A Survey of Psychological Services Available to Two-Year Community College Students

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A SURVEY OF PSYCHOLOGICAL SERVICES
AVAILABLE TO TWO-YEAR COMMUNITY COLLEGE STUDENTS

by

Alice Hildebrandt North

A Project Report
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
Specialist in Education Degree

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Alice North
NORTH, Alice Amelia Hildebrandt
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>THE PROBLEM AND ITS BACKGROUND</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Clarification of Terms</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Apparent Inadequacy of Services</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Basic Functions</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Purpose of Project</td>
<td>4</td>
</tr>
<tr>
<td>II</td>
<td>CHARACTERISTICS OF STUDENT</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Reasons for Choosing College</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Occupational Choices</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Academic and Non-Academic Abilities</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Mental Health Problems</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Psychosomatic Problems</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Developmental Tasks</td>
<td>12</td>
</tr>
<tr>
<td>III</td>
<td>SURVEY OF PSYCHOLOGICAL SERVICES</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Introduction to Survey</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Definitions for Professional Staff</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Evaluation and Assessment</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Consultation and Counseling</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Liaison and Communication</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Research and Program Development</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Teaching and Education</td>
<td>20</td>
</tr>
<tr>
<td>CHAPTER</td>
<td>PAGE</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>III Referrals to Psychological Services</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV RESULTS OF PSYCHOLOGICAL SERVICES SURVEY</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Staffing of Psychological Services</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>The Services Offered</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Referrals and Referrants</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Evaluation of Services</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Suggested Areas for Improvement</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Participant Comments</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>V EFFECTIVENESS OF PSYCHOLOGICAL SERVICES</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>SURVEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas of Research</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Some Research Findings</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>VI RECOMMENDATIONS FOR PSYCHOLOGICAL</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>SERVICES IN THE COMMUNITY COLLEGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services in the Community College</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Socioeconomic Backgrounds</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Prevention of Emotional Stress</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Assessment of Vulnerability</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Primary Prevention</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Short-term Therapy</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Priorities of Psychological Services</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Means of Early Identification</td>
<td>57</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>VI</td>
<td>Research</td>
</tr>
<tr>
<td>VII</td>
<td>PROSPECTUS</td>
</tr>
<tr>
<td></td>
<td>TABLE I - Survey of Psychological Services</td>
</tr>
<tr>
<td></td>
<td>APPENDIX A - 1970 List of Community Colleges</td>
</tr>
<tr>
<td></td>
<td>APPENDIX B - 1970 Student Health Service Questionnaire</td>
</tr>
<tr>
<td></td>
<td>APPENDIX C - 1971 College Survey List</td>
</tr>
<tr>
<td></td>
<td>APPENDIX D - Survey of Psychological Services, 1971</td>
</tr>
<tr>
<td></td>
<td>BIBLIOGRAPHY</td>
</tr>
</tbody>
</table>
THE PROBLEM AND ITS BACKGROUND

The terms "junior" and "community" college do not theoretically apply to the same type of two-year institution. However, they are popularly used interchangeably. "Community" college has a wider connotation and includes education for the transfer, as well as for the terminal-vocational, student. It is concerned with meeting the needs of the community in general and shall be the term used in this paper. There shall be no attempt made to separate the two-year transfer institution from that institution which serves both the transfer and the terminal student.

The adequacy of psychological services available in a community college has long been questioned. National studies conducted by the American Association of Junior Colleges and the American College Testing Services indicate that student personnel functions, in general, are usually inadequate. The staffing and the facilities leave much to be desired. Most community colleges have failed to arrange for, and to make certain that, student personnel workers take advantage of the various training programs that are now available to them. The 1966 Annual Report of the American Association of Junior Colleges concludes that the programs now in existence are not organized as efficiently as is necessary to meet the many problems and needs of this age group.

-1-
Twenty-six national student personnel organizations were surveyed in 1966. Half of these have a junior college membership of less than one percent. Six of these organizations indicated no junior college membership at all. Few if any members belonged to the American Psychological Association. It is quite obvious, however, that it is only "through membership that junior college student personnel workers can learn of new ideas and developments to enhance their programs. Without membership the junior college student personnel worker is cut off from the mainstream of student personnel work in higher education and his student personnel program must necessarily be limited to his own local vision." (O'Banion, 1966)

In addition to the apparent disinterest in allied professional organizations, the education of the potential counselor is in need of a good hard look. Graduate programs are too few to supply staffing needs and are rarely oriented to community colleges. More often than not the graduate programs are a hodge-podge of courses which are not integrated around a supervised practicum in a community college setting.

A report of a recently completed two year study by the National Committee for the Appraisal and Development of Junior College Student Personnel Programs indicates that three-fourths of the junior colleges in the country have not developed student personnel programs. This study of one hundred and fifty junior colleges and six hundred junior
college student personnel workers found that counseling and guidance functions appear inadequate in more than one-half of the colleges. Furthermore, those functions designed to coordinate, evaluate, and upgrade student personnel programs are ineffective in nine out of ten institutions. (Raines 1966)

The American Association of Junior Colleges lists seven basic functions of student personnel services. These include: (1) an orientation to educational, personal, and career opportunities; (2) an appraisal of the individual's potentials and limitations; (3) consultation with students about plans, progress, and problems; (4) participation of students in activities that will supplement and enrich the classroom experience; (5) regulation to provide optimal conditions for social and academic development; (6) services enabling the student to go to college, to stay in college, and to make the transition to further education or employment; (7) organization providing for articulation, evaluation, and improvement of the student personnel services program. Only twenty-five percent of the forty-nine larger community colleges studied were performing even two-thirds of these basic functions in an adequate manner. Projecting these figures on the basis of present enrollment, it can be conservatively estimated that one-half million community college students are being deprived of adequate counseling.

(Collins 1967)
The purpose of this project is to determine what psychological services are available to a community college student. The question which must be considered in such an undertaking, is whether there is a discrepancy between what is available and what is actually needed. A survey of fifty community colleges which have indicated that they provide psychological services will ascertain what services are actually provided. Characteristics and unique problems of the community college student will be considered. A search of the literature will be made to determine whether recommended services will benefit the student through the alleviation of emotional or psychological problems which he may have.
CHARACTERISTICS OF THE COMMUNITY COLLEGE STUDENT

In 1966 more than one million students were enrolled in the eight hundred public and private two-year colleges in the United States. These colleges which provide both terminal and transfer programs are known as junior or community colleges. The steady increase in the proportion of youth in our population has swollen the ranks of those students attending a neighborhood college. It is predicted on the basis of present and projected population growth that the number of persons between the ages of fifteen and twenty-four will increase by 35% between 1965-1975. (Martin 1970)

Of greater significance than these national population and enrollment statistics are the personal characteristics which make the community college student unique. Men tend to outnumber women by two to one. 50% of the students are under twenty years of age. 20% would have real difficulty proving their majority. 14% are young adults. 16% are in the above thirty age bracket.

The community college is beginning to receive more members of the various minority groups. Fathers of over one-half of all students are high-school graduates. 30% have had some college. Mothers appear somewhat better educated than fathers. However, one-fifth of the parents have only a grade school education. Most of
the fathers work in occupations falling within the middle categories of skilled or semi-professional and small businesses.

Learning characteristics indicate the community college student has a reading pattern similar to the top 15% of the high-school graduates. Almost one-third of the community college freshmen need formal teaching in the development of reading skills. Academic aptitude is almost indistinguishable from high school seniors except that there are fewer enrolled from the lower and the upper extremities, i.e., the community college distribution has a smaller standard deviation. As a group they are markedly lower in academic potential than students who enter a four-year college or university directly from high school. Those community college graduates who transfer to senior colleges are similar to the native student at the college of transfer. (Collins 1967)

High school graduates tend to choose community colleges not on the basis of quality of education, reputation, or faculty but rather because of the comparatively low cost, the closeness to home, and the opportunity for employment while attending college. A study by D'Amico of four entering classes indicated that 70% choose a community college because it is cheaper; 43% because it is the only way they could go to college; 32% because they want to live at home; and 20% because they want to work. These figures total more than 100% because the students were permitted to give two choices. (D'Amico 1956)
Occupational choices indicate a strong desire to firmly establish rather shaky positions in the middle class. Men choose business or engineering while women elect teaching or, if in a terminal program, the secretarial sciences or sales. Three-fourths of the entering students label themselves as transfer students. Actually only one-third do transfer. Four-fifths aspire to jobs classified as semi-professional or above. The high ability students are more apt to have made an occupational choice than those of low ability. 20% of the total have no idea of their future occupation. Another 30% are uncertain. 33% of those who transfer to a senior college admit that they have changed their minds at least once in the community college.

More than one-half of the students work part-time. About one-fourth are employed at least twenty hours per week. Of those who work, two-thirds are doing it against the advise of counselors.

The motivational attitude appears one of exploration. The Omnibus Personality Inventory in which community college students were matched with similar students in a four-year college or university showed that the community college student was significantly lower in social maturity and autonomy. Community college women have a lesser intellectual disposition, less thinking introversion, less theoretical orientation, less estheticism, and less complexity. Both men and women are more conventional, less independent, and more authoritarian. (Collins 1967)
A survey by the American College Testing Program in the spring of 1967 of four thousand and nine sophomore students in 29 community colleges across the country indicated they have less academic potential and fewer non-academic high school accomplishments than a sophomore in a four-year college or university. A high proportion claim they want to transfer and yet only one-third are actually accepted in a four-year college. Only a few of these sophomores plan to seek employment. Most of them are commuters as well as part-time workers. There appears to be a real need to encourage more realistic plans for the future. (American College Testing Program, 1969).

"Knowledge about students in two-year colleges is quite sparse except in relation to their academic abilities and achievements before and after transfer to a four-year college." (Blocker, 1965). Blocker goes on to state that there are six desires which a student expects the community college to supply: (1) a visible personal identification as a college student; (2) a peer relationship and identification; (3) status and security which encourages him to seek identification in a status occupation or curriculum which is often unrealistic in terms of his abilities and achievement; (4) emancipation from home; (5) a milieu in which he can live and be treated as an adult; (6) qualification for an occupation. (ibid.).

