and counselor ratings. It is important to note that the use of the checklist employed at the Washington Center:

> Usage:
> 1. Immediately after the first counseling interview, client reads and marks the five goals he/she most wants to work on in counseling.
> 2. Counselor also marks goals counselor sees as most important for counseling (and can mark one priority goal which client has not marked).

---

[1]Found in Proceedings Twenty-third Annual Conference of University and College Counseling Center Directors, 1974. This material is normally available only through Counseling Center directors.

3. Counselor compares the two and as soon as possible (usually in second interview) negotiates agreement between them as to five goals to be worked upon. (Re-negotiated changes then noted as composite pre-counseling goals with degree they agree on each).
4. Either client or counselor can re-negotiate at any time during counseling.
5. If counseling goes beyond ten interviews, counselor is supposed to discuss re-negotiation.

Follow-up: At Termination
1. Receptionist premarks form with agreed upon goals for client use immediately at termination.
2. Client is asked to complete form for the first five goals recorded, rating degree of accomplishment or progress on each.
3. Client also asked to write behavioral examples of each.
4. Form is mailed to clients who are missed or terminate in other ways.
5. Client also indicates if appropriate for counselor to see (almost all answer yes).
6. Counselor also completes form on same goals.
7. For vocational clients, items added to determine specific plans and satisfaction with plans.

After three months post-termination:
1. Client is mailed covering letter, stamped return envelope and premarked form to repeat ratings and behavioral examples.
2. No second follow-up and client had had no anticipation that this follow-up would occur. Present returns of about 40% (vocational) and 55% (personal).
3. For vocational clients also make inquiry as to how accurately they recall their test results (particularly for comparing individual and group counseling approached).
4. Three month period chosen to increase likelihood of reachable address.

Procedure:
Applied to three slices of clientele during the year, those initiating counseling between 10/15 and 11/15; 2/15 and 3/15; and 4/15 and 5/15. Estimated at about 60 clients in each period, or about 180 total (p. 61).

There are several major differences between the Oregon and the Washington procedures. At the Washington Center the Personal Goals Checklist is completed only after the first interview so as

to introduce the client "more personally and relevantly" to counseling. Also there is a provision for obtaining agreement between counselor and client as well as provision for renegotiation by either party, at any time. Unlike the Oregon procedure, the Washington method does not utilize a control group. A possible problem area from a confidentiality standpoint is the participation of non-counseling personnel. As a result, clients might be less candid returning follow-up ratings and behavioral examples to clerical personnel with whom an atmosphere of full trust is unlikely.

A similar client-goal-focused technique using an instrument called the Counseling Outcome Inventory (COI) has been developed by Hill (1975). The impetus for this effort was provided by Hill's perception of the disadvantages of standardized measures: Abstract terms used may have different meanings and unique experiential correlates for each person; Tests are not oriented to the needs of a unique individual but are based on global concepts of mental health improvement for one person may even be the opposite for another; The clients perception of change may be overlooked; The self-analysis that takes place while completing the test may not be reflected in the answers. To counter these limitations Hill's instrument incorporates the following features: (a) all terms should be behaviorally anchored so that the client is clear about his/her experiential definitions, (b) the instrument should measure an individual's unique goals, (c) the client's perception of change should be used, and (d) the instrument should be used to facilitate the counseling process. The COI was adapted from Carkhuff's (1973) problem solving

grid. The three components of the procedure are: (a) a listing of qualities or descriptors important to the client, (b) a rank ordering of descriptors by the client, and (c) the rating of how characteristic these descriptors are by the client.

The COI is completed as soon as rapport is established, usually during the second session. At this time the client is asked to specify 15 descriptors that he or she feels are important and desirable. The counselor meanwhile works on specifying at least one behavioral anchor for each descriptor. Next the top ten descriptors are rank ordered with the most important item receiving a score of ten and the least important item receiving a one. Following the rank ordering, the client is assisted with a self-rating on each of the ten descriptors. A rating of totally dissatisfied with level of functioning on this dimension is assigned a score of -3. Other ratings are -2, -1, 0, +1, +2, and +3 for "completely satisfied with level of functioning on this dimension." Each rank ordering is then multiplied by the self-rating so as to provide weighted scores of the client's perceptions. At this point the scores are added for an overall score representing general functioning and ranging from -165 to +165. In the next step the client is asked which items he or she wants to work on in counseling along with realistic projections of where they would like to be at a particular target time.

The COI can be used for purposes in addition to measuring pre-post changes. Further ratings could be completed by the client on "ideal self, worst possible self, self prior to counseling, or

self at significant periods during life." Significant others could also be rated or the rating might be redone if counseling seems to have reached an impasse. Importantly, the counselor might also rate the client. All of these variations could facilitate counseling progress by reducing ambiguity, crystalizing goals, and providing direction at the beginning of counseling and closure at the end.

Figure 1 is provided by Hill as an example of how the progress of a particular client, in this case of a depressed woman with self-defeating behaviors, could be meaningfully presented. Substantial changes were indicated over three self-ratings as the woman came to feel more positive about herself. The total score change, although subjective, provided an overall gauge of client progress.

There are several methodological shortcomings. The ratings are subjective and no effort at validation has been made. A strong threat to external validity and a strong confounding factor might be pre-test sensitization; in other words, counseling might be effective due as much or more to the utility of the instrument as to the counseling itself. That would not, however, be such a harsh indictment of the method itself as counseling success is still the most important consideration. It would simply complicate the quest for valid outcome measures if such measures might, by their use, produce the outcome we are seeking. Hill concluded that other criterion measures could and should be used depending on the reasons for evaluation. If that reason is client satisfaction, the

Descriptor	Behavioral Anchor	Rank	Precounseling		Middle		End Counseling		New Rank
			Rating	Product of Rank and Rating	Rating	Product of Rank and Rating	Rating	Product of Rank and Rating	
General goals are listed here	Specific behaviors are listed here	Rank ordering of goals	Rating from -3 to +3	Rating X rank ordering					
		Total Score:		95		+17		+68	

FIGURE 1. Sample Format of Case Study Using the Counseling Outcome Inventory.

use of the COI alone might be satisfacotry. If the institution required counseling center accountability Hill claimed that "measures such as increased grade point averages or a lower dropout rate" (p. 576) might provide a stronger argument. Unfortunately, grades have not been found to be adequate criteria for assessing counseling efficacy (Hill & Grieneeks, 1966).

In a similar but more systematic evaluation system, Shontz (1972) developed a method that preserves the individuality of subject goals while permitting overall analysis of grouped data. This is accomplished by way of a common metric system for combining the experiences of individuals who differ from one another, and from occasion to occasion. Previously it has been noted that outcome research involving a single evaluative standard applied to all students is unrealistic because success for one client may not be success for another (Jewell, 1958; Krumboltz, 1966; Volsky, Magoon, Norman & Hoyt, 1965). Additionally, Allport (1962) and other authors have advocated that chronological measurement be designed on an individual basis and thus, they have endorsed single subject methods where each client makes up his/her own statistical universe (Carlson, 1971; Chassan, 1960, 1961; Edgington, 1967; Shontz, 1965, 1972). The problem in need of a solution, as seen by Shontz (1972), is that the focus on individual behavior change seems incompatible with overall program evaluation through the analysis of grouped data. Also, if "measures and statistical universes" are unique for each client, intersubject comparison is extremely

difficult. Additional problems are created as criteria for success change over the course of counseling. Shontz' system was devised to remedy these problems.

A presentation of Shontz's notational system is helpful in understanding his approach. In Shontz's system, individuals A, B, C, . . . N are counseled by personnel, a, b, c . . .n. Goals set by the client are designated $G_1\ A_A$, $G_2\ A_A$, $G_3\ A_A$ . . . $G_j\ A_A$, while goals set by the counselor for the same client are designated $G_1\ A_a$, $G_2\ A_a$, $G_3\ A_a$ . . .$G_j\ A_a$. As goals may change over time, it is necessary to record when goals were selected by the symbols T_1, T_2, T_3, . . .T_m. Any particular goal, for example, $G_1\ A_a$ should be more attainable as treatment progresses from T_1 to T_2. Stated in terms of probability (p), a useful index of counseling effectiveness is as follows:

$$\text{Eff.} = p\ G_iA_aT_2 - p\ G_iA_aT_2$$

If the desirable behavior increases, the score is positive. A negative score results if goal attainment is not facilitated. Ratings are obtained from several judges: The client (JA), the counselor (Ja), and to control bias, a nonparticipating judge (J') who knows the client well. Each judge might be asked to provide a retrospective rating (R), a rating of current situation (C), and a prospective rating (P), at times T_1, T_2, T_3 . . . T_m. Treatment effectiveness is determined by significant differences (Analysis of Variance), with change in a positive direction, as a function of the time that the ratings are provided. Interactions are important

indicators of differential effects and reliability of ratings.

To combine data for several individuals, Shontz assumes that equal changes in ratings are equally meaningful apart from actual goals. For example, progress from probability (P) = .40 to P = .65 in reducing the frequency of a particular problem behavior such as smoking for client A is assumed equal to the same proportionate progress for client B working toward overcoming speech reticence. This assumption allows the evaluator to combine measures of a number of clients for a global estimate of counseling efficacy. In his article Shontz provides excellent guidance for a variety of statistical analyses, referring the reader to other sources for further elaboration (Cohen, 1968; Cronbach & Furby, 1970; Mendenahll, 1968; Overall & Spiegel, 1969).

This system offers definite advantages over other systems described thus far. In particular, the use of an outside judge controlling for bias, overall statistical evaluation of treatment effects without losing track of individuality, and estimates of rater reliability. A possible difficulty revolves around the use of an independent non-involved judge. Such a judge may be unavailable, may lack sufficient information for a valid rating, or may inhibit a client who can be candid only when assured of confidentiality by a trusted counselor. Further discussion of the utility of aspects of this system along with suggested variations will be undertaken in Chapter III.

Goal Attainment Scaling (GAS) has been reported by mental health professionals as a general method for evaluating comprehensive

community mental health programs (Cline, Rouzer & Bransford, 1973; Kiresuk & Sherman, 1968; Lombrillo, Kiresuk & Sherman, 1973; Smith, 1976). As in the previous system described, personnel other than counselor and client are involved in the Kiresuk and Sherman evaluation. Prior to counseling or treatment, a measurable scale is established for each patient-therapist goal. Overall goal attainment can then be converted into a standardized T score providing a basis for evaluation of total program effectiveness. Table I provides a smaple of goal attainment scaling. A full discussion of the mathematical derivation of a standardized composite goal attainment score is provided by Kiresuk and Sherman (1968).

Within Goal Attainment Scales, "Outcome Scales" are specific to particular clients with three or four scale points in terms that make them easily verifiable to a follow-up worker who has had no contact with the client. As illustrated in Table I, the scaling technique can be used for any type of objectively determined event. The columns represent, from left to right, autobiographical reports, self-rating, information from public records, and a psychometric test event. Goal weights are established by a "goal selection committee" and need not sum to a fixed total. At least one goal is necessary but there is no limitation on total number of goals other than practical time limits. There must be at least two scale points. Follow-up is handled by a special "follow-up unit" one year after the patient is randomly assigned to one of several treatment modes. At this time position on the goal attainment scale is determined so that a composite goal attainment score can be computed.

TABLE I

Sample Goal Attainment Scaling

	Goals				
	Fear of Sex Involvement	Dependency on Mother	Decision-making	Social Functioning	MMPI--78
Goal Weights Outcome Value	20	30	20	30	10
Most unfavorable treatment outcome thought likely (--2)	Avoidant No dating No sex	Lives at home Does nothing without mother's approval	No new decisions made, still weighing same alternatives (job, vocation)	Institutionalized prison or hospital	Up at all over previous score
Less than expected success with treatment (--1)			Complains of being unable to make up mind	On probation Further arrests	Remains in double prime range
Expected level of treatment success (0)	Dating Petting	Chooses own friends, activities without checking with mother Returns to school	Makes up mind on vocation, other major items	On probation No further arrests for peeping	Mid-60's T-score
More than expected success with treatment (1)	Some satisfactory intercourse			No contact with police, states peeping no longer a problem	
Best anticipated treatment success (2)	Regular dating Regular satisfactory intercourse Marriage	Establishes own way of life Chooses when to consult mother			40-60 T-score

SOURCE: Kiresak and Sherman, 1968.

One of the strong advantages of this technique is that possible biases may be self revealing and self correcting. For example, theoretical or role biases are made public and recorded in a systematic manner. Goals are available for staff inspection to determine whether they are "frivolous, inappropriate, or unrelated to the mental health goals of the organization." Goals that are "too easy" and "too hard" will be indicated by success or failure rates approaching 100%.

The authors recommend that two independently operating committees select goals and scale points for the same patients so as to determine upon follow-up if the goal attainment score is tied only to specific goals. Also, Kiresuk and Sherman recommend that the therapist not know of the goals selected by the committee so as to minimize the chance that therapy would be limited to dealing with those particular goals.

This system has several distinct advantages--flexibility, differential weighting of goals, an overall standard score, individuality, and computational ease. Additionally, although not mentioned by the authors, scores could be combined to provide a measure of overall program effectiveness. Several disadvantages were noted: The system as described requires the substantial use of personnel for "goal selection committees" and follow-up units. This effort would seem to present a problem to counseling centers limited in manpower or financial resources. A year's delay before follow-up allows time for numerous intervening and confounding variables and perhaps could be better handled with two shorter

periods (Paul, 1969). Also the likely personal and confidential nature of scale values would seem to limit mail and telephone usage except for locating the client and enlisting his or her cooperation. A major resource overlooked might be the client, who could provide meaningful input into the selection of his or her goals. Problems of therapist selected goals have already been dealt with (Paul, 1969). In opposition to Kiresuk & Sherman's rationale for not informing the therapist of goals selected, it would seem that commonly developed and agreed upon goals would maximize probability of goal attainment, an advantage outweighing possible disadvantages (Krumboltz, 1974).

In a later article Lombrillo, Kiresuk and Sherman (1973), working in a more resource limited setting, described a "contract fulfillment analysis" adapted from the "goal-attainment scaling" just described. In this system both patient and therapist establish goals and negotiate a contract in the same form as the goal attainment grid in Table I, p. 94, with expected outcome again ranging from +2 to -2 and also subject to statistical analysis. Although the authors decided to involve the client for reasons of economy of resources, other authors cited previously would see such involvement as not only therapeutically useful but essential to meaningful evaluation (Krumboltz, 1966, 1974; Thompson & Zimmerman, 1969).

With a somewhat different emphasis, Smith (1967) reported that GAS procedures improved the conduct of counseling. According to him, the GAS approach combined the desirable effects of behavioral criteria (Krumboltz, 1966), mutually defined goals (Thompson &

Zimmerman, 1969), clear expectations (Strupp & Bloxom, 1973), and continuous mutual feedback. Pointing out that the thrust of GAS studies has been on GAS utility solely as an evaluation tool, Smith advocated a shift to evaluation as an integral and facilitative part of counseling strategy. Smith found that within the experimental group fewer subjects dropped out, and these subjects showed significant improvement over control group subjects as measured by the Shostrum Personal Orientation Inventory, the Nowicki and Strickland Children's Locus of Control Scale, a consumer questionnaire, and behavioral measures. The major implication of this study is that evaluation, resisted by many counselors, may well be a vehicle for enhancing the counseling process rather than impeding it. The study had several methodological weaknesses. First, the author conceded that counselors knew whether they were assigned to the experimental or control group, raising the question of bias. Also, the relevant issue may have been simply clarity versus ambiguity rather than a conclusive test of a specific technique. Finally, although the study indicates improved counseling with GAS, the most crucial variables causing change are not identified.

In spite of all that has been said thus far, there are a number of authors who see no need for individualizing objectives and instead advocate standard criteria and goals in terms of percentages of the target group. For example, Burke and Peterson (1975) recommend five sequential steps in program evaluation:

1. Assessing Needs. Information may be gathered either from existing records or from surveys of the target population.

2. Stating Goals and Performance Objectives. A distinction is made between general program goals that are not directly measurable and specific performance objectives that include final desired behavior, situations where that behavior will be demonstrated, and criteria for success. Also, a distinction is made between terminal program outcomes, behavioral changes upon program completion, and, ultimate outcomes which represent the long range impact upon the client's life style.

3. Designing the Program. Logically all program activities and program evaluations stem from outcome objectives.

4. Revising and Improving the Program.

5. Noting and Reporting Program Outcomes. The utility of evaluation results should be maximized by planned dissemination of data obtained.

While the use of standard objectives is inconsistent with the views of authors already cited (Allport, 1962; Carlson, 1971; Chassan, 1960, 1961; Edgington, 1967; Jewell, 1958; Krumboltz, 1966; Shontz, 1965, 1972; Volsky, Magoon, Norman & Hoyt, 1965) there would seem to be specific programs where broad, general objectives would be appropriate (Hays, 1970; Michael & Metfessel, 1967; Sullivan & O'Hare, 1971). For example, in specialized programs where a certain level of development or the mastery of specific skills is desired, standard objectives may have practical utility. In other cases such objectives might be counter-productive. For example, if an objective was established to reduce freshman attrition by 15%, resulting counseling might not be in the best interest of all students. Some

students might be pressured to remain in school when dropping out constitutes the most beneficial adjustment. In short, the determination of whether general objectives are utilized appropriately or not is a function of the characteristics of a specific program. As an additional value, the distinction between measurable terminal program objectives and ultimate outcomes is an important idea introduced by Burke and Peterson.

