To the Graduate Council:

I am submitting herewith a dissertation written by Rhoda G. Stone entitled "Student Utilization of A College Counseling Center: A Comparison of African Americans and Whites." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Psychology.

Robert G. Wahler, Ph.D.

We have read this dissertation and recommend its acceptance:

Accepted for Council:

Interim Vice Provost
And Dean of The Graduate School

Student Utilization of A College Counseling Center: A Comparison of African Americans and Whites

A Dissertation

Presented for the

Doctor of Philosophy

Degree

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Rhoda G. Stone

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DEDICATION

This dissertation is dedicated to my aunt.

Ruth Taylor

(deceased)

I will always love you.

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ABSTRACT

The purpose of this study was to examine the use of counseling services by African Americans on a predominantly White campus. It was hypothesized that minority students are more likely to present with academic issues as a "foot in the door approach" to dealing with interpersonal issues; in contrast students in the white majority are more likely to acknowledge interpersonal issues in their presenting complaints.

The sample consisted of 1624 students who sought services at the University Counseling Center. Results indicate that African Americans and White students look somewhat similar when they initially seek help. Early findings indicate both groups are likely to address academic issues as a major point of concern. However, White students are more likely to be revealing of emotional and interpersonal concerns than African Americans students are when they initially present for services. The study also discusses the importance of outreach and ways to improve services for minority students who may find it difficult to address problems related to interpersonal issues.

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Chapter I

Introduction and Literature Review

Minority students' usage of Counseling Services on University Campuses is addressed by numerous studies (Trippi & Cheatham,1991; Cheatham et. al,1987). Some hold the belief that Minority Students have underutilized these services (Boesch & Cimbolic, 1994; Atkinson et al. 1990; Flaskerud, 1986), while others report over-utilization (Boesch & Cimbolic, 1994). The intent of this study is to examine the use of counseling services by African Americans on a predominantly White campus. The study examines types of issues minority students address on a multi-symptom agency checklist and how these issues compare to items that non-minority students endorse. Based on prior research and the author's informed observations, it was hypothesized that minority students are more likely to present with academic issues as a "foot in the door approach" to dealing with interpersonal issues; in contrast, students in the white majority are more likely to acknowledge interpersonal issues in their presenting complaints.

There has been continued growth in the number of minorities entering university settings (Trippi & Cheatham, 1991; Mitchell, 1992). For many, being away from home is a new experience that may be markedly different from the experience to which they had grown accustomed in their home communities. African American students in particular may find it

difficult to seek help as they make adjustments to the academic arena, especially if they have had no prior experience with therapy or similar services. Research has shown that members of the Black community are less likely to seek professional services in comparison to members of other ethnic groups (Flaskerud, 1986).

According to Boesch & Cimbolic (1994), seeking help and preference for a therapist is based on trust, as well as the problem that the client is experiencing. Because African Americans generally seek help from within their own network of family and friends, reaching out for help from a professional may be unusual. Some students may not know what to expect during the initial visit or they may hold erroneous beliefs; others may feel uncomfortable seeking help from individuals outside the family structure or outside their own community. Instead, they may choose to use pastoral counseling, family physicians or traditional healers (Flaskerud, 1986). Still others may fear the social stigma associated with therapy and the negative reaction they may receive from family and friends. Additional reasons cited for African Americans' reluctance in seeking help include lack of available therapists who are ethnically similar; failure to offer culturally-relevant forms of treatment; services experienced as unresponsive and/or inaccessible; inconvenient service locations; lack of knowledge regarding types of available services; and use of alternative resources (Atkinson, 1990; Mitchell, 1992; Flaskerud, 1986).

Winer et al. (1974) described factors that counseling directors

reported to be major reasons why non-white students did not make use of available services. These included mistrust of the perceived establishment and a desire to be ethnically matched with a counselor. The study suggested that students who perceive problems as being related to environmental or societal issues are likely to seek services from other organizations instead of the counseling center. When participants of the study were asked why some counseling centers were being used at a higher proportion than others, directors attributed usage to having Black professional staff, providing a user-friendly atmosphere and gearing outreach to meet students in an environment that is comfortable.

Leong et.al (1995) examined cultural and ethnic factors leading to help-seeking behaviors. Based on their review of Wood and Sherrets' (1984) research, they discovered that African Americans used services in a different manner compared to other groups. Findings showed African Americans were more likely to seek help if their need was related to administrative issues, which include problems related to social services, school or the law. Webster and Fretz's (1978) study framed the help-seeking behavior of African Americans as personal or impersonal, stating that African Americans are more likely to seek help if they need assistance with impersonal items. Leong et al.'s (1995) review of research conducted by Webster and Fretz (1978) showed African Americans gave college counseling centers higher rankings for "education/vocational" problems than for "personal/emotional problems."

Cheatham et al. (1987) explored race, sex, and causal attribution to determine their relation to help-seeking behavior. Subjects included a total of 83 Black males and females and 66 White males and females who attended a large Eastern university. Results of the study indicate that Black and White students were more similar than dissimilar in the manner in which they address their problems and in their help-seeking behavior. Most individuals sought help from a network of family and friends. They were least likely to seek help from a professional helper regardless of race.

Explorations of attribution style suggest that African American males and females were more likely than White males and females to attribute the cause of their problems to external factors. There was no connection found between help-seeking behavior and internal attribution in African Americans. Overall, results of Cheatham's et al. (1987) study suggest that college students experience psychological stress in similar ways regardless of race or ethnic background. They report having similar problems and both groups were likely to view their problems as being severe.

Boesch & Cimbolic (1994) also examined utilization of counseling centers by African American students. The study focused on several factors, which included exploring whether African Americans use services at the same rate as non-African Americans, and on determining if Black students utilize services differently based on whether the university was predominantly White or Black. Boesch and Cimbolic (1984) were also

interested in determining if there was an increase in the number of students who used these services when at least one African American was employed at the Counseling center.

Results of the study indicated that African Americans do not utilize services in smaller proportions than other students. Actually, the study showed that based on the percentage of African Americans enrolled at the predominately White university, African Americans utilized services more than did non-minority students. The authors suggest that the increase may be related to a change in help-seeking behavior as well as the fact that African-Americans are likely to feel less connected and more isolated when attending a predominantly White university. Thus, they are likely to seek assistance in working through issues associated with feelings of loneliness.

Researchers suggest when African-Americans seek help they prefer to be ethnically matched in order to feel comfortable in revealing personal problems (Atkinson et al. 1990, Terrell et al. 1984). Atkinson (1990) examined the relationship between seeking help, cultural commitment and the possibility of being ethnically matched. Subjects were from various ethnic groups, which included Black-Americans, American Indians, Latino-Americans, and Filipino-Americans. According to the researchers' definition, subjects who self-identified with two or more ethnic-groups were classified as multi-ethnic. Subjects also included 11 multi-ethnic men and 41 multi-ethnic women.

Results of the study indicate that service utilization was based on subjects' level of cultural commitment, meaning that subjects who closely identified with their ethnicity were likely to feel comfortable in seeking help if they knew they would be ethnically matched with a therapist upon request. Students who had no previous experience with the counseling center were unwilling to confide in a therapist who was not culturally sensitive or who lacked ethnic similarity (Atkinson, 1990).

When asked to offer suggestions, subjects in the Atkinson study who identified most with their ethnic group held similar ideas regarding improving services. These included having therapists who were sensitive and respected cultural differences, therapists with their own ethnic background, and therapists who use helping methods from my own culture. African Americans and Filipino Americans were more likely to express a need to be ethnically matched than were multi-cultural subjects.

