Overview of Area

The position of Assistant Director for Evaluation and Research is new and started on July 01, 2011. The position was created in response to an increased need to track outcomes at the UCS. The UCS goal of conducting regular outcome evaluations responds to the professional expectation for psychologists to work as scientist-practitioners with empirically supported interventions as well as to the learning outcomes initiative implemented through the Division of Student Life. The following are specific tasks in this area according to the Staff Manual:

1. Recommend policy for the Research area with the review and consent of the UCS director and other assistant directors.
2. Consult as requested with staff and students on matters related to design and/or implementation of research/evaluation projects at the UCS.
3. Consult with other assistant directors concerning internal evaluation of CS, Training, and Outreach.
4. Review and coordinate requests for internally proposed UCS research projects not involving use of the UCS data banks.
5. Review and coordination of external requests for research activity in the UCS.
6. Advise staff on University research review committee procedures and requirements.
7. Establish liaisons with academic programs to invite and encourage mutual research.
8. Coordinate organization and use of UCS data bank containing CS, Outreach, and Training area data.
9. Consult with CS, Outreach, and Training assistant directors regarding:
   a. routine use of UCS data bank.
   b. research projects which use the data bank.
Additionally, the following tasks were identified for the role of Assistant Director for Evaluation and Research-UCS for 2011-2012:

1. Provide support to UCS staff regarding research and evaluation efforts, including consultation on IRB processes, research design, etc.
2. Develop mechanisms and procedures for evaluating UCS service effectiveness, consumer satisfaction, and institutional impact.
3. Coordinate and provide leadership for data management and clinical activity trend reporting.
4. Coordinate a UCS research team of UCS staff, trainees, and students.

**Specific Goals and Outcomes for 2011-2012:**

**Outcome Evaluation and Research Projects:**

Three outcome evaluation projects were conducted during 2011-2012.

1. The First-Year student study for the CS area was completed over two semesters. Results are attached in the Appendix area.

2. The Group Therapy Outcome evaluation study (CS area) that began during spring 2010 was completed during spring 2012. Results are reported in the Appendix.

3. The Client Satisfaction Survey project was completed during spring 2012 and resulted in important satisfaction data for clinicians (see CS report).

Note: Due to time constraints, the UCS Research Team did not meet regularly this year. Nevertheless, significant research collaboration with students and staff continued with several specific projects on college student mental health. Ongoing consultation was provided to a counseling psychology student for a study on the effect of mindfulness practice on college student functioning. This study was conducted in collaboration with the Department of Psychiatry at UIHC (Bev Klug). A collaborative project with one of the interns focused on help-seeking and allied behaviors in students with and without eating disordered behaviors.
Administrative Projects:

1. Collaboration is ongoing with UCS staff, UI staff, and staff elsewhere on outcome evaluation projects and methods. Connections were made with the Director of Assessment and Strategic Initiatives in the Division of Student Life as well as with staff members at Health Iowa to inquire about processes and use of resources. In addition, the Assistant Director for Evaluation and Research-UCS is a member of the Outreach Evaluation work group for the Association for University and College Counseling Center Outreach (AUCCCO). Bi-monthly conference calls connect professional staff nationally with the goal of developing a large-scale outreach evaluation effort.

2. A plan and strategies for an Outreach Area evaluation project for fall 2012 were developed (see Goals for 2012-2013 below).

3. A SIP Fund proposal was developed for new technology for UCS data collection. This proposal was funded by the Division of Student Life and will allow for the purchase of two laptop computers for outcome evaluation purposes at the UCS. Technology and research consultation was obtained through the UI ITS Research Consultant and initial setup of the computer resources was arranged with ITS Enterprise Client Management (ECM) on a no-cost basis.

4. A new intern summer seminar was developed with the focus on Outcome Evaluation, specifically, outreach evaluation this year. This intern seminar is based on literature on outcome evaluation and involves interns in developing an outcome evaluation project for the agency (Training area).

5. Consultation about research projects involving the UCS data bank was done for several external projects.

6. A UCS ad-hoc staff team has developed to look at outcome evaluation projects. Membership on that team is likely dependent on the area in which the study will be conducted (CS, Outreach, Training).
7. A preliminary mission statement for the UCS evaluation and research is being developed.

**Goals for 2012-2013**

The following are continued or new goals for 2012-2013:

1. Roll-out of the evaluation project for the Outreach Area
   This involves continued development, vetting, and piloting of a learning outcome evaluation measure designed to reflect the UCS outreach mission and to be generalizable across a variety of outreach presentations.

