

Assessment of Valdosta State University Counseling Center
Contributions to Retention

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ABSTRACT

Higher educational settings continue to strive to elevate issues and concerns of students that may hinder them from achieving their academic goals and increasing their educational knowledge. Gallagher found, 84% of college counselors recognized an increase of students exhibiting more severe psychological problems over the past five years (2004, 4).

The following analysis' purpose was to examine the significance of counseling services provided by the Valdosta State University Counseling Center in regards to academic performance, graduation, and student retention. The time period analyzed derives from 3 Cohorts: (1) Fall 2007 through Spring 2008, (2) Fall 2008 through Spring 2009, and (3) Fall 2009 through Spring 2010.

For this assessment, the researcher utilized similar methodology adapted from the Turner and Berry study (2000). The case study's data was compiled and analyzed from the VSU Counseling Center's Intake Forms and by the Office of Research and Strategic Analysis (Cragg 2009). The researcher utilized statistical tests such as *Pearson's Chi Square*, cross-tabulation, *t-test*, and *Chi-Square with Yates Correction* to test the significant difference between multiple independent and dependent variables.

The case study results revealed a positive relationship and significant difference mental health/counseling issues have on academic performance. Further results showed that both retention and graduation rates in the VSU Counseling Center (*VSU CC*) cohorts were lower than those in the overall undergraduate population (*VSU overall*). However, counseling services assisted over 90% ($M = 93.36\%$) of students who utilized the VSU Counseling Center in completing their academic semester.

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LIST OF ACRONYMS

BOR – Board of Regents
CC – Counseling Center
CDC - Center for Disease Control
IACS - International Association of Counseling Services, Inc.
M – Mean or average
N – Total number of cases in case study
n – Subsection of cases in case study
P – Probability
SD – Standard deviation
UG – Undergraduate
USG – University System of Georgia
VSU – Valdosta State University

GLOSSARY

Annual Retention Rate – examining whether students enrolled in one academic year re-enrolled the following Fall semester; i.e. enrolled in Fall 2007 re-enrolled the following Fall 2008, etc.

Counseling - the act or services of addressing an individual's presenting personal, psychological, educational, familial, or mental health concerns(s) or issue(s) in order to create and maintain healthy coping skills.

Graduation Rate – examining the successful completion of degree work during the period of the study, i.e. from Fall 2007 through Spring 2010

Mental Health - the psychological or emotional state of someone who is unable to cope effectively and in a healthy manner and who is having difficulty with emotional, relational, and/or behavioral adjustment.

Retention – (2 definitions for case study)

Case Study's definition of retention - student who enrolls in Fall semester and re-enrolls the following Fall semester in the given time period of the study.

USG's definition of retention - first- time, full-time students who initially enroll in Fall semester of any given academic year and re-enroll the following Fall semester.

Total Retention – examining the combination of the annual retention rate, eventual retention rate, and/or the graduation rate during the period of the study, i.e. for all three cohorts; 2007-2008, 2008-2009, 2009-2010

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DEDICATION

To those who have passed, whose endless teachings will never go forgotten; To GOD for allowing me to find my purpose and giving meaning to my life daily; and

To the man who I owe everything too...whose support, guidance, endless patience, and encouragement have given me the wings to fly to new heights, to soar above the clouds, and the desire to dream. The man who I can call my "hero," role-model; the person I have always strived to be; and the one who loves me unconditionally.....MY DADDY, whose life has touched so many, whose endless deeds have never gone unnoticed, and whose wings will be touched with gold.

Chapter I

INTRODUCTION

Overview of Case Study: *Assessment of Valdosta State University Counseling Center Contributions to Retention*

In recent decades, colleges and universities have been exploring effective techniques to retain students. Many of these techniques involve updating or creating departments, programs, assessments, or policies, to effectively track, retain, and improve the overall satisfaction of educational settings. Educational environments have grown tremendously into living and learning environments. Living and learning environments (1) increase knowledge, (2) increase a student's sense of self, (3) identify self-philosophies and epistemologies, (4) achieve academic goals, (5) develop future goals, and (6) define the successes and failures associated with growth, maturity, and change.

Colleges and universities' staff and faculty continue to strive to elevate student issues and concerns that may hinder them from achieving their academic goals and increasing their educational knowledge. Educational settings strive to implore various academic departments, programs, organizations, and projects to initiate communication and collaboration between students, faculty, and staff. This initiation ensures all issues and concerns are addressed to assist students in successfully completing their educational goals. Academic programs and departments assist students in achieving their personal, educational, and social goals; whereas, counseling centers possess resources to improve

students' psychological, physiological, and spiritual well-beings. Effective and necessary mental health facilities provide a safe and stable environment on college campuses.

The purpose of this study is to examine the Counseling Center at Valdosta State University (VSU) in Valdosta, Georgia. The VSU Counseling Center preserves the mission "to provide a broad range of services to meet the personal, social, and educational needs of our students, faculty, and staff..." (VSU Counseling Center website, www.valdosta.edu/counseling/). The primary goal of the Counseling Center is to provide students a safe and stable environment to address personal, educational, familial, or mental health concern(s) or issue(s). Students struggle with multiple and contextual issues during their journey of higher education; therefore, an effective environment staffed with highly trained personnel can help to identify, decrease, and eliminate these concerns or issues.

This analysis will evaluate the contribution of counseling services provided by the Counseling Center related to student academic performance, retention, and graduation rates at Valdosta State University. For this assessment, counseling services will be defined as any personal, psychological, educational, familial, or mental health concern(s) or issue(s) presented in the VSU Counseling Center for the utilization of counseling services defined by the mission of the Center. In addition, the terms counseling and mental health will be used interchangeably in this analysis. The retention definition applied will be the state-wide established definition utilized by VSU as directed by the University System of Georgia (USG) (Cragg 2009). Furthermore, the assessment will explore the necessity of the VSU Counseling Center and discuss the overall purpose of providing mental health services to the VSU community.

Project Objectives

The research project encompasses three primary objectives, which are as follows:

1. First objective - To determine the relationship, if any, of counseling issues with the interference or decrease in academic progress, as evidence by affecting students' grades, their GPAs, causing them to consider dropping course(s), causing them to drop a course(s), prompting them to consider withdrawing from VSU, and/or prompting them to actually withdraw from VSU,
2. Second objective - To compare and contrast the retention rates of students from three cohorts, (1) Fall 2007 through Spring 2008 (n = 272), (2) Fall 2008 through Spring 2009 (n = 254), and (3) Fall 2009 through Spring 2010 (n = 261), who utilize the Counseling Center services with retention rates for the general undergraduate student body at VSU, and
3. Third objective - To specify the relationship between counseling services and retention at VSU among its undergraduate students.

Research Questions

The three specific research questions sought to explain are as follows:

1. How do counseling/mental health issues impact students' academic performance, in terms of considering or have withdrawn from school, considering or have withdrawn from a class(es), affecting their grades and GPAs, and interfering with their academic progress?,
2. How has utilizing Counseling Center services affected retention at VSU?,
and

3. Is there a significant difference in graduate rates between students who utilize Counseling Center services and those who do not?

Project Selection

This assessment examines the impact of counseling services provided by the VSU Counseling Center and its relationship to student retention. VSU is one of two regional universities under the University System of Georgia (USG) and is located in the city of Valdosta in Lowndes County, Georgia. Valdosta State University serves close to 13,000 undergraduate and graduate students and offers classes at Moody Air Force Base in Lowndes County, Georgia, and Kings Bay Naval Base in Camden County, Georgia.

The VSU Counseling Center, organizationally under the Division of Student Affairs, functions as the primary mental health facility at VSU for its students. There are six licensed or on licensure track mental health practitioners/staff counselors with the VSU Counseling Center. In addition, the Counseling Center maintains one clinical psychology graduate intern per semester. The VSU Counseling Center strives to meet the necessary and established requirements under its professional accreditation body, International Association of Counseling Services, Inc. (IACS). The VSU Counseling Center is one of only four accredited counseling centers under the University System of Georgia.

Mental Health and Higher Education

Unfortunately tragedies such as those at Virginia Tech, Louisiana Tech College, and Northern Illinois University, have forced higher educational settings in the media's scrutiny, answering multiple and contextual questions concerning the increase of distress and mental health concerns among college students and their relationship with campus

safety. Parents continue to ask schools across the country what measures are being taking to prevent their child/student from being injured or possibly killed. Colleges and university officials are becoming more diligent and proactive in their efforts to provide a safe environment for students, faculty and staff, and visitors to their campuses. Higher educational settings are being tasked to unite with local communities in creating and fostering safety and growth.

In recent years, colleges and universities have observed the increase of multiple and contextual distress among its students. The Suicide Prevention Resource Center states, “A national survey (by Gallagher) of college counselors found that 84% perceived an increase in students with more serious psychological problems over the past five years” (2004, 4). Through education and awareness, we now understand the increase of mental health among our college students and the challenges universities face in retaining students. Our next step is to formulate solutions to this problem by following these four steps: (1) identify specific populations at risk for not being retained, (2) assess the effects of mental health services on campuses, (3) show the correlation between increased distress and not being retained, and (4) develop preventative initiatives and programs which target at risk populations. Steps 1 through 3 will be addressed briefly in Chapter 2 (Literature Review) and in depth in Chapter 4 (Results) and Chapter 5 (Discussion). Application and preventative initiatives and programs as stated in Step 4 will become the conceptual core of Chapter 5 (Discussion).

Summary

The following analysis will illustrate the contributions of the VSU Counseling Center to the overall undergraduate student population by offering beneficial and

necessary mental health/counseling services to its students. In addition, this initiative will assist Valdosta State University in achieving one of its visionary goals by maintaining and increasing student retention. This assessment will help define the need for continued future assessment in defining the contributions of university counseling centers, mental health services, and its connection to overall student retention. With the increase of the severity of mental health symptoms and diagnoses in educational settings, it is crucial to continue to build bridges with counseling services, academic affairs, and student affairs.

Chapter II

REVIEW OF LITERATURE

Problem Statement and Overview

Since the beginning of the educational processes, the goal has been to foster growth, maturity, socialization, academia, and knowledge in all physiological, psychological, spiritual, and educational facets. The Suicide Prevention Resource Center states, “A national survey (by Gallagher) of college counselors found that 84% perceived an increase in students with more serious psychological problems over the past five years” (2004, 4). With the increase of the severity of mental health symptoms and diagnosis in educational settings, it is imperative to build bridges unifying all subsystems in higher education: academic affairs, student affairs, auxiliary services, mental health services, and finance/business.

With increased education, academic requirements, and expectations comes increased distress. There is an abundance of past and current literature articulating the concerns of increased mental health issues in higher education settings and vast projects and assessments defining effective ways to monitor, stabilize, and decrease distress among college students. The following is a review of some of the pertinent literature available exploring mental health concerns on university settings, effective ways to assist college students in achieving their academic goals, examines counseling center and mental health services, and the role of retention in higher educational settings.

Higher Education

Counseling centers have become pivotal departments in Student Affairs of higher education settings. The field of counseling can be reviewed as early as the late 1800s in the first secondary schools as a means to provide services, resources, and guidance for student development (Harris 1996, 143). Harris details that John Hopkins University in 1889 and Harvard in 1970 recognized “the obligation to provide a specifically designated ‘counseling service’ for students...” (1996, 143).

Kirakofe et al (1994) discussed where most counseling centers are placed in higher education organizational structures. Based on Kirakofe et al’s literature, Harris articulated, “Counseling services are typically housed within student affairs and staff work closely with academic units, other student service offices, campus and community medical services, community mental health, as well as with faculty and administrators” (1996, 148). Stebleton and Schmidt wrote, “Community college student affairs practitioners assume roles in helping students accomplish their academic, career, and personal objectives (Sharkin, 2004)” (2010, 78).

Student affairs personnel should actively seek innovative techniques and methods to facilitate students’ success. These innovations will allow “counselors to serve as visionaries who act as a bridge between academic and student affairs” (Harris 2010, 81). Clark and Mason revealed the necessity of evaluating their university counseling center, (Student Counseling Service) to their overall University’s (Iowa State University) mission. They stated the importance of utilizing the assessment modality in providing “worth” in higher education settings. They further articulated Stone and Archer’s

perspectives' (1990), "university counseling centers can serve as 'a cornerstone in the student affairs research effort'" (2001, 33).

There is a strong relationship between academic and student affairs and the continuous need for each to understand the connections between goals, objectives, missions, and histories. Both sides of the house strive to only take care of its part of the system; therefore, the systems are treated as parts and do not examine the entire system. All parts must be recognized as adequate and proficient pieces for both systems. In addition, the systems must recognize that united they become the whole higher education setting. John Bishop writes in the *Journal of College Counseling* about a study presented by Backels and Wheeler in 2001 which articulates the recognition by faculty members regarding mental health distress and its relationship to decrease academic performance (2006, 8).

Historically, one can find where certain departments in each division can become collaborative units connecting the two sides together as one. For example, Stebleton and Schmidt stated, "Counselors have a broad view of the institution that provides insight and perspective. They serve as a vital and influential bridge between student and academic affairs" (2010, 87). Sandeen wrote (2004), "One area that particularly cries out for more mutually supportive links between faculty members and student affairs officials is the set of problems created by student stress and mental health."

Blimling wrote, "It is not a secret that most people enter student affairs work because of students' leadership positions they held as undergraduates and because of relationships they established with student affairs professionals who supported them as undergraduates" (2002, 28). Higher education settings have been increasingly complex

and diverse in the last century. Especially, in the last decade, student affairs departments and professionals have witnessed the significant climax change in their institutions. Franco wrote, “The responsibilities of student affairs professionals have been increasingly complex due to a number of significant changes within higher education” (2005, 1). Arthur Sandeen articulated, “Senior student affairs officers should be their campus leaders in ensuring that the effective and humane treatment of student problems occurs” (2009, 55).