Ponterotto et al. (1988) conducted a similar study, that also looked at client preferences for counselors. The study included 53 males and 48 females attending a predominantly Anglo-American university in Nebraska. Results of the study showed the subjects preferred therapists who had similar attitudes/values, similar ethnicity, education, and personality. These researchers suggest that when Black college students have access to a larger African American community or population and they have regular interaction with Black faculty, they are less likely to select similar attitudes and values. Subjects who had limited interactions with other

African American students and faculty were more likely to have stronger preferences for seeing someone who was ethnically similar (Ponterotto et. al 1988).

Oftentimes counseling centers may not be able to accommodate a student's request to be ethically matched. Mitchell (1992) suggests professionals who provide therapeutic intervention should first be aware of their belief system and how it relates to their ability to work effectively with those who are ethnically different. He goes on to state that one must observe the total person and their style of communication, which includes verbal and nonverbal cues. Many view the expressive cues of African Americans as threatening, aggressive and intimidating. According to Mitchell (1992), professionals who are not accustomed to working with diverse clientele are likely to "misinterpret signals of self-expression" resulting in them possibly doing more harm than good.

Pedersen & Marsells (1992) state it may be unethical for therapists to treat clients if they are not aware of the differences among ethnic groups and issues or factors that lie within themselves as therapists. Mitchell (1992) reports that it is common for therapists to have little or no experience working with non-white clients, stating that many have always lived in an environment in which theirs was the "dominant culture and they were in the majority." Kenney (1994) suggests that therapists should be willing to learn and gain understanding of the "communicative and philosophical" differences between ethnic groups. Doing so would avoid

"cross-cultural collisions" (Steward, 1995) which interfere with the therapeutic process.

Trippi (1991) explored the counseling process with African American students and found that they had six primary concerns which include: academic adjustment, academic concerns, problems scheduling classes, financial concerns, and problems with policy and procedure of the university. They further investigated specialized counseling interventions with college students and their use of the Multicultural Resource Center (MRC). The purpose of their study involved determining what factors contributed to students using the specialized center. The study also explored the relationship between use of the specialized center and graduation of students.

Participants included 82% of all African American baccalaureate degree-seeking freshmen admitted to a large northeastern university. Results of the study revealed freshmen were more likely to request help for academic and eligibility issues but less likely than white students to be contacted for missing scheduled appointments with the counselor, suggesting a racial bias by the professionals. However, since sophomores were more likely to be contacted for missed scheduled appointments the bias issue may not be credible. When reviewing data associated with issues relating to career and academic concerns, freshmen were less likely than second or fourth year students to seek help in these areas. Findings

also indicated 9% of the freshman students who missed scheduled appointments failed to graduate within 5 years.

This finding suggests that students who were not responsible in keeping appointments were also less likely to graduate when compared to similar students. No significance was found in year of attendance regarding students who sought help for personal problems such as loneliness, relationships, or family dynamics. However, students who sought help in their first and fourth year were less likely to graduate. This was not found with students in their second and third year.

It is hoped that the results of this study will provide a better understanding regarding African Americans' usage of college counseling centers on predominately White campuses. Results of the study may hold useful information for university officials as they explore ways to better serve members from multi-cultural backgrounds and traditionally under-served populations. The findings may also prove useful in designing specific outreach programs aimed at identifying African American students who may benefit from emotional support as they attempt to successfully navigate their way towards a college degree.

Statement of the Problem

Previous studies reviewed various aspects of minority students' utilization of counseling centers, which involved needs assessment (Gallager, 1992) and reluctance in seeking help. Webster and Fretz (1978) described help-seeking behavior of African Americans as being personal or impersonal (academics social services etc.) Other researchers focused on comfort level in relation to one's level of acculturation (Boesch & Cimbolic, 1994). Trippi (1991) examined issues related to usage and how African Americans are more likely than non-majority Whites to center their presenting concerns around academic matters even though their real problems are interpersonal. The current study was designed to explore minority students' utilization of counseling services by examining patterns of item endorsement on a 76-item Client Checklist filled out by students when they arrive for their initial intake appointment. The researcher investigated the following: ethnicity by presenting problem (personal, academic or career); ethnicity by the top 3 items students endorse and identify as being most important to them; and between-group differences among African American and White students. In addition, the researcher examined the number of students who were actually seen for academic concerns compared to those who were seen for individual therapy.

Chapter II

Method

Site

Participants were students enrolled at a predominately White university with a student population of over 24,000 located in a southeastern state. The university offers undergraduate, graduate and professional degrees.

Participants

Participants were all of the 1,624 students who received services from the University counseling center during the 1998-1999 school year. Students ranged in age from 15-74 with the mean age being 22.9 years.

Procedures

Services are available to fee-paying students who are enrolled for at least six credit hours. Available direct services include individual or group therapy, learning skills assessment and enhancement for academic problems, and career counseling. Students schedule appointments by calling or stopping by the office. Upon arriving for their intake appointment, students were asked to fill out an intake form, that consists of information related to age, sex, year in college, major and other demographic information. Students were also asked to fill out a Client Checklist, which consists of 76 items addressing issues related to academic concerns, career, developmental, psychological and interpersonal issues. Upon completion of the forms, students meet with an

assigned therapist for an intake session which includes gathering additional information on presenting issues, family history and other information that is useful for the clinician in assisting the client. The clinician then makes a referral regarding services that would be best suited for the student's needs.

Instrument

The Client Checklist is a self-report instrument, which consists of 76 items with issues ranging from academic to personal concerns (included in Appendix A). The checklist is given to all students seeking help at the counseling center. Items address numerous concerns, which include personal problems, academic performance, time management, concentration and motivation. Other items are related to interpersonal issues such as family dynamics, relationships with others, and feelings of aloneness or isolation. Other questions are designed to capture concerns regarding alcohol and drug usage, eating disorders, loss of loved ones, self-esteem issues, previous therapeutic experience and hospitalizations.

The last item on the checklist is designed to address specific items that are most pressing to the client, who is asked to identify the three items viewed as being most important. The client is also asked to estimate the number of times they expect to meet with a therapist. Additional space is provided so students can write in "other concerns" of importance that were not included on the checklist. After the student completes the information-

gathering-session with a clinician, the intake data (including checklist endorsements) are entered into an agency database.

Chapter III

Results

As shown in Table 1, subjects included 1624 students who sought services (direct services for personal, academic or career concerns; outreach or consultation) at the Counseling Center. Of those students 82% were White, 10% African American, 4% Asian/Pacific Islander, and 1% Hispanic. Following the rationale of the current study, focus was primarily on African American and White students. The gender differences between the two groups showed 48% of the White students who sought services were female and 34% were White male. In comparison, 6% of the African Americans who sought services were female and 4% were male. Viewed in terms of academic year, 28% were freshmen, 22% sophomores, 13% juniors, 15% seniors and 10% were graduate students. There were no available data for comparing ethnicity by academic year.