2. Continued building of infrastructure for the evaluation and research area, including gaining computer, digital, statistical, and support resources to allow this area to function well.

3. Collaboration with assistant directors about future outcome evaluation projects, especially in the training area and in the CS area.

4. Exploration of multiculturally focused research and outcome evaluation projects at the UCS.

5. Re-initiation of UCS research team

**Appendices**

**Appendix A:** Report about Process Group Outcome Evaluation Spring 2011

**Appendix B:** Report about First-Year Student Study Fall 2011
Process Group Outcome Evaluation

Spring 2011-Spring 2012

University Counseling Service

The University of Iowa

Eva Schoen, Ph.D.
Abstract

This study focused on learning outcomes for students participating in psychotherapy groups conducted at The University of Iowa Counseling Service (UCS). During spring 2011 and spring 2012, participants in eight process groups completed both pre-and post-group assessments of symptom severity and post-assessments about group cohesion and interpersonal skill development. Results indicated that group cohesion and interpersonal skill development as learning outcomes were achieved by the majority of group participants. Only family relationships improved in terms of symptom reduction. Recommended action steps for group facilitation at the UCS are included.
Overview

The University Counseling Service (UCS) provides a range of clinical and outreach services to improve mental health issues for students and to decrease the impact of psychological difficulties on student learning and success. In the clinical area, the UCS offers 1) individual and couple therapy, 2) initial mental health consultations, and 3) a group therapy program. Therapy process groups (Ogrodniczuk, 2000) are small groups of 4-8 students that are focused on interpersonal effectiveness, process interventions (such as providing and receiving feedback from peers), and exploration of personal issues. These therapy groups are a core part of our clinical service to University of Iowa students. Examples of therapy process groups at the UCS in the past and present include, but are not limited to, a Women's Therapy Group, General Therapy Groups (mixed gender), a Men's Therapy Group, an Eating Issues Group, a Bulimia Recovery Group, a Sexual Abuse Recovery Group, a Relationship Group. Therapy process groups have not yet been specifically assessed for outcome effectiveness at the UCS.

Therapy groups at counseling centers (CC) have a long tradition (Kincade & Kalodner, 2004) and have become a core part of CC services in addition to consultation, individual psychotherapy, and psychoeducational/outreach efforts. Therapy groups not only allow CCs to provide services to more students than would typically be possible with individual therapy only but also, more importantly, provide opportunities for the experience of universality of concerns, support among members, and practice opportunities for interpersonal relationship skills (Yalom & Leszcz, 2005). Given that young adulthood is typically a time of tremendous developmental opportunity and growth, therapy groups can be an effective and efficient
vehicle for interpersonal learning for college age students (Slocum Mceneaney & Gross, 2009). Process-oriented therapy groups in particular have drawn the attention of CC staff members and researchers for their reported benefits to students that ranged from assisting students with arrested psychosocial development to letting students practice their skills in a safe setting (Johnson, 2009). Though not exclusively focused on college students, a comprehensive review of the literature on group psychotherapy revealed that groups are recommended as treatments for a variety of clinical concerns, including eating disorders, depression, and interpersonal concerns (American Group Psychotherapy Association, 2011).

**Methodology**

This UCS Outcome Evaluation project described here was aimed at exploring if therapy process groups conducted at the UCS during spring 2011 and spring 2012 improved students' interpersonal skills and effectiveness, reduced their psychological concerns and psychiatric symptoms, and increased the support students perceived in their lives (Roback, 2000). During the spring 2011 semester the process groups used for this study were two General Therapy Groups (mixed gender), a Women's Therapy Group, and two Men's Therapy Groups. For spring 2012, clients in two general therapy groups and a women’s therapy group participated in this study.

The three learning outcomes for UCS process groups that were to be assessed by this study are:

1. Do students who participate in process groups at the University Counseling Service show reduced symptoms as a result of group participation for a semester?
2. Do process groups create a sense of group cohesion among participants?
3. Do students who participate in process groups at the University Counseling Service improve their interpersonal skills?
Process

All clients attending the aforementioned therapy process groups at the University Counseling Service during spring semester 2011 and spring semester 2012 were eligible to participate in this pre/post group evaluation study. Group members were invited to take a pre- and post-group survey of their group experience during that semester. During one of the first group sessions of the semester, a research team member introduced the research study and invited group members to participate. Group members were asked to complete a symptom questionnaire (CCAPS) at that time. The CCAPS is also the measure the UCS uses for all new and returning clients at their first or first follow-up appointment. Scores on this measure of psychological distress (CCAPS) were compared from the start date of group (point A) to the end of group (point B). A measure of group cohesion (GCQ) and a brief survey with three open-ended questions for short-answer responses were chosen to assess for general beneficial and hindering types of group experiences, personal motivation for returning for group sessions, and interpersonal learning. During one of the last three group sessions for the semester, group members were asked to complete the CCAPS as well as a demographic questionnaire, the group cohesion questionnaire (GC-Q), and a set of three short-answer questions for post-evaluation.