There is one final evaluative technique that bears mentioning in this chapter. Harman (1971) has described the use of the Counseling Services Assessment Blank (Hurst & Weigel, 1968) in the evaluation of counseling (Appendix B). This blank, based on Callis' (1965) Missouri Diagnostic Classification Plan, allows clients to diagnose their concerns along two dimensions--Problem and Cause. The Problem may be identified as vocational, personal, or educational. Causal categories consist of lack of information about self, lack of information about environment, conflict within self, conflict with others, and lack of skill. Harman's method involves clients checking problem goal and cause, and then rating perceived growth as well as services received on a five point Liker-type scale. Data obtained yields statistics on relative percentages of clients for problem and cause dimensions, a mean rating of client perceived growth (the Harmon study reported a mean of 3.45 on a 5 point scale), and a rating of counseling received (a mean of 4.16). There are several distinct advantages to such a system. Foremost is the ease of implementation. The Blank requires just a few minutes to complete upon termination of counseling. Also, client responses are

adaptable to data processing cards and therefore easily collated and available. Another major value is the utility for continuously monitoring service delivery in each category. If a low rating is obtained for any category it could possibly indicate an area of inadequacy and a subject for discussion in staff in-service training. Additionally trends revealed by continuous monitoring may reveal areas of improving or deteriorating service delivery, provoking corrective measures in response. On the negative side, having the client rate counseling services upon termination presents problems of validity, for example, the "hello-goodbye effect." High ratings may be more indicative of response sets mitigating toward a favorable rating to please the counselor and justify the time and effort of counseling than actual counseling effectiveness. The system as described has no provision for comparison with pre-counseling conditions or with client satisfaction at varying intervals of time following termination. In short, this method may not do anything to inspire the staff member interested in three decimal point statistics or sophisticated research design. The advantages listed however do warrant consideration, especially when this method is supplemented by other evaluative techniques, when resources for evaluation are limited, or where evaluation requirements are minimal.

Thus far a number of program evaluation systems have been described. Although they all have positive features, none are considered ideal in their present state. These shortcomings are readily apparent when a comparison is made against the criteria conclusions

previously listed. In Chapter III (Assessment Methodology) these systems will be reviewed in light of the most vital criteria and modifications will be suggested enabling the Hill, Shontz, and Kiresuk and Sherman systems to fully meet all requirements. The other systems described may fulfill short term needs for limited evaluation, or they may be useful in centers with more limited resources.

Time and Cost Accounting

"Evaluation" in this paper may be defined as "the development of information relating to treatment programs that is useful for policy decisions" (Fox & Rappaport, 1972, p. 174). Necessarily, any form of "cost" information may be considered part of evaluation and fair game for inclusion in an accountability model. In one approach within this framework, Krumboltz (1974) has advocated an accountability system that would collate counselor accomplishments with costs to facilitate decision making. The system Krumboltz proposes is based on seven criteria: (1) "In order to define the domain of counselor responsibility, the general goals of counseling must be agreed to by all concerned parties" (p. 640). Guidelines should be available for what counselors can and can not be expected to accomplish. This is not to say that standard behavioral outcomes for specific percentages of students (Hays, 1970; Sullivan & O'Hare, 1971) are called for. Krumboltz, in fact, sees such standard goals as producing unwanted side effects, forcing some students into a rigid preset mold that may not fit while possibly overlooking other

problems. (2) "Counselor accomplishments must be stated in terms of important observable behavior changes by clients" (p. 640). These changes should be observable, individualized, and acceptable to both client and counselor (Brayfield, 1962; Krumboltz, 1966; Samler, 1962). (3) "The accountability system must be stated in terms of costs, not accomplishments" (p. 640). An accountability system that translates the amount of time a counselor spends individually with a client into accomplishments is, according to Krumboltz, misdirected. Time spent is a cost not an accomplishment. The resulting change in the client's behavior constitutes the accomplishment. Krumboltz makes a meaningful distinction between the cost of counseling, which an accountability system makes visible, and the value of the outcome to the student, a benefit that may not be immediatly determinable. Krumboltz feels it is better to report an outcome as unknown than to use irrelevant criteria of counseling efficacy, not meaningfully representative of the program. (4) "The accountability system must be constructed to promote professional effectiveness and self improvement, not to cast blame or punish poor performance" (p. 640). Counselor support is necessary if a system is to be useful. Therefore, the system should be presented as a way of improving counselor effectiveness rather than as potentially punitive. (5) "In order to promote accurate reporting, reports of failures and unknown outcomes must be permitted and never punished" (p. 640). It is quite conceivable that outcomes may not be easily observed and that failure, as with doctors, lawyers, and baseball players, is inevitable. Knowledge of failures

should be welcomed as expected and beneficial. An earlier study (Kiel, 1971) showed that the proportion of successful counseling outcomes could be increased through systematic feedback of both counseling successes and failures. (6) "All users of the accountability system must be represented in designing it" (p. 641). This is necessary to insure meeting varying criteria expectations. (7) "The accountability system itself must be subject to evaluation and modification" (p. 641). The system itself can be measured in time and money costs and must itself be accountable.

In essence, Krumboltz (1974) has provided some very meaningful general guidance for what an accountability system should and should not be. In contrast with the preceding systems, few technical details are provided on precisely how such a system would be carried out. Also, the system is not quantitative and lacks the facility of the previously described systems for combining the experiences of individuals into a measure of program efficacy. Most meaningful is the distinction between accomplishment/value and cost, and Krumboltz's example of how an accountability record would be kept for a particular counselor. A portion of that sample record, covering only a single general goal and accountability summary, is reproduced in Table II. Krumboltz concluded with several unanswered but practical accountability system questions. These are "How will counselors record their daily activities economically? How will information about the outcomes of counseling be collected? How much uniformity is needed in descriptions of outcomes and activities? How can counselors make best use of the

TABLE II

Excerpts from John Doe's Annual Accountability Record

Accomplishment			Cost		
Problem Identification	Method	Outcome	Activity	Hours	Dollars
Olive's mother phoned: Olive depressed, talking vaguely of suicide, no friends	Analysis of social reinforcers for Olive; social skill training; assigned Olive to help new transfer student	Olive increased frequency of initiating social contacts from 0/month to 4/month; reports having 1 good friend vs. 0; mother reports Olive's depression gone--suicide talk from 1/month before referral to 0/month for 3 consecutive months	Conferences with Olive	33	532
			Conferences with mother	3	42
			Conferences with teachers	2	28
					602
Student X came to me worried about his dependence on mood drugs: requested anonymity	Discussions to find other satisfactions, ways of getting his gang to change	Temporary progress in reducing frequency of drug use offset by relapse each time	Conferences with Student X	25	350
			Conferences with physician	0.5	7
					357

NOTE: Job Title--Counselor; Annual Salary--$14,000; Contract--40 hours/week; Overhead Factor--50% Effective Rate--$14.00/hour
General Goal A--Adaptive Behavior: Help students develop more adaptive and constructive behavior patterns.

SOURCE: Krumboltz, 1974.

feedback in order to continue learning and applying more effective techniques? How much information will be disseminated to the public, and in what form? and What safeguards will be needed to preserve client confidentiality and prevent abuse of the information" (p. 646).

While Krumboltz has written in terms of cost accounting, Trembley (1974)[2] has described an elaborate time accounting system. Both systems represent equivalent ways of looking at similar factors. The system outlined by Trembley was started as part of an effort to find out how University of Delaware Counseling Center time was spent, so as to provide a basis for program planning and priority setting. The instrument used is a daily activity record, completed by each counselor daily, and computerized into monthly time blocks. The form, which doubles as a daily activity calendar, provides for easy recording of activity, time used, and category of function. (Form is found in Appendix C). The monthly computer printout provides the number of hours and percentage of time spent for each function by each counselor, as well as the number of hours and percentage of total agency time devoted to each function by the total staff. For example, at the University of Delaware 25% of total time is devoted to individual counseling and group work, 25% to teaching and training, 35% to administration and professional development, and the remaining 15% to consultation and "other."

---

[2] Found in Proceedings of Twenty-third Annual Conference of University and College Counseling Center Directors, 1974. This material is normally available only through Counseling Center Directors.

According to Trembley, the system has an attention-getting sensitizing effect on everyone as to how resources are invested. In addition, the system tends to stimulate a proactive stance and is useful for accountability purposes in depicting center directions to others. Further advantages are easy and quick usage, ease of maintaining the system, service as a stimulus to produce more spread in functions, and usefulness in program planning and observation of trends.

An obvious disadvantage to both systems described in this section is the lack of relationship to outcome measures, a shortcoming even more apparent in the Delaware system because systematic goal setting is not included. Earlier, Suchman's (1968) hierarchy of criteria categories was discussed--effort, performance, adequacy of performance, efficiency, and process. The two systems described in this section provide useful but incomplete accountability information as they do not extend beyond description of "effort." This should not be taken as an indictment of either method as being without value as information on cost and time expenditures constitutes basic accountability data. At a later point suggestions will be made for taking these systems a step further by relating time and cost to agency planning and resource allocation.

Administrative Accountability

Earlier the need for keeping track of the demographic characteristics of the population, and assessing the impact of counseling

services was discussed as essential to demonstrating accountability. As was pointed out in the discussion of Suchman's (1968) criteria for evaluation, excellent "effort" may be demonstrated, leading to excellent "performance" in the form of goal attainment on behalf of a small number of clients with results still not fully adequate. If the number served is much smaller than the number of students in need of being served, "performance adequacy" is questionable and service might be scrutinized from a cost-effective standpoint. In essence then, an accountability system should systematically compile data in regard to both the need for services in the general population and the impact of the center on the functioning of individuals and groups within that population.

On the counseling center end of the accountability effort continuum, accountability calls for an efficient and detailed system of reporting contacts (Linz, 1975). By having available precise data on characteristics of students seen, along with measures of overall outcome efficacy, and data on needs within the population, evaluators are in a position to make statements about the overall adequacy of the counseling center services. If, in fact, center record keeping is extensive enough, a wide variety of types of evidence can be gathered in support of accountability statements. With counseling centers having more than two or three counselors, record keeping can be a rather complex problem best handled by a computerized data analysis system (Linz, 1975).

An example of extensive data collection is a system developed by the Georgia State University Counseling Center (Linz, 1975). When

a student applies for counseling, he or she is asked to fill out a personal data sheet (Appendix D), a problem check list (Appendix E), and a case contact card (not avail.). These materials are then put into a folder labeled with the student's name and counseling number and passed on to the counselor assigned to conduct a brief intake interview for planning counseling services. When counseling proceeds, the case control card is maintained by the receptionist with the data sheet going to the assigned counselor. After the initial interview information is transcribed from the personal data sheet to the intake data form (Appendix F) as a step toward computerization. Additional information such as race, primary problem area discussed (vocational, educational, or personal), date and counselor number are recorded at this time. Counselor's name and all subsequent contacts, cancellations, no-shows or changes are recorded on the case control card. These procedures are the same for group members with the exception that a group data sheet is annotated by the group leader after each group meeting. Once all of the above information has been entered into the computer file a number of precautions such as a password necessary for access to the file insure confidentiality.

The Georgia system is being used to answer a number of questions relating to the impact of counseling services. For example, a special purpose program provides information on the use of the counseling center by black students. Other studies have dealt with the post-intake dropout problem and the answering of such questions as "What percentage of seniors come in with personal, vocational,

or educational problems? What percentage of juniors? of graduate students?" Future efforts will be aimed at determining areas of the university community which are not fully utilizing counseling center services so as to form a basis for extending effort toward providing the services needed. The data bank created thus ties into the subject of accountability in a variety of ways.

As is now the case with a large number of counseling centers, the University of Tennessee also makes use of computerization with an extensive data bank resulting. This system, based on the Missouri Diagnostic classification Plan (Callis, 1965), is noteworthy in its simplicity, ease of operation, and lack of disruption of on-going services. Two primary data forms are used, a Daily Schedule Sheet (DSS), and a Client Form (CF). These forms are found in Appendices G and H, respectively.

Each morning at the UT Center counselors are given a DSS by administrative personnel outlining their schedule for the day. The DSS contains space for the counselor to check, after each client interview period, one of six categories. These are S (show), NS (no-show), C (cancelled), T (terminated), and NCL (not client categories). In the NCL space, a number is entered for one of ten categories listed on the bottom of the form. The DSS also has room for recording group and outreach activities and clients. These sheets are turned in daily to administrative staff and pertinent information is annotated on the bottom of the client form (CF). The CF is divided into a top and bottom section, the top section normally being filled in by the client prior to the first interview and containing

biographical data. The bottom section is again divided into two parts, the left side being annotated by administrative staff members after each interview period. As indicated above, a record is made of the data of interview and whether or not the client "showed," was a "no show," or "cancelled." If NCL (not client) was checked on the DSS a CF is not filled out. If "T" (terminated) was checked, the CF is given to the counseling for appropriate coded entries in the column on the bottom right side of the form.

The code enables a rapid conversion of data on client characteristics and counseling progress to a form amenable to periodic computerization. Information encoded is as follows: counselor number, co-counselor number (if any), sex, age, marital status (five categories), student or non student, class, academic major, problem dimension (educational, emotional, or vocational), problem cause (five categories), kind of counseling (individual, couple, or group), self or other referred, tests given (if any), agency or counselor referred to (if any), and disposition upon termination (five categories). As stated above this routine system provides for substantial data collection while operating easily, with minimal time and effort expended, and with virtually no disruption of ongoing service agency activities. These qualities readily fit one of the major assumptions stated in Chapter I. Moreover, while extensive data is gathered in the existing system, other types of information could easily be requested providing even more information useful in an accountability study. Possible additions as well as uses of

information presently provided by this system will be discussed in Chapter III.

Record keeping can go beyond the compilation of data on client characteristics and counseling progress, useful as such effort may be, to a system encompassing direct measures of counseling effectiveness. Such a claim is made for a problem oriented system known as the Johnstone Trifolder (Johnstone, 1974).* Johnstone initiated the system at the Texas Research Institute of Mental Science (TRIMS) to determine where effort was going and to get an estimate of the effectiveness of that effort. Johnstone described efforts at auditing the original charts as being like "an excursion into the occult," adding:

> . . . there were long rambling notes with no coherent ordering of material. It was typical to have pages of enthusiastic recounting of conversations with the patient and assurance that "progress was being made." Patients were reported to be making "steady improvement" for months only to be terminated unchanged with all that progress mysteriously having vanished. Others were just as mysteriously terminated as "vastly improved" with no indication of just what the changes had been. There was rarely any indication of what the crucial issues to be dealt with were, what the goals were, what strategies were being used, and what specific changes had come about (p. 36).

Johnstone's staff considered and rejected a universal rating scale as being inappropriate and inadequate in describing the entire range of patient problems. A graphic system which offered clarity and efficiency was rejected as too confining. Goal attainment scaling, although used for clinic operations, was felt to be too cumbersome to incorporate in individual patient records. The evolved system, the Johnstone Trifolder, makes use of free flow narrative material "to

---

*Found in Proceedings of 23rd Annual Conference of University and College Counseling Center Directors, 1974. This material is normally available only through counseling center directors.

capture nuances" that could not be conveyed graphically. The folder consists of three separate panels for segregating information, with contents as follows:

Left Panel

("Data Base" and Problem List)
Consent forms
Evaluations, lab work
Intake workup
Topped by Problem Identification
(a) by letter
(b) A, by convention, justifies admission
(c) always stated in negative
(d) always clearly visible on one's left when using the chart--a kind of key to the rest of the chart

Middle Panel

Treatment Plan at the bottom--with goals and strategies indicated for each problem.

Medication Sheet (if medication used) recording amounts dispensed (whether inpatient or outpatient).

Graphic sheet
(a) Target problems are rated, changes are recorded on each visit.
(b) Mode of therapy is indicated by a horizontal line.
(c) Medication regimen is indicated by horizontal line.
(d) At a glance, one can see what is going on.

Right Panel

Progress Flowsheet (Observations and Orders)
(a) A chronologic account with both sides printed (this is area added to the most).
(b) Correlation between observations and orders (can be written in a single note).
(c) Narrative entries from the black border--go all the way across (same paper).
(d) Orders from the red margin.
(e) Observations or orders which bear on specific problems are so indicated with the letter from the problem list.
(f) Other entries can be made as the need arises.

Discharge Summary
(a) Placed here for chronologic sequence.

(b) Calls for rating the outcome (in some cases, compute a change score; in others, gauge the patient's position in regard to the goals in the Treatment Plan) (p. 39-41).

Although the folder is designed for a psychiatric service, there are implications for college and university counseling centers. First, there is opportunity to record outcome in several different ways, in narrative, graphically, or by way of any of the systems described to this point. As several authors have indicated thus far, supplementary outcome measures are desirable. A second advantage is having a variety of ordered and systematically derived data recorded in one set of records. Such a system might not only be an effective aid to counseling, but may also be a valuable source of data from which inferences might be made about counseling efficacy.

In summary, it is inconceivable that an effective accountability system could exist apart from an efficient and detailed system of reporting contact. If such a system is detailed enough and supplemented by population needs assessment and measures of outcome, substantial evidence can be gathered of an accountability nature. With computerization extensive data collection is readily achieved at minimal cost in staff time and virtually no disruption in service delivery. The Johnstone Trifolder offers an interesting companion to the two computerized systems described. It is more of a therapeutic tool than a source of evaluation information. Quite conceivably, both types of systems could profitably be used within a particular center.

Further discussion of sources of accountability data in existing agency records will be provided in Chapter III "Assessment Methodology: Service Assessment of Present Programs Based on Existing Data."

Outreach Evaluation

The past few years have seen a changing emphasis in the services provided by counseling centers with many new programs developing to meet growing and changing demands for service (Danskin, 1963; Drum & Figler, 1973; Levy, 1969; Morrill & Banning, 1973; Morrill & Oetting, 1970; and Morrill, Ivey, and Oetting, 1968). Collectively, these new programs have become known as "Counseling Outreach," scribed by Morrill and Oetting (1970) as activities in which a counselor is involved in interactions with relevant populations in places other than the counseling office. A more recent definition focuses more on the nature of the counselor's intervention than on where this intervention takes place. Those interventions defined as outreach are all those which are not solely remedial, direct or individual interventions (Morrill, Oetting & Hurst, 1972).

The Data Bank (1972) compiled annually at the Counseling Center Directors Conference has listed literally hundreds of programs considered innovative by the directors, programs that might be classified as "outreach." There seems to be a wide range of opinion on the value of such programs. A number of writers have advocated outreach programs with the view that traditional approaches have not met the existing need for services (Cowen, 1973; Tyler, 1972; Warnath, 1971). However, McGrath (1974) reviewed the literature regarding Community Action programs on campus and concluded that "many of the numerous programs initiated recently have developed merely out of a dissatisfaction with the traditional function of university counseling centers and lack any

integrated rationale. Such programs seem to be outreach for the sake of outreach and offer little improvement over the traditional model of counseling centers" (p. 20). Upon reviewing the methodology used in evaluating numerous outreach programs, McGrath (1974) concluded that "the current enthusiasm for outreach or community action programs in the university setting greatly exceeds the data indicating that these programs are indeed effective" (p. 101). He further stated that "this lack of data supporting community action programs seems to be related more to poorly conceived evaluative research designs than to theoretical or program inadequacies" (p. 101).