Appendix B shows composite lists of item endorsement for both groups. Chi-square testing with an alpha level of .05 was used to analyze the data. Comparisons were made to determine differences between African Americans and Whites with respect to academic and personal concerns, the issues generating this study. Results indicate African American students differed from White students regarding item endorsements listed in Table 2. As shown in Table 3, African American students were more dissatisfied with academic performance, time

Table 1

Client Population by Ethnicity

Ethnicity	Count	Percentage
Asian/Pacific Islander	66	4%
African American	162	10%
Hispanic	15	1%
Mexican American	3	.002%
Native American	5	.003%
Puerto Rican	1	.0001%
White	1334	82%
Other	31	2%
Total	1624	100%

Table 2

Questions of Differential Significance For African American and White Students

Question		% Blacks	% Whites	X^2	P<.05
1.	Dissatisfied with academic performance.	61.33	46.62	5.80	.016
2.	Test anxiety is a problem for me.	44.00	28.46	7.68	.005
3.	I do not manage my time effectively.	64.00	39.87	15.95	.001
4.	I have prob. with concentration class/study.	58.67	45.82	4.43	.035
6.	I think I have a learning disability.	18.67	9.97	5.21	.022
13.	Dealing with conflict is hard for me.	20.00	31.99	4.50	.033
26.	Lately I have been crying and feeling tearful.	21.33	32.64	3.97	.046
47.	I often feel emotionally numb.	12.00	22.67	4.51	.034
54.	Problem w/marriage or significant relationship.	10.67	24.44	7.18	.007
56.	I often get hurt when I let others get close to me.	32.00	18.97	7.00	.008
61.	Events in my family are upsetting to me.	12.00	22.51	4.40	.036
71.	I have been in counseling in the past.	21.33	37.78	7.86	.005
74.	Currently taking prescribed medication.	9.33	21.54	6.18	.012

Table 3

Items More Frequently Endorsed

A. African Americans	
1.	I am dissatisfied with my academic performance.
3.	I do not manage my time effectively.
4.	I have problems motivating myself to go to class.
6.	I think I have a learning disability.
56.	I often get hurt when I let others get close to me.

B. White Students	
13.	Dealing with conflict is hard for me.
26.	Lately, I have been crying and feeling tearful.
47.	I often feel emotionally numb.
54.	There are problems in my marriage or significant relationship.
61.	Events in my family are upsetting to me.
71.	I have been in counseling or therapy in the past.
74.	I am currently taking medication prescribed by a doctor.

management, motivation, concern regarding a learning disability and fear of allowing others to get close to them. In comparison, White students demonstrated relatively greater concern on issues related to conflict, crying or feeling tearful, emotional numbness, problems in significant relationships, and reports of having previous therapy.

On the last page of the client checklist students were asked to list the numbers of the three statements that were most important to them. Analysis of X^2 (df=13) =23.99 indicates there were significant differences between the two groups. Table 4 shows overall questions of significance distinguishing the two groups. Table 5 illustrates the top 3 questions by item and the significant differences.

Again using chi-square analysis to determine which items showed significant differences, African Americans overall endorsed items related to academic issues, such as time management, lack of motivation, fear or a learning disability and fear of allowing others to get close to them (See table 3). Although African Americans initially presented with academic concerns, results indicate a different view of the services they actually received. In comparison, White students seemed to focus more on interpersonal issues such as dealing with conflict, crying, problems with significant others, and family dynamics. Analysis of counseling sessions by presenting problems showed both African Americans and White students received more services for personal or individual therapy than for

Table 4

Overall Questions of Significance African American and White Students

Question		Blacks	Whites	Percent of Student Endorsement
1.	Dissatisfied with academic performance.	19	126	13
2.	Test anxiety is a problem for me.	12	44	5
3.	I do not manage my time effectively.	17	61	7.16
30.	Lately, it doesn't take me to upset me.	6	61	6.15
31.	I feel very stressed lately.	11	77	8.08
4.	I have prob. with concentration class/study.	13	61	6.80
41.	Thought that continually run through my mind.	9	27	3.31
48.	I am troubled by painful memories.	6	25	2.85
5.	I have problems motivating myself for class.	7	67	6.8
54.	Problems w/marriage or significant relationship.	5	68	6.7
65.	An important relation has ended.	5	36	3.76
7.	I haven't found a major/career that interest me.	8	89	8.91
8.	Dissatisfied w/unsure about major career choice.	14	138	13.96
9.	I lack confidence.	10	67	7.07

X^2 (df =13)= 23.99 (P< .03)

Table 5

Top 3 By Item Endorsement Significant Differences

Question		Black	%	White	%	Total Percent	X^2 Value	P<.05
2.	Test anxiety is a problem for me.	12	2.63	44	9.63	12.25	5.32	0.0211
3.	I do not manage my time effectively.	17	3.72	61	13.35	17.07	8.46	0.0036
41.	I have certain thoughts that continually run through my head.	9	1.97	27	5.91	7.88	6.20	0.0127

*Clients were asked to choose the 3 items most important to them.

personal or individual therapy than for other services received at the center. As shown in Table 6, data indicate 23% of the students initially presented with academic concerns, 29% sought services for personal counseling and 48% sought services for vocational services. Records indicate 1,282 students filled out and returned the checklist. The total number of actual counseling sessions showed 13% of the students received services for academic issues, 66% received services for personal counseling, and 20% were seen for vocational purposes. Thus, data support the hypothesis that students are likely to present with academic concerns as a means of addressing other issues that may impede their progress as a student.

Table 6

Client Profile By Initial Presenting Problem and Actual Session Count By Problem

Description	Total Students	Total Sessions Count	Percent of Students Initial Presenting	Percent of Actual Sessions
Academic	371	822	23%	13%
Personal	467	4051	29%	66%
Vocational	786	1220	48%	20%

Data by referral source show most students endorsed referrals by friends/relatives (371), academic advisor (314), Counseling Center brochure (217), former client (174), new student orientation (174), instructor TA/faculty (163), parent (150), UK 101 Class (147), C&T presentation (94), UK newspaper (84), Career Center (60), Minority Affairs Office (42), and Student Mental Health (53).

Chapter IV

Discussion and Conclusion

The results of the present study indicate that African Americans and White students look somewhat similar when they initially seek help. Early findings indicate both groups are likely to address academic issues as a major point of concern. However, findings also indicate that White students reported extensive emotional and interpersonal concerns, but African American students did not. That is, a comparison of the two sets of students revealed that African Americans were more likely to place emphasis on academic issues rather than on interpersonal issues. The most frequently endorsed questions for African Americans were academic in nature with the exception of one question referring to a fear of allowing others to get close to them. On the other hand, White students proved to be more revealing of personal issues by endorsing interpersonal items such as problems dealing with conflict, crying and feeling tearful, feelings of emotional numbness, problems in relationships, and problems with family dynamics. White students also endorsed a previous history of counseling and taking prescribed medication more so than African Americans. Finally, the focus of counseling received by both groups involved interpersonal rather than academic issues, suggesting that the African American students shifted their focal concerns from academic to interpersonal.

It is likely that African Americans feel more comfortable presenting their problems in terms of academic issues in order to gain confidence before coming forth with more interpersonal issues. Research has shown that counseling centers have a lower rate of usage by African Americans. Reasons cited have included fear of revealing personal information to others and problems seeking help outside one's own community. Still others may have problems seeking help from individuals who are not ethnically similar or they may not be aware of or understand the therapeutic process. Surprisingly, while the African American students did not highlight their emotional and interpersonal concerns, their choice of counseling options was the same as those of White students. That is, most students in both samples were seen in individual or personal counseling than in academic counseling.

There are various factors which have an effect on a student's ability to seek help. One's level of acculturation plays an important role in determining how comfortable a student feels revealing personal issues related to family or self. There may be an even greater impact for African American students who attend a predominately White University if they have lived in and attended school in a predominantly African American community. Perhaps endorsement of academic issues helps them feel more comfortable seeking help. Framing their concerns in term of academics may provide them with an opportunity to find out what services are available and it allows them to make initial contact in a way that may

feel less threatening. Thus, they are able to address problems associated with their college performance while giving them an opportunity to build rapport as they seek out a trusting environment in which to deal with their emotional and interpersonal concerns. The following clinical cases provide examples of two students who sought help and the way in which they framed their presenting problems. I have changed identifying information to protect privacy.

