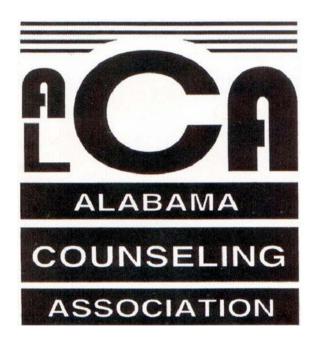
The Alabama Counseling Association Journal



- Enhancing human development through the lifespan
- Promoting public confidence and trust in the counseling profession
- Caring for self and others
- Acquiring and using knowledge
- Respecting diversity
- Empowering leadership
- Encouraging positive change

Letter from the Editor

Welcome to Spring 2015! This edition of the ALCA Journal is short but contains a wealth of helpful information.

Each year the Spring season brings inclement weather that has devasting effects. And in Spring 2015, we celebrate an anniversary – although not exactly a happy one. One year ago in April 2014, our state suffered devasting weather that resulted in death and desctruction. As mental health counselors we have an important role to play in the recovery process and one year later, recovery is still ongoing for many people. The spring season also ushers in the season of academic testing and final exams. This edition of the journal has 3 excellent articles that are timely for this season ranging from tornado preparedness to academic dishonesty to college counseling centers.

So, enjoy these fine publications and thank you to those that spend their time researching and writing!

Linda



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Reflecting on the Tornadoes of April 27, 2011: Preparing for the Next Disaster or Crisis

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Abstract

The tornado damage on April 27, 2011 was incomprehensible to many people in Alabama. Since 2011, many individuals and agencies have worked diligently to improve disaster preparedness across the state. In support, Governor Bentley appointed The Tornado Recovery Action Council (TRAC) of Alabama in 2011 to evaluate readiness and to offer recommendations for future disasters and crises. In light of the steps taken since the 2011 tornadoes, this paper had three purposes: (1) to prompt *all* counselors from various specialties to evaluate their current workplace and community preparedness; (2) to ask school counselors to add to the resources presented in this paper to assist youth; and, (3) to call for *all* counselors to develop and share disaster and crisis resources.

Reflecting on the Tornadoes of April 27, 2011: Preparing for the Next Disaster or Crisis

On April 27, 2011, 62 confirmed tornadoes swept through the State of Alabama (National Weather Service, Birmingham, AL, 2013). These tornadoes left 1,200 miles of destruction across the state (The Tornado Recovery Action Council [TRAC], 2012), resulting in 339 related deaths (National Weather Service, Birmingham, AL Weather Forecast Office, 2011, p. 10). The four-day period of April 25th - April 28th culminated as "one of the largest super-tornado outbreaks in U.S. history" (p. 19, Central Alabama April 27 Statistics Chart), ranking as the fourth "deadliest tornado outbreak" recorded in the U.S. (National Weather Service, Birmingham, AL Weather Forecast Office, 2011, p. 10).

In all, cumulative data in Alabama revealed that over 2,500 people were injured, 7,800 houses were destroyed, and 35 of 67 counties across the state had damage (DeMonia, 2012). To many residents, the statewide devastation was incomparable and incomprehensible. In Tuscaloosa alone, "Twelve percent of the city was destroyed and more than 7,000 people became unemployed in less than six minutes" (TRAC, 2012, p. 23).

Four months after the April 27, 2011 tornadoes, Governor Robert Bentley appointed a 19-member group, The Tornado Recovery Action Council of Alabama (TRAC, 2012). In an effort to move the state forward with preparedness, Bentley requested recommendations from TRAC. In response, TRAC visited communities impacted by the 2011 tornadoes, listened to the residents, conducted seven forums, talked to the emergency response teams and volunteers, and looked closely at the efforts that worked and did not work in the weeks and months following the April 2011 tornadoes.

TRAC's mission was to "...document what happened that day; determine what went right and what could have been done better; and propose solutions not only to promote a recovery, but also to improve preparation for future disasters by addressing vulnerabilities exposed by the

storms" (2012, p. 10). Overtime, the TRAC committee captured many positive actions taken to rebuild Alabama communities after the April 2011 tornadoes, symbolizing the compassion and willingness of people to work together to assist those in need. Concurrently, TRAC found weaknesses and failures in the aftermath of the tornadoes, from the initial rescue attempts to the clearing and rebuilding process. It was with this balance that TRAC put forth their anticipated report in January 2012, *Our Response to April 27, 2011: Cultivating a State of Readiness* (TRAC, 2012). In the report, 20 recommendations, divided into four categories (i.e., Prepare, Warn, Respond, and Recover) were offered. Table 1 summarizes a few of the TRAC recommendations, using the four designated categories.

While the TRAC (2012) report did not offer specific recommendations for counselors or other mental health professionals, the impact of helping professionals was found in four distinct places in the TRAC report. The influences included (1) a photograph of art therapy being provided for children at Holt Elementary School near Tuscaloosa (p. 85); (2) a poignant statement about no "quick turnaround from the devastation... in housing, commerce, or emotional health" (p. 90), inferring that rebuilding and healing are slow processes; (3) an acknowledgment of the Alabama Department of Mental Health (ADMH; 2011) as one of the "long-term investors" in recovery efforts (p. 112); and (4) recognition of ADMH's advocacy for emergency planners to consider minority populations and those with disabilities before and after disasters. We believe these four points represented the influence of helping professionals during the rebuilding process, with the latter as perhaps the most impactful mental health-related statement found in the report.

Additionally, the final section of the TRAC report (2012) offered two summary objectives related to partnering, training, and connecting. We believe these objectives would be strengthened with continued counselor involvement (cf. Stakeholder Engagement Summary

Report; TRAC, 2012, pp. 100-117). Counselors should bolster the following TRAC objectives: (1) partner "with professional organizations to provide trained volunteers to augment the services provided by state agencies" and (2) develop "a system that allows communities to access trained volunteers" (p. 112). To assist, with the TRAC objectives, this paper offers resources to consider.

The Current Focus

Prompted by the TRAC report (2012), this paper encourages collaborative efforts to prepare for future disasters and crises. The aims of the paper were to (1) invite all counselors to evaluate their current workplace and community preparedness for a disaster or crisis; (2) ask school counselors to critique and add to the disaster and crisis resources for school-aged youth presented in Tables 3 and 4; and, (3) call for counselors across all specialties (e.g., mental health/agency, substance abuse, rehabilitation, schools, and so forth) to secure plans and resources for disaster and crisis situations.

The following information will guide professionals as they evaluate their current response plans and gather resources needed to facilitate services in disaster and crisis situations. Table 2 presents an outline using the TRAC categories that could be utilized. Table 3 offers sequential steps, practical activities, and recommendations for school counselors and school psychologists, ranging from the initial preparation to responding after disasters and crises. Finally, Table 4, while presented as a work *in progress*, illustrates specific tornado resources and websites for school-aged youth. Although the focus of Table 4 is on tornadoes, many age and culturally appropriate resources from professional organizations are included,

Considerations for School Counselors and School Psychologists

Prior to introducing how the TRAC steps could be applied in a school setting, it should be noted that the four steps (Preparing, Warning, Responding, and Recovering) are unique, with significant overlap and connectedness. To add, the recommendations found in Tables 3 and 4 are flexible, adaptable, and presented within a culturally appropriate framework.

Step 1: Prepare

As noted in Table 4, the first category is *Prepare*. In *Prepare*, school professionals are encouraged to receive disaster response training (e.g., Red Cross Training, professional development opportunities). School professionals also assist by distributing materials for students to take home each year (i.e., this material prepares families for emergencies). Early in the preparation stage, counselors and psychologists need to ensure that materials are adequately translated for students and families who use different languages. Beyond the dissemination of information, counselors and psychologists should also address preparedness at parent/teacher conference meetings, faculty meetings, on the school website, and so forth. At school, counselors should conduct classroom activities and consider having a special day or week dedicated to disaster response.

In this phase of planning, it is critical for school counselors and school psychologists to become knowledgeable about the various cultures served in their schools. Helping professionals should be trained to recognize and expect different reactions to loss as well as different coping styles across various cultures. School professionals should also be trained and prepared to offer culturally-appropriate assistance and services after disasters and crises.

An additional aspect of the *Prepare* step is for school counselors and school psychologists to revisit their school's current crisis plan and to make certain that all aspects of the crisis plan are in place. To accomplish disaster preparation, the United States Department of Education (USDOE; 2003) suggested that plans include information regarding the provision of counseling, supplies, resources, school cancellation and reopening policies, managing deaths,

memorials, and anniversaries, and communication to families. The information provided in Tables 3 and 4 will assist in meeting the USDOE (2003) standards.

When the school's crisis plan is appraised, such aspects as crisis prevention, safety, and security of students and staff are important to keep in mind. Also, it is critical to determine crisis team members and to include a description of roles and responsibilities. Additionally, rehearsal and drills are encouraged so that the crisis plan is familiar before it has to be implemented. The crisis response plans is revisited in the subsequent section *Step 3, Response*.

Step 2: Warn

In the category *Warn*, school counselors, in conjunction with other service providers, should discuss safety precautions, point residents to shelter locations, and highlight community assistance that is available after disasters and crises (see Tables 3 and 4). To maintain cultural competence, communication efforts should be tailored to meet the needs of the student body (i.e., make accommodations such as translations, sign language, and braille, use of technology to communicate effectively such as email and text messages). It was meaningful to note that the TRAC report (2012) restated the Alabama Department of Mental Health's (ADMH) emphasis warning special populations and citizens who speak English as a second language (i.e., "the need for communication in multiple forms to warn individuals who are deaf or hard of hearing, or have other disabilities" [p. 48]) during this phase of the plan. Offering several ways to convey messages is critical for school settings.

Furthermore, school counselors and school psychologists are encouraged to collaborate in community-wide and school-wide awareness and warning efforts. For example, school counselors can be proactive in school communication efforts, such as email and social media alerts, and help disseminate information before and after disaster or crisis situations. Tables 3 and 4 can serve as resources for accomplishing communication needs during the *Warn* stage.

Step 3: Respond

In Step 3, *Respond*, school counselors and school psychologists should consider resources from professional organizations for group guidance lessons, counseling interventions, collaborating with other agencies, communicating, and helping parents in the aftermath of disasters and crises and (see Tables 3 and 4). As advocates for children, school counselors and school psychologists also need to take into account how and when students, families, and communities need additional assistance (e.g., communication, resources, food, shelter, and individualized or group support, counseling). ADMH's stance found in the TRAC report is important to remember, "... special-needs individuals, as well as those whose first language is not English, should have information in an easily understood form" (p. 48).

When responding to disasters and crises, school professionals should remember that they will observe different cultural styles of grief and bereavement as well as different responses to trauma. For example, certain cultural responses to loss may be characterized as signs of traumatization by some clients, whereas similar responses may be a sign of resilience in other cultures.

Tables 3 and 4, under *Respond*, also remind school counselors and school psychologists of responsibilities to complete after an event has occurred. For example, crisis team members should conduct a needs assessment to determine what is needed, and supplies should be gathered and distributed, as soon as feasible. Decisions about whether or not mental health assistance from nearby school counselors or from other helping professionals in the community should be decided promptly.

