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**THE PREPARATION OF MASTER'S LEVEL PROFESSIONAL COUNSELORS  
FOR POSITIONS IN COLLEGE AND UNIVERSITY COUNSELING CENTERS**

by

Brian M Shaw  
B S , December 1997, North Carolina State University  
M A , May 2008, Wake Forest University

A Dissertation Submitted to the Graduate Faculty of  
Old Dominion University  
in Partial Fulfillment of the  
Requirements for the Degree of

DOCTOR OF PHILOSOPHY

COUNSELING

OLD DOMINION UNIVERSITY  
May 2011

Approved by

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Dana Burnett (Member)

## **ABSTRACT**

### **THE PREPARATION OF MASTER'S LEVEL PROFESSIONAL COUNSELORS FOR POSITIONS IN COLLEGE AND UNIVERSITY COUNSELING CENTERS**

Brian M Shaw  
Old Dominion University, 2011  
Director Dr Theodore P Remley, Jr

College and university counselors are tasked with performing a multitude of roles and meeting a variety of client needs unique from other counseling settings. It is important to examine the ability of counselors who work in these settings to determine if they have been adequately prepared. This study investigated the adequacy of preparation of entry-level master's level professional counselors for work in college and university counseling centers. Adequacy of preparation was examined by surveying college and university counseling center directors about their perceptions regarding the ability of entry-level master's level professional counselors to perform specific roles and meet relevant client needs in college and university counseling centers.

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**To my family and friends:** Thank you for your support and patience of my journey over the years I promise this is my last degree

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## CHAPTER ONE

### INTRODUCTION

#### Background

College and university counseling centers have a rich history stretching back into the early 20th century. As early as 1910, a mental hygiene clinic was created at Princeton University to attend to mental health concerns of students, spurred in part by Clifford Beers' 1908 publication, *A Mind That Found Itself*, about his experience with developing a mental illness while an undergraduate student at Yale University (Farnsworth, 1957, Meadows, 2000). These early clinics were staffed primarily by psychiatrists. They were aimed at preventing student dropouts due to mental illnesses and oriented toward serving as a primary prevention against the development of mental illnesses (Farnsworth, 1957, Prescott, 2008). During the early 1900s, helping students with academic and vocational needs was viewed primarily as the responsibility of faculty and administrators (Meadows, 2000). One of the first universities that deviated from this practice was the University of Minnesota, which in 1932 established an educational and vocational counseling center as a separate unit within the university (Meadows, 2000).

During subsequent decades, college and university counseling centers grew to play an increasing role in the provision of academic and vocational counseling, influenced significantly by the end of World War II when counselors were recruited to help provide returning veterans with educational and vocational guidance (Meadows, 2000). By the 1950s, over half of colleges and universities in the U.S. had counseling centers on their campuses, and counseling became more recognized as a profession separate from student personnel work (Heppner & Neal, 1983, Reinhold, 1991).

In the decades of the 60s and 70s, counseling centers incorporated more personal counseling into their services, and took on consultation and outreach roles (Heppner & Neal, 1983) This expansion took place as a result of an ideological shift that began to emphasized the role of counselors in primary prevention and their role as facilitators of institutional changes that could improve the learning environment for students (Heppner & Neal, 1983, Meadows, 2000) Also during this period, counseling centers became less involved in providing vocational counseling, which has been attributed to both the increase in the role of personal counseling and the creation of separate career centers on campuses (Heppner & Neal, 1983)

In recent decades, counseling centers have continued to offer counseling to students for personal, academic, and career needs (Pace, Stamler, Yarris, & June, 1996, Stone & Archer, 1990, Whiteley, Mahaffey, & Geer, 1987) Staff from these centers have continued to be involved in a variety of other functions including consultation with faculty and staff, assisting with student affairs programming, involvement in retention efforts, and risk assessment (Gallager, 2009) While individual counseling centers vary in services and scope, many counseling centers have continued to trend away from academic and vocational counseling, and to focus more on personal counseling, consultation, and outreach (Archer & Cooper, 1998, Cooper & Archer, 2002, Gallagher, 2001, 2009, Heppner & Neal, 1983, Stone & Archer, 1990)

In 2009, there were 2,467 4-year degree granting universities or colleges in the U S with an enrollment of 9,677,408 students (National Center for Education Statistics, 2009) Most institutions in the U S provide a counseling center as part of the services offered to enrolled students (Whiteley, Mahaffey, & Geer, 1987)

### **Purpose of the Study**

The purpose of this study was to investigate the adequacy of preparation of entry-level master's level professional counselors for professional positions in college and university counseling centers. For purposes of this study, master's level counselor refers to a mental health professional with a master's degree in counseling. Preparation was assessed by surveying college and university counseling center directors' perceptions regarding the ability of entry-level master's level counselors to meet client needs and perform specific roles. The client needs and counselor roles listed in the survey instrument were based on existing literature and standards regarding college and university counseling centers and clientele. Additionally, preparation was investigated by obtaining an overall rating of the directors' perceptions of professional counselor preparation compared to other mental health professionals in the same setting.

### **Significance of Study**

#### **Informing Counselor Training**

The *American Counseling Association Code of Ethics* (ACA, 2005) exhorts counselors to "practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience" (p. 9). Furthermore, counselors working in specialty areas are supposed to obtain "appropriate education, training, and supervised experience" (p. 9) related to that setting. The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) has recognized college and university counseling as a specialty area that has unique training needs that vary from other areas of counseling. It is important for counselor preparation programs to receive

feedback that can inform changes to curricula that will help professional counselors to be adequately prepared for work in college and university counseling centers. This need is made more acute by the multitude of roles college and university counselors serve and the unique and changing needs of the student population.

### **Informing Hiring Decisions of College and University Counseling Centers**

Historically, college and university counseling centers have been staffed predominantly by doctoral level clinicians (Gallagher, 2009, Stone, Vespia, & Kanz, 2000). Stone, Vespia, and Kanz (2000) found 94% of counseling center staff members had a doctoral degree in counseling psychology or clinical psychology. An annual survey of college and university counseling center directors (Gallagher, 2009) has also reflected the predominant employment of doctoral level psychologists as directors. As more master's level counselors are trained for work in college and university counseling centers it will be important to determine if they are adequately prepared for these roles. An understanding of strengths and deficiencies of entry-level master's level counselors may help to guide hiring decisions and to identify areas where additional on-the-job training may be needed.

### **Uncovering Differences Based on Director, Counseling Center, and Institutional Factors**

As part of the study, information will be collected about directors, counseling centers, and the institutions they serve. These characteristics may help to illuminate how other variables have an impact on directors' perceptions of the preparation of master's level counselors. For example, it may be that directors who are psychologists will rate entry-level master's degree counselors more poorly than directors who are counselors, or

that directors of smaller institutions will rate entry-level master's degree counselors higher than those at larger institutions. Additionally, these observations may illuminate differences in the professional roles and client needs based on institutional characteristics. For example, if professional counselors are perceived as less prepared for consulting in large institutions as opposed to small institutions, it may reflect that the role demands and client needs vary based on institutional size. Thus, findings from the preliminary study may provide a stimulus for future research that may better illuminate these differences.

### **Research Questions**

The primary research question of this study was: How do college and university counseling center directors rate the preparation of entry-level master's level counselors for work as mental health professionals within their centers? This question was explored by the sub-questions: (1) How do directors' overall ratings of entry-level master's level counselors compare to overall ratings for other mental health professionals in similar positions? and (2) How do directors rate the abilities of entry-level master's level counselors to meet the needs of clients and perform specific tasks associated with mental health professionals in a college or university counseling center?

Additionally, this research project sought to answer the question: To what extent do the credentials of the counseling center director, the number of years he or she has been a mental health professional, the number of years he or she has been a director, the size of the college or university, the number of full time mental health professionals employed by the counseling center, the proportion of counselors to other mental health professionals on staff, and whether the institution is public or private predict perceptions

of the preparation of entry-level master's level counselors for work in college and university counseling centers?

### **Limitations and Delimitations**

The sample used for this survey was college and university counseling center directors at 4-year higher education institutions in the U S that have on-campus housing. Thus, the study may not be generalizable to college and university counseling centers in other types of institutions, including 2-year colleges. Additionally, due to the smaller relative prevalence of very large colleges and universities (greater than 20,000 students), a smaller number of these institutions in the sample may prevent generalizations to this group.

The survey instrument measured the perception of counseling center directors towards mental health professionals. Directors may have had little experience supervising particular credentialed professionals, which may have impacted their ratings of those professionals.

Moreover, directors may be biased in their ratings based on a few highly favorable or unfavorable experiences, or upon their most recent experiences. Thus, ratings may not be an accurate representation of the preparation of the professional counselors as a whole.

As the study examined directors' perceptions of the preparation of entry-level master's level professional counselors, the study did not reflect on the ability of doctoral level professional counselors or reflect upon the ability of professional counselors who have obtained additional on-the-job experience or continuing education.

### **Assumptions of the Study**

It was assumed that all participants understood the instrument and rated items accurately and honestly with minimal influence from social desirability. Additionally, it was assumed that there was a substantial correlation between the perception of preparation as rated by the directors and the actual level of preparation.

### **Definitions of Terms**

<b>College or University Counseling Center</b>	A service unit of a college or university that provides counseling to students in support of personal, academic, and career concerns
<b>College or University Counseling Center Director</b>	A person serving in either an administrative or clinical supervisory role over mental health professionals in a college or university counseling center
<b>Preparation</b>	The quality of training through both academic coursework and practica and internship experiences in fulfillment of a degree as evaluated through the ability of mental health professionals to perform specific roles and meet client needs. Not included is post-master's or post-doctoral experiences or training
<b>Entry-Level Master's level Counselor</b>	Person with a master's degree in counseling pursuing professional licensure, with no post-master's experience or training

**Credentials**

Qualifications for position, including educational background and license

**Client Needs**

Presenting symptoms or concerns for which a person may seek services from a counseling center

**Non-traditional Student**

Students who are either not of the typical age of college, or are enrolled on a part-time basis

Includes students who have delayed enrollment, are reentering college after later in life, or additionally work full time jobs (Bean & Metzner, 1985)



## **CHAPTER TWO**

### **REVIEW OF THE LITERATURE**

#### **Introduction**

Existing literature regarding the roles and functions of college and university counselors will be discussed. Literature will be reviewed related to the counseling needs and problems of students. Emerging trends and issues facing college and university counseling centers, including the increasing call for accountability, will be discussed.

#### **Roles and Functions of College and University Counseling Centers**

Two standards that have provided criteria for the assessment of college and university counseling centers emerged in the 20th century and have shaped and guided the development of college and university counseling centers. The standards of the International Association of Counseling Services (IACS, Boyd et al, 2003) and those developed by The Counsel for Advancement of Standards in Higher Education (CAS, 2009). IACS accredits college and university counseling centers and is "intended to advocate for quality counseling services that continue to perform effectively and to show awareness of and concern for professional growth" (IACS, 2010). Growing out of guidelines first established in 1971 and subsequently revised in 1981 and 2000, these standards delineate a range of requirements for accreditation including the roles and functions of counseling centers and the necessary qualifications and training of staff (Boyd et al). IACS standards state the following about the roles of college and university counseling centers:

The most prominent is providing counseling and/or therapy to students experiencing personal adjustment, vocational, developmental and/or psychological

problems that require professional attention. Second is the preventative role of assisting students in identifying and learning skills that will assist them in effectively meeting their educational life goals. The third role involves supporting and enhancing the healthy growth and development of students through consultation and outreach to the campus community (Boyd et al., 2003, p. 169).

Within these roles, IACS specifies the following functions that counseling centers are to provide: (1) Individual and group counseling/psychotherapy, which includes the ability to use assessment techniques including psychological tests and to adhere to ethical standards, (2) Crisis intervention and emergency services, (3) Outreach interventions, (4) Consultation interventions, (5) Referral resources, (6) Research, (7) Program evaluation, and (8) Training, which includes supervising staff who are completing internship, residency, or post-doc training (Boyd et al., 2003).

Similarly, the CAS Standards (2009) emphasize that the mission of counseling centers is to assist students towards accomplishing personal, academic, and career goals (p. 179). This mission is to be accomplished through remedial counseling services, preventative/developmental outreach, and consultation with faculty and staff in the institution. Counseling centers also are to provide assessment of students' needs and appropriate referrals when necessary (p. 179). Specifically, counseling centers are to provide the following: (1) Individual counseling, (2) Group interventions, (3) Psychological testing, (4) Outreach efforts to address developmental needs and concerns of students, (5) Counseling support to help students with educational skills, (6) Psychiatric consultation, evaluation and support, (7) Crisis intervention and emergency coverage, and (8) Staff and faculty professional development (p. 180).

Research has largely supported the existence of these roles and functions, while also illuminating the range of importance and time given to each area. Gallagher (2001) found that directors and vice presidents attached the most importance to counseling centers providing individual counseling, crisis intervention, consulting with faculty and staff, and training. DeStefano, Petersen, Skwerer, and Bickel (2001) similarly found that direct personal counseling and crisis intervention services are regarded as the most important functions of college and university counseling centers. Cooper and Archer's (2002) study found individual and group personal counseling, consultation, and practicum and internship training to be of higher priority than academic and career counseling. In regard to time, Gallagher (2009) found that counseling center directors reported that their centers spent 80.7% of their time on personal counseling, 4.7% on academic counseling, and only 2.8% on career counseling (11.9% was specified as *other*). Despite these findings, the roles and functions of counseling centers can vary significantly among institutions, based in part on such factors as the size of the institution and whether the institution is public or private (DeStefano, Petersen, Skwerer, & Bickel, Stone, Vespia, & Kanz, 2000, Vespia, 2007).

### **The Needs and Problems of Students**

Bishop, Gallagher, and Cohen (2000) outlined four sources that provide information related to problems faced by college students: (1) Data collected through the use of diagnostic systems such as the Missouri Diagnostic Classification system developed specifically to assess student problems, or the more general *Diagnosics and Statistical Manual (DSM)* for diagnosing mental illness, (2) Data collected from self-report problem checklists that clients complete, (3) Data banks and surveys, which gather

information from multiple institutions, and (4) Results from needs assessments conducted for particular settings

From different combinations of these sources of data, a number of taxonomies have been created categorizing problems college students face. Chandler and Gallagher (1996) classified student problems into 13 areas: Relationship difficulties, career uncertainty, self-esteem issues, existential concerns, academic concerns, depression, anxiety, eating disorders, substance abuse, sexual abuse or harassment, stress and psychosomatic symptoms, sexual dysfunction, and unusual behavior. Grayson and Cauley (1989) categorized problems of college students into eight areas: Suicidal ideation, family problems, relationships, depression and anxiety, academic difficulties, substance abuse, sexual problems, and eating disorders. As a final example, Robertson et al. (2006) created a screening instrument for college and university counseling center clients based in large part on existing published and unpublished checklists. Through a factor analysis, they identified seven scales: Mood Difficulties, Learning Problems, Food Concerns, Interpersonal Conflicts, Career Uncertainties, Self-Harm Indicators, and Substance/Addiction Issues.

