The Effectiveness of College Counseling Centers in Helping Students with Psychological Disorders

by

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Abstract

College can be very demanding, and thus, leave students full of stress and anxiety. The increased stress related to college, in addition to vulnerabilities to psychological disorders, can have a major impact on a student's academic performance and their decision to continue attending college. It is imperative that colleges offer effective services that will help students cope with stress, diminish their risk of mental illness, and combat their symptoms if they have developed psychological disorders. The overarching aim of this review of the literature is to examine the strengths of college counseling centers and the ways they could be improved. This literature review focused on questions related to this aim such as: What are the services offered by most college counseling centers? How effective are college counseling centers in helping students with psychological disorders? What factors are related to satisfaction with counseling centers? How can satisfaction levels and therapy outcomes be increased?

The services offered by most college counseling centers were grouped into the categories of counseling and health services, testing and assessment, prevention and outreach, consultation and collaboration, campus involvement, and training. The effectiveness of college counseling centers can be measured through student satisfaction and therapy outcomes. In a satisfaction survey, 66% of students reported their satisfaction with counseling services. Students who received help from counseling centers had a 10% higher retention rate than the general student population. Factors that have been proven to be related to student satisfaction and therapy outcomes are institutional factors, the structure of therapy and the therapeutic approach, client and therapist characteristics, demographic match, and the relationship between client and therapist. The most highly recommended way to increase student satisfaction and therapy outcomes is to increase the number of staff. Other recommendations are to diversify staff

because African American and Hispanic/Latino(a) American students are the ones who use counseling services the least. Diversifying the staff may increase these students' usage of services. By meeting students’ needs and wants from their counseling center, satisfaction levels will increase. In this literature review, the researcher further discusses the implications, limitations, and the importance of this research. In addition, the researcher provides recommendations for future research and public policy.

Keywords: College and university counseling centers, college student mental health, counselors/therapists, counseling center services and functions, effectiveness

The Effectiveness of College Counseling Centers in Helping Students with Psychological Disorders

The college years of a person's life can be very stressful. College counseling centers, which are available at most campuses, are a place for students to seek help when college life becomes too stressful or when they are experiencing symptoms of a psychological disorder. Research has shown that more students are using counseling services than ever before (Yorgason, Linville, & Zitzman, 2008). With the increase in both service usage and psychological disorders (Brunner, Wallace, Reymann, Sellers, & McCabe, 2014; Guenther, 2011; Scofield et al., 2017; Yorgason, Linville, & Zitzman, 2008), college counseling centers are having to do more to meet the needs of students (Bruner et al., 2014; Cornish et al., 2017). Bruner and colleagues (2014) described research demonstrating that from 2001 to 2008, mental health issues among students had risen 68% in community colleges, and 90% in four-year colleges across the country. In the following three years, usage of the college counseling centers had increased by 77%. Research has shown that students who may not have had mental health issues prior to college, may begin to develop and show symptoms during college (Bruner et al., 2014). Brunner and colleagues discussed that a student's educational career is very stressful and that it is at its peak in junior year.

Furthermore, this is important because suicide is the second leading cause of death for college students, accidents being number one (Brunner et al., 2014). If you take out 50% of vehicle accidents caused by alcohol consumption, it leaves suicide as the number one cause of death among college students. Brunner and colleagues (2014) described suicide as a treatable and preventable act associated with hopelessness, depression, and other forms of emotional, behavioral, and situational risk factors.

Students who have had more education about mental health issues may be better able to identify them in themselves and others. Thus, the increased rates in mental health issues among college students may also reflect decreased stigma and increased mental health awareness. Nonetheless, it is clear that students in colleges and universities have a pressing need for effective and accessible counseling services.

One of the goals of this literature review was to explore the degree to which college counseling centers are in keeping up with the needs of students. Factors related to student satisfaction and counseling outcomes were examined with the hope that this information could be used to explore how to increase student satisfaction and diminish the symptoms of psychological disorders. The overarching aim of this review of the literature was to examine the strengths of college counseling centers and the ways they could be improved.

