

UNIVERSITY OF CENTRAL OKLAHOMA
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The Effects of Cognitive Behavioral Group Therapy on First Year College Students with
Heightened Anxiety and Depressive Symptoms

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THE EFFECTS OF COGNITIVE BEHAVIORAL GROUP THERAPY ON FIRST
YEAR COLLEGE STUDENTS WITH
HEIGHTENED ANXIETY AND DEPRESSIVE SYMPTOMS

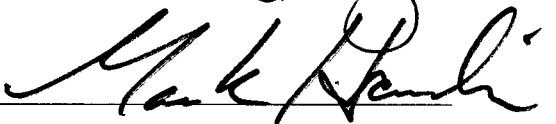
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Depression, anxiety, and lack of assertiveness are among the top five impediments to successful academic performance (American College Health Association, 2005). College freshmen who report mental health difficulties were targeted and invited to participate in group counseling sessions, the efficacy of which has been demonstrated (Folger, Carter, & Chase, 2004). The freshman groups, led by counselors in training and supervised by licensed psychologists, focused on psychoeducation concerning depression, anxiety, and assertiveness training. This study investigated whether psychoeducation combined with interpersonal processing enhanced first-year college participants coping skills, thus decreasing mental health problems and improving freshmen retention. In conclusion, it is important to understand why some students experience a smooth transition to college while others struggle or are not able to make the same smooth transition. This investigation will hopefully direct educators towards developing time-specific intervention programs that target students' individual needs, and ultimately generate better outcomes such as greater satisfaction with university life and higher retention rates (Becker, 2008).

The transition from high school to college life can be one of the most difficult adjustments in a person's life. During high school, many students do not receive adequate support and assistance to help them

anticipate the challenges they will face during the college transition, as high schools tend to view student graduation as a terminal rather than a transitional experience (Becker, 2008). Students face not only a time-honored ritual of leaving family and longtime friends, but a host of new pressures (Voelker, 2003; Schrader and Brown, 2008).

It has also been cited that first-generation college students have more setbacks than the average college freshman. In Noel-Levitz's 2008 National Freshmen Attitudes Report, it was reported that first generation students experienced greater financial concerns, and they indicated they had less emotional support from their families of origin. Also, these freshmen tended to have levels of academic confidence not dissimilar to those of non-first-generation-students, yet past studies have shown that first-generation students to be less academically prepared for college and less likely to complete a degree. (Noel-Levitz, 2008; Becker, 2008; Koch, 2008). This idea can also be supported by the notion that more social support seems to decrease the strain on the individual's physical and psychological resources, making it more likely that the individual will be able to cope with stressful situations, including the transition to college life (Becker, 2008).

The ever increasing demands that the realm of higher education places on first year students appears to be more of a detriment to one's well being and self image

rather than it being a novel experience that fosters erudition, healthy wellbeing and productive socialization (Pritchard et al, 2007; Sargent, Crocker, & Luhtanen, 2006; Andrews & Wilding, 2004). In general, students are coming to college “overwhelmed and more damaged than those of previous years” (Kitzrow, 2003; Araas, 2008). Social and emotional adjustment difficulties among first-year college students were actually better predictors of attrition than were academic difficulties (Becker 2008; Rodger and Tennison, 2009) First-year students tend to report social adjustment difficulties that may be manifested as feelings of homesickness and loneliness (Rodgers & Tennison, 2009). Homesickness involves the sense of loneliness, dysphoria, emotional distress, and ruminations about home (Beck, Taylor, and Robbins, 2003). The 1989 survey results by Noel and Levitz supports that the first 2 to 6 weeks of college were the most critical period for first-year students, significantly influencing whether students would be successful in adjusting to college life, drop out, or transfer to another college (Andrews & Wilding, 2004; Becker, 2008; Kitzrow, 2003; Koch, 2008). They also contended that students who make it successfully through their first year of college increase their chances of persisting considerably since it was found that attrition generally decreases by nearly 50% for each year of a student’s college education (Koch, 2008). In addition, it was noted that in 2004 one in four college freshmen at 4 year universities did not return for their sophomore year and nearly half of students in community colleges did not return to complete their degree (Schrader and Brown, 2008). It has also been cited that while younger females, on average, achieve higher academic grades than males, they also are susceptible to increased internal distress and anxiety related to academic preparation and performance (Schrader & Brown, 2008).

Mental health needs of college students have begun to increase in severity over the past two decades (Yorgason, Linville, & Zitzman, 2008). Universities and colleges previously reported that students sought assistance for more benign needs such as informational needs whereas in recent years, an increasing number of higher education institutions are reporting students seeking help for more severe psychological problems (Kitzrow, 2003). Many variables comprise the increasing diversity of college campuses thus sensitivity to such diversity demands innovative techniques and increased resources within college mental health services (Yorgason, Linville, & Zitzman, 2008).

With increasing severity of mental need comes an increase in suicidal ideations and attempts. Suicide is the second leading cause of death among college students, one in four young adults will experience a depressive episode by age 24, and 18 to 24-year-old individuals think about suicide more than any other group (Centers for Disease Control, 2008). Several surveys conducted during the past decade suggest that the prevalence of depression among college students is growing and that it eclipses the rate in the general public (Voelker, 2003). Depression-prone people have fragile or vulnerable self-worth that drops precipitously when confronted with stressful or negative events (Sargent, Crocker, & Luhtanen, 2006).

In a poll of 94,806 college students, 32% suffered from stress, 23.9% had sleep difficulties, 18% had concern for family or friend, 12% suffered from anxiety, and 17.8% were depressed. More than half felt sad, exhausted, overwhelmed, and hopeless (American College Health Association, 2006). Physical ailments, frequency of intoxication, and negative affect were more prevalent by the end of the first year (Pritchard, Wilson, & Yanmiz, 2007; Kitzrow, 2003; Araas, 2008). Despite that

report, ninety-five percent of first-year college students have a strong desire to graduate, yet less than half will complete their degree within five years (Noel-Levitz, Inc., 2008).