A Case Study of Greg

Greg is a single African American student referred to the clinic by an instructor. Greg reported fear of having a learning disability, stating his grades had been declining throughout the semester. Greg was not on academic probation although he expressed a great deal of concern regarding his academic performance. Greg reported feeling anxious, stating he did not ask questions during class and he would not seek help during office hours for fear his instructor or fellow students would view him as being incapable. Greg presented with symptoms of depression which included an inability to concentrate, problems falling asleep at night, decreased appetite, feelings of hopelessness and increased anxiety.

During his initial interview, Greg reported having problems concentrating when he prepared for his exams, stating he had recently failed an exam after spending a great deal of time preparing. Greg stated that he found himself focusing on problems related to family dynamics and he feared that others were always watching him to see if he was able to

withstand the many demands placed on him. He stated several times that he was always expected to perform at his best. Greg reported that he had always been an above-average student and that his grades began to decline after he began having repeated intrusive thoughts about his past. Greg reported having had no academic concerns during high school.

Greg went on to reveal that he had entered the university as a promising athlete but had lost his confidence in his ability to play sports, resulting in him leaving the team. Greg reports his team members as well as his coach had encouraged him to remain on the team. According to Greg, he had been an outstanding player throughout high school and had appeared in his hometown newspaper numerous times because of his outstanding ability in sports. Greg also reported ending a relationship with his girlfriend of several months and during that time he had moved from living in the dorms to moving off campus to his own apartment. Greg reported having few furnishings, stating he had blankets and a television.

Greg's Social History

Greg reported being the youngest of three children reared by close relatives after his parents were no longer able to care for them. Greg reports being both physically and emotionally abused, stating that he often went without food to eat. Greg stated his guardians expected him to perform at his best and when he fell short he was often beaten and ridiculed. According to Greg, his caregivers forced him to move out of the home after they found out he had reported them to the authorities for child

abuse. Greg felt a great deal of sadness being separated from his birth parents and he expressed a strong desire to be reunited with them.

As the intake progressed, Greg became tearful as I began to show empathy and concern regarding his horrendous past. As I spoke of the courage he had shown by continuing to push forward, Greg began to cry stating that all this time he had thought it was just him who believed that things had been so terrible. He reflected back on calling the authorities to report his abuse only to find out later that the person receiving the call was a friend of the family who had called and warned his guardians.

Although it initially appeared that Greg's problem was academic in nature, the underlying issues pertained to unresolved family dynamics compounded by several years of physical and emotional abuse. It is likely that the relationship with his girlfriend and moving off campus to his first apartment triggered memories from his troubled past. Greg and I discussed academic concerns and his immediate need to improve on his academic performance. Greg agreed to meet with an academic counselor to address study skills and time management as well as other ways to be better prepared for exams. It was recommended that Greg attend individual therapy to address issues related to abuse and abandonment as he worked toward gaining confidence and a sense of self-worth.

A Case Study of Jason

Jason is a 24 year old single White male who was self referred to the counseling center. Jason reported concern over moving to the area and

attending the local university. He had previously attended a much smaller college and was unsure how he would adjust to his new environment. Jason described his classmates as being energetic and excited about classes, stating he was unlike them since he had stumbled into his major. Jason reported that it often took him an entire weekend to work on a project only to discover that his classmates had spent a fraction of the time doing the same homework. Jason stated he was an average student who would make it through school but he expressed concern regarding his need for support and encouragement as he made the transition to being a full time student.

Jason went on to report that he had previously been in therapy and had found it useful. He reported addressing issues related to family dynamics and interpersonal problems related to dating. Jason smiled and joked throughout the session as he discussed specifics regarding his past. I pointed out to Jason that he was very engaging with a great sense of humor. However, I voiced concern about what was beneath the laughter, since he relied upon it heavily each time we discussed family history.

Jason's Social History

Jason reported being the youngest of three siblings reared by both parents. He stated that he had a good relationship with both his parents, stating they spent very little time together. He reported that his father spent little time at home and that his mother spent long hours away at work. Jason joked that it was ideal to have the run of the house with no

adults to tell him what to do. Jason went on to joke about having so much free time that he learned to occupy his time with drinking and smoking at a very young age. When asked about his siblings, he replied they had all attended college and had moved away from home.

As he continued to discuss family dynamics I asked him to talk more about his relationship with his father. Jason reported that he felt I was able to see through him in a way that his previous therapist had not. He went on to explain that previous therapy had been supportive and routine, which gave him something to look forward too. Jason jokingly stated his previous therapist "listened while he talked" but now he felt as if he had to think about how he presented himself to others and the many ways his tried to cover up his pain with laughter. Jason became tearful as he discussed his anger towards his dad for being absent from the family. He stated that his dad had seemed to meet the needs of others in the community, while neglecting the needs of his family. As we talked Jason wondered aloud if dating older women related in some way to his sense of feeling abandoned by his parents. During our work together, he became aware that he often hid behind his humor in order to prevent others from seeing the hurt and disappointment he felt at having spent such a great deal of time alone. It was recommended that Jason attend individual therapy to work on issues related to family dynamics as well as issues related to developing a healthy support system to assist him in his academic journey.

The previous case studies give a glimpse of the issues students often present with when seeking help. While it is clear that Greg's problems appeared academic in nature, his case history revealed issues related to problems concentrating based on intrusive thoughts of a troubled past which prevented him from focusing on academics. On the other hand, Jason was able to be "up front" and revealing regarding a history of counseling and he relied heavily upon his humor in an attempt to avoid others from seeing the emotional pain he was in. He also had the ability to identify his need for support as he discussed personal issues and family dynamics that had always seemed to trouble him.

These case studies allow the reader to gain insight into the dynamics of seeking help. As previous research has shown it is not uncommon for African Americans to wait until a problem has reached a crisis point before seeking help. Implementing an "emergency hour" to assist students in crisis or establishing flexible hours and appointments often helps when trying to meet the unique needs of this particular population. Greg's referral to the center was based in part on outreach efforts and the establishment of an emergency hour for minority students who were in crisis. Although an emergency hour had already been set aside at the counseling center, there was an additional daily emergency hour added which allowed an African American clinician to be available when an African American student was in crisis.

Outreach

An outreach program was designed for faculty and staff that enabled them to be aware of services that were provided as well to give them an opportunity to meet the person to whom they would be referring their students. The center where the data was collected saw an increase of African Americans by establishing an emergency hour. Before implementing such an hour, approximately 5% of services were utilized by African Americans. However, after establishing an emergency hour and networking throughout the university there was an increase in the number of students seen. In fact services utilization for minorities rose to 10%.

There are numerous ways of conducting outreach to inform African Americans of services that are available to assist them in seeking help for issues that may impede their progress as a student. These include but are not limited to networking with instructors, deans, or various agencies within the university who come in direct contact with the vast majority of minority students. Contacting offices such as Minority Student Affairs, the culture center, and sororities or fraternities also helps to inform students of available services. Conducting workshops geared towards faculty and staff helps them not only to understand the process, but it also allows them to inform students of what to expect once the referral has been made. In addition to informing the campus population of services the counseling center provides, it is often necessary to have an established referral list of agencies in the community that can assist students if there are services

needed outside the scope of what the counseling center provides (health care, financial support or housing).

Improvement of Services

Suggested ways for improving overall services for minority students include therapist assignment, which allows the student to identify with others who have a shared cultural background, such as language or style of communication. Locating the counseling center where it is easily accessible to the population being served. This would include areas such as the cultural center and locations close to student organizations. As stated earlier, implementing an "emergency hour" to assist students who are in crisis or establishing flexible hours and appointments geared towards students who need evening appointments may also help meet the unique needs of minority students.