The community college student tends to be more like than different from other college freshmen and sophomores. There are certain
emotional and psychological characteristics of this age-group which produce real problems and for which little psychological counseling is provided. Dana Farnsworth estimates that 10-15% of college students seek psychiatric help. From the experiences of the relatively few colleges and universities which have a comprehensive mental health service the following estimates of clinical problems can be made. For every 10,000 students:

1,000 will have emotional conflicts of sufficient severity to warrant professional help.
300-400 will have feelings of depression severe enough to impair efficiency.
100-200 will be apathetic and unable to organize their efforts.
20-50 will be so adversely affected by past experiences that they will be unable to control their impulses (character disorders).
15-25 will become ill enough to require treatment in a mental hospital.
5-20 will attempt suicide, 1-3 will succeed.

(Farnsworth 1967)

The Committee on the College Student of the Group for the Advancement of Psychiatry has identified the most common mental health problems of this age group as achieving a balance of dependency-independency; resolution of love-hate; sexuality; need for security, adequacy, prestige; the development of standards and a value system. This committee is agreed that 10% of the student body needs help each year because of emotional problems. These emotional problems include apathy or an inability to get going; the 'now it's too late' syndrome; isolation or separation from friends and relatives; aggression

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which may be hidden or quite overt; learning difficulties which involve faulty perceptions, faulty conceptual processes or faulty verbal symbolic manipulations; examination anxiety; and a variety of psychiatric disorders.

Byrd estimates that when a mental health clinic is available 10-20% of the college student body will use the facilities. The most serious outcome of emotional problems in this age group is suicide. Three out of four of the leading causes of death in the college age bracket are essentially psychogenic in origin. These include homicide, suicide, and accidents. The relationship between homicide and aggression is apparent. Recent studies have shown that a large proportion of accidents are the result of aggression directed against the self or others. (Schiffers 1967). A checklist-type questionnaire indicates the ten problems which students consider most important academically are: don't know how to study effectively; unable to concentrate well; wondering if I'll be successful; worrying about exams; not enough sleep; getting low grades; weak in spelling and grammar; restless over delay in starting life's work; and a vocabulary which is too limited. (Schaller 1967).

Certain very common disorders and complaints among college students arise from emotional stress of unresolved personal problems. Excessive tension is manifested by nervousness, easy fatigue, headache unrelated to colds, excessive perspiration, insomnia.
Emotionally induced hyperventilation with deep sighing respirations produces chemical changes in the blood producing dizziness, light-headedness, and tingling of hands and feet. Functional disturbances of the intestinal tract of a psychogenic nature lead to upset stomach, indigestion, gas pains, constipation, or periodic attacks of diarrhea. Acute anxiety may cause a pounding or racing heart, or tremor. There is probably not a system in the body which fails to respond with somatic symptoms to an unresolved emotional problem. (Eichenlaub 1962).

Joseph Lantagne made a study of the health interests of one thousand community college students by means of a three hundred item checklist. The five items of most interest to the students were habit-forming drugs, mental health, family health, health as a social problem, and safety. (Lantagne 1951). William Stiles found over a period of four years that two thousand one hundred twelve students were most interested in topics dealing with the recognition and treatment of afflictions of individuals. They had no apparent concern with preventative aspects.

No one seems to be completely free from some anxiety, frustration, dissatisfaction, aggression, or fear. These are inevitable and must be faced. They appear during the college years as well as during all the other periods of life. The particulars differ with the individual. Many center around a nucleus built up by improper home training,
constitutional tendencies, and an inability to adjust readily to a new environment. (Hickman 1958).

As an individual proceeds through life from birth to death there are certain "tasks" i.e. certain learnings, adjustments, achievements which he must master if he is to make adequate and normal progress. The term "developmental task" which was coined by Robert Havighurst of the University of Chicago is defined by its originator as "midway between an individual need and a societal demand. It partakes of the nature of both. Of all the periods of life the college years are the fullest of teachable moments and the emptiest of efforts to teach. This is a period of special sensitivity and unusual readiness to learn. It is the most individualistic period of life and the loneliest one, in the sense that the individual must proceed with a minimum of social attention and assistance to tackle the most important tasks of his life." (Havighurst 1952, p. 72). There are two major areas of force which interact to set these tasks. The first, which are more important in the college years, are the expectancies and pressures of society. The second are the changes which take place in the physical organism through the processes of maturation. Successful mastery of any task at the appropriate time facilitates the accomplishment of other tasks which are being worked upon simultaneously. Such success creates a readiness for succeeding tasks. Failure in dealing with a developmental task predisposes the individual to further failure.
Some of the tasks which must be successfully accomplished by the college age youth are the establishment of himself as an independent individual in an adult manner. A strong affectional bond must be built with a (possible) marriage partner. The youth must adopt an adult-patterned set of social values by learning a new peer code. He must learn to verbalize contradictions in moral codes, as well as discrepancies between principle and practice, and resolve these problems in a responsible manner. He must explore the possibilities for a future mate and acquire "desirability." An occupation must be chosen. He must prepare to accept his future role in manhood or womanhood as a responsible citizen of the larger community. He must learn appropriate outlets for sexual drives. He must achieve the level of reasoning of which he is capable and formulate a workable belief and value systems. (1959 Workbook Association for Curriculum and Supervision Development).

Late adolescence to early adulthood seems, then, to be a period of stress and storm in America, especially in the middle-class part of American society. The basic reason for this, when expressed in sociological terms, is that "this is a relatively unorganized period of life which marks the transition from an age-graded to a social-status graded society. Achieving to goals of life is not nearly so much a matter of waiting until one grows up to them as it was in the earlier years. There must be a strategy, based on an understanding of the new terrain,
which can only be gotten by scouting around and getting the lay of the land for a few years. This is what young people do, and it often takes several years to learn how to get about efficiently and to go where one wants to go in the adult society in America." (Havighurst op. cit. 73).

This then is the youth we are trying to understand. In spite of his air of independence he is often silently crying for help. A cry which is not recognized. Nor is help available in a college situation which keeps the psychological counselor so busy with paper work that he does not spot the individual in need of the very services which he should recognize and be qualified to supply.
An original study was done in 1963 to determine what health services were available to the community college student. The Directory of the American Association of Junior Colleges, 1963, was used to obtain the names of colleges which were similar to Muskegon Community College, Muskegon, Michigan. Those colleges selected had a full-time equated enrollment of fifteen hundred to two thousand students. They were public, tax-supported, two year institutions. The students were day and commuter only. There were no dormitories. Sixty community colleges, throughout the United States and Canada, met the criteria. Questionnaires were sent out and fifty-three replies were received.

In 1970 a follow-up survey was made to determine what changes were occurring in the area of health facilities in the intervening years. The sixty colleges used in the original study plus fifty-seven others with enrollment of 4,000 - 5,000, similar to Muskegon Community College, taken from the 1969 Directory of the American Association of Junior Colleges, were sent the second "Health Services Survey." Several items were added to this second questionnaire. Among these were questions concerning psychiatric counseling and psychological services. Ninety-seven colleges replies out of the total one hundred and seventeen surveyed. Fifty colleges in this ninety-seven indicated
that some type of psychiatric or psychological facilities were available to the students.

"A Survey of Psychological Services" was mailed to these fifty colleges on May 4, 1971. Four areas were chosen for analysis. The first of these concerned staffing. Information was sought regarding whether psychologist, psychiatrist, psychometrist, psychiatric social worker, or paraprofessional was employed. The numbers of each, whether full or part-time, and the highest degrees held completed the first item. Definitions are taken from The Psychiatric Dictionary, Fourth Edition (Hinsie 1970).

**Psychiatrist.** One versed in that branch of medicine which deals with the prevention, diagnosis, and treatment of mental and emotional disorders. A Psychiatrist is a physician who has had advanced training in the diagnosis and treatment of mental disorders.

**Psychologist.** One versed in psychology which is that science which deals with the mind and mental processes: consciousness, sensation, ideation, memory, etc.

**Psychometrist.** One concerned with mental testing in which various tests are administered to the subject in order to test one, several, or all of the following factors of his mental makeup: intelligence, special abilities and disabilities, manual skill, vocational aptitudes, interests, and personality characteristics.

**Others.** Those paraprofessionals who are trained to carry on some phase of the total program under the supervision of the professional personnel. Psychiatric nurses are also included in this group of others who are essential to the overall functioning of any mental health service.

Counselors, as such, were not included in this study. The primary
concern of the survey was with psychological services available. The well trained counselor has an excellent background in psychology, however, the aim was to determine if there were persons on the staff known as psychologists, psychiatrists, psychometrists, psychiatric social workers, psychiatric nurses, etc.

The second area of investigation was type of service offered. An estimation of time devoted to each of five services was requested. Items chosen for evaluation are those listed by the National Association of School Psychologists as essential and recommended activities.

**Evaluation and Assessment.** The use of formal and informal techniques in determining strengths and weaknesses of students. This would include various tests covering all phases of the personality, intellect, aptitudes, social competence, etc. Devices used would be determined by the skilled and competent professional working with the student. These techniques would aid in evaluation of four heterogeneous dependent variables: (1) intellectual, cognitive, and problem solving functioning; (2) learning, education, and vocational defects; (3) organic cerebral, and neurological dysfunctions; (4) emotional pathology and interpersonal difficulties. (Holt 1971). The skilled psychological worker who is familiar with a battery of evaluating devices can assess the individual and guide him in the development of his maximum potential. "If a student learns he can survive the academic hurdles; if he finds he can form significant social relationships; if feedback increases
his self-esteem - then he may be able to enjoy the luxury of being curious about the world, ask questions about ideas, and expand his value system." (Kennedy 1970, pp. 458).

Consultation and Counseling. These services must of necessity follow an evaluation and assessment of the student. They include individual and group guidance as well as those activities involved in conferring with parents, teachers, allied professionals, and interested persons in the community. Robert Valett defines psychological counseling as a "relationship between a fully qualified professional psychologist and a client with a given problem. The problems tend to manifest themselves in part by interfering with the student's learning and "college" performance. Through the use of professional skills the client can be helped to obtain insight into his problems and better make those decisions leading to greater self-control, adaptability, and improved learning. In psychological counseling the primary focus is on the feelings and emotional aspects involved in the learning process rather than on educational diagnosis and planning, vocational analysis, or direct test interpretation. The interpersonal relationship of the psychologist and student is the basic instrument used in the counseling process." (Valett 1963, p. 227).