Mental Health

Research has shown that in recent years, higher education has observed the increase of multiple and contextual concerns among its students. Beamish analyzed the increase of mental health diagnoses among college students, the challenges facing university counselors and mental health professionals, and the balance between offering necessary counseling services and maintaining universities’ overall strategic missions. She found,

“...there has been a reported increase in the number of students presenting with chronic mental illness, suicidal and other self-injurious behaviors, personality disorders, and sexual assault and early traumatic experiences...Increased psychopathology of their clients challenges counselors to rethink their developmental models and their methods of services” (2005, 138).

In examining mental health concerns among college students, Nafzier et al examined the “effectiveness of time-limited therapy in a university counseling center” (1999, 3). This group utilized the College Adjustment Scales (CAS) instrument in

identifying the common psychological issues presented by their participants (n = 1043). Bishop presented information on the increased severity of mental health issues exhibited by college and university students and how these are more complex and multifaceted than years prior (2006, 6).

Bettin identified the connection between counseling centers as a student affairs department to academia and student development by stating,

“Over the past decade, suicidal ideation, sexual assault, anxiety, depression, and personality disorders have significant increased among the college population (Benton, Robertson, et al, 2003). Thus, counseling centers not only deal with traditional developmental needs, but also with more complex and severe student problems” (2004, 2).

Bishop discussed the perception of counseling and utilizing counseling services among the student population. He states that students are “paying more attention to their mental health” and are willing to access mental health services in order to address distress and mental illness (2006, 9).

A study presented at the annual American Psychological Association (APA) meeting revealed an increase of 3% of students seeking counseling services were diagnosed with one mental health disorder (Guthman, et al, 2010). The study, which examined college students (n = 3,256) who obtained counseling services at Hofstra University between 1997 and 2009 found that, “in 1998, 93% of the students coming into the clinic were diagnosed with one mental disorder...In 2009, 96% of students seeking treatment met criteria for diagnoses with at least one mental disorder” (Guthman, et al, 2010).

In 1996, Chandler and Gallagher analyzed the “typical problems of student-clients seen at university and college counseling centers” (4). Staff counselors (n = 474) from 503 institutions of higher education across the U.S. participated in the study. The results revealed, “the most frequently reported problems were in the areas of relationships (68.9%), self-esteem (59.5%), and depression (45.0%)” (Chandler & Gallagher 1996, 7).

Gerdes and Mallinckrodt discussed the connection between transitioning to college and mental health issues. They defined the various concerns college students face in adjusting appropriately and in a healthy manner to college. The authors’ state,

“Personal or emotional problems, . . . may be manifested as global psychological distress, somatic distress, anxiety, low self-esteem, or depression. Anxiety has been consistently found to predispose students to dropping out (Pappas and Loring, 1985). Depression is the primary observed psychiatric disorder among college students (Sherer, 1985; Vredenburg, O’Brien, & Kramer, 1988).”

Lopez and Fons-Scheyd, examined the relationship between balancing the multiple roles and demands of college and maintaining healthy stress levels. The researchers discussed how this balance between “demands and responsibilities of college life can potentially threaten students’ efforts to maintain a sense of life balance and contribute to their experience of stress and social disconnection (Rice et al 2006)” (2008, 133). The feeling of being on a tight-rope balancing between multiple roles and priorities can increase distress which can exasperate mental illness without appropriate intervention. Most of the time college students present in counseling with high levels of distress and feeling overwhelmed.

Retention

Retention, being a challenging variable in higher education and how it is connected with counseling issues, is discussed in a study presented by Coll in the *College Student Journal* (2008, 41). This particular study presents unique variables relating retention and academic performance (Coll 2008, 41). In relation to counseling services and retention among college students, Wilson, Mason, and Ewing (1997) explored the possible association between obtaining mental health counseling and university retention among college students (1997, 317). A study found in the *Studies in Higher Education*, examined the “relationship between undergraduate student counseling and successful degree completion” throughout a four-year study (1993-1997) (Rickinson 1998, 95).

In 2003, Weinstock and Meier compared 2 item-selection methodologies to determine the relationship between counseling services and retention. They revealed the impact of counseling services to student retention by examining the work of Snell (1999). They stated the following in relation to one methodology utilized in their analysis,

Snell reviewed “the effects of counseling services on client satisfaction, symptom relief, and student retention with 208 college students. She found a higher retention rate for students who received counseling than for students in the university as a whole, general satisfaction with counseling, and some degree of client change” (2003, 66).

In a similar study, DeStefano, Mellor, and Petersen studied “173 university students (men, n = 39; women, n = 134) attending a large southwestern university” (2001, 114). The purpose of the study was to compare students who sought counseling services with a control group of students who did not receive counseling services and determine

the effectiveness of counseling with the student' adjustment to college (DeStefano, et al 2001, 114). The study revealed,

a significant difference ($p > .05$) in the control group “(Academic Adjustment = 148.91, Social Adjustment = 123.86, and Personal Emotional Adjustment = 89.28 vs. counseling group “(Academic Adjustment = 139.80, Social Adjustment = 113.88, and Personal Emotional Adjustment = 69.12) regarding means scores on the “Academic, Social, and Personal Emotional Adjustment” subscales (DeStefano, et al 2001, 116).

In addition, the researchers revealed that the, “counseling group improved relatively and significantly in their overall adjustment to college....whereas; control group members did not experience significant change...” (DeStefano, et al 2001, 116). This study showed a strong relationship ($p \leq .05$) between counseling services and increased students' adjustment to college; therefore, validating the hypothesis of the current assessment ((DeStefano, et al 2001, 116).

Sharkin discussed the vital role college counseling services contribute in the overall mission of higher education (2004, 99). This analysis provides significant data regarding the relationship between counseling services and retention by stating “According to Tinto (1993), almost (1/2) of the students entering 2-year colleges and more than (1/4) of the students entering 4-year colleges leave at the end of their 1st year, and more than 40% of all college entrants leave college without earning a degree” (Sharkin 2004, 99).

The primary study reviewed in which the current researcher utilized its methodology was the 2000 longitudinal assessment executed by Turner and Berry. The researchers compared the records of counseling clients ($n = 2,365$) with the general student body ($n = 67,026$) to determine “the impact on counseling on academic progress and retention” (Turner and Berry 2000, 627). Both instruments utilized in this study were objective and self-reported measures (Turner and Berry 2000, 630). This longitudinal study, over a 6 year period, revealed that on average “70% of the clients reported that their personal problems were affecting their academic progress...” (Turner and Berry 2000, 631). Turner and Berry analyzed the data presented by their Client Satisfaction Survey which showed that over a 5 year time period,

“a mean of 60.7% of the respondents reported that their counseling [in a counseling center] was helpful in maintaining or improving their academics. Nearly half of the clients ($M = 43.8\%$) also reported that counseling helped them in deciding to continue their enrollment” (2000, 631-632).

In addition, the primary study completed by Turner and Berry compared those students who utilized the counseling center to the general study body by examining four measures of retention “*annual, eventual, graduation, and total retention*” (2000, 632). The following are the results of all four measures. Regarding *annual* retention, “Counseling clients had greater rates of reenrolling the following Fall” as evident by “70.9% counseling vs. 58.6% general, $p \leq .001$ ” (2000, 632). Related to *eventual* retention, counseling clients showed greater rates of return reenrollment by “77.2% counseling vs. 67.9% general, $p \leq .001$ ” (2000, 632). There showed no significant

connection between counseling clients and the general student body in relation to the *graduation* measure (2000, 632). However, the study revealed a greater rate of *overall retention* for counseling clients (87.9%) vs. the general student body (81.1%), $p \leq .001$ (Turner and Berry 2000, 632). In summary, the researchers prove that “On average, counseling clients achieved a *total retention* rate of 85.2% whereas the general student rate was 73.8%” (2000, 632). Three of the four types of measures; *annual*, *graduation*, and *total retention*, will be utilized in this case study and will be discussed in greater detail in Chapter 3 (Methodology).

Summary

The increased severity of mental illness and diagnoses among college students has instigated higher educational settings to modify available student services. It has allowed college and universities to create programs and departments designed to provide prevention and resources to students to decrease distress and enable them to achieve their academic success. Increased mental health services have granted more students the opportunity to further their education; students who in the past may not have attended higher educational settings due to mental health concerns and diagnoses. In addition, advanced psychotropic medications have allowed students to decrease mental health symptoms and maintain stability in order to achieve personal, social, and academic goals.

Project Scope

The following analysis explored the relationship between counseling services and student retention at Valdosta State University. The four purposes for this project were: (1) to yield the importance of mental health services in higher educational settings, (2) provide research regarding the increased distress among college students, (3) reveal the

necessity of utilizing available resources in higher educational settings for mental health services, and (4) assess the VSU Counseling Center contributions to student retention.

The time period analyzed derived from 3 cohorts: (1) Fall 2007 through Spring 2008 (n = 272), (2) Fall 2008 through Spring 2009 (n = 254), and (3) Fall 2009 through Spring 2010 (n = 261). The researcher illustrated a substantive difference between those retained students at VSU who utilize available campus counseling services and the overall undergraduate student population. The anticipated results of this research were to confirm: (1) Valdosta State University (VSU) students who utilize the University's Counseling Center exhibit decreased mental health distress, stabilize or increase academic performance (i.e. increased GPAs), (2) are retained (i.e. remain in school) at a greater rate than those students at VSU who did not utilize the campus counseling services, and (3) graduate at a higher rate than the overall undergraduate student population.

Chapter III
METHODOLOGY
Case Study

The following comparative analysis examined the relationship between the counseling services provided by the Valdosta State University (VSU) Counseling Center and student retention. The assessment specifically compared retention and graduation rates for the Counseling Center clients with rates for the general study body. The researcher experientially sought to test the following; (1) students who utilize the VSU Counseling Center exhibit decreased mental health distress, stabilize or increase academic performance (i.e. increased GPAs), (2) are retained (i.e. remain in school) and (3) graduate at greater rates than those undergraduate students at VSU who did not utilize the campus counseling services.

For this case study, the researcher utilized similar methodology adapted from a study conducted and authored by Turner and Berry in 2000 called *Counseling Center Contributions to Student Retention and Graduation: A Longitudinal Assessment* (Turner and Berry 2000). There was quantitative, “archival” data compiled and utilized by the Counseling Center and the Office of Strategic Research and Analysis at VSU (<http://www.valdosta.edu/sra/publications.shtml>, Retrieved November 2009). The data obtained at the VSU Counseling Center will be was information compiled and analyzed from the Center’s Intake; said measurement is self-reported and objective.

The researcher compared the retention data of those students who received counseling services at the Counseling Center (*experimental group*), with the retention

data for all undergraduate students who attended VSU (*control group*) from three cohorts: (1) Fall 2007 (n = 9654), (2) Fall 2008 (n = 9652), and (3) Fall 2009 (n = 10,274). Each Cohort represented the time period between Fall through Spring semesters. For example, Fall 2007 cohort represented Fall 2007 through Spring 2008; Fall 2008 cohort was from Fall 2008 through Spring 2009, and Fall 2009 cohort was Fall 2009 through Spring 2010. Fall semester through Spring semester represents the traditional academic year in most public and private four-year institutions.

All three cohorts (Fall 2007, Fall 2008, Fall 2009) combined completed the *experimental group*; herein referred to as *VSU CC*. The *control group*; herein referred to as *VSU overall*, comprised of student retention and graduation information from the overall general undergraduate student body of the same given academic years as the three cohorts (Fall 2007, Fall 2008, and Fall 2009). The researcher examined all cohorts in both *VSU CC* and *VSU overall* individually and as a whole unit. Then, the researcher compared and contrasted both study groups in determining the significant and meaningful relationships between counseling services, student retention, and graduation rates.

In relation to retention, the researcher examined three types of student retention to both the students who utilized the VSU Counseling Center services and the general undergraduate student body. These three types of student retention were influenced by the methodology originated by Turner and Berry's retention analysis (2000). The three types of retention were: (1) *Annual Retention Rate*, (2) *Graduation Rate*, and (3) *Total Retention*.

Case Study Participants

The population of analysis included students ($N = 787$) who utilized the VSU Counseling Center services in three specific cohorts: (1) Fall 2007 through Spring 2008 (herein, referred to as the 2007 Fall Cohort; $n = 272$), (2) Fall 2008 through Spring 2009 (herein, referred to as the 2008 Fall Cohort; $n = 254$), and (3) Fall 2009 through Spring 2010 (herein, referred to as the 2009 Fall Cohort; $n = 261$). These three cohorts of students were compared to those undergraduate students of the general body ($N = 29,580$) in the same given time periods. The period of analysis represented three years/cohorts of data for the control VSU CCs well; Fall 2007 Cohort ($n = 9654$), Fall 2008 Cohort ($n = 9652$), and Fall 2009 Cohort ($n = 10,274$).

Study Data Sources

All student records accessed by the researcher for all three cohorts, utilized registration records and data in the University's Banner System (also known as Student Information System), and paired with the collective data generated by the Counseling Center, using student identification numbers. An information specialist with the VSU Information Technology Department created an encrypted query database through the Banner System for the researcher to obtain collective data without compromising and breaching confidential information. Once data was obtained, it was correlated through Microsoft Excel 2007 and SPSS. The data was stored in the VSU Counseling Center and only made available to the researcher who is a staff member of the Counseling Center and the Center's Director, Dr. John Grotgen. No other individuals or administrators had access to the research data.

The comparative data regarding the overall undergraduate student population for all three cohorts was provided by the Office of Strategic Research and Analysis at VSU (Cragg 2009). At no time, was any identifying information related to data or names of students obtained or utilized with the collective group data. All data employed in this case study was considered “archival data.” In addition, the researcher obtained approval from the Institutional Review Board (IRB) at Valdosta State University for the completion and continuation of said research assessment (*See Appendix B*).