In addition to poor evaluation, other factors in the confusion over outreach efficacy may be inaccurate need determination and for numerous programs, the lack of evaluation altogether. The following is a summary of part of a general outreach survey (Morrill & Banning, 1973), showing how the need for programs was determined. While almost half of the programs grew out of the perceived needs or interests of professionals, only 4% resulted from formal assessment activity (Morrill & Banning, 1973). (See Table III.)

According to Morrill and Banning (1973) "the most disappointing finding is the lack of formal evaluation as a solid adjunct to outreach programs. Most of these programs are new, and the centers where they are being tried are often treading new ground. Evaluation is critical, not only to determine whether a program is effective and to help decide whether it should be continued, but also to help defend the program to the administration that must support it and to show other centers what results are possible if they add such programs to their plans" (p. 21).

TABLE III

Program Need Determination

Need Determinant	Number of Programs	Percent of Total
Perceived needs or interests of counseling director or staff member	106	48
Student requests	40	18
Faculty requests	12	5
School administrators	19	9
Formal assessment of needs, research, etc.	9	4
Informal assessment--discussion, observations, etc.	8	4
Other	24	12

SOURCE: From Morrill and Banning, 1973.

In Table IV, it can be seen that formal evaluation occurred in only one fourth of the programs surveyed (Morrill & Banning, 1973).

It would seem then that the evidence on outreach efficacy is either insufficient or inconclusive due to methodological weaknesses inherent in the evaluation studies concerned. Additionally, as the term outreach can cover a wide variety of programs it is improbable that a single, evaluative system would suffice for all programs. Although certain institutions have made an effort to obtain evaluations of the face validity of all programs through subjective self-report (Worthy, 1974), such evidence is easily challenged on the grounds of methodological weaknesses.

A practical starting point in the evaluation of outreach programs would be to continue the thrust of this paper to this point and determine the degree of specific program success in relation to predetermined program specific goals within the context of general center objectives. Logically the overall objectives, constituting a link between programs, should constitute the starting point and basis for any program or included evaluative effort. The fact that program evaluation methodology has been generally inadequate is a reflection of the seemingly low priority given to evaluation, with the resulting lack of thought given to evaluation in program planning (McGrath, 1974). A thoroughly planned program will have ongoing, systematic evaluation inherently a part of the program plan from its inception (Edgerton, 1971). It may well be, as several writers have maintained, that the experimental model is neither applicable nor relevant in the evaluation of certain broad aim social programs (Suchman, 1967; Rossi, 1972, and

TABLE IV

Program Evaluation

Type of Evaluation	Number of Programs Evaluated	Percentage of Total
Informal evaluation	86	29
Formal evaluation	54	25
Evaluation planned	30	13
No evaluation reported	50	23

SOURCE: From Morrill and Banning, 1973.

Weiss, 1972). However, when formal evaluation is considered, an effort should be made to select the best design available for the problem at hand--a design offering the best balance between minimizing threats to internal and external validity, and non-disruption of service delivery. As pointed out earlier, there are excellent sources of refined models for gauging the efficacy of social programs (Campbell, 1969; Campbell & Stanley, 1963; and Fairweather, 1967).

Fairweather (1967) has listed a number of questions that need to be answered before a program is launched: (1) Will appropriate community institutions cooperate with the proposed program? (2) Can the administrative commitment necessary to insure the establishment and maintenance of the program be obtained? (3) Can an effective mechanism be established to manage the administrative and interpersonal problems that arise? (4) Is it possible to get an adequate research sample? (5) Are there meaningful, operationally definable variables and criteria of change? (6) Can instruments to measure changes be developed? (7) Is it possible to control or equate the different experimental groups on important variables? (8) Is there an adequate design and statistical treatment for the type of data to be collected? (9) Can field procedures be established so that data collection can take place? (10) Can hypotheses be stated in such a way that rejecting them or not rejecting them leads to meaningful conclusions? (11) Will results provide information which can be utilized in formulating hypotheses for further research.

While these criteria are stringent and constitute a possible threat to program efficiency and flexibility, the large number of poorly

evaluated programs (McGrath, 1974) would seem to impose a need for more careful planning for evaluation and for as rigorous an evaluation as practical in specific program situations. Given the wide variability of outreach programs and goals the most practical evaluation strategy would be one that is based as much as possible on all of the above guidelines while at the same time fitted to the idiosyncratic characteristics of a specific program.

Agency Goals

Thus far much emphasis has been placed on evaluation of Counseling Center services in terms of individualized client objectives. However, this approach to evaluation of counseling efficacy must take place within the context of broad agency goals and be highly consistent with those goals selected by therapists and clients. Moreover, these agency goals should be compatible with institutional goals. One approach to counseling center accountability does in fact involve reconciling agency effort with the goals of the institution (Hurst, 1974).* The Hurst system, employed at Colorado State University, in addition to alligning agency objectives with institutional goals and setting priorities, goes further to systematically aportion agency resources in accordance with those predetermined priorities. The system can be discussed in terms of ten stages. As presented by Hurst (1974) these stages are:

---

*Found in Proceedings of 23rd Annual Conference of University and College Counseling Center Directors, 1974. This material is normally available only through counseling center directors.

1. Identifying or Defining Institutional Goals: the source for these is American Council on Education (Greager, 1968) presenting four primary variables in higher education:
   (a) Student input variables
   (b) Environmental variables the student encounters
   (c) Interaction of (a) and (b)
   (d) Output variables
2. Deriving Agency Objectives Directly from Institutional Goal Statements: Three were derived--
   (a) Provide students with skills, attitudes, and resources for maximum utilization of, and success in, the college environment.
   (b) Contribute to, modify, and enhance the learning environment according to established theories and principles of learning and development.
   (c) Study students, the environment and the interaction, to provide a data base for programs to accomplish a and b.
3. Compiling Agency Resources: Dollars, professional manpower or both; this involves charting each of the professional staff members' available hours per week. This total represents the agency's resource--time available to accomplish the objectives. Colorado State has employed a fixed total of 40 hours per week committed to the Center per professional staff member (including interns), as the base around which to distribute their resources. The same rationale can be applied to money as well as to time distributions.

previously agreed upon agency investments. Group resolution and adjustments take approximately two hours. Individuals typically volunteer adjustments in their own allocations. Having accomplished step 5 earlier as an agency facilitates this step and enhances all members' identification with agency goals.

8. Individual Contracting; Each staff member writes his/her hourly allocation and what he/she will do. These statements are signed by the individual and the Director and filed for open access in the Center. The Master list is duplicated and distributed to all staff members within the Center. Contracts are renegotiable upon request at any time.
9. End-of-Quarter Matching for Agency and Individuals: Time is allotted to meet with each staff member to determine the degree of match between contracted time and functions with actual time. The source of data here is the Daily Report Forms that staff members turn in at the end of the day.
10. Recycling Process: This step involves re-entering at step 2 again if any changes are warranted. The question at step 10 is "Here is what we did last quarter--is that what we want to do further?" (pp. 55-58)

This system easily ties into the discussion on time and cost accounting presented earlier as recording of these resource expenditures is central to the Colorado State program. This program is significant, however, because it goes beyond other systems that merely describe "effort" (Suchman, 1968) to continuous assessment and reconciliation

These goals are non-specific and not behaviorally stated and therefore require a different type of supporting evidence than the individual client objectives discussed previously. Instead of client and counselor estimates of goal attainment, sometimes supported by data from behavioral referrents, agency goals achievement can be reported largely in terms of description of activities conducted in support of each goal. Having such a listing of agency goals and goal-directed activities available for public and administrative examinations will help not only to insure the compatibility of agency and institutional goals, but could conceivably reduce administrative questioning of services and expenditures. This is not to say that description of effort, no matter how thorough, will eliminate the need for measuring performance. The bulk of agency effort will most probably be given to counseling and various remedial services. For these efforts the systems for measuring counseling efficacy already described will be required. For outreach programs, evaluation should stem from the logical relationship between the objectives of particular programs and the changes immediately measurable within those programs. As "outreach" covers such a wide variety of activities, measurements ideally will be very specific to particular programs and program goals.

The major conclusions of this section are that effective accountability requires that agency goals be formalized as precisely as possible, agreed upon and understood by all participants, and used as a basis for agency planning and resource allocation. Moreover, a system such as that described by Hurst (1974) allows for total

agency directionality to be based on a synthesis of student, agency, and institutional goals, and it is therefore highly consistent with the major recommendations of this work.

CHAPTER III

ASSESSMENT METHODOLOGY: SERVICE ASSESSMENT BASED ON EXISTING DATA AND DATA GENERATING MODELS

This chapter deals with the mechanics of answering a number of pertinent accountability questions. Methods used grow mainly out of the discussions in Chapter II and are consistent with the major findings of that chapter and with the assumptions stated in Chapter I. As pointed out previously, there is wide variability between counseling center programs and objectives. Accordingly, this discussion is intended to have general applicability. The "accountability questions" are meant as general guidelines for the practicing counseling center worker interested either in demonstrating accountability for outside audiences or in-house professional evaluation. These questions, when effectively dealt with by center personnel insure that "accountability" is fully explored in all of the intricacies of that subject already pointed out. Moreover, such an exercise will provide insight into the degree of fit between agency, client population, and administration needs and goals. This revealed synthesis or lack of synthesis may suggest new courses of action for the center. The "accountability questions" are as follows:

1. What is the ratio of counseling center clients to students within the general population? by sex? by minority group? by class?

2. Are certain student groups under-represented among counseling center clientele?

3. What is the pattern of psychological disturbance in clients by college year? by sex?

4. When do students initiate counseling?

5. What is the pattern of the counseling center workload? Does annual planning reflect this pattern?

6. What are the longitudinal outcome differences for users and nonusers of counseling services?

7. Is there a relationship between client characteristics and when he or she initiates counseling?

8. What are the differences between counseling users and nonusers?

9. Why are some students users and others nonusers of counseling services?

10. What is the relation of counseling and student problems to graduation?

11. What is the percentage of an entering class ultimately seen by the center?

12. What are the differences in numbers and problem type between users of the counseling center and users of other campus helping agencies?

13. What are the major reasons given for withdrawal from the university?

14. How does the percentage of counseling center users withdrawing compare with the same percentage for nonusers?

15. What do administrators view as relevant criteria for evaluating counseling center services?

16. How do administrators view the value of center services?

17. What are the relative percentages for types of first presented problems?

18. What are the relative percentages for types of problems indicated in final interview?

19. How do the answers to questions 17 and 18 compare?

20. What is the average number of problems presented?

21. What is the number of lay people with whom clients discussed problems prior to counseling? Who were they?

22. What is the number of professionals contacted prior to initial visit? Who?

23. What is the number of people talked to about seeking counseling? Who?

24. How many clients have had prior counseling or psychotherapy? What percentage is this figure to the total clientele?

25. What are the reasons for discontinuing previous counseling or psychotherapy?

26. How many clients were advised to seek professional help? at client request? unsolicited? What percentage is this figure to the total clientele?

27. How many clients were hesitant about seeking professional help? reasons in order given? What percentage is this figure to the total clientele?

28. How many clients were reluctant to seek help from particular source finally chosen? What percentage is this figure to the total clientele?

29. What are the reasons for selecting counseling center for source of help? Rank order of reasons?

30. For counseling center clients how was information about counseling center services obtained? Place of contact?

31. Among nonusers, what is the order of help seeking? Friends, parents, faculty, psychological services? by sex? problem dimension?

32. What are the reasons nonusers would use counseling services? not use?

33. What are the best measures of effort? performance? performance adequacy? efficiency?

34. Are goals of center enumerated? commonly understood by center personnel? public? in agreement with University goals? efforts at reconciliation?

35. Do clients and counselors agree on what constitutes counseling success? What are the efforts at reconciliation?

36. Do clients and counselors agree on counseling goals?

37. Are evaluation measures non-disruptive and capable of being routinely employed?

38. Are clients given the opportunity to evaluate counseling center services?

39. Can the experience of individuals be stated so as to permit the analysis of grouped data without losing the experience of individuals?

40. Are counseling goals individualized?

41. Do all program activities and program evaluations stem directly from agency goals?

42. Is evaluation attempted for all programs?

43. Are general goals of counseling agreed to by all concerned parties?

44. Is there a system for counselors economically recording their activities each day? recording of activity, time used, and category of function?

45. Is evaluative data made available to decision makers in an understandable and useful form?

46. Does record keeping allow for the investigation of a variety of research questions?

47. Do administrators have an input into the evaluation process? Are administrators able to state what kinds of criteria and outcome information they are interested in?

48. Are agency goals listed, understood, and agreed upon by concerned parties?

49. Are agency goals compatible with administration goals?

50. Are agency resources apportioned in accordance with predetermined goals and priorities?

51. Is there provision for systematic reassessment of agency goals and allocation of resources?

52. What are the trends in regard to usage of counseling center services? client load? individual contact hours? duration of counseling? Workload of senior staff versus that of graduate

assistants and practicum students? number of groups? group contact hours? number of first session no-shows? first session cancellations?

53. Are clients seen individually where groups or outreach programs could be used more economically, and with more practical utility?

54. What are the provisions for attaining, maintaining, and monitoring a synthesis of goals between counseling, staff, administrators, and students?

These questions are intended to serve as general examples of questions that may spur relevant discussion and research within counseling centers. Even in the absence of accountability pressures from outside of the counseling center these questions are still relevant to a staff concerned with professionalism in service delivery. No one evaluation technique can serve to answer all of these questions, although certain techniques can effectively produce data relating to a substantial number of questions. It is conceivable that not all of the questions listed will be seen as being important enough to be dealt with by personnel in a particular center. Also, certain centers may lack the resources for extensive evaluative research. Where resources are adequate, decisions on the scope and depth of the evaluative effort will, ideally, stem from the objectives of the particular agency and it's parent institution. The search for answers to the questions listed, as well as other questions unique to specific centers will enable staff members to more fully comprehend the direction, purpose and outcome of their efforts. As

a result, areas of success and failure can be objectively observed thereby allowing the identification of specific contributing factors. As areas of program strength and weakness are revealed there is created a source of motivation and encouragement, as well as a means of identification of areas where increased effort is needed. In the following sections the "accountability questions" are dealt with in terms of evaluative techniques best suited to providing desired data.

Service Assessment Based on Existing Data

Nearly every counseling center has access to basic data from which conclusions can be drawn in regard to the adequacy of center services. The most basic data relates to "accountability question" number one and deals with the overall parameters of the agency/institution fit. For example, what is the total student enrollment? What are the percentages of male and females in the total student population? of different minority groups? other groups? How do these percentages relate to parallel demographic data on students seen at the counseling center? Is there a disproportional relationship between sets of data? Much of this information is easily obtainable while revealing of important insights.

Data relating to the institution as a whole can often be obtained from either the Institutional Research office, the Registrar's office, or both. In fact, basic demographic information is regularly compiled and reported to state departments of education and to the Department of Health, Education and Welfare, Education

Division, National Center for Education Statistics. In addition to information such as the total number of students and the relative percentages of males and females, a variety of other demographic statistics may be available, the scope and orientation of such information varying widely between institutions. Although the basic interests of these offices is somewhat different from that of the counseling center, the data reported may nevertheless be of significant value to counseling center personnel. The office of Institutional Research is quite often interested primarily in the mechanics of operating a college or university on a businesslike basis. The registrar, meanwhile, is interested in enrollment figures, in-state or out-of-state residence, home county, prediction of academic success and other global statistics seemingly removed from the counseling center emphasis on the individual. Information provided however, can be a useful starting point in accounting for counseling center impact. For example, at the University of Tennessee, Knoxville, Fall quarter 1975 enrollment figures are shown in Table V.

In addition to these basic figures, statistics on specific groups are often available. For example, numbers related to the above table could be compiled on black students, veterans, older students or other groups. These specialized statistics as well as the basic total university population figures would then be compared to parallel figures for the counseling center client population. Without having to employ elaborate and sophisticated research methodology, a determination can easily be made as to whether or not

TABLE V

Example of Enrollment Figures

Source	Men		Women		
	Full-time	Part-time	Full-time	Part-time	Total
First-time Students in Bachelor's Degree Programs	2,035	204	1,687	337	4,263
Lower Division Undergraduates	6,324	975	4,861	1,127	13,287
Upper Division Undergraduates	4,629	617	3,217	490	8,953
Total Undergraduates	10,953	1,592	8,078	1,617	22,240
Unclassified	47	248	33	408	763
First Professional Students	470	c 13	146	5	634
Graduate Students	1,953	1,903	1,208	1,325	6,389
Grand Total	13,423	3,756	9,465	3,355	29,999

any special group of clients is disproportionately represented or under-represented in relation to total population parameters. This is not to say, however, that there must be total parallelism of proportion. As demonstrated by several studies reviewed in Chapter II, counseling center usage tends to vary inversely with year group. For example, freshmen usually account for a disproportionately large share of counseling center clientele. Also, usage has been shown to be heaviest for all groups earlier in the school year, and early in each quarter. Once such findings have been replicated at any particular institution, changing trends can be a meaningful focal point for reassessment of center efforts. More pertinent to the discussion at hand, however, unexpected or inexplicable disproportionality can serve as a valuable clue to possible realignment of effort. If, for example, minority students made up 3% of the total university population but were found to account for less than 1% of center clientele, efforts could be geared toward identifying contributing factors and developing a mediating strategy. In line with Suchman's third category of evaluation criteria, "adequacy of performance," center services can be examined for both the degree to which the total student population is served and the adequacy of service to any particular subgroup. In the hypothetical example given above, such a finding could be an indicator of a serious service deficiency, and a guide for corrective action. Figures on numerous subgroups could be continuously monitored in this manner, or selectively investigated in response to situational demands.

Such a comparison is possible with University of Tennessee statistics which are readily available. For example, during Fall Quarter, 1975, 2% of the student population was seen at the university counseling center, either individually or within groups. This rather low percentage may be misleading; a much higher precentage of students were involved in a variety of outreach programs during the same quarter. Also this figure does not reflect the cumulative yearly total that ranges between 8% and 14%. Of those students who were seen in the counseling center itself (543) percentages on full-time or part-time, and black or white, were generally consistent with overall student parameters. An unexpected departure, however, was the disproportionately higher percentages of sophomore and graduate students with lower representation for other year groups, the senior class being least represented. This finding is at variance with the trends reported by other schools and with University of Tennessee data from several years earlier. Additionally, while women make up 43% of the student population, they accounted for 55% of center clientele during Fall Quarter. Figures on other groups; i.e., veterans, other ethnic groups, were not available but could very well have offered additional insight into counseling center "performance adequacy." Adding such data to the computerized data bank by way of an enlarged Client Form (CF) presents no special difficulties, once a need for such information has been determined.