The University of Central Oklahoma (UCO) Student Counseling Center reported an increase in suicidal ideation among students during weeks three and fifteen of the semester (Ellissa Dyer, personal communication, May 1, 2008). A campus wide survey (University of Central Oklahoma: State of the Campus Health Report, 2007) determined that more than 18 % of UCO students have been diagnosed with depression, and one in five UCO students report experiencing depression within the last year, yet only 14% of those are currently in therapy for depression and only 30% are taking medication for it (Division of Student Affairs, 2007). The need for outreach programs to identify students at risk for suicide and encourage them into treatment has been noted (Haas, Hendin, & Mann, 2003).

Nonetheless, students identified as being high in emotional stability, extraversion, and intellect tend to have fewer episodes of depression and anxiety, and are more likely to experience personal and emotional adjustment to college life. Also, students who attribute success and failure to internal, controllable causes are more likely to feel pride, satisfaction, confidence and higher self-esteem (Seifert, 2004; Forsyth et al., 2007). Similarly, students who perceive themselves as adaptable to change and more in control of their environment are better able to adjust to their environment and experience less depression, anxiety, and stress (Becker, 2008; Pritchard et al., 2007). Within gender differences, males on average report higher self-esteem as a result of their coping style (emotional inhibition), while females report higher levels of attainment (Schrader and Brown, 2008).

Conversely, individuals whose self-worth is contingent upon academic and social domains (external domain of contingency), such as passing or failing an exam, may lead to a drop in self-esteem, and thus increases vulnerability to depressive symptoms (Sargent, Crocker, & Luhtanen, 2006). Of course, it is possible that both levels of self-esteem and contingencies of self-worth jointly contribute to the experience of stress in college, with the impact of contingent self-worth moderated by self-esteem (Crocker and Luhtanen, 2003; Luhtanen et al., 2003). From this same investigation, it was found that students who base their self-worth on academics (i.e. grades) are in a compelling but ultimately unsatisfying quest for self-worth. In college, students who become more stressed about grades and pursuing self-esteem through academic performance ultimately do not increase their self-worth (Araas, 2008).

These significant findings about first-year college students may validate what Erickson (1963) theorized about psychosocial development. He stated that adolescence is a time when the individual establishes a new sense of identity or self (Araas, 2008) which leads to independence from parents and reliance on peers. The adolescent examines and redefines self, family, peer group, and community, and an adolescent who is unable to establish meaningful definitions experiences confusion in one or more life roles. Many of the changes that late adolescents experience are related to the natural process of socialization and maturation, but some first year college students are ill prepared to effectively deal with the social, personal, and academic demands of college life and this may be more susceptible to psychological distress including anxiety, depression, and behavior disturbances (Rodgers and Tennison, 2009). Emotions have played an important role in major, contemporary psychological theories of

motivation. Weinver (1984, 1985) argued that emotions are motivational catalysts – such as helplessness, pride, guilt – which arise from attributions and influence subsequent behavior (Seifert, 2004).

Thus, mental health problems may also have a negative impact on academic performance, retention, and graduation (Kitzrow, 2003). Brackney and Karabenick (1995) found that high levels of psychological distress among college students are significantly related to academic performance. Students with higher levels of psychological distress were characterized by higher test anxiety, lower academic self-efficacy, and less effective time management and use of study resources (Kitzrow, 2003).

Today, more students drop out of college within the first six weeks subsequent to matriculation because of stress associated with social and personal issues (Becker, 2008; Kitzrow 2003; Pritchard et al., 2007). As the number of students attending college has increased, the types of support needed have changed. Consequently, current students require different kinds of social and personal support than was previously thought (Becker, 2008). Growing numbers of students are seeking help for depression and other psychiatric disorders. But student health services and campus counseling centers often have not kept pace with the increased demand for treatment (Voelker, 2003). The need for counseling centers has never been greater. These centers will continue to play an important role in supporting the mission of higher education by providing counseling for students who are experiencing problems and assisting them in achieving their educational and personal goals (Kitzrow, 2003). “Institutions are faced with several issues,” says Daphne C. Watkins, a researcher at the University of Michigan School of Social Work who has been studying mental health issue on campus. “First, there are increasing numbers of students with increasingly

severe emotional problems. Second, students - and families of these students – look primarily to colleges and universities to provide mental health and other supportive services for their students. And finally, budgetary cutbacks at these institutions make the growth and advancement of campus mental health services to be difficult (Franklin, 2009).”

The International Association of Counseling Services (ICACS) has recommended that in order to keep students safe and healthy, a college campus should have a minimum of one therapist for every 1,000 to 1,500 students. When a school falls significantly short of that – and many colleges do – the wait-lists for students seeking help can stretch to a month or more (Franklin, 2009). According to a national survey of counseling center directors, over 90% of the directors agreed there is an increase in college students seeking services with serious psychological problems (Gallagher, 2007). Many students are entering college with preexisting mental health conditions yet college counseling centers face decreased staffing and overcrowding of college mental health services (Shea, 2002). Because UCO represents a typical regional college campus, it is likely that there are students who are currently enrolled and in need of mental health services but similar to other college students nation-wide, students are unable to access them.

Another dilemma to this nationwide quandary is that many campuses do offer mental health support however students in distress either do not seek services or they are unaware of available services. Only a small number of students needing services actually seek them out (Yorgason, Linville, & Zitzman, 2008). The same study revealed that between 30% and 60% of student research participants were unaware or uncertain about the availability of campus mental health service. Thirty-three percent of the same sample reported that they had

not used the service because they did not have time to do so, and 36% participants reported that they would not use them because they did not believe that services could help or because they did not want to talk to a stranger. Living on campus was related to higher levels of knowledge of university mental health services and although the majority of distressed students know about and use university mental health services, some might still need services but do not know about or use them. Another noteworthy finding was that utilization rates are proportionally low among minority, international, and male students. (Yorgason, Linville, & Zitzman, 2008).