Study Instrumentation and Measures

Instrumentation

The researcher utilized one primary measurement for this quantitative case study, the VSU Counseling Center Intake Form (see attached as *Appendix A*). Said instrument is self-reported and objective. The Counseling Center’s Intake form records students’ self-assessment of the effects of personal problems and their justification of seeking services. The Intake Form was developed and later modified by the VSU Counseling Center to gather the following information; demographics, 29 Likert-type items related to personal concerns, academic concerns, and emergency information. In reporting the specific affect of their personal problems in relation to academic distress (question 31), students were asked to report one or more of the following options: (a) considering or have withdrawn from school, (b) considering or have dropped a class(s), (c) other (specify), (d) affecting my grades, or (e) not at all [no effect]. This current Intake Form is similar to intake forms utilized at multiple college and university counseling centers and mental health facilities across the nation.

The researcher used quantitative data, known as *VSU overall*, from the Office of Strategic Research and Analysis (Cragg 2009). This group's objective measurements were obtained from the university's reported data on retention. VSU utilizes the retention definition, known as the state-wide established definition, as directed by the University System of Georgia (USG). This definition only applies to first-time, full-time students who initially enroll in Fall semester of any given academic year and re-enroll the following Fall semester. Any student, who withdraws from school, takes time off, or who is not considered a first-time, full-time student is not represented in the retention definition.

For this project, the researcher was limited in the comparative analysis due to the specific university retention definition. Therefore, the researcher analyzed the data by also examining retention utilizing the case study's definition of retention; any student who enrolls in Fall semester and re-enrolls the following Fall semester in the given time period of the study.

Measures

The quantitative research project encompassed three primary objectives, which were as follows: (1) to determine the relationship, if any, of counseling issues with the interference or decrease in academic progress, as evidence by affecting students' grades, their GPAs, causing them to consider dropping course(s), causing them to drop a course(s), prompting them to consider withdrawing from VSU, and/or prompting them to actually withdraw from VSU, (2) to compare and contrast the retention rates of students from three cohorts, (1) Fall 2007 through Spring 2008 (n = 272), (2) Fall 2008 through Spring 2009 (n = 254), and (3) Fall 2009 through Spring 2010 (n = 261), who utilized

counseling services with retention rates for the general undergraduate student body at VSU, and (3) to specify the relationship, if any, between counseling services, retention rates, and graduation rates at VSU among its undergraduate students.

In examining the first objective, the researcher measured the relationship of personal problems and distress to academic performance. This measurement was completed by utilizing the data provided by the VSU Counseling Center Intake Form. Specifically, the researcher examined question 31 on the Intake Form; “How has your academic work been affected by the issue(s) that bring you here today,” including all five parts of the answer (a. through e.) (VSU Counseling Center, 2010). The researcher utilized several statistical procedures to confirm significance or lack of significant difference among the independent and dependant variables. These tests were: *Pearson’s Chi Square (x^2)*, *t-test*, *Fisher’s Exact test*, and *Chi-square with Yates Correction*. In addition, the researcher used cross-tabulation in determining differences among frequencies, percentages, and means of variables.

The researcher analyzed the second and third objectives by comparing and contrasting data provided by the VSU Counseling Center Intake Form, Banner System Query database, and the overall undergraduate student retention and graduation data. The researcher confirmed one of the original hypotheses which related to *Research Question 1*. However, the other two hypotheses related to *Research Questions 2* and *3* were found invalid and insignificant. The researcher compared each cohort represented in *VSU CC* with each cohort represented in *VSU overall*. There were three retention measures examined in the case study and are as followed; (1) *annual retention rate*, (2) *graduation rate*, and (3) *total retention rate* (Turner and Berry 2000).

Annual retention rates measure whether students (*VSU CC* compared to *VSU overall*) re-enrolled the following Fall semester per cohort; *graduation rates* measure the successful completion of degree work during the same given period of study; and *total retention rates* measures the combination of the above measures: annual and graduation rates. The *total retention rate* will provide the most comprehensive measure of retention in examining whether students ever re-enrolled or graduated during the period of the case study.

Demographics

In addition to examining the relationship between counseling services and student retention and graduation rates, the researcher compared and contrasted the demographic attributes between both *VSU CC* and *VSU overall*. This analysis was an overall demographic comparison. The three specific demographic variables analyzed for this case study were (1) gender, (2) ethnicity, and (3) academic status. Gender was divided by two nominal levels, male and female. Ethnicity was categorized by 7 nominal levels: African-American (AA), American Indian or Alaskan Native (AI or AN), Asian or Pacific Islander (Asian or PI), Hispanic, Multiracial, White, or Other. Academic status is the current rank of the participant classified according to the set number of academic hours he/she has taken or the position he/she possess at VSU. The undergraduate academic status ordinal levels were Freshman, Sophomore, Junior, and Senior.

Study Procedures and Statistical Analysis

Previous literature and studies revealed personal problems influence students' decisions regarding continued academic enrollment and the effect of academic performance. This case study originated by evaluating students' perceptions of the impact

of their personal problems and increased distress on their academic status at their initiation of counseling services. This evaluation was established by asking each student to complete the VSU Counseling Center Intake Form prior to his/her initial counseling appointment at the Center. As previously stated, the Counseling Center Intake Form is self-reported by each student attending an initial appointment at the VSU Counseling Center.

The process of analysis was over a three year period and consisted of utilizing both similar methodology from the Turner and Berry longitudinal study (2000) and a cross-sectional design model with the VSU Office of Strategic Research and Analysis (2009). Both models examined, (1) students seen in the counseling center during the 2007-2008, 2008- 2009, and 2009-2010 academic years comparative with the general undergraduate student body population for the same given time period, (2) total retention rates comparative for *VSU CC* and *VSU overall* for the same given time period of analysis, and (3) the overall analysis of demographic comparisons and affects of counseling center contributions to the undergraduate student population.

Summary

The results of this quantitative study tested the research hypotheses that university counseling services contribute to student retention and graduation rates by providing necessary services to decrease students' personal problems and distress which can influence overall academic performance and re-enrollment. Retention is a specific and critical variable utilized by higher education institutions in examining its effectiveness in retaining the student population and offering effective and desirable services to ensure overall student institutional satisfaction and support. With the increased number of

students utilizing counseling services, it's imperative to understand the relationship between increased distress, concern of or poor academic performance, and university retention.

Chapter IV

RESULTS

Findings and Outcomes

Multiple factors have led to the increased number of students seeking to attend higher education institutions. Such factors include: decline in the economy, decrease in career opportunities, decrease in financial subsidies and funding, and increase desire to enhance knowledge and self-fulfillment. These factors along with increased class size, decreased financial stability, increased familial and individual stressors, increased intrapersonal and interpersonal expectations, and increased academic competition enable distress and lack of healthy coping skills observed in our student population (discussed in further detail in Chapter 5). As explored in depth in the literature review (Chapter 2), it is imperative for higher education administrators to investigate best practices in retaining students and offering effective and necessary services to assist them in maintaining and achieving their academic goals.

The following chapter examines and evaluates the VSU Counseling Center by assessing its possible association between students' perception of mental health concerns and issues with academic performance. Furthermore, the empirical study examines the possible relationship between those students who utilized the counseling services with the overall undergraduate student population at VSU regarding retention and graduation rates.

Descriptive Demographics between Study Groups (*VSU CC* and *VSU Overall*)

The following analysis compared the demographics of the students who utilized the VSU Counseling Center services with the overall student population at VSU. Each cohort was represented and cross-tabulated between *VSU CC* and *VSU overall*. The following Table (4.1) illustrates the descriptive demographics between *VSU CC* and *VSU overall* based on three specific variables: *Gender*, *Ethnicity*, and *Undergraduate Academic Status*. The total number of cases (N), the subgroup of cases analyzed (n), and the percentage mean (M) were empirically linked between the independent and dependent variables per cohort to further analyze for significance or differentiation. See *Appendix C* for Table 4.1.

Gender

As the previous table illustrates, the represented mean for undergraduate female students who attended the VSU Counseling Center was $M = 71.13\%$. The male students served at the Counseling Center was $M = 28.62\%$. *VSU overall* examined the mean for female and male students represented by the entire VSU student population. 61.41% of females and 38.59% males were represented in *VSU overall*. The difference between females from the VSU Counseling Center and the overall undergraduate student population at VSU was 9.72%. Therefore, in regard to gender, there was a slight difference in frequency between the overall undergraduate student population and the VSU Counseling Center students. However, there was equality in an increase of females being served by the VSU Counseling Center than males due to the significant number of females attending VSU versus males for all three.

Ethnicity

As to ethnicity, the researcher compared the demographics between the overall student population (*VSU overall*) and the VSU Counseling Center undergraduate clients (*VSU CC*) for all three cohorts and found no comparable differences. For example, the VSU Counseling Center served more White clients than any other ethnicity which was comparable to the overall racial makeup of students attending VSU. The second majority ethnic category was African-American students, which again was comparable to the demographics of VSU students. When analyzing the two largest groups served based on ethnicity, White and African-American, the researcher found that the VSU Counseling Center served a mean of $M = 65.40\%$ (White students) and $M = 24.42\%$ (African-American students). Comparing *VSU CC* to *VSU overall*, the researcher found the mean was $M = 67.92\%$ for White students (overall VSU student population) and $M = 26.17\%$ for African-American students.

The “other” category for ethnicity is the combination of categories represented by the overall undergraduate student population of both study groups. These combined categories are American Indian or Alaskan Native, Asian or Pacific Islander, Hispanic, Multi-Racial, Other or Unknown, and No Response. These categories represent $M = 10.18\%$ (*VSU CC*) and $M = 5.91\%$ (*VSU overall*). These categories were combined due to the small number of cases per group.

Undergraduate Academic Status

The last demographic variable assessed by the researcher was the undergraduate academic status of all students per groups. In reviewing Table 4.1, there was a slight variation in each academic class between *VSU CC* and *VSU overall*. For example,

students served by the VSU Counseling Center (*VSU CC*) who represented the Junior class was $M = 22.33\%$; whereas, students represented in the overall student population (*VSU overall*) was $M = 20.02\%$. The difference between students who represented the Sophomore class in both groups was 3.37 and the variation between Senior students of both groups was 1.84 (substantially lower). However, in examining the Freshman class status, there was an empirical difference found in comparison to *VSU CC* and *VSU overall*. Freshmen academic status for *VSU CC* was $M = 26.00\%$ versus *VSU overall* being $M = 34.45\%$. The freshmen results were crucial in examining the difference between *VSU CC* and *VSU overall*'s population due to the system-wide definition of retention being based solely on those students identified as first-time/full-time students. This phenomenon is discussed in detail in Chapter 5.

Fall 2007 Cohorts

The following data and results are separated exclusively by the three cohorts examined; 2007, 2008, and 2009. These three cohorts represent the academic years studied by this assessment. The enrollment for the entire undergraduate student population (excluding transient, joint enrolled, and other) at VSU Fall 2007 was 9654 (VSU Fact Book 2008-2009). The total number of identified undergraduate students who utilized services at the VSU Counseling Center during the Fall 2007 cohort was 272. Therefore, the Counseling Center saw 2.8% of the overall undergraduate student population between Fall 2007 and Spring 2008.

In Fall 2007, a total of 9728 undergraduate students (including transient, joint enrolled, and other) enrolled in VSU. Out of the 9728 students, 6935 returned to VSU the following Fall semester. Therefore, 71.29% of the total undergraduate population at VSU

was retained in the Fall 2007 Cohort. In examining the population of students justified as first-time/full-time freshmen under the USG definition, a total of 2,029 first-time students entered VSU. Out of the 2,029 first year students who began at VSU, 1,445 students were retained at VSU in one year, Fall 2008. Therefore, VSU's retention rate for entering students in the Fall 2007 cohort was 71.22%; exhibiting a slightly lower frequency (0.07) than the total undergraduate population retained by VSU.

The total retention rate for all undergraduate students (N = 9728) who entered VSU from Fall 2007 to Spring 2008 are: 71.29% of students were retained at VSU; 11.51% of students were not retained or are unknown; and 17.20% of students graduated.

As stated previously, 272 undergraduate students utilized the services at the VSU Counseling Center during the Fall 2007 cohort. Of the total undergraduate population (n = 272) seen at the Counseling Center, 174 were retained the following Fall semester (2008). This yields a 63.97% retention rate at the VSU Counseling Center for the Fall 2007 cohort. Between Fall 2007 and Spring 2008, 57 first-time students at VSU utilized counseling services. Of the 57 first time students at VSU who utilized its counseling services, 34 were retained at VSU in one year, Fall 2008. This yields a 59.65% retention rate at the VSU Counseling Center for first-time undergraduate students. The accurate difference between the total undergraduate student population who utilized the VSU Counseling Center services and the full-time/first-time undergraduate student population who utilized said services was 4.32.

The total retention rate for all undergraduate students (n = 272) who utilized the VSU Counseling Center services from Fall 2007 to Spring 2008 were: 63.97% of students were retained at VSU; 20.96% of students did not return to VSU; and 15.07% of

students graduated. The following tables represent the cross-tabulation of retention rates for full-time/first-time freshmen (Table 4.2) and the total retention and graduation rates for both the experimental (*VSU CC*) and the comparison (*VSU overall*) for all three cohorts (Table 4.3).