According to the National Education Association (NEA) (n.d.), schools should have a communication network established. NEA also recommends on the day following a disaster or crisis that a walk-in area be established for students and their families to receive support and

mental health services. Counselors and school psychologists should also assist schools that are near a disaster area. Even if children at nearby schools are only indirectly impacted, they are often in need, as well. Coordinating activities for donations and volunteer efforts should ensue as well as collaboration efforts with other agencies. It is also suggested that schools resume their normal functioning within a week of the crisis when possible.

Step 4: Recover

In the phase of *Recover*, school counselors and school psychologists should ensure that support and communication will continue months following the crisis or disaster as individuals begin to respond and recover (see Tables 3 and 4). The long-term mental health needs (i.e., students, families, school personnel) should be continually addressed and referrals should be considered (i.e., following school policy and procedures that vary across systems and districts). In addition, school counselors and school psychologists should be supportive and helpful with communication in regard to memorials and anniversaries that will need to be managed in the months following a disaster or crisis. School counselors may assist with these activities individually or through their participation on crisis response teams with social workers, school psychologists, and other helping professionals.

Once a disaster- or crisis-stricken school is back into a normal routine, several steps are needed. For example, the school's crisis response team should reevaluate their current crisis plan (NEA, n.d.). Importantly, school counselors and school psychologists will serve as advocates in many ways (e.g., including reminding others that recovery from a disaster or crisis takes time and patience). Schools and individuals should be encouraged to take their time to recover (USDOE, 2003) and helping professionals need to remain fervent during this recovery process. During *Recover*, culturally sensitive steps also continue. For example, school counselors can

ensure that all cultures within the school are equally represented in ways of mourning and coping after a disaster or crisis.

School counselors and school psychologists should refer to Tables 3 and 4 for additional information not mentioned in this brief overview. The websites listed in Table 4 offer extensive information that will be valuable and applicable for school settings.

Concluding thoughts

As counselors from communities, schools, and agencies impacted by the April 2011 tornadoes, we have often observed the tendency for weather-related concerns and mental health concerns to go hand-in-hand with children, adolescents, and adults (ADMH, 2011, ¶ 1). We can also affirm ADMH's website comments, relating to the importance of "preparedness and readiness" (ADMH, 2011, ¶ 1).

Similarly to the gaps in the physical care of people and the cleanup efforts in the 2011 tornadoes described in the TRAC report (2012), we can attest to the lapses and breakdowns in mental health assistance. In the chaos following the tornadoes in 2011, there were children and adults with mental health concerns that went unmet or could only be partially met. Such concerns underline the importance of assessing the quality of mental health care and the need for preparation for future disasters and crises.

Conclusion

In review, this paper had three interrelated goals. The first goal was to urge all helping professionals to evaluate their current workplace readiness for another disaster or crisis. Offering training and having the ability to offer assistance to clients in schools, communities, and facilities is important.

The second goal was to urge school counselors (and other school professionals) to review, critique, and add to the resources in Table 4. Perhaps the Alabama School Counselor

Association (ALSCA) could assist with further recommendations for the school counseling community. To add, since the materials presented in Table 4 were specific to tornadoes, more information is needed for other types of disasters or crises. Helping professionals have to be prepared for a broad and complex span of potential disasters and crises (e.g., shootings, Ebola threat, chemical spills, death, and so forth).

While Tables 3 and 4 offered specific resources for school-aged youth, the third goal of this paper was to remind *all* counselors to share resources to ensure training and preparedness for future disasters and crises. Plans should be in place across the helping disciplines.

The TRAC (2012) report was used to offer insight, structure, and recommendations for counselors, as well as other helping professionals. Prior to a disaster or crisis, assessment, planning, and training are critical if mental health assistance is to be effectively carried out in disaster and crisis situations. Thus, this paper is an urgent call for *all* counselors to be prepared to address mental health concerns in the wake of future disasters and crises.

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Table 1 Suggestions from *TRAC

PREPARE	Increase the number of storm shelters and safe rooms, improve building codes, awareness campaigns
WARN	Develop a statewide alert system, upgrade technology with weather radios (better statewide communication needed, find funding for atmospheric research)
RESPOND	Ensure better Emergency Management Association (EMA) training and standards, healthcare changes and communication (drills across regions, communication issues during crises – from transporting to hospitals, to multiregions care, organizing volunteers – need statewide effort)
RECOVER	Low interest housing loans and low mortgage loans available in recovery, assistance for businesses to reestablish, pre-contracts for debris removal

^{*}Tornado Recovery Action Council of Alabama (TRAC; 2012). Summary from pp. 27-99.

Table 2 Use of the *TRAC Steps for Counselors and Psychologists

I. PREPARE

II. WARN

III. RESPOND

IV. RECOVER

^{*}Tornado Recovery Action Council of Alabama (TRAC; 2012).

I. PREPARE

- Complete in-class readiness activities for disasters and crises (drills, role plays, group activities, discussions)
- Distribute information on mental health warning signs for parents (translations, when needed) and developmentally appropriate information for students
- Establish ways to communicate to parents (e.g., counseling link on school website, text messages, brochures)
- Be familiar and active with school's crisis response team

II. WARN

- Get the message out (e.g., phone calls, emails, and social media sites)
- Remind school and community of school system communication
- Remind school and community of public warning systems in place (radio, weather radio, sirens)
- Remember population with special needs and those who need language translations

III. RESPOND

- Make phone calls, send emails, and utilize social media sites
- Help ensure the physical safety of all involved
- Conduct a needs assessment for the school (after the disaster or crisis)
- Establish a mobile or temporary locations for walk-ins
- Perform a triage assessment for mental health concerns
- Use resources from professional organizations (e.g., see Table 4)
- Once school reopens, have counselors from other schools in on first day to assist
- Point to available counseling resources that are available
- Point to emergency shelters for food, supplies, clothes
- Gauge mental health concerns and refer when necessary (based on school system policy)

IV. RECOVER

- Initiate memorials
- Send reminders about counseling resources that are available
- Advocate for those in need
- Send reminders about emergency shelters for food, supplies, clothes
- Follow-up in regard to mental health concerns

^{*}Tornado Recovery Action Council of Alabama (TRAC; 2012).

I. PREPARE:

1. Counselor training - Red Cross Disaster Mental Health responder: http://www.redcross.org/take-a-class/disaster-training

- 2. Other disaster/crisis training
 - a. ALCA chapters or associations could sponsor
 - b. Training at annual ALCA Conference
 - c. CACREP Standards
- 3. Counselor knowledge of available resources (see examples under RESPOND)
- 4. Federal Emergency Management Agency (FEMA). How to build an emergency kit: http://www.ready.gov/kids/build-a-kit
- 5. Alabama Public Health's (2007) Get 10: Get ready for emergencies: http://www.adph.org/get10/
- 6. National Association of School Psychologists (NASP) Prepare to be a culturally competent professional to reach all students:
 http://www.nasponline.org/resources/culturalcompetence/cc crisis.aspx
- 7. National Association of School Psychologists (Silva, A.) Conducting crisis exercises and drills: Guidelines for schools: http://www.nasponline.org/resources/crisis_safety/drills_guidance.pdf
- 8. Federal Emergency Management Agency (FEMA) Information on tornado preparation. http://www.ready.gov/be-informed
- 9. The National Child Traumatic Stress Network (NCTSN) Information on tornadoes and responding to the aftermath: http://www.nctsn.org/trauma-types/natural disasters/tornadoes#q1
- $\underline{10.} \ \ \underline{Federal\ Emergency\ Management\ Agency\ (FEMA)} School\ emergency\ plans.$ $\underline{http://www.ready.gov/school-emergency-plans}$

II. WARN:

- 1. Use of materials from websites to alert the community and schools:
 - a. Red Cross Tornado Safety Checklist http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4340177_Tornado.pd f

- b. Brymer M., Taylor M., Escudero P., Jacobs A., Kronenberg M., Macy R., Mock L., Payne L., Pynoos R., & Vogel J. (2012). Psychological first aid for schools: Field operations guide. (2nd ed.). Los Angeles, CA: National Child Traumatic Stress Network. http://www.nctsn.org/content/psychological-first-aid-schoolspfa
- c. Federal Emergency Management Agency (FEMA) Understanding responses to disasters. http://www.ready.gov/coping-with-disaster
- 2. Community and school awareness efforts (knowledge of alert system, shelters, assistance) across media resources, in schools, and so forth (See TRAC 2012, for specific details).

III. RESPOND:

- 1. Use of resources available on websites during crisis (by professional organizations):
 - a. The National Child Traumatic Stress Network (NCTSN) This website offers multiple resources for tornadoes and other crises (including Spanish versions and specific information for K-12 students, parents, teachers, and counselors). Tornado links are given to illustrate:
 - i. Specific NCTSN information on tornadoes: http://www.nctsn.org/print/108
 - ii. Helping young children: http://www.nctsnet.org/sites/default/files/assets/pdfs/helping_young_children_ heal_tornado.pdf
 - iii. Helping teens:
 http://www.nctsn.org/sites/default/files/assets/pdfs/tornado_rspse_teens_final.pdf
 - iv. Helping Elementary/Upper elementary
 http://www.nctsn.org/sites/default/files/assets/pdfs/tornado_rcvry_kids_final.p
 http://www.nctsn.org/sites/default/files/assets/pdfs/tornado_rcvry_kids_final.p
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http://www.nctsn.org/sites/default/files/assets/pdfs/ctte_elementary.pdf

- v. Parents and media influence: http://www.nctsn.org/sites/default/files/assets/pdfs/tornadoes_media_final.pdf
- <u>vi. Simple activities for children and adolescents:</u>
 http://nasponline.org/resources/crisis safety/Activities No Supplies.pdf
- vii. What parents can do:

http://www.nctsnet.org/sites/default/files/assets/pdfs/parents_talk_to_children_about_tornadoes.pdf

vii. Psychological first aid for schools field operations guide: http://www.nctsn.org/content/psychological-first-aid-schoolspfa

2. Substance Abuse and Mental Health Services Administration (SAMHSA) – This website offers suggestions for working with children following disasters.

<u>See Guidebook:</u> *Tips for talking with and helping children and youth cope after a disaster or traumatic event:* A guide for parents, caregivers, and teachers. http://store.samhsa.gov/shin/content/KEN01-0093R/KEN01-0093R.pdf

- 3. Federal Emergency Management Agency (FEMA) *Coping with disaster*. http://www.ready.gov/coping-with-disaster
- 4. Alabama Department of Mental Health. http://www.mh.alabama.gov/COPI/TornadoCrisis.aspx
- 5. <u>National Association of School Psychologists (NASP)</u> Identifying severely traumatized children: Tips for parents and educators:

 http://www.nasponline.org/resources/crisis_safety/Identifying_Seriously_Traumatized_Children_2011.pdf
- 6. American Psychological Association (APA) Managing traumatic stress: After a tornado. http://www.apa.org/helpcenter/tornadoes.aspx

IV. RECOVER:

- 1. The National Child Traumatic Stress Network (NCTSN) Steps to take after a tornado: http://www.nctsn.org/trauma-types/natural disasters/tornadoes#q1
- <u>2.</u> The National Child Traumatic Stress Network (NCTSN) <u>Recovery after tornadoes</u> (embedded links to additional material): http://www.nctsn.org/trauma-types/natural-disasters/tornadoes#tabset-tab-5
- 3. National Association of School Psychologists (NASP) Helping children after a natural disaster: Information for parents and teachers. http://www.nasponline.org/resources/crisis_safety/naturaldisaster_ho.pdf
- 4. <u>National Association of School Psychologists (NASP) Coping in unsettling times: Tips for students.</u>

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^{*}Tornado Recovery Action Council of Alabama (TRAC; 2012).