In one study of international students, Komiya and Eels (2001) specifically addressed mental health counseling use and found that female sex, prior counseling experience, and degree of emotional openness were significant predictors of use. Other findings indicated that Latino and black college students may not seek counseling because of perceived social stigma and shame attached to use of those services.

A survey conducted by the University of Idaho Student Counseling Center (2000) found that 77% of students who responded reported that they were more likely to stay in school because of counseling and that their school performance would have declined without counseling. 90% of the respondents reported that counseling helped them meet their goals at the university and helped reduce stress that was interfering with their schoolwork (Kitzrow, 2003). In another recent study, it was reported that students who got stuck on a long wait list were 14% more likely to drop out than those who got timely counseling (Franklin, 2009). For students to develop into healthy, adaptive and constructive individuals it is imperative to foster feelings of competence and control (Seifert, 2004). Thus, it is necessary for mental health services be more accessible

and better known on campuses across our nation.

Providing for the mental health needs of students is central to achieving the mission of this university. Mental health issues affect the performance, progress, and retention of a great number of students at UCO (Division of Student Affairs, 2007). Thus, to remedy the increasing mental health needs at UCO, this study was designed to identify the mental health needs of the first- year college population and to subsequently provide additional support through group behavioral group counseling designed specifically for this population.

Method

“How to Avoid the Freshman Freak,” was initially created as an outreach program for identifying and assessing at-risk first-year students, in hopes of providing an empirically supported intervention to address mental health issues by increasing positive coping and interpersonal interactions. It is hypothesized that participation in group counseling will improve the overall mental health and retention of self identified at-risk college students.

Instruments

The freshman survey was specifically designed for this research study to assess first year students demographics and mental health needs (see Appendix A). The survey inquiries were adapted from first year surveys that were found via the World Wide Web. However, multiple revisions were made to the survey to fit our specific research design. First year students past high school experience, prior and current family dynamics, financial means and support, use of healthy and unhealthy coping strategies, previous mental health issues, family support, college participation in extra-curricular activities, current study habits, utilized academic resources, current living situation, and feelings of acceptance were

among the inquiries within this survey. This study was approved by the UCO Institutional Review Board (Appendix B).

The Brief Symptom Inventory (BSI) was also utilized to screen group members before entering a group. The BSI was also utilized to assess the effectiveness of group sessions. Group members were administered the BSI during the last group session.

The BSI consists of 53 items covering nine symptom dimensions: somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism; and three global indices of distress: global severity index (GSI), positive symptom distress index (PSDI), and positive symptom total. The global indices measure current or past level of symptomology, intensity of symptoms, and number of reported symptoms, respectively. Respondents rank each feeling item (i.e. "your feelings being easily hurt") on a 5-point scale ranging from 0 (not at all) to 4 (extremely). Rankings characterize the intensity of distress during the past seven days.

The authors of the BSI report good internal consistency reliability for the nine dimensions, ranging from .71 on psychoticism to .85 on depression. Good internal consistency reliability is supported by several other independent studies (Croog et al., 1986; Aroian & Patsdaughter, 1989, Derogatis, 1993). Test-retest reliability for the nine symptom dimensions ranges from .68 (somatization) to .91 (phobic anxiety), and for the three global indices from .87 (PSDI) to .90 (GSI).

Procedure

This UCO Freshman Survey was administered on campus during the fourth week of the Fall semesters with the cooperation of the offices of Residence Life and Freshman Experience. All survey data was collected at tables set at key areas of

high concentration of students across campus. Each participant gave written consent to allow their data to be included in this investigation (Appendix C). It included a tear-off sheet containing mental health emergency call numbers and a separate sheet offering the student an opportunity to participate in our group counseling experience (Appendix D). During the second week of September Fall 2008 semester, 548 first-year students were surveyed which represented approximately 30% of the freshmen population. First year students were asked to fill out a survey in exchange for a pizza coupon that was redeemable at a later date.

First Year Student Group Sessions

Of the 548 students assessed, 100 expressed willingness to join a counseling group. These 100 interested students were contacted via email and phone communication; 30 returned this contact. 30 were scheduled to come into the clinic individually for a screening which involved completing the BSI (brief symptom inventory) and a brief interview with a licensed psychologist. Any student judged to be in immediate need of counseling or otherwise inappropriate for group work was referred to the UCO Student Counseling Center, the UCO Psychology Clinic, or to another, more suitable agency.

Students who volunteered for the group sessions provided written consent to a) be assessed for suitability for the intervention, b) participate in the groups, and c) have their pre- and post-assessment data included in this research study (Appendix E).

Following the screening process, participants were assigned to a group based on their availability. All participants were notified via telephone of their group day and time.

Each group participated in eight weekly, 90 minute sessions that provided a mixture of psychoeducation, cognitive behavior

therapy, and process. Groups consisted of no more than 10 participants with two counselors (co-facilitators) per group. In addition, a university faculty who were also licensed psychologists supervised each session of every group.

The facilitators were Counselors-in-Training (CIT) at the UCO Counseling Master's Program who was completing their last semester of coursework before their external practicum. Prior training to facilitate group sessions included a sequence of at least four counseling courses, one of which focused specifically on group counseling theory and technique.

The CITs followed a specific curriculum developed for this project, which was based on Cognitive Behavior Group Therapies (CBGT) focusing on depression, anxiety, and assertiveness training. Each group session was a combination of psychoeducation, cognitive behavioral interventions, and group process. Each group session was conducted in the Psychology Clinic on the third floor of the Education Building at UCO and each session was videotaped and reviewed by the supervisor to ensure fidelity to the intervention protocols.