Table 4.2: Cross-tabulation of One Year Retention Rates per Cohort for First-time, Full-time Freshmen

	VSU overall				VSU CC			
	Cohorts							
	2007	2008	2009	Combined	2007	2008	2009	Combined
	<i>N</i>	<i>N</i>	<i>N</i>	<i>M</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>M</i>
Entering Freshmen	2029	2107	2421	2186	57	63	79	66
Retained Freshmen	1445	1512	1647	1535	34	35	51	40
Retention Rate	71.22%	71.76%	68.03%	70.34%	59.65%	55.56%	64.56%	59.92%

References: VSU Fact Book, 2008-2009 and CC Intake Data Form, updated 2010

Table 4.3: Cross-tabulation of One Year Retention and Graduation Rates by Study Groups for Undergraduate* Student Population

	VSU overall								VSU CC						
	Cohorts														
	2007		2008		2009		Combined	2007		2008		2009		Combined	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>M</i>	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>M</i>	
Total Cases (N)	9728		9708		10328		M = 9921	272		254		261		M = 262	
Retained	6935	71.29	7184	74.00	7466	72.29	7195	174	63.97	150	59.06	158	60.54	161	
Not Retained/UNK	1120	11.51	837	8.62	1166	11.29	1041	57	20.96	73	28.74	72	27.58	67	
Graduated	1673	17.20	1687	17.38	1696	16.42	1685	41	15.07	31	12.20	31	11.88	34	

References: VSU Fact Book, 2008-2009 and CC Intake Data Form, updated 2010

Notes:

a. *UG student population includes Freshmen through Senior, plus transient, joint enrolled, and other for VSU overall (VSU)

b. Not Retained and UNK are combined

The researcher examined the connection between utilization of mental health services at the VSU Counseling Center and the overall academic standing. Out of 272 undergraduate students seen at the VSU Counseling Center, 95.59% finished the semester completely, 4.04% withdrew passing, 0.37% were identified as not attending, and 0.00%

were identified as withdraw failing or failing all courses. Therefore, 95.59% of the 272 undergraduates seen at the VSU Counseling Center were able to complete the academic semester. The Fall 2007 cohort revealed the positive affect and connection between utilization of counseling services and academic completion by semester. The following table (4.4) illustrates the total academic status for all undergraduate students served by the VSU Counseling Center during the period of analysis.

Table 4.4: Cross-tabulation of Semester Academic Outcome by Cohort regarding VSU Students who utilize the Counseling Center (VSU CC)

	Cohorts							
	2007		2008		2009		Combined Total	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	<i>M %</i>
Finished Semester	260	95.59	237	93.31	238	91.19	735	93.36
WD Passing	11	4.04	5	1.97	7	2.68	23	2.90
Not Attending	1	0.37	0	0.00	0	0.00	1	0.12
WF/F all courses	0	0.00	4	1.57	12	4.60	16	2.06
UNK	0	0.00	8	3.15	4	1.53	12	1.56
Total (<i>N</i>)	272		254		261		787	

Reference: CC Intake Data Form, updated 2010

The 272 Counseling Center undergraduate clients self-reported on the VSU Counseling Center’s Intake Form, see attached as *Appendix A*, on how their mental health concern(s) impacted their academic performance and possible retention at VSU. The Fall 2007 cohort identified the following responses related to mental health distress and its significant relationship to academic performance and retention; 12 (4.41%) students reported considering or have withdrawn from school (Q31a), 16 (5.88%) students reported considering or have withdrawn from class(es) (Q31b), 53 (19.49%) students reported other (Q31c), 60 (22.06%) reported their mental health issues affecting their grades (Q31d), 55 (20.22%) students reported multiple responses (Q31a through e), 7

(2.57%) students gave no response, and the majority of students (n = 68; 25%) in the Fall 2007 cohort reported their mental health issue not affecting their academic performance or possible retention at all (Q31e). The following table (4.5) illustrates the cross-tabulation of Counseling Center Responses' to Retention Questions for all three Cohorts and specifically identifies the categories of how the students' mental health issue(s) impacted students' academic performance and possibly retention at VSU.

Table 4.5: Cross-tabulation of VSU Counseling Center Responses to Retention Questions (overall responses) by Cohort (VSU CC)

	Cohorts							
	2007		2008		2009		Combined Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	<i>M (%)</i>
No Response	7	2.57	1	0.39	5	1.92	13	1.65
Considering or WD fr School	12	4.41	61	24.02	15	5.75	88	11.18
Considering or WD fr Class	16	5.88	50	19.69	15	5.75	81	10.29
Other	53	19.49	52	20.47	25	9.58	130	16.52
Affecting Grades	60	22.06	73	28.74	72	27.59	205	26.05
Not at all	68	25.00	1	0.39	59	22.61	128	16.26
Multiple Responses	55	20.22	7	2.76	69	26.44	131	16.65
Unknown	1	0.37	9	3.54	1	0.38	11	1.40

Reference: CC Intake Data Form, updated 2010

Fall 2008 Cohorts

The enrollment for the entire undergraduate student population (excluding transient, joint enrolled, and other) at VSU Fall 2008 was 9652 (VSU Fact Book 2008-2009). The total number of identified undergraduate students who utilized services at the VSU Counseling Center during the Fall 2008 cohort was 254. Therefore, the VSU Counseling Center saw 2.6% of the overall undergraduate student population between Fall 2008-Spring 2009.

In Fall 2008, a total of 9708 undergraduate students (including transient, joint enrolled, and other) were enrolled in VSU. Out of the 9708 students, 7184 returned to VSU the following Fall semester. Therefore, 74% of the total undergraduate population at VSU was retained in the Fall 2008 Cohort. In examining the population of students justified as first-time/full-time freshmen under the USG definition, a total of 2107 first-time students entered VSU. Out of the 2107 first year students who began at VSU, 1512 students were retained at VSU in one year, Fall 2009. Therefore, VSU's retention rate for first-time/full-time students in the Fall 2008 cohort was 71.76%. The difference between the total undergraduate population at VSU and the first-time/full-time population was 2.24, considerably higher than the previous 2007 cohort.

The total retention rate for all undergraduate students (N = 9708) who entered VSU from Fall 2008 to Spring 2009 was: 74.00% of students were retained at VSU; 8.62% of students did not return to VSU or status was unknown; and 17.38% of students graduated (Cragg 2009)

As stated previously, 254 undergraduate students utilized the services at the VSU Counseling Center during the Fall 2008 cohort. Of the total undergraduate population (n = 254) seen at the Counseling Center, 150 were retained the following Fall semester (Fall 2009). This yields a 59.06% retention rate at the VSU Counseling Center for the Fall 2008 cohort. Between Fall 2008 and Spring 2009, 63 entering students at VSU utilized the Counseling Center services. Of the 63 first time students at VSU who utilized the Counseling Center services, 35 were retained at VSU in one year, Fall 2009. This yields a 55.56% retention rate at the VSU Counseling Center for first-time undergraduate students. The consequential difference between the total undergraduate student

population who utilized counseling services and the full-time/first-time undergraduate student population who utilized said services was 3.50%.

The total retention rate for all undergraduate students (N = 254) who utilized the VSU Counseling Center services from Fall 2008 to Spring 2009 was: 59.06% of students were retained at VSU; 25.59% of students did not return to VSU; 12.207% of students graduated, and 3.15% of students' status was unknown.

The researcher examined the connection between utilization of mental health services at the VSU Counseling Center and the overall academic standing. Out of 254 undergraduate students seen at the VSU Counseling Center, 93.31% finished the semester completely, 1.97% withdrew passing, 0% were identified as not attending, 1.57% were identified as withdraw failing or failing all courses, and 3.15% were unknown. Therefore, 93.31% of the 254 undergraduates seen at the VSU Counseling Center were able to complete the academic semester. Table 4.4 (previously shown) shows the positive affect and connection of those undergraduate students at VSU who utilized counseling services and their ability to complete the current academic semester.

The 254 VSU Counseling Center undergraduate clients self-reported on the Counseling Center's Intake Form, see attached as *Appendix A*, how their mental health concern(s) impacted their academic performance and possible retention at VSU. The Fall 2008 cohort identified the following responses related to mental health distress and its significant relationship to academic performance and retention; 24.02% students reported considering or have withdrawn from school (Q31a), 19.69% students reported considering or have withdrawn from class(es) (Q31b), 20.47% students reported other (Q31c), 28.74% (the majority of students, N = 254) reported their mental health issues

affecting their grades (Q31d), 0.39% students reported their mental health issue not affecting their academic performance or possible retention at all (Q31e), 0.39% students gave no response, 2.76% gave multiple responses (Q31a through e)¹, and 3.54% of students' responses were unknown.

Fall 2009 Cohorts

In the last cohort examined, the undergraduate student population (excluding transient, joint enrolled, and other) at VSU Fall 2009 was 10,274 (VSU Fact Book 2008-2009). The total number of identified undergraduate students who utilized services at the VSU Counseling Center during the Fall 2009 cohort was 261. Therefore, the VSU Counseling Center saw 2.5% of the overall undergraduate student population between Fall 2009 and Spring 2010.

In Fall 2007, a total of 10,328 undergraduate students (including transient, joint enrolled, and other) enrolled in VSU. Out of the 10,328 students, 7466 returned to VSU the following Fall semester. Therefore, 72.29% of the total undergraduate population at VSU was retained in the Fall 2009 cohort. In examining the population of students justified as first-time/full-time freshmen under the USG definition, a total of 2,421 first-time students entered VSU. Out of the 2,421 first year students who began at VSU, 1,647 students were retained at VSU in one year, Fall 2008. Therefore, VSU's retention rate for first time students in the Fall 2009 cohort was 68.03%; substantially lower (4.26) than the total undergraduate population retained at VSU.

The total retention rate for all undergraduate students (N = 10,328) who entered VSU from Fall 2009 to Spring 2010 was: 72.29% of students were retained at VSU;

¹ See previous Tables which identified statistical analysis and cross-tabulation of data.

11.29% of students were not retained or status was unknown; and 16.42% of students graduated (Cragg 2010).

As stated previously, 261 undergraduate students utilized the services at the VSU Counseling Center during the Fall 2009 cohort. Out of the total undergraduate population ($n = 261$) seen at the Counseling Center, 158 were retained the following Fall semester (Fall 2010). This yields a 60.54% retention rate at the VSU Counseling Center for the Fall 2009 cohort. Between Fall 2009 and Spring 2010, 79 first-time students at VSU utilized the Counseling Center services. Of the 79 first time students at VSU who utilized the counseling services, 51 were retained at VSU in one year, Fall 2010. This yields a 64.56% retention rate at the VSU Counseling Center for entering undergraduate students. Therefore, the disparity between the total undergraduate student population who utilized the Counseling Center services and the full-time/first-time undergraduate student population who utilized said services was 4.02.

The total retention rate for all undergraduate students ($n = 261$) who utilized the VSU Counseling Center services from Fall 2009 to Spring 2010 was: 60.54% of students were retained at VSU; 26.05% of students did not return to VSU; 11.88% of students graduated, and 1.53% students' status was unknown.

Further, the researcher assessed the connection between utilization of mental health services at the VSU Counseling Center and the overall academic standing. Out of 261 undergraduate students seen at the VSU Counseling Center, 91.19% finished the semester completely, 2.68% withdrew passing, 0% were identified as not attending, 4.60% were identified as withdraw failing or failing all courses, and 1.53% students' status were unknown. Therefore, 91.19% of the 261 undergraduates seen at the VSU

Counseling Center were able to complete the academic semester.

The 261 undergraduate counseling clients self-reported on the Counseling Center's Intake Form, see attached as *Appendix A*, how their mental health concern(s) impacted their academic performance and possible retention at VSU. The Fall 2009 cohort identified the following responses as they related to their perceived mental health distress and its significant relationship to academic performance and retention; 15 (5.75%) students reported considering or have withdrawn from school (Q31a), 15 (5.75%) students reported considering or have withdrawn from class(es) (Q31b), 25 (9.58%) students reported other (Q31c.), 59 (22.61%) students reported their mental health issue not affecting their academic performance or possible retention at all (Q31e), 69 (26.44%) students gave multiple responses, 5 (1.92%) students gave no response, 1 (0.38%) student response was unknown, and the majority of students (n = 72; 27.59%) reported their mental health issues affecting their grades (Q31d) in the Fall 2009².

Significance Results between Independent and Dependant Variables

Results of Research Question 1

The first research question asked, "How do counseling/mental health issues impact students' academic performance, in terms of considering or have withdrawn from school, considering or have withdrawn from a class(es), affecting their grades and GPAs, and interfering with their academic progress?" The statistical tests utilized in the analysis were cross-tabulation, *Pearson's Chi Square* (χ^2), and *t-test*. The researcher divided the categories of analysis based on independent variables; *gender, ethnicity, and academic class status*. Tables 4.6(a-c) illustrate the significant difference between the independent

² See previous Tables which identified statistical analysis and cross-tabulation of data.

and dependant variables based on six response subparts (of Question 31, asked on Counseling Center Intake form) asked of all students who utilize the Counseling Center services.

Relationship between Gender and Retention Responses

The relationship between gender and response to retention questions provided by the VSU Counseling Center per the Counseling Center's Intake form (See *Appendix A*) revealed no significant difference between the two variables. Therefore, it appeared that gender predominately did not play a role in how a student responded to said retention questions via the initial counseling appointment. Responses to questions regarding academic work affected by mental health/counseling issues per the VSU Counseling Center Intake are illustrated in Table 4.6(a). See *Appendix C* for Table 4.6(a). Each cohort and the combined total are represented in the table.

Regarding questions 31(a), 31(d), and 31(e); no significant difference between the two variables were found. Therefore, in relation to "considering or have withdrawn from school," "affecting grades," and "not at all," gender did not play a role in the participants' responses. However, there were four significant findings relating gender and question responses. Question 31(b) examined if gender played a role in how a student would respond to "considering or have withdrawn from a class(es)." Gender and retention responses were significant as evidence by $\chi^2 = 3.743$, $p = .05$ for the combined total of students answering question 31(b). There was a significance of $\chi^2 = 4.747$, $p \leq .05$ relating gender and response to "other" question (31c). The last question regarding "multiple responses" to the retention question yielded a $\chi^2 = 5.214$, $p \leq .05$ significance to Cohort 2007 and a meaningful significance of $\chi^2 = 6.948$, $p \leq .01$ (combined). The total

number of cases analyzed by the *Pearson's Chi-Square* significance test was (N = 785).