### **Emerging Trends and Issues**

A number of trends and issues have been described as influencing college and university counseling centers today including an increasingly diverse student population, an increasing severity of mental illness on college campuses, complex legal and ethical issues, and a call for increased accountability of counseling services (Benshoff & Bundy, 2000, Bishop, 2006)

## **Increasing Diversity of Student Body**

Colleges and universities have grown increasingly diverse in recent decades, partly reflecting the increased diversity in the United States. Examples of diversity include racial and cultural minorities, international students, nontraditional students, and openly gay and lesbian students (Chang, 1999). Thirty percent of the students who attend college are minorities and 44% are over the age of 25 (Choy, 2002). The number of international students in the U.S. has increased by 62% over a 20-year period (Institute of International Education, 2006). In light of this increase in diversity, counseling centers are being called upon to be more multiculturally sensitive, and to adjust services such that they are relevant and accessible to a demographically changing student population (e.g., Benschhoff & Bundy, 2000; Bishop, 1990; Hodges, 2001; Stone & Archer, 1990; Wright, 2000).

Meeting the needs of a diverse student body presents multiple challenges. For one, needs may vary significantly among populations. For example, racial and cultural minorities are more likely to need support facing issues of discrimination and prejudice that may impede their academic or vocational goals (Lucas & Berkel, 2005; Wright, 2000). Likewise, nontraditional students may need more support related to family issues or balancing work with school, while their developmental issues will also likely vary from those presented by younger students (Benschhoff & Bundy, 2000). Thus, increasing the multicultural competence and skills of the staff and integrating programming that targets needs of different populations becomes essential (Stone & Archer, 1990). In support of the need for increased multicultural knowledge and skills, a study by Smith et al. (2007) found that increased multicultural training was the primary way in which

counselors reported that they could be better prepared for work in college and university counseling centers

The underutilization of services is an additional concern facing college and university counseling centers serving a demographically changing student population. Lin (2000) found that international students underutilized counseling services, potentially based on negative views of counseling or a lack of awareness of services. Others have highlighted the difficulties faced by nontraditional students in accessing services that are available only during the day (Benshoff & Bundy, 2000). Lack of utilization by different groups may require new strategies for counseling centers, including alternative modes of counseling such as peer-counseling, extended hours, special walk-in hours, and a greater attention to outreach efforts (Lin, 2000, Stone & Archer, 1990).

### **Increasing Severity of Mental Illness on College Campuses**

Another issue that has gained significant attention has been related to the apparent increase in the severity of mental health issues of students (Bishop, 2006, Sharkin & Coulter, 2005). An often-cited source of supporting evidence of this increase is an annual survey of college and university counseling center directors (Gallagher, 2009) that has consistently reported a perception of the increase in severity of client problems. In 2009, Gallagher reported that 93.4% of college and university counseling center directors surveyed perceived an increase in the number of students with severe psychological problems. Another recent study that has supported this conclusion was by Benton, Robertson, Tseng, Newton, and Benton (2003) who compared the presenting problems of college students over a 13-year time period and found an increase in 14 of 19 problem areas studied.

Others have claimed that there is insufficient evidence to support these claims. Contradictory studies exist that show only a small or insignificant increase in the severity of symptoms (e.g., Cornish, Kominars, Riva, McIntosh, & Henderson, 2000; Hoepfner, Hoepfner, & Campbell, 2009). The research methodology of the supporting studies has also been questioned. Sharf (1989) proposed that directors' perceptions may be biased based on a few difficult cases or by a desire to justify services in the face of threats to budget cuts from administrators. Additionally, Sharkin and Coulter (2005) cited the lack of consistent definitions and measures for severity that make drawing conclusions difficult.

While the conclusions of this research is in debate, it is clear that severe cases of mental health issues are encountered by college counselors, including many disorders typically diagnosed in early adulthood (Gallagher, 2009; Kitzrow, 2003; Pledge, Lapan, Heppner, Kivlighan, & Roehlke, 1998). While there is debate about the extent to which counseling centers can appropriately treat some disorders, at a minimum staff members in centers need to be able to competently assess, diagnose, and refer clients facing severe mental health issues (Gilbert, 1992; Kitzrow, Sharkin & Coulter, 2005).

### **Legal and Ethical Challenges**

There are multiple legal and ethical challenges to providing counseling services within college and university counseling centers. Two primary areas where challenges arise are in balancing emerging demands against administrative and budgetary constraints, and managing the conflicts of multiple roles and allegiances that the counseling centers serve within the institution (Bishop, 2006; Davenport, 2009).

**Emerging Demands versus Administrative and Budgetary Constraints.** With many institutional departments and services competing for limited resources, counseling centers face budget constraints that may limit staffing (Gallagher, 2004). At the same time, counseling centers are called upon to provide services beyond direct client care, often including consulting with faculty and staff, teaching, and coordinating other programs for the college or university. Combined, these administrative and budgetary pressures compel counseling centers to make difficult decisions regarding client care at the same time as demand for services is rising. Counseling centers have responded by limiting sessions of students, implementing wait lists, and referring some students to community resources outside of the college or university (Bishop, 2006, Stone & Archer, 1990). Each of these responses may create ethical and legal dilemmas for counseling center staff.

Ethically, time limits on services may jeopardize the quality of care the center is able to provide, in particular in light of studies that have shown a positive correlation between number of sessions and client outcomes (e.g., Draper, Jennings, Baron, Erdur, & Shankar, 2003, Ghetie, 2007). Moreover, others have argued that such limitations of counseling centers make them inadequately equipped to treat severe psychopathology and called such efforts *misguided kindness* (Gilbert, 1992, p. 695). Legally, colleges and universities have responsibilities to provide some accommodations and assistance to students with disabilities, including mental impairment disabilities, in accordance with the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act (IDEA) of 1990, and the American with Disabilities Act of 1990 (Gibson, 2000, Prescott, 2008). Likewise, institutions may be in violation of the law by requiring a student to withdraw



for mental health reasons (Hodges, 2001, Prescott, 2008) Thus, counseling centers must account for multiple ethical and legal issues when making services decisions

**Conflicting Roles and Allegiances.** By nature of being situated in and funded by colleges and universities, counseling centers inherently serve conflicting roles Far from a new phenomenon, Szasz (1967) called mental health workers in colleges *double-agents* serving both students and administrators In relation to students, counselors build alliances with students to help them face concerns and issues that may relate to professors and the institution At the same time, counseling centers may provide consultation to faculty and staff regarding problem students, and accept mandated referrals (Francis, 2000) These competing allegiances have become more complex after the mass tragedies on campuses, such as the 2007 shootings at Virginia Tech In the wake of these events, there has been an increased pressure on college and university counseling centers to serve as *homicidal prevention gatekeepers*, with a focus on providing additional attention to screening for clients who may pose a risk to others on campus (Davenport, 2009, p 182)

These competing roles are potentially damaging to the essential student perception of trustworthiness necessary to attract students seeking help (Davenport, 2009) Difficult issues are raised regarding the ethical concerns of confidentiality and dual relationships (Francis, 2000) Pressure to provide information and assistance to faculty and staff has to be carefully managed against the privacy rights of student clients Hayman and Covert (1986) reported confidentiality issues as the most frequently occurring ethical dilemma in college and university counseling centers Examples of potential dual relationships include a student who has previously worked in the counseling center who is now seeking services, or a counselor who also teaches a class in

which students who have been clients of the counseling center are enrolled (Francis, 2000)

Legal and ethical issues are raised as to the rights of parents of dependent children, who financially support their child's education and the services provided by the counseling center. Parents of dependent students often do not understand why the confidentiality of the counseling session is necessary (Bishop, 2006). Legally, counseling centers must adhere to the Family Educational Rights and Privacy Act (FERPA, Van Dusen, 2004), a law established to protect the privacy of student records. At the same time, amendments to the law now allow for administrators to contact parents or others when necessary to protect the safety of the individual or of others, changes which have further complicated decisions between acting in the interest of safety and protecting individual privacy (Bishop, 2006, Heitzmann, 2008). Reflecting a confusion among directors, a study by Gallagher (2004) showed directors were nearly split in their opinion of whether it was legal to notify parents when a dependent student is hospitalized for mental health issues. Nonetheless, while the obligation of educational institutions to notify parents is in debate, court decisions have consistently affirmed the institution's duty to ensure the short-term safety of students who they perceive at risk (Bishop, 2006, Prescott, 2008).

### **A Call for Accountability**

In recent decades, counseling centers have come under increasing pressure to justify both the necessity and efficacy of services provided (Bishop & Trembley, 1987). These calls have come from administrators wanting to make informed budgetary and program decisions, scholars concerned about the ability of counseling centers to meet

student needs, and from accreditation and standards bodies promoting the quality of service (Bishop & Trembley, 1987) IACS standards (2000) state that university and college counseling centers have a "responsibility to conduct ongoing evaluation and accountability research, to determine the effectiveness of its services, and to improve the quality of services" (p 5), while the Council for the Advancement of Standards for Higher Education (CAS, 2009) also require "systematic and regular research" (p 28) into the counseling services to evaluate whether "educational goals and the needs of students are being met" (p 28) Ongoing evaluation helps centers refine operations and adapt to new and changing aspects of college and university settings

Researchers have met this call for accountability in multiple ways including demonstrating the effectiveness of treatment of mental health services offered by counseling centers (e g , Minami et al , 2009, Snell, Mallinckrodt, Hill, & Lambert, 2001, Vermeersch et al , 2004, Vonk & Thyer, 1999, Wilson, Mason, & Ewing, 1997) and linking the impact of counseling services to institutional goals such as student retention, academic performance, and student adjustment (e g , Bell et al , 2009, Deroma, Leach, & Leverett, 2009, DeStefano, Mellott, & Petersen 2001, Dusselier, Dunn, Wang, Shelly, & Whalen, 2005, Hinkelman & Luzzo, 2007, Sharkin, 2004)

An area that has received less attention is an evaluation of the adequacy of preparation of mental health professionals who work in counseling centers Bishop (2006) raised this concern, noting a need for training programs to develop closer relationships with college and university counseling centers in order to gain a better understanding of skills and knowledge needed by professionals Bishop (2006) stressed

the need for professionals to have training for the various roles that counselors are expected to serve including career and college development

While a number of studies exist examining the training and abilities of professional counselors, to date no studies have specifically examined the training of professionals who work in college and university counseling centers. A study by Martin, Partin, and Trivette (1998) surveyed directors of mental health agencies in the state of Ohio in an effort to learn more about their perception of professional counselors. Specifically, the survey asked directors to provide the number of Licensed Professional Counselors (LPCs) employed at the site, an overall rating of the ability of various mental health professionals, and a specific rating of the competence of LPCs in certain areas. As part of the results, the authors reported on the statistical significance of the director's credentials related to his or her ratings of the abilities of mental health professionals at the site. Martin, Partin, and Trivette (1998) found that social workers were rated highest, but that the majority of directors were also social workers.

This study adopted the same strategy of surveying directors, however it was focused on the directors of college and university counseling centers as opposed to mental health agencies. The sample for the survey will be drawn from a national sample of directors rather than from one state. Focusing on a national sample of directors increased the potential of the results being more generalizable. The study also utilized the general structure of Martin, Partin, and Trivette's (1998) survey by asking directors about their overall rating of different credentials as well as specifically more detailed questions about counselors. While it would have been ideal to have directors provide detailed ratings on every type of credentialed mental health professional at a center, the length of

the survey required would likely have resulted in a low return rate. As an additional difference, this study targeted the directors' opinion of entry-level master's level counselors rather than that of all counselors. This modification allowed the results to reflect more directly on the master's level training of counselors.

Another study of relevance was conducted by McGlothlin and Davis (2004), who researched the perceived benefit of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) core curriculum standards. The sample for their survey study consisted of members of three associations: the American Mental Health Counselors Association (AMHCA), the American School Counselor Association (ASCA), and the Association for Counselor Education and Supervision (ACES). The survey was constructed by using the verbatim text of the CACREP standards and asked participants to rate the benefit of each area to professional practice on a 4-point Likert scale. Similar to McGlothlin and Davis (2004), the questions in this study were based on existing standards. However, rather than using training standards, this study focused on standards for college and university counseling centers, specifically the IACS and CAS standards. By using these existing standards in combination with published literature, the study was more likely to be aligned with practical skills and knowledge needed by clinicians rather than theoretical standards developed for training programs.

ACCA conducts an annual survey of college and university counseling center directors in the U.S. (Gallagher, 2009). This survey collects demographic data about the directors of counseling centers and clients seen in addition to reporting on administrative and clinical trends, but has not reported on perceptions of the preparation of staff. The

results of the Gallagher (2009) survey served as a point of comparison for the demographics and clinical trends of college and university counseling centers

## **CHAPTER THREE**

### **METHODOLOGY**

This chapter explains the methodology used in the study. The chapter is organized in the following order: Purpose of the study, description of the research design, research questions, participant selection, instrumentation, data collection procedures, methods of data analysis, validity threats, and strengths of design.

#### **Purpose Statement**

The purpose of this quantitative research study was to investigate the perceptions of college and university counseling center directors of the adequacy of preparation of entry-level master's level counselors for work in college and university counseling centers. For purposes of this study, preparation was assessed by examining college and university counseling center directors' ratings of the ability of entry-level master's level counselors to meet the needs of clients seeking services and perform duties associated with the work of counselors in this setting. The directors' overall assessment of preparation and the mean value of scores from ratings of specific areas were the dependent variables of the study. The independent variables in the study were the credentials of the counseling center director, the number of years he or she has been a mental health professional, the number of years he or she has been a director, the size of the college or university, the number of full time mental health professionals employed by the counseling center, the proportional number of counselors to other mental health professionals on staff, and whether the institution is public or private.