Liaison and Communication. Liaison may be defined as the contact which is maintained between the various component parts of the
college, community, county, state, nation to ensure concerted action. It is the function of the psychological worker to keep in contact with all phases of mental health which may concern those persons that he is working with and for. Unless liaison is maintained there can be no coordination of services and the student as well as the psychological worker suffers. Contact cannot be maintained unless there is also communication or the interchange of thoughts, opinions, or information by speech, writing or signs. There is a language of psychology in which those psychological professionals are able to communicate. There is a need also for imparting information and making known views and information in such a manner that persons not acquainted with psychological jargon can be participants in the united and concerted effort for better mental health for all students.

Research and Program Development. A great need exists in the community college to effectively present research findings already available to those persons in positions of authority with power to implement them. In addition to being an interpreter and consumer of research the psychologist "has some obligation to carry on such research as he is able. For purposes of professional growth alone, all practicing psychologists should attempt to specify some area of particular interest to them and then accumulate data and continue study as time permits." (Valett 1963, p. 278). The college setting can be perceived as a great social laboratory necessitating continuous study. If research is to be
meaningful and of value to the college the psychologist must point out the existing needs and make some contribution toward program development designed to meet these needs. "Whatever his time limitations and responsibilities, the professional (school) psychologist cannot avoid involvement in research problems of one form or another, and some provision must be made accordingly." (Valett ibid., p. 279). Program development unless based on research is ineffective. That student personnel service which functions without research is not meeting the needs of the students.

**Teaching and Education.** The greatest and most immediate challenge presented by the psychosocial problems of youth lies in prevention through education. The role of the counseling psychologist cannot be overemphasized in the provision of learning experiences in mental health. In most instances the psychologist is not directly involved in classroom teaching. There are a few places where the psychologist serves as an instructor of courses in psychology. Usually he can be utilized more effectively as a resource person. He can also function as an inservice-instructor for teachers. Group-counseling falls within the realm of education for mental health and is one of the primary responsibilities of a college psychological service. The psychologist must be responsible for the training of the paraprofessionals who will be working under his supervision. All aspects of the promotion and maintenance of mental health fall within the responsibility
of the psychological services.

The third area surveyed was the person making the referral to the psychological services. It is to be expected that the student will most often be involved in referral of himself or a fellow classmate that he thinks needs help. Teachers spend the most time of any professional with the student. A teacher who is sensitive to the needs and behavior pattern of her students can spot trouble and refer the disturbed student to the psychological services for evaluation. A study of fifty universities who trained Ph. D. s in clinical psychology and provided counseling and psychotherapy indicate that referrals are made by self in 54% of the cases, the administration in 21%, faculty in 12%, medical sources 10%, and the advisor system 3%. These colleges ranged in size from 725 to 26,000 and saw an average of 125 students per year. (Cowen 1960). A study at the Hebrew University indicated that 29% made their own referrals, 39% were referred by the student health service, 20% by other clinic services, and 11% by a doctor outside the clinic. (Kaplan 1968). A survey of fifty-nine Ohio school districts indicated that 73% of referrals were made by the teacher. (Holt 1971). That psychological service, which is viewed by the student consumer of service as of value, will tend to have the satisfied student as its best advertisement. A service, which is conducted in a professional manner with the rights of the student taking precedence over everything else, will invite the student with problems to come in. Taber (1969), in a recently completed
study of the counseling services in junior and community colleges in Canada, which he so kindly shared with me, indicates that the major referant was the student himself. He attributes this to the fact that there are few services, besides counseling, available to the student in Canada.

Reason for referral was divided into seven main categories: Academic difficulties, class placement, emotional reactions, moral problems, family and home problems, physical problems, drugs and alcohol. Taber indicates that the student is most apt to be seen for psychiatric and personal social problems. Career plans, study habits, and financial reasons also cause the student to seek help from the counseling services. (Taber ibid.). There are no other studies which indicate why the student is referred to the psychological services. Kaplan breaks down the reasons for referral into intrapsychic 71%, physical 29%, study 22%, and interpersonal 9%. (Kaplan op. cit.).

At the last item of the survey each psychological service was asked to rate itself and offer suggested areas of improvement. A five point rating scale was used: excellent, good, fair, poor, entirely inadequate. It is realized that such a rating is subjective and may or may not be a true evaluation of the psychological services provided. A future study of student evaluation might prove enlightening.
RESULTS OF PSYCHOLOGICAL SERVICES SURVEY

Twenty-eight community colleges answered the "Psychological Services Survey" out of the fifty who were questioned. On the basis of these replies, it appears that the counselor is the person responsible, in most instances, for those psychological services which are available to the student. "Counselor" was not one of the personnel listed under staff, yet, when asked to indicate "Other" staff involved in psychological services, 69 persons were enumerated as full-time counselors and 30 as part-time. A total of 90 persons were designated as counselors involved in psychological services. Many colleges did not indicate the number so employed but said they had counselors performing these functions. The educational level of 47 of these counselors was not specified. Of those remaining, 31 had a M.A. plus, 13 had a B.A. plus, and 6 had less than a B.A. degree.

75% of the colleges had psychologists on their staff. There were 25 employed full-time and 13 had part-time employment. These 38 psychologists had varying levels of educational attainment. 10 had Ph.D. degrees, 1 an Ed.D., 16 had M.A., and 10 did not specify degree.

21% of the colleges had psychiatrists on staff. There was one full-time psychiatrist and 5 part-time. Each of the 6 was a M.D.

12% had psychometrists on their staff. There was one full-time psychometrist and 3 employed on a part-time basis. The educational
levels of these 4 were not given.

25% had social workers on staff in the psychological service. There were 4 employed full-time and 3 part-time. Four of the total had M.S.W. Three did not specify degree.

The various provisions offered in a community college psychological service were computed as percentages. "Consultation and Counseling" accounted for 46.70%. This was followed by "Evaluation and Assessment" at 30.67%. "Liaison and Communication" was next with 8.70% then "Teaching and Education" with 8.51%. The lowest percentage of services was offered in "Research and Program Development" at 5.41%.

Almost half of all referrals were student initiated (46.43%). This area of referral accounted for almost three times as many referrals as the next one which was "Academic Counselors" at 16.41%.

"Personal Counselor" followed with 13.50%. Teachers made 13.18% of all referrals. The lowest percentage of persons making referrals was the dean at 1.74%. Several community colleges added others to the above. These included "Nurse" accounting for 5.80% of referrals, "Health Service" made 2.48%, and "Parents" were indicated as responsible for 0.41% of referrals.

"Academic Difficulties" at 33.21% and "Emotional Reactions" at 34.83% made up more than two-thirds of all reasons given for referrals. "Family and Home Problems" (8.84%) and "Class Placement" (8.57%)
were about equal in accounting for one-twelfth of the referrals apiece. "Moral Problems" accounted for 5.14% of referrals followed by "Physical Problems" at 3.25%, "Drugs and Alcohol" made up 2.34%. Other referrals added to the list by colleges included "Identity Problems" at 2.70% and "Marital Problems" at 1.08%.

An evaluation of services offered reveals that twelve of the community colleges responded by rating their services as good. Seven considered their services excellent. Six are rated fair. One is considered poor. One is evaluated as entirely unsatisfactory. 26.92% are rated excellent, 42.30% are good, 23.07% are fair, 3.84% are poor, and 3.84% are considered entirely inadequate.

Eleven institutions did not comment on areas needing improvement. Items listed for improvement can be divided into five main areas. Nine institutions indicated staffing needed to be brought into a more desirable position. Staffing recommendations included three for more personnel, four would like a part-time consulting psychiatrist, one would like a social workers, one would like a consultant for special learning difficulties. The second area seen in need of betterment was services offered. Nine colleges indicated a need for improvement in this area. Suggestions were for more psychiatric services, more facilities, additional testing of students, updating of techniques, more time for counseling students on personal matters, and opportunity for more informal relationships with the students. The third area in need of
improvement was financing. Two colleges stated that all their problems would be solved with more money. Another institution said that the student should be charged for services rendered. The fourth inadequate area was in research and education. It was suggested that the personnel needed more education as well as a more positive approach to in-service training. Research was felt to be lagging. Especially poor was that research into effectiveness of psychological counseling. The fifth area was improvement in community relations. Two colleges indicated a need for better community mental health services for the students as well as additional referral sources in the community.

Some comments were made in addition to the suggested areas for improvement. "By charging a student health fee next year we hope to have a part-time free clinic for students, both physical and emotional in scope. We hope that this service will significantly enlarge our referral capacity." "All psychological services of a diagnostic or intensive therapy nature are, at the present time, supplied by community agencies. We do have qualified clinical psychologists, social workers, and psychometrists on faculty but they are employed as instructors. When deemed necessary, for matters of expediency, the psychologists have served in crises situations. Normally referral is made off campus where rates can be charged commensurate with income of family. Usually the college has borne the cost of initial diagnostic interviews with counselors sitting in on the-staffing meetings at the local mental
health clinics. Occasionally outside specialists are paid to come on campus for consultations."

"This service is offered to the college on a voluntary basis with the psychologist and psychiatric social worker coming from the county mental health clinic. As the enrollment increases it is in the future planning to offer this service on a full-time basis with a resident staff. However, budget limitations do not permit this at the present time. We offer limited service through the Student Health Services and have found it to be effective within its limited scope." "The counseling division, three doctoral level and eight masters plus level, do preliminary evaluation and then make referral to psychiatrist." "Counselors refer about twenty students to our off-campus psychiatrist per year. He conducts a session for evaluation and assessment and makes an appropriate referral. Counselors also use community agencies for direct referral. Physical problems are referred to nurse (full-time)."