Relationship between Ethnicity and Retention Responses

The results describing the significant relationship between ethnicity and retention responses were similar to those findings discussed previously between gender and retention responses. Table 4.6(b) describes the analysis found in comparing and testing ethnicity and response to questions regarding academic performance affected by mental health/counseling issues. See *Appendix C* for Table 4.6(b). Each cohort and the combined total are represented in the table.

Most cohorts, including the total of students per cohort, and the overall retention responses yielded no significance ($p \geq .05$). Therefore, it is valid to state there is no significant difference in the relationship between ethnicity and responses to the retention questions provided by the VSU Counseling Center. However, undergraduate students in Cohort 2007 showed a significant difference $\chi^2 = 7.548, p \leq .05$, between ethnicity and responding to question 31(d), "affecting grades." In addition, the relationship between ethnicity and response to 31(e) "multiple responses," showed a significant difference of $\chi^2 = 9.72, p \leq .05$ for students in Cohort 2009 and in the combined total, $\chi^2 = 10.391, p \leq .05$. Therefore, in two separate cohorts, ethnicity and retention responses were found to be significantly related regarding students who sought counseling services.

Relationship between Academic Class Status and Retention Responses

The last independent variable examined was academic class status tested by response to retention questions. This particular variable yielded multiple significant results for various cohorts and multiple academic status levels. As similar to the previous results, the *Pearson's Chi Square* test and cross-tabulation were used in testing to

confirm current analysis. Table 4.6(c) illustrates said findings as evidence per cohort and the combined sum of the three cohorts. See Table 4.6(c) in *Appendix C*.

There were only two questions that did not yield a significant difference ($p \leq .05$) were questions 31(e) and multiple responses. These two retention questions assess mental health/counseling issues perceived by the student to evade impact on academic performance, possibly be retained, and define multiple responses to questions (31a through 31e). The following are questions 31a through 31d which reveals a significance of $p \leq .05$, $p \leq .01$, and $p \leq .001$.

The 2007 cohort showed a significance of $\chi^2 = 12.288$, $p \leq .01$ in “considering or have withdrawn from school,” Cohort 2008, $\chi^2 = 225.384$, $p \leq .001$, and the combined total yielded a significance of $\chi^2 = 124.564$, $p \leq .001$ in answering the same question. For question 31(b), “considering or have withdrawn from class(es),” the results revealed a significant difference between academic class status and the retention responses as evidence by; Cohort 2008, $\chi^2 = 228.309$, $p \leq .001$ and the combined total revealed a meaningful significance of $\chi^2 = 124.903$, $p \leq .001$. The next question (31c) “other,” showed a meaningful significance of $\chi^2 = 222.770$, $p \leq .001$ for Cohort 2008 and the combined total, $\chi^2 = 77.823$, $p \leq .001$. However, this question also showed a significant difference of $\chi^2 = 8.594$, $p \leq .05$ in Cohort 2009. The last question (31d), “affecting grades” yielded a strong significance between academic class status and retention responses described Cohort 2008, $\chi^2 = 219.433$, $p \leq .001$ and the combined total revealed a significance of $\chi^2 = 79.489$, $p \leq .001$.

Significance between Counseling Services and Academic Performance

The *t-test* was utilized to show a relationship between counseling services and

academic performance, specifically GPA. Table 4.7 Illustrates the results found in analyzing the impact of VSU Counseling Center (*VSU CC*) services on GPA. The groups were categorized between PreCumCCgpa and PostCumCCgpa and During CCgpa and PostCumCCgpa. All three Cohorts were represented in the table.

Table 4.7: The Impact of CC services on GPA

Cohort Year	Group	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t-value</i>	<i>P</i>
2007	PreCumCCgpa	272	3.39	1.49	5.25	***
	PostCumCCgpa		2.86	0.74		
2008	PreCumCCgpa	254	2.75	0.73	1.70	-
	PostCumCCgpa		2.61	1.09		
2009	PreCumCCgpa	261	2.69	0.73	1.55	-
	PostCumCCgpa		2.57	1.02		
2007	DuringCCgpa	272	2.91	1.09	0.63	-
	PostCumCCgpa		2.86	0.74		
2008	DuringCCgpa	254	2.64	1.09	0.31	-
	PostCumCCgpa		2.61	1.09		
2009	DuringCCgpa	261	2.58	1.09	0.11	-
	PostCumCCgpa		2.57	1.02		

Reference: CC Intake Data Form, updated 2010

Note: * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$; and – represents NO significance

All groups yielded no significant difference between the groups per cohort, minus the exception of Cohort 2007 in the PreCumCCgpa and PostCumCCgpa. The 2007 group showed a significant difference in relationship, it yielded a $M = 3.39$ (PreCum) and $M = 2.86$ (PostCum), $SD = 1.49$ (PreCum) and 0.74 (PostCum), $t\text{-value} = 5.25$, and a significance of $p \leq .001$. The remaining cohorts ($n = 254$ and $n = 261$) showed a $t\text{-value}$ between 1.70 and 0.11.

The results were mixed in determining significant difference and a relationship between identifying whether counseling/mental health issues impact students' academic performance, as evidenced by considering or have withdrawn from school, considering or

have withdrawn from a class(es), affecting their grades and GPAs, and interfering with their academic progress. For this exploratory study, there appeared to be strong significance in most testing areas of research question one. The analysis derived from the *Pearson's Chi Square*, cross-tabulation, and *t-test* showed some relationship between variables and determined students who attend counseling respond that their mental health/counseling issues have impaired their academic performance on some level or they are anxious that it will.

Results of Research Question 2

The research question regarding the association between counseling services and retention is the foundation of the case study. It is important to understand why a particular population would respond to specific anxiety and distress, how this response may or may not negatively affect their academic performance and hinder them from achieving their ultimate academic goal, i.e., graduation. However, it is equally important to understand how counseling services may affect the individual and his/her intrapersonal and systemic goals, but also how the services impact the student population as a whole. In today's world, it is a necessity to determine a department or agency's worth, even in higher education.

Table 4.2 illustrated one year retention rates per cohorts for first-time/full-time freshmen in accordance with the USG's definition of retention. The results yield relevance to both the system-wide definition of retention and the research analysis definition of student retention. In addition, Table 4.3 referenced both research questions 2 and 3. Table 4.3 defines the one year retention rate per cohort per study group for all undergraduate student population.

Retention of First Year Students

In observing first-time/full-time students (entering freshmen), which represents the system-wide (USG) definition of those students who are examined regarding retention, a total of 2029 new freshmen entered VSU in 2007. Out of those 2029 students, 1445 were retained at VSU the following year. Therefore, in 2007 VSU had a retention rate of 71.22% for first-time/full-time freshmen. In 2008, the number of entering freshmen continued to increase to 2107. Out of those 2107 entering freshmen, 1512 were retained the following fall semester 2009. Therefore, Cohort 2008 yielded a 71.76% retention rate for entering freshmen only. The last year examined, 2009, showed that 2421 (n = 2421) entering freshmen began at VSU. Of those 2421 students, 1647 were retained the following year thus, providing a retention rate of 68.03% (the lowest of the three cohorts).

VSU overall showed that 57 first time/full time students were seen in 2007 at the VSU Counseling Center. Of those 57 students served, 34 were retained at VSU the following year. Therefore, in 2007 the VSU Counseling Center revealed a retention rate of 59.65%. Cohort 2008 contained 63 first time/full time students. Of those 63 students, 35 were retained the following year. Therefore, the Counseling Center yielded a 55.56% (the lowest of the three cohorts) retention rate for first time/full time freshmen. In 2009, 66 students who met the system-wide definition were served at the Counseling Center. Of those 66 students, 40 were retained the following year. Therefore, in 2009 the VSU Counseling Center yielded a retention rate of 64.56%. In comparing the two study groups and in examining only first time/full time students, the retention rate of *VSU overall* was $M = 70.34\%$. *VSU CC* yielded a retention rate of $M = 59.92\%$, a difference of -10.42% .

Retention Rates of Undergraduate Population

In 2007, the total cases analyzed for *VSU overall* was 9728. Of those 9728 students represented at VSU, 6935 were retained, 1120 were not retained or status is unknown, and 1673 graduated. In 2008, 9708 undergraduate students attended VSU. Of those students, 7184 were retained, 837 were not retained or status unknown, and 1687 graduated. The last VSU cohort compared was in 2009 with a total of 10,328 undergraduate students attended VSU. Out of those students, 7466 (were retained, 1166 were not retained or status unknown, and 1696 graduated.

The method utilized in comparing data from *VSU overall* was also used in *VSU CC's* evaluation. In 2007, a total of 272 students utilized the VSU Counseling Center services. Out of those 272 students, 174 were retained, 57 were not retained or status unknown, and 41 graduated. In 2008, 254 students attended the VSU Counseling Center and of those students, 150 were retained, 73 (n = 73) were not retained or status unknown, and 31 (n = 31) graduated. In 2009, the last cohort analyzed, 261 students utilized counseling services at VSU. Of those students, 158 were retained, 72) were not retained or status unknown, and 31 graduated.

Three Retention Rate Variables

The three retention rate variables utilized in this study were; (1) *Annual Retention Rate*, (2) *Graduation Rate*, and (3) *Total Retention Rate*. Annual retention rates determine whether students who enrolled in one academic year re-enrolled the following academic year. Graduation rates evaluate those students who successfully completed their degree during the period of the study. Last, the total retention rate is a combination of two of the variables above, i.e. if a student ever re-enrolled or graduated during the period of

the study. The table below (Table 4.8) illustrates the comparison between the three retention variables by both study groups (*VSU CC and VSU overall*) per Cohort.

Table 4.8: Comparison of Retention Variables by Study Groups

Retention Variables	CC Undergrad Client Population <i>VSU CC</i>						VSU Undergrad Student Population <i>VSU overall</i>					
	Fall 2007		Fall 2008		Fall 2009		Fall 2007		Fall 2008		Fall 2009	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Total Cases (N)	272		254		261		9728		9708		10328	
Annual Retention Rates	174	63.97	150	59.06	158	60.54	6935	71.29	7184	74.00	7466	72.29
Graduation Rates	41	15.07	31	12.20	31	11.88	1673	17.20	1687	17.38	1696	16.42
Total Retention Rates	215	79.04	181	71.26	189	72.41	8608	88.49	8871	91.38	9162	88.71

References: VSU Fact Book, 2008-2009 and CC Intake Data Form, updated 2010

The *annual retention rates* for *VSU overall* for all three cohorts are as follows: 2007 was 71.29%, 2008 was 74%, and 2009 was 72.29%. The *graduation rates* per cohort were: 2007 was 17.20%, 2008 was 17.38%, and 2009 was 16.42%. The *total retention rates* were: 88.49% in 2007, 91.38% in 2008, and 88.71 in 2009. These results ascertain that in 2007 88.49% (*total retention rate*) of the VSU undergraduate population were either retained the following academic year or graduated during this specific Cohort. In 2008, 91.38% of the VSU undergraduate population were retained or graduated and in 2009 (the last Cohort of the case study), 88.71% of undergraduate students were retained or graduated.

Comparable, the *annual retention rates* of students who utilized the VSU Counseling Center (*VSU CC*) services during the same period of analysis presented as follows: 2007 was 63.97%, 2008 was 59.06%, and 2009 was 60.54%. The *graduation*

rates per cohort calculated equivalent to VSU overall were: 2007 was 15.07%, 2008 was 12.20%, and 2009 was 11.88%. In addition, the *total retention rates* for those students who utilized counseling services and who were retained or graduated were: 79.04% in 2007, 71.26% in 2008, and 72.41% in 2009.

Lastly, the researcher determined if there was a significant difference ($p \leq .05$) between cohorts in both study groups regarding *annual retention rates* and *total retention rates*. The *Fisher's Exact test* was utilized on all tests (to yield *annual retention rates*) but one and the researcher had to use the *Chi-Square with Yates Correction test* because the sample (n) sizes between groups were so large (*total retention rates*). In regards to *annual retention rates*, all three cohorts revealed a statistically significant association, $p \leq .001$, for *VSU CC* and *VSU overall*. The *total retention rates* between both study groups yielded a statistically significant difference, $\chi^2 = 63.91$ (2009 cohort), $p \leq .001$. Therefore, the study confirmed that both study groups had a significant association with one another.

Results of Research Question 3

Research question three sought to determine if there was a significant difference in graduate rates between students who utilize Counseling Center services and those of the overall undergraduate student body who do not utilize counseling services. Table 4.8 provides a cross-tabulation defining the *graduation rates* between both study groups, *VSU CC* and *VSU overall* and represents all three cohorts (the complete time period of the study analysis).

In 2007, 17.20% of students representing the entire undergraduate student population (*VSU overall*) graduated at VSU. This percentage increases slightly to 17.38%

in 2008, and falls substantially lower in 2009 to 16.42%. *VSU CC* had 15.07% of students graduate in 2007. The percentage of graduates continued to decline in 2008 with 12.20% and in 2009 to 11.88%. Therefore, the original research question did not accurately predict its hypotheses. The accurate difference between of graduation rates in 2007 between the study groups was 2.13; in 2008 the difference was increasingly higher at 5.18; and last in 2009, the accurate difference between the two groups was slightly less at 4.54.

Summary

This case study provided extensive data related to the three research questions sought to analyze by the researcher. Its purpose was to distinguish the specific contributions provided by the *VSU Counseling Center* to the overall *VSU* undergraduate population during the period of analysis. In the future, the continued assessment will provide essential longitudinal results to assist in creating and maintaining programs and services necessary and beneficial for the continued growth in higher education. The chapter began with an expansive review of the descriptive demographics per cohort for each independent variable examined. Then, the researcher presented a general overview of statistical data obtained per cohort. Next, the researcher examined each research question, beginning with the foundation and narrowing the focus from the overall mental health impact to specific dependant variables, such as retention and graduation.