The literature review focused on the following questions: What is the history of college counseling centers in the USA? What institutional factors are related to student satisfaction with therapy and therapy outcome? How effective are college counseling centers in helping students with psychological disorders? What therapist characteristics are related to student satisfaction with therapy and therapy outcome? What client characteristics are related to student satisfaction with therapy and therapy outcome? How does the relationship between client and therapist affect satisfaction with therapy and outcome? How does the demographic “match” between client and therapist affect satisfaction with therapy and outcome? How can satisfaction levels be increased and therapy outcome be improved?

In accordance with the research questions stated above, this literature review first examined the history of college counseling centers. It is imperative to know the history because it will give information on how, and most importantly why, college counseling centers were

created. Keeping this in mind, the reasons college counseling centers were created, students' knowledge and usage of the counseling center has been researched. This then leads to the examination of the factors related to student satisfaction with therapy and therapy outcomes, including institutional factors, therapeutic structure/approach, client characteristics, therapist characteristics, the demographic match between client and therapist, and the relationship between client and therapist. Lastly, this review looked at ways in which satisfaction levels and therapy outcomes could be increased.

Inclusion and Exclusion Criteria

Articles for this literature review were discovered by using the SUNY Purchase database system for students (i.e. Psych-ARTICLES, PsycINFO). Articles and journals were included if the research was done in the USA and addressed topics such as college and university counseling centers, college student mental health, counseling center models, counseling center services and functions, counseling center survey, race, ethnicity, culture, psychotherapy, psychological disorders, therapeutic alliance, student outcomes, program effectiveness, therapist characteristics, demographic match, client characteristics, therapy outcome, and student satisfaction. This literature review primarily focuses on articles that were written after 2004. Studies were excluded if they: were not written in English, were conducted outside of the USA, did not address mental illness, college students, or college counseling (or counseling in general).

History of College Counseling Centers

McCarthy (2014) reviewed the history of college counseling centers in the United States post World War II. McCarthy discussed how, before counseling centers, students would talk to their professors about their educational, vocational (career), and personal problems. This led to the question of whether students' needs for support could be addressed in a more professional,

scientific way. The first mental health service offered to students was created in 1910 at Princeton University. The college mental health services at Princeton University were initiated to address the needs of students who were dropping out because of emotional and personal problems (Brunner et al., 2014). Slowly, other campuses began to offer their students mental health services. However, it was not until after WWII that counseling centers began to spread widely on to college campuses (McCarthy, 2014).

According to McCarthy (2014), the field of counseling psychology was still new and psychologists thought it was important to create new places to practice. The Servicemen's Readjustment Act of 1944, more commonly referred to as the GI Bill, also contributed to the expansion of university counseling centers. As part of the GI Bill, veterans were granted the service of counseling. During this time, servicemen were seeking higher education. Psychologists thought that besides regular counseling centers, those in higher education should have centers on campuses. The GI Bill covered tuition, living expenses, and counseling benefits of the veterans. To provide this counseling service, the Veterans Administration (VA) contracted about four hundred colleges/universities to create counseling centers on their campuses. The GI Bill help spread counseling center services to four hundred colleges/universities. Psychologists were eager to be able to extend the benefits of these new settings. This allowed psychologists to create new spaces to practice and bring together two types of counseling: educational-vocational and personal adjustment. The idea of college counseling centers was modeled after the educational-vocational counseling center developed by Edmund G. Williamson and John G. Darley, at the University of Minnesota in 1932. College counseling centers were also influenced by Carl Roger's client-centered methods of personal adjustment counseling. Combining the two methods equipped college counselors with the ability to help students with all their needs. This

was a great opportunity to open up counseling services to not just servicemen, but also to the other students. By the 1960s, 90% of colleges and universities offered counseling services to their students.

McCarthy (2014) mentions that after the VA counseling programs were established, students were not using the services as much as they could have been. Furthermore, the counseling staff was viewed as just “lower-level administrative staff” by other faculty members. Although the counseling staff held PhDs and taught some courses, they were still looked down upon and even avoided by faculty of psychology departments. It would have been beneficial if McCarthy’s article mentioned why the services were underutilized and why staff looked down upon the counseling center staff. This article also leaves open the question of whether the “demise” of counseling centers happened in all colleges (two years and four years, public and private). When did this “demise” begin and end? What could have been done differently to have avoided the “demise” of counseling centers? It also raises the question; would college counseling centers have been established and widely created on college campuses if it had not been for the GI Bill granting Veterans with the VA program post-WWII? It is recommended for there to be more research on the history of college counseling centers across the United States. This research could better show the continuous improvement of college counseling centers in helping students with psychological disorders.