Academic Dishonesty among High School Students: What School Counselors Can Do to

Transform School Climate

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Abstract

A group of 95 students representing 10 private and public high schools in a large, rural county in a Southern region of the United States participated in a research study of academic integrity. The researchers also explore the distribution of dishonesty across the areas of examinations, assignments, laboratory experiences, and the general areas of misrepresentation, group work, and sabotage. The factors that precipitated the actions of high school students' cheating behaviors were also investigated. The results showed that the participants engaged in one or more forms of cheating during the academic year. Across categories of dishonesty there was little variation in the amount of cheating, but the types of cheating behavior varied between groups. The hypothesis that a positive school climate facilitates personal integrity was supported.

Implications for the school counselor's role in promoting academic integrity through the cultivation of a positive school climate were included.

Key words; academic dishonesty, school climate, cheating, high school

Academic Dishonesty among High School Students: What School Counselors Can Do to Transform School Climate

Expressing the thought of many high school students is the title of a study on cheating behavior, "It's Wrong, But Everybody Does It" (Jenson, Arnett, Feldman, & Cauffman, 2002). Academic dishonesty has been a prominent area of discourse within the literature for over 80 years across an array of disciplines and educational perspectives (McCabe, Trevino & Butterfield, 2001; Schmelkin, Gilbert, & Silva, 2010). Dean (1929) reported evidence of cheating in U.S. high schools as early as 1929. Schab (1972) found that there was little difference between high schools students in the general curriculum and those who were in a college prep curriculum. The author concluded that, "Cheating is so common that it is almost a

scholastic way of life" (p. 256). Later Schab (1991) amplified this conclusion when he reported the results of a longitudinal study covering the years 1969 to 1989 and nearly 4,000 students.

Again, the results supported the view that "dishonesty was increasingly necessary" (Schab, 1991, p. 1). In addition, "more parents were aiding and abetting students in avoidance of school rules," thus increasing the likelihood students will cheat on homework and tests (p. 1).

With over forty years of research on cheating in high schools, one might conclude that educators have enough insight into the process of cheating and how to prevent it. However, studies over the years have been conflicting and inconsistent at best (Jackson, Levin, Furnham, & Burr, 2002; McCabe et al., 2001; Ward & Beck, 1990). According to Miller, Murdock, Anderman, & Poindexter (2007), "there is no clear-cut profile of a student who cheats" (p. 26) so the likelihood of creating an accurate means to deterring cheating may be difficult.

Differences in Cheating Behavior

High school students face a plethora of challenges in everyday life that range from dealing with increasingly rigorous coursework, to inconsistent peer groups. The ways in which the students cheated varied in nature, from collaborating with others on an assignment that was meant for individual completion, to stealing a copy of an exam. Without a clear sense of the wrongdoing, student engagement in dishonest behavior was more pervasive (Pincus & Schmelkin, 2003). Schmelkin et al. (2010) reported that student cheating behaviors could be grouped into two categories; paper-based tasks, which include those activities that involve writing papers or assignments for class that are somehow plagiarized, and exam-based tasks, which include ways students might cheat on exams.

Upon reviewing the instances of cheating related to a particular course, or type of course, the results were inconsistent. According to Anderman & Midgley (2004), in courses involving a

comparison-based climate where students were openly compared to others, the students indicated higher instances of cheating than those where the results of other students' work was not known to the class. Conversely, McCabe (1999) found that students reported lower instances of cheating in courses graded on a curve, because they felt it was not fair to the other students in the course. In either case, the perceptions of cheating impacted the students' thoughts and consequent behaviors.

Individual Factors

There are several specific factors that contribute to the social-cognitive process of cheating among adolescents, one is the school climate. Some intellectual factors that contribute to the makeup of a school's climate include; the feelings, attitudes, and behaviors of students, teachers and administrators within the school (Gendron, Williams, & Guerra, 2011; Hernandez & Seem, 2004). Social factors that are also of interest center around key relationships that contribute to the overall climate including, student-teacher, student-student, the physical attributes of the facility, school social environment, academic support, perceived exclusion/privilege, and academic satisfaction (Anderman & Medley, 2004; Gendron et al., 2011; Liu & Lu, 2011; Zullig, Huebner & Patton, 2010).

Theoretical Framework

In an effort to better understand the epidemic of academic dishonesty, the researchers reviewed the behaviors indicative of academic dishonesty and how students' perceptions impacted those behaviors. The researchers turned to Bandura's social-cognitive theory as a platform to understand this adolescent phenomenon. Bandura (1986, 2002) affirmed that students cognitively restructure their conduct and form moral justification for their behavior in relation to a particular social setting. In this case, the setting is high school and engaging in cheating is the cognitive process the research addressed. The increase was attributed to media influence, and

fraudulent business practices (Schab, 1991). In addition, "more parents were aiding and abetting students in avoidance of school rules," thus increasing the likelihood students will cheat on homework and tests (Schab, 1991, p. 1).

According to Bandura (1986, 1991, 2001, 2002) human beings exercise moral self-referent processes that provide motivational and cognitive regulatory action when faced with decisions that are potentially worrisome. In turn, moral reasoning is employed by individuals as a means of self-regulation as opposed to engaging in the process of abstract reasoning. Psychosocial factors also play a role in the decision-making process, and often assist the individual in selectively disengaging from the act of dishonesty. In this process, students cognitively restructure their conduct as morally justified in relation to the social setting in which the act is committed Bandura (1986, 1991, 2001, 2002), based on the notion that students may act collectively while engaging in cheating behaviors, albeit individually or among peers. Each action is the product of the relationship between personal self-monitoring and peer cultural influence (Bandura, 2002). Academic dishonesty is, in part a decision making process based on moral self-regulation as Bandura suggests, but also a play on the culture in which the process blossoms. It is imperative that social-cognitive theory be considered when studying academic dishonesty, because it encompasses essence of adolescent decision-making and developmental processes. The researchers will show how the participants in this study engaged in academically dishonest activities (i.e. cheating), but at some point in the process disavow themselves of any wrongdoing on the basis of social influence.

Definition of Terms

Within the realm of education and counseling research, "social norms" are defined as the *culture* of the school, whereas the school climate is defined as the *shared perceptions* of the students within a school environment (Dorsey, 2000; Hoy & Feldman, 1999; MacNeil, Prater, &

Busch, 2009). School climate has been determined by some as the primary influence on students' involvement in negative behaviors, such as bullying, relational aggression, and cheating (Gottfredson, 1989; Jackson et al., 2002; Murphy, 1993). Students determine their level of involvement in negative impact behaviors by assessing the social norms of their environment and making decisions accordingly. According to Gendron et al. (2011), "Children develop normative beliefs about behavior that guide their actions" (p. 153). In summary, if students' perception of the social climate of their school is one that accepts and supports academic dishonesty, then those behaviors will become more pervasive over time.

When students perceive the rules to be strong and the consequences for negative impact behaviors severe, the frequency of such behaviors decrease (Gottfredson, 1989; Jackson et al., 2002; Sherman et al., 1997). Those perceptional determinants tend to set parameters for behavior within the school and students become accustomed to a higher standard of behavior from both peers and adults alike. According to Stockard and Mayberry (1992), if teachers, administrators, and parents convey a standard of high achievement, positive social relationships among students, organization of materials and school work areas, and promote a high morale among staff and students, the prevalence of positive school climate increases.

According to Koth, Bradshaw, & Leaf (2008), students' perceptions of their "school climate" were positively correlated to their academic achievement, issues of adjustment, and social and personal attitudes toward others. Social relationships play an encompassing role in the lives of high school students, especially those between students and teachers, students and their peers, in addition to their overall feelings about their school's social environment (Anderman & Midglay, 2004; Bemak, 2000; Dorsey, 2000; Eliot, Cornell, Gregory, & Fan, 2010; Koth et al., 2008; Littrell & Peterson, 2001; Liu & Lu, 2011; Sink, 2005; Welsh, 2000; Zullig et al., 2010). Moreover, students tend to have better grades and have fewer social problems if they feel there is

a caring adult who supports them at school (Anderman & Midglay, 2004; Bemak, 2000; Eliot et al., 2010; Koth et al., 2008; Littrell & Peterson, 2001; Sink, 2005). The social climate, along with the physical environment of the school can play a significant role in student achievement. What happens within the walls of the school may be as important to student learning outcomes as the building itself (Liu & Lu, 2011; Zullig et al., 2010).

The term "school," has been broadly defined as any interaction that takes place within the school building and places beyond the school premises (i.e., school buses, field trips, extracurricular activities when the school is responsible for the student) (Anderman & Midglay, 2004; Zullig et al., 2010). When conceptualizing the "climate" of a school, several factors are considered such as; socioeconomic levels, racial and ethnic diversity, stability of community, the propensity toward violence, crime rate, and community support (Hernandez & Seem, 2004; Koth et al., 2008). Students who have a negative perception of school, due to the high transient rate of fellow students, or high turnover of teachers, will most likely have a poor perception of the school's climate (MacNeil et al., 2009). The climate of a school can influence the academic achievement of students, and thus impact students' perceptions of academic dishonesty (Bemak, 2000; Hernandez & Seem, 2004; Koth, et al., 2008; Littrell & Peterson, 2001; Sink, 2005). Students that perceive the school to be in a constant state of disruption, often report not feeling very valued, respected, or safe and experience difficulties in academic and/or social development (Hernandez & Seem, 2004; Sink & Spencer, 2005). In situations where students reported feeling valued, as evidenced by feelings that the teachers were committed and competent, they were less likely to engage in cheating behaviors (Murdock, Hale & Weber, 2001). Social variables such as these are indicators that the school climate influences the behavior of students, either negatively or positively, depending on the students' collective perceptions. Given that school climate is a social factor in

predicting the prevalence of cheating, the researchers determined it would be prudent to group participant responses categorically according to the three variables of social norms, prior cheating experience, and student partying. The categorical groupings were then examined to determine their influence on the prevalence of cheating among students in the sample.

Several social variables were considered in the development of this study, including students' pervasive alcohol consumption as it impacts student academic success. For the purposes of this study, the term "partying behavior" is defined as consuming alcohol at least one time per week during the academic term in which the cheating occurred. When considering a student's grade point average as a measure of academic achievement. Blasa, Giuliano, & French (2010) determined that male students that consumed alcohol at least one time per week during the school year suffered a statistically significant negative impact (r = -0.332, p < .001) on their grade point average. When reviewing the same effects of alcohol use on female students, the researchers found the impact to be non-significant; however the female subjects self-reported academic difficulty in school as a result of alcohol use (Blasa et al., 2010). Moreover, Corbin, Iwamoto, & Fromme (2011) indicated that alcohol use patterns of high school seniors (and college students) were linked to personal drinking values and social motives. These social motives, along with the concept of social attractiveness as situated within Bandura's (1986) social-cognitive theory, formulated a framework for deriving their conclusions. Due to internal motivators related to alcohol consumption and the impact that "partying behavior" may have on students' grades or self-efficacy toward their academic pursuits, it was imperative to include this variable as a factor that may account for potential differences in academic achievement and pervasiveness of academic dishonesty.