The first research question determined the positive effect mental health/counseling issues have on academic performance, specifically in individual subgroups and per cohort. The last two research questions pertained to counseling services increasing the number of *VSU* students retained and/or graduated, were

determined invalid. Results showed that both retention and graduation rates in the VSU Counseling Center (*VSU CC*) cohorts were lower than those in the overall undergraduate population (*VSU overall*). Chapter 5 will discuss in detail the continued relevance counseling services have on retention and graduation rates based on this group's identification as a high-risk population. It continues to be strongly applicable that counseling services assisted over 90% ($M = 93.36\%$) of students who attended the VSU Counseling Center in completing their academic semester.

Chapter V

DISCUSSION

This assessment yielded informative and essential data regarding the contribution of counseling services provided by the VSU Counseling Center to its overall campus community. Results provided validity to the positive effect mental health/counseling issues have on academic performance. This association was found in the individual subgroups and cohorts. The results determined that both retention and graduation rates in the VSU Counseling Center (*VSU CC*) cohorts were lower than those in the overall population of undergraduate students (*VSU overall*). These results were different from those found in previous research (as identified and evaluated in the literature review). The following is a discussion provided by the researcher to explain the continued relevance counseling services have on academic performance, retention and graduation rates, and proposed reasoning for results in the present study.

The overall demographic comparison for both *VSU CC* and *VSU overall* were positively similar. In regard to gender, there was not a significant difference between students seen in the VSU Counseling Center (*VSU CC*) versus the overall undergraduate student population (*VSU overall*). However, more females attended VSU and utilized the Counseling Center than males. As to ethnicity, there were no comparable differences between the two study groups. The top two ethnic categories served at the Counseling Center and those who attended VSU were White (M = 66.66%) and African-American (M = 25.30%). The last demographic variable examined for both groups was

undergraduate academic status. The Junior academic status category yielded the smallest significant difference ($M = 2.31$) between the two study groups. However, the Freshmen academic class yielded a considerable difference between the two groups ($M = 8.45$). The issue involving the difference in academic classes will be discussed further as a study limitation.

The researcher hypothesized there would be no significant difference between the three demographic variables because it is believed that the Counseling Center serves the same represented students attending VSU. The three cohorts of students served at the VSU Counseling Center represent a small portion of the overall undergraduate population. There was a difference among the two study groups related to academic status. Freshmen were the second highest class served at the VSU Counseling Center in comparison to being the top class represented in the overall undergraduate student population. This slight difference was likely the cause of the mean being considerably higher for this level of variable.

Students who attended counseling were less likely to be retained than those compared to the overall undergraduate student population. This finding was immensely different in comparison to findings provided by a similar study by Turner and Berry (2000). This case study examined only three of the retention measures, *annual*, *graduation*, and *total*, compared to four measures examined in the Turner and Berry³ study (which also included *eventual*). The current analysis found that *VSU CC* exhibited a $M = 61.19\%$ *annual retention rate* versus *VSU overall*, $M = 72.53\%$. The *total retention rate* found a $M = 74.24\%$ for *VSU CC* versus a $M = 89.53\%$ for *VSU overall*. Turner and Berry found the students who utilized their counseling services yielded an *annual*

³ The present case analysis was modeled after the Turner and Berry case study (2000).

retention rate of 70.9% versus 58.6% for the overall student body. The *total retention rate* between both groups was 85.2% (counseling) versus 73.8% (overall general).

The Board of Regents under the University System of Georgia (the USG in which VSU is a part) presented a *FY2012 Budget Request* to the *Joint Appropriations Committee* on January 18, 2011. In this document, both retention and graduation rates were topics for assessment and discussion, which proved timely for this particular case study analysis (2011). The one-year retention rates discussed in the presentation provided information only for first-time/full-time students (based on the USG's definition of retention). The retention rates were as follows: M = 73.2 (2008), M = 73.0 (2009), and M = 72.72 (2010). Therefore, illustrating that all 35 USG institutions maintained a retention rate of 73.2 in 2008 (students who began school in 2007 and who were retained one year later). The USG one-year retention rates for the exact same years were: M = 79.2 (2008), M = 78.9 (2009), and M = 78.91 (2010). The 35 institutions have maintained a decline in student retention over the last three years. However, the USG has been inconsistent in regard to student retention, i.e. decline from 2008-2009, but a slight increase (.01) in 2010 (BOR 2011).

As stated previously in the review of literature, it is essential for higher educational institutions to understand the complexity between the association of mental illness and student retention. In 2008, Van Brunt explored the relationships between students who exhibited personal problems and psychological issues, academic difficulty, and those placed at high-risk for dropping out of school. He noted that, "Counseling has been shown to address these issues while having a positive impact on students remaining in school" (Brunt 2008, 1). Multiple studies have determined the positive relationship

between counseling services and increased student retention (Turner and Berry 2000; Wilson, Mason, and Ewing 1997; and Gerdes and Mallinckrodt 1994). Brunt continued by stating, that individual institutions “must develop retention goals that take into account high-risk students...” and how said retention goals impact the greater remaining community (2008, 2).

The measure of *graduation rate* for this assessment was $M = 13.05\%$ (*VSU CC*) and $M = 17.00\%$ (*VSU overall*). Therefore, students who attended counseling graduated at a lower rate than those represented in the overall undergraduate student body. Turner and Berry (2000) found there was no significant relationship between counseling students and the general study body regarding *graduation rates*. Therefore, in their study Turner and Berry could not validate whether or not counseling services were related to students’ graduation rates.

In January 18, 2011, the *FY2012 Budget Request* provided by the BOR under the USG described graduation rates institution specific (mean of all 35 institutions) and system-wide (USG). The report showed that there was a decline in graduation rates in 2009 in both institution specific ($M = 49.3$) and system-wide ($M = 56.7$). However, there was an increase in graduation rates in 2007, 2008, and 2010 for both groups (BOR 2011). In comparison, *VSU CC* of this case analysis revealed a decline in graduation rates for all three cohorts; whereas, *VSU overall* showed an increase in graduation rates from 2007 to 2008, but showed a decline from 2008 to 2009.

The explanation between the current study and the Turner and Berry study (utilized as a comparison study) could be time. For example, research has illustrated there is an increase of students attending counseling services in higher education presenting

with more severe mental illness than in years past. As previously stated, Gallagher (2004) found that 84% of college counselors recognized an increase of students exhibiting more severe psychological problems over the past five years. The current study's period for assessment was 2007-2010; whereas, the Turner and Berry's (2000) period of analysis was from 1994-2000. These comparative periods clearly show a substantial difference. Therefore, it is plausible to ascertain that those students seen currently (2007 to present) are presenting with more severe mental diagnoses than those students served in 1994-2000.

It is important to discuss how the specific responses to retention questions derived from the VSU Counseling Center Intake form provided necessary and crucial feedback in determining students' perceptions regarding the potential relationship between academic performance and mental health issues. The case study revealed both positive and inconsequential differences related to responses to the retention questions. All responses were voluntarily, self-reported, and objective. Of the total students served at the VSU Counseling Center, M = 11.18% responded that they were considering or had withdrawn from school, M = 10.29% responded that they were considering or had withdrawn from a class(es), M = 16.52% provided multiple responses, and a significant M = 26.05% (over one-fourth) responded that their individual mental health issues were affecting their grades. The sum of all three responses to three specific retention questions (Qa., Qb., and Qd.), with the exception of the students who provided multiple responses, was over M = 47% of all counseling students served from 2007-2010 stated their personal concern(s) was affecting their overall academic performance. With the addition of the multiple response category, the average increases to M = 64%.

These results are comparable to the Turner and Berry (2004) study⁴ that assessed on average (M) “70% of the clients reported their personal problems were affecting their academic progress...” (2000, 631). In addition, Sharkin (2004), consistent with Tinto (1993), detailed that over 25% of students who enter four-year colleges are not retained after their first year. These statistics are parallel to results found in this case study for *VSU CC*; the mean of counseling students not retained/unknown at VSU in one year was $M = 25.76\%$.

Bishop (2006) acknowledged the shift in perception of mental health and counseling services among the college population and reveals how students are “paying more attention to their mental health” (9). This evaluation coincides with the present study in showing that students are utilizing counseling services, being seen with increased stressors, and recognizing how these stressors and maladaptive behaviors may be affecting their academic performance. This phenomenon may play a role in why fewer students were retained by the *VSU Counseling Center (VSU CC)* versus the overall undergraduate student population (*VSU overall*). However, this also explains the importance of retaining those at-risk students who may not have been retained without counseling intervention.

DeStefano, Mellor, and Peterson (2001) showed that the counseling group participants exhibited a positive effect in their overall adjustment to college (2001). This supports this case study’s results showing *VSU* counseling services assisted over 90% ($M = 93.36\%$) of students (*VSU CC*) in completing their current academic semester (same

⁴ Researcher broke up the sum of retention questions; average excluding the multiple response category and average including multiple response category. It appears Turner and Berry may have only utilized the multiple response category in their sum (“any academic difficulties”) (2001, 630). Therefore, possibly explaining the difference between the results based on the comparable studies.

semester in attending counseling). This may not verify that the students were retained the following year, but demonstrates that services provided by the VSU Counseling Center allowed students the opportunity to continue their education if desired and provided additional options.

The Future of Mental Health in Higher Education

Counseling Centers have become pivotal departments in higher education settings. There is an increasing need for collaboration between counselors and higher education administrators in identifying and responding to mental illness on college campuses. As stated previously, this shift in epistemology has allowed for an increased number of students who have previous diagnoses of a mental health disorder and are receiving prescribed psychotropic medications to further their education. If our student population is changing, then it is incumbent that we too (in higher education) must evolve.

Counseling in higher education is no longer just about assisting students in determining career fields, mediating roommate conflicts, and assisting in “normal” maladaptive adjustment issues. Bettin (2004) identified this phenomena by stating, “Counseling centers not only deal with traditional developmental need, but also with more complex and severe student problems” (2). Counseling is recognizing the increased number of traumas, distress, self-destructive behaviors, and chronic mental illness students are exhibiting. Multiple researchers have analyzed this increase in psychopathology. For example, Beamish (2005) stated, more “students (are) presenting with chronic mental illness, suicidal and other self-injurious behaviors, personality disorders, and sexual assault...” (138).

This evolution will occur by continuing to recognize and bring awareness to mental illness and its connection with the college population. Harris (2010) stated counselors' value in "bridging academic and student and affairs" by acting "as visionaries" on college campuses (81). An increased number of students are attending college, returning to college after time off, exhibiting increase distress, familial issues, financial instability, and a drastic shift in their career goals. This increase is in part because of the downfall in our economy, forcing students to further their education and receiving less assistance (personally and financially) than years past.

Student affairs is recognizing this need for increased counseling services and attempting to find a balance between decreased financial resources, "cut backs," and maintaining health and safety. Many universities across the nation are forced to cap funds in multiple areas but refuse to lose funds related to counseling because of the increase of demand. In addition, parents and guardians are "expecting" college campuses to provide necessary resources to their children in order to assist them in accomplishing their academic goals. With counseling and necessary treatment resources, mental illness is no longer preventing students from furthering their education and hindering them from achieving future and life goals.

Factors Affecting Case Study

There were several factors affecting this case study, including a substantial difference in the number of cases per *VSU CC* and *VSU overall*, the time period of analysis of three years compared to the Turner and Berry longitudinal study of six years (2000), and the undergraduate students who attended the VSU Counseling Center. The Counseling

Center participants, can be viewed as the highest at-risk population for not being retained, having increased distress, poor academic performance, and decreased graduation rates.

The mean of cases for all three cohorts in *VSU CC* was $M = 262$ versus the combined mean of cases in *VSU overall* was $M = 9921$. This assessment may have yielded stronger or different results if the sample had been more closely uniform. However, it would be accurate to perceive there would be a smaller number of students who utilized counseling services than the entire undergraduate campus population.

The three years of study in this analysis versus the six year longitudinal study in the similar assessment conducted by Turner and Berry (2000) may have affected the results. It will be interesting to discover and acknowledge any difference in the study if the assessment becomes a routine analysis in the VSU Counseling Center. It will be fruitful to see if any changes or uniqueness appears from double the period of analysis. It is the VSU Counseling Center's departmental vision to continue said assessment to obtain crucial and necessary feedback and fulfill strategic initiatives.

The last plausible factor possibly impacting said case study is the most critical in discussing. This factor entails the perception that the participants identified as *VSU CC* are the highest at-risk population of undergraduate students to exhibit increased mental distress, not be retained, decreased academic performance, and difficulty achieving academic goals (i.e. graduating). A perception exists that students who obtain counseling/mental health services are struggling and may not be able to successfully complete their academic goals.

In addition, research has shown that the college-age population are highest at-risk of being victimized and assaulted. Trauma, assault, and victimization can lead to

increased distress, anxiety, depression, PTSD symptoms, and self-injurious behaviors. One specific type of trauma, sexual violence, has been identified as one of the most common forms of trauma experienced by college students. Multiple researchers (Ward, et al, 1991) examined college women being the highest at-risk group for sexual assaults, and found that, “Nationally the age group with the highest rape victimization rate is the 16 to 19 year olds, with the 20 to 24 year age group having the second highest victimization rate” (65).

Within the last couple of generations of students, there has been an increased acceptance in utilizing counseling services. The mental health stigma of the 1950s has begun to disappear and an increased number of students are willing to ask for “help.” In addition, more and more students are attending college and university settings with a history of having utilized counseling/mental health services, previous psychological diagnoses, and prescribed psychotropic medications. Thus, this understanding of prior treatment allows students to feel comfortable in accessing available counseling resources.