Following each session, each member of the group completed a session evaluation that rated session content and the CITs effectiveness. At the last of eight sessions, group participants completed a post intervention BSI, a post treatment depression scale, and a qualitative assessment of how the group counseling experience affected them personally.

Analysis of survey data was completed by utilizing nonparametric and correlational methods. Variables of interest include gender, race, size of hometown, first generation college student, use of healthy and unhealthy coping strategies, present mental health issues, family support, college participation in extra-curricular activities, residence status, development of

relationships on campus, and feelings of acceptance.

MANOVA analysis was conducted to identify any main effects of time and intervention on the subjects as a group. In addition, variables from the UCO Freshman Survey may be used as co-variants to determine the relative influence of the variables of interest (levels of depression and anxiety) on the outcome data. Outcome data will be based on responses to the BSI, UCO Freshman Survey.

Descriptives of the UCO survey data was analyzed and documented in later sections. In addition, specific hypothesis queries were developed and analyzed. These queries were developed to determine if there were any correlations between survey questions and responses. Below are three hypotheses that were the primary focus of this analysis:

1. First year student's academic expectation and the number of issues identified will predict help seeking behaviors.
2. Individuals who indicate a minimal to no social support will be more likely to be "at risk" for depression and anxiety.
3. Individuals will indicate that they would like to receive additional assistance via group counseling compared to other forms of mental health assistant methods for a variety of issues. for a variety of issues for a variety of issues.

Results

Characteristics of Survey Respondents

Within Table 1, descriptive statistics for the full sample is delineated by gender, ethnicity, sexual orientation, marital status, U.S. citizenship, if the participant is from a divorced family or not, the number of people in their high school graduating class, the proximity of their high school from UCO, and the participants current living situation.

The mean age for the males and females who responded to the survey was 18.82. The survey respondent sample was comprised of primarily female, European/Caucasians, heterosexuals, that

were of single marital status, and were from non-divorced homes. These respondents were also from a high school graduating class that consisted of 201-500 individuals and the majority of survey respondents high school was located less than 50 miles away from UCO. 19 year olds and African Americans served as our second most represented in the sample.

Table 2 Descriptives of Survey

Survey Questions	M (SD)	N (%)
13. College Environment	7.70 (1.731)	459 (83.8)
20. Academic Expectations:		
More than I Expected		86 (18.7)
What I Expected		346 (75.1)
Less than I Expected		27 (5.9)
28. Feel 'at home': Yes		383 (83.8)
29. Freshmen Experience:		417 (90.7)
It's going well		

Specific Responses to Survey Questions

Participants responded to a 10-point likert scale (#13) that addressed satisfaction with the UCO college environment. Questions 20, 28, and 29 addressed academic expectations, how 'at home' they feel, and their overall freshmen experience. Descriptive statistics of these specific questions from the survey were calculated and are displayed in Table 2. It was found that most first year students find their college environment suitable to them and the academic expectation at UCO was what they expected. 16.6 % did not respond to question 28 and for those that did respond, 83.8% of survey respondents felt 'at home' at UCO. 16.1% did not respond to question 29 and for those that did respond, 90.7% felt their freshmen experience was going well.

Table 1 Descriptive of characteristics of Sample (n = 548)

	N	%
Gender		
Male	198	42.6
Female	266	57.2
Missing Gender Responses	83	15.1
Ethnicity		
African American	85	15.5
African	11	2.0
Asian	38	6.8
European/Caucasian	252	46.0
Hispanic	26	4.7
Middle Eastern	6	1.1
Native American	51	9.3
Other		
Pacific Islander	11	2.0
Sexual Orientation		
Heterosexual	424	77.4
Homosexual	9	1.6
Bisexual	13	2.4
Marital Status		
Single	437	79.7
Divorced	11	2.0
Married	6	1.1
Widow/er	1	0.2
Co-habiting	10	1.8
Engaged	2	0.4
U.S. Citizenship		
Yes	426	77.7
No	34	6.2
Parents Marital Status		
Divorced	158	28.8
Not Divorced	301	54.9
Separated	1	0.2
Number of people in H.S. graduating class		
1	1	0.2
< 50	43	7.8
51-100	81	14.8
101-200	89	16.2
201-500	153	27.9
501-1000	73	13.3
1000 or more	20	3.6
Proximity of H.S to UCO		
< 5 miles away	112	20.4
< 50 miles away	185	33.8
< 100 miles away	63	11.5
> 150 miles away	89	16.2
Current Living Situation		
I live in student housing	184	33.6
I live alone off campus	37	6.8
I live with roommates off campus	95	17.3
I live with my parents/guardians	146	26.6

Question 32 elicited participant's responses to items regarding their likelihood to benefit from methods of receiving help for mental health needs. Their responses to a 7-point likert scale (1 = not likely to 7 = very

Table 3 Preferred Methods to Receive Help

Survey Question 32	Informational Workshops	Individual Counseling	Group Counseling	Crisis Counseling	Prevention Groups
<i>M</i> (SD)	3.49 (1.833)	3.27 (1.963)	2.84 (1.774)	2.42 (1.612)	2.81 (1.907)
<i>N</i> (%)	443 (80.8)	444 (81.0)	443 (80.8)	442 (80.1)	443 (80.8)