The purpose of this study was to explore the academic dishonesty of a sample of students

attending private and public high schools in a large, rural county within a Southern region of the United States (N=95). The researchers also explore the distribution of dishonesty across the areas of examinations, assignments, laboratory experiences, and the general areas of misrepresentation, group work, and sabotage. Finally, the factors that precipitated the actions of high school students' cheating behaviors were investigated.

Method

Participants

In order to engage in work with human subjects, approval for this study was first obtained from the Institutional Review Board of the university in which the researchers were employed. Counselors and principals at 10 public and private high schools identified a 12th grade English class in their respective high school to participate in a study of academic dishonesty. A total of 95 high school students returned signed parental informed consent forms and participated in the study. The majority of participants were female (56.8%), Caucasian (70.2%), enrolled in 12th grade (91.6%), and predominantly attending public schools (72%). The age of students ranged from 17 to 20 with the majority being 17 years old (65.3%). Students were enrolled in three types of classes including advanced placement and honors, traditional, and dual enrollment classes. The majority of students were taking traditional classes (66.3%) and the fewest were enrolled in dual credit courses (13%). In line with current data examining postsecondary matriculation, the vast majority of students (95%) planned to attend college (citation needed). Table 1 provides frequencies of the gender, ethnicity, ages, and educational data of the participants included in the study. The students were also asked to self-report if they consumed alcohol at least once per week, perspectives on societal approval of cheating, and if they engaged

in cheating prior to the current academic school year. For this sample, the participants did not report partying socially at least once per week (67.4%). The majority of students reported that society does not approve of cheating (76.9%) but despite their perspectives, 82.6% of students reported that they had cheated prior to the current academic year. The descriptive data for this information is provided in Table 2.

Instrument

The survey was adapted from the academic dishonesty survey presented in Whitley and Keith-Spiegel (2002). The modified survey included demographic information (Table Xa and Table Xb) in addition to 39 questions assessing the frequency of academically dishonest behavior during one full academic year. Each question asked the student to indicate frequency of involvement on one of three levels ranging from none, once, or more than one time. The questions were grouped under seven general categories of cheating, plagiarism, fabrication, facilitation, misrepresentation, non-contribution to group work and sabotage. Cheating, fabrication, facilitation, and misrepresentation each contained subcategories with questions allocated to assignments, examinations, laboratory settings, and general. Table 3 provides the categories of academic dishonesty and the number of questions allocated to each category.

Procedure

School counselors from ten southern high schools agreed to participate in the study as a prelude to an emerging leader's conference held at a local university. The study utilized a convenience sample of students attending those high schools, all located in close proximity to the university. The school counselors involved in the conference contacted their respective principals

who randomly selected one senior-level English class from their respective schools to participate in the study.

College students enrolled in an undergraduate ethics class at the university were selected to administer the survey to the study participants. After an hour-long training session, the undergraduate students initiated an appointment with the high school classroom teacher to introduce the project and distribute the informed consent forms. Upon receipt of the parental/student informed consent forms, a data collection date was scheduled and the surveys were then administered. The completed surveys were returned to the principle investigator who entered the data for statistical analysis.

The following research questions framed the purpose of the study, a) what is the frequency of cheating across all questions (by category) for the study sample, and b) will students, categorized by social factors, differ in their frequency of cheating behavior?

Results

To examine the first research question exploring the frequency of cheating behaviors across all questions, frequency analyses of cheating behavior for the 39 survey questions were conducted. The results of the analysis were categorized according to the outlined general categories of academic dishonesty that included cheating, plagiarism, fabrication, facilitation, misrepresentation, non-contribution to group work and sabotage. Additionally, subcategories of cheating behavior were delineated to examine patterns in the data across these dimensions.

The school climate conditions were constructed through compiling frequencies of reported responses across the three variables outlined in Table 2 to develop categorical gradations of climate. For each participant, responses of "does not party once per week", "society does not approve of cheating", and "did not cheat before this school year" were each assigned a

value of 0. Responses of "does party once per week", "society approves of cheating", and "cheated before this school year" were each assigned a value of 1. This resulted in a total score ranging from 0 – 3. A score of 0 indicates a "positive" response across the three variables, while a score of 3 indicates a "negative" response. The participants were grouped according to the compiles score, and values include "Positive School Climate" for a 0 score, "Moderately Positive School Climate" for a score of 1, "Moderately Negative School Climate" for a score of 2, and "Negative School Climate" for a score of 3.

A Kruskal-Wallis test was conducted to evaluate differences among the four school climate conditions (Positive School Climate, Moderately Positive School Climate, Moderately Negative School Climate, and Negative School Climate) on median academic dishonesty scores. The test, which was corrected for tied ranks, was significant $\chi^2(3, n = 93) = 19.95$, p < .0001. The proportion of variability in the ranked dependent variable accounted for by the academic dishonesty score was .22, indicating a fairly strong relationship between school climate and the academic dishonesty scores.

Follow-up tests were conducted to evaluate pairwise differences among the three groups, controlling for Type I error across tests by using the Bonferroni approach. Pairwise comparisons were conducted using Mann-Whitney non-parametric tests because data were ordinal and this examines differences between two independent samples. With an a priori alpha level of .05, applying the Bonferroni approach resulted in an alpha of .008 for the six follow-up comparisons.

The analysis of cheating behavior revealed that 6% (6 out of 94 valid cases) reported having never cheated across all questions; 94% of the respondents indicated that they had cheated at least one time during the course of the academic year. Cheating within categories varied between facilitation on assignments (89%), cheating on exams (85%), and facilitation on exams

(82%). Cheating behavior was less likely in the areas of sabotage (9%), misrepresentation on exams (28%), and contribution to group work (42%).

Examination of reoccurring behavior within each of the categories (Table 1) indicated that 21.1% of the students facilitated cheating on examinations one time, but 24.6% indicated similar cheating multiple times. The options for the student response did not allow for multiple responses for each question. This pattern involving an increase in the likelihood of multiple occurrences over a single event continued in the assignment category where 23.4% of the students indicated that they misrepresented one time on an assignment. However, 36.2% of the students indicated they misrepresented assignments multiple times, an increase 12.8% greater than a single time. Facilitating dishonesty on assignments was another area where more students cheated multiple times (24.7%) than once during the academic year (11.4%). Misrepresentation in the form of making a false statement about handing in a paper or making a false excuse was the only area within the general category that had a larger percentage of students who indicated cheating multiple times (23.4%) than a single occurrence (20.2%).

The analysis indicated that students facilitated cheating on examinations (22.1%) more than either cheating on an examination or cheating by misrepresentation. There was greater single event cheating by fabrication (23.7%) and misrepresentation (23.4%) on assignments than other types of assignment cheating. The results indicated that there was little evidence of sabotage (5.3%) but nearly one fourth of the students indicated at least a single time during the year that they had failed to provide appropriate support group work (24.7%).

Table 1

Frequency of Reported Cheating Behavior by Academic Category for Study Participants (n = 95)

Prevalence of Cheating

Academic Dishonesty Category	Never	Once	More than Once
Exams			
Cheating	64.4%	19.1%	16.5%
Facilitation	53.3%	21.1%	24.6%
Misrepresentation	72.3%	17.0%	10.7%
Mean	63.3%	19.4%	17.3%
Assignments			
Cheating	66.7%	15.7%	17.6%
Plagiarism	76.6%	15.1%	8.3%
Fabrication	63.9%	23.7%	12.4%
Facilitation	63.9%	11.4%	24.7%
Misrepresentation	40.4%	23.4%	36.2%
Mean	62.3%	17.9%	19.8%
General			
Misrepresentation	56.4%	20.2%	23.4%
Group Work	58.1%	24.7%	17.2%
Sabotage	91.5%	5.3%	3.2%
Combined Total	68.7%	16.7%	14.6%
Laboratory			
Fabrication	69.5%	16.1%	14.4%
Combined Totals	64.8%	17.9%	17.4%

Chi-square Analysis

An interesting aspect of this study was the question about differences between public and private schools on cheating behaviors. The results of the Chi-square analysis indicated

significant differences between the two groups on two types of examinations and two types of assignments. A significant difference in cheating on exams (p < 0.003) and facilitating cheating on exams (p < 0.0006) was found between the private and public institutions. A similar difference was found in fabrication on assignments (p < 0.01) and misrepresentation on assignments (p < 0.03). The analysis is particularly interesting for the fact that regarding dishonesty on exams the private schools were significantly less likely to cheat than students from the public schools. However, when assignments were the focus of the analysis the private schools were significantly more likely to use fabrication and misrepresentation than students in the public schools.

The subject pool for the study consisted of students enrolled in a senior English class of the respective schools. Within this broad category there were three different subgroups; advanced placement, regular and dual enrollment. A chi-square analysis was performed to explore differences between the three groups and categories of cheating. The results revealed that in general, dual enrollment students are significantly more dishonesty than the other two groups. They demonstrate a significantly greater propensity to cheat more than one time on examinations (p < 0.001), facilitate cheating on exams (p < 0.0001), assignments (p < 0.0004), plagiarize (p < 0.0075), and fabricate laboratory assignments (p < 0.02).

Social Perspective and Behavioral Analysis

The results of these social and behavior tests indicated significant differences between the positive school climate, moderately positive school climate, moderately negative, and negative groups. The prevalence of academic dishonesty as indicated from the ranked scores of students reflecting aspects of a positive school climate was less than for the students reflective of moderately positive school climate, z = -3.63, p < .0001. The positive school climate group had an average rank of 15.25, while the moderately positive school climate group had an average

rank of 34.03. The results of the Mann Whitney U test to evaluate the hypothesis that students reflecting aspects of positive school climate, on average, would score lower on the academic dishonesty scale than moderately negative school climates were significant and in the hypothesized direction, z = -3.78, p < .0001. The positive school climate group had an average rank of 11.00, while the moderately negative school climate group had an average rank of 25.62. The final Mann Whitney U test comparing academic dishonest scores between the positive and negative school climate groups was significant and in the hypothesized direction, z = -3.26, p < .0001. The positive school climate group had an average rank of 8.32, while the moderately positive school climate group had an average rank of 17.72. No significant differences were found on academic dishonest scores between the moderately positive and moderately negative groups, the moderately positive and negative school groups. These results support the hypothesis that students categorized as having attitudes reflective of a positive school climate report significantly less instances of academic dishonesty than those students possessing attitudes reflective of moderately positive school climates, moderately negative school climates, and negative school climates.