## **Research Design**

A survey research study was conducted that collected information from college and university counseling center directors about their perceptions of mental health professionals typically employed in college and university counseling centers

## **Research Questions**

The following were the research questions in this study

- 1 How do college and university counseling center directors rate the preparation of entry-level master's level counselors for work as mental health professionals within their centers?
  - a How do directors' overall ratings of entry-level master's level counselors compare to overall ratings for other credentialed mental health professionals in similar positions?
  - b How do directors rate the abilities of entry-level master's level counselors to meet the needs of clients and perform specific tasks associated with mental health professionals in a college or university counseling center?
- 2 To what extent do the credentials of the counseling center director, the number of years he or she has been a mental health professional, the number of years he or she has been a director, the size of the college or university, the number of full time mental health professionals employed by the counseling center, the proportion of counselors to other mental health professionals on staff, and whether the institution is public or private predict perceptions of the preparation of entry-level master's level counselors for work in college and university counseling centers?



## Participants

The population used for the study was directors of counseling centers at 4-year colleges and universities located in the U S which offered on-campus housing and had at least 1,000 students enrolled. Colleges and universities without on-campus housing and those with less than 1,000 students were excluded based on the assumption that services offered would significantly vary from those offered to traditional campus communities.

A list of colleges and universities in the U S was obtained by accessing an online database of the National Center for Education Statistics (NCES, 2009), a part of the U S Department of Education. A search of 4-year institutions in the U S that grant bachelor's degrees resulted in 2,467 institutions. This number closely matched the number of 4-year higher education institutes, 2,582, reported by the U S Census Bureau (2009).

Eliminating colleges and universities without on-campus housing or with less than 1,000 enrolled students reduced the list to 1,325 institutions.

An attempt was made to obtain email addresses for each director by searching the respective institution's web site and by contacting the counseling center and requesting the email address by phone. Institutions that did not report having a counseling center, that refused to provide an email address, or whose email was returned undeliverable, were excluded from the list of participants. An initial pilot survey was submitted to 50 directors randomly selected from the population who were also excluded from the full study. These exclusions reduced the list of participants solicited in the full study to 1,114. Assuming a medium effect size and  $P = .08$ , at  $\alpha = .05$ , a minimum of 102 participants were necessary for the full survey (Cohen, 1992). A total of 157 surveys were completed, fulfilling the minimum participant requirement.

## **Instrumentation**

The survey instrument contained 7 sections (Appendix A) The first section contained informed consent information and an indication of Institutional Review Board (IRB) approval The second section collected information about experiences participants have had working with master's-level professional counselors The third and fourth sections contained questions that evaluated the perceived ability of entry-level master's level counselors to meet specific client needs and perform specific tasks The fifth section asked for an overall rating of the perceived preparation of master's level counselors and other mental health professionals for work in college and university counseling centers The sixth section collected demographic information about the director and information about the counseling center The seventh and optional section provided a place for participants to provide additional feedback in essay form regarding their perceptions of the preparation of master's-level counselors

### **Information About Experiences Working with Master's-Level Counselors**

Participants were asked to indicate experiences they have had working with master's level counselors This question was presented at the beginning of the instrument to increase the likelihood that all participants would answer

### **Rating of Entry-Level Master's Level Counselors Ability to Perform Common Tasks and Meet Client Needs**

This section was created based on personal experiences working in a university counseling center, a review of literature, and a review of existing standards for college and university counseling centers Items were categorized as either representing a common task that a counselor would be expected to perform or specific needs of clients

Participants were asked to rate each item using a 6-point Likert scale (1 = very unprepared, 6 = very prepared) Higher scores indicated a higher level of perceived abilities of counselors to complete tasks or meet client needs in a particular area

### **Overall Rating of Entry-Level Master's Level Counselors and Other Mental Health Professionals**

In addition to rating entry-level master's level counselors on specific tasks and their ability to meet specific client needs, the survey included an overall rating of the perceived adequacy of preparation of various entry-level mental health professionals to meet client needs and fulfill relevant roles within a college or university counseling center Specifically, the survey asked participants to rate professional counselors, clinical social workers, marriage and family therapists, clinical psychologists, counseling psychologists, psychiatrists, and rehabilitation counselors each on a 6-point Likert scale (1 = very unprepared, 6 = very prepared)

### **Demographic and Counseling Center Information**

Participants were asked to provide information about themselves and the counseling center where they are employed Demographic information included the director's gender, mental health credentials, the highest educational degree obtained, the number of years of experience as a mental health professional, and the number of years the participant has been employed as a college or university counseling center director Information on the counseling center included the number of mental health professionals employed, the size of the college or university served by the center, whether the institution is public or private, and the state where the institution is located

### **Item Generation and Content Validation**

For developing an instrument to rate the preparation of entry-level master's level counselors, peer-reviewed literature was used to uncover common tasks of college and university counseling center mental health professionals and typical needs of clients that utilize their services. Additionally, existing standards, including accreditation standards that relate to tasks and client needs were also reviewed. Based on findings and on discussions with committee members, an initial list of items was created.

For establishing validity, this initial list of items was sent to an expert panel of college educators with expertise in college and university counseling. These experts were asked to what extent the list of items is relevant to examining the preparation of master's-level counselors for work in college and university counseling centers. Specifically, experts were asked to indicate for each item whether it is *Not at all*, *Somewhat*, or *A lot* relevant. Additionally, experts were asked to provide any additional items that they believe should be included in the instrument.

Of the five experts solicited, four returned completed reviews of the survey. Three of the reviewers were male, and one female. Experience of reviewers included research and publications related to college counseling, work experience in college and university counseling centers, teaching courses related to college counseling, and supervising intern and practicum students working in college and university counseling centers.

All questions were rated "A lot" or "Somewhat" relevant by reviewers, thus no questions were removed from the survey. Based on the feedback, a new role related to Couples and Family Counseling was added to Section III. Additionally, reviewers commented that some questions should be divided into two questions based on the

content covered From Section II, Anger Issues and Risk of Harm to Others was divided into two questions and Identity Issues was divided into a question on Sexual Identity Issues and a question on Self-Concept Issues Similarly, in Section III the question regarding Research was divided into two questions separating conducting research from utilizing research Other changes included modifying the order and wording of some questions

Following the expert review, a pilot study was conducted with 50 participants Seven instruments were completed for a completion rate of 14% Item analysis was conducted on the 31 items from section II and section III of the instrument All items had correlations greater than .50 except for one item "Outreach" ( $r = .17$ ) However, based on the low number of completed instruments in the analysis and a lack of a content difference between outreach and other items in the instrument, it was determined to leave the item in the instrument The coefficient alpha for the 31 items was .98

### **Procedures**

All procedures and instrumentation were reviewed and approved by the Institutional Review Board (IRB) at Old Dominion University An exemption for the research was obtained based on using survey procedures that protect the anonymity and confidentiality of participants After approval of the study from the dissertation committee, email messages were sent to counseling center directors The email provided a request for the recipient to participate in the research along with a hyperlink to the survey instrument hosted on SurveyMonkey (<http://www.surveymonkey.com>) SurveyMonkey did not reveal any information about the participants other than the information collected through the instrument

When participants clicked on the website link, they were directed to the landing page of the survey instrument. This page presented more detailed information about the study, along with an informed consent statement. Participants were informed that by choosing to continue they indicated their consent to participate in the study. Following clicking to continue, participants were guided through completing the instrument. The instrument provided ongoing information to participants about the percentage of content remaining. At the end of the survey was a message thanking participants for completing the survey and providing information on how they may contact the researcher or the committee chair to discuss questions or concerns, and to obtain access to the results of the study. Reminder emails were sent out to the population group in order to increase the return rate. As a feature of SurveyMonkey, participants were only able to complete the survey once based on the unique link sent by email to individuals in the population.

### **Data Analysis**

As part of univariate data screening, SPSS Version 19 was used to report frequencies for all variables. Data that were obviously erroneous were recoded as missing. The remaining missing data was analyzed against demographic data to look for patterns of missing data that may distort findings. Additionally, data was screened for outliers. Outliers were omitted from the analysis using the listwise default if they represented less than 5% of the data. If greater than 5% of the data were outliers mean substitution was used.

Following data screening, a factor analysis was used to determine core factors present in the instrument. Next, data analysis was conducted using descriptive statistics and multiple regression modeling to report on perceptions of entry-level master's level

counselors and differences that exist between the ratings of entry-level master's level counselors compared to other mental health professionals working in college and university counseling centers

### **Research Question 1a**

Participants were asked to provide an overall rating of the preparation of various mental health professionals employed at the counseling center. Descriptive statistics were used to compare the overall ratings of master's level counselors to the overall ratings of other mental health professionals. Specifically, the mean overall scores and standard deviations were reported for each mental health professional.

### **Research Question 1b**

Directors were asked to rate the ability of entry-level master's level counselors to complete various tasks and meet specific client needs in a college or university counseling center using a 6-point Likert scale. Descriptive statistics were used to report on the mean rating of entry-level master's level counselors for each item. Standard deviations were also reported.

### **Research Question 2**

Multiple regression analyses were conducted to predict the score on identified factors (e.g. *high risk counseling*, *low risk counseling*, and *indirect duties*) from the credentials of the director, the director's years of experience in the mental health professional, the director's years of experience as director, the size of the college or university, the number of full time mental health professionals employed by the counseling center, the proportion of master's level counselors to other mental health professionals, and whether the institution is private or public. The models generated were

used to examine the relationship between predictor variables and the scores on identified factors obtained from evaluating the preparation of entry-level master's level counselors to perform tasks and meet client needs associated with work in college and university counseling centers. The analyses reported on the percentage of variability in the ratings based on these predictors, and on which percentages were statistically significant.

### **Limitations**

Internal validity is the degree to which observed differences of dependent variables can be attributed to the independent variables and not to some other variable. External validity is concerned with generalizability of the findings to other people, settings, treatment variables, and measurement variables (Campbell & Stanley, 1963).

Internal threats to this study included history, selection, instrumentation, and attitude of participants. Related to history, participants' experiences may have influenced responses beyond variables that were measured by the study. For example, recent experiences with counselors likely had a greater influence on directors' opinions of counselors preventing a more accurate overall view of counselors. While the entire population of directors meeting the established criteria was invited to participate, a selection bias existed due to completion of the survey being voluntary. Thus, characteristics may have existed that were different between those that chose to complete the survey instrument and those that did not. An instrumentation validity threat existed due to researcher bias. The instrument was created specifically for this exploratory study, thus this may have influenced items that were included. Items could have been included that did not accurately represent tasks of counselors or client needs. Additionally, important items could have been excluded despite a review of literature and consultation.



with experts. The attitude of participants also created a threat to internal validity. Depending on participants' view of the study, responses may have been skewed to more favorably or unfavorably rate entry-level master's level counselors.

All internal validity threats also represent potential threats to the generalizability of the results (Campbell & Stanley, 1963). An additional external validity threat was that ecological characteristics may have influenced the return rate among participants. For example, it may have been that participants from smaller institutions were more or less likely to complete surveys than participants solicited from larger institutions. Thus, the finding of the study may be less generalizable in circumstances where data may be limited systematically from some college and university counseling centers.

### **Strengths of Study**

One strength of the study was the diversity of the population. The population was obtained from a comprehensive list of institutions in the U.S. that included institutions that were accredited and non-accredited, a variety of sizes, and both public and private. Additionally, the validity of the survey was increased through the use of an expert panel to review the initial instrument. Lastly, basing the survey instrument heavily off of existing studies of college and university counseling centers, as opposed to existing training standards, increased the validity of the items to actual knowledge and skills needed by practitioners in college and university counseling centers.

### **Summary of Methodology**

This chapter has explained the methods used in this quantitative study of college counseling center director's perceptions of entry-level master's level counselors. The next chapter presents the results obtained with those methods.

## CHAPTER FOUR

### RESULTS

The purpose of this research study was to evaluate the adequacy of preparation of master's level counselors for work in college and university counseling centers by examining the perceptions of counseling center directors of the ability of entry-level master's level counselors. This chapter provides the results of this study. This chapter is organized in the following order: preliminary data screening and provision of variables, descriptive data for participants and institutions represented, evaluation of instrument, and analysis of results as they relate to the research questions.

#### **Preliminary Data Screening and Provision of Variables**

Prior to analysis related to research questions, univariate data screening was performed for all variables to look for missing or invalid data utilizing SPSS Frequencies, Explore, and Plot procedures. For individual variables, no variable had more than 5% of the cases missing. Therefore, listwise deletion was deemed sufficient for reporting descriptive statistics for individual variables.

Two additional variables were computed from existing variables in preparation of data analysis. *Total number of professionals* was computed as a total of clinical professionals that worked within a counseling center from numbers reported for each type of professional. *LPC proportion* was calculated as a ratio of the combined number of master's level and doctoral level counselors to the *total number of professionals*. A Box Plot of *total number of professionals* revealed four statistical outliers, but these were reviewed and found to be reasonable values and left in the data.

### Descriptive Data for Participants and Institutions Represented

Survey instruments were distributed to 1,156 directors of college and university counseling centers in the U S Forty-two Emails were returned undeliverable reducing the list of participants to 1,114 Of these, 157 participants completed the instrument, representing a completion rate of 14 1%

Participants were asked to indicate the experience they have had working with master's level counselors Only 3 8% indicated having no experience working with master's level counselors, with most participants indicating that they had been responsible for hiring decisions, served as an administrative or clinical supervisor, or worked as a colleague of a master's level counselor Frequency data for participants' responses are presented in Table 1

Table 1

*Experience Working with Master's Level Counselors*

Experience	Frequency	Percentage <sup>1</sup>
Responsible for Hiring	112	71 3%
Administrative Supervisor	115	73 2%
Clinical Supervisor	112	71 3%
Colleague	120	76 4%
No Experience	6	3 8%

*N* = 157

<sup>1</sup> Participants could select more than one answer, therefore percentages do not total to 100%

Participants were asked to indicate their gender. Descriptive data for participants' responses are presented in Table 2.

Table 2

*Gender of Participants*

Gender	Frequency	Percent
Male	61	38.9%
Female	93	59.2%
No Response/Missing	3	1.9%
Total	<i>N</i> = 157	100%

Participants were asked to indicate licenses they currently held. Descriptive data for participants' responses are presented in Table 3.

Table 3

*License Held by Participant*

License	Frequency	Percent <sup>1</sup>
Psychiatrist	0	0%
Social Worker	24	15.3%
Counseling Psychologist	34	21.7%

Clinical Psychologist	35	22.3%
Professional Counselor	49	31.2%
Marriage and Family Therapist	12	7.6%
Registered Nurse/ Nurse Practitioner	7	4.5%
No License	2	1.3%

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*N* = 157

<sup>1</sup>Participants could select multiple licenses, therefore percentages do not total to 100%

Participants were asked to indicate years of experience they had in the mental health field and years of experience as directors of college or university counseling centers. Descriptive data for experience are provided in Table 4.