"I used to keep track of my own (referrals), but the focus changes every semester as stress and strain changes for the student body. We have nineteen plus two as counselors, not any linked squarely as psychologists. Two of us have doctorates and are licensed as clinical psychologists. Almost all have child and family counseling licenses." One final comment expresses the sentiments of most of the colleges surveyed. "We feel that our services are better than most, but still leave much room for improvement!"
### SURVEY OF PSYCHOLOGICAL SERVICES

<table>
<thead>
<tr>
<th>Staff</th>
<th>Full-time</th>
<th>Part-time</th>
<th>Degree Held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist</td>
<td>1</td>
<td>5</td>
<td>M.D. 6</td>
</tr>
<tr>
<td>Psychometrist</td>
<td>1</td>
<td>3</td>
<td>Degree Not Specified 4.</td>
</tr>
<tr>
<td>Social Worker</td>
<td>4</td>
<td>3</td>
<td>M.S.W. 4, Degree Not Specified 3.</td>
</tr>
<tr>
<td>Other (Counselor)</td>
<td>69</td>
<td>30</td>
<td>M.A. 32, B.A. 13, No Degree 6.</td>
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<table>
<thead>
<tr>
<th>Services Offered</th>
<th>Approximate Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation and Assessment</td>
<td>30.67 %</td>
</tr>
<tr>
<td>Consultation and Counseling</td>
<td>46.70 %</td>
</tr>
<tr>
<td>Liaison and Communication</td>
<td>8.70 %</td>
</tr>
<tr>
<td>Research and Program Development</td>
<td>5.41 %</td>
</tr>
<tr>
<td>Teaching and Research</td>
<td>8.51 %</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>99.99%</strong></td>
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<table>
<thead>
<tr>
<th>Person Making Referral</th>
<th>Approximate Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>46.43 %</td>
</tr>
<tr>
<td>Teacher</td>
<td>13.18 %</td>
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<tr>
<td>Counselor (Academic)</td>
<td>16.41 %</td>
</tr>
<tr>
<td>Counselor (Personal)</td>
<td>13.50 %</td>
</tr>
<tr>
<td>Dean</td>
<td>1.74 %</td>
</tr>
<tr>
<td>Other (Nurse)</td>
<td>5.80 %</td>
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<tr>
<td>(Health Services)</td>
<td>2.48 %</td>
</tr>
<tr>
<td>(Parent)</td>
<td>0.41 %</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>99.97%</strong></td>
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<table>
<thead>
<tr>
<th>Reason for Referral</th>
<th>Approximate Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Difficulties</td>
<td>33.21 %</td>
</tr>
<tr>
<td>Class Placement</td>
<td>8.57 %</td>
</tr>
<tr>
<td>Emotional Reactions</td>
<td>34.83 %</td>
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<tr>
<td>Moral Problems</td>
<td>5.14 %</td>
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<tr>
<td>Family and Home Problems</td>
<td>8.84 %</td>
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<tr>
<td>Physical Problems</td>
<td>3.25 %</td>
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<tr>
<td>Drugs or Alcohol</td>
<td>2.34 %</td>
</tr>
<tr>
<td>Other (Identity, Existential) (Marital)</td>
<td>2.70 %</td>
</tr>
<tr>
<td></td>
<td>1.08 %</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>99.96%</strong></td>
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<tr>
<td>Suggested Areas of Improvement</td>
<td>Number Suggesting Improvement</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Improved Staffing</td>
<td>9</td>
</tr>
<tr>
<td>Improved Psychological Services</td>
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<tr>
<td>More Financial Support</td>
<td>3</td>
</tr>
<tr>
<td>Research into Effectiveness of Counseling</td>
<td>2</td>
</tr>
<tr>
<td>Better Community Liaison</td>
<td>2</td>
</tr>
</tbody>
</table>

**Rating of Psychological Services**
Excellent 7, Good 12, Fair 6, Poor 1, Entirely Inadequate 1.
THE EFFECTIVENESS OF PSYCHOLOGICAL SERVICES

The Thayer Conference of the American Psychological Association states one of the functions of the psychologist in the school of college is "encouraging and initiating research and helping to utilize research findings for a reevaluation of the educational programs." (Ikins 1967, p. 37). Areas of research vary as does their effectiveness. Island states "research and counseling students who have special social or emotional problems is unbalanced and scattered. Research is either scant or non-existent on counseling students with many kinds of special social and emotional problems. For example, counseling for racial and cultural disadvantage or differences and the effects of poverty or affluence receive little attention. Student non-conformity, apathy, alienation, or militancy is ignored. Sexual problems, value dilemmas and other special concerns of the student are not being investigated." However "concern with the academic achievement of students has produced a deluge of writing and research. During the last three years the topic of underachievement was the most popular special problem studied." (Island 1969, p. 240). In reviewing 39 research articles, Island found that 19 were on underachievement. "In contrast, little interest was displayed in counseling students with special educational problems involving academic attitudes, motivation, aspirational levels

-30-
and decision making." (Island ibid., p. 241). The research which has been published indicates differing degrees of success with a variety of psychological techniques. A brief summary of some of these follows.

Kramer (1968) took 60 freshmen who were in a college study skills course. They were randomly assigned to six groups (three control and three experimental). The experimental groups met one hour for six sessions. Two types of counseling used were reinforcement, in which the counselor reinforced desired behavior, and the traditional approach involving reflection, clarification, and interpretation. The reinforced group made the greatest improvement in study skills. However, the results in both of the reinforcement groups were not the same. The conclusion reached was that perhaps personality of the counselor determines to a large extent, the effectiveness of therapy. Kramer recommended more research on the dynamics involved in the interaction between counselor and student.

Brown (1965) used trained peer counselors with a large group of college freshmen. Results based on the Effective Study Test and grade point average indicated that this was an effective means of counseling. However, there were no control groups for comparison. The use of trained peers in counseling deserves further study.

Charles Telford reports a study of 4500 newly enrolled students at six participating community colleges. The students were given a battery of tests upon admission which were repeated two years later.
The California Psychological Inventory was used to measure sociability, self-control, independence, intellectual efficiency, and responsibility. Dogmatism was measured on the Rokeach Dogmatism Scale: Form E (D Scale). The Allport-Vernon-Lindsey Study of Values: 1960 Edition was used to measure aesthetic, social, political, and religious values. The conclusion reached was "many changes generally attributed to the collegiate experience by others may be no more than developmental changes underway in young persons like those who aspire to college whether or not they attend college." (Telford 1963, p. 72).

Hedquist designed a study to determine the effectiveness of two behaviorally oriented group counseling approaches in helping socially anxious and unassertive college students to modify their distressing responses to certain interpersonal situations. Three groups were used. The control group participated in teacher-led small group discussions about general topics in the area of teaching and interpersonal relationships. The second group engaged in behavior rehearsal sessions. Specific problems were discussed and clarified. Sessions consisted of role playing, direct modeling, and coaching. These new behaviors were then tried out in public. The third group were involved in social learning. They were made responsible for their own acts, had to involve themselves in action situations, and behave and respond honestly. Results indicated there was no significant difference in behavior between the students in the behavior rehearsal and the social learning
approach. Both of these approaches proved more effective than the traditional approach used in the control group. (Hedquist 1970).

Jansen conducted a study in 1969 to determine if there were significant differences between students who use, and those who do not use, the services of a counseling center. 56 males and 59 females at Stout State University were matched for age, sex, academic major, and American College Testing score. They were given the MMP1. At the end of the two year period it was found that non-counseled students fell within the range of entering freshmen at the University of Minnesota. Those who sought counseling tended to have a consistently higher MMP1. This suggests that college counselors may be involved to a greater degree with those students suffering from serious emotional difficulties than is widely assumed. The need for qualified psychological counselors—may well be urgent in many situations. (Jansen 1970).

Between 1958 and 1962 all the entering freshmen at the University of Iowa were given the MMP1. On the basis of scores obtained it was estimated which students would later require psychological counseling. The results indicated that students with a higher MMP1 were more apt to seek counseling. "It appears it might be possible to use the MMP1 to predict at time of entrance to college which students will later require psychotherapy." (Cook 1965, p. 348). The possibility of using the MMP1 to search out "vulnerable" students and initiate preventive therapy must be considered.
120 males at Stanford University, representing 61% of the freshmen with no crystallized vocational goals, were given the Strong Vocational Interest Blank for Men: Form M in 1960 and again in 1964.

There were three hypotheses. The extent of crystallization of interest varies with the extensiveness of vocational exploratory behavior. Among those students with much vocational exploratory behavior, crystallization of vocational goals was dependent upon the level of the verbal intelligence quotient. Among those students with much vocational exploratory behavior, crystallization of vocational goals varies positively with personal flexibility. The findings did not validate the hypotheses. Vocational exploratory behavior is not a determinant in the crystallization of vocational interests. (Buck 1970). There is a need for more research in the area of vocational counseling.

Stewart studied the characteristics of junior college students in occupationally oriented curricula. He found that the career choices of trade oriented students are related systematically to certain psychological variables. The implication here is a need for psychological counselors who are aware of, and understand, those significant psychological variables which are involved in the choice of a career. (Stewart 1966).

Glanz studied the use of a freshman psychology course as the basis for a student personnel program. He suggests that the psychology teacher and the psychological counselor have much in common. Both
are interested in student self-realization and increasingly realistic self direction. Both are concerned with student awareness of individual differences. Both believe that an understanding of the basic principles of human behavior are a significant factor in self-growth and self-understanding. (Glanz 1956). Several smaller colleges are experimenting with the use of teachers as counselors. The results have not yet been published.

Very few studies have been presented regarding the counseling of disadvantaged students. Thoreson (1960) used a behavioral approach in counseling one disadvantaged black youth who was not considered college material. During the first year at the community college the youth had individual weekly sessions involving selective verbal and non-verbal reinforcement and modeled role-playing. He also had weekly individual tutoring in reading and writing and a part-time job as a laboratory assistant. He was paid one dollar for each hour he attended class. At the end of the first year his grade point average was a low "B". (Island 1969). The question of need and priority of services must be raised. It appears that individual counseling and tutoring are valuable. Could these same results be attained with homogeneous group therapy at considerable saving of both time and money?

A group of students at the University of Pennsylvania Medical School set up an experimental advisory service under faculty supervision to assist troubled students who hesitated to seek psychiatric
care. Walk-in centers were located at strategic points during key hours. In the first fourteen weeks of operation 71 clients, representing 1% of the undergraduate population, were seen. Problems were depression, social maladjustment, incipient psychoses, fear of pregnancy, and suicidal attempts. Those requiring more extensive care were referred elsewhere. It was felt that utilization of scattered areas where the student could walk in freely and openly, without an appointment, might be a means of maintaining and reinforcing positive mental health. (Mechanick 1969).

The vast bulk of research on student personnel services has concerned the value of counseling with underachieving students. Results appear as varied as the locations at which the studies occur. Chestnut studied two types of underachievers. His findings appeared contradictory. One group of counseled students showed a greater improvement than the other experimental group and the control group. Gilbreath utilized this same list of 683 students who scored above the fiftieth percentile on the College Qualifying Test and had a grade point average of less than 2.00 at the end of the fall term. Letters were sent to these students inviting them to participate in counseling sessions. 96 responded to the invitation and were divided into twelve groups. Four groups were randomly selected for the no-therapy control group. The remaining eight groups were evenly divided into leader-structured and group-structured sessions. There were eight sessions of one to one
and one-half hours duration. At the end of this period there was no significant difference in grade point average. A study was then made of those students whose grades had improved by at least 0.5 points and those who did not improve. Using the Sterns Activities Index, Gilbreath found that those students who scored high on dependency needs, guardedness, emotional constriction, submission, orderliness, and deliberation were more likely to have an improvement in grade point average if placed in a counselor-structured group session. The converse was true of students at the other extreme who were independent, less orderly, more impulsive and emotional, and less submissive. This group had more favorable results in a group-structured counseling session. (Gilbreath 1967). There appears a need for greater identification of student personality factors before therapy can become effective for each individual.