Having reviewed the history of college counseling centers, we will now turn to the factors that are related to student satisfaction and therapy outcome. First, this literature review will examine the relationship of institutional factors to student satisfaction and therapy outcome.

Institutional Factors

Being that academic problems were a reason for students dropping out of colleges and the reason that these colleges began to offer counseling services, it would be of interest to examine institutional factors. Yorgason and colleagues (2008), as well as, Brunner and colleagues (2014) both examined institutional factors.

Students who have mental health issues are expected to use mental health services, but they cannot use a service that they do not know about. Yorgason and colleagues' (2008) research results showed that 30%-60% of students did not know or were unsure about campus counseling services. It was also found that usage rates are equally “low among minority, international, and male students” (Yorgason, Linville, & Zitzman, 2008, p. 174). One study of international students found that being female, having prior counseling experiences, and being emotionally open predicted the use of college counseling services.

Yorgason and colleagues (2008) created a study at a university where random college students were selected and were asked to complete an online survey that asked demographical questions. Researchers then had participants complete the Outcome Questionnaire, which assessed participants' mental health. The Outcome Questionnaire assessed symptoms and identified clinical problems. Scores on the Outcome Questionnaire can range from 0 to 180. Previous research suggests that when using this questionnaire, participants who score 63 and higher are more likely to be clinically depressed. Participants were also assessed on their knowledge of counseling services, their use of these services, and why they would or would not use them.

The researchers were able to categorize participants into three groups, (1) students who knew about and used counseling services, (2) students who had some knowledge of services but did not use them, and (3) students who did not know about services and did not use them. The

results showed that 37% of participants did not know enough about counseling services to use them. 30% of participants had never heard of the services, and 17% had used the university mental health services. The results show that many of the students who need services either know about them and do not use them or they do not know enough about the services to use them.

Furthermore, researchers found that gender identity was the strongest predictor of service use. Female students were twice as likely to use counseling services than males. Those students who identified as male were found to be twice as likely not to have used counseling services. Fewer years in college were found to contribute to the lack of knowledge of counseling services. Researchers found that no black or Hispanic/Latino students used counseling services. The top reasons that students did not use counseling services were the lack of time and the lack of knowledge of services. Though researchers found that many of those who did need mental health services did use the counseling center, there are still those who needed help but did not have enough knowledge to use the counseling center.

This study is important to the research on the effectiveness of college counseling centers in helping students. This study gives information on whether or not students who need counseling services know about the counseling center. The results of this study show that the majority of students who need mental health services know about and use them, however, there are still students who need services but do not know about them. This implies that counseling centers need to put out more information about services offered to students. The lack of knowledge correlates with the lack of usage and can be seen as a need for improvement.

In their research, Yorgason and colleagues (2008) also found that 36% of students had low confidence that counseling services could help them, and that students did not want to talk to

a stranger about their problems. This shows that some students are influenced by stigmas about the use of mental health services. In this case, it is not just the services offered that need to be advertised, but mental health education and awareness need to be promoted. Bringing awareness of mental health on college campuses perhaps can change how some students view the counseling center. Being able to change a student's negative views on mental illness and mental health services might enable the student to use the services provided.

Yorgason and colleagues (2008) could have improved their study by looking at what kind of advertisements the counseling center has put out for students. Researchers in this study only asked the student participants about how they had learned about the counseling center. Most students said they learned of the counseling center mainly through friends and other students. Some students had learned about the counseling services through the internet, new school orientation, and from the faculty. However, especially with an increase in student mental health needs, there should be an increase in accessible information about counseling services. This study shows that many students need mental health services but do not have knowledge about those services.