Participants

While a total of 59 students participated in this study, there were only 19 participants with matched and complete pre-post assessments. Ten of the students were male, nine were female. The mean age was 25.1 years (the group client population is sometimes a bit older than the traditional undergraduate clients served by the UCS) and more than 50% had had either individual or group therapy in the past. Ten participants were graduate students, five
were seniors, three were juniors, and one was a sophomore. There were no first-year student participants in this study, which is likely a reflection of there being very few first-year students in therapy process groups at the UCS.

Results

The first learning outcome of interest was if students participating in process groups at the University Counseling Service would show reduced symptoms as a result of group participation for a semester. Due to the low number of pre-and post-assessments available for analysis (n=19), results should be interpreted with some caution yet a notable pattern emerged. Results of a paired samples t-test assessing equality of means between pre-and post-assessment suggested that students showed an improvement in one of the CCAPS subscales, family of origin concerns. On average, the means of the CCAPS family subscale was 1.62 at pre-test and 1.43 at post-test. These differences were statistically significant: t(19)=2.1, p<0.04. The mean difference was .19. Other subscales of the CCAPS did not show any significant changes in students’ symptoms from pre- to post-test.

The second learning outcome question pertained to the experience of group cohesion by group participants. On a measure of group cohesion completed at post-assessment time, the Group Outcome Questionnaire (GQ), group participants described their group experience as positive overall. The mean score on the “engaged group” scale of the GQ was 4.8 out of a 0-6 scale, with 0 = not at all and 6 = extremely. On the subscale measuring avoidant group dynamics, the mean was 2.3, and for conflictual group interactions, the mean was .6. Thus, it appears that the process groups at the UCS during spring 2011 allowed group members to experience a high sense of group cohesion.
Finally, this study attempted to answer the question of whether or not students participating in process groups at the University Counseling Service improved their interpersonal skills. Answers to three open-ended questions were compiled and analyzed for this part of the study. Seventeen out of the nineteen participants in this study provided written feedback to questions about would they recommend this group to another student, a request for a description about a significant incident in group, and what were most and least useful experiences with their group during the semester. One hundred percent of the respondents would recommend group to other students, with responses ranging from group therapy being a good addition to individual therapy to the recommendation of group therapy for any student dealing with interpersonal concerns and interested in personal growth. Group members perceived the following as particularly helpful during their group experience: 1) knowing that other students shared similar experiences and reactions (universality); 2) trust given and received; 3) feeling supported and cared for; 4) receiving feedback from others and the group leaders; 5) accountability; 6) encouragement to open up; 7) the ability to process relationship successes and failures; 8) authentic relationships and dynamics; and 9) discussing group dynamics openly. Perceived as least helpful were 1) being the only a member of a minority group in the group; 2) disparate issues among group members; 3) difficulty going in-depth with concerns; 4) overuse of positives in feedback. Overall, positive comments about the group experience outnumbered critical or negative comments by two thirds.

Interpretation

This study resulted in several important findings about the group therapy program at the UCS. Research on the effectiveness of group therapy has shown that group therapy across
a wide variety of client concerns is more effective than no treatment (Burlingame, Fuhriman, & Mosier, 2003). It is not possible from the current study to evaluate if group psychotherapy is more effective than individual therapy. Results from the current study showed that while UCS group participation did not seem to have an effect on the level of depression, anxiety, or eating concerns for group participants, group participants did report improvements in their relationship with family members. Since exploration of and growth with relational issues are major therapeutic goals in process groups, this is an encouraging finding.

Group members evaluated groups very positively in terms of group cohesion among group participants. According to Yalom’s (1995) seminal work on group theory and practice, group cohesion is a core therapeutic factor in group therapy and includes trust in each other and a sense of togetherness and belonging. This factor, when present, allows group participants to share more openly, take risks in the group, and feel supported and accepted by others in the group. Group cohesion is a necessary component of therapy process groups and was endorsed by a majority of the UCS group participants. In turn, group members denied conflicted or avoidant dynamics in their groups. Those dynamics, when present, can significantly hinder group process and effectiveness.