Dickenson and Truax conducted a similar study of 48 underachieving college freshmen from a group of 109. These 48 indicated a willingness to participate in counseling. On the basis of motivation they were a rather homogeneous group. They met two times a week for twelve weeks. There were two hypotheses. Underachievers in group counseling would show significant improvement in grade point average over a control group. Of those receiving group counseling those with the highest level of therapeutic conditions would show the greatest improvement. A high level therapeutic milieu was characterized
as being accurate, having empathy, showing non-possessive warmth, and genuineness. 25% more of the underachievers receiving group counseling showed passing grades after three months than did the control group. In addition to the necessity for an adequate therapeutic climate, the implication was that "with adequate group counseling of even brief duration the attrition rate in college could be cut in half at relatively low cost and without lowering academic standards." (Dickenson 1966, p. 246). These findings contradict those of Haendschke's study at Marquette University with underachievers. He utilized group-structured sessions, leader-structured sessions, and a control group for a period of eighteen weeks. His findings were non-conclusive. (Haendschke 1967).

Another study conducted in 1968 at Bethany Bible College, Santa Cruz, California used 100 freshmen with a high school grade point average of 2.5 or lower. Four research groups were set up. Results seemed to suggest that those receiving counseling received somewhat better grades. The suggestion was made that it would be well to determine what actually occurs in a group counseling session. (Argue 1967). Winborn studied 135 underachieving college freshmen and a control group in 1960. The experimental group received six counseling sessions during a period of two months. Conclusions drawn were that short-term therapy tends to produce negative results. Scores on three selected scales of the California Psychological Inventory which are supposed to
measure achievement showed no significant differences between the two groups. (Winborn 1960).

LeMay and Weigel (1966) focused their counseling on study skills with high and low achieving college freshmen. At the end of the term the high ability students had a higher grade point average than either the low ability students or the control group. The low ability experimental group scored higher than the low ability control group only. It appears that even with counseling there is a limit to the degree of improvement which is likely to occur.

Marx (1959) selected 181 underachieving college freshmen at the College of Arts, University of Iowa. They were given an opportunity to participate in counseling sessions and then divided into four groups; those receiving individual counseling, those receiving group counseling, those who were contacted but did not participate and were called "contact" controls, and those who had no previous knowledge of the study or the "non-contact" controls. At the end of one semester those who received individual counseling had significantly higher grade point averages than the contacted control group. However, there was no significant difference between those who received individual counseling and the non-contact control group. Five years later Goldstein studied the records of all but three of the original 181 studied by Marx in 1959. He found that the contact-control group, that is, those who had been asked to participate and refused, had the highest percentage of
graduates, the highest percentage of persons still in college, and the
lowest percentage of academic dismissals among the four groups.
(Goldstein 1965).

1127 underachieving college freshmen were studied by Thelin
(1965). He divided the students into three groups on the basis of re-
sponse to a letter inviting participation. "NR" were those who did not
respond. "TR" were those who took the personality test and then refused
to attend the sessions. "E" were the experimental students. A control
group was chosen on the basis of similar qualifications. The results
indicated that underachievement is highly correlated with emotional
immaturity, impulsiveness, and negativism towards authority. Grade
point averages, in the spring, showed the highest gain was in the
experimental group. However, the second highest scoring was among
the group who had taken the test and then refused to participate. One
might speculate that motivation in the "TR" group was as effective as
the group counseling.

Bednar reviewed 23 studies which evaluated the effectiveness of
various counseling programs for underachieving college students. All
studies used the grade point average as the dependent variable and a
specific therapy program as the independent variable. The results
indicated that programs associated with improved academic performance
were characterized as: (1) structured rather than non-structured; (2)
lengthy rather than brief; (3) counseling aimed at the dynamics of
underachievement used in conjunction with an academic study program; (4) having warm levels of therapeutic conditions such as empathy, warmth, and genuineness; (5) appropriate to the needs of the student. (Bednar 1970).

Brewer studied the effectiveness of short-term counseling on 207 male and female students during the fall and spring terms of the academic years 1966-7 and 1967-8 at Del Mar College. These students had grade point averages of 2.00 and fell within the middle 67% when ranked according to the ACT. They were divided into three matched groups on the basis of the ACT scores. His findings show that individual short-term counseling, as used in his study, is not effective in improving academic achievement or college persistence in marginally achieving community college students. Furthermore he states that personality traits as measured by the Guildorf-Zimmerman Temperamental Survey are not effective in predicting academic achievement or college persistence in marginally achieving college students. He recommends further study. (Brewer 1970).

Another means of therapy is reported. Phoenix College used a summer counseling session in 1965 for interested entering freshmen. It was found that the dropout rate, for those students who were not counseled, was two times greater than that of those who had been counseled. Summer counseling also appeared to increase the degree of academic achievement. The need appears for more summer counseling.
programs as well as for a means of increasing the motivation of students to participate in such programs. (Garneski 1967).

Zerface (1968) studied 24 Indiana University male students who had a fear of dating and a desire to overcome this fear. Three groups were formed: an arranged-interactions group, a counseling group, and a no-treatment group. The counseling group received individual counseling in from one to five sessions. The arranged social-interactions group had dates planned for them with college girls who also wanted to improve their dating skills. A different girl was dated each week for five weeks. Conclusions drawn were that a planned social program tends to be more effective than a traditional verbal counseling method in helping students resolve fear of dating. This study may indicate a need for more supervised social contacts in college, especially for those students who are somewhat hesitant.

Another area of investigation has been the use of an instruction-oriented counseling. Garneski (1967) studied the effects of didactic and student-centered counseling on 267 volunteers. He used a control group of 33. Those counseled were divided into small groups of eight, and large groups of seventeen, over a one-week period. The student-centered groups scored higher at the end of the semester than did the didactic of control groups. The control group had three times as many dropouts as either other group. None of the groups showed significant variation in degree of vocational maturity.
"Eyseneck found in a study of research literature for 1952, 1960, and 1965 that counseling and psychotherapy have not proved more effective in producing positive behavior change in clients than no therapy at all." (Hedquist op. cit. p. 237). This leaves two alternatives to be considered. The first one, which is rather pessimistic, is that counseling and psychotherapy are ineffective and should be abandoned. The second, more positive approach, is that research tools in the past have not been sensitive enough to get a true evaluation of the efficacy of counseling.

Recognizing the complexity of the task, most researchers have shifted emphasis away from whether the counseling was effective or not and instead are trying to ascertain "what treatment, by whom is more effective for this individual with that specific problem, and under what set of circumstances." (Hedquist ibid., p. 238). The real criteria of psychological counseling must be answered in terms of whether or not the client has received help for the problem which brought him to the clinic. As a means of answering some of these questions several research projects were undertaken.

159 students at Citrus College who scored in the upper fourth on the School and College Ability Test were given a battery of tests, a questionnaire, and an individual interview. The conclusions were interesting. "Differential achievement appears to be related to other factors than aptitude when aptitude is kept constant. Predictive
instruments which emphasize achievement-oriented dimensions of personality may be used in conjunction with other self report measures in assessing influential factors related to achievement. Achievement patterns are continuing ones and are representative of the student's psychodynamic organization. Non-intellectual characteristics undergo modification and become more operant in the college environment. Grades reflect non-intellectual factors and appear to be indices of important sociable variables." (Kearney 1966, p. 395). A measurement of these variables may assist the college psychologist in spotting those students in need of help so that success can be achieved by each student.

In addition to the above study for predicting success through non-intellectual factors, research has been done to determine the characteristics of students who withdraw from college, use of high school grade point averages in predicting success, use of other predictive devices, the importance of self-concept, and mental health characteristics of successful and non-successful community college students. 144 students who withdrew from the East Contra Junior College in Concord, California during the academic year of 1953 were studied. A sample of 219 students, about one-third of the enrollment, were used for comparison. Significant differences between the dropout and the non-dropouts were found. There were more older students in the dropout group. More non-high school graduates withdrew from college.
Those who withdrew planned an initially shorter stay in the college. More persons in the withdrawal group were enrolled in clerical courses or else were undecided about vocational goals. There were no significant differences due to sex, marital status, veteran status, high school attended, socioeconomic status, academic aptitude, or grade point average. (Matson 1955). These findings indicate the possibility that the student who withdraws lacks a sense of belonging to, or identification with, the college environment. Many community college students who are unattached, either socially or vocationally, to others appear able to leave college as easily as they entered. There is need for more assistance to help the student identify and feel a sense of belonging to the college environment.

Roa studied other factors which might increase student withdrawal. The freshmen class at Waldorf Junior College were evaluated by the faculty. The evaluation was based on the presence of acute interpersonal problems of a severe nature as judged by the faculty. The ACT, the MMP1, and the Lutheran Youth Research Inventory were used in conjunction with personal judgment. 262 students were rated as having acute interpersonal problems. This included 144 men and 108 women. Of this total, 82 or 32% did not return for the sophomore year. The conclusion reached was that these evaluating devises could give correct predictions on 81% of the dropouts as well as 60% of those students with acute psychological concerns. (Roa 1965). Early identification of
"vulnerable" students appears essential if they are to be salvaged.

Kern studied two groups of students on the basis of high school records. The study consisted of 368 students in 1950 and 260 students in 1951. He concluded that the high school record is the best single indicator of probable success in college. A similar study conducted in Texas used 546 community college freshmen to investigate prediction of grades in college on the basis of the high school grade point average and a group of standardized tests. Morice (1963) concluded that the high school grade point average has considerable value in predicting grades in community college. Standardized tests are also valuable predictive instruments. The combination of the grade point average and standardized scores together does not have higher predictive value than the high school grade point average alone.