Table 4

*Years of Experience*

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	<i>Min</i>	<i>Max</i>	<i>Mean</i>	<i>SD</i>	<i>n</i>
Experience in Mental Health Field	0	45	19.74	9.99	152
Experience as Director of College or University Counseling Center	0	37	9.12	7.99	154

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Participants were asked to specify the state in which the institution where they worked was located. Responses were obtained from directors at institutions in 41 states. Descriptive data for participants' responses are presented in Table 5.

Table 5

*State Where Institution Located*

State	Frequency	Percentage
Alabama	3	1.9%
Alaska	1	0.6%
Arizona	2	1.3%
California	7	4.5%
Colorado	2	1.3%
Connecticut	1	0.6%
Florida	5	3.2%
Georgia	4	2.5%
Idaho	1	0.6%
Illinois	7	4.5%
Indiana	5	3.2%
Iowa	4	2.5%
Kansas	1	0.6%
Kentucky	3	1.9%
Louisiana	1	0.6%
Maine	1	0.6%
Maryland	3	1.9%
Massachusetts	6	3.8%
Michigan	5	3.2%
Minnesota	5	3.2%

Mississippi	2	1.3%
Missouri	7	4.5%
Nebraska	1	0.6%
Nevada	1	0.6%
New Hampshire	1	0.6%
New Jersey	2	1.3%
New York	11	7.0%
Ohio	9	5.7%
Oklahoma	2	1.3%
Oregon	3	1.9%
Pennsylvania	9	5.7%
Rhode Island	1	0.6%
South Carolina	5	3.2%
South Dakota	1	0.6%
Tennessee	6	3.8%
Texas	6	3.8%
Virginia	6	3.8%
Washington	1	0.6%
West Virginia	2	1.3%
Wisconsin	7	4.5%
Missing	6	3.8%
<hr/>		
Total	<i>N</i> = 157	100%
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Participants were asked to indicate the number of students enrolled in the institution where they worked. Descriptive data for the participants' responses are presented in Table 6.

Table 6

*Number of Enrolled Students*

Number of Students	Frequency	Percent
Less than 2,500	53	33.8%
Between 2,500 and 10,000	63	40.1%
Between 10,001 and 20,000	24	15.3%
Greater than 20,000	13	8.3%
Missing	4	2.5%
Total	$N = 157$	100%

Participants were asked to indicate whether the type of institution private (for-profit), private (not-for-profit), or public. Descriptive data are presented in Table 7. Additionally, participants were asked to specify whether their institution was religiously affiliated. Of 149 participants responding to this question, 39.6% ( $n = 59$ ) indicated their institution was religiously affiliated.

Table 7

*Type of Institution*

Type of Institution	Frequency	Percent
Private (for-profit)	16	10.2%



Private (not-for-profit)	74	47.1%
Public	62	39.5%
Missing	5	3.2%
Total	$N = 157$	100%

Participants were asked to indicate the number and type of full time clinicians employed by the counseling center. Descriptive data for clinicians employed are presented in Table 8. Counseling centers had the highest mean number of master's level counselors ( $M = 1.48$ ,  $SD = 1.90$ ,  $N = 157$ ), followed by clinical psychologists ( $M = 1.15$ ,  $SD = 2.61$ ,  $N = 157$ ) and counseling psychologists ( $M = 1.00$ ,  $SD = 2.26$ ,  $N = 157$ ). Some clinicians indicated in comments provided that they employed part-time clinicians that could not be indicated in the instrument, and therefore went unrepresented.

Table 8

*Clinicians Employed*

Professionals Employed	Min	Max	Mean	SD
Psychiatrists	0	8	33	1.03
Clinical Psychologists	0	20	1.15	2.61
Counseling Psychologists	0	20	1.00	2.26
Master's Level Counselors	0	11	1.48	1.90
Doctoral Level Counselors	0	5	32	.77
Master's Level Social Workers	0	6	66	1.11

Doctoral Level Social Workers	0	1	03	18
Master's Level Marriage and Family Therapists	0	8	18	85
Doctoral Level Marriage and Family Therapists	0	2	06	29
Master's Level Rehabilitation Counselors	0	3	06	31

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*N* = 157

### **Evaluation of Instrument**

An item analysis and an exploratory factor analysis using principal component extraction and an oblique rotation were conducted to determine core factors present in the instrument and to verify that the items in the instrument were appropriate for the purposes of this study. The item analysis was conducted on the 31 items from section II and section III of the instrument utilizing the data from the full study. All items had correlations greater than .40, and the coefficient alpha for the 31 items was .96.

For the factor analysis, an initial concern was the poor to fair sample size for conducting a factor analysis. An ideal number for the number of variables would have been a ratio of 10 participants for each item, or 310 cases (Meyers, Gamst, & Guarino, 2006). Despite the small number of participants, the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was .92, indicating the sample was adequate for factor analysis. Bartlett's test of sphericity was significant ( $p < .001$ ) and thus rejected the null hypothesis of lack of sufficient correlation between the variables. A scree plot suggested 3 factors would be used in the solution representing 61.64% of the variance.

A review of the initial solution revealed that all communalities were greater than .5 except for Supervision, which had a value of .36. Because this item was exceptionally

low, it was removed from the model and the factor analysis was rerun. The final model had 30 items and a KMO value of .93. The rotated solution (see Table 9) indicated three factors: high risk counseling, low risk counseling, and indirect duties. These factors represented 63.68% of the variance. Communalities for the 30 items ranged between .49 and .79.

Table 9

*Correlations between Items and Identified Factors*

Item	Factors		
	High Risk	Low Risk	Indirect Duties
<b>High Risk Counseling Items</b>			
Schizophrenia and Other Psychotic Features	<b>.85</b>	.07	.15
Risk of Harm to Others	<b>.82</b>	.28	.00
Trauma Related Issues	<b>.79</b>	.20	.23
Personality Disorders	<b>.79</b>	.16	.29
Self-injury Behaviors	<b>.78</b>	.29	.20
Substance Abuse and Addictive/Compulsive Behaviors	<b>.76</b>	.15	.17
Eating Related Issues	<b>.75</b>	.22	.22
Psychotropic Medications	<b>.74</b>	.21	.18
Suicidal Ideation or Attempts	<b>.72</b>	.36	.10

Crisis Intervention	<b>68</b>	36	14
Couples and Family Counseling	<b>.63</b>	34	24
Assessment and Diagnosis	<b>.59</b>	19	46
Consultation	<b>.58</b>	28	29
<b>Low Risk Counseling Items</b>			
Self-Concept Issues	28	<b>.82</b>	22
Career Related Issues	05	<b>.74</b>	09
Relational Difficulties	35	<b>.74</b>	10
Special Student Populations	39	<b>.71</b>	21
Learning/Academic Concerns	10	<b>.70</b>	19
Anger Issues	45	<b>.65</b>	16
Mood Related Issues	42	<b>.64</b>	30
Individual Counseling	33	<b>.63</b>	37
Stress, Anxiety, and Phobias	39	<b>.62</b>	35
Referrals	39	<b>.54</b>	34
<b>Indirect Duties Items</b>			
Conducting Research and Evaluation	24	13	<b>.78</b>
Utilizing Research	22	26	<b>.77</b>
Administration	15	21	<b>.69</b>
Management of Ethical and Legal	31	37	<b>.56</b>
Issues/Risks			
<b>Complexly Determined Items</b>			

Sexual Identity Issues	53	46	16
Group Counseling	51	42	36
Outreach	06	55	54

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Factor 1, with 13 items, represented high risk counseling (eigenvalue = 8.84) and accounted for 28.52% of the variance. Items within this factor related to counseling high risk clients or in high risk situations, often demanding specialized skills. Factor 2, with 10 items represented low risk counseling (eigenvalue = 6.66) and accounted for 21.47% of the variance. These items related to counseling low risk clients that typically demand less specialized skills. Factor 3, with 4 items, represented indirect duties (eigenvalue = 3.61) and accounted for 11.65% of the variance. These 4 items related to functions such as administrative duties and research. Three items, sexual identity issues, group counseling, and outreach, loaded on multiple factors.

Based on these findings three new variables were created representing the total of items in each factor: *high risk counseling*, *low risk counseling*, and *indirect duties*. Complexly determined items were added to the factor that they loaded the highest on. In initial totals, missing values among individual items caused up to 11 missing cases on the factor scores. Because this represented greater than 5% of the cases, mean substitution was used to replace missing data on individual items, and the totals were recomputed for the new variables. Results from the item analysis and factor analysis support the appropriateness of items included in the instrument for purpose of this study.

### Research Question 1

The first research question sought to answer How do college and university counseling center directors rate the adequacy of preparation of entry-level master's level counselors for work as mental health professionals within their centers? The first of two sub-questions to explore this question was How do the director's overall ratings of entry-level master's level counselors compare to overall ratings for other credentialed mental health professionals in similar positions? This question was explored through descriptive statistics of the overall ratings

Participants provided an overall rating of various clinical professions that may work in a college or university counseling center Specifically, participants were to rate whether they Strongly Disagree, Moderately Disagree, Somewhat Disagree, Somewhat Agree, Moderately Agree, or Strongly Agree that each category of professional was overall prepared to meet client needs and perform specific tasks associated with work in a college or university counseling center Results indicated that 75.2% somewhat or moderately agreed that entry-level master's level counselors were overall prepared to meet client needs and conduct associated tasks of clinicians in a college or university counseling center Frequency data for overall ratings are presented in Table 10

Table 10

*Frequencies of Overall Rating of Master's Level Counselors*

	Frequency	Percent
Strongly Disagree	1	0.6%

Moderately Disagree	5	3.2%
Somewhat Disagree	6	3.8%
Somewhat Agree	46	29.3%
Moderately Agree	72	45.9%
Strongly Agree	27	17.2%
<hr/>		
Total	$N = 157$	100%

For purposes of comparing ratings, a numeric value was assigned to each of the Likert-scale values, beginning with a 1 for Strongly Disagree to a 6 for Strongly Agree. Means and standard deviations were then calculated for the overall rating of each type of professional (see Table 11). Using this method, Clinical Psychologists were rated highest ( $M = 5.23$ ,  $SD = .78$ ,  $N = 157$ ), and master's level counselors were rated 6th ( $M = 4.68$ ,  $SD = .95$ ,  $N = 157$ ). Of note, master's level counselors were rated the highest of master's level professionals.

Table 11

*Descriptive Statistics for Overall Rating of Mental Health Professionals*

Credential	<i>Min</i>	<i>Max</i>	<i>Mean</i>	<i>SD</i>	<i>n</i>
Counseling Psychologist	3	6	5.36	.69	155
Clinical Psychologist	2	6	5.23	.78	157
Doctoral Level Counselor	2	6	5.12	.78	155

Doctoral Level Social Worker	2	6	4 92	89	154
Psychiatrist	1	6	4 83	1 02	156
Master's Level Counselor	1	6	4 68	95	157
Master's Level Social Worker	1	6	4 59	1 00	157
Doctoral Level Marriage and Family Therapist	1	6	4 55	1 15	155
Master's Level Marriage and Family Therapist	1	6	4 24	1 11	155
Master's Level Rehabilitation Counselor	1	6	3 75	1 22	155

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The second sub-question for research question one asked How do directors rate the ability of entry-level master's level counselors to meet the needs of clients and perform specific tasks associated with mental health professionals in a college or university counseling center? This question was answered utilizing data collected from sections II and III of the instrument

In section II of the instrument, participants rated their perception of the ability of entry-level master's level counselors to meet client needs in a college or university counseling center For purposes of reporting ratings, a numeric value was assigned to each of the Likert-scale values, beginning with a 1 for Strongly Disagree to a 6 for Strongly Agree Means and standard deviations were then calculated for each rating (see Table 12) Counselors were rated highest in their ability to meet client needs related to Relational Difficulties ( $M = 5.16$ ,  $SD = .82$ ,  $N = 157$ ), Self-Concept Issues ( $M = 5.09$ ,  $SD = .82$ ,  $N = 157$ ), and Mood Related Issues ( $M = 4.99$ ,  $SD = .89$ ,  $n = 156$ ) Counselors



were rated lowest in their ability to meet client needs related to Schizophrenia and Other Psychotic Features ( $M = 3.54$ ,  $SD = 1.31$ ,  $N = 157$ ), Psychotropic Medications ( $M = 3.59$ ,  $SD = 1.27$ ,  $n = 156$ ), and Personality Disorders ( $M = 3.71$ ,  $SD = 1.37$ ,  $N = 157$ )

Table 12

*Ratings of Entry-Level Master's Level Counselors Ability to Meet Client Needs*

Client Need	Mean	SD	n
Relational Difficulties	5.16	.82	157
Self-Concept Issues	5.09	.82	157
Mood Related Issues	4.99	.89	156
Learning/Academic Concerns	4.90	.94	156
Stress, Anxiety, and Phobias	4.90	.90	156
Career Related Issues	4.77	1.04	157
Anger Issues	4.69	.95	156
Special Student Populations	4.69	.97	157
Suicidal Ideation or Attempts	4.41	1.15	157
Sexual Identity Issues	4.38	1.11	157
Substance Abuse and Addictive/Compulsive Behaviors	4.20	1.11	157
Self-Injury Behaviors	4.17	1.13	157
Risk of Harm to Others	4.04	1.27	155
Trauma Related Issues	4.04	1.37	156

Eating Related Issues	4 00	1 16	157
Personality Disorders	3 71	1 37	157
Psychotropic Medications	3 59	1 27	156
Schizophrenia and Other Psychotic Features	3 54	1 31	157

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For Section III, participants rated the perceived ability of master's level entry-level counselors to perform specific roles (see Table 13). Counselors were rated highest in their ability to perform Individual Counseling ( $M = 5.25$ ,  $SD = .88$ ,  $n = 156$ ), Outreach ( $M = 4.96$ ,  $SD = 1.02$ ,  $n = 156$ ), and Administration ( $M = 4.95$ ,  $SD = 1.15$ ,  $n = 156$ ). Counselors were rated lowest in their ability to perform Supervision ( $M = 2.88$ ,  $SD = 1.42$ ,  $n = 155$ ), Consultation ( $M = 4.06$ ,  $SD = 1.22$ ,  $N = 157$ ), and Assessment and Diagnosis ( $M = 4.14$ ,  $SD = 1.19$ ,  $n = 156$ ).