Improvement of services and an area for future research would include focusing on African American males who traditionally seek counseling services at a much lower rate than their female counterparts. A focus on within-group differences between males and females would shed new light on the needs of students. It would provide additional insight regarding counseling needs and therapist preference as clinicians strive to develop specific ways of addressing the needs of all students. An in-depth study of acculturation and cultural identity would also provide insight regarding how African Americans and other minority groups view themselves, as well as helping the clinician understand issues of trust

regarding problems associated with being revealing of one's personal life. Individuals who are raised solely in a predominately African American community and attended a predominately Black high school would have more difficulty seeking help as well as dropping their protective shields, which keeps others at a distance. These students may feel far more comfortable being ethnically matched compared to African American students who have more diversity in their daily interactions. However, it is important to remember that empathy and understanding cross most racial barriers when reaching out to help others.

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Appendicies

Appendix A

Name_____SS#_____Date_____

Circle the numeral in front of each statement that applies to you.

1. I am dissatisfied with my academic performance.
2. Test anxiety is a problem for me.
3. I do not manage my time effectively.
4. I have problems with concentration during class or when I study.
5. I have problems motivating myself to study or go to class.
6. I think I have a learning disability.
7. I haven't found a major/career that interest me.
8. I am dissatisfied with/unsure about my major or career choice.
9. I lack confidence.
10. I am unhappy with the kind of person I am.
11. I am very sensitive to criticism.
12. I have trouble saying "no" to people.
13. Dealing with conflict is hard for me.
14. I haven't made many friends here.
15. Recently, I have had difficulty with homesickness.
16. I am concerned about my health.
17. I have been sick a lot lately.
18. I have _____ alcoholic drinks during a typical night on the town.
19. In the past year, I have experienced a memory loss or passed out after drinking.
20. I sometimes think about cutting down or quitting drinking.
21. I sometimes drink more than I intend to drink.
22. I have been arrested or had disciplinary action taken for an alcohol/drug related offense.
23. People have suggested that I watch or cut down on my drinking.
24. Within the past year I have used illegal drugs (pot, coke, pills, etc.).
25. A family member or close has an alcohol or other drug problem.
26. Lately, I have been crying and feeling tearful.
27. I feel helpless and hopeless to change my situation.
28. Lately, it has been difficult for me to change my situation.
29. My daily activities give me less pleasure than they once did.
30. Lately, it doesn't take much to upset me.
31. I feel very stressed lately.
32. I often feel restless and irritable.
33. I have been sleeping a lot more/less lately.
34. I have low energy and chronic fatigue.
35. I have been thinking about harming or killing myself __today ___this month ___ in the past 6 months____ in the past year.
36. In the past I have made a suicide attempt.
37. I have been feeling very anxious lately.
38. I often have a feeling of dread.

39. I have attacks of fearfulness or panic.
40. I am quite afraid of some things that don't frighten most people.
41. I have certain thoughts that continually run through my mind.
42. I have some habits/repetitive behaviors that I feel compelled to do.
43. I have difficulty controlling my impulses.
44. I have thought about harming others.
45. I have periods where I need very little sleep, feel elated, and my pace is much faster than that of other people.
46. I have had bizarre thought or experiences.
47. I often feel emotional "numb".
48. I am troubled my painful memories.
49. I have trouble remembering things about my past.
50. I vomit, take laxatives, or exercise a great deal to control my calorie intake.
51. I often go on eating binges.
52. I diet in order to control my weight.
53. There are problems in my marriage or significant relationship.
54. There are problems in my marriage or significant relationships.
55. I don't have close and satisfying intimate relationships.
56. I often get hurt when I let others get close to me.
57. A lot of people irritate me.
58. I need my friends and family more than they seem to need me.
59. I have trouble getting along with those in authority.
60. I wish my family could be closer.
61. Events in my family are upsetting me.
62. I have a difficult relationship with my parents.
63. I have a difficult relationship with my child(ren).
64. I have lost someone close to me.
65. An important relationship has ended.
66. I am having difficulty recovering from a loss in my past.
67. I frequently think about death and loss.
68. I am having sexual difficulties.
69. I am worried about my sexual activity.
70. I am unclear about my sexual orientation.
71. I have been in counseling or therapy in the past.
72. I have been hospitalized _____ times for emotional problems.
73. I am currently under a doctor's care.
74. I am currently taking medication prescribed by a doctor.
75. Please list any other concerns _____.
76. How many times would you estimate that you will need to meet with a counselor?

1 2-5 6-10 11-14 15+

Please List The Numbers Of the Three Statements You Have Circled That Are Most Important To You Today. _____ _____ _____

Appendix B

Client Responses for Client Population
Ethnic White

			0		1		2		3		Total	
			Clientu	Comput	Clientu	Comput	Clientu	Comput	Clientu	Comput	Clientu	Comput
01	I am dissatisfied with my academic performance.	F	103	57%	60	33%	8	4%	9	5%	180	100%
		M	61	55%	33	30%	8	7%	8	7%	110	100%
02	Test anxiety is a problem for me.	F	94	78%	9	8%	15	13%	2	2%	120	100%
		M	39	68%	6	11%	8	14%	4	7%	57	100%
03	I do not manage my time effectively.	F	113	77%	8	5%	13	9%	12	8%	146	100%
		M	74	73%	6	6%	14	14%	8	8%	102	100%
04	I have problems with concentration during class or when I stud	F	137	78%	5	3%	16	9%	18	10%	176	100%
		M	87	80%	4	4%	4	4%	14	13%	109	100%
05	I have problems motivating myself to study or go to class.	F	109	74%	8	5%	19	13%	11	7%	147	100%
		M	64	69%	6	6%	10	11%	13	14%	93	100%
06	I think I have a learning disability	F	32	89%			2	6%	2	6%	36	100%
		M	17	65%	2	8%	4	15%	3	12%	26	100%
07	I haven't found a major/career that interests me.	F	207	78%	35	13%	13	5%	10	4%	265	100%
		M	209	87%	21	9%	3	1%	7	3%	240	100%
08	I am dissatisfied with/unsure about my major or career choice.	F	265	74%	40	11%	32	9%	21	6%	358	100%
		M	221	83%	16	6%	22	8%	7	3%	266	100%
09	I lack self confidence.	F	116	71%	14	9%	16	10%	17	10%	163	100%
		M	44	69%	2	3%	11	17%	7	11%	64	100%
10	I am unhappy with the kind of person I am.	F	75	79%	4	4%	5	5%	11	12%	95	100%
		M	38	73%	4	8%	3	6%	7	13%	52	100%
11	I am very sensitive to criticism.	F	157	96%	2	1%	3	2%	2	1%	164	100%
		M	42	89%	1	2%	2	4%	2	4%	47	100%
12	I have trouble saying 'no' to people.	F	168	94%	3	2%	5	3%	3	2%	179	100%
		M	56	92%	1	2%	2	3%	2	3%	61	100%
13	Dealing with conflict is hard for me.	F	139	90%	3	2%	6	4%	7	5%	155	100%