Snyder (1969) studied 800 Massachusetts Institute of Technology students during their four years of undergraduate study. 100 demographic and psychic variables were studied on each student. Of these 800 students, 209 were seen in the psychiatric clinic at least once during the four years. This represents a total of 30% of the students on campus in the senior year. Snyder concluded that there is no significant difference in scholastic aptitude between the user and the non-user of psychiatric services. Students who consult psychiatric services are more likely to come from higher socioeconomic status. A broken home tends to increase psychiatric usage. Users scored higher on the
Omnibus Personality Inventory in aestheticism, complexity, autonomy, religious liberation, and impulsive expression. Users also had a greater conscious knowledge of anxiety. (Snyder 1969).

Self-concept, mental health and personality types as they relate to college achievement have been studied. 600 Long Beach City College students were tested for self-concept in the fall of 1961. In May 1963 they were retested. Results indicated that self-concept tends to increase with an increase in grade point average. A change in curriculum lowers the self-concept. It appears that the psychological counselor must be alert to those students with vocational indecision. There is a need to explore self-concept as it relates to level of aspiration. (Fairchild 1964).

Bown (1967) sought to determine the mental health of students at the University of Texas in Austin by means of the Bown Self-Report Inventory. His hypothesis supported that of Dr. Kysar. Male students who commute have a relatively lower mental health than male residents at four year institutions. This hypothesis was not confirmed for women. There is a real need to ascertain the mental health in community college populations. The early identification of low mental health is a secondary preventive technique. Primary techniques include all activities which maintain and reinforce good mental health.

Peck made a study of personality types as they are related to mental health. He rated these types as low, middle, and high. Those students with "low" mental health had many self-centered desires.
many conflicting feelings, poor forethought, poor self-discipline, and destructive interpersonal behavior. Those with "middle" mental health were dependent social conformists. They got along "ineptly on a thin diet of human happiness and healthy pride." They have a "slow pervasive anxiety of a tolerable but uncomfortable kind." They are distinguished by a desire, as well as a courage, to keep going. Peck characterized those with "high" mental health as strongly motivated to build self-realizing lives. They had diversified and well developed personalities. Emotional feelings tended to be powerful, rich and deep. They tended to think clearly and farsightededly. They were integrated and genuinely ethical people. Others liked them and sought their company. They were able to cope with problems in a satisfactory way. (Magery 1967, p. 365).

Axmaker (1970) studied the effects of group counseling on self-concept, on the motivation to achieve, and on the proportion of dropouts among an unselected group of community college students at Southwestern Oregon Community College. 83 students selected at random were divided into an experimental and a control group. The experimental group had eight counseling sessions. 28 of the experimental group and 23 of the control group finished the study. Axmaker concluded that group counseling will result in greater improvement in self-concept for counseled than non-counseled students. Group counseling will result in greater improvement in motivation to succeed. Group counseling
will result in a smaller number of dropouts.

Hamel (1968) in studying the college counselor and his problems, concluded that the apparently relative instability of today's youth is due to the greater number of impending problems they face as compared to previous generations. Parental attitudes tend to reinforce this instability. The potential counselee is seen as having an inaccurate self-evaluation or a complete lack of it. He tends to refuse, or be unable, to open up to therapy.

Johnson in a study of Illinois Community college personnel services found an agreement among administration and personnel workers that there was a need for improvement in counseling, placement, testing, admissions, research, and orientation programs. (Johnson 1968).

Lindstrom (1970) did a national survey of personnel services. The Counselor Perception Scale was given to 616 counselors. There was a general agreement as to role. Educational background was similar. Most community college psychological counselors had no previous counseling experience prior to employment in the community college or else they were former high school counselors. Many smaller colleges did not have specialized counseling personnel. The type and size of the college in which the counselor was employed, plus his previous experience, seemed to have a relationship to his role perception.

A search of research projects reveals a lack of consistent verification that student personnel services meet the needs of community
college students. The effectiveness of such services appears hard to measure with available criteria. Little has been reported on crisis intervention. There appear to be four major trends in psychological services on a community college level. There is a striking increase in the use of group counseling. There is an increased concern for behavioral changes outside the interview and their relationship to therapy. There is an increased specificity of behaviors to be changed. There is some use of differential, as well as specific, types of therapy for various problems.

Rouche suggests four questions which might be considered in future research. "Is the group counseling too threatening participation in the direct approach? Will more group sessions over a longer period of time be more productive? Should the counseling be individual plus group, individual alone, or should other types of smaller (more intimate) groups be attempted? What of the technique of preventive drop-out counseling? Should it be (a) supportive and constructive only, (b) non-supportive and/or non-constructive (non-directive) or (c) regressive...reconstructive toward a more realistic vocation and/or college goal." (Rouche 1968, p. 33).
RECOMMENDATIONS FOR PSYCHOLOGICAL SERVICES IN THE COMMUNITY COLLEGE

Perhaps the most distinguishing characteristic of the community college is its policy of admitting students who would otherwise be economically, socially, and academically alienated from higher education. American colleges tend to lose half of their students in the first two years after matriculation. This high attrition rate with its waste of brain power, to say nothing of its cost in human well-being, suggests that our institutions of higher education are not conducive to the maximal development of students. Especially handicapped are those students who begin the race for the diploma at the lower end of the socioeconomic strata.

Psychosocial difficulties are an important factor in more than half of the dropouts and flunkouts. Preventive psychiatric measures could reduce these educational losses and cut down on future psychiatric casualties. The major portion of dropouts do not appear to be lacking academically nor are they below the more successful student in intelligence and scholastic potential. They appear unable to find a congruence between their own interests and goals and those of the college.

From the viewpoint of family and cultural background the community college student comes from two distinct segments of the community. There are those students for whom college is intended to maintain and reinforce the economic and social status of the family.
The parents are either college graduates or have had some college. They are financially able to provide the student with many benefits and enriching experiences. A student from this middle-class home must face the pressures and expectations of his family. He is in college because his parents expect him to be. He tends to question his ability, whether he belongs in college, where he is going, and why. He suffers because he cannot share with his family his fears, anxieties, and doubts. While he is not in a strange environment in the college setting, not among strangers, he worries and frets, alone, about not making good and disappointing his parents.

The second type of community college student comes from a working-class family which often has restrictive religious and ethnic traditions. This student in trying to change his occupational, economic, social, or religious status carries a special burden to college with him. He is in a strange environment, among strangers, customs and behavior are different from his own. Attending college puts a real strain on the family budget. The student's aspirations often threaten the parents and may lead to a psychological separation and isolation of parent from child. Frequently one or both parents are opposed to college. The student, because he lives at home, is expected to share in the family activities which may be completely different from those at college. He is usually dependent upon his family for financial assistance at a time when the need for independence is very strong.
This student is held in submission to his parents and must account for all his actions; where he goes, what he does, what hours he keeps, etc. He has many psychosocial problems which are reflected in his feelings of insecurity, occupational and status anxiety, concern about the present rather than the future, and a lack of certain social skills.

There is a real need to ascertain the mental health and the mental illness present in a community college population. Primary and secondary preventive techniques must be used. Primary preventive techniques include all means by which mental health is promoted. Among these are adequate orientation to the campus environment; use of films, lectures, and courses in mental health; assistance in making personal adjustment; and an abundance of extracurricular activities.

The goal of any psychological counseling program should be preventive....the prevention of emotional stress. When emotional disturbance is conceptualized as a developing process with a temporal dimension, the earlier the developing disturbance can be detected and interrupted, the less severe and lasting will be the consequences. An important approach to prevention, then, is through early identification and early intervention. There are at least three ways in which early identification can be viewed: (1) in terms of identifying those students who are especially vulnerable as soon as possible, (2) in terms of identifying emotional disturbances as they are developing, (3) in terms of identifying those features within the college environment which
contribute to emotional disturbances.

Assessment of vulnerability is an area requiring much research. The vulnerable student must be identified as soon as possible. He is susceptible to being wounded and is exposed to greater than usual penalties. A checklist of characteristics indicating vulnerability is needed. All socioeconomically disadvantaged students cannot be considered vulnerable, nor can all youth from middle-class homes be placed in this category. Obvious signs and unusual behavior are clues that a potential problem may be present. These clues are easy to spot. The hostile, overly conscientious, fearful, aggressive, rebellious, solitary, underachieving students are not hard to locate. The need is for earlier detection. Hazards in the college environment lead to emotional problems. These must be located and either removed or corrected. Identification requires the cooperative effort of all persons involved: the student, the teacher, the counselor, the psychologist, the administrator. It involves continual appraisal and evaluation based on research.

"So great and widespread are the impacts of psychosocial disorders of youth upon society, that we can no longer confine ourselves exclusively to therapy, rehabilitation, or even early detection for these conditions. Ready or not, we must give increasing emphasis to primary prevention. This rapid increase of psychological disorders is causing intense public concern and a search for new remedies and controls."
Such concern generally involves not only problems of narcotic addiction, drug abuse, alcoholism, promiscuity, illegitimacy, sexual deviation, delinquency and crime, but also the dropouts and suicides of secondary and college students. Most psychosocial disturbances are variations of acting-out behavior resulting from personality disorder, the inability to cope rationally with stresses of external environments, and the seeking for relief and escape. Clearly these behaviors are indications of underlying needs and problems. They are frequently expressions of avoidance of reality, or intolerable environments, of pressures, of boredom or purposelessness. They may, however, also be evidence of the need to be different, to be listened to, to be respected as an individual, to be involved in decision making and responsibilities...... to matter." (Estey 1967, p. 19). These may well be clues to the prevention of mental illness and the promotion of mental health. The student is somebody. He does have something to say. He needs someone to listen. Biological, intrapsychic, psychic, familial, and social factors must be considered in the prevention or amelioration of emotional distress or breakdown.

Early recognition of emotional stress can lead to short-term therapy. Students so often come to the office of a teacher, dean, counselor with an acute reaction to some recent stress. They have failed an exam, lost a boyfriend, been ostracized from the in-group of their peers, or suddenly discovered something about themselves that has
shaken the very foundations of their self-image. There is strong evidence to support the notion that the way a student views himself has a great deal to do with the way in which he perceives his environment and how he performs in it. This stress, whatever it may be, leads to much urgency. The student feels he must find some solution, some relief from an intolerable situation. Through crisis intervention: being on the spot, at the right time, and with the right support, aid can be given to the problem-solving abilities of the student himself so that he is better able to cope with the conflict and arrive at a modus operandi. If competent assistance is provided in the incipient stages, the new equilibrium thus developed may turn out considerably better than the old. The student may learn and change in a constructive way so that he has the ability to meet new and future problems in a more realistic and effective manner.