As stated repeatedly throughout this paper "accountability" is multifaceted and cannot be demonstrated simply on the basis of

data such as described above. Any inference drawn from such data would be highly subjective and value-laden, involving such open questions as "What is the extent of university responsibility in individual mental health?"

An important point to be repeated here is that the office of Institutional Research and the Registrar are valuable sources of information that may readily tie into the subject of counseling center accountability. Such information may very well include valuable data unknown to counseling center personnel. Obviously, there is no substitute for a close, cooperative relationship with these and other agencies. With such a relationship, not only would useful information be more readily available but quite possible data collection efforts could be modified so as to get at information sought by the center staff. Moreover, as the counseling center is often a focal point for substantial research effort, information obtained could be described and disseminated to other interested campus agencies, agencies that may in turn not otherwise be aware that such information exists. Such interaction may be a basis for building strong administration awareness and support for counseling center programs. The cost is simply abandoning that Warnath (1973) calls "the myth of the independent practitioner, the all too common tendency for counselors to 'do their thing' while feeling quite removed from the institutional bureaucracy" (p. 60). Such a stance is perhaps a prime factor in any lack of

understanding or support of counseling center efforts by university administrators.

On the counseling center end, data obtained from other institutional sources is easily comparable to information readily available from routine center records. For example, the computerized systems employed by both the Georgia State University Counseling Center and the University of Tennessee Student Counseling Center, both outlined in Chapter II, provide extensive data pertinent to the agency/student population fit. In addition, a number of other "accountability questions" can readily be answered by examination of the resulting data. Again, complex statistics or research strategy is not required in order to clearly describe center functioning. Whereas questions 1 and 2 can be answered by the comparison described above, a number of other questions can be answered without modifying the present system in use at Tennessee.

Question 3, "What is the pattern of psychological disturbance in clients by college year? by sex? is much easier to answer than if the question were asked of the total student population. Looking only at the client population, however, the Client Form (CF) provides a record of Problem Dimension (educational, emotional, or vocational) and Problem Cause (five categories) as well as Sex and College Classification. Upon computerization, question 3 is readily answered and should provide data for consideration in establishing agency priorities. Moreover, trends revealed from continuous monitoring of these data may provoke

meaningful discussion within the center.

Questions 4, 5, 11, and 52 can also be determined easily by direct examination of the computer product. Question 12, "What are the differences in numbers and problem types between users of the counseling center and users of other campus helping agencies?" requires a comparison of counseling center data with that of other agencies. This effort might require persuading other agencies that a mutually cooperative effort to obtain compatible data would also be mutually beneficial. It may be that intra-agency efficiency could be increased by more clearly defining separate functions and eliminating some duplication of effort. Additionally, there might be some areas where a combined effort would be beneficial. If students turn more readily to one particular agency over others for help with particular kinds of problems, the causative factors should be investigated. The obvious possibilities that might be suggested are that deficiencies in communicating agency goals and programs exist, that there exists a reputation for dissatisfaction in service delivery, or simply that one location is more convenient than another.

Question 13, "What are the major reasons given for withdrawal from the university?" takes the investigating counselor out of his or her center office to the college or university student services offices or registrars office where students formally effect withdrawal from school. It is expected that most institutions will make some effort to categorize and record reasons for withdrawal.

Statistics on all such categories should be meaningful to center personnel as their services may be requested in conjunction with any impending withdrawal however brought about. Of particular interest are those withdrawals resulting from personal, social, or emotional reasons. In other words, withdrawal causes that could reasonably be expected to have been mediated through counseling could be considered particularly pertinent. Additionally, if counseling services can be shown to be positively associated with increased retention and graduation rates, as has been demonstrated by studies previously cited, figures on noncounseled dropouts would provide an important contrast. The demonstration of this kind of counseling efficacy could be seen by administrators as constituting a basic cost effectiveness finding. Question 14 "How does the percentage of counseling center users withdrawing compare with the same percentage for nonusers?" would involve a similar investigation. The value of demonstrating a differential rate associated with counseling was discussed in Chapter II.

Certain information is readily available but easily overlooked as it is not ordinarily recorded. Questions 15 and 16 deal with administrator views on the relevant criteria for evaluating counseling center services and their personal valuing of such services. What may be required in order to answer these questions may be simply the active solicitation of administrative imput by the counseling center director and other center personnel. Ideally this imput will be within the context of routine and frequent

interaction between the center and the college or university administration. Such interaction would help to insure a cooperative and understanding atmosphere, accurate communication, and a synthesis of ideas and goals. This interaction may be formalized as in the case of the University of Tennessee where quarterly meetings are attended by students, faculty, administration, and counseling center representatives, or, by informal contact. Ideally, both informal and formal interaction will be seen as desirable.

Other questions listed may or may not be answerable through examination of data readily available. Some routine data collection systems are expected to be very versatile while others may require only minor modification such as adding additional requirements to the Client Form (CF) already discussed.

In summary, the accountability questions, while not intended to be used without modification to suit the needs of particular institutions, can fulfill a valuable purpose by stimulating specific assessment activity and discussion in regard to existing data. Additionally there can be no substitute for active involvement with administrators, other campus agencies and students. Without that involvement, valuable sources of information, vital to an accountability effort, could easily be overlooked. The following section, "Data Generating Models," is intended for data collection efforts that will ideally be routine and continuous but which would ordinarily require a special effort at implementation.

Data Generating Models

In this section attention is given to data generating models utilized to produce information that would not normally be a by-product of routine administrative processes. Usage of such models originates with the decision that more information is needed about what is happening. As pointed out previously such a decision may result from an external demand, or anticipation of such a demand, for accountability evidence. Just as likely however, is the implementation of such models as vehicles for internal assessment, program planning, and program improvement. The goals, needs and resources of a particular center will determine the precise models to be used and the extent to which they will be employed.

Such models or devices need not be elaborate in construction or cumbersome in implementation to produce meaningful data. For example, the survey conducted by Schneiderman (1974) at Michigan State University of the behavior of students who sought help at the M.S.U. center was relatively simple in design and operation but of substantial value. In all, accountability question 17 through 29 were dealt with. Question 30, "For counseling center clients, how was information about counseling center services obtained? and "place of contact?", could easily be included. Information thus provided can give center personnel insight on factors that facilitate help seeking as well as the prevalence of inhibiting factors. Thus armed, center workers would be in a better position to increase the availability of services. It is

conceivable that only a limited number of these questions would be considered appropriate for a particular center. If that situation exists, some information could be gathered along with the data routinely collected by the Client Form (CF) previously discussed, either as included data or as data obtained concurrently.

As pointed out in the original discussion of the Schneiderman survey, a major shortcoming of that work is the sampling of only counseling service users. A concurrent survey of randomly selected non-counseling centers users, such as that conducted by Snyder, Hill and Dirksen (1972), and possibly exploring some of the same questions as the Schneiderman study, could serve as a valuable supplement and source of support or contrast. Such a device would help to deal with accountability questions 31 and 32 while possibly providing some information on questions 7, 8, and 9.

One conclusion to be drawn from the critical assessment of efforts to demonstrate accountability is that longitudinal studies can be especially meaningful. It is not enough to assess short term effects of counseling during counseling or immediately after the counseling is terminated. The most meaningful statements that may be made about counseling effectiveness may very well be those that are based upon studies such as Meadows (1957), Shepherd (1965), and Frank and Kirk (1975). Studies that can replicate these findings at other institutions, demonstrating associations between counseling and graduation or later job success, will yield powerful accountability implications, despite inherent methodological shortcomings. Such studies however, are difficult and expensive to

implement and continue and therefore, may be impractical for some centers. If followed, such an approach would provide data for questions 6, 8, and 14.

Where center resources are most limited, but a decision is made to obtain some client feedback anyway, a device such as the Counseling Services Assessment blank (Hurst & Weigel, 1968) may be appropriate. This form takes only a few minutes to complete upon termination of counseling and provides a ready reference to client perceived growth, as well as a rating of counseling received by problem goal and cause dimension. As it is based on Callis's (1965) Missouri Diagnostic Classification plan, data obtained can be easily computerized and readily linked to the Client Form (CF) previously discussed. The methodological shortcomings of such an instrument have already been pointed out. The ease of usage however, makes the form worth considering, especially when supplemented by other evaluative methods accountability question 38 is dealt with.

As far as short term but methodologically sound evaluation is concerned, several systems discussed would be appropriate if modified to conform to the major criteria conclusions to be drawn from the material presented thus far. It might be useful at this point to repeat those conclusions. In summary, an effective individual counseling evaluation system should include the following considerations:

1. Evaluation should exist apart from theory and be based

on positive changes in the clients problem behavior toward attainment of a predetermined goal.

2. Criteria should be expressed positively and stated in terms of demonstrated attainment, or growth toward, specific developmental goals.

3. Criteria should be reduced to units of behavior that will permit reliable observation and recording. If global criteria are used and evaluated by inference, specific behavioral referents should be utilized as a basis for that inference.

4. Criteria should be described with sufficient differentiation to permit scaling on a continuum with extremes of the variables easily identifiable.

5. Multi-dimensional criteria are preferred as more consistent with the developmental approach and the differentiation of individuals. Criteria should be described so as to allow for estimation of criterion variables from two or more sources. Combinations of internal criteria, intra-individual or intra-counseling, with external performance criteria are desirable.

6. Behavior to be used as evidence of successful counseling should be demonstrated outside of the counseling situation.

7. Objective behavioral criteria are preferred but when behavioral referents are limited, client self-report is appropriate.

8. Criteria requiring subjective estimates should be balanced whenever possible with objective data at least inferentially related to the subjective criteria.

9. Evaluation research should focus on improvement criteria for particular individuals, assessing change from prior to treatment to post-treatment, and ideally at intervals in between.

10. Two or more short term follow-ups may be preferable from a methodological standpoint over long term follow-up.

11. As clients and counselors may disagree on goal selection and goal attainment, provision should be made for input from each, and for changes in goals over time.

12. Global or group goal attainment scores, as well as individual measures should be available.

The Thompson and Miller (1973) system failed to meet several important criteria, notably criteria 3, 4, 5, 8, and 11. The utility of the system could have been substantially enhanced by the use of a time series design with evaluation of goal attainment occurring at several intervals. Criteria should have been described so as to allow for scaling on a continuum between identifiable extremes, and had these been based on specific behavioral referents, control groups would have been unnecessary. It was stated by Thompson and Miller that outcomes could be assessed by a variety of specific indicators but there was apparently no effort to accomplish this task in a systematic manner. Finally, there was no provision for accommodating differing counselor/client perspectives on goal selection and attainment, or changes in either factor over time. These are important considerations but would not present major design problems. In fact, modification of the Thompson and Miller

approach to encompass these considerations, with results such as elimination of control groups, could simplify the evaluation effort.

At the University of Washington (Broedel, 1974) a major shortcoming of the Thompson and Miller approach was eliminated because the checklist was used to obtain a common but time flexible format for both client and counselor goal statements. However, the other comments applied to the Thompson and Miller method above are also applicable to the University of Washington method.

The Instrument developed by Hill (1975) has several distinct advantages over the above methods. Specifically, this method provides--behavioral anchors, scaling of possible outcomes as well as present functioning, three or more measures from pre-counseling to termination, and ease of quantitative computation. By the addition of follow-up measures and a means of translating the goal-attainment experience of the individual into an overall measure, this system would comply with the 12 criteria for effective individual counseling evaluation.

Most of these features were incorporated even more systematically in the Shontz (1972) system. Additional features were the use of an outside judge to control for bias and estimates of rater reliability. Major differences are--the lack of scaling for each goal and the lack of systematic inclusion of "behavioral anchors." Modifying the system to reflect these requirements would result in increased precision and a tool compatible with the "individual counseling, evaluation criteria." In the Shontz notational system "R" indicated a retrospective rating, "C" indicated a rating of

current situation, and "P" indicated a prospective rating. These ratings were made at times T_1, T_2, T_3, . . . T_m, by judges JA (client), Ja (counselor), and J' (a nonparticipating judge). The "R, C, and P" ratings, while productive of interesting data, are not essential in terms of the guidelines of this chapter. If instead (or perhaps in addition ot providing the system did not become unwieldy), each judge rated each goal at each designated time, in terms of one of several behaviorally anchored scale points, consistency with the "individual counseling evaluation criteria? would be assured. Moreover, rating accuracy would be increased while statistical analysis would be simplified. A diagram of a modified Shontz system would be as follows in Figure 2.

		T_1	T_2	T_3	T_m
JA	G_1				
	G_2				
	G_3				
Ja	G_1				
	G_2				
	G_3				
J'	G_1				
	G_2				
	G_3				

"G" represents a specific goal, having several scale points.

FIGURE 2. Diagram of a Modified Shontz System.

The design thus modified becomes a Lindquist Type I ANOVA or two-factor ANOVA with repeated measures on one factor. For each cell a selection may be made between several predetermined and behaviorally anchored scale points. The presence of a third rater, while increasing objectivity, is not essential to the system's utility.

The "Goal attainment Scaling" described by Kiresuk and Sherman (1968), Lombrillo, Kiresuk and Sherman (1973), and Smith (1976) could readily fit the set of criteria outlined with the incorporation of increased emphasis on behavioral anchors and repeated measures. The active involvement of the client or a rater was stressed only in the Lombrillo, Kiresuk and Sherman article and then only as an economy measure. The criteria used in this chapter is based on the assumption that such involvement is therapeutically useful and essential to meaningful evaluation.

With the modifications outlined above, any of these systems would provide meaningful data pertinent to accountability questions 35, 36, 39, 40, and 43. Selection of a system for use within a particular center should be a function of personnel preference, relative ease of handling, and the resources committed to evaluation. Systems that have provisions for non-therapeutic raters require greater support from center personnel while providing for greater accuracy and objectivity.

Thus far several of the Suchman's (1967) evaluation hierarchy levels have been dealt with: Performance; Performance adequacy; and Efficiency. The first level, effort, is often examined

and reported as constituting total program evaluation. As pointed out in Chapter II however, a record of substantial effort within an agency may mask poor performance, performance adequacy or efficiency. Measurement of effort constitutes only one task within the totality of program evaluation. Accurate recording of effort is nevertheless, an important task, especially when tied to agency planning, institutional and agency objectives, and allocation of resources. In two previous sections, Time and Cost Accounting, and Agency Goals, systems were discussed which, if used in combination, could provide meaningful accountability data.

The cost accounting system described by Krumboltz (1974) differentiates between counseling "value" and counseling "cost." According to Krumboltz "cost" can and should be stated, while "value" may not be immediately measurable. Making costs visible helps make the setting of priorities and the commitment of resources more meaningful. The time accounting system described by Trembley (1974) represents an equivalent way of looking at resource investment. In this system the Daily Activity Record (Appendix C) readily provides data for monthly computerization. The computer print-out in turn provides the total number of hours a and percentages of time spent for each function by each counselor as well as total agency figures. As stated, time and cost represent equivalent ways of looking at the same thing. Beyond a "sensitizing" value of stating counselor effort in terms of costs, time represents a more manageable concept as it is a constant between counselors of varying salaries and therefore hourly cost.

The Trembley system would seem especially appropriate within the context of the system described by Hurst (1974) in which agency effort is reconciled with institutional goals and predetermined priorities. With this combining of elements a system for recording effort, Suchman's lowest level, is transcended and a major synthesis is established. This happens as agency goals, priorities and resource commitment are aligned with the goals of the parent organization. If at this time the needs and goals of students and various student groups were also considered and found compatible, the synthesis would be complete. In all, a number of accountability questions dealing with a synthesis of goals, specifically questions 34, 41, 44, 48, 49, 50, 51, 54, and to some extent question 53, would be answered.

This section has dealt with the most relevant data generating models found in the literature. They are not all designed for the same purpose, with purposes ranging from information gathering surveys and longitudinal studies to measures of goal attainment for use within the counseling situation. The Schneiderman (1974) and Snyder, Hill and Dirksen (1973) surveys are significant in their simplicity and the potential for modification to suit unique requirements. The listing of criteria presented in this section constitutes a gauge of utility and effectiveness of measures of goal attainment. All systems described can be modified to conform to those criteria. The easiest modification is possible for the Hill (1975) system. It is recommended that when choosing a specific system, significant attention be directed toward one

that is based on the unique requirements of a particular center. However, the most effective system will result if conformity is attained with the essential criteria.

The following chapter, Implementation Considerations, moves away from the mechanics of evaluation itself to special considerations in planning for such an endeavor, carrying on evaluation, communicating the results, and influencing decisions and change.

CHAPTER IV

IMPLEMENTATION CONSIDERATIONS

Up to this point much has been said about the mechanics of demonstrating accountability, with relatively little said about planning for and implementing evaluation. Most professional workers would readily agree that there exists a strong need to continuously assess and document their effectiveness as behavioral change agents. There is somewhat less agreement on what the main purpose of that assessment is, how rigorous it should be, and what disposition is to be made of the resulting data. These are questions that must be effectively dealt with by each individual counseling center and resolve in such a way that there is general staff understanding, acceptance, ar active support of subsequent efforts.

It is expected that some evaluative effort will be directed toward supplying data to outside sources. In order to gain a general understanding of how college and university administrators view counsel ing centers and the subject of accountability, this author informally interviewed such individuals at several different institutions. Additionally, the author has participated in the accreditation of a state psychiatric hospital and the evaluation of a broad aim social actions program. The most striking feature of these experiences has been the wide variability of views on how much "accounting" is necessary and on what kinds of information would be desirable. Among College and

University administrators there was general agreement that counseling centers should in fact, attempt to evaluate all programs and services and pass on relevant information in understandable form to institutional decision makers. Other comments that were received and generally agreed upon were as follows:

1. Counseling Centers, as well as the Student Affairs Office and other campus helping agencies, tend to be viewed as successful in the absence of student problems. In other words, tranquility on campus is often perceived as indicative that counseling center functions are being fulfilled.