Yorgason and colleagues (2008) mentioned a lack of diversity in their sample; the majority of their participants were white. It is suggested for future research that more diverse samples are used. The researchers of this study also stated that Hispanics and Blacks reported no use of counseling services. A diverse sample of participants will allow for research to get a full picture of what groups of students use counseling services, what groups do not, and why these students do or do not use the services. Questions that could have been asked include: 1) why did the students not use counseling services? and 2) what would make the students want to use the counseling services? In addition, there were a lot more men than women in this study. This could

have skewed the data because research has shown that women are more likely to know about and use services than men. Given that men are less likely to use and know about services, the data may show that students know less about services than they really do. Had the study had equal amounts of both men and women, maybe fewer students would report not knowing about the services. Yorgason and colleagues used demographic information of students on gender and race, however, they did not look at age. Another limitation of the study is that the relationship between age and therapy outcome was not evaluated, nor was the impact of age on the therapeutic alliance examined. Other research done at college counseling centers has examined how age match between clients and therapists relates to therapy outcome. It would be interesting to look at how traditional college-age students feel about counseling center services versus how non-traditional age students view them.

Yorgason and colleagues looked at only one college and being that its demographics were not diverse, the findings cannot be generalized to the larger college community. Future research should look at more colleges and be sure to have a diverse sample of participants. The lack of diversity can also appear to be a major problem, being that black and Hispanic students do not use the counseling services as much as other students do. Minority students may not be using the counseling center due to stigma, lack of knowledge, and the lack of counselors that look like them. These are important factors that influence a student's decision to seek help from the counseling center. It can also affect a student's level of satisfaction and therapy outcome.

Despite the limitations, this study is important to the research on the effectiveness of college counseling centers in helping students. This study gives information on whether or not students who need counseling services know about the counseling center. The results of this study show that the majority of students who need mental health services know about and use

them, however, there are a significant number of students who need services but do not know about them. This implies that counseling centers need to put out more information about services offered to students. The lack of knowledge correlates with the lack of usage and can be seen as a need for improvement. This further shows how indirect services are in aiding students in their knowledge of the counseling center. While Yorgason and colleagues (2008) looked at students' knowledge of counseling services, it is important to follow that up with looking at the type of services colleges offer.

Brunner and colleagues (2014) examined research about how colleges and universities have mobilized to respond to the emotional and behavioral challenges students are struggling with. The authors also looked at the structure, functions, and services of college and university counseling centers. The article discussed the diverse services counseling centers offer that are essential for meeting students' needs and creating a caring campus community. In the examination of functions, researchers described a survey of members of the Association for University and College Counseling Center Directors (AUCCCD) and the American College Counseling Association (ACCA). The survey contained questions about college counseling centers' functions, structures, and organizational relationships.

The mental health needs of college students have become increasingly urgent and complex. This indicates the need for "an increased focus on crisis intervention and case management in clinical work" (Brunner et al., 2014, p. 259). About 50% of staff time is said to be dedicated to the provision of direct services. This leaves the remainder 50% for a variety of other functions like prevention and outreach programs, intervention programs, and workshops. Brunner and colleagues (2014) explain that to create a caring and supportive campus there must be an understanding of the issues that college students are facing today. With the increased use

of the counseling center, researchers warn campuses to ensure that counseling services are adequate to respond to the high demand. It is suggested that counseling centers should "staff up" (Brunner et al., 2014). This implies that with more students using counseling centers, there should be more counselors to meet the high demand.

Not having enough staff can be a problem because research shows that too much time spent in direct services lowers the quality of services and increases the likelihood of professional burnout. When therapists' caseloads include too many hours of therapy, clients experience poorer outcomes (Vocisano et al, 2004). Also, this is a problem because indirect services are just as important as direct services. Indirect services include outreach that helps students learn about the counseling center. Furthermore, indirect services educate students on mental health and provide students with tips, tricks, and strategies on dealing with their mental health. A solution can be to increase the number of staff so that there are more staff for both direct and indirect services. By increasing staff, it lowers caseloads for therapists, it lowers the chances of professional burnout, and it increases the quality of services.