A study at the Texas Technical University, Lubbock, Texas set up a priorities of psychological services list. At the top of this list was the care of emergencies such as acute psychosis, panic, etc. Troubled students were next. Students wanting and needing supportive counseling and brief therapy were third. Other priorities included liaison or the interpretation of campus activities; modification of student attitudes through educational processes such as college papers, films, discussion groups, etc. The institution of secondary preventive programs was recommended. These included screening of students,
sensitivity training for those in contact with students, and development of criteria for referrals. A need was seen for the expansion of the clinical program to include moderate length therapy. The establishment of a research program was viewed as essential as was primary preventive activities. Clinical services should be expanded to cover families of students and faculty members. The placement of psychological services was seen as belonging with health services rather than student personnel. Adequate records should be developed and kept on all students. (Lubbock 1967).

Kysar suggests that the maladjusted or troubled student should be actively sought out. It is not adequate to wait for the student to come on his own. Methods of identifying students in distress must be provided. At the present time there are no methods which are infallible. Suggested means of early identification would include psychological screening tests, reports by faculty members and counselors, routine evaluation of all students whose grades are down. A wider use of parents in the total program is suggested. Preventive measures include carefully planned orientation of all freshmen. The use of big brothers and sisters would make the campus environment less threatening. Vocational students need more work-study programs provided to integrate business and industry with education. Social science students need more participation in community action programs which would bring them face to face with the problems of the people. "Every failure is a
missed opportunity for a greater contribution to our society." (Kysar 1970, p. 19). Key authorities in the college community must become more sensitive to the emotional problems of youth. Greater perceptiveness and ability in handling students in distress is needed.

The mental health of each segment of the college environment has a vital influence on the well being of the entire system. There must be a continual appraisal and evaluation of all aspects of the students' college experience. Research is obviously a first step. Each college is unique and must search out its own peculiar problem areas before corrections can be made. Communication lines must be strengthened. An early warning network of people who are alert to signs of developing stress must be available. This network would include parents, students, teachers, nurses, counselors, psychologists, administrators. Stress has a temporal as well as a psychological and physiological dimension. There are periods of time in college life when stress is greatest. Examination time is a time for extra vigilance.

The scope and personnel of a mental health program obviously depend on the individual college. Dr. Allan Frank of the University of Colorado states "the objectives of mental health facilities in the college must be understood in the context of the institutional aims. The college is an institution devoted to the promotion of growth and change in the student to the end that he may become a mature, effective adult, able to utilize his knowledge productively and satisfyingly in his professional,
social and personal life." (Larsen 1965, p. 87). Since the community college is dedicated to serving the needs of the community, no two colleges will be the same. There is a need to recognize and understand the variables of each college environment. The size of the college, its location, the student body, the presence of other agencies in the community providing counseling service must all be considered. Research is needed to survey the characteristics of the students and to establish the mental health needs of the college community. A description must be made of the personal and psychological environments and their interactions.

It would appear that there is a need, even in the smaller community colleges, for a person trained in psychological principles. The 1962 report of the Committee on Training Standards and Certification of Division 16 of the American Psychological Association states that "the development of competencies needed by a fully qualified (college) psychologist requires at least the education represented by a doctoral degree or three years of graduate training in a planned sequence of courses, laboratory, and supervised work experience offered by a recognized training institution." (Valett 1963, p. 281).
The community college is a unique institution which has undergone tremendous growth in the last twenty years. This growth can be partially explained on the basis of the multi-faceted role which it has assumed. It is more than a junior college, more than an interim between high school and senior college. As the name implies, it serves the community. Because a community college serves that particular area in which it is located, no two will ever be the same. Nor should they be. Emphasis may be placed on one function or another. However, "the functions of a community college are usually referred to as: Transfer Function, Occupational (or) Career Education (the former so-called Terminal Education) Function, Adult Education Function, General Education Function, Developmental Education Function, Guidance and Counseling Function, and the Community Service Function." (Greene 1971, p. 15).

In meeting these functions and satisfying the needs of the tremendously varied backgrounds which produce them, psychological services must assume a vital role in providing an environment which is conducive to optimal growth for each individual. Appropriate and effective psychological evaluation and assessment is the first step in achieving this goal. Direction and leadership are the responsibilities of the
psychological services in providing guidance and counseling for those students who need help in choosing a curriculum, planning a vocation, solving a psychological problem, resolving stress, staying in college. Remedial therapy is urgent. It is estimated that 75% of the low achieving students leave college in the first year. (Landrith 1971).

Many community colleges do not have a psychological service, nor do they have psychologists on the staff in spite of the fact that the main problems of this age group are of a personal as well as an emotional nature. In many instances it is the counselor who is expected to provide this type of assistance to the student. Because his training has prepared him to function more efficiently in guidance and counseling these are the areas that receive most attention in a community college employing counselors and not psychologists. Furthermore, this guidance and counseling tends to be largely curriculum and vocational guidance. Most problems of a psychological nature must, of necessity, be referred to community mental health clinics off campus.

Predicting future enrollment figures, as well as community college needs, is for the experts. The fact is that change will occur. The current controversy over how or whether colleges will grow results from factors which have been developing for years. Much of this controversy has been brought to a head with the release of the 1970 census figures. Population and education experts have had a field day in interpretation of this data. Equally eminent persons have disagreed. For
example, while many experts forecast a decrease in college enrollment, Dr. George Brown, Director of the Bureau of the Census predicted in January, 1971 there would be an increase in the number of college students throughout the nation of about 50% from the 7.5 million to 11.5 million between now and 1985.

Governor Milliken of Michigan has proposed that future undergraduate enrollment growth should be absorbed by the community college. The Michigan Department of Education, apparently following a plan similar to his, states that by 1985 the public community colleges could contain 60% of the undergraduates enrolled in public higher education as compared to some 45% now. Considerable changes in the college enrollment picture can be forecast depending upon which way the states go in the admission of minority groups. The public four-year colleges now enroll about 5.5% minority undergraduates. The community college handles about 1% of them. The Michigan Department of Education report notes that there are many proposals for varying the minority student enrollment goals. "A reasonable plan" for an alternative would be for both two and four-year colleges to admit as close to 11% minority students as possible in 1971 and to admit that level or more in 1972 and beyond. (Financial Requirements of Public Baccalaureate Institutions and Public Two-Year Community Colleges in Michigan, 1971).

Whatever the future enrollment of the community college will be, it is quite evident that the number of problems facing its student body

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will increase. The "open door" policy will bring in many students not equipped for college life. Lack of job opportunities will prolong education beyond high school for many. Shortage of workers in vocational and technical areas will increase. The academically educated individual will have less saleable knowledge. Increased leisure will stimulate many adults to engage in the pursuit of avocational goals or scholarly pleasures. Those in need of remedial education will swell the community college population.

According to this survey 75% of the community colleges, enrolling between four to five thousand students, have psychologists on the staff. The other 25% must, of necessity, depend on the community for those services which are on a spiral increase. Social problems are also increasing at a rate which the community college cannot handle. Only 25% of the community colleges have social workers on their staffs. The chief problems of students are emotional in nature, yet, 47% of psychological services provided at the present time are in the area of consultation and counseling. Professional persons employed by the community college must become more aware of students with problems. Very few teachers, deans, administrators refer students for psychological assistance. The student must be disturbed sufficiently to actively seek help for himself. 46% of all referrals at present are student initiated.

The area of teaching and research is almost untouched. There is a need for knowledge on ways to help the student help himself.
Research will provide a basic foundation on which plans can be devised. Drug addiction, alcoholism, moral problems, etc. indicate a need for education and program development in these areas. As indicated by this study, very few community colleges engage in research. Research must become a function of the psychologist in the college. It is only through research that knowledge can be obtained about students, their problems, and ways to solve them.

Liaison and communication within the walls of the college, as well as with the larger community surrounding it, must occur. One of the functions of the community college is community service. The college must make the community aware of its facilities and resources. Those aspects of the community which will enrich the learning experiences of the student must be sought out and utilized.

A means of supporting psychological services in the community is essential. Should the student be required to pay for his own therapy or is this part of the "package" which he receives with his tuition? Will there be a duplication of services if the student is provided psychological services which are already available in the community? Or, has the field of mental health increased to include all students, indeed all citizens?

Should the psychologist be involved in education? The question might better be how can he afford not to be? In-service education for staff, information in a form which is meaningful and attractive to both
student and public, vigilance to insure a mentally healthy environment are all functions which the psychologist must not neglect.

The future can be bright if it is planned for. The Counseling and Guidance Function of the community college must be enlarged upon. It is true that the majority of student do not have clear-cut vocational aims upon entering community colleges. They do need assistance in evaluating their long range goals and becoming familiar with their own interests, aptitudes, and abilities. The suggestion is however, that a well staffed psychological service with psychologist, psychiatrist, psychometrist, social worker can implement and supplement the work of the counseling service. Skills are spread rather thinly when the counselor is expected to serve as psychologist.
LIST OF COMMUNITY COLLEGES SIMILAR TO MUSKEGON (1970)

The colleges listed below are similar to Muskegon in size and financial support. Those starred are the ones who replies to the 1970 survey. Among these 97 replies, 50 indicated that psychological services were available and they were used for present study.