2. "Counseling Centers may be the finest places in the world to become isolated." This administrator was voicing an opinion, often found in the literature, that counselors frequently tend to see themselves as professionals quite removed from matters of institutional management and politics. This isolation is no doubt a factor in increased pressures on counseling centers to account for their efforts.

3. The activities of counseling centers are better comprehended by academicians than by administrators, largely because of the credentialing involved. Again, the implication is the need for greater efforts geared toward an ongoing dialogue between counselors and administrators.

4. This "ongoing dialogue" should include not only counselors and administrators but also the "consumers," the students using counseling services.

5. This three-way dialogue should not be left to chance but should be pursued as part of a regular systematic effort, such as monthly or quarterly meetings.

6. In spite of the seeming role contradiction, counselors need to realize the political aspects of agency/institution interaction, that program evaluation is often part of a political decision making process. Good intentions and excellent research design and strategy may make no difference at all without this additional kind of involvement by center personnel.

7. The attitude of the counseling center director is of key importance in the support and understanding of center efforts by administrative personnel. A director who actively works on creating and maintaining positive dialogue and cooperation with administrative decision makers is highly facilitative of maximum administrator acceptance.

A general theme found concerns the need for the counselor/evaluator to interact closely with key administrators to ascertain what type of information is relevant to administrative decisions, and the most effective way to present such data so as to facilitate data utilization. The counselor-evaluator needs to become sufficiently involved with program planners and policy makers, so as to have insight into all the variables that go into decision making, including political factors. An additional theme is the desirability of receiving input from three key elements, counseling center staff, administrators, and students. "Accountability" can be viewed as a demonstration of goal attainment for each element. Hopefully, goals will coincide resulting in a syntheses

of objectives. A three way dialogue is essential if such a syntheses is to be achieved and maintained.

Probably most counseling centers utilize program evaluation to some degree. At a minimum the yearly report to the university administration from the counseling center director provides the impetus for an examination of center efforts. This examination may consist of a simple reporting of client statistics or may involve an attempt to report services rigorously measured against predetermined standards. The format for such a report also varies widely. At the University of Tennessee the Annual Report from the Student Counseling Center Director is typically in narrative form. For several years these reports had been in the form of numerical tabular reports. It was found, however, that these reports were rather uninteresting and did not fully convey counseling center activities, trends, and factors which center personnel wished emphasized. Selected statistics are still cited but with full explanation of the meaning of those figures and accompanied by a statement that a wide range of data descriptive of center accomplishments is available upon request. As previously suggested, the scope, detail, and format of such a report are best determined by center personnel actively soliciting the views of key administrators on the following questions: What kinds of information are considered relevant and meaningful? What kinds of information would be helpful in administrative decision making? What is the extent of detail desired? What kind of format would be most useful and meaningful? It is expected that the answers to these questions will vary widely between institutions and within single institutions over time.

Fulfillment of a college or university requirement for submission of an annual report will most probably not be the only reason for compiling data on counseling center activities. The need for in-house assessment, exclusive of administrative requests for information, is just as valid and important. As has been pointed out previously, the practicing professionals of a center have much to gain from a detailed study of their own efforts. The lists provided by Suchman (1967) and Krumboltz (1974) and presented in Chapter I summarize these advantages. Additionally, it might be argued that the lack of evaluation, typical of far too many programs and services, constitutes a serious professional shortcoming. In other words doing things to people and for people without an attempt to measure outcome is grossly unprofessional.

Assuming that program evaluation is seen as desirable and necessary with or without accountability demands from the administration, decisions need to be made as to what kind of data is desired, and how much rigor and control is necessary in order to carry out a "respectable" evaluation. A logical starting point for resolving these questions is a consideration of agency objectives--objectives stemming from and compatible with the objectives of the larger institution. Ideally this consideration will be a group process participated in by all counselors and other agency personnel as these are the people upon whose understanding and support any evaluative effort will depend. Another crucial factor in decisions on type of data sought, and degree of experimental rigor and control, to be used, is the availability and allocation of agency resources. Experimental control is not without costs. Obviously, the greater the commitment to three-decimal research and scientific

respectability, the greater the investment of agency time and effort, and the greater the risk of research effort detracting from effective and efficient service delivery. This is precisely the point where agency goals need to be carefully weighed against the resource commitment of in-house evaluation and a compromise, agency specific, effected between "soft" and "hard" evaluation. Moreover, the degree of experimental rigor employed would seem to be less important than the existence of a general policy that some attempt be made to evaluate all services and programs.

Research deficiencies need not be viewed as insurmountable obstacles but only as temporary compromises in the quest for more valid measures. Additionally, it is expected that some programs and services will be seen as much more in need of rigorous evaluation. This should be the case particularly for new, previously untested, programs. Also, for reasons of economy, evaluation might involve sampling techniques rather than universal evaluation. Although it has been said that evaluation is ideally a part of a program from its inception, this does not necessarily imply a stringent requirement for refined and static research designs throughout. As discussed earlier, some authors have advocated the use of continuously evolving "patched up designs" where controls are added as alternate hypotheses are identified. This type of approach seems likely in an ongoing and evolving service program where continued refinement of design is the probably pattern as opposed to assessment within a highly structured research project. Moreover, an overzealous orientation on the part of the staff toward conducting only experimental research often prevents recognition of other opportunities

for evaluation, making evaluation seem prohibitively costly or difficult. In reality all programs and services can and should be evaluated, even if the design used is flawed. The degree of rigor and control can be modified over time. The ultimate time and effort invested in evaluation will depend on the importance to decision making of the information to be derived and the agencies' evaluative resources. Again, the full staff can determine a priority system for evaluation, and determining areas where minimal evaluation will be sufficient as well as other areas that call for a more complex research plan.

Another important decision to be made concerns who will be responsible for evaluation. In the case of college and university counseling centers this factor constitutes a major difference in comparison with other social agencies, particularly community mental health centers and public hospitals. In these other agencies, evaluation is usually conducted by an outside evaluator. The major problem resulting from independent external evaluation is the strong likelihood that practitioners will feel threatened by the evaluation and ambivalent about providing essential support. In the case of counseling centers, however, evaluation is almost always a function of personnel within the center. This is perhaps as it should be. It has been stated repeatedly that evaluation should be an integral part of a program. If this statement is accepted, it would follow that there should be thorough evaluation involved. In the case of counseling centers' staff members, because of their knowledge and training, would seem most able to carry out meaningful and non-desruptive evaluation. The often cited problem associated with in-house evaluation, namely that evaluators committed

to a program lose objectivity, can be dealt with by careful preplanning. If evaluation is presented so that it is seen as a professional responsibility leading to service improvement and quite apart from personnel evaluation, the risk of lost objectivity is minimized. Moreover, if evaluation is a product of a cooperative effort by all center personnel, with data openly examined and discussed, in-house evaluation may be seen by all concerned as having destinct advantages.

In an earlier chapter the relative rarity of routine evaluation planning in counseling activities was discussed in terms of possible causes.

Essentially the causes are as follows: (1) the staff may fear and resist evaluation as something that reflects on their professional competence; (2) laboratory research is often confused with evaluative research and seen as too difficult or limited for use in a service agency setting; and (3) counseling center personnel, usually adept at experimental research and research design, quite often lack training or experience in program evaluation. Thus far this chapter has dealt with considerations for overcoming the first two problems but more needs to be said about the third obstacle. Possibly a new idea to many people in a counseling setting is the idea that evaluative research is not simply the utilization of laboratory research in a field setting. This conclusion is perhaps a first objective in educating staff members for the subsequent evaluation of counseling services. Additionally, emphasis can be placed on familiarizing the staff with those designs that do not involve control groups or random assignment to treatment conditions; in other words, emphasize designs more appropriate to a

service agency setting. In-service meetings can be used to establish and maintain staff support of evaluative efforts geared to the needs and goals of a particular center. A concerted effort can be made in not only involving, but also training, center personnel in the processes of on-going evaluative research.

Many counseling centers fulfill a valuable function in the training of Masters and Doctoral level students enrolled in counseling practica or serving as graduate assistants. According to Nugent and Pareis (1968), 33% of college and university counseling centers train graduate students in counseling. These students usually receive training in research skills and processes as part of their academic programs. As already pointed out, however, adequate training or experience with evaluative research is often lacking. It would seem that providing such training as part of the educational package within the counseling center would be important for two reasons: First, a service setting is ideal for developing evaluative experience and skills important to the future counselor and to the future of the profession. Secondly, as the time of the center staff is often quite limited, graduate assistants and practicum students may assume much of the responsibility for carrying out service evaluation. Where different systems are being considered students may be instrumental in field testing those systems, helping to assess their relative value, and perhaps helping to develop systems uniquely suited to the needs and objectives of a particular center.

The remarks of the preceding paragraphs require some qualification. Institutional size and size of counseling center should be major factors in decisions on the degree of experimental rigor to be employed.

According to an extensive survey by Nugent and Pareis (1968) only 41% of all counseling centers have the often recommended counselor client ratio of between 500 to 1 and 1000 to 1. Twenty-four percent had less than one counselor for every 2000 students. Necessarily, evaluative research effort might be expected to be directly proportionate to the counselor workload with the busiest counselors being least able to conduct rigorous evaluation. Additionally, for the larger institutions more apt to have graduate programs and counseling centers associated with the training and research model, the comments of the proceeding paragraph would be more pertinent. At these colleges and universities evaluative research could be incorporated into, and facilitated by, the training function.

It would be easy at this point to become sidetracked to a single focus on evaluation itself along with the related issues of "What is the appropriate degree of experimental control?' and "How is the process of evaluation best carried?" To do so while seeking evidence in response to external accountability demands may mean losing sight of an important consideration. There is very little evidence that research alone has had much immediate impact on administrative and management decisions. Evaluation literature is replete with examples of overwhelming evidence of program failure leaving some programs and policies untouched, with other programs being abandoned even in the face of substantial positive evidence. It is clear that the orientation of many social scientists toward seeing evaluation research as being a rational, unbiased corrective force fails to include a most important insight--program evaluation is indeed objective and rational, but it takes place

within a political context. An insight into the interests and goals of the other participants in the system and a general sensitivity to evaluation research politics will greatly help the evaluator maximize the utility of his or her product. The comments of institutional administrators cited earlier in this chapter are especially relevant at this point.

A final implementation consideration is that evaluation data, to be meaningful either internally or in response to external demands, must be based on an underlying synthesis of goals. The reference point for any evaluation effort is an underlying body of predetermined goals and criteria. In the case of counseling center evaluation the goals are those of at least three different audiences, clients, counseling center staff members, and institutional administrators. Several procedures have been explored for insuring and continuously monitoring the mutuality of these goals; which also includes procedures involving active interaction with students and administrators, and active solicitation of feedback and viewpoints. As pointed out previously this involvement may be formal or informal, and probably should be both. There can be no substitute for active resistance of counseling center isolation.

In summary, the counselor/evaluator has little basis for a belief that good evaluation, regardless of how rigorously done or complete, would automatically be a corrective force. There are areas of this work where choice must be emphasized: for example, in choice of format for reporting yearly accomplishments to the university administration, or in the choice of degree of evaluative precision.

However, the decisions to seek inputs from the other audiences as well as understanding cooperation from staff members, are not seen as open to compromise if an effective evaluation system is to be achieved.

CHAPTER V

SUMMARY AND CONCLUSIONS

The advantages of an effective accounting on the part of counseling centers have been discussed in two general categories: (1) demonstrating service value to outside populations such as the university administration; and (2) evaluation as an in-house professional and ethical obligation. In regard to the latter Oetting and Hawkes (1974) have said "the real ethical problem probably lies in the lack of eveluation of all too many programs. Things are too often done to or for people without any real knowledge of effects" (p. 32). In a slightly different context Kehas (1972) has said, "How do we build knowledge and test it if not by inquiring systematically into experience, making some generalizations about it, and then testing those generalizations to see if our explanations are accurate and help us understand what is happening? Surely we need to know in order to do" (p. 16). Probably few counselors would disagree with the above statements or challenge the idea that professional counselors need to account for themselves.

What then are the major aspects of counseling center accountability? The best starting point is perhaps the assumption that evaluation has high potential for being a positive force within the center! Once this viewpoint has been accepted, at least by influential staff members, the logical issues are "What kind of evaluation? By Whom? For Whom? and How Much?" There are several major categories of inputs

that impinge upon these questions. The categories are as follows.

INPUTS:

A. Human

1. Student population
2. Clients
3. Staff
4. Parent institution
5. Average client load
6. Support of evaluative effort by students, staff, and administration
7. Availability of practicum students or graduate assistants

B. Material

1. Financial resources
2. Physical facilities
3. Time

C. Ideational

1. Needs and objectives of the institution
2. Attitudes and values of institutional decision makers
3. Needs and objectives of the staff
4. Attitudes and values of the staff
5. Needs and objectives of the student population
6. Attitudes and values of the student population
7. Needs, objectives, attitudes, and values of clients
8. The position of the counseling center in the political spectrum of the college or university

A possible addition to the ideational category would be student families and the community at large. As might be expected, some of these inputs would be considerably easier to obtain and assess than others. This is not to say that information gathering efforts should be easily abandoned because the utility and meaningfulness of the evaluative effort should be directly proportional to the comprehensiveness of such information. It has been stated repeatedly in this work that accountability for counseling centers means being accountable to at least three audiences: Clients, Staff, and Institutional Administrators. Necessarily, any meaningful effort at demonstrating accountability must do so in relation to the goals and needs of all three audiences. Only when this "synthesis" has been achieved can statements of accountability have any real credibility or validity. Some of the listed inputs such as financial resources would be known when a decision is made to evaluate counseling services and would have to be carefully considered before a meaningful evaluation attempt could be made. Other inputs would actually constitute evaluation material.

At this point it might be useful to present a logical sequence of events that might take place in counseling center evaluation, with emphasis on decision points and available alternatives. The events are as follows:

A. THE DECISION TO EVALUATE

What is implied here is not so much that evaluation is being undertaken for the first time, which may very well be true, but that a decision is made to conduct evaluation systematically on as sound a basis as may be possible or practical for a particular center. As

already pointed out, this decision may come from external demands or originate internally. A decision may be made to evaluate all programs or to evaluate selectively.

B. INSTITUTIONAL AND AGENCY GOALS

All counseling center evaluation should, ideally, be based on a synthesis of institutional and agency goals.

C. OTHER "INPUTS"

At this point all that is known about the other inputs listed in the beginning of the chapter might be considered. Of particular importance are the values, attitudes, needs and goals of the three "audiences" and the resources available for evaluative research.

D. EVALUATION STRATEGY SELECTION

At this decision point any of a number of evaluative strategies, or any combination of them, may be selected. The basis for the selection is the examination of A, B, and C above. Ideally, commitment to evaluation and available resources will be sufficient to allow for some kind of evaluation for any given service, with a variety of strategies employed.

1. Population needs assessment
2. Determination of service
3. Individual goal attainment assessment
4. Time and cost accounting
5. Administrative accountability

Guidelines for implementing any of the five strategies were covered in Chapter IV.

E. COMMITMENT OF AGENCY RESOURCES

At this point the precise degree of agency involvement in evaluation in terms of funding, staff time, and limitations on service delivery is determined. Here there is expected to be wide variability between centers.

F. DEGREE OF EXPERIMENTAL CONTROL

This decision is tied to E above. If a decision had been made previously to make some attempt at evaluating all services, a decision would be made at this point as to the precision and control desired. It is likely that some services will be seen as more in need of rigorous evaluation than others. This is especially likely in the case of newer, nontraditional programs.

G. ENLISTING OF SUPPORT

For any evaluative effort to succeed the support of participants must be carefully solicited, cultivated, and nurtured. These participants include staff members, clients, other students, and administrators.

H. COMPILATION AND REPORTING OF RESULTS

This step involves several decisions: How is evaluation data to be recorded? Who are data to be disseminated to? In what form? What are the important and relevant facts to be communicated? If data are being communicated to administrators by way of the annual report, the best approach may be to solicit in advance preferences on type of communication most desired as well as feedback on previous reporting.

I. EVALUATION OF THE EVALUATION

Periodically, evaluative efforts should be systematically reviewed to determine if what was done was effective, is still needed, is in need of replacement, or simply modification. It is expected that evaluation development will tend to follow the idea of the "patched up design" discussed in Chapter II. That is, as evaluation proceeds for any program or service, more and more controls can be added as threats to validity are identified.

Several portions of this work have been intended as special sets of guidelines for the professional interested in any facet of evaluative research. These key areas are the assumptions stated in Chapter I, the section on "Criteria of Counseling Effectiveness," in Chapter II (particularly the criteria summary), and the accountability questions listed in Chapter III. These areas are too extensive for repetition at this point. However, a review of this material prior to, during, and following evaluation, will insure that evaluation is not undertaken haphazardly, but rather in such a way as to maximize validity, practicality, and utility.

As counseling centers do vary widely it may be that this work, which is general in nature may not prescribe in detail the appropriate evaluative effort for a particular center. Instead, the general guidelines cited will serve as vehicles for reflection on a center's unique requirements. This self examination may in turn lead to idiosyncratic assumptions, criteria, and "accountability questions."

Moreover, even though this entire work has been oriented toward the evaluation of college and university counseling centers, application

can be extended to mental health agencies and other broad aim social action programs. The assumptions, criteria, and to some extent, the accountability questions could be applicable with only minor modification. Assessment of services involved in effecting behavioral change is seen as a rather unitary factor among diverse programs.

The specific recommendations and conclusions of this work are as follows:

1. "Accountability" is a rather complex subject including needs assessment, estimation of service impace, time and cost accounting, administrative accountability, and evaluation of agency goals. The successful evaluator is one who fully recognizes the complexity of this process and gives careful attention to preplanning.

2. Accountability efforts should be based on the recognition that different audiences may be interested in different criteria for counseling center effectiveness. Inputs from these audiences should be actively solicited with the resulting diversity of views forming a basis for the evaluative effort.

3. Accountability systems should be capable of being routinely and easily employed with minimal time and effort expended, and minimal disruption of agency services.

4. The "syntheses of goals" that has been repeatedly stressed throughout this work is vital to a successful accountability system.

5. When monitoring individual goal attainment, evaluative systems should meet the criteria listed in the final chapter. In particular systems should allow for repeated observations of the individual in terms of precisely defined behavior change varying between predetermined

scaled outcomes. Additionally, these systems should allow for the analysis of grouped data for overall program evaluation without losing the experience of the individual as well as the use of combinations of internal and external criteria.