Table 13

*Rating of Entry-level Master's Level Counselors Ability to Perform Roles*

Role	Mean	SD	n
Individual Counseling	5.25	.88	156
Outreach	4.96	1.02	156
Administration	4.95	1.15	156
Referrals	4.74	1.07	157
Management of Ethical and	4.72	1.11	157

## Legal

## Issues/Risks

Group Counseling	4 66	1 16	156
Utilizing Research	4 61	1 13	157
Crisis Intervention	4 31	1 19	155
Couples and Family Counseling	4 23	1 21	155
Conducting Research and Evaluation	4 21	1 30	157
Assessment and Diagnosis	4 14	1 19	156
Consultation	4 06	1 22	157
Supervision	2 88	1 42	155

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**Open Response Data**

Additional information about participants' views regarding the preparation of master's level counselors was collected through an optional free response section of the survey instrument (section VI of the survey instrument) Sixty-eight participants provided comments in this section These comments were reviewed and are presented based on common themes

**Entry-Level Counselors as Adequately Prepared.** Comments by some of the participants indicated that they felt that counselors were adequately prepared for work in college or university counseling centers Examples included a statement indicating they were "overall impressed with the preparation and readiness of master's level counselors"

and a statement that master's level counselors were "very adequately equipped to work fully with clients "

Some participants indicated feeling that master's level counselors were better prepared than others due to doctoral level psychologists being "often too focused on diagnosing disorders and not attentive enough to the whole person and the person-in-environment adaptation," and stating that psychologists are "often not trained in advocacy for clients, which is very valuable and appropriate to the college counseling center environment " Furthermore, master's level counselors were perceived by one participant as "much more in tune with the strengths-based approach that can be quite successful in a college setting "

Others noted feeling that master's level counselors may lack some skills of other clinicians, but that the skills they lacked were not essential "We'd prefer to see more seasoning for professionals when we're coping with life-threatening concerns (cutting, disorders, suicidal ideation) but, candidly, we can always refer our students to off-campus veterans for those worries "

**Entry-Level Counselor Preparation as Depending on Multiple Factors.** The bulk of participants providing optional comments stated that the adequacy of preparation was inconsistent For example, one participant stated

It has been my observation that the quality of master level training programs are highly variable I have worked with new master level therapists who have never done an intake, who have case conceptualization issues, and who have little or no knowledge of common psychotropic medications In addition, their writing skills are appalling and they have little experience with critical thinking On the other

hand, I have worked with experienced master level mental health professionals who are highly knowledgeable and skill and gifted clinicians

Some participants attributed these differences to a variance in training-related or individual factors of the counselor. Training-related factors noted included the quality of the training program attended and quality and relevancy of field experiences. Individual factors noted included age, life experiences, maturity, and personality. "I believe that many master's level counselor can be very effective. Much depends on age, maturity, and experience. My master's level [counselor] is more experienced, and in many ways, more effective as a counselor than some of the doctoral level counselors that I have had in the past."

**Entry-Level Counselors as Inadequately Prepared.** Some participants stated that they felt master's level counselors were inadequately prepared, with areas of deficiency noted as ethics, substance abuse, crisis management, diagnosis, application of theory, developmental knowledge, and risk assessment. However, many comments suggested that master's level counselors could become adequate through additional supervision and experience. "In my experience, entry-level counselors are prepared with basic academic knowledge and convert this knowledge to skills readily as experience is gained under supervision." Others felt that the additional supervision and experience needed were beyond what they were willing or had the time to provide. "I believe that master's level counselors have the capability to learn and quickly adapt—we just don't have the time or the personnel available to provide this training." Still another noted the viewpoint that in settings such as rural locations of big institutions, master's level clinicians lacked the advanced skills needed.

A two year graduate program is not sufficient to work in our setting which requires the knowledge, experience, and ability to work with clinical complexity (personality disorders, severe axis I disorders), provide diagnosis (many masters programs I find do not require a graduate level course in psychopathology), provide multicultural competent counseling (I find that many masters programs do not require a course in multicultural counseling), conduct testing and assessment (which is not permitted without a doctoral level in our state), or provide clinical supervision for doctoral trainees (no coursework in clinical supervision, cannot oversee testing/research ) Most masters programs also do not require a thesis so I am not confident in counselors' ability to provide empirically supported treatments If ours were a small agency that only provided short-term counseling (no clinical training or supervision, referring out for more severe clinical cases, no testing or assessment), then someone with a terminal masters degree might be well-suited

One last concern raised regarding master's level counselors related the problem of perceived ability Multiple participants noted that it is important that clinicians have doctoral degrees so that they have credibility with students and faculty, many of whom have PhD degrees or are working on advanced degrees Of additional concern was the age of master's level counselors One participant presumed that master's level clinicians would be younger, which would result in the professional having less credibility with older students and faculty

## Research Question 2

The second research question asked To what extent do the credentials of the counseling center director, the number of years he or she has been a mental health professional, the number of years he or she has been a director, the size of the college or university, the number of full time mental health professionals in the counseling center, the proportion of counselors to other mental health professionals on staff, and whether the institution is public or private predict perceptions of the preparation of entry-level master's level counselors for work in a college or university counseling center? To answer this question multiple regression analyses were conducted utilizing the three factors (e.g. *high risk counseling*, *low risk counseling*, and *indirect duties*) identified in the exploratory factor analysis as dependent variables

Prior to conducting multiple regression analyses, data screening was conducted to check for outliers and to assess for normality and homoscedasticity. A Box Plot revealed two cases as statistical outliers for *high risk counseling*. Reviewing these cases showed that responses represented disproportionately low ratings on related items. Because these cases represented less than 5% of the data, they were removed. Using Mahalanobis distance, no multivariate outliers were found in the cases ( $p > .001$ )

Regarding normality, *years of experience as director* and *total number of professionals* were both found to be positively skewed beyond an acceptable range ( $>1.0$ ). Both were transformed using a log base 10 transformation to induce normality. The histogram for *LPC proportion* indicated a trimodal distribution. Due to the violation of the normality assumption, it was decided to instead replace this variable with *at least one professional counselor*, a dichotomous variable computed that indicated if the

counseling center employed at least one full time professional counselor. No other concerns were found related to normality for individual variables.

Scatterplots were generated to verify linearity and homoscedasticity between each factor and *years experience in mental health*, *log 10 years experience as director*, and *log 10 total professionals*. Scatterplots revealed linear relationships among all variables. Additionally, a scatterplot revealed a possible variation from homoscedasticity in the relationship of *low risk counseling* and *log 10 years as director* and between *low risk counseling* and *log 10 total professionals*.

A multiple regression analysis was conducted to predict *indirect duties* from the credentials of the counseling center director, the number of years he or she had been a mental health professional, the number of years he or she had been a director, the size of the college or university, the number of full time mental health professionals in the counseling center, whether or not the counseling center employed at least one professional counselor, and whether the institution was public. The results of this analysis indicate that the linear combination of predictors did not account for a statistically significant amount of *indirect duties* variability,  $R^2 = .15$ ,  $F(13,130) = 1.73$ ,  $p = .06$ . All Tolerance statistic values were within an appropriate range ( $> .1$ ), suggesting that multicollinearity was not an issue. A summary of regression coefficients is presented in Table 14. Only the variable counseling psychologist significantly contributed to the model.



Table 14

*Coefficients for Indirect Duties Model (n = 144)*

Variable	<i>B</i>	<i>SE(B)</i>	$\beta$	<i>t</i>	Sig ( <i>p</i> )	<i>Partial</i>
At least one counselor	1.11	.76	.14	1.47	.14	.13
Log 10 Total Professionals	-.12	1.30	-.01	-.09	.93	-.01
Log 10 Years as Director	1.33	.86	.15	1.54	.13	.13
Public	-.45	.73	-.06	-.61	.54	-.05
Student Size 2,500 to 10,000	.62	.77	.08	.81	.42	.07
Student Size 10,001 to 20,000	1.16	1.20	.12	.97	.34	.09
Student Size Over 20,000	-.13	1.70	-.01	-.08	.94	-.01
Years Experience	-.03	.04	-.08	-.75	.46	-.07
Social Worker	.43	1.10	.04	.39	.70	.30
Counseling Psychologist	-2.46	.98	-.29	-2.51	.01	-.22
Clinical Psychologist	-1.48	.92	-.18	-1.60	.11	-.14
Professional Counselor	-.93	.95	-.12	-.98	.33	-.09
Marriage and Family Therapist	1.64	1.18	.13	1.39	.17	.12

A second multiple regression analysis was conducted to predict *high risk counseling* from the credentials of the counseling center director, the number of years he or she had been a mental health professional, the number of years he or she had been a

director, the size of the college or university, the number of full time mental health professionals in the counseling center, whether or not the counseling center employed at least one professional counselor, and whether the institution was public. The results of this analysis indicate that the overall model did not significantly predict *high risk counseling*,  $R^2 = .13$ ,  $F(13,128) = 1.49$ ,  $p = .13$ . All Tolerance statistic values were within an appropriate range ( $> .1$ ), suggesting that multicollinearity was not an issue. A summary of regression coefficients is presented in Table 15. The variables *counseling psychologist* and *log 10 years as director* significantly contributed to the model.

Table 15

*Coefficients for High Risk Counseling Model (n = 142)*

Variable	B	SE(B)	$\beta$	t	Sig (p)	Partial
At least one counselor	.94	.275	.03	.34	.73	.03
Log 10 Total Professionals	.13	.462	-.00	.03	.98	.00
Log 10 Years as Director	.680	.310	.22	2.19	.03	.19
Public	.60	.264	.02	.23	.82	.02
Student Size 2,500 to 10,000	.360	.276	.14	1.30	.20	.11
Student Size 10,001 to 20,000	.766	.429	.22	1.79	.08	.16
Student Size Over 20,000	.492	.636	.10	.77	.44	.07
Years Experience	-.18	.13	-.14	-1.33	.19	-.11
Social Worker	.326	.392	.09	.83	.41	.07

Counseling Psychologist	-8 16	3 54	- 27	-2 31	02	- 19
Clinical Psychologist	-2 69	3 32	- 09	- 81	42	- 07
Professional Counselor	-5 20	3 40	- 19	-1 53	13	- 13
Marriage and Family Therapist	1 50	4 22	03	36	72	03

A third multiple regression analysis was conducted to predict *low risk counseling* from the credentials of the counseling center director, the number of years he or she had been a mental health professional, the number of years he or she had been a director, the size of the college or university, the number of full time mental health professionals in the counseling center, whether or not the counseling center employed at least one professional counselor, and whether the institution was public (see Table 16). The results of this analysis indicate that the overall model did not significantly predict *low risk counseling*,  $R^2 = .07$ ,  $F(13,130) = .78$ ,  $p = .66$ , and none of the individual variables significantly contributed to the model. All Tolerance statistic values were within an appropriate range ( $> .1$ ), suggesting that multicollinearity was not an issue.

Table 16

*Coefficients for Low Risk Counseling Model (n = 144)*

Variable	B	SE(B)	$\beta$	t	Sig (p)	Partial
At least one counselor	1 94	1 52	.12	1 28	.20	.11
Log 10 Total Professionals	.87	2 58	.05	.34	.74	.03

Log 10 Years as Director	50	1 74	03	29	77	03
Public	65	1 46	05	45	66	04
Student Size 2,500 to 10,000	- 37	1 55	- 03	- 24	81	- 02
Student Size 10,001 to 20,000	1 88	2 41	10	78	44	07
Student Size Over 20,000	-2 17	3 48	- 08	- 62	53	- 06
Years Experience	-0 01	08	- 02	- 18	86	- 02
Social Worker	42	2 20	02	19	85	02
Counseling Psychologist	-2 87	1 96	- 17	-1 46	15	- 13
Clinical Psychologist	-2 18	1 86	- 14	-1 17	24	- 10
Professional Counselor	-2 05	1 90	- 14	-1 08	28	- 09
Marriage and Family Therapist	1 85	2 37	07	78	44	07

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*Note* Type of degree was represented with five dummy variables with Other represented as the reference group

## **CHAPTER FIVE**

### **DISCUSSION**

This chapter presents a discussion of the results of this study. This chapter is organized in the following order: summary of findings, implications for college and university counseling center clinical supervisors, implications for college and university counseling center directors, implications for counselor educators, implications for master's level counselors and counselor trainees seeking employment in college and university counseling centers, implications for counselor educators, limitations of the study, and suggestions for future research.

#### **Summary of Findings**

The purpose of this study was to investigate the adequacy of preparation of entry-level master's level counselors for professional positions in college and university counseling centers. Preparation was assessed by surveying college and university counseling center directors' perceptions regarding the ability of entry-level master's level counselors to meet client needs and perform relevant roles. The population used for the survey was directors of college and university counseling centers at institutions in the U S that had at least 1,000 students enrolled and offered on campus housing. Of 1,114 directors receiving the study, 157 completed the instrument for a completion rate of 14.1%.

A diversity of participants and institutions were represented in the study. Participants represented in the study included professional counselors, clinical and counselor psychologists, social workers, marriage and family therapists, and registered nurses. Participants on average had approximately 20 years experience in mental health.

and 9 years of experience as a college or university counseling center director. Over 96% indicated that they had some experience working with master's level counselors. Over 59% indicated being female.

Institutions from 41 states were represented in the study, and included various size institutions ranging from small institutions with less than 2,500 students to large institutions with over 20,000 students enrolled. Approximately three quarters of the participants were from schools with 10,000 or less students enrolled. The majority of participants (approximately 57%) worked for private institutions, with over 39% indicating the institution was religiously affiliated.

Directors reported employing a range of mental health professionals including psychiatrists, clinical psychologists, counselor psychologists, master's and doctoral level professional counselors, master's and doctoral level clinical social workers, master's and doctoral level marriage and family therapists, and rehabilitation counselors. Counseling centers had the highest mean number of master's level counselors employed, followed by clinical and counseling psychologists. The distribution of demographics and institutional characteristics were similar to statistics reported by the annual survey of college counseling center directors by the ACCA (Gallagher, 2009) suggesting that the sample was representative of the broader population of directors in U.S. colleges and university counseling centers.

### **Research Question 1**

The results of this study found that over 92% agreed to some extent that entry-level master's level counselors were overall capable of meeting client needs and performing associated roles associated with work of mental health professionals in a

college or university counseling center. Additionally, master's level counselors were rated the highest overall of master's level clinicians. On individual ratings, counselors were rated highest in providing individual counseling and providing services related to relational difficulties and self-concept issues. Counselors were rated lowest in providing supervision, in understanding issues related to psychotropic medications, and in working with clients with schizophrenia and other psychotic features. Only with regard to supervision were entry-level master's level counselors rated on average as not being capable. This rating was not surprising considering supervision is not a core part of master's level counselor training standards and in some states supervision requires additional coursework and experience beyond a master's degree (Bernard & Goodyear, 2009, CACREP, 2009).