Figure 1 Survey Question 32 Descriptive

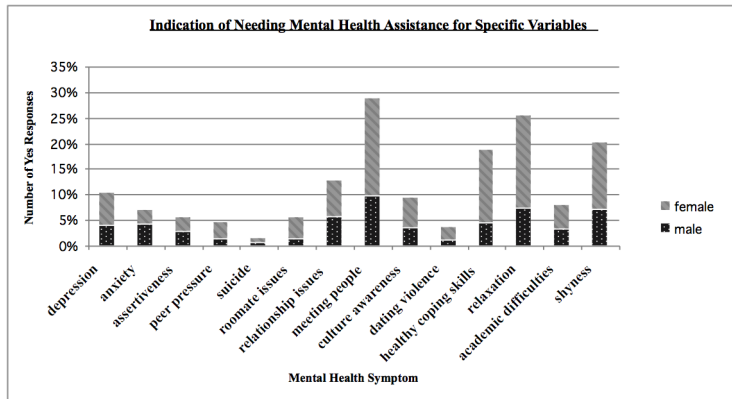


Figure 2 Canonical Correlation of Q 32 and Q 30

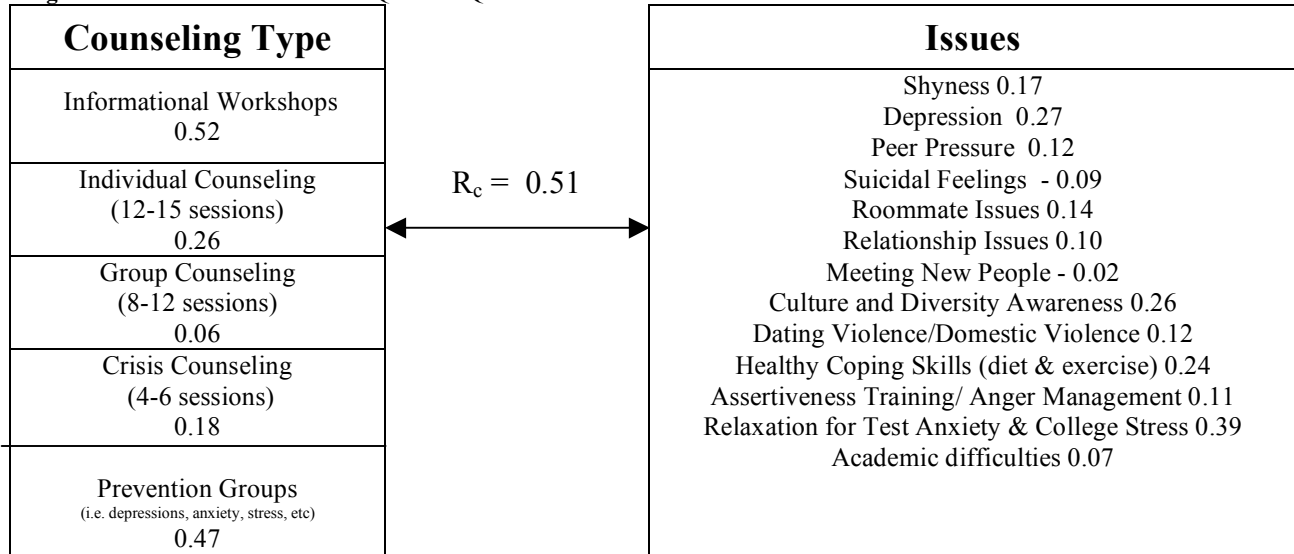


Table 4 Eigenvalues of Canonical Correlation Equations (λ), Differences of Eigenvalues (δ), proportions (p), Canonical Correlation (R_c) and Cumulative Proportions of the Explained Variance (k)

Rank	λ	δ	p	R_c	k
1	0.35481	75.41782	75.41872	0.51175	0.26189

likely) are included in Table 3. It was found that the items in question 32 had a reliable composite scale score of 0.89.

Question 30 asks participants to identify those issues for which they are interested in getting additional help. Participants were able to check as many issues as they desired. Descriptive analysis is displayed within Figure 1. It was found that first year students were interested in getting help with meeting new people, developing relaxation techniques for test anxiety and college stress, and getting assistance with healthy coping skills (diet and exercise).

After analyzing the survey data in full, other results were found. When analyzing mental health needs, the likelihood of identifying a need for assistance for both depression and anxiety was positively correlated between checking depression and anxiety ($T = .242$ $p \leq .01$).

This finding validates previous research that depression and anxiety are often comorbid issues that should be addressed simultaneously (O'Neil, 2010). However, there was no relationship between indicating a low number of individuals as social support (#26 and #27) with checking depression and/or anxiety.

A canonical correlation was utilized to analyze linear combinations between two sets of variables to which the first year students responded. The first variable set identified the issues students reported needing assistance and the second identified the types of counseling they would most likely attend and benefit from. A visual of this analysis is represented in Figure 2 and table 4. In sum, the canonical correlation, reported as 0.51775 identified the linear combinations of the variables from each set, which have the maximum correlation with each other. It appears that first year students are most likely to seek support via informational workshops and prevention groups for depression, anxiety, and culture

and diversity awareness.

A multiple regression analysis was computed to find if indicating the likelihood of benefiting from mental health assistance was dependent on the number of issues one checked (#32) or if academic expectations (#20) was a predictor. Multiple regression analyses simultaneously examine the association between multiple predictor variables (X_1 , X_2 , etc.) and a single criterion variable (Y). Relationships among the variables are summarized in a regression equation. For this particular study this equation takes the form:

$$\text{Counseling Types}(Y) = \text{Issues}(X_1) + \text{Expectations}(X_2)$$

It was found that there was a significant, positive relationship ($T = 10.19$ $p < .001$), between the number of issues in which the participants identified interest and the 'counseling types' from which the participant indicated they were likely to benefit. Thus, the more issues a participant checked the more likely he/she would seek help via any of the mental health methods offered. In spite of this, there was no significant relationship found of UCO expectations being a predictor of indicating that one would benefit from mental health assistance.