6. Well organized research efforts by themselves will not insure that data gathered will have an impact on either administrative decision making, or understanding, appreciation, and usage of counseling services. There must be active involvement of center personnel with other agencies, and with students. In particular, a necessary viewpoint is the realization that decisions affecting the counseling center are made within a political context.

7. There is little to be gained from a debate over designs being more or less scientific. When the needs, resources, and unique environment of a particular agency are considered, it should be readily apparent that some designs are better than others.

8. Of all designs, time series designs have the most to offer the evaluator working within a field setting by providing for more effective assessment of change without the necessity of control groups or randomization.

9. Accountability is an essential part of counselors' obligations to themselves, their code of ethics, their profession, their employers, and to their clients and their families. It is the view of this author that much is to be gained from an enthusiastic assumption of responsibility and initiative in demonstrating affectiveness. Externally imposed demands for accountability are seen as increasingly probable.

As a final point, reference is made to the numerous advantages listed in Chapter I, particularly those advantages cited by Krumboltz and Suchman (1967). All of these advantages are highly probable if systematic evaluation is undertaken. Foremost among advantages is the satisfaction of the professional who is able to demonstrate not only that what he/she is involved in is worthwhile, but also that increasingly greater refinement of service delivery is taking place. An additional advantage naturally accrues when this accounting is meaningfully communicated to the student consumer and the administrator; with the goals of both being compatible with those of the center professional.

REFERENCES

REFERENCES

Allport, G. W. The general and the unique in psychological science. Journal of Personality, 1962, 30, 405-421.

Arnstein, R. College psychiatry and community psychiatry. Journal of the American College Health Association, 1972, 20, 257-262.

Astin, A. W. The functional autonomy of Psychotherapy. American Psychologist, 1961, 16, 75-78.

Baker, R. W. and Nidorf, L. V. Pattern of occurence of psychological disturbance in college students as a function of year level. Journal of Clinical Psychology, 1964, 20, 530-531.

Battle, C. C., Imber, S. D., Hoehn-Saric, R., Stone, A. R., Nash, E. R., and Frank, J. D. Target complaints as criteria of improvement. American Journal of Psychotherapy, 1966, 1, 184-192.

Berdie, R. F., and Stein, J. A. Comparison of new university students who do and do not seek counseling. Journal of Counseling Psychology, 1966, 13, 310-317.

Betz, B. Experiences in research in psychotherapy with schizophrenic patients. In H. H. Strupp and L. Luborsky (eds.), Research in Psychotherapy (Vol. II). Washington, D. C.: American Psychological Association, 1962, 41-60.

Bijou, S. W. Experimental studies of child behavior, normal and deviant. In L. Krasner and L. P. Allmann (eds.), Research in Behavior Modification. New York: Holt Rinehart and Winston, 1965, 59-81.

Blanton, S. A mental health program for colleges. Mental Hygiene, 1925, 9, 478-488.

Bloom, B. Characteristics of campus community mental health programs in Western United States. Journal of the American College Health Association, 1970a, 18, 196-201.

Bloom, B. Current issues in the provision of campus community mental health services. Journal of the American College Health Association, 1970b, 18, 257-305.

Brammer, L., and Whitfield, R. P. A matter of survival. Impact, 1972, 2(3), 38-45.

Brayfield, A. H. Performance is the thing. Journal of Counseling Psychology, 1962, 9, 3.

Brayfield, A. H. Counseling Psychology. In P. R. Farnsworth, O. McNemar, and Q. McNemar (eds.), Annual Review of Psychology (Vol. 14). Palo Alto, California: Annual Reviews, 1963, 319-350.

Brill, N. B., Koegler, R. P., Epstein, L. J. and Forgy, E. W. Controlled study of psychiatric outpatient treatment. Archives of General Psychiatry, 1964, 10, 581-595.

Broedel, J. Task force on accountability. Proceedings, 23rd Annual Conference of University and College Counseling Center Directors, 1974, Houston Texas.

Browne, D. P. and Stephens, M. W. Self acceptance and self evaluative behavior, a critique of methodology. Psychological Bulletin, 1961, 58, 104-121.

Browning, R. M., and Stover, D. O. Behavior Modification in Child Treatment. Chicago: Aldine-Atherton, 1971.

Burck, H. E., Cottingham, H. F., and Reardon, R. C. Counseling and Accountability: Methods and Critique. New York: Pergamon Press, 1973.

Burke, H. D., and Peterson, J. W. Needed: more evaluation not research. Personnel and Guidance Journal, 1975, 53(8), 563-569.

Callis, R. Diagnostic classification as a Research Tool. Journal of Counseling Psychology, 1965, 12(3), 238-243.

Campbell, D. T. Factors relevant to the validity of experiments in social settings. Psychological Bulletin, 1957, 54, 297-312.

Campbell, D. T. The Results of Counseling: Twenty-five Years Later. Philadelphia: Saunders, 1965.

Campbell, D. T. Administrative experimentation, institutional records, and non-reactive measures. In J. C. Stanley (ed.) Improving Experimental Design and Statistical Analysis. Chicago: Rand McNally, 1967, 257-291.

Campbell, D. T. Reforms as experiments. American Psychologist, 1969, 24, 409-429.

Campbell, D. T., and Erlebacher, A. How regression artifacts in quasi-experimental evaluations can mistakenly make compensatory education look harmful. In J. Hellmuth (ed.), The Disadvantaged Child. New York: Bruner-Mazel, 1970.

Campbell, D. T., and Stanley, J. Experimental and quasi-experimental designs for research in teaching. In N. L. Gage (ed.), Handbook of Research on Teaching. Chicago: Rand McNally, 1963, 171-246.

Campbell, D. T. and Stanley, J. C. Experimental and Quasi-Experimental Designs for Research. Chicago: Rand McNally, 1966.

Carlson, R. Where is the person in personality research? Psychological Bulletin, 1971, 75, 203-219.

Cartwright, D., Kirtner, W., and Fiske, D. W. and Kirtner, W. L. Length of therapy in relation to outcome and change in personal integration. Journal of Consulting Psychology, 1961, 25, 84-99.

Chassan, J. B. Statistical inference and the single case in clinical design. Psychiatry, 1960, 73, 173-184.

Chassan, J. B. Stochastic models of the single case as the basis of clinical research design. Behavioral Science, 1961, 6, 42-50.

Chassan, J. B. Research Design in Clinical Psychology and Psychiatry. New York: Appleton-Century-Crofts, 1967.

Clark, D. Characteristics of counseling centers in large universities. Personnel and Guidance Journal, 1966, 44, 817-823.

Cline, D. W., Rouzer, D. L., and Bransford, D. Goal-attainment scaling as a method for evaluating mental health programs. American Journal of Psychiatry, 1973, 130(1), 105-108.

Cohen, H. L. Educational therapy: the design of learning environments. In J. M. Shlien (ed.), Research in Psychotherapy (Vol. III). Washington, D. C.: American Psychological Association, 1968, 21-53.

Cooke, M., and Kiesler, D. Prediction of college students who later require personal counseling. Journal of Counseling Psychology, 1967, 14, 346-349.

Cowen, E. Social and community interventions. In R. Mussen and M. Rosenweig (eds.), Annual Review of Psychology, 1973, 24, 423-473.

Cronbach, L. J., and Furby, L. How should we measure "change" - or should we? Psychological Bulletin, 1970, 74, 68-80.

Crown, S. Criteria for the measurement of outcome in psychotherapy. The British Journal of Medical Psychology, 1968, 41(1), 31-38.

Danskin, D. E. My focus for a University Counseling Center, Journal of College Student Personnel, 1965, 66-75.

Data Bank. Annual Conference of University and College Counseling Center Directors. Unpublished manuscript, 1972.

Dohrenwend, B. P., and Dohrenwend, B. S. The problem of validity in field studies of psychological disorder. Journal of Abnormal Psychology, 1965, 70, 52-62.

Drum, D., and Figler, H. Outreach in Counseling. New York: Intext Press, Inc., 1973.

Dyar, R. General summary of conference on research methodology and potential in community health and preventive medicine. Annals of the New York Academy of Sciences (Vol. 107), May 22, 1966.

Edgerton, J. W. Evaluation in community mental health. In Task Force on Community Mental Health, Div. 27 of APA, Issues in Community Psychology and Preventive Mental Health. New York: Behavorial Publications, Inc., 1971.

Edgington, E. S. Statistical inference from N = 1 experiments. Journal of Psychology, 1967, 65, 195-199.

Ewing, T. N. Changes during counseling appropriate to the clients initial problem. Journal of Counseling Psychology, 1964, 11, 146-150.

Eysenck, H. J. The effects of psychotherapy: an evaluation. Journal of Consulting Psychology, 1952, 16, 319-324.

Eysenck, H. J. The effects of psychotherapy. International Journal of Psychiatry, 1965, 1, 99-142.

Fairweather, G. W. Methods for Experimental Social Innovation. New York: John Wiley and Sons, Inc., 1967.

Farnham, M. L. The Adolescent. New York: Harper and Bros., 1951.

Farnsworth, K. E. Application of scaling technique to the evaluation of counseling outcomes. Psychological Bulletin, 1966, 66, 81-93.

Fisher, R. A. Statistical Methods and Scientific Inference. Edinburgh: Oliver and Boyd, 1956.

Fiske, D., Hunt, H., Luborsky, L., Orne, M., Pauloff, M., Reiser, M., and Tuma, A. Planning of research on effectiveness of psychotherapy. American Psychologist, 1970, 25, 727-737.

Fleck, A. C. Evaluation Research Programs in public health practice. Annals of the New York Academy of Sciences (Vol. 107), May 22, 1963.

Ford, D. H. Research approaches to psychotherapy. Journal of Counseling Psychology, 1959, 6, 55-60.

Ford, D. H., and Urban, H. D. Systems of Psychotherapy. New York: Wiley, 1963.

Form, A. L. Measurement of students attitudes toward counseling services. Personnel and Guidance Journal, 1953, 32, 84-87.

Forsyth, R., and Fairweather, G. W. Psychotherapeutic and other hospital treatment criteria. Journal of Abnormal and Social Psychology, 1961, 62, 598-605.

Fox, P. D., and Rappaport, M. Some approaches to evaluating community mental health services. Archives of General Psychiatry, 1972, 26, 172-178.

Frank, A. C., and Kirk, B. A. Differences in outcomes for users and non-users of university counseling and psychiatric services: a 5-year accountability study. Journal of Counseling Psychology, 1975, 22(3), 252-258.

Froehlich, C. P. Bedrock for vocational guidance. Journal of Counseling Psychology, 1955, 2, 170-171.

Glass, G. V., Willson, V. L., and Gottman, J. M. Design and Analysis of Time Series Experiments. Boulder: Laboratory and Educational Research, 1972.

Goldstein, A. P., and Dean, S. J. The Investigation of Psychotherapy: Commentaries and Readings. New York: Wiley, 1966.

Goldstein, A. P., Heller, K., and Sechrest, L. B. Psychotherapy and the Psychology of Behavior Change. New York: John Wiley and Sons, Inc., 1966.

Gonyea, G. G. Appropriateness - of - vocational choice as a criterion of counseling outcome. Journal of Counseling Psychology, 1962, 9,]12-220.

Gottman. J. M., and Leiblum, S. R. How to do Psychotherapy and How to Evaluate it: A Manual for Beginners. New York: Holt, Rinehart and Winston, Inc., 1974.

Gottman, J. M., McFall, R. M., and Barnett, J. T. Design and analysis of research using time series. Psychological Bulletin, 1969, 72(4), 299-306.

Greenhouse, S. W. Principles in the evaluation of therapies for mental disorders. In P. H. Hoch, and J. Zubin (eds.), The Evaluation of Psychiatric Treatment. New York: Grune and Stratton, 1964, 94-106.

Grossman, B. Educational Programming and Consultation Unit Description and Budget Proposal. Unpublished report, University of Michigan Counseling Services, 1974.

Guba, E. Methodological Strategies for Educational Change. Paper presented to the Conference for Strategies on Educational Change. Washington, D. C., 1974.

Harmon, Robert L. Client assessment of a university counseling service. Journal of Counseling Psychology, 1971, 18, 496-497.

Hawthorne, P. L., (ed.). Legislation by the State: Accountability and Assessment in Education. Denver: Cooperative Asscountability Project, 1973, Ed. 069050.

Hays, D. G., (ed.). A Process Guide for the Developing of Operational Objectives for Pupil Personnel Services in California. Sacremento: California State Department of Education, 1970.

Heath, C. W., and Gregory, L. W. Problems of normal college students and their families. School Sociology, 1946, 63, 355-358.

Hill, C. E. A comparison of the perceptions of a therapy session by clients, therapists, and objective judges. Journal Supplement Abstract Service, (American Psychological Association), Winter 1974, No. 564.

Hill, C. A process approach for establishing counseling goals and outcomes. Personnel and Guidance Journal, 1975, 53(8), 571-576.

Hill, A. H., and Grieneeks, L. Criteria in the evaluation of educational and vocational counseling in college. Journal of Counseling Psychology, 1966, 13(2), 198-201.

Hoover, B. College students who didn't seek counseling during a period of academic difficulty. Dissertation Abstracts, 1967, 28(4-A), 1298.

Hoppock, R. What is the "real" problem? American Psychologist, 1953, 8, 124.

Horenstein, D., Houston, K., and Holmes, D. S. Clients; therapist; and judges evaluations of psychotherapy. Journal of Counseling Psychology, 1973, 20(2), 149-153.

Huck, S. W., Cormier, W. H., and Bounds, W. G., Jr. Reading Statistics and Research. New York: Harper & Row, 1974.

Hurst, J. Task force on accountability. Proceedings, 23rd Annual Conference of University and College Counseling Center Directors, Houston Texas, 1974.

Hurst, J., and Weigel, R. Counseling Service Assessment Blank. Fort Collins, Colorado: Rocky Mountain Behavior Science, 1968.

Hyman, R., and Breger, L. Comments on Eysenck's "the effects of psychotherapy". International Journal of Psychiatry, 1965, 1, 317-322.

Iffert, R. E. Retention and Withdrawal of College Students. Washington, D. C.: Government Printing Office, 1957.

Jewell, W. O. Differential judgements of manifest anxiety, defensiveness and effective problem solving in counseling. Unpublished Doctoral dissertation, University of Minnesota, 1958.

Johnson, R. W. Number of interviews, diagnosis and success of counseling. Journal of Counseling Psychology, 1965, 12, 248-]51.

Johnstone, Trifolder. Proceedings, 23rd Annual Conference of University and College Counseling Center Directors, Houston, Texas, 1974.

Kaczkowski, H. R., and Rothney, J. W. M. Discriminant analysis in evaluation of counseling. Personnel and Guidance Journal, 1956, 35, 231-235.

Kehas, C. D. What research says about counselor role. Focus on Guidance, 1972, 4(9), 1-10.

Kiel, O. F. The effecto of feedback on the performance of professional rehabilitation workers. Dissertation Abstracts International B: The Sciences and Engineering, 1971, 32, 18-24.

Kiesler. D. J. Some myths of psychotherapy research and the search for a paradigm. Psychological Bulletin, 1966, 65, 110-136.

King, S. Emotional problems of college students: facts and priorities. American Association of University Professors Bulletin, 1964, 50, 329-332.

King, S. H. Characteristics of students seeking psychiatric help during college. Journal of the American College Health Association, 1968, 17(2), 150-156.

King, P. T., and Matteson, R. W. Student perceptions of counseling center services. Personnel and Guidance Journal, 1959, 37, 358-364.

Kiresuk, T. J., and Sherman, R. E. Goal attainment scaling: a general method for evaluating comprehensive community mental health programs. Community Mental Health Journal, 1968, 4(6), 443-451.

Kirk, B. A. Characteristics of users of counseling centers and psychiatric services on a college campus. Journal of Counseling Psychology, 1973, 20, 463-470.

Krumboltz, J. D. An accountability model for counselors. The Personnel and Guidance Journal, 1974, 52(10), 639-646.

Ladd, C. E. Record-keeping and research in psychiatric and psychological clinics. Journal of Counseling Psychology, 1967, 14, 361-367.

Lazarus, R. S. Psychological Stress and the Coping Process. New York: McGraw-Hill, 1966.

Leighton, D. C., et al. The Character of Danger: Psychiatric Symptons in Selected Communities. New York: Basic Books, 1963.

Lennard, H. L., and Bernstein, A. Dilemma in mental health program evaluation. American Psychologist, 1971, 26(3), 307-310.

Levitt, E. E. The Psychology of Anxiety. New York: Bobbs Merrill, 1967.

Levy, E. Case study: new directions for the college counselor at CCNY. Personnel and Guidance Journal, 1969, 47, 800-805.

Levy, L., Herzog, A. N., and Slotkin, E. J. The evaluation of state-wide mental health programs: a systems approach. Community Mental Health Journal, 1968, 4(4), 340-349.

Lichtenstein, E. Technique for assessing outcomes of psychotherapy. In P. McReynolds (ed.), Advances in Psychological Assessment (Vol. II). Palo Alto, Calif.: Science and Behavior Books, 1971, 178-197.

Linz, G. D. A counseling center computerized data bank. Functions in an Urban University: A Research of Monograph. Counseling Center, Georgia State University, 1975.

Lombillo, J. R., Kiresuk, T. J., and Sherman, R. E. Evaluating a community mental health program contract fulfillment analysis. Hospital and Community Psychiatry, 1973, 24(11), 760-762.

Magoon, T. M., Hoyt, D. P., Volsky, T., and Norman, W. T. Research in counseling and case work: theory, methodology and outcomes. Student Counseling Bureau Report, University of Minnesota, 1957 (mimeographed).

May, P. R. A., Tuma, A. H., and Kraude, W. Community follow-up of treatment of schizophrenia: issues and problems. American Journal of Orthopsychiatry, 1965, 35, 754-763.

McGrath, R. A., Jr. Community action program on campus: a critical review. Unpublished Doctoral dissertation, University of Illinois, 1974.

McKeachie, W. J. Anxiety in the college classroom. Journal of Educational Research, 1951, 45, 153-160.

McKeachie, J. J., Pollie, D., and Speisman, J. Relieving anxiety in classroom examinations. Journal of Abnormal Social Psychology, 1955, 50, 93-98.