As described earlier, students who may not have had mental health issues prior to college, may begin to develop and show symptoms during college (Brunner et al., 2014). Bruner and colleagues described research demonstrating that from 2001 to 2008 mental health issues among students had risen 68% in community colleges, and 90% in four-year colleges across the country. In the following three years, usage of the college counseling centers had increased by 77%. Brunner and colleagues discussed that a student's educational career is very stressful and that it is at its peak in junior year. Students who have had more education about mental health issues may be better able to identify them in themselves and others. Thus, the increased rates in mental

health issues among college students may also reflect decreased stigma and increased mental health awareness.

With this in mind, when surveyed, almost half of the students said that they would refer a friend to counseling, however, only 22% of students would seek counseling for themselves (Brunner et al., 2014). In a survey, 69% of students predicted that when in need of help, they would turn to friends, 63% would turn to family, and 31% of students would turn to online resources (Brunner et al., 2014). While another survey showed that only 16% of students used psychological services while the rest of the students used health services. Bruner and colleagues point out that collaboration between mental health and medical services is a beneficial strategy that is used by some, but not all, student health service centers. With these rates, it would be best to establish mental health screening of students who use health centers at all colleges and universities. This would allow for counseling centers to reach more students with psychological disorders.

Furthermore, this is important because, besides car accidents, suicide is the number one cause of death among college students. Suicide is a treatable and preventable act associated with hopelessness, depression, and other forms of emotional, behavioral, and situational risk factors (Brunner et al., 2014, p. 276). It is disconcerting that there is such a long waitlist for the counseling centers being that there has been an increase in the severity of psychological problems in students; even more so with suicide being the number one cause of death for college students. Researchers have found that one-third of counseling centers cannot meet the demands of students. While counseling centers usually prioritize suicidal students, some students may not disclose suicidal ideation until they are in treatment so prompt service delivery is a key element of suicide prevention programs on college campuses.

It would be in the best interest of colleges and universities to put more effort into the counseling center and its services since the problems students are facing also have a major impact on academic performance. According to the National Alliance on Mental Illness (NAMI, 2011) 64% of students, who were surveyed across the country, answered "yes" to dropping out of college because of a mental health reason. Besides accommodations, students said that access to mental health services would have helped them stayed in school. The primary diagnoses of students in the survey were depression, bipolar disorder, and posttraumatic stress disorder (PTSD). Graduation rates are a key component to college rankings and so providing adequate mental health services would be both essential for the safety and well-being of the students, and a "good investment of resources" (NAMI, 2011). Graduation rates were part of the reason why mental health services were first created in 1910 at Princeton University. Back then, and still, to this day, a major reason why students are dropping out is due to emotional and personal problems. Researchers found that students who sought and received counseling had a retention rate of 85% compared to the 74% retention rate of the general student population (Turner & Berry, 2000). According to the AUCCCD, the student satisfaction survey showed that 66% of students said that counseling helped them stay in school. This further expresses how important college counseling services are for student mental health as well as academic performance. It also shows how effective counseling centers are in helping students.

Brunner and colleagues saw that the different types of functions and services that colleges/universities offer were able to be grouped into the categories of counseling and health services, testing and assessment, prevention and outreach, consultation and collaboration, campus involvement, and training. The top-rated service was individual counseling (99.7%). Researchers then compared services based on the type of institution. Results found that public

institutions rated group counseling, psychological testing, the training of doctoral interns, and training of postdoctoral fellows/residents as more important compared to private institutions. There were no differences between public and private institutions on other services. Comparisons were also made based on enrollment sizes. Results showed that the rate of importance of group counseling, psychiatric services, training of doctoral interns, threat assessment committee, and program and service evaluation services increased with higher student enrollment. On the other hand, as size increased, the rate of importance of academic counseling, academic advising, sexual assault prevention, and student concern about committee services decreased. Results also showed that larger institutions were found to offer psychiatric services directly rather than through collaboration. Smaller institutions, however, were more likely to use community referrals. In addition, limits to counseling sessions were reported as a frequent practice. Although there was not a difference between public and private institutions in this regard, larger institutions were more likely to limit sessions. This is mainly because, in larger institutions, counseling centers typically do not have enough counselors, and, therefore, sessions are limited to meet the needs of as many students as possible.