Table 2

Summary of Social Perspective and Behavioral Data for Study Participants (n=95)

Variable	Frequency	Percent
Social Behavior		
Does Party at Least Once Per Week	31	32.6%
Does Not Party at Least Once Per Week	64	67.4%
Perspectives on Societal Cheating		
Society Approves of Cheating	21	23.1%
Society Does Not Approve of Cheating	70	76.9%

Cheated Before Current School Year	76	82.6%	
Did Not Cheat Before Current School Year	16	17.4%	

Discussion and Conclusion

High school student participants in this study engaged in academic dishonesty in a variety of forms including cheating on examinations, assignments, laboratory experiences and general activities involving misrepresentation, sabotage, and non- participation in group work. The universality of cheating is consistent with several decades of research on high school student over a large number of students covering a fairly broad geographic area. Although there was variability between and within the broad areas of dishonesty, it was an important part of the total perspective to find that only six percent of the students indicated that they had not engaged in an act of dishonesty or cheating on any of the thirty-nine questions on the survey.

Analysis of the type of class and institution provided support for the importance of the social setting on student integrity. State and Federal education policy has emphasized the importance of students graduating from college as quickly as possible; within four years. Accordingly, allowing students to make progress toward completion of the degree requirements while they are still in high school can be viewed as a 'good thing.' The researchers could not find any studies that considered differences in the type of class setting on student integrity, particularly when one of the alternatives is dual enrollment. In recent years cheating within internet classes has been reported, but the uniqueness of this situation was the comparison of advanced placement, regular and dual enrollment classes across the public-private spectrum. In this case there was evidence that high school students taking dual enrollment classes cheat more than once in a number of different ways. There may be several reasons for this, but there is a certain sensibility in the

explanation that students do not view dual enrollment classes, by reason of the instructor, educational setting, and level of instruction as important in managing an experience that promotes integrity. Classes may be seen as barriers to the 'real stuff' that must be taken at the university. This explanation fits the idea of *outcome efficacy*, part of Bandura's social learning theory; the student may believe that they can do the work without cheating, but it really doesn't make any difference.

The results indicated that private and public schools may practice academic integrity differently. Whereas private school students appear to value honesty in taking examinations more than students enrolled in public schools, it is also the case that students in private school environments indicated a propensity for fabricating assignments and practicing misrepresentation more than public school students. An additional finding was that students in a public school environment are more likely to facilitate dishonesty on an exam than the students in a private school. The differences in this situation may be found in the nature of the institutions. Private schools are touted for their academic excellence and path to acceptance in prestige colleges. The path is based on individual performance at multiple levels. Collaboration may be viewed by students as more important in the public school environment, which would encourage facilitation in taking examinations. Consistency across the spectrum of assessment may work against cheating on exams. Assignments, however, may be considerable in the private schools in preparation for scoring well on the examinations. In this environment, the students may regard misrepresentation and fabrication on assignments as secondary, and therefore less important than performance on the examinations.

A third finding was the importance of a positive school climate in supporting personal integrity. The combined effect of actions that support academics (partying during the week), the sense of a general cultural belief in integrity (social disapproval of dishonest behavior), and a

consistent lifestyle of accountability (prior history of cheating), results in a positive school climate that may promote personal responsibility and provide a barrier to cheating behaviors.

It may not come as a surprise to researchers in the field of student cheating behaviors to find the importance of a positive student mind-set in reducing cheating behaviors. Promoting the positive school climate, and consequent student mind-set, becomes the critical factor.

Implications for School Counselors

School counselors are charged with nurturing the healthy development of all students. Incorporating the ASCA Mindsets and Behaviors for Student Success (2014) (AMBSS) into practice might provide school counselors a familiar framework in which to conceptualize their approach to providing support, through their existing comprehensive counseling programs. The AMBSS is comprised of six Mindset Standards that indicate how a student views themselves in relation to school capability, and *Behavior Standards*, which include three areas commonly associated with student success (learning strategies, self-management skills, and social skills). Together, these standards provide a checklist of sorts for school counselors to use as they develop systemic guidance programming to cultivate a supportive school climate. While the standards, as a whole, provide a framework for student success, several areas directly address school-wide positive cultural development. For instance, Mindset Standard #1, "Belief in development of whole self, including a healthy balance of mental, social/emotional and physical well-being," and *Mindset Standard #3*, "Sense of belonging in the school environment," both speak directly to the students' feelings of inclusion versus isolation. In addition, there are several Behavior Standards that offer support for the students' social development, including Learning Strategy #7, "Identify long- and short-term academic, career, and social/emotional goals," Self-Management Skill #7, "Demonstrate effective coping skills when faced with a problem," along with Social Skills #2 and #3, "Create positive and supportive relationships with other students,"

and "Create relationships with adults that support success," respectively (ASCA, 2014, p. 2). Each of these standards addresses specific student social/emotional needs. While it may seem like a daunting task for school counselors to transform an unsupportive school climate to one of integrity, these standards, if met, would actively provide systemic support for all students' academic, social/emotional, and postsecondary success.

Based on these results, the school counselor intervention response may include three primary actions. First, the school counselor, utilizing the ASCA Mindsets and Behaviors for Student Success, encourage a climate of academic integrity within their schools (ASCA, 2014). If academic integrity is the social norm within a school, students entering the system will continue to abide by the normative culture. This supports the conclusion that students who do not cheat are less likely to begin cheating if the school social climate does not support the notion. By creating patterns of integrity, the probability of not cheating is enhanced. Second, school counselors may utilize the newly revised School Climate Measure (SCM) to assess the level of satisfaction among students with regard to various social factors (Zullig, Collins, Ghani, Hunter, Patton, Huebner, Zhang, (2015). The revised assessment contains 49 questions, which could still be completed by students during one class period, and included in a classroom guidance discussion about supportive school culture. Students should be given the opportunity to review the results and reflect on their feelings of connectedness or isolation to their school community. According to Zullig et al., this information would, "facilitate data-driven decisions and may be incorporated into evidenced-based processes designed to improve important student learning and well-being outcomes" (2015, p. 1). Third, there should be an effort to develop a broader community support for a culture of integrity. Administrators, teachers, staff, parents/guardians, and other community stakeholders should be encouraged to engage in school-wide activities that promote a positive school climate. Through community engagement and interaction that supports

academic integrity, the school counselor transforms systems that are unsupportive, into systems where students feel cared about and valued, thus increasing student academic success (Zullig et al., 2010)

Limitations and Directions for Future Research

This study provided insights into academically dishonest habits among a relatively small sample high school students, and also delineated the differences between students in regular courses taught on their campuses and those that were delivered in an alternative format, such as dual credit courses taught through the local community colleges. The need for further study regarding the nature of high school students enrolled in dual credit courses are two-fold. If students' opinions of the dual credit courses are such that cheating is the norm or the expectation, the validity of the credits being given should be re-evaluated based on the premise that the grades earned were potentially obtained dishonestly. The second factor is to consider the modality in which the courses were delivered. If the dual credit courses were provided in an online format, what were the expectations and norms of that process? Did the students enrolled in the courses understand the implications of dishonesty behavior within those courses, or were the expectations unclear? These and many other questions would likely lead to further research in this area. The world of distance education can be somewhat complex, and without the traditional "school climate" to influence the students' behavior, one could argue that the unclear or unenforced boundaries of what constitutes academic dishonesty may be challenged. Further studies are necessary to determine the impact of academic dishonesty specifically among students enrolled in dual credit courses while in high school.

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The Effect and Impact of Evaluating College Counseling Center Services

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Abstract

Research evidence suggests that counseling services have a positive impact on retention efforts in higher education (Sharkin, 2004). There is also research that supports the use of evaluation of centers for administrators to justify improving services. Although research supports the contribution of college counseling centers to retention, there is need for more assessment of overall counseling center services. This study explores student perceptions of a college counseling center's services and what influences those perceptions have. Many factors influence the decisions students make concerning whether to remain in school or leave. This study used an outcome survey given to students seen at a University of Alabama Counseling Center. It was given to every Counseling Center client who had been seen for at least 3 sessions. It was given during a 4-week period in the spring semester 2011. There was a significant relationship between satisfaction and importance of counseling center services. Students who thought services were important were also satisfied with services and vice versa. Males and females did not differ in their perception of the importance of the relationship with the counselor. Freshmen, sophomores, junior, seniors, and others did not differ in their perception of the importance of

relationship with the counselor. Overall, students were satisfied with counseling services at The University of Alabama.

The Effect and Impact of Evaluating College Counseling Center Services

Addressing the increasing psychological needs on campus is a central mission to most college counseling centers (Reynolds & Chris, 2008). Cooper and Archer (2002) provided a rationale for increasing the level of research, assessment, and evaluation at college counseling centers. They reported three main reasons for this: (1) the belief that evaluation can lead to improvement in programs and services, (2) the belief that evaluation could document accountability to administrators who provide support of the counseling center, and (3) the belief that evaluation could enhance institutional effectiveness in achieving missions (Cooper & Archer, 2002). There is also the issue of measuring ability to meet needs with current capacity (Kiracofe et al., 1994). The actual capacity at a university counseling center can be based on different factors such as whether or not the center is accredited. If accredited by the International Association for Counseling Services, the number of staff determines the capacity. For instance, IACS requires that there should be 1 staff member per 1,500 students; therefore for a campus of approximately 30,000 students enrolled, there should be 20 counselors in that center (Boyd et al., 2003). If the center is not accredited, then the capacity may be determined by the institution's administration.

Just as the demographics of the current generation of college students have changed, so have their needs, including their mental health needs (Kitzrow, 2003). According to the National Survey of Counseling Center Directors that was conducted at 284 institutions, 9% of enrolled college students in the United States sought counseling in the past year (Gallagher, 2008). The study further showed that 16% of center clients were referred for psychiatric evaluation. Of the

students considered, 26% were prescribed psychiatric medication, a figure that has increased by 20% since 2003. Sharkin (1997) warned that the trend may be based on perception and clinical impression rather than on direct services. There is some evidence that the problems of clients who are being seen at counseling centers are becoming increasingly severe (O'Malley, Wheeler, Murphey, O'Connell & Waldo, 1990). Not only have student needs changed, but these needs have also increased in severity (Kitzrow, 2003). Although college counseling centers are recognized as brief counseling centers (15 sessions or less), they are appearing more like community mental health centers because of the increase in severity of problems amongst students. Benton, Robertson, Tseng, Newton, and Benton (2003) looked at counseling center client problems over a 13-year period: Counseling center staff reported that there has been an increase in severity of symptoms among college students for that period of time.

In 1971 Banning discussed this model in detail and the benefit college counseling centers could gain from its use. —Is the university campus a community? is a question Banning (1971) posed in an effort to urge the reader to contemplate how the same characteristics of a community mental health model were not being applied inside the walls of higher education institution. Today, college mental health is taken more seriously especially because there have been several incidences in the past few years where students with mental illnesses acted out violently. As mentioned previously, a concern of the past two decades has been the steady increase in severity of client symptoms (Smith et al., 2007). Banning likens campuses to communities, although some may not view them as such. Communities are not immune to stresses and conflicts, and neither are college campuses. He argued that in order for colleges to be able to deal with these stresses, they must view the campus like a community and, therefore, adopt a community mental health —style model (Banning, 1971). Although Banning's research is over 30 years old, more current research reflects the need to use such a model, although it might not be labeled the same.