Client Responses for Client Population
Ethnic White

			0		1		2		3		Total	
			Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput
		M	41	93%			1	2%	2	5%	44	100%
14	I haven't made many friends here.	F	48	84%	2	4%	4	7%	3	5%	57	100%
		M	31	91%	1	3%	1	3%	1	3%	34	100%
15	Recently, I have had difficulty with homesickness.	F	29	74%	6	15%	4	10%			39	100%
		M	10	91%			1	9%			11	100%
16	I am concerned about my health.	F	56	90%	4	6%	1	2%	1	2%	62	100%
		M	22	96%	1	4%					23	100%
17	I have been sick alot lately.	F	44	94%			2	4%	1	2%	47	100%
		M	20	100%							20	100%
18A	I have 1-2 alcoholic drinks during a typical night on the town	F	21	100%							21	100%
		M	13	100%							13	100%
18B	I have 3-4 alcoholic drinks during a typical night on the town	F	32	100%							32	100%
		M	15	100%							15	100%
18C	I have 5-6 alcoholic drinks during a typical night on the town	F	22	100%							22	100%
		M	18	100%							18	100%
18D	I have 7 or more alcoholic drinks during a typical night on th	F	13	93%	1	7%					14	100%
		M	13	93%	1	7%					14	100%
19	In the past year, I have experienced a memory loss or passed o	F	44	98%	1	2%					45	100%
		M	38	100%							38	100%
20	I sometimes think about cutting down or quitting drinking.	F	25	96%	1	4%					26	100%
		M	27	87%	1	3%	1	3%	2	6%	31	100%
21	I sometimes drink more than I intend to drink.	F	35	100%							35	100%
		M	33	94%	1	3%			1	3%	35	100%
22	I have been arrested or had disciplinary action taken for an a	F	18	100%							18	100%
		M	20	87%	2	9%			1	4%	23	100%

Client Responses for Client Population
Ethnic White

			0		1		2		3		Total	
			Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput
23	People have suggested that I watch or cut down on my drinking.	F	14	93%			1	7%			15	100%
		M	11	85%			2	15%			13	100%
24	Within the past year I have used illegal drugs (pot, coke, pil	F	48	100%							48	100%
		M	51	98%	1	2%					52	100%
25	A family member or close friend has an alcohol or other drug p	F	77	88%	1	1%	3	3%	7	8%	88	100%
		M	44	98%			1	2%			45	100%
26	Lately, I have been crying and feeling tearful.	F	124	77%	14	9%	16	10%	7	4%	161	100%
		M	36	86%	2	5%	3	7%	1	2%	42	100%
27	I feel helpless and hopeless to change my situation.	F	94	85%	5	5%	6	5%	6	5%	111	100%
		M	36	80%	2	4%	3	7%	4	9%	45	100%
28	Lately, it has been difficult for me to get through the day.	F	67	93%	1	1%	3	4%	1	1%	72	100%
		M	30	86%	3	9%			2	6%	35	100%
29	My daily activities give me less pleasure than they once did.	F	86	92%	2	2%	4	4%	1	1%	93	100%
		M	48	91%			2	4%	3	6%	53	100%
30	Lately, it doesn't take much to upset me.	F	124	89%	2	1%	8	6%	5	4%	139	100%
		M	42	86%	4	8%			3	6%	49	100%
31	I feel very stressed lately.	F	197	77%	9	4%	22	9%	29	11%	257	100%
		M	87	84%	3	3%	7	7%	7	7%	104	100%
32	I often feel restless and irritable.	F	130	94%	2	1%	3	2%	4	3%	139	100%
		M	58	92%	2	3%	2	3%	1	2%	63	100%
33	I have been sleeping alot more/less lately.	F	127	88%	1	1%	9	6%	8	6%	145	100%
		M	70	91%	1	1%	2	3%	4	5%	77	100%
34	I have low energy and chronic fatique.	F	106	90%	1	1%	3	3%	8	7%	118	100%
		M	42	89%			4	9%	1	2%	47	100%
35A	I have been thinking about harming or killing myself today.	F	2	67%					1	33%	3	100%

Client Responses for Client Population
Ethnic White

			0		1		2		3		Total	
			Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput
		M	4	67%	2	33%					6	100%
35B	I have been thinking about harming or killing myself this mont	F	19	90%			2	10%			21	100%
		M	10	91%					1	9%	11	100%
35C	I have been thinking about harming or killing myself in the la	F	19	100%							19	100%
		M	5	100%							5	100%
35D	I have been thinking about harming or killing myself in the la	F	16	100%							16	100%
		M	5	100%							5	100%
36	In the past, I have made a suicide attempt.	F	23	100%							23	100%
		M	12	100%							12	100%
37	I have been feeling very anxious lately.	F	91	81%	6	5%	6	5%	9	8%	112	100%
		M	45	98%	1	2%					46	100%
38	I often have a feeling of dread.	F	81	95%			2	2%	2	2%	85	100%
		M	41	95%			2	5%			43	100%
39	I have attacks of fearfulness or panic.	F	65	86%	1	1%	3	4%	7	9%	76	100%
		M	19	86%			2	9%	1	5%	22	100%
40	I am quite afraid of some things that don't frighten most peop	F	33	89%	1	3%	2	5%	1	3%	37	100%
		M	12	86%	1	7%			1	7%	14	100%
41	I have certain thoughts that continually run through my mind.	F	99	83%	4	3%	9	8%	7	6%	119	100%
		M	67	91%	3	4%	2	3%	2	3%	74	100%
42	I have some habits/repetitive behaviors that I feel compelled	F	43	90%	5	10%					48	100%
		M	27	87%			2	6%	2	6%	31	100%
43	I have difficulty controlling my impulses.	F	36	84%	1	2%	4	9%	2	5%	43	100%
		M	29	91%	1	3%	1	3%	1	3%	32	100%
44	I have thoughts about harming others.	F	8	100%							8	100%
		M	17	94%			1	6%			18	100%

Client Responses for Client Population
Ethnic White

			0		1		2		3		Total	
			Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput
45	I have periods where I need very little sleep, feel elated, an	F	42	93%			1	2%	2	4%	45	100%
		M	29	100%							29	100%
46	I have had bizarre thoughts or experiences	F	27	100%							27	100%
		M	27	93%	2	7%					29	100%
47	I often feel emotionally 'numb'	F	74	81%	2	2%	9	10%	6	7%	91	100%
		M	40	80%	1	2%	5	10%	4	8%	50	100%
48	I am troubled by painful memories.	F	85	82%	7	7%	4	4%	8	8%	104	100%
		M	30	83%	4	11%	2	6%			36	100%
49	I have trouble remembering things about my past.	F	38	88%	1	2%	2	5%	2	5%	43	100%
		M	18	90%	1	5%			1	5%	20	100%
50	I vomit, take laxatives, or exercise a great deal to control m	F	10	43%	8	35%	4	17%	1	4%	23	100%
		M	1	100%							1	100%
51	I often go on eating binges.	F	22	69%	3	9%	7	22%			32	100%
		M	12	100%							12	100%
52	I diet in order to control my weight.	F	57	92%	2	3%			3	5%	62	100%
		M	6	100%							6	100%
53	I am extremely afraid of becoming fat.	F	72	85%	3	4%	4	5%	6	7%	85	100%
		M	10	100%							10	100%
54	There are problems in my marriage or significant relationship.	F	35	46%	28	37%	6	8%	7	9%	76	100%
		M	19	41%	13	28%	6	13%	8	17%	46	100%
55	I don't have close and satisfying intimate relationships.	F	55	83%	3	5%	2	3%	6	9%	66	100%
		M	31	78%	1	3%	3	8%	5	13%	40	100%
56	I often get hurt when I let others get close to me.	F	72	84%	4	5%	4	5%	6	7%	86	100%
		M	28	87%	2	6%	1	3%	1	3%	32	100%
57	Alot of people irritate me.	F	80	94%	2	2%	1	1%	2	2%	85	100%