Group Participant Description and Analysis of Group Session Effectiveness

One hundred individuals indicated interest in participating in groups to address issues related to college success and adjustment to college life. Of the 100, 30 were willing to come in to be screened. Twenty individuals participated in the group sessions, and the other 10 had scheduling conflicts or decided to not participate. Only 6 participants completed all group sessions and completed both the pre and post BSI. When analyzing group counseling pre and post BSI data, it was found that there was a decrease in symptomology, however, due to

a low sample size there was found to be no significant difference between the pre and post BSI data.

Discussion

The dilemma of aiding first year students with transitioning into a higher level of education and collegiate life is an on going issue that must be dealt with on a school-by school basis. Universities may benefit from identifying they types of issues students have and the methods they are most likely to seek services for.

This study began in the midst of highly publicized incidences of violence including the campus massacre at Virginia Tech and several suicides that were reported during the fall of 2007. Because of these situations, an effort was made to provide preventative mental health services to college students. First year student supportive groups (group counseling: 8-12 sessions) were developed to offset the fact that there was limited mental health support through student counseling services on most campuses due to limited resources and that students in general are unlikely to seek help for issues that have not yet met clinical significance.

At UCO, the student counseling service offered only individual counseling services and for a limited number of sessions. This project attempts to identify student stressors, identify conditions that enable students to seek help, and provides preventative group services to self identified first year students. In previous research, it was found that group counseling for young, first year students served to decrease the level of overwhelming feelings due to academic overload (i.e. depression, test anxiety, and stress) (Kitzrow, 2003). Thus, we began our groups on this premise and with the intent of later analyzing our data to measure whether our groups supported or refuted this previous finding.

Several research questions were proposed and analyzed during this

experiment. It was found that first year students were most likely to indicate more social aspects (relationship issues, roommate issues, being shy, having trouble meeting new people and also needing help with diet and healthy alternatives) as areas for which they wanted mental health assistance rather than needing assistance for academic related problems. That is, school workload and juggling work/family/school work were not their top areas that were related to depression and anxiety. This finding is contrary to what previous research has indicated (Kitzrow, 2003), however, this finding does support the claim by Becker (2008) that mental health needs in college are far more diverse than in previous years. Today, mental health assistance needs to address both academic stressors as well as environmental and social stressors.

Other findings that were discovered are that more participants are more likely to attend prevention workshops and informative workshops to aid them with their mental health difficulties and they are least likely to seek help by attending group counseling as a form of assistance.

While the response on the surveys was good, limitations to the pilot study assessing the impact of the sessions were numerous. The lack of a control group made it impossible to compare the effectiveness of these group counseling sessions with no counseling sessions. Also, our sample size for those attending group, those completing all sessions, and those completing the post BSIs was relatively small. Thus, a larger number of participants receiving and completing group services would aid in the validity of future data collection.

Future research on this subject may include analyzing the effects of providing informative and prevention focused workshops. Also, a follow up study to examine the rate of retention of students who participated in group sessions would be beneficial.

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Appendix A

University of Central Oklahoma Counseling Psychology Clinic

How to Survive the Freshman Freak – Survey

Age: _____ (must be 18 to participate) Gender: Male Female

What ethnicity do you identify with? Please check all that apply to you.

African American African: _____ Please specify _____ Please specify
 Asian: _____ Please specify
 Pacific Islander: _____ Please specify
 European/Caucasian: _____ Please specify
 Hispanic: _____ Please specify
 Middle Eastern: _____ Please specify
 Native American: _____ Please specify
 Mixed race: _____ Please specify

Sexual orientation (circle one): Heterosexual Homosexual Bisexual

Marital Status (circle one): Single Divorced Married Re-Married Separated Widow/er Co-habiting

Are you a U.S. citizen? _____ If no, what country? _____ What age did you move here? _____

Number of credit hours enrolled: _____ How many hours do you study per week: _____

Are you employed? Yes No Job title: _____ # of hours you work per week: _____

Are your parents divorced? Yes No

1. What the is highest educational level of your primary mother figure (whoever raised you)?

Some high school High school graduate Associate Degree Bachelor Master Doctorate

Mother figure's occupation _____ Stepmother's occupation _____

2. What is highest educational level of your primary father figure (whoever raised you)?

Some high school High school graduate Associate Degree Bachelor Master Doctorate

Father figure's occupation _____ Stepfather's occupation _____

3. How many children are in your family (including you)? _____ How many are attending, or will attend college? _____
4. Check the statements that apply to you:
 - I applied for need-based financial aid I was offered need-based financial aid
 - I was offered a scholarship for my athletic, musical, artistic, academic talent
 - My financial aid package included grants or scholarships
 - My financial aid package included one or more student loans
 - My financial aid package included a work-study package or campus job
5. Check how your parents/guardians are financing your education:
 - Current Income With past savings Parent educational loan
 - Employer's tuition benefit Help from relatives and/or friends
 - Parent loans (including home equity credit line, credit cards)
 - My parents/guardians are not financing Other: _____
6. What was your high school GPA? _____
7. Check what type of high school you attended:
 - Public high school Private, non church-affiliated high school
 - Private, church-affiliated high school Home school
8. Check the number of students in your high school graduating class
 - < 50 51 – 100 101 – 200 201 – 500 501 – 1000 1000 or more
9. Check how far from UCO your high school is:
 - <5 miles away <50 miles away <100 miles away >150 miles away
10. Please specify your current living situation.
 - I live in student housing I live alone off campus I live with roommates off campus
 - I live with my parents/guardians

On a scale of 1-10, with one being “not at all” and ten being “extremely”, please answer the following:

11. Do you feel the Resource Fair provided you with useful and adequate amount of information pertaining to school services, clubs, academic and social events?
1 2 3 4 5 6 7 8 9 10
12. If you live in the UCO residence halls, has that living environment and atmosphere facilitated a smooth transition into college?
1 2 3 4 5 6 7 8 9 10
13. In general, my college environment has been suitable to my needs.
1 2 3 4 5 6 7 8 9 10
14. The UCO staff/faculty has been helpful in answering questions that pertain to things outside of class.