The cornerstone of the community mental health model incorporates (a) community involvement in the development of the model, (b) delivery, (c) evaluation of services, and (d) prevention. As stated, this study focuses on evaluation of services (Hunter & Riger, 2006).

Reportedly, there have been low levels of evaluative research done at college counseling centers (Cooper & Archer, 2002). College counselors are in an ironic position in that they are practitioners working in a college setting that values scholarly work (Cooper & Archer, 2002). The current study is not only meant as a practical way to evaluate counseling center services but will also fulfill this institutional expectation (see Figure 1).

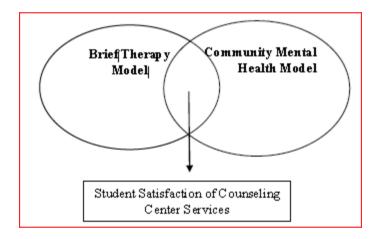


Figure 1. Conceptual models suggesting what impacts and effects evaluating college counseling centers

In contrast to Banning's model is the brief therapy model (see Figure 1) that is used in many college counseling centers today. The University of Alabama Counseling Center uses the brief therapy model. Session impact, involving participants' post-session mood and evaluation of the immediate session effects, has been proposed as a link between counseling process and outcome (Stiles & Snow, 1984). Symptom reduction and client satisfaction, as mediated by client and other factors, present a model for a very brief psychotherapy in college mental health

settings (Talley, 1992). These theories may ultimately facilitate a lower number of sessions needed by the student as a result of streamlining the services offered. The University of Alabama allows students 15 sessions for counseling per academic year. Students, as well as staff and administration, will benefit from therapy directed toward briefer duration of sessions and positive feedback/outcomes.

As student problems increase in number and severity, the need for college mental health counseling also increases. Data from the 2008 National Survey of Counseling Center Directors show that the following:

- 49% of their clients have severe psychological problems;
- 7.5% have impairment so severe that they cannot remain in school;
- 21% of centers have received (or will) receive additional funding because of the increased focus on counseling following the Virginia Tech shootings (Gallagher, 2008).

Kitzrow (2003) expressed that the increase of severity of student problems and the demand for counseling services has been due to social and cultural factors such as divorce, family dysfunction, violence, drugs, alcohol, and poor interpersonal attachments. More students may also be seeking counseling because they have received counseling while in high school and the stigma is gone. Also, new, more effective psychiatric medications have made it possible for some students to go to college who may not have previously been able to attend (Kitzrow, 2003).

Consequently, because of this increase in psychopathology, it is possible if not likely that the mission and procedures central to university counseling centers are experiencing a period of change and rebalancing. Indeed, there is evidence that a review of their approaches is already

underway at many institutions. When counseling center directors were asked, 49% of them were preparing more reports for higher level administration about their center's capacity for handling student problems (Gallagher, 2008). To reflect the need for more services, college counseling centers have changed to accommodate such needs

(See Table 1)

Table 1
Report by Counseling Center Directors

Counseling	Center Directors	Reported in 2009
_	(N = 302)	-

- 6.1% of centers charge for personal counseling, down from the peak of 17.2% in 1996.
- 59% of centers are supported by mandatory fees
- 10.4% of enrolled students sought counseling in the past year.
- The ratio of counselors to students is 1 to 1,527.
- 31% of centers tend to place limits on the number of client counseling sessions allowed.
- 45% of centers generate a DSM-IV type of diagnosis on 50% or more of their clientele, 55% rarely, or never, do this kind of diagnosis.
- 93.4% of directors report that the recent trend toward greater number of students with severe psychological problems continues to be true on their campuses.
- Directors report that 48.4% of their clients have severe psychological problems.
- 260 centers hospitalized an average of 8.5 students per school year (2,210 students in all) for psychological reasons.
- Directors reported 137 student suicides in the past year. 19% of these were former or current center clients (Gallagher, 2009).

Counseling Center Directors Reported in 2004 (N = 339)

- 8.7% of centers charge for personal counseling.
- 46% of centers are fully or partially supported by mandatory fees.
- Counselors spend 61% of their time providing direct service to students.
- 39.3% of centers generate a DSM-IV diagnosis on most clients.
- The ratio of counselors to students is 1 to 1.511.
- 40.3% of centers limit the number of client sessions.
- 10% of the students at participating schools sought counseling in the last year.
- 92% of directors report an increase in students coming to counseling who are already on psychiatric medication.
- 85.8% of directors believe that in recent years, there has been an increase in the number of center clients with severe psychological problems.
- Directors report that 41 .3% of their clients have severe psychological problems.
- 2,200 students were hospitalized for psychological reasons.
- Directors reported 103 student suicides in the past year (Gallagher, 2004).

The most important, and disturbing, change is that the number of suicides has increased, as well as the number of psychiatric hospitalizations. The increase in pathology may be related to a change in the student body. Rudd (2004) pointed out that there has been an increase in the overall number of young adults attending colleges and universities. Black and Sufi (2002) reported that the number of students of lower socioeconomic status attending colleges and universities is increasing as well. Rudd stated that the trend is that the college counseling center is in the process of becoming more like a community mental health center by having clients with "more severe pathology and problems that require ongoing and longer term care" (p. 316).

Counseling center directors reported in 2009 that 7.6% more students compared to 2004 have had increased psychological problems that were severe. Examples of severe problems are suicidal ideation, major depression, bipolar disorder, and psychotic symptoms. In some cases, short-term therapy may not be appropriate (O'Malley et al., 1990). Counseling center staff effectiveness must be evaluated to determine the success of reducing severity of symptoms as well as to meet the goal of the center's mission.

The statistics in the previous paragraph can be attributed to the changes in college counseling centers over the years. Some of the changes likely have been influenced by demand and an increase in students attending college, but also attitudes about receiving counseling have changed. The Suicide Prevention Resource Center (SPRC) (2004) indicated that one of the primary factors associated with the increased demand for campus counseling services for students with serious psychological issues was decreased stigma associated with mental illness and help-seeking on college campuses. Another change for college counseling centers is an increase in multicultural competence. An increasing number of multiethnic and multicultural

students, lifelong learners, and openly gay and lesbian students, among others, are highly visible on today's campus (Hodges, 2001), which in turn may result in more complex needs from a college counseling center. The increasing diversity of the student population is one factor that university counseling centers are beginning to address (Lafollette, 2009). Another unfortunate change for college counseling centers has resulted from tragedies such as September 11, 2001, and the shooting of 32 students at Virginia Tech University. Because of these tragedies, crisis management and disaster mental health have increased on campuses. A requirement for accreditation is that counseling services must provide crisis intervention and emergency coverage either directly or through cooperative arrangements (Boyd et al., 2003).

With the growing demands facing university counseling centers, institutional funding for the centers may need to become more of a priority (Bishop, 2006). Funding for university counseling centers is always a factor in how college counseling centers change. Without administration support of the counseling center, funding can be a limit that most centers cannot overcome. Some centers sustain themselves by charging fees, which is sometimes controversial because some students see this service as being a part of their tuition fee. Lafollette (2009) recommended two ways to help counseling centers fulfill their role on campus: First, hire more staff to meet the needs of the students and disperse workload, and second, use additional funding for preventative means (Lafollette, 2009). As the college student population evolves, so must the college counseling center in order to meet the needs of the student and university as a whole.

Challenges for College Counseling Centers Today

There are multiple challenges confronting counseling centers today. Some of those challenges are (a) providing cost effective and efficacious services (Nafziger, Couillard, & Smith, 1999); (b) demands for counseling and crisis management services; (c) career

development services; (d) special student populations; and (e) retention issues (Bishop, 1990). The need for research in college counseling is greater, also. Researchers reported that one major obstacle counseling centers face when deciding whether to engage in research is the narrow definition of what such research entails (Stone & Archer, 1990). The International Association of Counseling Services (IACS) described a broader definition of research in their standards, by allowing counseling center staff to make other kinds of evaluations part of research (Boyd et al., 1994). Archer & Cooper (1998) concurred that "it is clearly possible and often desirable to include qualitative and anecdotal data in these kinds of studies because written and concise narrative reporting observations of students can have a significant impact on faculty and administrators" (p. 194).

Professionals who provide mental health services face a "psychological landscape" characterized by uncertainty and change (Nafziger et al., 1999). An important economic condition affecting student needs is the reality that many college counseling centers need to be more self-supporting. This is a challenge. Some centers charge fees, and others do not. Among the reasons given by college counseling center directors was that counseling centers are central to the academic process, and charging a fee could discourage the use of student services (Waehler, Hardin, & Rogers, 1994). The demands for counseling and crisis management are increasing in accordance with the number of students seeking counseling services (Bishop, 1990). Murphy and Martin (2004) offered some suggestions for how counseling centers can meet the demands. For example, briefer therapies, utilizing waitlists, improving the efficiency of scheduling in order to avoid missed appointments, and providing group treatment are just a few of their suggestions. Some students may use career concerns to influence decisions they make about their education and personal lives. Special student populations such as minority or

nontraditional students may have more difficulty adjusting to college. These challenges consider the possibility that without counseling centers in colleges, students may choose to withdraw from school, or the problems they encounter may affect graduation (Sharkin, 2004).

Bishop (1990) mentioned increases in the severity of problems and listed depression and borderline personalities as the mental illnesses with the biggest increases. In a related article, Bishop reported that over the past 20 years, the percentage of counseling center directors that reported such a change has risen from 53% in 1984, to 84% in 1994, to 86% in 2004 (Bishop, 2006). To the contrary, one researcher noted that when there is a particularly difficult crisis or energy-draining event, the counseling center staff may feel that the problems of college students are increasing in severity (Sharf, 1989). Gallagher (2008) noted that the number of hospitalizations of students for psychological reasons and the frequency of incidents in which third parties needed to be warned has also increased. The rise in adolescent suicide has also had a strong impact on campus counseling centers. Suicide rates are averaged to be 50% higher among college students than for the general population (Westefeld & Patillo, 1987). Also, more attention has been gained from the Virginia Tech homicides/suicide. Since the Virginia Tech tragedy, counseling centers have been more attentive to policies and procedures such as followup with students who express suicidal ideation. With these risks greater, the need for better crisis management is also greater. The demand for such services from both student and university personnel on campus may also increase.

Although many university counseling centers do not provide specific career counseling, some do. Campus mental health providers certainly see students who are perplexed about career choice. College students are setting higher goals for themselves and placing more pressure on themselves to achieve those goals. They place more importance on getting good grades and

selecting a major that will give them a more prosperous income rather than personal satisfaction (Bishop, 1990). There is some evidence that students are more likely to participate in vocational and career counseling than personal counseling (Carney, Savitz, & Weiskott, 1979).

Special student populations such as minorities and nontraditional students may have more difficulty acclimating to college. Counseling centers are important resources for these populations. Black students on a predominantly White campus may be less likely to use psychological services (Bishop, 1990). Language barriers, cultural differences, academic underachievement, and high dropout rates are problems these students face (Mussenden & Bingham, 1985). Older students are important to a college counseling center because they may be reentering higher education. Adjustment to the student role may be an issue.