Client Responses for Client Population
Ethnic White

			0		1		2		3		Total	
			Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput
		M	43	84%	1	2%	4	8%	3	6%	51	100%
58	I need my friends and family more than they seem to need me.	F	49	84%	3	5%	1	2%	5	9%	58	100%
		M	25	89%			1	4%	2	7%	28	100%
59	I have trouble getting along with those in authority.	F	14	87%	1	6%	1	6%			16	100%
		M	13	100%							13	100%
60	I wish my family could be closer.	F	73	95%			3	4%	1	1%	77	100%
		M	31	91%			2	6%	1	3%	34	100%
61	Events in my family are upsetting me.	F	64	66%	17	18%	8	8%	8	8%	97	100%
		M	24	73%	3	9%	5	15%	1	3%	33	100%
62	I have a difficult relationship with my parents.	F	74	83%	3	3%	6	7%	6	7%	89	100%
		M	29	83%	2	6%	2	6%	2	6%	35	100%
63	I have a difficult relationship with my child(ren).	F	2	67%					1	33%	3	100%
		M	2	100%							2	100%
64	I have lost someone close to me.	F	60	76%	11	14%	4	5%	4	5%	79	100%
		M	19	73%	3	12%	2	8%	2	8%	26	100%
65	An important relationship has ended.	F	42	64%	9	14%	8	12%	7	11%	66	100%
		M	25	68%	5	14%	4	11%	3	8%	37	100%
66	I am having difficulty recovering from a loss in my past.	F	42	86%	1	2%	2	4%	4	8%	49	100%
		M	17	81%	1	5%			3	14%	21	100%
67	I frequently think about death and loss.	F	34	92%			2	5%	1	3%	37	100%
		M	21	91%	1	4%	1	4%			23	100%
68	I am having sexual difficulties.	F	20	74%	3	11%	2	7%	2	7%	27	100%
		M	5	83%	1	17%					6	100%
69	I am worried about my sexual activity.	F	14	93%			1	7%			15	100%
		M	13	76%	4	24%					17	100%

Client Responses for Client Population
Ethnic White

			0		1		2		3		Total	
			Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput
70	I am unclear about my sexual orientation.	F	4	80%			1	20%			5	100%
		M	3	50%	2	33%	1	17%			6	100%
71	I have been in counseling or therapy in the past.	F	168	100%							168	100%
		M	66	99%	1	1%					67	100%
72A	I have been hospitalized 1 or 2 times for emotional problems.	F	13	100%							13	100%
		M	1	100%							1	100%
72B	I have been hospitalized 3 or 4 times for emotional problems.	M	1	100%							1	100%
72C	I have been hospitalized 5 or more times for emotional proble	F	1	100%							1	100%
73	I am currently under a doctor's care.	F	39	100%							39	100%
		M	10	100%							10	100%
74	I am currently taking medication prescribed by a doctor.	F	97	97%			1	1%	2	2%	100	100%
		M	33	97%			1	3%			34	100%
75	Other concerns	F	75	93%	4	5%			2	2%	81	100%
		M	7	50%	5	36%	1	7%	1	7%	14	100%
76A	I estimate I will need to meet with a counselor only once.	F	80	100%							80	100%
		M	45	98%			1	2%			46	100%
76B	I estimate I will need to meet with a counselor 2-5 times.	F	108	100%							108	100%
		M	66	100%							66	100%
76C	I estimate I will need to meet with a counselor 6-10 times.	F	53	100%							53	100%
		M	25	100%							25	100%
76D	I estimate I will need to meet with a counselor 11 - 14 times	F	13	100%							13	100%
		M	4	100%							4	100%
76E	I estimate I will need to meet with a counselor 15 or more ti	F	29	100%							29	100%
		M	6	100%							6	100%
76F	I don't know	F	17	100%							17	100%

Client Responses for Client Population
Ethnic White

			0		1		2		3		Total	
			Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput
		M	7	100%							7	100%
76G	no response	F	47	100%							47	100%
		M	23	100%							23	100%

Client Responses for Client Population
Ethnic Black

			0		1		2		3		Total	
			Clientu	Comput	Clientu	Comput	Clientu	Comput	Clientu	Comput	Clientu	Comput
01	I am dissatisfied with my academic performance.	F	17	57%	11	37%	2	7%			30	100%
		M	10	63%	4	25%	1	6%	1	6%	16	100%
02	Test anxiety is a problem for me.	F	15	65%	4	17%	4	17%			23	100%
		M	6	60%	2	20%	1	10%	1	10%	10	100%
03	I do not manage my time effectively.	F	22	71%	4	13%	4	13%	1	3%	31	100%
		M	9	53%	1	6%	4	24%	3	18%	17	100%
04	I have problems with concentration during class or when I stud	F	20	69%			4	14%	5	17%	29	100%
		M	11	73%	1	7%	3	20%			15	100%
05	I have problems motivating myself to study or go to class.	F	15	71%	1	5%	3	14%	2	10%	21	100%
		M	7	88%			1	13%			8	100%
06	I think I have a learning disability	F	6	100%							6	100%
		M	7	88%			1	13%			8	100%
07	I haven't found a major/career that interests me.	F	22	81%	2	7%	2	7%	1	4%	27	100%
		M	28	90%	1	3%	1	3%	1	3%	31	100%
08	I am dissatisfied with/unsure about my major or career choice.	F	30	79%	2	5%	3	8%	3	8%	38	100%
		M	29	83%	2	6%	2	6%	2	6%	35	100%
09	I lack self confidence.	F	12	67%	1	6%	1	6%	4	22%	18	100%
		M	4	50%	1	13%			3	38%	8	100%
10	I am unhappy with the kind of person I am.	F	9	100%							9	100%
		M	4	100%							4	100%
11	I am very sensitive to criticism.	F	12	80%	1	7%			2	13%	15	100%
		M	7	100%							7	100%
12	I have trouble saying 'no' to people.	F	17	89%			1	5%	1	5%	19	100%
		M	7	88%					1	13%	8	100%
13	Dealing with conflict is hard for me.	F	7	78%	1	11%			1	11%	9	100%

Client Responses for Client Population
Ethnic Black

			0		1		2		3		Total	
			Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput
		M	4	67%	1	17%			1	17%	6	100%
14	I haven't made many friends here.	F	5	100%							5	100%
		M	4	80%			1	20%			5	100%
15	Recently, I have had difficulty with homesickness.	F	4	80%					1	20%	5	100%
		M	1	100%							1	100%
16	I am concerned about my health.	F	2	50%			1	25%	1	25%	4	100%
		M	3	100%							3	100%
17	I have been sick alot lately.	F	3	75%					1	25%	4	100%
18A	I have 1-2 alcoholic drinks during a typical night on the town	F	3	100%							3	100%
		M	3	100%							3	100%
18B	I have 3-4 alcoholic drinks during a typical night on the town	F	2	100%							2	100%
20	I sometimes think about cutting down or quitting drinking.	F	1	100%							1	100%
21	I sometimes drink more than I intend to drink.	F	2	100%							2	100%
		M	2	100%							2	100%
22	I have been arrested or had disciplinary action taken for an a	M	1	100%							1	100%
24	Within the past year I have used illegal drugs (pot, coke, pil	F	4	100%							4	100%
		M	2	100%							2	100%
25	A family member or close friend has an alcohol or other drug p	F	9	90%	1	10%					10	100%
		M	1	100%							1	100%
26	Lately, I have been crying and feeling tearful.	F	12	75%			2	13%	2	13%	16	100%
27	I feel helpless and hopeless to change my situation.	F	8	89%					1	11%	9	100%
		M	3	100%							3	100%
28	Lately, it has been difficult for me to get through the day.	F	8	100%							8	100%
		M	2	67%					1	33%	3	100%
29	My daily activities give me less pleasure than they once did.	F	9	100%							9	100%