Meadows, M. E. Assessment of college counseling: a follow-up study. Journal of Counseling Psychology, 1975, 22(6), 463-470.

Meadows, M. E., and Oelke, M. C. Charactristics of clients and non-clients. Journal of College Student Personnel, 1968, 9, 153-157.

Meldman, M. J., Ullman, V., and Squire, M. B. The psychotherapeutic use of evaluation data. Goal Attainment Scaling Workshop Compendium, 1973. (Available from the Program Evaluation Project, 501 Park Avenue, South Minneapolis, Minnesota, 54415).

Mendelsohn, G. A., and Kirk, B. A. Personality differences between students who do and do not use a counseling facility. Journal of Counseling Psychology, 1962, 9, 341-346.

Mendenhall, W. Introduction to Linear Models and the Design and Analysis of Experiments. Belmont, Calif.: Wadsworth, 1968.

Michael, W. B., and Metfessel, N. S. A paradigm for developing valid measurable objectives in the evaluations of educational programs in colleges and universities. Educational and Psychological Measurement, 1967, 27, 373-383.

Milbank, Memorial Fund. Planning Evaluations of Mental Health Programs. Proceedings of the 34th Annual Conference of the Milbank Memorial Fund, New York, 1958.

Miller, A., and Thompson, A. Factor structure of a goal checklist for clients. Psychological Reports, 1973, 32, 497-498.

Morrill, W. H., and Banning, J. H. Counseling Outreach: A Survey of Practices. Boulder: Western Interstate Commission for Higher Education, 1973.

Morrill, W. H., Ivey, A. E., and Oetting, E. R. The college counseling center: a center for student development. In J. C. Heston and W. B. Frick (eds.), Counseling for the Liberal Arts Campus. Yellow Springs, Ohio: Antioch Press, 1968.

Morrill, W. H., Hurst, J. C., and Oetting, E. R. Dimensions of Counseling Intervention Technical Report Number 1, 1972 (mimeographed).

Morrill, W. H., and Oetting, E. R. Outreach programs in college counseling. Journal of College Student Personnel, 1970, 11, 50-53.

Moynihan, D. P. Annals of politics (Family Assistance Plan-1). The New Yorker, January 13, 1973, 34-57.

Myers, R. A. Research on educational and vocational counseling. In A. E. Bergin and S. L. Garfield (eds.), Handbook of Psychotherapy and Behavior Change. New York: Wiley, 1971.

Nader group releases first consumer guide to psychotherapists. APA Monitor, December, 1975, 11.

Nader report: community mental health centers. Behavior Today, 1972, 3(31), 3-6.

Nugent, Frank A., and Pareis, E. N. Survey of present policies and practices in college counseling centers in the United States of America. Journal of Counseling Psychology, 1968, 15(1), 94-97.

O'dea, J. D., and Zeran, F. R. Effects of counseling. Personnel and Guidance Journal, 1953, 31, 241-244.

Oetting, E. R., and Hawkde, F. J. Training professionals for evaluative research. Personnel and Guidance Journal, 1974, 52(6), 436-438.

Oetting, E. R., Ivey, A. E., and Weigel, R. G. The College and University Counseling Center. American College Personnel Association Monograph, 1970, No. 11.

Orne, M. On the social psychology of the psychological experiment. American Psychologist, 1962, 17, 766-783.

Overall, J. E., and Spiegel, D. K. Concerning least square analysis of experimental data. Psychological Bulletin, 1969, 72, 311-322.

Parker, C. A. (ed.). Special issue: thirty-six faces of counseling. Personnel and Guidance Journal, 1974, 52, 341-440.

Parloff, M. B., and Rubenstein, E. A. Research problems in psychotherapy. In E. A. Rubenstein, and M. B. Parloff (eds.), Research in Psychotherapy (Vol. I). Washington, D. C.: American Psychological Association, 1959, 276-293.

Pascal, G. R., and Zax, M. Psychotherapeutics: success or failure. Journal of Consulting Psychology, 1956, 20, 325-331.

Paul, J. Insight Versus Desensitization in Psychotherapy: An Experiment in Anxiety Reduction. Stanford: Stanford University Press, 1966.

Paul, G. L. A two year follow-up of systematic desensitization in therapy groups. Journal of Abnormal Psychology, 1968, 73, 119-130.

Paul, G. L. Behavior modification research: design and tactics In C. M. Frnaks (ed.), Behavior Therapy: Appraisal and Status. New York: McGraw-Hill, 1969, 29-62.

Ralph, K. M. The now/then procedure for assessing change: more powerful, valid, and accurate than pre-post procedures. In a presentation at the American Personnel and Guidance Association Annual Convention, New York, 1974.

Reifler, C. B., and Liptzin, M. B. College mental health. Archives of General Psychiatry, 1969, 20(5), 528-540.

Reifler, C. B. Epidemiologic aspects of college mental health. Journal of the American College Health Association, 1971, 19(3), 159-163.

Reifler, C., Liptzen, M., and Fox, J. College psychiatry as public health psychiatry. American Journal of Psychiatry, 1967, 124, 662-671.

Rickard, H. C. Tailored criteria of change in psychotherapy. Journal of General Psychology, 1965, 72, 63-68.

Rossi, P. Booby traps and pitfalls in the evaluation of social action programs. Working paper, Department of Sociology, University of Chicago, 1966.

Rossi, P. Testing for success and failure in social action. In Rossi, P. and Williams, W. (eds.), Evaluating Social Programs. New York: Seminar Press, 1972.

Rossi, P., and Williams, W. Evaluating Social Programs. New York: Seminar Press, 1972.

Rossman, J. E., and Kirk, B. A. A comparison of counseling seekers and nonseekers. Journal of Counseling Psychology, 1970, 17, 184-188.

Rust, R. M., and Davie, J. S. The personal problems of college students. Mental Hygiene, 45(2), 247-257.

Salasin, S. What is evaluation good for? Evaluation, 1972, 1 (1), 2.

Samler, J. An examination of client strength and counselor responsibility. Journal of Counseling Psychology, 1962, 9, 5-11.

Sargent, W. Battle for the Mind. Baltimore: Penquin Books, 1961.

Schneidler, J. J., and Berdie, R. F. Representativeness of college students who receive counseling services. Journal of Educational Psychology, 1942, 33, 545-551.

Schlein, J. M. Cross theoretical criteria for the evaluation of psychotherapy. American Journal of Psychotherapy, 1966, 20, 125-134.

Schmidt, J. A. Research techniques for counselor: the multiple baseline. Personnel and Guidance Journal, 1974, 53(3), 200-206.

Schneiderman, M. Factors involved in seeking help for personal problems. MSU Counseling Center Research Reports, 1974.

Schulberg, H. C., and Baker, F. Program evaluation models and the implementation of research findings. American Journal of Public Health, 58, 1248-1255.

Sharp, W. H., and Kirk, B. A. A longitudinal study of who seeks counseling when. Journal of Counseling Psychology, 1974, 21, 43-50.

Shepperd, R. E. The relation of counseling and student problems to graduation. Journal of Counseling Psychology, 1965, 12, 244-247.

Shoben, E. J., Jr. Toward a concept of the normal personality. American Psychologist, 1957, 12, 183-189.

Shontz, F. C. Research Method in Personality. New York: Appleton-Century-Crofts, 1965.

Shontz, F. C. Individuality in evaluations of treatment effectiveness. Journal of Counseling Psychology, 19(1), 76-80,

Shufflebeam, D. L. Toward a science of educational evaluation. Educational Technology, July 30, 1968.

Smith, D. L. Goal attainment scaling as an adjunct to counseling. Journal of Counseling Psychology, 1976, 23(1), 22-27.

Snyder, J. F., Hill, C. E., and Derksen, T. P. Why some students do not use university counseling facilities. Journal of Counseling Psychology, 1972, 19(4), 263-268.

Snyder, B. R., and Kahne, M. J. Stress in higher education and student use of university psychiatrists. American Journal of Orthopsychiatry, 1969, 39, 29-35.

Spielberger, C. D. The effects of manifest anxiety on the academic achievement of college students. Mental Hygiene, 1962, 46, 420-26.

Spielberger, C. D., and Gaudry, E. Anxiety and Educational Achievement. New York: John Wiley and Sons, 1971.

Srole, L., et al. Mental Health in the Metropolis: The Midtown Manhattan Study. New York: McGraw-Hill, 1962.

Stogner, R. The relation of personality to academic aptitude and achievement. Journal of Educational Research, 1953, 26, 648-660.

Stone, A. R., Frank, J. D., Nash, E. H., and Imber, S. D. An intensive five-year follow-up study of treated psychiatric outpatients. Journal of Nervous and Mental Disease, 1961, 133, 410-420.

Strupp, H. H., and Bergin, A. E. Some empirical and conceptual bases for coordinated research in psychotherapy. International Journal of Psychiatry, 1969, 7, 18-90.

Strupp, H. H., and Bloxom, A. L. Preparing lower class patients for group psychotherapy: development and evaluation of a role-induction film. Journal of Consulting and Clinical Psychology, 1973, 41, 373-384.

Strupp, H. H., and Luborski, L. (eds.). Research in Psychotherapy (Vol. II). Washington, D. C.: American Psychological Association, 1962.

Suchman, E. A. Evaluative Research: Principles and Practice in Public Service and Social Action Programs. New York: Russell, Sage Foundation, 1967.

Sullivan, H. J., and O'Hare, R. W. (eds.). Accountability in Pupil Personnel Services. Fullerton, Calif.: California Personnel and Guidance Association, 1971.

Task Force III, Mental Health in the Academic Community. Paper presented at the Fifth National Conference on Health in College Communities, 1970.

Theunstrom, S. Poverty, Planning, and Politics in the New Boston. New York: Basic Books, 1969.

Thompson, A., and Miller, A. A criterion system for measuring outcomes of counseling. Journal of College Student Personnel, 1973, 300-306.

Thompson, A., and Zimmerman, R. Goals of counseling. Whose? When? Journal of Counseling Psychology, 1969, 16, 121-125.

Thoreson, C. E., and Anton, L. Intensive experimental research in counseling. Journal of Counseling Psychology, 1974, 21 (6), 553-559.

Tiedeman, D. Comment. Journal of Counseling Psychology, 1960, 7, 90.

Toven, J. R. Appraising a counseling program at the college level. Occupations, 1945, 23, 459-66.

Travers, R. M. W. Critical review of techniques for evaluating guidance. Educational and Psychological Measurement, 1959, 9, 211-225.

Trembley, E. Task force on accountability. Proceedings, 23rd Annual Conference of University and College Counseling Center Directors, Houston, Texas, 1974.

Trembley, E. L., and Bishop, J. B. Counseling centers and the issue of accountability. Personnel and Guidance Journal, 1974, 52(10), 647-652.

Truax, C., and Carkhuff, R. Significant developments in psychotherapy research. In Abt and Riess (eds.), Progress in Clinical Psychology (Vol. VI). New York: Grune and Stratton, 1964.

Tyler, L. E. Reflections on counseling psychology. The Counseling Psychologist, 1972, 3(4), 6-11.

Ullmann, L. P., and Krasner, L. A. Psychological Approach to Abnormal Behavior. Englewood Cliffs: Prentice-Hall, 1969.

Underwood, B. J. Psychological Research. New York: Appleton-Century-Crofts, 1957.

U. S. Office of Health, Education, and Welfare. Retention and withdrawal of college students. Washington, D. C., Bulletin, No. 1, 1958.

Volsky, J., Jr., Magoon, T. M., Norman, W. J., and Hoyt, D. P. The Outcomes of Counseling and Psychotherapy. Minneapolis: University of Minnesota Press, 1965.

Voth, H., Modlin, H., and Orth, M. Situational variables and the assessment of psychotherapeutic results. Bulletin of the Menninger Clinic, 1962, 26, 73-81.

Warnath, C. H. New Myths and Old Realities. San Francisco: Josey-Bass, 1971.

Warnath, C. H. College counseling: between the rock and the hard place. The Personnel and Guidance Journal, 1972, 51(4), 229-235.

Warnath, C. F. New Directions for College Counselors. San Francisco: Jossey-Bass, 1973.

Warner, R. W., Jr. Research in counseling. Personnel and Guidance Journal, 1975, 53(10), 792-794.

Warthers, J. Techniques of Counseling. New York: McGraw-Hill, 1954.

Weiss, C. Evaluation Research: Methods for Assessing Program Effectiveness. Englewood Cliffs: Prentice-Hall, 1972.

Weiss, R. S., and Rein, M. The evaluation of broad-aim programs: experimental design its difficulties, and an alternative. Administrative Science Quarterly, 1970, 15, 97-109.

Wellman, F. E. The assessment of counseling outcomes: a conceptual framework. In J. Whitely (ed.), Research in Counseling: Evaluation and Refocus. Columbus: Charles E. Merrill, 1968.

Williamson, E. G., and Brodin, E. S. The evaluation of vocational and educational counseling: a critique of the methodology of experiments. Educational and Psychological Measurement, 1941, 1, 5-25.

Winer, J., and Dorus, W. Complaints patients bring to a student mental health clinic. Journal of the American College Health Association, 1972, 21, 134-140.

Wolberg, Lewis, R. The Technique of Psychotherapy. New York: Grune and Stratton, 1967.

Worthen, B. R. Toward a taxonomy of evaluative designs. Educational Technology, August, 1968, 3-9.

Wortman, P. M. Evaluation research: a psychological perspective. American Psychologist, 1975, 30(5), 562-575.

Wrenn, C. G., and Parker, C. A. Counseling theory. Encyclopedia of Educational Research (3rd ed.), 1960, 341-348.

Zax, M., and Klein, A. Measurement of personality and behavior changes following psychotherapy. Psychological Bulletin, 1960, 57, 435-448.

Zax, M., and Klein, A. Measurement of personality and behavior changes following psychotherapy. In G. Stollak, B. Grueneg, Jr., and M. Rothberg (eds.), Psychotherapy Research. Chicago: Rand McNally, 1966, 177-190.

APPENDICES

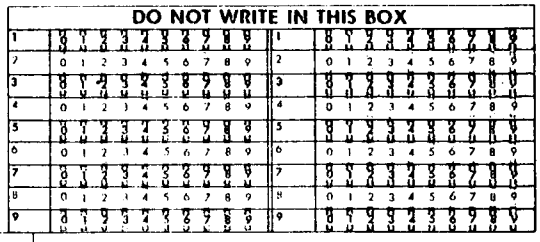
APPENDIX A

INSTRUCTIONS: Read the items below and:

1. **Blacken the space headed "H" before the goals that you want your counselor to help you attain.**
2. **Complete the prediction item at the end.**
3. **Leave all "C" spaces blank; these are for your counselor's use.**

COUNSELOR _____

DO NOT WRITE IN THIS BOX



SOCIAL AND FAMILY RELATIONS

	H	C	
1.			More open and trusting with others
2.			More sensitive to and interested in others
3.			More aware of the personal impact I have upon others
4.			Less competitive or hostile in social situations
5.			Less concern with appearing or feeling different from others
6.			Less fearful about saying what I feel or think in certain situations
7.			Reduction of feelings of alienation, being alone
8.			Better relations with people of the opposite sex
9.			More satisfactory sexual relations
10.			Resolution of conflict over whether or not to continue a close relationship
11.			Greater independence from family domination and control
12.			Better relations with parents or other family members
13.			Better relations with spouse

SELF DEVELOPMENT

	H	C	
14.			Improved work study skills
15.			Better grades
16.			Determination of an academic major or degree
17.			Determination of careers for which I am best suited
18.			Information on training, employment opportunities or job application procedures for particular careers
19.			Decision on whether or not to stay in school
20.			Increased ability to cope with uncertainty
21.			Increased ability to concentrate
22.			Increased awareness of my own emotional responses
23.			More enthusiasm, pep, spontaneity
24.			Less tension or anxiety in general
25.			Less tension or anxiety with regard to some particular situation or activity (Specify) _____
26.			Reduction of feelings of guilt
27.			Fewer, less intense periods of depression
28.			Elimination or reduction of certain habitual responses (Specify) _____
29.			Less tendency to distort reality
30.			More confidence in my own abilities and decisions
31.			Less tendency to procrastinate
32.			More perseverance
33.			More realistic self expectations, acceptance of personal limitations
34.			A sense of direction
35.			A sense of identity and personal worth
36.			Clarification of personal goals and values
37.			Greater involvement in and commitment to things outside myself
38.			Loss of weight
39.			Other (please specify) _____

PREDICTION: What do you think the chances are of achieving the goals you have marked?

	H	C	
			GOOD (greater than 75% chance)
			FAIR (25% to 75%)
			POOR (less than 25%)
			Can't say

GOAL CHECKLIST Form I

© Andrew Thompson – 1967

UCC DS9R-67-REV 8-69

DATE _____

INSTRUCTIONS: Use pencil ONLY. Blacken the appropriate boxes to indicate your answers. To indicate age and hours of work, enter the tens digit in the "T" column and the units digit in the "U" column.

It is not necessary to complete either side of this form. However, we hope you will do so since the information thus obtained is often helpful to your counselor in understanding your present position, and is used to improve our services.

Any information you provide now or later is strictly confidential and will be treated as such in accordance with the American Psychological Association code of ethics.

Your counselor may ask if he could record an interview in order to help him do a better job or he may ask your permission to allow one or more counselors-in-training to observe an interview. Please indicate below your present feelings.

Would you permit your counselor to record an interview? YES ☐ NO ☐

Would you permit other counselors to observe an interview? YES ☐ NO ☐

NAME _____

PRESENT ADDRESS _____ Is your present address the same as your home address? YES ☐ NO ☐ If not, write your

TELEPHONE _____

HOME ADDRESS _____

Have you previously received counseling here or at another institution? YES ☐ NO ☐

SEX
MALE ☐
FEMALE ☐

MARITAL STATUS
SINGLE ☐
WIDOWED ☐
SEPARATED ☐
DIVORCED ☐
MARRIED ☐

WITH WHOM DO YOU LIVE?
PARENTS ☐
SPOUSE ☐
DORMITORY ☐
FRATERNITY, SORORITY ☐
SINGLE QUARTERS ☐
SHARED QUARTERS ☐

STUDENT I.D. NUMBER

AGE

YOUR BIRTH ORDER
ONLY CHILD ☐
OLDEST ☐
MIDDLE ☐
YOUNGEST ☐

HOW DID YOU LEARN OF THIS COUNSELING CENTER?
FRIEND ☐
ORIENTATION ☐
FACULTY ☐
DEAN OF STUDENTS ☐
HEALTH SERVICE ☐
STUDENT NEWSPAPER ☐
COUNSELING CENTER LEAFLET ☐
ADVISOR ☐
ADMISSIONS ☐
REGISTRAR ☐
SCHOLASTIC STANDARDS COMMITTEE ☐
OTHER ☐

HRS. WK.