Study Limitations

There were several limitations to this study. First, there was low cell count regarding multiple computation; therefore, possibly affecting the results. Further, because the researcher examined the students served at the VSU Counseling Center versus the overall student population statistical tests had to account for large differences in sample size. The types of *chi square* and *t-test* procedures used in this study are less sensitive with said variance. Lastly, questions answered by students served at the VSU Counseling Center were self-reported. The researcher could only rely on the students reporting

accurate and truthful information. Therefore, some responses could have been skewed due to unreliable self-reporting and objectivity on the part of the students/participants.

In addition to study limitations, the researcher must point out additional caveats to the analysis. There is a unique definition of retention at VSU and the University System of Georgia – the retention definition is only applicable to those first time/full time students. This case study examined students who “fit” this criteria and the overall student population (not limited to first-time/full-time students). In examining only those students at the VSU Counseling Center that “fit” the specific definition of retention, the case numbers decreased significantly per cohort for both *VSU CC* and *VSU overall*. For example, in 2009, the total undergraduate population was $N = 10,328$ compared to the number of entering freshmen for that given year ($n = 2421$). This lowered *VSU overall*'s case sample by 76.56%. For *VSU CC*, the case sample lowered in cohort 2009 by 69.73% ($n = 261$ to $n = 79$).

Furthermore, this case study examined three specific variables; *gender*, *ethnicity*, and *undergraduate academic status*. Limiting this case study to three specific variables may be a limitation to further analysis of additional variables⁵. In regards to one specific variable, *undergraduate academic status*, there were slightly more seniors served at the VSU Counseling Center (*VSU CC*) versus the overall undergraduate population (*VSU overall*). For example in *VSU CC*, 27.6% of seniors were served (the highest served academic category) versus 26.0% of freshmen. This is different than those students represented in *VSU overall*, with a $M = 24.83\%$ of seniors versus $M = 34.45\%$ of freshmen.

⁵ Additional variables that could possibly be examined are: nontraditional students or “adult” learners, veterans, and students taking online classes (students not local).

Future Strategic Initiatives

In recent years, higher education has been exposed to the public's scrutiny concerning how it responds to mental health issues, being proactive and preventative, and balancing between the rights of all students, faculty, and staff. In 2004, the CDC declared suicide was the third leading cause of death among young people ages 18-25 (SAMHSA 2004). We no longer can live in a world where we are naïve and perceive others' traumas and experiences as not relational to our own. We live in a society where we are enmeshed and interconnected with others and their individual issues than we have ever been before.

Based on this shift in epistemology, multiple agencies, departments, programs, and reforms have tasked higher education to develop and inherit best practice modalities in accomplishing their visionary missions. This assessment was not designed to evaluate best practice models and programs nor coerce the reader into utilizing one or the other. The goal was to make readers aware of the various suggested programs utilized on college campuses across the nation in tackling and reducing distress and improving retention and satisfaction among their students. The following are initiatives, programs, modalities, and proposed scientific studies to assist universities and college campuses achieve their academic visions and promote safety and psychological well-being to its campus citizens;

- Implement crisis intervention programs, including Crisis Response Teams and Threat Response Teams; this allows students, faculty, and staff to be trained on the various campus and community resources to refer distressed students, plus this allows the university administration to work together to be aware of events or incidents occurring in other areas on campus;

- Develop programs for Suicide Prevention and Awareness, i.e. the Gatekeeper Program, QPR (Question, Persuade, and Refer) Program, peer educator programs, trainings, webinars, and seminars to bring awareness of mental health and the available resources for referrals;
- Market community and campus based resources to bring awareness, promote healthy psychological and physiological well-being, decrease stigma, and acknowledge strength, solutions, resources, and warning signs;
- Target at-risk populations, subgroups of students (i.e. Greeks, Athletes, housing residences, new student orientation, freshmen, adult learners, and veterans), teaching prevention, awareness, and Bystander Intervention;
- Become aware and utilizing improved and generational technology to meet students where they are at; to utilize communication avenues which students feel comfortable using and are readily accessible (i.e. Facebook, Twitter, websites, radio, television, billboards, etc.).

There are multiple grants, resources, and nonprofit/profit agencies that assist campus communities develop and improve their resources, obtain grants, marketing, and programs designed to address mental health and counseling services. Some of these programs are: The Jed Foundation, Active Minds, Inc., grants under national and state coalitions, the Suicide Prevention Resource Center (SPRC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the American Foundation for Suicide Prevention (AFSP).

It is essential for universities to expend these resources, put them in practice, and create and maintain effective and crucial counseling services and prevention programs

related to distress and mental health. Additional research affirms, “University counseling centers can serve as ‘a cornerstone in the student affairs research effort’” (Clark and Mason 2001, 33). Campuses need to assess their specific resources and determine if an increase in counseling services may be warranted, whether they are complying with accreditation guidelines, and determine if they providing their students, faculty, and staff with critical services and evaluations. There needs to be a continued awareness of special needs presented to faculty and staff, signs presented to students, peers, administrators, and staff, and continued discussion about how challenging current times are on our young people. The results found in this case study can be utilized to facilitate best practice modalities for universities in assessing counseling services and improving student retention, graduation rates, and decreasing mental distress.

Conclusion

Substantial efforts have been made in recent years to improve the lives of college students who suffer from mental illness. Universities are now embracing this illness and fostering innovative programs to reduce the impact mental health has on academic performance and success. Moving forward, colleges are assisting individuals in improving their sense of self-worth, cognitive abilities, and creating their own self-identities.

The results of this study confirmed that continued work is warranted in defining the contributions of the VSU Counseling Center and college and university mental health facilities. One must recognize that the clients at the VSU Counseling Center self-reported that they are struggling psychologically and/or academically. It is understandable that these students would encounter academic difficulty. Therefore, it reveals that the VSU

Counseling Center contributes to the overall campus community by assisting those distressed students in completing their current academic semesters; thus, possibly retaining the students at VSU for another semester.

This case study sought four purposes: (1) to yield the importance of mental health services in higher educational settings, (2) provide research regarding the increased distress among college students, (3) reveal the necessity of utilizing available resources in higher educational settings for mental health services, and (4) assess the VSU Counseling Center contributions to student retention. The researcher explored all purposes noted above and provided an examination of the impact of counseling services at VSU as related to student academic success. With the increase of the severity of mental health symptoms and diagnoses in educational settings, it is crucial to continue to build bridges with counseling services, academic affairs, and student affairs.

Continued research and assessment is imperative to understanding the relationship between increased distress, concern for poor academic performance, and student retention. Overall, the mission in higher education should continue to assist students in achieving their personal, psychological, and academic goals; meet students where their individual needs are; and provide necessary and efficient services to ensure all students achieve their maximum potential. If all of these parts of the mission are complete, then each college department will have proven their worth and accountability. Education is not just about learning new ideas, skills, and theories, but is about growth, maturity, and self-identity; finding one's passion and purpose in this "crazy thing called life."

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APPENDIX A

Counseling Center Intake Form with Disclosure

COUNSELING CENTER VALDOSTA STATE UNIVERSITY

The VSU Counseling Center provides a wide range of services at no cost to students, faculty, and staff. Personal, social, and educational concerns may be addressed through attending counseling, groups and seminars, assessment, workshops, consultation and referrals, and crisis intervention. The Center also supports training and research activities.

Confidentiality. Information gathered by the Counseling Center is considered confidential. Such information is kept in locked file cabinet and/or on a secure university computer server. Information will not be released outside the Center without your written consent, except when required by law – i.e., reasonable suspicion of current child, elder or disabled adult abuse, imminent danger to self or others, or by court order. Your counselor may consult with other Center staff only to ensure that you receive the best help possible.

On rare occasions we may seek written permission, on a separate document, to audiotape or videotape counseling sessions. These tapes are used for consultation and supervision purposes and are handled confidentially.

In the event that your counselor is seeking licensure, their supervision outside the Center may be necessary. When this occurs, identifying information will not be disclosed without your written permission.

E-Mail Policy. We welcome your contact - and we value your privacy. But because e-mail is not a secure medium, confidentiality cannot be guaranteed. So if you are in any way concerned about the contents of your e-mail being read by others, please consider another means of communication. Counseling Center staff members do not maintain 24-hour access to e-mail accounts; therefore, we cannot guarantee that e-mail messages will be read regularly or within a given period of time.

Initial Appointment. During your first appointment, you will be invited to discuss your concerns and goals. Together you and the counselor will determine what services will be most effective for you. When the Center is unable to provide the type of service you need, you will be referred to the appropriate outside agency.

Counseling Appointments. As a courtesy to the staff and other students, please give us 24 hour notice if you need to cancel or reschedule a session. You have the right to discontinue counseling at any time; however, we request that you advise your counselor of your intentions, so that other appropriate resources may be suggested.

Research and Evaluation. The Counseling Center seeks to evaluate and improve its services by conducting research and evaluation projects. You may, therefore, be asked to participate in research projects currently underway. Staff members conducting research and evaluation projects may also take selected information from your file as a part of a project. *This activity*

would always be on an anonymous and confidential basis and restricted to information relevant to the project only.

A Last Word. Because we are counseling professionals, we strive to uphold the highest ethical and professional standards. If you have any questions or concerns about your treatment at the Center, please bring these issues to the attention of your counselor or another staff member.

I have read and understand the information above. If I have questions or concerns about this material, I will discuss them with my counselor.

(Signed) _____

Date _____

Below is a list of concerns that people sometimes experience. Consider each of these descriptions and decide to what degree each one has distressed, worried, or bothered you during THE PAST WEEK, INCLUDING TODAY. Circle only **ONE** choice for each item.

	Not at all	Slightly	Moderately	Considerably	Extremely
1. Feeling uncomfortable about being in college?	1	2	3	4	5
2. Feeling angry at others?	1	2	3	4	5
3. Being timid or shy?	1	2	3	4	5
4. Feeling depressed, dejected?	1	2	3	4	5
5. Being easily embarrassed?	1	2	3	4	5
6. Feeling like a failure?	1	2	3	4	5
7. Feeling on the verge of tears?	1	2	3	4	5
8. Feeling uncomfortable with others?	1	2	3	4	5
9. Being discouraged?	1	2	3	4	5
10. Not feeling like eating?	1	2	3	4	5
11. Having no real friends?	1	2	3	4	5
12. Feeling shy with the opposite sex?	1	2	3	4	5
13. Blaming, criticizing, or condemning yourself?	1	2	3	4	5
14. Trouble in keeping conversations going?	1	2	3	4	5
15. Feeling hopeless and without direction?	1	2	3	4	5
16. Headaches?	1	2	3	4	5
17. Feeling things around you seem unreal?	1	2	3	4	5
18. Having difficulty with sleep?	1	2	3	4	5
19. Avoiding people?	1	2	3	4	5
20. Feeling tense and nervous?	1	2	3	4	5

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 21. | Feeling alienated? | 1 | 2 | 3 | 4 | 5 |
| 22. | Spending too much time on the Internet? | 1 | 2 | 3 | 4 | 5 |
| 23. | Upset stomach? | 1 | 2 | 3 | 4 | 5 |
| 24. | Sexual problems? | 1 | 2 | 3 | 4 | 5 |
| 25. | Suicidal thoughts? | 1 | 2 | 3 | 4 | 5 |
| 26. | Problems with family? | 1 | 2 | 3 | 4 | 5 |
| 27. | Upset by academic concerns? | 1 | 2 | 3 | 4 | 5 |
| 28. | Do you use non-prescription drugs?
(i.e., alcohol, marijuana, tranquilizers, hallucinogens, etc.) | 1 | 2 | 3 | 4 | 5 |
| 29. | Do you regularly use prescribed medication? | 1 | 2 | 3 | 4 | 5 |

If so, what kind? _____

30. Physical or Medical problems? _____

31. How has your academic work been affected by the issue(s) that bring you here today?

- | | |
|--|------------------------------|
| a. _____ Considering or have withdrawn from school | d. _____ Affecting my grades |
| b. _____ Considering or have dropped a class(s) | e. _____ Not at all |
| c. _____ Other (specify) | |

32. Name of person to contact in case of emergency:

Relationship to you: _____ Home phone: _____

Cell phone: _____ Work phone: _____

APPENDIX B

Valdosta State University Institutional Review Board (IRB) Approval Letter



*Institutional Review Board (IRB)
for the Protection of Human Research Participants*

PROTOCOL EXEMPTION REPORT

PROTOCOL NUMBER: IRB-02638-2010 **INVESTIGATOR:** Leah McMillan

PROJECT TITLE: Assessment of Valdosta State University counseling center contributions to retention

DETERMINATION:

- This research protocol is exempt from Institutional Review Board oversight under Exemption Category(ies) 4. You may begin your study immediately. If the nature of the research project changes such that exemption criteria may no longer apply, please consult with the IRB Administrator (irb@valdosta.edu) before continuing your research.

 - Exemption of this research protocol from Institutional Review Board oversight is pending. You may **not** begin your research until you have addressed the following concerns/questions and the IRB has formally notified you of exemption. You may send your responses to irb@valdosta.edu.
-

ADDITIONAL COMMENTS/SUGGESTIONS:

Although not a requirement for exemption, the following suggestions are offered by the IRB Administrator to enhance the protection of participants and/or strengthen the research proposal. If you make any of these suggested changes to your protocol, please submit revisions so that IRB has a complete protocol on file.