An improvement in general interpersonal skills is another desired outcome for participation in therapy process groups (Johnson, 2009). Over 70% of UCS group clients reported positive effects of group participation on their interpersonal skills, such as practice receiving and providing feedback, accountability in relationships, and learning to trust others. These are skills that can be uniquely practiced in group therapy sessions yet will benefit students in their interpersonal interactions outside of group as well. While symptom reduction
(see above) might not have been achieved to the degree anticipated, the client outcomes specific to group therapy, including group cohesion and an improvement in interpersonal skills, were achieved.

Limitations

The main limitation of this study was the low number of matched pre-post assessments. While 59 students participated, only 19 had complete pre-post matched assessments. While the participant rate was sufficient for measurement purposes in the present study, a higher participant rate would boost confidence in and generalizability of the findings, especially in regard to symptom change assessed with the CCAPS. In addition, another measure to assess interpersonal learning could be added to enhance and counterbalance findings from the written statements about their group experience provided by group members this time.

Summary and Action Steps

This study, though small in scope, revealed UCS process groups are achieving two of the three learning outcomes established for them: the experience of group cohesion that facilitates student learning, and an improvement in interpersonal skills for group members. Group members perceived the groups as cohesive and very helpful. Themes of trust, sharing, support, and feedback were highlighted as therapeutically meaningful. It is less clear how helpful our therapy groups are for symptom reduction in areas other than relationship concerns.

Recommended action steps are:

1. increase the number of groups offered as they show effectiveness for student cohesion and interpersonal learning
2. continue careful selection of clients most likely to benefit from group therapy (clients with interpersonal skill deficits looking for group cohesion and support)

3. prepare future group clients with strategies to best use groups for growth and learning

4. evaluate symptom levels of clients screened into group therapy to assess if their symptom severity differs from clients who are intaken for individual therapy

5. explore more specifically what happens during the group experience for group clients who have pre-existing diagnoses, such as depression, and anxiety disorders to ascertain whether process groups are the best treatment option for these clients
References


First Year Students and Counseling

Fall 2011-Spring 2012

University Counseling Service

Eva Schoen, Ph.D.

Background

First-Year students undergo a host of changes and transitions during their first year on campus. While this can be an exciting time for students, it can also be stressful. The University Counseling Service is one of the offices in the Division of Student Life that assists students to be successful during their first and subsequent years on campus.

Purpose

This study explored which psychological difficulties first-year students reported upon entering counseling, how symptoms might have changed at the end of a counseling experience, and a possible correlation between symptom status and retention at the end of the first semester.

Learning Outcomes

The following are generalized learning outcomes for clients at the University Counseling Service who identify as first-year students.

1. Make successful adjustment to university setting and expectations
2. Reduce symptoms of anxiety and/or depression if present
3. Reduce relationship and family distress if present
4. Learn to problem solve
5. Explore identity concerns
6. Resolve stressors to increase chance of continued enrollment at the university

Method

Clients who identified as first-year students and sought services at of the University Counseling Service (UCS) during fall 2011 and spring 2012 were included in this study. Therapists at the UCS were asked to administer the Counseling Center Assessment of Psychological Symptoms survey (CCAPS) to first-year student clients at intake and sessions 3, 6, and termination. The intake CCAPS assessment is part of the UCS required assessment for all clients, the repeated measurements are optional for therapists to request. The CCAPS is an electronic instrument normed on and for college students. It consists of 62 items that are grouped into eight...
subscales: depression, generalized anxiety, social anxiety, family distress, academic distress, eating concerns, hostility, and drug and alcohol use. A reliable change index (RCI) score indicates statistically significant changes in subscale scores between administrations.

Results

A total of 261 first-year students accessed UCS services during the academic year 2011-2012. Of those students, 74.8% were offered ongoing counseling. Typically, about 50-60% of those students who are offered ongoing services persist for at least two sessions, making for a potential sample of about 90 students for this study.

The actual sample for this outcome evaluation was comprised of 36 first-year students who were seen for a minimum of three sessions and had the CCAPS instrument administered to them at intake (session 0) and at session 3. Twenty-four of these 36 clients were seen for at least six sessions and took a CCAPS at session 6 in addition to intake and session 3. There was an additional small number of students who would have been eligible to participate but due to therapist failure to initiate repeat CCAPS administration were not included in this study.