WORK RECORD: If you are currently employed, at what kind of work? _____

CURRENT MAJOR: _____

COLLEGE RECORD

COLLEGES ATTENDED

NAME	LOCATION	DATES

TOTAL CREDIT HOURS COMPLETED
NON-STDT. ☐
10 - 44 ☐
45 - 89 ☐
90 - 134 ☐
135 - 186 ☐
187 - BUT NO DEGREE ☐
GRADUATE ☐

CUMULATIVE GPA
3.5-4.00 ☐
3.0-3.49 ☐
2.5-2.99 ☐
2.0-2.49 ☐
1.75-1.99 ☐
0-1.74 ☐

DO NOT WRITE IN THIS BOX
SAT
V _____
M _____
ACT
MTH _____
ENG _____
S. S. _____
N. Sc. _____
TOTAL _____
HS
GPA _____

Shelton Turnbull Printers

COUNSELING INTAKE FORM

UCC DS 11-67

APPENDIX B

COUNSELING SERVICES ASSESSMENT BLANK

Please answer all the following questions in terms of both the individual and group counseling you received. Then return the questionnaire in the envelope provided.

Name _____ Student Number | | | | | | | | | |

1. Age_____
2. Sex_____
3. Marital Status: Single_____ Married _____ Divorced _____ Separated_____ Widowed_____
4. Class: Fresh_____ Soph_____ Junior _____ Senior _____ Grad _____ Other (Specify)_____
5. Academic Major: _____
6. How many counseling sessions did you attend
   a. individual sessions _____ b. group sessions _____
7. For what reason(s) did you come to counseling? Would you please rank the reasons that apply in order of their importance to you (i.e. "1", "2", and "3").
   _____A vocational concern (career choice or planning for the future).
   _____A personal concern (adjustments concerning behaviors, attitudes and feelings.)
   _____An educational concern (lack of academic skill or information, e.g. reading, study skills, university requirements and procedures, etc.)
8. The reasons may have arisen from a variety of causes. Please rank which causes you feel were applicable in order of their importance to you (i.e. "1", "2", "3", "4", and "5".)
   _____Lack of information about yourself (e.g. your abilities, behaviors, interests, personality, etc.)
   _____Lack of information about your environment (e.g. information about education, occupations, other individuals or situations.)
   _____Conflict within yourself (e.g. your feelings, goals, interests, or behaviors that are incompatible with each other.)
   _____Conflict with others (e.g. your feelings, goals, interests, or behaviors that are incompatible with those of people who are most important to you.)
   _____Lack of skill (e.g. difficulty in reading, study, work, social situations, etc.)

Below we would like you to rank different aspects of your counseling by placing a mark in one of the areas on each scale that most nearly describes your reaction to the question. Answer all questions in terms of both the group and individual counseling YOU received.

		Not at all					Very much	Not applicable to me
9.	I was able to gain information about myself (e.g. my abilities, behaviors, interests, personality, etc.)							☐
10.	I was able to gain needed information about the environment (e.g. information about education, occupations, other individuals or situations, etc.)							☐
11.	I was able to resolve conflict within myself (e.g. my feelings, goals, interests, or behaviors that were incompatible with each other.)							☐
12.	I was able to resolve conflict with others (e.g. my feelings, goals, interests or behaviors that were incompatible with those of people who are most important to me.)							☐
13.	I was able to remedy my lack of skill (e.g. difficulty in reading, study, work, social situations, etc.)							☐

By James C. Hurst, Ph.D. and Richard G. Weigel, Ph.D.
Copyright 1968 by Rocky Mountain Behavioral Science Institute, Inc., P.O. Box 1066, Fort Collins, Colorado 80521

Answer all questions in terms of the individual or group counseling YOU received.

			Not applicable to me
14.	I found the tests I took to be	Of no help at all ... Very helpful	☐
15.	I felt that the information I disclosed to my counselor(s) would be	Blabbed all over campus ... Strictly confidential	
16.	I felt that the information I disclosed in the group would be		☐
17.	How would you rate your overall INDIVIDUAL counseling experience	Extremely negative ... Extremely positive	☐
18.	How would you rate your overall GROUP counseling experience		☐
19.	I found my INDIVIDUAL counselor(s) to be	Of no help at all ... Very helpful	☐
20.	I found my GROUP counselor(s) to be		☐
21.	I found the other group members to be		☐
22.	I felt the physical facilities of the counseling operation were:	Detrimental to counseling ... Conducive to counseling	
23.	I saw my coming for counseling as demonstrating	Weakness and inadequacy ... Strength and adequacy	
24.	How would you rate your total overall counseling experience?	Extremely negative ... Extremely positive	

25. Which of the following concerns do YOU see the counseling operation on this campus emphasizing (that is, what kinds of concerns are dealt with primarily). Please rank the ones you feel are applicable (i.e. "1", "2", "3").

    ___ Vocational (career choice or planning for the future).

    ___ Personal (adjustments concerning behaviors, attitudes and feelings).

    ___ Educational (lack of academic skill or information, e.g. reading, study skills, university requirements and procedures, etc.)

26. What other service or office on this campus do you feel is most similar to the counseling operation.

    _____

27. Is there anything else you would like to tell us?

DAILY ACTIVITY RECORD

Counselor's Name_____ Date_____

	INDIVIDUAL COUNSELING				GROUP WORK			TEACHING/ TRAINING				ADMINIS- TRATIVE			COMMITTEE WORK		PROFESSL. DEVELOP.	CONSULTATION									OTHER				
	1. Regular Interview	2. Intake Interview	3. Atypical Intervention	4. Case Work	5. Counseling/Therapy	6. Growth Group	7. Workshops	8. Teaching	9. Preparation/Evaluation	10. Paraprofessional	11. Supervision	12. Grad Program Support	13. CCSD Administration	14. Office Duties	15. Staff Meetings	16. Faculty Meetings	17. CCSD Assignments	18. Student Affairs	19. University Assignments	20. With CCSD Staff	21. Non-CCSD	22. Within CCSD	23. Student Health Service	24. Residence Life	25. Student Affairs	26. Faculty-Staff	27. Students	28. Other University	29. Other Non-University	30. Career Development Activity	31. NSP	32. Research	33. Personal Time	34. Comp. Time
8.																																	
9.																																	
10.																																	
11.																																	
12.																																	
1.																																	
2.																																	
3.																																	
4.																																	
5.																																	
OTHER																																	
TOTAL																																	
	1 2 3 4 5 6 7 8				9 10 11 12 13 14			15 16 17 18 19 20 21 22 23 24				25 26 27 28 29 30			31 32 33 34 35 36		37 38 39 40 41 42				43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58							59 60	61	62 63 64 65 66 67 68		

Round all entries to nearest 1/10 hour. (i.e. 1/10=6 minutes, 2/10=12 minutes, etc.)
Write whole hours in 1st column for each activity. Write tenths of hours in 2nd column for each activity.
Add totals and record them in last row before submitting form.

APPENDIX C

APPENDIX D

COUNSELING CENTER
GEORGIA STATE UNIVERSITY
DATA SHEET

NAME _____ DATE _____
(LAST) (FIRST) (MIDDLE OR MAIDEN)

PHONE NUMBERS _____
(HOME) (BUSINESS)

PRESENT ADDRESS _____
(STREET)

_____
(CITY) (STATE) (ZIP CODE)

PERMANENT ADDRESS _____
(STREET)

_____
(CITY) (STATE) (ZIP CODE)

DATE OF BIRTH _____ AGE _____ SEX _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____

ANY REGULAR MEDICATION _____ CURRENTLY ENROLLED AT G.S.U. _____
(YES) (NO) (YES) (NO)

SOCIAL SECURITY NUMBER _____ DAY OR NIGHT STUDENT _____

SCHOOL _____ CLASS _____ MAJOR _____
(BUS, A&S, ED, AHS, UL, GEN STUD.) (FR, SO, JR, SR, GR.)

EMPLOYMENT _____ HOURS PER WEEK _____

ULTIMATE OCCUPATIONAL GOAL _____

REFERRED BY _____ PREVIOUS COUNSELING OR PSYCHOTHERAPY _____
(SELF, ADVISOR, ETC) (YES, NO)

MARITAL STATUS: _____ (S, M, WID, DIV, SEP)

NUMBER OF CHILDREN _____ AGES _____

SPOUSE'S POSITION OR BUSINESS _____

FAMILY STATUS: FATHER'S AGE _____ YEAR OF DEATH _____
MOTHER'S AGE _____ YEAR OF DEATH _____
PARENTS LIVING TOGETHER? _____ (YES, NO)

NUMBER OF SISTERS _____ AGES _____

NUMBER OF BROTHERS _____ AGES _____

FATHER'S LAST POSITION OR BUSINESS (BE SPECIFIC) _____

MOTHER'S LAST POSITION OR BUSINESS _____

HIGH SCHOOLS ATTENDED _____
(NAME) (CITY) (STATE)

_____

_____

COLLEGES ATTENDED _____ DATES _____

_____ DATES _____

_____ DATES _____

Rank in order from 1 to 3 (1 being most important) the following categories in terms of their importance to you at this time.

A. I would like to discuss my interests, abilities and aptitudes with respect to my progress in college.

B. I would like to discuss my feelings about myself and others and/or some personal problems that are bothering me.

C. I would like to discuss my interests, abilities, and aptitudes with respect to making vocational plans.

APPENDIX E

CHECKLIST

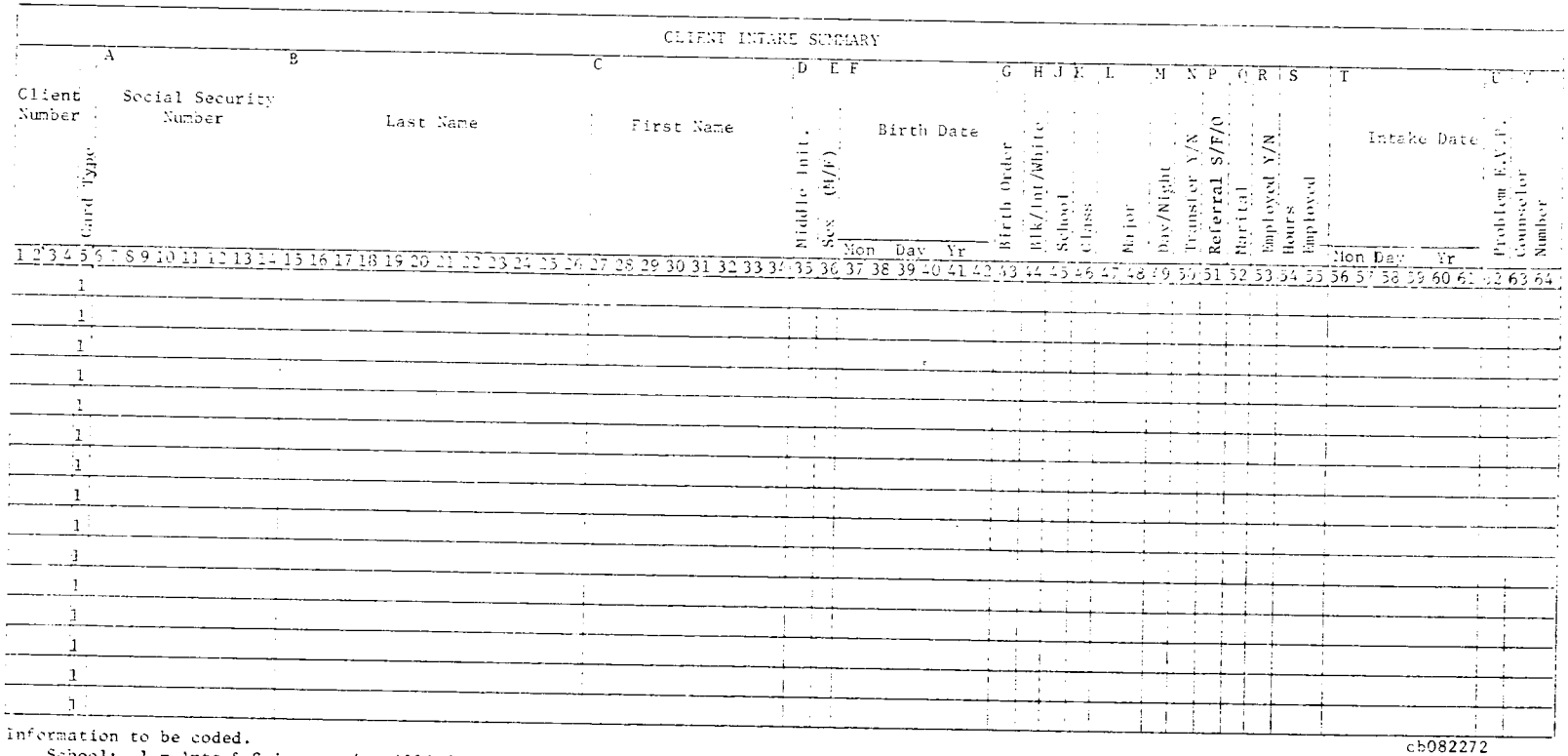
Please read this checklist and check once the items of concern to you. Check twice those items which are of most concern to you and which you would like to discuss with a counselor.

_____ 1. Not knowing how to study effectively.
_____ 2. Fearing failure in college.
_____ 3. Absent from classes too often.
_____ 4. Worrying about examinations.
_____ 5. Afraid of making mistakes.
_____ 6. Trouble in outlining or note taking.
_____ 7. Doubting wisdom of my vocational choice.
_____ 8. Not knowing what I really want.
_____ 9. Needing to know my vocational abilities.
_____ 10. No suitable place to study on campus.
_____ 11. Not getting along with teacher.
_____ 12. Not being the kind of person I should be.
_____ 13. Not being physically attractive.
_____ 14. Financial problems.
_____ 15. Concerned about physical health.
_____ 16. Concerned over fraternity or sorority.
_____ 17. Being ill at ease at social affairs.
_____ 18. Too little or too much social life.
_____ 19. Feelings too easily hurt.
_____ 20. Being made fun of.
_____ 21. Being talked about.
_____ 22. Feeling inferior.
_____ 23. Being left out of things.
_____ 24. Getting into arguments.
_____ 25. Too easily led by other people.
_____ 26. Feeling that nobody understands me.
_____ 27. Nervousness.
_____ 28. Unhappy too much of the time.
_____ 29. Worrying about unimportant things.
_____ 30. Daydreaming.
_____ 31. Wondering if I will find a suitable mate.
_____ 32. Girlfriend - Boyfriend.
_____ 33. Disappointment in love.
_____ 34. Wanting love and affection.
_____ 35. Being criticized by parents.
_____ 36. Home life unhappy.
_____ 37. Clash of opinions between me and parents.
_____ 38. Being treated like a child at home.
_____ 39. Belonging to a minority religious or racial group.
_____ 40. Confused in my religious beliefs.

_____ 41. Losing faith in religion.
_____ 42. Rejecting earlier religious beliefs.
_____ 43. Thoughts of suicide.
_____ 44. Not mixing well with the opposite sex.
_____ 45. Doubting sexual virility.
_____ 46. Insufficient knowledge about sex matters.
_____ 47. Unable to concentrate well.
_____ 48. Unable to express myself in words.
_____ 49. Feeling uncomfortable when alone.
_____ 50. Feel that I'm a complete blank; don't know what to do.

APPENDIX F

CLIENT INTAKE SUMMARY



Information to be coded.

School: 1 = Arts & Science, 2 = Business, 3 = Education, 4 = Allied Health, 5 = Urban Life, 6 = Special Studies, 7 = Non-student

Class: 1 = Freshman, 2 = Sophomore, 3 = Junior, 4 = Senior, 5 = Graduate, 6 = Transient, 7 = Non-student, 8 = Special

Marital: 1 = Single, 2 = Married, 3 = Widowed, 4 = Divorced, 5 = Separated

APPENDIX G

DAILY SCHEDULE SHEET

COUNSELOR _____ DATE _____

START	STOP	NAME	1st	S	NS	C	T	State Nature of NCL*
9:00								
10:00								
11:00								
NOON								
1:30								
2:30								
3:30								
4:30								
5:30								

Group & Outreach (If one time out-reach activity - provide brief description, time and number of people)

Type of work: _____

Co-Facilitator: _____

START	STOP	NAME						

EVENING:

START	STOP							

*NON-CLIENT (NCL) CATEGORIES: (1) Workshop, (2) Teaching, (3) planning, (4) staff meetings, (5) Doctoral Committee work, (6) Master's Committee work, (7) other University Committee work, (8) faculty meetings, (9) Professional development, (10) Research.

APPENDIX H

CLIENT FORM

_____ CONFIDENTIAL

Name (last, first, middle) _____ date _____

Local address _____ phone _____

___ sex	___single	___UT student	___freshman	_____
	___married	___student spouse	___sophomore	college
___age	___divorced	___UT employee	___junior	
	___widowed	___pre-college	___senior	
		___other	___graduate	
			___adult special	

OFFICE USE ONLY

dt	s	ns	c	dt	s	ns	c
____	___	___	___	____	___	___	___

VITA

William Carey Shearer was born on April 15, 1943. He received his elementary and high school education in Knoxville, Tennessee. In 1964, he received a Bachelor of Science degree from East Carolina University in Greenville, North Carolina, majoring in Social Studies and Psychology. In 1966, he received his Master of Arts degree from Newark State College in Union, New Jersey. During the year 1965 through 1966, the author was a teacher of U. S. History at the Shore Regional High School in West Long Branch, New Jersey. During 1966 through 1971, he was a part-time psychology instructor for 36 courses at Texas Christian University, Fort Worth, Texas, and also at Tarrant County Junior College and Allan Hancock College, Fort Worth, Texas, and Santa Maria, California, respectively. From 1966 to the present time, he has been and is an officer in the United States Air Force and is presently located in San Bernardino, California. He is a member of the American Personnel and Guidance Association, American Psychological Association, Kappa Delta Pi, and Phi Delta Kappa.