Client Responses for Client Population
Ethnic Black

			0		1		2		3		Total	
			Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput
		M	1	33%			2	67%			3	100%
30	Lately, it doesn't take much to upset me.	F	11	92%			1	8%			12	100%
		M	4	80%	1	20%					5	100%
31	I feel very stressed lately.	F	20	77%	1	4%	3	12%	2	8%	26	100%
		M	8	62%	1	8%	1	8%	3	23%	13	100%
32	I often feel restless and irritable.	F	15	100%							15	100%
		M	7	100%							7	100%
33	I have been sleeping alot more/less lately.	F	19	90%					2	10%	21	100%
		M	10	100%							10	100%
34	I have low energy and chronic fatique.	F	12	100%							12	100%
		M	7	88%					1	13%	8	100%
35A	I have been thinking about harming or killing myself today.	F	2	100%							2	100%
35B	I have been thinking about harming or killing myself this mont	F	1	50%	1	50%					2	100%
35C	I have been thinking about harming or killing myself in the la	F	2	100%							2	100%
35D	I have been thinking about harming or killing myself in the la	F	2	100%							2	100%
		M	1	100%							1	100%
36	In the past, I have made a suicide attempt.	F	1	100%							1	100%
		M	1	100%							1	100%
37	I have been feeling very anxious lately.	F	9	100%							9	100%
		M	3	75%					1	25%	4	100%
38	I often have a feeling of dread.	F	7	88%					1	13%	8	100%
		M	1	50%					1	50%	2	100%
39	I have attacks of fearfulness or panic.	F	2	100%							2	100%
		M	2	100%							2	100%
40	I am quite afraid of some things that don't frighten most peop	F							1	100%	1	100%

Client Responses for Client Population
Ethnic Black

			0		1		2		3		Total	
			Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput
		M	1	33%	1	33%	1	33%			3	100%
41	I have certain thoughts that continually run through my mind.	F	9	56%	1	6%			6	38%	16	100%
		M	7	78%	1	11%			1	11%	9	100%
42	I have some habits/repetitive behaviors that I feel compelled	F	4	80%			1	20%			5	100%
		M					1	100%			1	100%
43	I have difficulty controlling my impulses.	F	4	100%							4	100%
		M	2	100%							2	100%
44	I have thoughts about harming others.	F	1	50%			1	50%			2	100%
45	I have periods where I need very little sleep, feel elated, an	F	3	75%	1	25%					4	100%
		M	2	100%							2	100%
46	I have had bizarre thoughts or experiences	F					1	100%			1	100%
		M	1	100%							1	100%
47	I often feel emotionally 'numb'	F	5	83%			1	17%			6	100%
		M	3	100%							3	100%
48	I am troubled by painful memories.	F	8	57%	2	14%	2	14%	2	14%	14	100%
		M	5	100%							5	100%
49	I have trouble remembering things about my past.	F	1	100%							1	100%
		M	1	50%					1	50%	2	100%
51	I often go on eating binges.	F	7	100%							7	100%
52	I diet in order to control my weight.	F	3	75%	1	25%					4	100%
		M	1	50%	1	50%					2	100%
53	I am extremely afraid of becoming fat.	F	5	63%	1	13%	2	25%			8	100%
		M	3	100%							3	100%
54	There are problems in my marriage or significant relationship.	F	2	40%	3	60%					5	100%
		M	1	33%	1	33%	1	33%			3	100%

Client Responses for Client Population
Ethnic Black

			0		1		2		3		Total	
			Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput
55	I don't have close and satisfying intimate relationships.	F	8	100%							8	100%
		M	5	83%	1	17%					6	100%
56	I often get hurt when I let others get close to me.	F	14	87%	1	6%	1	6%			16	100%
		M	7	88%					1	13%	8	100%
57	Alot of people irritate me.	F	5	100%							5	100%
		M	5	100%							5	100%
58	I need my friends and family more than they seem to need me.	F	4	100%							4	100%
		M	3	75%			1	25%			4	100%
59	I have trouble getting along with those in authority.	F	1	100%							1	100%
		M	1	50%			1	50%			2	100%
60	I wish my family could be closer.	F	11	92%	1	8%					12	100%
		M	4	80%	1	20%					5	100%
61	Events in my family are upsetting me.	F	5	83%					1	17%	6	100%
		M	3	100%							3	100%
62	I have a difficult relationship with my parents.	F	4	80%			1	20%			5	100%
		M	2	67%					1	33%	3	100%
63	I have a difficult relationship with my child(ren).	M	1	50%			1	50%			2	100%
64	I have lost someone close to me.	F	9	82%	2	18%					11	100%
		M	3	100%							3	100%
65	An important relationship has ended.	F	2	33%	3	50%	1	17%			6	100%
		M	2	67%	1	33%					3	100%
66	I am having difficulty recovering from a loss in my past.	F	6	86%			1	14%			7	100%
		M	1	100%							1	100%
67	I frequently think about death and loss.	F	4	80%	1	20%					5	100%
		M	1	100%							1	100%

Client Responses for Client Population
Ethnic Black

			0		1		2		3		Total	
			Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput
68	I am having sexual difficulties.	M	1	100%							1	100%
69	I am worried about my sexual activity.	F	3	60%			1	20%	1	20%	5	100%
		M	1	50%	1	50%					2	100%
70	I am unclear about my sexual orientation.	F	1	100%							1	100%
		M	1	100%							1	100%
71	I have been in counseling or therapy in the past.	F	9	90%			1	10%			10	100%
		M	5	83%	1	17%					6	100%
72A	I have been hospitalized 1 or 2 times for emotional problems.	F	3	100%							3	100%
		M	1	100%							1	100%
73	I am currently under a doctor's care.	F	2	67%	1	33%					3	100%
74	I am currently taking medication prescribed by a doctor.	F	5	100%							5	100%
		M	2	100%							2	100%
75	Other concerns	F	1	50%			1	50%			2	100%
		M	1	100%							1	100%
76A	I estimate I will need to meet with a counselor only once.	F	11	100%							11	100%
		M	5	100%							5	100%
76B	I estimate I will need to meet with a counselor 2-5 times.	F	13	100%							13	100%
		M	15	100%							15	100%
76C	I estimate I will need to meet with a counselor 6-10 times.	F	4	100%							4	100%
		M	2	100%							2	100%
76D	I estimate I will need to meet with a counselor 11 - 14 times	F	2	100%							2	100%
76E	I estimate I will need to meet with a counselor 15 or more ti	F	3	100%							3	100%
		M	1	100%							1	100%
76F	I don't know	F	6	100%							6	100%
		M	1	100%							1	100%

Client Responses for Client Population
Ethnic Black

			0		1		2		3		Total	
			Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput	Clientul	Comput
76G	no response	F	12	100%							12	100%
		M	5	100%							5	100%

Vita

Rhoda Gayle Stone was born in Cleveland, Ohio on October 1, 1956. She attended Sam E. Hill Elementary School in Knoxville, Tennessee and received her high school diploma from the Knoxville Evening School. She graduated with High Honors from the University of Tennessee with a Bachelor of Arts Degree in psychology in 1990 and a Master of Arts degree in clinical psychology in December of 1996. She completed her internship at the Veteran's Administration Hospital in Lexington Kentucky in 1996. In May of 2001 she received her Doctor of Philosophy degree with a major in Psychology from the University of Tennessee.