Barbara H. Gray Date: 6/6/11 *Thank you for submitting an IRB application.*
Barbara H. Gray, IRB Administrator *Please direct questions to irb@valdosta.edu or 229-259-5045.*

cc: Dr. John Grotgen (VSU Counseling Center Director)
 Dr. James Peterson (Advisor)

APPENDIX C

Appendix C: Table 4.1: Cross-tabulation of Descriptive Demographic of Study Groups

Table 4.6(a): Response to Questions regarding Academic Work affected by Mental Health issues per CC Intake by Gender by Cohort and Total

Table 4.6(b): Response to Questions regarding Academic Work affected by Mental Health issues per CC Intake by Ethnicity by Cohort and Total

Table 4.6(c): Response to Questions regarding Academic Work affected by Mental Health issues per CC Intake by Academic Class by Cohort and Total

Table 4.1: Cross-tabulation of Descriptive Demographic of Study Groups

Variables	CC Undergrad Client Population Group A								VSU Undergrad Student Population Group B							
	Fall 2007		Fall 2008		Fall 2009		Combined Total		Fall 2007		Fall 2008		Fall 2009		Combined Total	
	N	%	N	%	N	%	N	Mean (%)	N	%	N	%	N	%	N	Mean (%)
Gender																
Male	71	26.10	71	27.95	83	31.80	225	28.62	4,341	38.48	4,418	38.45	4,814	38.85	13,573	38.59
Female	201	73.90	183	72.05	176	67.43	560	71.13	6,939	61.52	7,072	61.55	7,577	61.15	21,588	61.41
No Resp.	0	0.00	0	0.00	2	0.77	2	0.26	0	0.00	0	0.00	0	0.00	0	0.00
Ethnicity																
AA	61	22.43	61	24.02	70	26.82	192	24.42	2,699	23.93	2,996	26.07	3,530	28.50	9,225	26.17
AI or AN	2	0.74	3	1.18	1	0.38	6	0.77	39	0.35	33	0.29	48	0.39	120	0.34
Asian or PI	2	0.74	2	0.79	7	2.68	11	1.40	180	1.60	184	1.60	216	1.74	580	1.65
White	187	68.75	168	66.14	160	61.30	515	65.40	7,963	70.59	7,829	68.14	8,054	65.03	23,846	67.92
Hispanic	6	2.21	8	3.15	4	1.53	18	2.30	203	1.80	211	1.84	190	1.53	604	1.72
Multi- Racial	6	2.21	8	3.15	11	4.22	25	3.19	196	1.74	225	1.96	296	2.39	717	2.03
Other/Unk	1	0.37	4	1.57	2	0.77	7	0.90	0	0.00	12	0.10	26	0.21	38	0.10
No Resp.	7	2.57	0	0.00	6	2.30	13	1.62	0	0.00	0	0.00	26	0.21	26	0.07
UG* Academic Status																
Freshmen	57	20.96	68	26.77	79	30.27	204	26.00	3,240	33.56	3,286	34.04	3,672	35.74	10,198	34.45
Soph.	73	26.84	53	20.87	64	24.52	190	24.08	2,010	20.82	1,990	20.62	2,124	20.68	6,124	20.71
Jr.	65	23.90	53	20.87	58	22.22	176	22.33	1,921	19.90	1,983	20.54	2,015	19.61	5,919	20.02
Sr.	77	28.31	80	31.49	60	22.99	217	27.60	2,483	25.72	2,393	24.79	2,463	23.97	7,339	24.83

References: VSU Fact Book, 2008-2009 and CC Intake Data Form, updated 2010

Notes:

a. Group B, VSU Student population excludes transient, joint enrolled, and other. The two Groups are comparable in examining all UG

b. UG = undergraduate

Table 4.6(a): Response to Questions regarding Academic Work affected by Mental Health issues per CC Intake by Gender by Cohort and Total

Cohort Year	Question Summary	Group	N	N	%	χ^2	P
2007		Male	71	2	2.82	.580	-
		Female	201	10	4.98		
2008	Considering or WD from sch	Male	71	16	22.53	.118	-
		Female	183	45	24.59		
2009		Male	83	5	6.02	.012	-
		Female	176	10	5.68		
All		Male	225	23	10.22	.309	-
		Female	560	65	11.61		
2007		Male	71	5	7.04	.233	-
		Female	201	11	5.47		
2008	Considering or WD from class	Male	71	19	26.76	2.742	-
		Female	183	32	17.49		
2009		Male	83	7	8.43	1.563	-
		Female	176	8	4.55		
All		Male	225	31	13.78	3.743	*
		Female	560	51	9.11		
2007		Male	71	11	15.49	1.148	-
		Female	201	44	21.89		
2008	Other	Male	71	11	15.49	1.501	-
		Female	183	40	21.86		
2009		Male	83	5	6.02	1.527	-
		Female	176	19	10.80		
All		Male	225	27	12.00	4.747	*
		Female	560	103	18.39		
2007		Male	71	13	18.31	.785	-
		Female	201	46	22.89		
2008	Affecting grades	Male	71	19	26.76	.189	-
		Female	183	55	30.05		
2009		Male	83	21	25.30	.274	-
		Female	176	50	28.41		
All		Male	225	53	23.56	.970	-
		Female	560	151	26.96		
2007		Male	71	16	22.54	.311	-
		Female	201	52	25.87		
2008	Not at all	Male	71	0	0.00	.390	-
		Female	183	1	0.55		
2009		Male	83	14	16.87	2.427	-
		Female	176	45	25.57		
All		Male	225	30	13.33	2.042	-
		Female	560	98	17.50		
2007		Male	71	21	29.58	5.214	*
		Female	201	34	16.92		
2008	Multiple Responses	Male	71	2	2.82	.001	-
		Female	183	5	2.73		
2009		Male	83	27	32.53	2.168	-
		Female	176	42	23.86		
All		Male	225	50	22.22	6.948	**
		Female	560	81	14.46		

Reference: CC Intake Data Form, updated 2010

Notes:

- Researcher removed 2 total cases (N = 787-2 = 785) due to missing information.
- Researcher did not analyze the *No Response* category for Responses related to mental health issues impacting students' academic performance.
- * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$; - represents NO significance
- Some Low cell count may have skewed the final results

Table 4.6(b): Response to Questions regarding Academic Work affected by Mental Health issues per CC Intake by Ethnicity by Cohort and Total

Cohort Year	Question Summary	Group	N	n	%	χ^2	p
2007	Considering or WD from sch	White	187	6	3.21	5.177	-
		AA	61	5	8.20		
		Other	24	0	0.00		
2008		White	168	40	23.81	0.15	-
		AA	61	15	24.59		
		Other	25	0	0.00		
2009		White	160	0	0.00	5.796	-
		AA	70	0	0.00		
		Other	31	0	0.00		
All	White	515	46	8.93	2.630	-	
	AA	192	20	10.42			
	Other	78	0	0.00			
2007	Considering or WD from class	White	187	11	5.88	.995	-
		AA	61	3	4.92		
		Other	24	1	4.17		
2008		White	168	31	18.45	.830	-
		AA	61	14	22.95		
		Other	25	6	24.00		
2009		White	160	8	5.00	4.471	-
		AA	70	7	10.00		
		Other	31	0	0.00		
All	White	515	50	9.71	1.306	-	
	AA	192	24	12.50			
	Other	78	7	8.97			
2007	Other	White	187	40	21.39	5.396	-
		AA	61	9	14.75		
		Other	24	6	25.00		
2008		White	168	32	19.04	.305	-
		AA	61	14	22.95		
		Other	25	5	20.00		
2009		White	160	13	8.13	1.504	-
		AA	70	9	12.86		
		Other	31	3	9.68		
All	White	515	85	16.50	3.507	-	
	AA	192	32	16.67			
	Other	78	14	17.95			
2007	Affecting grades	White	187	39	20.86	7.548	*
		AA	61	19	31.15		
		Other	24	1	4.17		
2008		White	168	51	30.36	.728	-
		AA	61	15	24.59		
		Other	25	8	32.00		
2009		White	160	43	26.88	3.358	-
		AA	70	20	28.57		
		Other	31	9	29.03		
All	White	515	133	25.83	5.135	-	
	AA	192	54	28.13			
	Other	78	18	23.08			
2007	Not at all	White	187	48	25.67	.248	-
		AA	61	14	22.95		
		Other	24	4	16.67		
2008		White	168	1	0.60	.514	-
		AA	61	0	0.00		
		Other	25	0	0.00		
2009		White	160	43	26.88	2.785	-
		AA	70	20	28.57		
		Other	31	9	29.03		
All	White	515	92	17.86	4.440	-	
	AA	192	34	17.71			
	Other	78	13	16.67			
2007	White	187	39	20.86	2.370	-	
	AA	61	9	14.75			
	Other	24	5	20.83			

2008	Multiple Responses	White	168	6	3.57	1.409	-
		AA	61	1	1.64		
2009		Other	25	0	0.00	9.72	*
		White	160	40	25.00		
		AA	70	14	20.00		
All		Other	31	3	9.68	10.391	*
		White	515	85	16.50		
		AA	192	24	12.50		
		Other	78	8	10.26		

Reference: CC Intake Data Form, updated 2010

Notes:

- a. Researcher removed 2 total cases (N = 787-2 = 785) due to missing information.
- b. Researcher did not analyze the *No Response* category for Responses related to mental health issues impacting students' academic performance.
- c. Other (ethnicity) category includes Asian or Pacific Islander; Hispanic; American Indian or Alaskan Native; Multiracial; Other; and No Response. Levels of ethnicity had to be collapsed due to small cell count.
- d. * $p < .05$, ** $p < .01$, *** $p < .001$; - represents NO significance
- e. Some Low cell count may have skewed the final results

Table 4.6(c): Response to Questions regarding Academic Work affected by Mental Health issues per CC Intake by Academic Class by Cohort and Total

Cohort Year	Question Summary	Group	N	n	%	χ^2	p
2007		Freshman	57	3	5.26	12.288	**
		Sophomore	73	8	10.96		
		Junior	65	0	0.00		
		Senior	77	1	1.30		
2008	Considering or WD from sch	Freshman	63	60	95.24	225.384	***
		Sophomore	52	0	0.00		
		Junior	52	0	0.00		
		Senior	79	1	1.27		
2009		Freshman	79	2	2.53	3.256	-
		Sophomore	64	6	9.38		
		Junior	58	4	6.90		
		Senior	60	3	5.00		
All		Freshman	199	65	32.66	124.564	***
		Sophomore	189	14	7.41		
		Junior	175	4	2.29		
		Senior	216	5	2.31		
2007		Freshman	57	2	3.51	1.154	-
		Sophomore	73	5	6.85		
		Junior	65	5	7.69		
		Senior	77	4	5.19		
2008	Considering or WD from class	Freshman	63	1	1.59	228.309	***
		Sophomore	52	50	96.15		
		Junior	52	0	0.00		
		Senior	79	0	0.00		
2009		Freshman	79	5	6.33	3.305	-
		Sophomore	64	6	9.38		
		Junior	58	1	1.72		
		Senior	60	3	5.00		
All		Freshman	199	8	4.02	124.903	***
		Sophomore	189	61	32.28		
		Junior	175	6	3.43		
		Senior	216	7	3.24		
2007		Freshman	57	11	19.30	.767	-
		Sophomore	73	17	23.29		
		Junior	65	12	18.46		
		Senior	77	15	19.48		
2008	Other	Freshman	63	0	0.00	222.770	***
		Sophomore	52	0	0.00		
		Junior	52	50	96.15		
		Senior	79	1	1.27		
2009		Freshman	79	5	6.33	8.594	*
		Sophomore	64	3	4.69		
		Junior	58	6	10.34		
		Senior	60	11	18.33		
All		Freshman	199	16	8.04	77.823	***
		Sophomore	189	20	10.58		
		Junior	175	68	38.86		
		Senior	216	27	12.50		
2007		Freshman	57	13	22.81	3.027	-
		Sophomore	73	11	15.07		
		Junior	65	16	24.62		
		Senior	77	19	24.68		
2008	Affecting grades	Freshman	63	0	0.00	219.433	***
		Sophomore	52	0	0.00		
		Junior	52	0	0.00		
		Senior	79	74	96.67		
2009		Freshman	79	24	30.38	2.354	-
		Sophomore	64	17	26.56		
		Junior	58	18	31.03		
		Senior	60	13	21.67		
All		Freshman	199	37	18.59	79.489	***
		Sophomore	189	28	14.84		
		Junior	175	34	19.43		
		Senior	216	106	49.07		
2007		Freshman	57	16	28.07		

2008	Not at All	Sophomore	73	19	26.03	3.113	-
		Junior	65	11	16.92		
		Senior	77	22	28.57		
		Freshman	63	0	0.00		
2009		Sophomore	52	0	0.00	3.746	-
		Junior	52	1	1.92		
		Senior	79	0	0.00		
		Freshman	79	17	21.52		
All		Sophomore	64	16	25.00	.269	-
		Junior	58	13	22.41		
		Senior	60	13	21.67		
		Freshman	199	33	16.58		
2007		Sophomore	189	35	18.52	1.143	-
		Junior	175	25	14.29		
		Senior	216	35	16.20		
		Freshman	57	9	15.79		
2008	Multiple Responses	Sophomore	73	12	16.44	4.638	-
		Junior	65	19	29.23		
		Senior	77	15	19.48		
		Freshman	63	1	1.59		
2009		Sophomore	52	2	3.85	.968	-
		Junior	52	1	1.92		
		Senior	79	3	3.80		
		Freshman	79	26	32.91		
All		Sophomore	64	15	23.44	2.569	-
		Junior	58	15	25.86		
		Senior	60	13	21.67		
		Freshman	199	36	18.09		
		Sophomore	189	29	15.34	2.754	-
		Junior	175	35	20.00		
		Senior	216	31	14.35		
		Freshman	57	9	15.79		

Reference: CC Intake Data Form, updated 2010

Notes:

- Researcher removed 2 total cases ($N = 787 - 2 = 785$) due to missing information. In 2008, the Researcher had 8 cases with no response to academic class status ($N = 779$).
- Researcher did not analyze the *No Response* category for Responses related to mental health issues impacting students' academic performance.
- * $p < .05$, ** $p < .01$, *** $p < .001$; - represents NO significance
- Some Low cell count may have skewed the final results