- 1 2 3 4 5 6 7 8 9 10
15. The faculty has been helpful and approachable when I have an academic question/problem/or concern.
- 1 2 3 4 5 6 7 8 9 10
16. Academic Major: _____ Academic Minor: _____ Unknown _____
17. I find my classes to be useful to my field of study.
- 1 2 3 4 5 6 7 8 9 10
18. I find my classes to be interesting:
- 1 2 3 4 5 6 7 8 9 10
19. I find my academic workload to be manageable:
- 1 2 3 4 5 6 7 8 9 10
20. UCO's academic expectations can be best described as (circle one):
- More than I expected What I expected Less than I expected
21. Since orientation, I have met with my advisor.
- Never 1-2 times 3-5 times 6 or more times
22. My academic advisement at UCO has been (circle one): Unsatisfactory
Satisfactory
23. The academic department provided me with sufficient information about my major
- 1 2 3 4 5 6 7 8 9 10
24. UCO Student Affairs (UCOSA) offers an adequate amount of social and extracurricular opportunities for me to get involved in and meet other students.
- 1 2 3 4 5 6 7 8 9 10
25. How would you rate your transition into college life at UCO?
- 1 2 3 4 5 6 7 8 9 10
26. How many of your high school friends attend UCO? _____
27. How many new friends have you made at UCO? _____
28. Do you feel 'at home' at UCO? Yes No
29. Yes No I feel my freshman experience is going well.
30. Yes No I would benefit from additional help in getting comfortable with my college life. The topic/topics I am interested in is/are:
- Shyness Depression Peer Pressure Suicidal feelings Roommate issues
- Relationship issues Meeting new people Culture and diversity awareness
- Dating violence/ Domestic violence Healthy coping skills (diet & exercise)

Appendix B

Re: Application for IRB Review of Research Involving Human Subjects

Thank you for submitting your revised application (UCO IRB# 08134) entitled , *Surviving the freshman freak* , for review by the UCO Institutional Review Board (IRB). The Office of Research & Grants is pleased to inform you that your IRB application has been approved.

This project is approved for a one year period but please note that any modification to the procedures and/or consent form must be approved prior to its incorporation into the study. A written request is needed to initiate the amendment process. You will be notified in writing prior to the expiration of this approval to determine if a continuing review is needed. On behalf of the Office of Research & Grants and UCO IRB, I wish you the best of luck with your research project. If our office can be of any further assistance in your pursuit of research, creative & scholarly activities, please do not hesitate to contact us.

Sincerely,

Jill A. Devenport, Ph.D., Chair

Appendix C

Informed Consent – Survey

Research Project Title: How to Survive the Freshmen Freak – Survey

Researcher/s: Dr. Janelle Grellner, Janice Imel, Iona Daniel, Kris Bryant

A. Purpose of this Survey: The purpose of this survey is to determine the potential needs of the incoming freshmen to assist the counseling department at the University of Central Oklahoma establish programs that will help students pursue their academic goals and aspirations.

B. Procedures/treatments involved: At the end of the survey, you will be asked a few mental health questions and you will be offered an opportunity to take part in an additional research project involving the participation in a freshmen group-counseling program.

a. The data taken from this survey will be anonymous and your identity will not be associated with any of the responses you make. All data is coded and stored in a locked cabinet located in the Psychology Department and will be destroyed following this study.

b. Should you decide to participate in the freshmen group-counseling program, you will be given additional details concerning the group research project.

c. Should you decide not to participate in a freshman group-counseling program, the information from the survey would only be used for evaluation of the current freshmen class.

C. Potential benefits: The potential benefits we will receive from you filling out the survey is to the University of Central Oklahoma Psychology Department's counseling program. We anticipate acquiring a deeper understanding of the issues our students bring to college and/or are experiencing while in school, thereby helping the department establish programs to facilitate a smooth transition into college life.

D. Potential risks or discomforts: There is minimal risk to completing this form, however, you may contact the Student Health Center (974-2317) located in the Wellness Center or the UCO Counseling Center (974-2215) located in the Nigh University Center for any physical or mental health needs.

F. Contact information for researchers: Dr. Grellner 974-5466, jgrellner@ucok.edu; Janice Imel, jimel@ucok.; Iona Daniel, idaniel@ucok.edu; Kris Bryant, kbryant2@ucok.edu, or Dr. Jill A. Devenport, (Chair, Institutional Review Board) 974-5479.

G. Assurance of voluntary participation: Please indicate if we may use your data for research.

a. Yes. You may use my data for research _____

Initial

If you do not agree, then the information will be used only for evaluation of the current freshmen class.

b. No. You may NOT use my data for research _____

Initial

AFFIRMATION BY RESEARCH SUBJECT

I hereby voluntarily agree to participate in the above listed survey and further understand the above listed explanations and descriptions of the research project. I also understand that there is no penalty for refusal to participate, I may refuse to answer any question, and that I am free to withdraw my consent and participation in this project at any time without penalty. I have read and fully understand this Informed Consent Form. I sign it freely and voluntarily. I acknowledge

that a copy of this Informed Consent Form has been given to me to keep. Also, I verify that I am 18 years of age or older.

Name: _____ Signature: _____ Date: _____
Please Print

Appendix D

33. If you would like to join a group of your peers in learning about Depression, Anxiety, and Assertiveness, please fill out the information below and someone will contact you with more information.

Name: _____ Email: _____

Phone: (____) _____ Date of Birth: ____/____/____ Gender: M F

Please contact the UCO Counseling Center at (405) 974-2215, visit the Psychology Clinic located on the 3rd floor of the Education Building or call (405) 974- 5466 for immediate help.