These studies provide knowledge of counseling centers needing to make their services more known to students, as well as, knowledge on the structure, functions, and services of college/university counseling centers. Now that the structure of counseling centers have been looked at, this literature review delves further by reviewing the structure and approach of therapy in counseling centers. The structure and approach of therapy is another factor that affects student satisfaction and positive therapy outcomes.

Structure of Therapy and Therapeutic Approach

The structure of therapy and the therapeutic approach are both important and contribute to therapy outcomes. Both therapy structure and approach are interrelated, depending on the approach a therapist uses, the structure of the session will follow that approach. According to the American Psychological Association, therapy approaches can be grouped into five categories: psychoanalytic/psychodynamic, behavioral, cognitive, humanistic, and integrative/holistic. Given the limited scope of this literature review, all forms of therapy cannot be described. However, the most widely used approaches are cognitive-behavioral therapy (CBT) and psychodynamic therapy, so these will be reviewed briefly.

Cognitive-behavioral therapy (CBT) is effective in treating psychological problems such as depression, anxiety, substance abuse, and eating disorders (Leichsenring et al., 2006). Research indicates that CBT is effective in improving individuals' functioning and quality of life. CBT treatment usually focuses on changing the client's thinking and behavioral patterns. Psychodynamic therapy is another form of psychotherapy treatment that can be used to treat a variety of psychological problems and disorders including depression, anxiety, panic, and stress-related physical ailments. Research shows psychodynamic therapy to be as effective as CBT (Shedler, 2010). Psychodynamic therapy usually focuses on unconscious processes and behavioral patterns established during the developmental years that are manifested in a client's current behavior. The goal of this treatment is to get the client to be more self-aware and more understanding of the influence that the past has on current behavior and to modify maladaptive behavior based on the past into adaptive behavior in the present.

Often therapists use evidence-based research approaches. Evidence-based research "is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (American Psychological Association, 2006, p. 273).

Ideally, evidence-based research should be used by clinicians because it increases positive outcomes. Evidence-based research promotes effective psychotherapy practices and enhances public health through the use of empirically supported principals (American Psychological Association, 2006). Evidence-based practices in psychology focus on different aspects of client characteristics like gender, gender identity, culture, ethnicity, race, age, family context, religious beliefs, and sexual orientation (American Psychological Association, 2006). These characteristics are important because they can influence “personality, values, worldviews, relationships, psychopathology, and attitudes toward treatment” (p. 272).

Although evidence-based practices are very popular forms of treatment, there should be some caution when applying the results of evidence-based research to university counseling services (Grayson & Cooper, 2015). In evidence-based treatment studies, counseling usually lasts for at least 20 uninterrupted sessions (Grayson & Cooper, 2015), college counseling can be shorter and irregular. College counseling is irregular due to the center running on a school calendar basis, which means if there is a winter break or a holiday where students do not have school, then the center will be closed and they will not be able to continue counseling during these periods. In addition, the results of research on evidence-based treatment should be taken with caution because clinical trials typically exclude clients who have more than one diagnosis. This can be a problem for treating college students because college students can range from having “several diagnoses, no diagnosis, or no consistent diagnosis over time” (Grayson & Cooper, 2015). It is not clear whether the rates of comorbidity in psychological disorders are higher in college counseling centers than in other clinical settings. Furthermore, Grayson and Cooper (2015) point out that empirically supported treatments are useful as guidelines and should be used in ways that accommodate each client because every person is unique. Thus,

while evidence-based treatments are important foundations for practice, including practice at university counseling centers, these treatments need to be modified to address the specific needs of each student.