Nonetheless, entry-level master's level counselors were rated overall below entry-level counseling psychologists, clinical psychologists, doctoral level counselors, doctoral level social workers, and psychiatrists. Negative ratings and open-ended responses of some participants further illuminated that these differences were perceived as a concern by some and had an impact on hiring decisions. Some responses suggested that differences in ratings could have been partly accounted for by the additional experience that doctoral level clinicians have as part of their degree requirement (e.g., additional hours required as part of internship and practicum experience in psychology degrees). Other responses noted that there was significant variance in the ability of entry-level counselors that was dependent on factors including the program they graduated from, the quality and relevance of the counselor internship experience, and individual traits including age and life experiences.

As addressed in Chapter 2, there is a lack of research examining the preparation of mental health professionals for work in college and university counseling centers (Bishop, 2006). The results of this study had similarities and differences from Martin, Partin, and Trivette's (1998) study of counselors working in mental health agencies with regard to ratings of mental health professionals. Similarly, counselors in their study were rated on average qualified to meet client needs. Results also corresponded with high ratings found in their study of counselors in the areas of individual counseling, administration, and management of ethical and legal issues. Also, Martin, Partin, and Trivette (1998) similarly reported directors' perceptions of counselors being less skilled in the areas of supervision, psychotropic medication, and psychopathology.

However, in overall ratings Martin, Partin, and Trivette (1998) found clinical social workers were rated the highest overall, followed by psychiatrists, psychologists, and then professional counselors. In contrast, in this study, psychologists were rated the highest, with social workers rated lower than psychiatrists and counselors. Differences in findings may be accounted for in part by different demands and client needs between community mental health centers versus college and university counseling centers. Other differences include that Martin, Partin, and Trivette's study was focused on evaluating all licensed mental health professionals as opposed to only entry-level mental health professionals and their study was specific to mental health professionals in Ohio. Moreover, Martin, Partin, and Trivette hypothesized that the fact that most of the directors were clinical social workers in their study may have biased ratings of clinical social workers.



## Research Question 2

Additionally, this study looked for factors that may have influenced ratings of entry-level master's level counselors. No statistically significant effect on ratings was found as a result of the credentials of the counseling center director, the number of years he or she had been a mental health professional, the number of years he or she had been a director, the size of the college or university, the number of full time mental health professionals employed by the counseling center, whether or not the counseling center employed at least one counselor, or whether the institution was public or private.

These results contrasted with Martin, Partin, and Trivette's (1998) study that found counselors were rated lower by clinical social workers than by other counselors. Martin, Partin, and Trivette suggested that the results of their study might represent the preference of directors for clinicians with similar credentials. Given that psychologists were represented in the greatest number in this study, one might have expected a statistically significant difference in ratings of counselors by psychologists. In the results, whether the director was a counseling psychologist contributed significantly to the models for predicting scores on counselors' ability to perform indirect duties and respond to high risk client needs. However, the models themselves were not found to be statistically significant.

Additionally, Destefano, Petersen, Skwerer, and Bickel's (2001) study found differences among the importance directors gave to various roles of counselors based on the years of experience of the director, the size of the institution, and whether the institution was public or private. Vespia (2007) also found differences between small and large institutions in staffing and in practices of assessment, diagnosis, and treatment.

However, in this study these differences were not significant predictors of combined ratings of the abilities of entry-level master's level counselors

### **Implications for College and University Counseling Center Clinical Supervisors**

Findings from this study indicate that entry-level master's level counselors are overall prepared for work in college and university counseling centers in all areas except for supervision, with marginal concerns related to identifying, helping, or referring clients related to personality disorders, psychotropic medications, and schizophrenia and other psychotic features. As noted, supervision is not a typical role of entry-level counselors, many of whom would also be continuing under supervision themselves towards licensure. However, because of the increasing importance being given to college and university counselors handling more severe mental health concerns (e.g., Bishop, 2006, Gallagher, 2009, Kitzrow, 2003) perceived deficiencies related to other areas would warrant attention from clinical supervisors of master's level counselors working in college and university counseling centers. Specifically, clinical supervisors would be recommended to assess counselors' abilities in areas rated less favorably and to provide additional training where necessary.

### **Implications for College and University Counseling Center Directors**

Based on the finding that entry-level master's level counselors were on average rated as capable in almost all areas surveyed, directors can feel overall confident employing master's level counselors in their centers. At the same time, many directors voiced concerns about inconsistencies in the preparation of master's level counselors and about a perceived lack of resources to provide the supervision and training necessary to address areas perceived of as deficient.

Directors can address the issue of inconsistency by better screening applicants based on the training program the applicant attended, on the applicability of practicum and internship experiences during training, and on additional training or experience applicants may have had. Related to the training program attended, key areas to assess would be whether the program was CACREP accredited, the number of hours completed as part of the degree, and the areas of coursework completed. Additionally, by developing relationships with local counselor training programs and by providing internship positions to trainees, directors can obtain more information about the quality of potential applicants from those programs.

Related to limited resources for training and supervision, some directors perceived entry-level master's level counselors as needing extensive additional training and supervision in order to be prepared for work in college and university counseling centers. Arguably, this viewpoint is based on a model that posits that all mental health professionals working in college and university should be highly skilled generalists. In contrast, other directors viewed master's level counselors as bringing unique strengths and minimized concerns about master's level counselors' capabilities stating that when counselors encountered issues for which they were not prepared they could refer clients to more qualified mental health professionals at the counseling center or to resources in the community. In the later perspective, it would only be essential that master's level counselors could identify and refer cases that exceed their qualifications. Moreover, entry-level positions could also be lower pay, saving the counseling center money and potentially allowing for the hiring of additional mental health professionals.

### **Implications for Master's Level Counselors and Counselor Trainees Seeking Employment in College and University Counseling Centers**

While the finding that entry-level counselors were rated on average as capable in almost all areas surveyed, many directors were more critical of the preparation of counselors. Entry-level master's level counselors seeking work in centers with directors of similar opinions may face difficulties being hired, if not being excluded entirely from the hiring pool. Most directors expressed that they felt master's level counselors would close any perceived gap in preparation with additional experience and supervision. In this way, hiring concerns may relate primarily to candidates without any prior counseling experience.

For counselor trainees intending to work in college or university counseling centers, one way of mitigating concerns of more critical directors would be through obtaining practicum and internship experiences related to college counseling. Also, counselors unable to find immediate work in college or university counseling positions upon graduating may have to seek out "bridge positions" that will gain them additional experience and supervision to advance their clinical skills. Additionally, master's level counselors may want to consider further training and experience through a doctoral degree in counseling or counselor education. Many directors noted that the doctoral degree provides additional job opportunities and helps mental health professionals practicing in higher education settings have greater credibility with administrators, students, and faculty. Additionally, CACREP (2009) standards include training in supervision as part of the doctoral degree requirement, which was an area where entry-level counselors were noted as lacking preparation.

### **Implications for Counselor Educators**

The results of this study support that counselor training programs are adequately preparing counselors for work in college and university counseling centers, while also revealing areas for improvement. Specifically, training programs could increase training in areas where counselors were rated lower including identifying, helping, or referring clients related to personality disorders, psychotropic medications, and schizophrenia and other psychotic features. Additionally, training programs could focus on helping trainees with an interest in college counseling obtain internships that better prepare them for work in that setting.

The results of the study also affirm the importance of CACREP (2009) training standards. Multiple participants commented that there were large inconsistencies between master's level counselors. Others noted that they would only hire counselors from programs that they knew provided quality training. Ideally, CACREP standards would become a standard that directors would come to trust as a mark of a high quality counselor training program. At the same time, CACREP standards for Student Affairs and College Counseling may be doing a disservice to counselor trainees seeking work in college and university counseling centers. Unlike Clinical Mental Health Counseling standards that are migrating to requiring 60 semester credit hours, the Student Affairs and College Counseling track only requires 48 semester credit hours.

Additionally, Student Affairs and College Counseling standards lack a requirement for being able to conduct multi-axial diagnosis utilizing the Diagnostic and Statistical Manual of Mental Disorders (DSM) and do not require any knowledge of psychotropic medications. These omissions, which are part of the Clinical Mental Health

Counseling standards, may put graduates of the supposed "college counseling" track at a disadvantage for some college and university counseling positions. Based on the results of this study, students would benefit by being made aware of the how differences in educational tracks may have an impact on their future career options within college and university counseling centers.

Finally, counselor educators can play an important role as advocates for counselors among the college and university campuses where they work. One director who had an overall unfavorable view of counselor preparation noted that he or she would hire counselors from the counseling graduate program at the institution where he or she worked. Presumably, the relationship hosting interns and interacting with faculty in the program developed a level of trust in the quality of counselors produced from that program. Developing relationships with the counseling center of one's own institution also creates an avenue to better assess and address any concerns directors may have about counselor preparation. Additionally, beyond working more closely with counseling centers, involvement in campus issues related to mental health could also increase the visibility of counselors, and promote their capabilities among campus administrators, faculty, and staff.

### **Limitations of the Study**

Limitations exist in this study that should be considered in the interpretation of results. These limitations relate to the instrument and the sample used.

#### **Instrumentation limitations**

As an exploratory study the instrument utilized in the study was created specifically for this study. While steps were taken to review the validity of the

instrument, its novelty increases the possibility that items were not representative of the requirements of counselors in college and university counseling centers. Additionally, the instrument did not weight the importance of items. Thus, ratings of potentially less important areas may distort conclusions on the overall preparation of counselors. Similarly, some issues may be more or less important based on institutional characteristics, which may limit generalizations to some college and university counseling centers.

Additionally, this study makes an inference on preparation based on an assessment of capabilities. As many participants noted in comments, the capabilities of counselors may be related substantially to individual factors that do not reflect on the quality of the training program the counselors attended. This variance due to individual factors may limit the ability to extract from data broader implications about counselor preparation for college and university counseling centers.

Feedback from participants also raised some additional potential limitations. Some participants' comments indicated that there might have been some confusion related to the term "master's level counselor." Despite being defined in the survey instrument, some participants may have generalized this term to represent all master's level clinicians including those with degrees in psychology and social work. If true, this may have distorted some of the findings to be more indicative of master's level clinicians in general, rather than specifically about clinicians with a master's degree in counseling.

### **Sampling limitations**

Related to sampling limitations, a relatively low percentage of the population surveyed completed the instrument, which may affect generalizability. Specifically, the

low completion rate increases the risk of self-selection bias, the potential that differences may have existed between the directors that completed the instrument and those that did not. On this issue, a few emails were received from directors who indicated that they were not completing the study because the counseling center they worked for did not employ master's level counselors or did not currently have master's level counselors on staff. While these directors were emailed back and notified that this was not a prerequisite for completing the study, it is possible that a number of directors may have failed to complete the study based on this perception. At the same time, since the study did not require a minimum amount of experience with master's level counselors to complete the instrument, results may be skewed by perceptions that do not accurately reflect on the actual capabilities of counselors. Similarly, participants may have responded to the survey instrument based on older experiences, not reflective of current standards of training.

The sample for the survey was also limited to directors of 4-year institutions in the U.S. which offered on-campus housing and had at least 1,000 students enrolled. Research has found that counseling services of 4-year institutions vary significantly from those offered by community colleges (American College Counseling Association, 2010, Gallagher, 2009). Examples of differences include that community college counseling centers often employ a higher percentage of master's level counselors, are less likely to serve a residential community, and are more likely to serve additional roles such as academic advising. Thus, results are not likely generalizable to the community college setting.



Constraints related to on-campus housing and minimum student numbers were primarily created to increase the likelihood that the institution offered mental health counseling services. For example, some of the institutions excluded from the study included a college reporting only nine enrolled students with one instructor and an institution offering only online degrees. However, results of the study would likely apply to any sized institution that offers counseling services similar in scope to the institutions represented in the study.

### **Suggestions for Future Research**

As a follow up to this study, future research could explore other perspectives of master's level counselor preparation for work in college and university counseling centers. One suggested approach would be to survey master's level counselors who are currently working in college and university counseling centers about their perceptions of their preparation. These data could then be compared and contrasted with the results of this study for a more thorough representation of counselor preparation.

Additionally, it is important to further explore the importance of various roles and clients needs evaluated in this study. Better understanding the relevant importance directors and mental health professionals place on different roles they perform and different client needs they address in college and university counseling centers will help prioritize areas for training programs to improve. While there are a number of studies that have researched the prioritization of roles and some research on the types of issues clients seek counseling for, there is a lack of studies prioritizing these needs in relation to the preparation of mental health professionals.

Similarly, it could be helpful to learn more about the kinds of experiences directors value when hiring mental health professionals. For example, how would directors rate experiences working in a community college counseling center against experience working in an inpatient psychiatric facility? These data could be important in helping training programs improve the relevancy of internship experiences for those intending to work in college and university counseling centers.

An additional important area for future research would be related to researching different models of distributing roles within college and university counseling centers. Many directors appeared to perceive all staff as needing to be advanced clinicians able to handle a diverse range of complex mental health needs. However, a few appeared more open for less capable staff referring clients to other staff members or to outside agencies when encountering clients with needs outside of their competency. Moreover, one expert reviewer challenged the idea of comparing various credentials of mental health professions, because it was his position that professionals of different credentials serve different roles. Thus, research is needed to further illuminate the models of role distributions currently used and to evaluate the strengths and weakness of different models.

### **Summary**

The adequacy of preparation of master's level counselors for work in college and university counseling centers was assessed through survey research about the capabilities of entry-level master's level counselors. Results indicated that counselors were found capable in all areas except supervision, but were overall rated lower than doctoral degree mental health professionals. The study was unable to account for differences in ratings of

counselors based on director traits and institutional factors. The results may help counselors working or interested in working in college and university counseling centers obtain additional training and experience in areas viewed that they are viewed as less capable. The results of this study may help counselor educators identify areas to improve training based on items rated less favorably by directors, and provide feedback on current training standards. Future research is recommended to further explore the relative importance of roles fulfilled by clinicians and client needs served in college and university counseling centers, and to further evaluate the preparation of master's level counselors for work in this setting.

**CHAPTER SIX**  
**MANUSCRIPT**

THE PREPARATION OF MASTER'S LEVEL PROFESSIONAL COUNSELORS FOR  
POSITIONS IN COLLEGE AND UNIVERSITY COUNSELING CENTERS

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## **ABSTRACT**

This study investigated college and university counseling center directors' perceptions of the adequacy of preparation of master's level counselors for work in college and university counseling centers. Results indicated that counselors were rated on average as prepared, but that many directors had concerns about their ability to work with more severe mental health issues. Findings are discussed, and implications for training and preparation of college counseling practitioners is presented.