The final sample was comprised of 10 men and 25 women. Fifteen of the first-year students were 18 years old, one was 20 years old, and twenty students were 19 years old. Five students identified as multiracial, two as Asian, three as Latina, and twenty-six students as Caucasian. Thus, this is a traditional first-year student sample. Twelve of the fourteen students in this study who had received services at the UCS during fall 2011 were registered for their second semester at the UI while two participants were no longer enrolled in the University. This retention rate of 86% is roughly equal to recent retention rates for first-year students at the UI.

Mean scores for the CCAPS subscales at intake, session 3, and session 6 are reported in Table 1. CCAPS subscale scores are percentile scores, comparing the population for this study to a norm sample of approximately 20,000 college students in counseling nationally. Thus, for instance, the UCS sample had a mean depression score at intake of 53.8%, meaning that the students scored higher than 53.8% of their peers in counseling nationally. According to a paired samples t-test, there was statistically significant change between intake and session 6 for all but the eating concerns, family concerns, and drug/alcohol abuse subscales.
Table 1: Means of CCAPS subscales across time

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Intake</th>
<th>Session 3</th>
<th>Session 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>57.3</td>
<td>46.0</td>
<td>29.4</td>
</tr>
<tr>
<td>Generalized Anxiety</td>
<td>59.8</td>
<td>48.2</td>
<td>33.5</td>
</tr>
<tr>
<td>Social Anxiety</td>
<td>54.4</td>
<td>51.6</td>
<td>37.5</td>
</tr>
<tr>
<td>Academic Distress</td>
<td>47.2</td>
<td>38.9</td>
<td>21.6</td>
</tr>
<tr>
<td>Eating Concerns</td>
<td>50.1</td>
<td>46.8</td>
<td>35.1</td>
</tr>
<tr>
<td>Family Distress</td>
<td>52.0</td>
<td>50.2</td>
<td>38.5</td>
</tr>
<tr>
<td>Hostility</td>
<td>51.2</td>
<td>47.8</td>
<td>28.6</td>
</tr>
<tr>
<td>Drug/Alcohol Abuse</td>
<td>31.4</td>
<td>39.9</td>
<td>28.3</td>
</tr>
</tbody>
</table>

The shaded columns show a statistically significant change between baseline and Session 3 and Session 3 and Session 6, respectively.

Discussion

Several patterns emerged from the data. First-year students in counseling at the UCS showed reduced symptoms in four out of seven areas of concern as measured by the CCAPS. It is notable that while improvements in depression, generalized anxiety, academic distress, and hostility were statistically significant between intake and the third session in therapy, improvements were even greater in those areas between session 3 and session 6. Additionally, social anxiety, which had not shown improvement at session 3, was significantly improved by session 6. Family distress eating concerns, and alcohol/drug use concerns did not significantly change through six weeks of therapy.

One possible explanation for the overall pattern in symptom reduction is that the initial benefit of counseling was to reduce distress (as in depression, generalized anxiety, and academic distress) and that the additional change in social anxiety between sessions 3 and 6 required more time and more work on part of the client and therapist. Family distress and eating concerns are often a long-standing problem for students and not as easily addressed in individual therapy (as opposed to family systems therapy) as some of the other issues that appear more individualized. The reduction in hostility for clients could be attributable to a decrease in how defended clients are with the therapist. It takes time to develop trust in the therapist and the counseling process. In addition, many of our first-year students are referred by others and thus not initially intrinsically motivated for counseling, a fact that could contribute to some initial difficulty with trusting and engaging productively in counseling. Though not a statistically significant change, the rate for substance abuse concerns remained stable over the course of therapy, which points to the need for additive services focused on substance abuse specifically.
Summary and Recommendations

First-year students who sought clinical services at the UCS showed significant improvement in their overall distress and, more specifically, in the areas of depression, generalized anxiety, and academic concerns. While there was some initial change between intake and session 3, it is evident that further positive change took place between sessions 3 and 6. Drug and alcohol abuse remains an area of concern. The small sample size in this study as well as the lack of a control group should be considered when interpreting results.

The following are recommendations from the results of this study:

- First-year students as a group should be strongly encouraged to seek counseling for their concerns as counseling has shown to be beneficial to this population.
- First-year students who are offered ongoing counseling services should be encouraged to fully engage in the counseling process and make use of the services provided to them.
- Therapists should assess change in the different areas of a student’s functioning and work toward improvement in all areas, in addition to focusing solely on the presenting concerns.
- Drug and alcohol use and abuse by first-year students should be closely monitored in individual counseling even if the student might not appear concerned about his or her use. Motivational interviewing strategies could be used to discuss any increase in severity of drug and alcohol use as measured by repeated CCAPS administrations.