Listed below are other sources of help:

Contact Crisis Helpline	405 - 848 - CARE (2273)
Statewide Suicide Helpline	800 – SUICIDE (784 – 2433)
Edmond Police	405 – 359 – 4420
Child Abuse Hotline	405 – 767 – 2800
Oklahoma Elder Abuse Hotline	800 – 522 – 3511
OK. County Crisis Intervention Center	405 – 271 - 5050
Emergency	911

Appendix E

**University of Central Oklahoma
Psychology Clinic
HOW TO SURVIVE THE FRESHMEN FREAK
INFORMED CONSENT – GROUP**

PRE-GROUP DISCLOSURE

Group counseling provides an opportunity for small groups of students to meet and share common concerns, explore personal issues, and learn new skills under the guidance of group facilitators. Group members help each other by making suggestions and giving feedback. Group members are not forced to reveal more about themselves than they feel comfortable with, but they are expected to maintain confidentiality out of mutual respect for other group members. The facilitators are there to make observations from a caring, objective position. Group facilitators recognize that individuals have different ways of expressing themselves and strive to create an environment that is safe, respectful, and inclusive.

The primary purpose of the Surviving the Freshmen Freak group is to help the student manage stress and improve coping with issues related to the freshman year including loneliness, depression, anxiety, through psycho-education, role-playing, and assertiveness training. You will be given psycho-educational material and the opportunity to explore issues or situations you may be struggling with related to the materials.

The co-facilitators of each group are graduate counseling students in training and are not yet licensed, but are under the supervision of the faculty who are doctoral level licensed psychologists.

Participants may experience some psychological distress while exploring issues of a personal or interpersonal nature. This is a normal part of process therapy. A licensed counseling psychologist will be available should a participant feel the need for additional support and if necessary, the participant will be referred to the UCO Counseling Center.

I understand that I may refuse to answer any question or participate in any activity during the group session without penalty.

I verify I am 18 years of age or older.

Assurance of voluntary participation: Please indicate if we may use your data for research - select A or B and sign below.

a. Yes. You may use my data for research _____
Initial

If you do not agree, then the information will be used only for evaluation of the current freshmen class.

b. No. You may NOT use my data for research _____
Initial

Print Name

Student Signature

Date

AUTHORIZATION TO TAPE GROUP SESSION

The Psychology Clinic is a training center as well as a service center. Our staff is required to record all of their clients for supervisory purposes and will often ask to be allowed to audio tape in addition to video tape counseling sessions as a way of improving their skills. Such tapes are treated with the strictest confidence and heard or viewed only by Psychology Clinic counselors and supervisors. Please read the taping authorization that follows. Your authorization will greatly benefit our counseling services.

This form authorizes the counselors/facilitators at the UCO Psychology Clinic to tape record or video record the group sessions in which I participate.

- I understand that the group sessions may be observed by the facilitators, the facilitators' supervisors, the clinic director, and other counselors-in-training at the UCO Psychology Clinic. The purpose of recording and observing the group sessions is to improve the counseling and testing skills of the student counselors/facilitators and other counselors-in-training, and is not meant as an invasion of my rights of privacy.
- I understand that the videotapes of the group sessions in which I participate are for supervision purposes only, and are the property of the UCO Psychology Clinic.
- I understand that observation and recording of the group sessions is a standard educational practice in counselor and psychologist training programs and is meant to ensure that the services I receive are appropriate for my needs and that the student counselor/facilitator(s) are making appropriate progress in their training.
- I understand that recordings are kept confidential and that my recordings will not be taken from the security of this clinic for any reason. The DVD recordings will be shredded within 2 months after the study is complete and there has been confirmation that there had been adequate adherence to the curriculum. The survey and all other research materials will be shredded after 5 years within the Psychology Department.
- I also understand that without my separate specific consent, all video or audio recordings of my sessions will be completely erased after they are used for supervision purposes.
- I understand that recordings will not be a part of my formal clinic records.

Therefore, in consideration of the benefits received by me and of the benefits that may be bestowed on others because of the improvements in counseling skills, I specifically waive my rights of privacy for this purpose and give my consent for recording and observation of all sessions in which I participate.

If I refuse to sign this form, I will not be eligible to join a group at the Psychology Clinic. However, this will in no way affect my eligibility for individual services through the Psychology Clinic.

Client's signature

Date

STATEMENT OF CONFIDENTIALITY

As a participant of this group, I realize it is my responsibility and the responsibility of other group participants to keep the group confidential. This means that I am not free to share with others who are not currently group participants the names of group members, and what is discussed in the group. This does not stop me from sharing with others the fact that I am in the group as long as I do not violate the above.

It is the responsibility of the group leaders to keep all records confidential. Any information or counseling records that you provide are strictly confidential, except in life threatening situations, cases of suspected child or elder abuse, or when release is otherwise required by law. In order to provide the best services possible, the co-facilitators may consult with other counselors in the Clinic or, if relevant, with professionals at the Student Health Care Center. The Psychology Clinic records are not a part of your educational record.

In order to protect your right to confidentiality, your written authorization is required if you want us to provide information about your counseling to another person or agency.

Please sign below to indicate that you have read the above statement regarding records, confidentiality and services.

Student's Signature

Date

There is minimal risk to completing this form, however, you may contact the Student Health Center (974-2317) located in the Wellness Center or the UCO Counseling Center (974-2215) located in the Nigh University Center for any physical or mental health needs.

Contact information for researchers: Dr. Grellner 974-5466, jgrellner@ucok.edu; Janice Imel, jimel@ucok.edu; Iona Daniel, idaniel@ucok.edu; Kris Bryant, kbryant2@ucok.edu,

Contact information pertaining to the conduct of the research: Dr. Jill A. Devenport, Chair, Institutional Review Board at 974-5479.

For clients with disabilities, this publication is available in alternative formats. Contact the Psychology Clinic at 974-5707