Anchorage Community College, Anchorage, Alaska*
Phoenix College, Phoenix, Arizona*
Westark Junior College, Fort Smith, Arkansas*
American River Junior College, Sacramento, California*
Chaffey College, Alta Loma, California*
College of San Mateo, San Mateo, California*
College of the Sequoias, Visalia, California*
Compton College, Compton, California*
Mt. San Antonio College, Walnut, California*
Contra Costa College, San Pablo, California*
East Los Angeles Junior College, Los Angeles, California*
El Camino College, El Camino, California*
Foothill College, Los Altos Hills, California*
Fresno City College, Fresno, California*
Fullerton Junior College, Fullerton, California*
Glendale College, Glendale, California*
Long Beach City College, Long Beach, California*
Los Angeles Harbor Junior College, Wilmington, California*
Los Angeles Valley Junior College, Van Nuys, California*
Modesto Junior College, Modesto, California*
Northrup Institute of Technology, Inglewood, California*
Laney Junior College, Oakland, California*
Riverside City College, Riverside, California*
Sacramento City College, Sacramento, California*
San Jose City College, San Jose, California*
Santa Ana College, Santa Ana, California*
Ventura College, Ventura, California*
Palm Beach Junior College, Lake Worth, Florida*
St. Petersburg Junior College, St. Petersburg, Florida*
Montgomery Community College, Rockville, Maryland*
Flint Community Junior College, Flint, Michigan*
Grand Rapids Junior College, Grand Rapids, Michigan
Highland Park College, Highland Park, Michigan*
Mesabi State College, Virginia, Minnesota
Bronx Community College, Bronx, New York*
Erie County Technical Institute, Buffalo, New York*
New York City Community College of Applied Arts and Sciences, Brooklyn, New York*
Allan Hancock College, Santa Maria, California*
Cabrillo Junior College, Aptos, California*
Cerritos College, Norwalk, California*
Diablo Valley College, Pleasant Hill, California
Henry Ford Community College, Dearborn, Michigan*
Del Mar College, Corpus Christi, Texas*
Laredo Junior College, Laredo, Texas
San Antonio College, San Antonio, Texas*
Provincial Institute of Technology and Art, Calgary, Alberta, Canada*
Ryerson Institute of Technology, Toronto, Canada*
Hartnell College, Salinas, California*
Monterey Peninsula College, Monterey, California*
Cypress Junior College, Cypress, California*
Golden West College, Huntington Beach, California*
Palomar College, San Marcos, California*
San Diego City College, San Diego, California*
Mesa Junior College, Grand Junction, Colorado*
Northeastern Junior College, Sterling, Colorado*
Daytona Beach Junior College, Daytona Beach, Florida*
Manatee Junior College, Bradenton, Florida*
Polk Junior College, Winter Haven, Florida*
Abraham Baldwin Agricultural College, Tifton, Georgia*
Middle Georgia College, Cochran, Georgia*
College of DuPage, Naperville, Illinois*
Joliet Junior College, Joliet, Illinois*
Morton College, Cicero, Illinois*
Rock Valley College, Rockford, Illinois*
Thornton Junior College, Harvey, Illinois
Triton College, River Grove, Illinois*
North Iowa Area Community College, Mason City, Iowa*
Hutchinson Community Junior College, Hutchinson, Kansas*
Worth Institute, Boston, Massachusetts
Kellogg Community College, Battle Creek, Michigan*
St. Clair County Community College, Port Huron, Michigan*
Schoolcraft College, Livonia, Michigan*
Jones County Junior College, Ellisville, Mississippi*
Florissant Valley Community College, Ferguson, Missouri*
Forest Park Community College, St. Louis, Missouri*
Meramec Community College, St. Louis, Missouri*
Penn Valley Community College, Kansas City, Missouri*
Missouri Southern College, Joplin, Missouri*

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Broome Technical Community College, Binghamton, New York*
Corning Community College, Corning, New York*
Dutchess Community College, Poughkeepsie, New York*
Fashion Institute of Technology, New York, New York*
Orange County Community College, Middletown, New York*
Rockland Community College, Suffern, New York
Staten Island Community College, New York, New York*
Westchester Community College, Valhalla, New York*
Wingate College, Wingate, North Carolina*
Lorain County Community College, Elyria, Ohio
University Community and Technical College of Akron, Akron, Ohio*
Northeastern Oklahoma A. & M. College, Miami, Oklahoma*
Harrisburg Area Community College, Harrisburg, Pennsylvania*
Odessa College, Odessa, Texas
Highline Community College, Midway, Washington*
Madison Area Technical College, Madison, Wisconsin*
Williamsport Area Community College, Williamsport, Pennsylvania*
Wharton County Junior College, Wharton, Texas*
Clark College, Vancouver, Washington*
Tacoma Community College, Tacoma, Washington*
Kilgore College, Kilgore, Texas
Northern Virginia Community College, Annandale, Virginia*
Everett Community College, Everett, Washington*
Yakima Valley College, Yakima, Washington*
Los Angeles Metropolitan College of Business, Los Angeles, California
Stockton College, Stockton, California*
Vallejo Junior College, California*
Fort Dodge Junior College, Fort Dodge, Iowa*
Bay City Junior College
Laredo Junior College, Laredo, Texas*
College of William and Mary
Augusta College, Augusta, Georgia*
Delta College, University Center, Michigan*
San Diego Mesa College, San Diego, California*
MUSKEGON COMMUNITY COLLEGE  
(Student Health Services Questionnaire)

Name of College ____________________________________  Date ______

Address ____________________________________________

(Street) (City) (State)

I. RECORDS MAINTAINED

A. Do you keep separate health records? _______yes____ no____
B. If so, where are they kept? ________________
C. Compulsory physical exam for students: _______yes____ no____
D. Yearly or every 2 years updating of health record: _______yes____ no____
E. Compulsory accident insurance: _______yes____ no____
F. Voluntary accident insurance: _______yes____ no____
G. Emergency service permits from guardian: _______yes____ no____
H. Health Insurance: _______yes____ no____

II. HEALTH-PERSONNEL

A. Registered Nurse: Hrs. Per Day 2-4 4-6 Over yes no
B. Lic. Pract. Nurse: Hrs. Per Day 2-4 4-6 Over yes no
C. Physician: Hrs. Per Day 2-4 4-6 Over yes no
Consultant Only: __________

III. FACILITIES

A. Rooms in use: 1 2 3 4 5 or more yes no
B. Restrooms in unit: yes no C. ground floor yes no
D. Opens to driveway: yes no E. Telephone yes no

IV. EQUIPMENT

A. No. of beds: _______yes____ no____
B. First Aid Supplies yes no
C. Stretcher yes no
D. Minor medications (aspirin etc.) yes no

-69-
V. OTHER SERVICES

A. Teaching health education
   Organized class ___ Informal ___
   Yes ____ No ____

B. Vision Test
   Yes ____ No ____

C. Audiometric Test
   Yes ____ No ____

D. Immunization Program
   Yes ____ No ____

E. TB detection
   Yes ____ No ____

F. Health Counseling
   Yes ____ No ____

G. Birth Control
   1. Information
      Yes ____ No ____
   2. Contraceptives, pills
      Yes ____ No ____

H. Foreign Student Health Services
   Yes ____ No ____
   If yes, please specify _________________________________

I. Psychiatric Counseling
   Yes ____ No ____

J. Psychological
   Yes ____ No ____

VI. ADDITIONAL SERVICES

________________________________________________________________________

VII. ROUGH SKETCH OF YOUR FACILITIES

Please indicate relative size and location of equipment such as doors, desks, beds, etc. What is the approximate size of your health service area _____?
COLLEGES USED IN 1971 PSYCHOLOGICAL SERVICES SURVEY

(Stars indicate responses)

Staten Island Community College, Staten Island, New York
San Diego Mesa College, San Diego, California
Missouri Southern State College, Joplin, Missouri*
Mesabi State Junior College, Virginia, Minnesota*
Fashion Institute of Technology, New York, New York
Orange County Community College, Middletown, New York
Montgomery College, Rockville, Maryland*
Harbor College, Wilmington, California*
East Los Angeles Colleges, Los Angeles, California*
Del Mar College, Corpus Christi, Texas
New York City Community College, Brooklyn, New York
Augusta College, Augusta, Georgia
Montgomery Peninsula Junior College, Monterey, California
Everett Community College, Everett, Washington
Modesto Junior College, Modesto, California*
College of the Sequoias, Visalia, California*
American River College, Sacramento, California
Hutchinson Community College, Hutchinson, Kansas*
Long Beach City College, Long Beach, California*
Delta College, University Center, Michigan
Ryerson Polytech. Institute, Toronto, Ontario*
College of San Mateo, San Mateo, California*
Bronx Community College, New York, New York*
Fullerton Junior College, Fullerton, California*
El Camino College, Torrence, California*
Clark College, Vancouver, Washington*
Foothill Junior College, Los Altos Hills, California
San Diego City College, San Diego, California
San Antonio College, San Antonio, Texas
Yakima Valley College, Yakima, Washington*
Glendale College, Glendale, California
Dutchess Community College, Poughkeepsie, New York
Northeastern Junior College, Sterling, California
Forrest Park Community College, St. Louis, Missouri*
Golden West College, Huntington Beach, California
Cypress Community College, Cypress, California*
Cerritos College, Norwalk, California

-71-
University of Akron, Akron, Ohio  
Morern College, Cicero, Illinois  
Northern Virginia Community College, Annadale, Virginia*  
St. Clair County Community College, Port Huron, Michigan*  
Hartnell College, Salinas, California*  
Mesa College, Grand Junction, Colorado*  
College of DuPage, Glen Ellyn, Illinois*  
Highline Community College, Midway, Washington  
North Iowa Area Community College, Mason City, Iowa  
Meramec Community College, Kirkwood, Missouri*  
Lorain County Community College, Elyria, Ohio  
Tacoma Community College, Tacoma, Washington  
Florissant Valley Community College, Ferguson, Missouri  

(Note: 4 returns not identified.)
### Survey of Psychological Services

<table>
<thead>
<tr>
<th>Staff</th>
<th># Full-Time</th>
<th># Part-Time</th>
<th>Degree Held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatrist</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Psychometrist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Services Offered

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Approximate % of Total Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation and Assessment</td>
<td></td>
</tr>
<tr>
<td>Consultation and Counseling</td>
<td></td>
</tr>
<tr>
<td>Liaison and Communication</td>
<td></td>
</tr>
<tr>
<td>Research and Program Development</td>
<td></td>
</tr>
<tr>
<td>Teaching and Education</td>
<td></td>
</tr>
</tbody>
</table>

### Person Making Referral

<table>
<thead>
<tr>
<th>Person Making Referral</th>
<th>Approximate % of Total Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td></td>
</tr>
<tr>
<td>Counselor (Academic)</td>
<td></td>
</tr>
<tr>
<td>Counselor (Personal)</td>
<td></td>
</tr>
<tr>
<td>Dean</td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
</tr>
</tbody>
</table>

### Reason for Referral

<table>
<thead>
<tr>
<th>Reason for Referral</th>
<th>Approximate % of Total Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Difficulties</td>
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</tr>
<tr>
<td>Class Placement</td>
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</tr>
<tr>
<td>Emotional Reactions</td>
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<tr>
<td>Moral Problems</td>
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</tr>
<tr>
<td>Family and Home Problems</td>
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</tr>
<tr>
<td>Physical Problems</td>
<td></td>
</tr>
<tr>
<td>Drugs or Alcohol</td>
<td></td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
</tr>
</tbody>
</table>

### Rating of Psychological Services

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Entirely Inadequate</th>
</tr>
</thead>
</table>

### Suggested Areas of Improvement

(Please use back of paper if necessary)
BIBLIOGRAPHY


-74-

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