## INTRODUCTION

In recent years, college and university counseling centers have emerged as increasingly complex settings for mental health professionals to practice. College counselors are often required to serve a multitude of functions including providing counseling and crisis intervention to students experiencing problems, conducting preventative outreach programming to the campus community, consulting with faculty and staff, conducting research and program evaluation, and providing training and supervision of interns and junior staff (Boyd et al, 2003, Counsel for Advancement of Standards in Higher Education, 2009, DeStefano, Petersen, Skwerer, & Bickel, 2001, Gallagher, 2009)

In addition, college counselors must serve an increasingly diverse study body facing a multitude of concerns. Examples of diversity include racial and cultural minorities, international students, nontraditional students, and openly gay and lesbian students (Chang, 1999). Recent studies reflect an increase in minorities, students over the age of 25, and international students (Choy, 2002, Institute of International Education, 2006). In light of this increase in diversity, counselors in these settings are being called upon to be more multiculturally sensitive, and to adjust services such that they are relevant and accessible to a demographically changing student population (e.g., Benshoff & Bundy, 2000, Bishop, 1990, Hodges, 2001, Stone & Archer, 1990, Wright, 2000). Regarding presenting concerns, counselors may provide services for a variety of personal, academic, and career concerns (Pace, Stampler, Yarris, & June, 1996, Stone & Archer, 1990, Whiteley, Mahaffey, & Geer, 1987). Moreover, significant attention has been raised related to the apparent increase in the severity of mental health issues of

students (Bishop, 2006, Sharkin & Coulter, 2005) An often-cited source of supporting evidence of this increase is an annual survey of college and university counseling center directors (Gallagher, 2009) that has consistently reported a perception of the increase in severity of client problems

There are also multiple legal and ethical challenges that college counselors face Two primary areas where challenges have been noted are in balancing emerging demands against administrative and budgetary constraints, and managing the conflicts of multiple roles and allegiances that counselors serve within the institution (Bishop, 2006, Davenport, 2009) Administrative and budgetary pressures compel counselors to make difficult decisions regarding client care at the same time as demand for services is rising Counseling centers have responded by limiting sessions of students, implementing wait lists, and referring some students to community resources outside of the college or university (Bishop, 2006, Stone & Archer, 1990) Each of these responses may create ethical and legal dilemmas for counseling center staff Related to conflicting roles, mental health professionals in college counseling settings have been referred to as *double-agents* (Szasz, 1967), serving both students and administrators In relation to students, counselors build alliances with students to help them face concerns and issues that may relate to professors and the institution At the same time, counseling centers may provide consultation to faculty and staff regarding problem students, and accept mandated referrals (Francis, 2000) These competing allegiances have become more complex after the mass tragedies on campuses, such as the 2007 shootings at Virginia Tech In the wake of these events, there has been an increased pressure on college and university counseling centers to serve as *homicidal prevention gatekeepers*, with a focus on providing

additional attention to screening for clients who may pose a risk to others on campus (Davenport, 2009, p 182)

The *American Counseling Association Code of Ethics* (ACA, 2005) exhorts counselors to "practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience" (p 9) Furthermore counselors working in specialty areas are supposed to obtain "appropriate education, training, and supervised experienced" (p 9) related to that setting The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) has recognized college and university counseling as a specialty area that has unique training needs that vary from other areas of counseling Thus, it is important for counselors working in college counseling settings to ensure that they are adequately prepared

This quantitative research study assessed the adequacy of preparation of master's level counselors for work in college and university counseling centers by examining college and university counseling centers directors' ratings of the capabilities of entry-level master's level counselors For purposes of this study, master's level counselor referred to a mental health professional with a master's degree in counseling Preparation was assessed by examining college and university counseling center directors' ratings of the capabilities of entry-level master's level counselors to meet the needs of clients seeking services and perform duties associated with the work of counselors in this setting The directors' overall assessment of preparation and the mean value of scores from ratings of specific areas were the dependent variables of the study The independent variables in the study were the credentials of the counseling center director, the number



of years he or she had been a mental health professional, the number of years he or she had been a director, the size of the college or university, the number of full time mental health professionals employed by the counseling center, whether or not the counseling center employed at least one professional counselor, and whether the institution was public or private

The primary research question of this study was How do college and university counseling center directors rate the adequacy of preparation of entry-level master's level counselors for work as mental health professionals within their centers? This question was explored by the sub-questions (1) How do directors' overall ratings of entry-level master's level counselors compare to overall ratings for other entry-level mental health professionals in similar positions? and (2) How do directors rate the ability of entry-level master's level counselors to meet the needs of clients and perform specific tasks associated with mental health professionals in a college or university counseling center?

Additionally, this research project sought to answer the question To what extent do the credentials of the counseling center director, the number of years he or she has been a mental health professional, the number of years he or she has been a director, the size of the college or university, the number of full time mental health professionals employed by the counseling center, whether or not the counseling center employs at least one professional counselor, and whether the institution is public or private predict perceptions of the ability of entry-level master's level counselors for work in college and university counseling centers?

## METHOD

### Participants

The population used for the study was directors of counseling centers at 4-year colleges and universities located in the U S which offer on-campus housing and have at least 1,000 students enrolled. Colleges and universities without on-campus housing and those with less than 1,000 students were excluded based on the assumption that counseling services at those institutions would be significantly different in scope.

A list of colleges and universities in the U S was obtained by accessing an online database of the National Center for Education Statistics (NCES, 2009), a part of the U S Department of Education. A search of 4-year institutions in the U S that grant bachelor's degrees resulted in 2,467 institutions (NCES, 2009). This number closely matched the number of 4-year higher education institutes, 2,582, reported by the U S Census Bureau (2009). Eliminating colleges and universities without on-campus housing or with less than 1,000 enrolled students reduced the list to 1,325 institutions. An attempt was made to obtain email addresses for each director by searching the respective institution's web site and by contacting the counseling center and requesting the email address by phone. Institutions that did not report having a counseling center, that refused to provide an email address, or whose email was returned undeliverable, were excluded from the list of participants. An initial pilot survey was submitted to 50 directors randomly selected from the population who were also excluded from the full study. These exclusions reduced the list of participants solicited in the full study to 1,114.

A total of 157 directors participated in the study, representing a completion rate of 14.1%. The number of participants met the minimum requirement for a medium effect

size based on the statistical analysis methods used (Cohen, 1992) Of the 157 participants, 59.2% ( $n = 93$ ) were women Participants had an average of 19.7 years experience ( $SD = 10$ ) in mental health and 9.1 years of experience as a college or university counseling center director ( $SD = 8$ ) Regarding credentials, the majority of directors were clinical or counseling psychologists (44%), followed by professional counselors (31.2%), social workers (15.3%), marriage and family therapists (7.6%), and nurses (4.5%) Of the participants, 96.2% indicated that they had some experience working with master's level counselors including being responsible for hiring counselors, working as a clinical or administrator supervisor of a counselor, or working as a colleague of a counselor

Institutions from 41 states were represented in the study, and included a range of small (less than 2,500) and larger institutions (greater than 20,000) Approximately three quarters of the participants were from schools with 10,000 or less students enrolled The majority of participants (57.3%) worked for private institutions, with 39.6% indicating the institution was religiously affiliated Directors reported employing a range of mental health professionals including psychiatrists, clinical psychologists, counselor psychologists, master's and doctoral level professional counselors, master's and doctoral level clinical social workers, master's and doctoral level marriage and family therapists, and rehabilitation counselors Counseling centers had the highest mean number of master's level counselors employed ( $M = 1.48$ ,  $SD = 1.90$ ), followed by clinical psychologists ( $M = 1.15$ ,  $SD = 2.61$ ) and counseling psychologists ( $M = 1.00$ ,  $SD = 2.26$ )

**Procedure**

The study was conducted online using a web-based survey. Email messages were sent to counseling center directors providing a request for the recipient to participate in the research along with a hyperlink to the online survey web site. A follow up email was sent approximately 3 weeks after the initial email.

**Instrument**

The survey instrument collected demographic and counseling center information, detailed ratings of entry-level master's level counselors ability to perform tasks and meet client needs, overall ratings of different mental health professionals' preparation, and open response comments of participants' perceptions of master's level counselor preparation.

**Demographic and Counseling Center Information.** Demographic information was collected on the director's gender, mental health credentials, the highest educational degree obtained, the number of years of experience as a mental health professional, and the number of years the director had been employed as a college or university counseling center director. Information on the counseling center included the number of mental health professionals employed, the size of the college or university served by the center, whether the institution was public or private, and the state where the institution was located.

**Rating of Entry-Level Master's level Counselors Ability to Perform Specific Tasks and Meet Client Needs.** Items were created based on a review of literature, a review of existing standards for college and university counseling centers, and personal experiences working in a university counseling center. Items were categorized as either

representing a common task that a counselor would be expected to perform or a specific need of clients. Participants were asked to rate each item using a 6-point Likert scale (1 = very unprepared, 6 = very prepared). Higher scores indicated a higher level of perceived abilities of counselors to complete tasks or meet client needs in a particular area.

**Overall Rating of Entry-Level Master's level Counselors and Other Mental Health Professionals.** The survey instrument asked participants to rate professional counselors, clinical social workers, marriage and family therapists, clinical psychologists, counseling psychologists, psychiatrists, and rehabilitation counselors each on a 6-point Likert scale (1 = very unprepared, 6 = very prepared), based on their perception of the adequacy of preparation of each type of mental health professional for work in college and university counseling centers.

**Expert Review and Pilot Study.** For establishing validity, the initial list of items was sent to an expert panel of college educators with expertise in college and university counseling. Based on feedback from experts, items were added or modified in the instrument. Following the expert review, a pilot study was conducted with 50 participants. Seven instruments were completed for a completion rate of 14%. Item analysis was conducted on the 31 items of the instrument. All items had correlations greater than .50 except for one item "Outreach" ( $r = .17$ ). However, based on the low number of completed instruments in the analysis and a lack of a content difference between outreach and other items in the instrument, it was determined to leave the item in the instrument. The coefficient alpha for the 31 items was .98.

## Data Analysis

Following data collection, an item analysis and an exploratory factor analysis using principal component extraction and an oblique rotation were conducted to determine core factors present in the instrument and to verify that the items in the instrument were appropriate for the purposes of this study. The item analysis was conducted on the 31 items rating master's level counselors utilizing the data from the full study. All items had correlations greater than .40, and the coefficient alpha for the 31 items was .96. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was .92, indicating the sample was adequate for factor analysis. Bartlett's test of sphericity was significant ( $p < .001$ ) and thus rejected the null hypothesis of lack of sufficient correlation between the variables. A scree plot suggested 3 factors would be used in the solution representing 61.64% of the variance.

A review of the initial solution revealed that all communalities were greater than .5 except for Supervision, which had a value of .36. Because this item was exceptionally low, it was removed from the model and the factor analysis was rerun. The final model had 30 items and a KMO value of .93. The rotated solution indicated three factors: high risk counseling, low risk counseling, and indirect duties. These factors represented 63.68% of the variance. Communalities for the 30 items ranged between .49 and .79. Based on these findings three new variables were created representing the total of items in each factor: *high risk counseling*, *low risk counseling*, and *indirect duties*. Complexly determined items were added to the factor that they loaded the highest on. Results from the item analysis and factor analysis supported the appropriateness of items included in the instrument for purpose of this study.

Following the analysis of the instrument, descriptive and frequency statistics were used to evaluate detailed ratings of master's level counselors, and to compare overall ratings of master's level counselors to ratings of other mental health professionals. Multiple regression analyses were then conducted to predict the score on identified factors (e.g. *high risk counseling*, *low risk counseling*, and *indirect duties*) from the credentials of the director, the director's years of experience as a mental health professional, the director's years of experience as director, the size of the college or university, the number of full time mental health professionals employed by the counseling center, whether the counseling center employed at least one professional counselor, and whether the institution was private or public. The models generated were used to examine the relationship between predictor variables and the scores on identified factors obtained from evaluating the perceptions of capabilities of entry-level master's level counselors to perform tasks and meet client needs associated with work in college and university counseling centers. The analyses reported on the percentage of variability in the ratings based on these predictors, and on which percentages were statistically significant.

## **RESULTS**

### **Comparison of Overall Scores**

Results from overall ratings indicated that 75.2% of participants somewhat or moderately agreed that entry-level master's level counselors were overall prepared to meet client needs and conduct associated tasks of mental health professionals in a college or university counseling center. For purposes of comparing ratings, a numeric value was assigned to each of the Likert-scale values, beginning with a 1 for Strongly Disagree to a

6 for Strongly Agree Means and standard deviations were then calculated for the overall rating of each type of professional (see Table 1) Using this method, clinical psychologists were rated highest ( $M = 5.23$ ,  $SD = .78$ ,  $N = 157$ ), and master's level counselors were rated 6th ( $M = 4.68$ ,  $SD = .95$ ,  $N = 157$ ) Of note, master's level counselors were rated the highest of master's level professionals

### **Detailed Ratings of Counselors**

Participants rated their perception of the ability of entry-level master's level counselors to meet client needs in a college or university counseling center For purposes of reporting ratings, a numeric value was assigned to each of the Likert-scale values, beginning with a 1 for Strongly Disagree to a 6 for Strongly Agree Means and standard deviations were then calculated for each rating (see Table 2) Counselors were rated highest in their ability to meet client needs related to Relational Difficulties ( $M = 5.16$ ,  $SD = .82$ ,  $N = 157$ ), Self-Concept Issues ( $M = 5.09$ ,  $SD = .82$ ,  $N = 157$ ), and Mood Related Issues ( $M = 4.99$ ,  $SD = .89$ ,  $n = 156$ ) Counselors were rated lowest in their ability to meet client needs related to Schizophrenia and Other Psychotic Features ( $M = 3.54$ ,  $SD = 1.31$ ,  $N = 157$ ), Psychotropic Medications ( $M = 3.59$ ,  $SD = 1.27$ ,  $n = 156$ ), and Personality Disorders ( $M = 3.71$ ,  $SD = 1.37$ ,  $N = 157$ )

Participants rated the perceived ability of master's level entry-level counselors to perform specific roles (see Table 3) Counselors were rated highest in their ability to perform Individual Counseling ( $M = 5.25$ ,  $SD = .88$ ,  $n = 156$ ), Outreach ( $M = 4.96$ ,  $SD = 1.02$ ,  $n = 156$ ), and Administration ( $M = 4.95$ ,  $SD = 1.15$ ,  $n = 156$ ) Counselors were rated lowest in their ability to perform Supervision ( $M = 2.88$ ,  $SD = 1.42$ ,  $n = 155$ ),



Consultation ( $M = 4.06$ ,  $SD = 1.22$ ,  $N = 157$ ), and Assessment and Diagnosis ( $M = 4.14$ ,  $SD = 1.19$ ,  $n = 156$ )

### Multiple Regression Analysis

Multiple regression analyses were used to explore factors that may have influenced directors' ratings of counselors. Predictors were the credentials of the counseling center director, the number of years he or she had been a mental health professional, the number of years he or she had been a director, the size of the college or university, the number of full-time mental health professionals in the counseling center, whether the counseling center employed at least one professional counselor, and whether the institution was public or private. Three multiple regression analyses were run using the factor score for *high risk counseling*, *low risk counseling*, or *indirect duties* as the dependent variable.