Another challenge for college counseling centers in demonstrating their level of accountability and institutional worth is to demonstrate that their services contribute to student retention (Sharkin, 2004). In addition, Stone and Archer (1990) listed some challenges for university counseling centers. They reported that centers will face the challenge of unstable social and financial environments.

Relevance of Evaluating Counseling Center Services

Evaluation of student affairs services may take place for many reasons, such as reducing or eliminating "nonessential" services. Many may believe that providing mental health services to a student should be the student's responsibility and they should seek help off campus. After all, the university is an educational institution, not a rehabilitation facility. Upcraft and Schuh (1996) stated that "assessment is a very complex process of which the selection and use of an instrument may be only a part or no part at all" One key element in evaluating services is that

practitioners are constantly being asked to provide accountability and documentation that the services they provide are cost effective (Whitson, 1996).

Because of all of the roles the counseling center has provided, its evaluation has always been an important element of its function. Generally speaking, assessment has become a growing and necessary part of higher education since the 1970s (Upcraft & Schuh, 1996). More specifically, however, college counseling centers are under increasing scrutiny to conduct evaluation, assessment, and research activities (Cooper & Archer, 2002). There are many reasons counseling centers need to evaluate services provided to students. Four main reasons for evaluation are the following: (a) to improve the programs and services within the center; (b) to provide better accountability to administration in keeping with the mission of the university; (c) to maintain standards as required by the accrediting body for counseling centers (International Association of Counseling Services, IACS); and (d) to provide support that the counseling center contributes to retention (Boyd et al., 2003).

There is value for counseling centers to conduct research related to expanding the knowledge of the nature of the students at that particular institution (Boyd et al., 1994). Improvement of services is one of the goals of evaluation. Nafziger et al. (1999) used the College Adjustment Scales to measure outcomes of short-term counseling and whether or not symptoms decreased after six sessions. One of the limitations of their study was that the counseling center used was not diverse, so the authors suggested that a more diverse counseling center be used.

Along with pressure to show accountability, some college counseling centers may have lost financial support, which results in limiting the number of sessions and charging students for sessions (Nafziger et al., 1999). Evaluating services offered at counseling centers could have an effect on how counseling centers position themselves to deal with increasing demands. In a

survey of counseling center directors, 85% believed that administrators were aware of the problems associated with the increased demand for counseling services and the complexity of student problems (Bishop, 2006; Gallagher, 2008). By evaluating counseling center services, directors may be able to persuade administrators to obtain enough resources to do their work. The potential investment in evaluating services is important. If administrators understand the impact that services have on prospective and current students, then support for those services is greater. The emphasis should not be portrayed as only affecting counseling center staff but also how centers operate efficiently, staff morale, and avoiding burnout (Bishop, 2006).

The third reason for evaluation is attention to applied and theoretical evaluation and research, which is directly in the International Association of Counseling Service (IACS) accreditation standards (Cooper & Archer, 2002). There are five areas in the guidelines, and two of them are directly related to evaluation: (a) ethical practice of evaluation and research in college counseling center contexts; (b) evaluations of program effects or of student characteristics; (c) regular review of counseling services based on intra-institutional evaluation and inter-institutional comparison; (d) collaborative projects with faculty and students; and (e) foundational contributions to college mental health (IACS, 2010). Direct services such as individual counseling should meet the criteria of "regular evaluation of the effectiveness of the services" (Boyd et al., 2003, p. 169).

To provide support that the counseling center contributes to retention is the fourth reason for evaluation. Administrators need to understand that the type of on-campus care that is provided to students can affect the academic performance and retention of such students (Bishop, 2006). Van Brunt (2008) reviewed three key findings and explored ways counseling centers should approach retention issues: (a) students with social and emotional problems are at risk for

dropping out, (b) students in counseling have a higher retention rate than those who are not, and (c) counseling helps students address their difficulties and remain in school. He suggested that simple additions to a counseling center's current outcome survey are a good way to further explore the relationship between counseling and retention. Are you considering dropping out of school? is an example. This information could be used to highlight the importance of counseling services for college students.

Other entities on campus such as offices that focus on retention, risk management, and recruitment also benefit from a well-performing counseling center (Bishop, 2006). The kind of care a student receives on campus affects whether or not he or she chooses to stay. It would be imperative for recruiters to focus on parents and educating them about mental health services on campus. This is particularly true because more students are coming to college already prescribed psychotropic medications. Turner and Berry (2000) found that students who received mental health counseling were more likely to remain in school than the general student population. In order to evaluate services, researchers should keep current data about students who receive services and have also remained at that institution. Many counseling centers often neglect to demonstrate to administrators the effectiveness of their counseling services.

As mentioned in the introduction, the shootings at Virginia Tech have played a major role in the relevance of evaluating college counseling centers. The rampage was investigated by several entities: the State of Virginia, the state police, and Virginia Tech University (Shuchman, 2007). The investigation by the State of Virginia's Office of the Inspector General was published, and the Cook Counseling Center at the institution was exposed as having major flaws in the system (Stewart, 2009). One such "flaw" was that the shooter, Seung-Hui Cho's records were located in the former counseling center director's home (Sluss & Moxley, 2009). This

tragedy forced college counseling centers to change the way in which they were treating students by promoting more outreach with students, requiring suicidal students to be seen for at least a four-session mental health evaluation, and allowing counseling center staff to teach those who are most likely to interact with students how to recognize suicidal ideation (Shuchman, 2007).

Research Needs in College Counseling

There are several implications in examining the research needs in college counseling. In 2005, Sharkin and Coulter argued that there has been no empirical support for client severity and thus concluded that this is an area that needs continuing attention. Contrarily, in 2003, Benton et al. (2003) conducted a study that found that students who are seen in college counseling centers today are frequently having more complex problems, such as difficulties in relationships and developmental issues, along with more severe problems such as anxiety, depression, suicidal ideation, and personality disorders (Benton et al., 2003). Some centers are now using a multidimensional, psychometric instrument designed to assess mental health in college students called the CCAPS (Counseling Center Assessment of Psychological Symptoms). The CCAPS-62 has eight subscales (Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Family Distress, Hostility, and Substance Use) and is typically used for initial assessments or an intake/termination comparison (Center for the Study of College Mental Health, 2009). The CCAPS family of instruments is managed by the Center for the Study of Collegiate Mental Health (CSCMH).

Traditionally, many counseling and mental health agencies have used client questionnaires as a primary source for evaluation of services. Research is needed to determine how this kind of patient satisfaction survey might most effectively be designed in college counseling centers (Cooper & Archer, 2002). Cooper and Archer suggested that counseling

centers should look at "behavior anchored surveys" (i.e., what progress has been made on a specific problem), and better guidelines should be developed for the timing of these surveys (p. 57).

Examining the trends in client problems is another area of focus for more research in college counseling. This can be useful in counseling center program planning. Critical is the need for more accurate diagnosis and intake assessment so that therapists can provide the most effective resources, whether it be referral for psychiatric evaluation or initiating hospitalization when necessary (Sharkin & Coulter, 2005). Many centers have been encouraged to make the shift from a more holistic, developmental, and preventative model to a more clinical and crisis-oriented one (Kitzrow, 2003).

There is also a need for more research in the area of legal consultation and risk management. Several institutions have been involved in lawsuits related to negligence (Kitzrow, 2003). Chisolm (1998) accused counseling centers of having staff that are inadequately trained, and have poor skills in diagnosis, treatment planning, long-term therapy and follow-up. Stone, Vespia, & Kanz (2000) countered by polling with the national survey of counseling center directors, which found that 94% of counseling center staff has a doctorate in counseling or clinical psychology and are "well educated, licensed and trained" (p. 501). Counseling centers can benefit by reviewing their current practices, policies, and procedures. Even though, it is a difficult and strenuous process, pursuing accreditation is a way to possibly avoid pitfalls and gain credibility (Boyd et al., 2003).

Finally, evaluative methods such as credentialing and outcomes assessment are needed in research in college counseling. Although it appears that overall counseling centers are providing reasonable services to students, there are some evaluative areas that need to be further developed

(Stone et al., 2000). The profession should evaluate the mental health services in higher education and encourage the review of practice standards for counseling centers (Kiracofe et al., 1994).

Scope of the Study

The campus chosen for this study is a large 4-year public institution in a comprehensive state system. This residential campus, with an enrollment of approximately 28,807 (fall 2009). In terms of student diversity, 53% are women, 12% African Americans, 2% Hispanic American, and 1% Asian American. Sixty-eight percent of students come from Alabama, and 29% come from elsewhere in the United States. Three percent are international students from approximately 72 countries. This study received IRB approval from the University of Alabama Institutional Review Board.

Clients at the University of Alabama Counseling Center were given the assessment survey during a 4-week period in the middle of the spring 2011 semester. The period of time used was chosen to accommodate the academic calendar and maximum availability of clients (Reynolds & Chris, 2008). The instrument was developed by the Buffalo State College Counseling Center staff and used at The University of Alabama Counseling Center. Thirty-nine items centered on the counseling center mission and effectiveness of services. For each statement, participants were asked to respond to a 5-point Likert scale of *agree/disagree* and *important/not important* scale (Reynolds & Chris, 2008).

Orienting Concepts for Study

The framework for this study is based on an evaluation survey given at Buffalo State College Counseling Center (BSCC) in Buffalo, New York. The structure of this study encompasses many aspects of college counseling, and the evaluation of counseling center

services is investigated. The creation of college counseling centers and development of the profession has a valued historical background that was stumbled upon after a need for college students was not being met (Hodges, 2001). Today, college counseling centers have evolved into more than vocational advising. They have become an integral part of campuses. College counseling centers have also gained credibility through accreditation standards to better meet the needs of college students. One way college counseling centers can better meet those needs is through satisfaction surveys and evaluation of services.

BSCC staff developed their own evaluation survey, based on corporate evaluation methods of having the student respond with two responses for each statement (Reynolds & Chris, 2008). This study used the same survey instrument in order to evaluate the counseling center services at The University of Alabama Counseling Center and to test the reliability of the results found in the BSCC study.

The major areas of items on the survey examine student perceptions of the services they received at the counseling center, the importance of the relationship with the counselor, the student's unique culture being valued and respected, student progress both in therapy and academically, and retention.

Clients' satisfaction with their mental services is important for several reasons. First, client satisfaction is a good predictor of clients' treatment outcomes, premature termination, acceptability of new programs, and how effective counseling interventions are for the clients' specific problems (Chao, Metcalfe, Leuck, & Petersen, 2004). Second, client satisfaction data provide multiple-sided information to different professionals (i.e., counselors, administrators, coordinators, and receptionists) on clients' degrees of acceptance of psychological interventions

and administrative procedures (Chao et al., 2004). These data also provide information for assessments of quality assurance in counseling centers.

Some researchers have suggested that client satisfaction surveys be included in evaluations of clinical programs and practices (Heppner, Cooper, Mulholland, & Wei, 2001). Although, survey evaluations are important, clients begin to form an opinion when calling for an appointment and walking into the center itself. Pascoe (1983) suggested adopting a broad definition of client satisfaction. He emphasized that it is important to know how "the receptor reacts to context, process, and result of his or her service experience" (p. 189). Context refers to administrative aspects of the center that are relevant to how clients receive therapy.