An example of this would be the research done on depression and heavy episodic drinking (HED) in college students. According to Pedrelli and colleagues (2019), there are no evidence-based practice treatments for HED and clinical depression among college students. This is important because both depression and substance use are highly prevalent among college students. About 7-20% of college students meet the criteria for Major Depressive Disorder (MDD) and about 39% of 18 to 25-year olds (college age) in the United States engage in HED (Pedrelli et al., 2019). A few interventions for college students have been examined in the research literature, however, the efficacy of the intervention was not assessed/measured. One of the potential treatments is a combination treatment of Brief Motivational Intervention (BMI) and Cognitive Behavioral Therapy for Depression (CBT-D). This combination treatment seems potentially useful for treating college students because 1) combined treatments are recommended for co-occurring conditions (Pedrelli et al.,2019) 2) BMI is the strongest empirical support for reducing alcohol use in students but not effective for depression 3) CBT-D is one of the most effective treatments of clinical depression. Similar to the combination of BMI and CBT, psychodynamic therapy can be just as effective if combined with another treatment. Psychodynamic methods are based on using fewer sessions, thus, fitting the short-term sessions of college counseling centers (Leichsenring et al., 2006). Like CBT, psychodynamic therapy is effective in treating disorders that are prevalent in college students (Leichsenring et al., 2006).

Another evidence-based approach that can be effective with college students is dialectical behavior therapy (DBT). DBT is a form of CBT, except the use of DBT was developed to treat

moderate to severe psychological disorders, such as borderline personality disorder (Grayson & Meilman, 2015). Although DBT was made for illnesses like borderline personality disorder (BPD), research shows that it can also be useful in treating other people with other psychological disorders. DBT is a useful approach for college counseling centers, given that the severity of some psychological disorders has increased (Pistorello et al., 2012). The most common psychological disorders that college students suffer from are suicidality, substance use, depression, anxiety, and eating disorders (Pistorello et al., 2012; Yorgason, Linville, & Zitzman, 2008). Pistorello and colleagues (2012) state that "DBT produces long-term gains for suicidal BPD patients across a variety of domains, including BPD symptoms, depression, suicidal ideation and attempts, NSSI, and psychiatric hospitalization, and enhances social functioning and global improvements" (p. 983). Unfortunately, a careful review of the literature did not unearth any studies on the use of DBT in college counseling centers, so it is not known whether DBT is equally effective in counseling centers compared with other clinical settings.

These studies provide knowledge on the structure of therapy and the therapeutic approach. These studies show that is it best to use evidence-based practices as guidelines when treating clients due to each client's uniqueness. It also shows us that there needs to be more research on treatments that are most effective in treating college students. Knowing that each client is unique leads us to review client characteristics.

Client Characteristics

Client characteristics that can be related to student satisfaction with therapy and positive therapy outcome are personality, symptom severity, willingness to disclose, and the decision to continue therapy. Client characteristics can also include demographic characteristics such as age, gender, and level of education (Cabral & Smith, 2011). Personality varies among students, as

stated before every client is unique. Personality can influence a student's satisfaction with therapy and therapy outcome because some may have a stronger ability to form a relationship with their therapist than others; stronger therapeutic alliances lead to more positive outcomes (Lorenzo-Luaces, DeRubeis, & Webb, 2014; Zilcha-Mano, 2017). Symptom severity also varies among students. A reason why symptom severity may have an impact on a student's satisfaction and therapy outcome is that sessions at college counseling centers are short-term therapy sessions. With brief therapy treatments, it may be harder to treat the students with more severe symptoms of psychological disorders. This could cause students to feel unsatisfied because they are not progressing as they may have thought/expected to. Willingness to disclose can impact therapy outcomes because a counselor cannot help a client if the client does not talk about the problems they are having. This can cause there to be very slow or no progress in therapy, and thus, leaving a student to feel unsatisfied. Similar to the willingness to disclose, the decision to continue therapy is also up to the client. Deciding to continue or not continue therapy is often affected by clients' satisfaction with therapy. Client characteristics can directly affect satisfaction and therapy outcomes, or it can indirectly affect satisfaction and therapy outcomes by affecting the therapeutic alliance (Lorenzo-Luaces, DeRubeis, & Webb, 2014). The therapeutic alliance is a strong predictor of therapy outcome, therefore, if the alliance is effected than more likely than not, the therapy outcomes will be impacted (Lorenzo-Luaces, DeRubeis, & Webb, 2014). Just as client characteristics have been examined, therapist characteristics are also imperative to look at. Therapists can vary just like clients, and thus, have their own effects on a clients' satisfaction and positive therapy outcome.