None of the regression analysis models were significant. The results of the first analysis indicated that the overall model did not significantly predict *high risk counseling*,  $R^2 = .13$ ,  $F(13,128) = 1.49$ ,  $p = .13$ . The results of the second analysis indicated that the overall model did not significantly predict *low risk counseling*,  $R^2 = .07$ ,  $F(13,130) = .78$ ,  $p = .66$ . The results of the third analysis indicated that the overall model did statistically predict *indirect duties*,  $R^2 = .15$ ,  $F(13,130) = 1.73$ ,  $p = .06$ .

## DISCUSSION

Findings from this study indicate that entry-level master's level counselors are generally viewed as prepared for work in college and university counseling centers in all areas except for supervision, with marginal concerns related to identifying, helping or referring clients related to personality disorders, psychotropic medications, and

schizophrenia and other psychotic features. The low rating of supervision was not surprising considering supervision is not a core part of master's level counselor training standards and in some states supervision requires additional coursework and experience beyond a master's degree (Bernard & Goodyear, 2009, CACREP, 2009).

Despite positive ratings, entry-level master's level counselors were rated overall below entry-level counseling psychologists, clinical psychologists, doctoral level counselors, doctoral level social workers, and psychiatrists. Negative ratings and open-ended responses of some participants further illuminated that these differences were perceived as a concern by some and had an impact on hiring decisions. Some responses suggested that differences in ratings could have been partly accounted for by the additional experience that doctoral level clinicians have as part of their degree requirement (e.g., additional hours required as part of internship and practicum experience in psychology degrees). Other responses noted that there was significant variance in the capabilities of entry-level counselors that was dependent on factors including the program they graduated from, the quality and relevance of the counselor internship experience, and individual traits including age and life experiences.

The results of this study had similarities and differences to similarly structured research of Martin, Partin, and Trivette (1998), who surveyed directors of mental health agencies in Ohio about their perspectives towards counselors. Similarly, counselors in their study were rated on average qualified to meet client needs. Results also corresponded with high ratings found in their study of counselors in the areas of individual counseling, administration, and management of ethical and legal issues. Also, Martin, Partin, and Trivette (1998) similarly reported directors' perceptions of counselors

being less skilled in the areas of supervision, psychotropic medication, and psychopathology

However, in overall ratings Martin, Partin, and Trivette (1998) found clinical social workers were rated the highest overall, followed by psychiatrists, psychologists, and then professional counselors. In contrast, in this study, psychologists were rated the highest, with social workers rated lower than psychiatrists and counselors. Differences in findings may be accounted for in part by different demands and client needs between community mental health centers versus college and university counseling centers. Other differences include that Martin, Partin, and Trivette's study was focused on evaluating all licensed mental health professionals as opposed to only entry-level mental health professionals and their study was specific to mental health professionals in Ohio. Moreover, Martin, Partin, and Trivette hypothesized that the fact that most of the directors in their study were clinical social workers may have biased ratings of clinical social workers.

The lack of statistical significance of the regression model with the counseling center director's credentials as a predictor contrasted with with Martin, Partin, and Trivette's (1998) study that found counselors were rated lower by clinical social workers than by other counselors. Martin, Partin, and Trivette suggested that the results of their study might represent the preference of directors for clinicians with similar credentials. Given that psychologists were represented in the greatest number in this study, one might have expected a statistically significant difference in ratings of counselors by psychologists. In the results, whether the director was a counseling psychologist contributed significantly to the models for predicting scores on counselors' ability to

perform indirect duties and respond to high risk client needs. However, the models themselves were not found to be statistically significant.

Additionally, Destefano, Petersen, Skwerer, and Bickel's (2001) study found differences among the importance directors gave to various roles of counselors based on the years of experience of the director, the size of the institution, and whether the institution was public or private. Vespia (2007) also found differences between small and large institutions in staffing and in practices of assessment, diagnosis, and treatment. However, in this study these differences were not significant predictors of ratings of the ability of entry-level master's level counselors.

### **Implications for College Counseling**

Previous studies have shown college and university counseling centers as predominantly staffed by doctoral level clinicians (Gallagher, 2009, Stone, Vespia, & Kanz, 2000). Stone, Vespia, and Kanz (2000) found 94% of counseling center staff members had a doctoral degree in counseling psychology or clinical psychology. An annual survey of college and university counseling center directors (Gallagher, 2009) has also reflected the predominant employment of doctoral level psychologists as directors. As more master's level counselors are trained for work in college and university counseling centers it is important that they are adequately prepared. Given the increasing importance being given to college and university counselors handling more severe mental health concerns (e.g., Bishop, 2006, Gallagher, 2009, Kitzrow, 2003), perceived deficiencies noted in this study related to these areas would warrant attention. Thus, master's level counselors working or desiring to work in college or university counseling

centers would likely benefit from additional training and experience related to more severe mental health concerns

Additionally, while the findings that entry-level counselors were rated on average as capable in almost all areas surveyed, many directors were more critical of the preparation of counselors. Entry-level master's level counselors seeking work in centers with directors of similar opinions may face difficulties being hired, if not being excluded entirely from the hiring pool. However, by and large directors expressed that they felt master's level counselors would close any perceived gap in preparation with additional experience and supervision. In this way, hiring concerns may relate primarily to candidates without any prior counseling experience.

For counselor trainees intending to work in college or university counseling centers, one way of mitigating concerns of more critical directors would be through obtaining practicum and internship experiences related to college counseling. Also, counselors unable to find immediate work in college or university counseling positions upon graduating may have to seek out "bridge positions" that will gain them additional experience and supervision to advance their clinical skills. Additionally, master's level counselors may want to consider further training and experience through a doctoral degree in Counseling or Counselor Education. Many directors noted that the doctoral degree provides additional job opportunities and helps mental health professionals practicing in higher education settings have greater credibility with administrators, students, and faculty. Additionally, CACREP (2009) standards include training in supervision as part of the doctoral degree requirement, which was an area where entry-level counselors were noted as lacking preparation.

## **Limitations and Areas of Future Research**

Limitations exist in this study that should be considered in the interpretation of results. These limitations relate to the instrument and the sample used. As an exploratory study, the instrument utilized in the study was created specifically for this study. While steps were taken to review the validity of the instrument, its novelty increases the possibility that items were not representative of the requirements of counselors in college and university counseling centers. Additionally, the instrument did not weight the importance of items. Thus, ratings of potentially less important areas may distort conclusions on the overall preparation of counselors. Similarly, some issues may be more or less important based on institutional characteristics, which may limit generalizations to some college and university counseling centers. Future research could assess the importance that directors attach to the ability of mental health professionals to perform specific roles and meet specific needs.

Additionally, this study makes an inference on preparation based on an assessment of capabilities. As many participants noted in comments, the capabilities of counselors may be related substantially to individual factors that do not reflect on the quality of the training program the counselor attended. This variance due to individual factors may limit the ability to extract from data broader implications about counselor preparation for college and university counseling centers.

### **Sampling limitations**

Related to sampling limitations, a relatively low percentage of the population surveyed completed the instrument, which may affect generalizability. Moreover, the

small number of participants reduced the power of predictor variables in the analyses, potentially preventing the identifications of factors that may have influenced ratings

Additionally, participants self-selected to complete the study, thus differences may have existed between directors that completed the instrument and those that did not. Moreover, since the study did not require a minimum amount of experience with master's level counselors to complete the instrument, results may be skewed by perceptions that do not accurately reflect on the actual capabilities of counselors. Similarly, participants may have responded to the survey instrument based on older experiences, not reflective of current standards of training. Future research could help mitigate some of these limitations through assessing preparation from other perspectives, such as from the viewpoint of master's level counselors who currently work in college counseling settings.

**Table 1***Descriptive Statistics for Overall Rating of Mental Health Professionals*

Credential	<i>Min</i>	<i>Max</i>	<i>Mean</i>	<i>SD</i>	<i>n</i>
Counseling Psychologist	3	6	5.36	.69	155
Clinical Psychologist	2	6	5.23	.78	157
Doctoral Level Counselor	2	6	5.12	.78	155
Doctoral Level Social Worker	2	6	4.92	.89	154
Psychiatrist	1	6	4.83	1.02	156
Master's Level Counselor	1	6	4.68	.95	157
Master's Level Social Worker	1	6	4.59	1.00	157
Doctoral Level Marriage and Family Therapist	1	6	4.55	1.15	155
Master's Level Marriage and Family Therapist	1	6	4.24	1.11	155
Master's Level Rehabilitation Counselor	1	6	3.75	1.22	155



**Table 2***Ratings of Entry-Level Master's Level Counselors Ability to Meet Client Needs*

Client Need	Mean	SD	n
Relational Difficulties	5.16	.82	157
Self-Concept Issues	5.09	.82	157
Mood Related Issues	4.99	.89	156
Learning/Academic Concerns	4.90	.94	156
Stress, Anxiety, and Phobias	4.90	.90	156
Career Related Issues	4.77	1.04	157
Anger Issues	4.69	.95	156
Special Student Populations	4.69	.97	157
Suicidal Ideation or Attempts	4.41	1.15	157
Sexual Identity Issues	4.38	1.11	157
Substance Abuse and Addictive/Compulsive Behaviors	4.20	1.11	157
Self-Injury Behaviors	4.17	1.13	157
Risk of Harm to Others	4.04	1.27	155
Trauma Related Issues	4.04	1.37	156
Eating Related Issues	4.00	1.16	157
Personality Disorders	3.71	1.37	157
Psychotropic Medications	3.59	1.27	156
Schizophrenia and Other Psychotic Features	3.54	1.31	157

**Table 3***Rating of Entry-level Master's Level Counselors Ability to Perform Roles*

Role	Mean	SD	n
Individual Counseling	5.25	.88	156
Outreach	4.96	1.02	156
Administration	4.95	1.15	156
Referrals	4.74	1.07	157
Management of Ethical and Legal Issues/Risks	4.72	1.11	157
Group Counseling	4.66	1.16	156
Utilizing Research	4.61	1.13	157
Crisis Intervention	4.31	1.19	155
Couples and Family Counseling	4.23	1.21	155
Conducting Research and Evaluation	4.21	1.30	157
Assessment and Diagnosis	4.14	1.19	156
Consultation	4.06	1.22	157
Supervision	2.88	1.42	155

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**APPENDIX A****Survey Instrument**

**The purpose of this instrument is to evaluate the preparation of master's level counselors for work in university and college counseling centers by examining the perceptions of counseling center directors of the capabilities of entry-level master's level counselors.**

**Section I Experiences Related to Master's Level Counselors**

**Indicate the experiences that you have had working with master's level counselors (select all that apply):**

**Note: For purposes of this survey instrument, master's level counselor refers to mental health professionals who have a master's degree in counseling and may or may not be licensed.**

\_\_\_\_\_ I have been responsible for, or have served on a committee responsible for hiring master's level counselors

\_\_\_\_\_ I have worked as an administrative supervisor of master's level counselors

\_\_\_\_\_ I have worked as a clinical supervisor of master's level counselors

\_\_\_\_\_ I have worked as a colleague of master's level counselors

\_\_\_\_\_ I have no experience working with master's level counselors

\_\_\_\_\_ Other (please specify) \_\_\_\_\_























## Section V Personal and Institutional Characteristics

**Please provide the following information about yourself, your staff, and the institution where you work:**

- 1 What is your gender?  
a Male   b Female
  
- 2 Please check all state licenses that you currently hold from one of more states  
 Psychiatrist  
 Social Worker  
 Counseling Psychologist  
 Clinical Psychologist  
 Professional Counselor  
 Marriage and Family Therapist  
 Other (please indicate) \_\_\_\_\_
  
- 3 What is the highest educational degree you have obtained?
  
- 4 How many years of experience do you have as a mental health professional?
  
- 5 How many years have you been employed as a university or college counseling center director?
  
- 6 What is the approximate student body size of your institution?  
a Less than 2,500  
b Between 2,500 and 10,000  
c Between 10,001 and 20,000  
d More than 20,000
  
- 7 Indicate the selection that best describes your institution?  
a Public  
b Private (for-profit)  
c Private (not-for-profit)
  
- 8 In what state is your institution located?  
\_\_\_\_\_

9 Indicate the number of each of the following full-time clinical professionals that work at the counseling center that you direct

- \_\_\_\_\_ Psychiatrists
- \_\_\_\_\_ Doctoral Level Clinical Psychologists
- \_\_\_\_\_ Doctoral Level Counseling Psychologists
- \_\_\_\_\_ Master's Level Professional Counselors
- \_\_\_\_\_ Doctoral Level Professional Counselors
- \_\_\_\_\_ Master's Level Social Workers
- \_\_\_\_\_ Doctoral Level Social Workers
- \_\_\_\_\_ Master's Level Marriage and Family Therapists
- \_\_\_\_\_ Doctoral Level Marriage and Family Therapists
- \_\_\_\_\_ Master's Level Rehabilitation Counselors
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

## Section VI (Optional) Other Feedback on the Preparation of Counselors

**Please indicate here any additional comments you have regarding the preparation of new master's level counselors for work in university or college counseling centers.**

**Note: For purposes of this survey instrument, master's level counselor refers to mental health professionals who have a master's degree in counseling and may or may not be licensed.**

## VITA

Brian M Shaw earned a Bachelor's in Science degree from North Carolina State University in 1997. He earned his Master's of Arts in Counseling from Wake Forest University in 2008. He is a Nationally Certified Counselor and a Resident in Counseling working towards licensure as a Professional Counselor in the state of Virginia.

Mr. Shaw is a member of several national professional organizations including the American Counseling Association and the American College Counseling Association. He has presented at national and state conferences on topics related to college counseling, spirituality in counseling, and legal and ethical issues in counseling.

As a student at Old Dominion University, Mr. Shaw was the recipient of the Darden College of Education Doctoral Fellowship. As a student member of Chi Sigma Iota, Mr. Shaw was the chair of the Professional Development Committee and was responsible for coordinating an ongoing series of continuing education workshops presented to the community.

Mr. Shaw currently works as a staff counselor for the Office of Counseling Services at Old Dominion University. Prior to entering the counseling field, Mr. Shaw worked as a software engineer.