Eklund and Hansson (2001) found that the overall atmosphere of mental health settings, including order and organization, is significantly relevant to clients' satisfaction and therapy. Receptionists often deal with upset, disturbed clients (Archer & Cooper, 1998). Client satisfaction not only includes therapy but also how clients view the system, procedures, and the environment surrounding them.

In this study, client perception was solicited with regard to satisfaction of services and how important those services were to them. The research questions for this study reflect the population of clients who attend counseling at the University of Alabama counseling center. The survey demographics, which include gender and year in school, were chosen to identify a relationship between that demographic and variables from the survey items such as relationship with the counselor, nonjudgmental view of the client for their unique culture, and progress toward meeting their academic and therapy goals.

In this study, these null hypotheses will be proposed. First, there will be a relationship between satisfaction and importance of counseling center services. Second, there will not be a

gender difference in how clients' perceive importance of his/her relationship with the counselor. Third, there will not be a year in school difference between how clients perceive importance of relationship with the counselor. Fourth, there will not be a gender difference between how clients perceive satisfaction of feeling not judged. Fifth, there will not be a year in school difference between how clients perceive satisfaction of feeling not judged. Sixth, there will not be a relationship between academic and therapy goals and the importance of this to the client. Lastly, there will not be a year in school difference between how clients perceive importance of coming to the counseling center helping them to stay in school.

Limitations

There were several limitations to this study that should be discussed. First, this study may not be generalized to other counseling centers. Factors such as enrollment size, size of counseling staff, and mission of counseling center may exclude the use of the study in considering links of the results of this study to other centers. Second, there was no evaluation of those students who did not complete the survey or their opinion about receiving counseling center services. Third, this study uses a self-report survey, and the results may have been influenced by the students' willingness and comfort level to disclose certain attitudes, concerns, or behaviors (Reynolds & Chris, 2008). Lastly, the survey instrument was not revised for The University of Alabama Counseling Center specifically, so it was measuring more general trends in counseling center use and success rather than using a more context-specific approach.

Another limitation of this study is that some students are mandated to attend counseling at the counseling center. Those students' perceptions and expectations of counseling may be negative based on the fact that they are being required to come to counseling. For instance, most mandated students are referred by either Judicial Affairs or Tuscaloosa County court. The

percentage of students mandated is small but mainly because UA department of Judicial Affairs has begun its own intervention classes to help these students. As opposed to students who want to be in counseling.

Delimitations of the Study

This study was taken from a case study by Reynolds and Chris' (2008) study at Buffalo College Counseling Center for the 2005-2006 year, and the current study reflects these possible limitations:

- The study is confined to college clients at The University of Alabama
 Counseling Center in Tuscaloosa, Alabama.
- 2. This study and the former study by Reynolds and Chris may limit generalizations to other populations and counseling centers.
- 3. The sample is predominantly college-aged students ranging from 18-25 years of age.

One of the reasons The University of Alabama was chosen for this study is because of the high volume of students seen at the counseling center, and a sample would be less difficult to attain. The University of Alabama Counseling Center currently uses a Counseling Center Outcome Survey (Appendix D) in which students are asked to disclose their classes, grades, number of sessions, and counselor. Students are asked to complete 14 questions about their experience at the counseling center. The current study was more specific in asking students about the services, and there would be two answers for each question. This is more time consuming for the student but would give the center and institution a more thorough look at such services and needs. The Buffalo State College Counseling Center survey can be applied at the University of

Alabama because "gathering information on students' perception of their awareness, knowledge, and behavior after a counseling intervention may help staff gain a better understanding of what students have learned and how they have been affected by the counseling process" (Reynolds & Chris, 2008, p. 376).

Findings

This study began in April 2011, with a sample from clients being seen at The University of Alabama counseling center. The counseling center is located in a free standing building near the border of the campus. There is signage to identify the counseling center, and clients are asked to swipe their student identification card (Action card) in order to gain access to the center.

Students were handed an outcome survey by one of the two office staff members. The first page of the survey was an informed consent form introducing the researcher, explaining the study, and giving parameters for agreeing or not agreeing to take the survey. Quantitative data were obtained from registered undergraduate and graduate students who were counseling center clients. Data was collected for 4 weeks in March and April 2011 in order to obtain the sample. The purpose of this study was to evaluate student perception of counseling center services at The University of Alabama counseling center.

Results

There was a significant relationship between satisfaction and importance of counseling center services. Students who thought services were important were also satisfied with services and vice versa. More specifically, they identified belief that my counselor advocates for my success at UA, as the most important item and were satisfied. They also thought feeling accepted for being me, and not feeling judged, were not as important and were not as satisfied with that service. Males and females did not differ in their perception of the importance of the relationship

with the counselor. Freshmen, sophomores, junior, seniors, and others did not differ in their perception of the importance of relationship with the counselor. There was no significant difference in males or females regarding feeling not judged for their unique culture/race.

Freshmen, sophomores, juniors, seniors, and others all showed no difference in their satisfaction of not feeling judged while at the center. Students perceived learning strategies to reduce anxiety as the most important goal and reducing use of alcohol and drugs as the least important goal.

Finally, there was no year in school difference (freshmen, sophomores, juniors, seniors, and others) in their perception that the counseling center helped them to remain at UA. Overall, the results from this study showed that students were satisfied with counseling center services and perceived services as important.

Implications for Research

Conducting a satisfaction survey must be made a priority by counseling center administration and staff or it will not happen. Gaining the support and cooperation of all counselors and support staff is essential for an effective study. Support staff gave all respondents the survey. Without input and cooperation from these individuals, the study literally could not have been completed. Cooperation involves soliciting input and reactions to the survey from all those individuals expected to use the data collected. Counseling center staff should take time to thoughtfully discuss those reactions. This is essential. Time must be scheduled to do this; otherwise day-to-day demands may interfere with thoughtful consideration of what can be learned from study results. The current study will be presented to the staff at the UA counseling center in an effort to promote discussion of service improvement and generate ideas that can contribute to better mental health for students (central to the mission of the center).

As has been mentioned many times throughout this study, there has been an increase in severity of counseling center client problems. Students with severe and persistent mental illness present unique needs and therapeutic issues to the college counseling setting (Beamish, 2005). Because of the increase in client symptoms, it has also been suggested that college counseling centers can be compared with community mental health centers. This chapter discusses some implication for college counseling to consider in an effort to manage these issues.

Truly, effective therapy requires a whole therapeutic environment, counselors, center location, center operations, and supportive staff, as the whole counseling center makes its impression on clients. Future research on client satisfaction should access clients' perceptions of the entire functioning of the system. Chao et al. (2004) suggested that the clients developed their overall impression when they stepped into the counseling center, and their satisfaction was comprised of their impressions of more than counseling itself.

It would be helpful if more college counseling centers collected data that could aid in the quest to further examine trends in problem severity over the coming years (Sharkin & Coulter, 2005). College counselors and directors must be the catalyst for change among students, faculty, and administrators (Beamish, 2005). The Outcome Questionnaire (OQ-45, Lambert et al., 1996) is used in a few college counseling centers to measure clinical diagnoses of symptom distress (Sharkin & Coulter, 2005). This would be a good tool for centers to use because it could examine trends on a national level.

Another implication of the challenges regarding increased severity of problems is to differentiate between what is found in students who seek counseling versus the experiences of college students in general (Beamish, 2005). Two studies found differing results: One study found that symptoms in students were increasing, and the other study found that symptoms were

actually decreasing (Benton et al., 2003; Furr, Westefeld, McConnell, & Jenkins, 2001). This demonstrates how research findings can be different depending on who is being studied, students in general or those who sought counseling.

The next implication that should be addressed is how symptoms relate to expectations of counseling. Goldfarb (2002) found that depending on what the client's symptoms are, expectations about the counseling experience may be affected. She focused more on hopelessness than depression. Her original hypothesis was that depression would be more of a factor in expectations for counseling but the results showed that hopelessness was more related to expectations. Because hopelessness relates to expectations, counselors should assess a client's level early in treatment.

Future research might also compare student clients' academic standing before counseling and after completing counseling services. Information on whether counseling benefits academic achievement will have a significant impact on college counseling centers and strengthen their mission and purpose on college campuses.

Finally, the implication that college counseling centers are appearing more like community mental health centers should be acknowledged. James Banning first looked at this concept and its ramifications back in 1971 when he posed the questions of "should college counseling centers operate under a community mental health model?" (Banning, 1971). The center has evolved throughout the years into more of a valued entity on campus either because clients' problems have become more severe or the fact that mental health knowledge has also increased.

David Rudd (2004) suggested that the observed trend reflects the changes in student population and not the development of more severe problems. There not only has been an

increase in the number of 18- to 24-year-olds enrolling in colleges, but also an increase in those students from disadvantaged backgrounds (i.e., lower socioeconomic status and single-parent homes; Gunn, Frederick, Greer, & Thomas, 2005). Consequently, there will be more demand on staff, more need for training, and more need for resource allocation, with such changes. If they are not already in place, counseling centers will need to develop clear-cut policies on how to deal with emergencies and crises. One researcher also suggested that administrators work closely with inpatient facilities even to the point of entertaining joint contracts (Rudd, 2004). Another suggestion would be to have a risk management officer on staff at the counseling center. If this thought is considered, then university counseling centers really would be closer to resembling a community clinic. Since counseling centers deal with crisis on an everyday basis, a risk management officer could address issues immediately with regards to issues such as confidentiality. The current study found that students felt satisfied with how confidentiality was presented to them, and they also perceived it as important, but confidentiality is core to services and sometimes staff needs to consult with counsel in an urgent situation.

This study evaluated services of a counseling center and how important those services were and how satisfied students were with the services, but as problems with students become more severe, as research suggests, staff will become more pressed to alter services. This will affect future evaluation and may result in poorer results than were found in this study. Overall, students at the University of Alabama Counseling Center were satisfied with services and thought services were also important. It could be argued that in future evaluation, students will become unsatisfied with services if policies are not in place to prepare for factors such as increased enrollment.

Conclusion

In order to remain competitive, colleges need to measure and address service expectations of students (Canale, Dunlap, Britt, & Donahue, 1996). For recruitment and retention purposes, such information can provide insight into serving students better and producing student satisfaction of services (Anastasia, Tremblay, Makela, & Drennen, 1999).

As mentioned in the introduction, a significant contributor to counselors' disinterest in evaluation involves the lack of practical program evaluation models available to them for this purpose (Astramovich & Coker, 2007). Therefore, the development of new, counselor-specific models that clearly conceptualize program evaluation and accountability may provide the necessary motivation to establish program evaluation as a standard of practice in counseling.

This study used an already developed survey created at a smaller institution to evaluate counseling services provided to students. The intent of this study was to explore placing the student at the center of the evaluating counseling services in order to improve the effectiveness of those services. This study offers a comprehensive look at the relationship between student satisfaction with and importance of the center's services, as well as builds on the research by Banning (1971) and others. This research found evidence that student were very satisfied with counseling center services and found those services to be important. Although, this is good news for the University of Alabama counseling center, the opportunity to continue building program evaluation in providing services should still be considered.

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