Therapist Characteristics

As we have seen thus far, client satisfaction and therapy outcome can be complicated variables because there are so many factors that can influence them, even the characteristics of therapists themselves (Lorenzo-Luaces, DeRubeis, & Webb, 2014; Vocisano et al., 2004). Therapist characteristics differ from client characteristics in that they concern professional attributes, such as therapists' level of expertise, type of degree, skill, and caseload. Therapist factors also include the demographic characteristics of the therapist. Therapist characteristics are said to be more related to therapy outcomes than are types of treatment (Vocisano et al., 2004). This could be due to the fact that types of treatments do not vary much and can be used across therapists. However, therapists vary in their profession despite working with the same type of clients and giving the same type of treatments (Vocisano et al., 2004). Also, the caseload of a therapist can affect therapy outcomes. As mentioned in a previous section, the heavier the caseload for a therapist, the less quality of the service and the greater the likelihood of professional burnout. Burnout is described as a sense of physical and emotional exhaustion which can lead to a decrease in concern for one's clients, as well as, a decrease in the quality of service given. (Vocisano et al., 2004). Like clients, a therapist's ability to form strong relationships with their clients can impact a client's therapy outcome.

Both clients and therapists vary in their own ways. So, it would be interesting to know if clients would have more positive outcomes if they were matched with therapists similar to them. For this reason, the next factor examined in this literature review is the demographic match between client and therapist.

The Demographic Match Between Client and Therapist

The demographic match refers to the matching of a client to a therapist that shares the same racial/ethnic background, gender, and religion as the client. Although mental illness is as

prevalent among minority groups (African Americans, Asian Americans, Hispanic/Latino(a) Americans, Native Americans, and Pacific Islander Americans) as white/European Americans, minority groups are less likely to seek mental health services than their white peers (Cabral & Smith, 2011; Turner & Llamas, 2017). According to the U.S. Surgeon General's supplement report in 2001, "minorities bear a greater burden from unmet mental health needs and thus suffer a greater loss to their overall health and productivity" (Cabral & Smith, 2011, p. 537). Cabral and Smith (2011) stated that to "improve mental health services for people of color" there needs to be a "cultural congruence between therapists and clients."

Many studies have examined demographic matching between therapists and clients. It has been presumed that matching a client with a therapist of the same race/ethnicity would result in a stronger therapeutic alliance. People tend to associate with people who are similar to themselves, thus, it would make sense that clients would prefer a therapist that is similar to them. This interpersonal similarity can influence a client's perception of interactions with their therapist. Similarity is said to be associated with credibility. This means that people trust others that they perceive as similar more than they trust those who are different (Cabral & Smith, 2011). This sense of similarity and trust that is more likely when the client and therapist are racially/ethnically matched can potentially improve client outcomes through the enhancement of mutual understanding and the reduction of clients' fears of being misunderstood and mistreated (Cabral & Smith, 2011). Clients from under-represented and disadvantaged groups may feel that their therapists' can relate to the discrimination and disadvantages they experience.

The goal of racial/ethnic matching is not to have a perfect similarity between client and therapist demographic characteristics. Perfect demographic similarity is both impossible and undesirable. It is impossible because everyone is different despite being the same race/ethnicity.

It may be undesirable because differences can allow for different perspectives. Although ethnic matching can be beneficial for minorities as a whole, studies have shown that specifically African Americans and Hispanic/Latino Americans would benefit more from ethnic matching (Cabral & Smith, 2011; Turner & Llamas, 2017). This is mainly due to the mistrust clients have toward receiving mental health services from white/European American therapists. For Hispanic and Latino Americans, it can also be due to a language barrier (Turner & Llamas, 2017). Cabral and Smith (2011) state that African American clients who are matched with African American therapists have slightly more positive therapy outcomes than African American clients matched with European American therapists. Researchers suggest that this happens because of "strong racial/ethnic identification and wariness about bias in the mental health services provided by European American therapists" (Cabral & Smith, 2011, p. 547). There is only a slight positive effect on therapy outcome when clients are matched with racially and ethnically similar clients but there is not much research in college settings, and research from other settings may not generalize to college students.

Notwithstanding the fact that clients do benefit from therapy regardless of if their preferences are met, the option of having a therapist that is similar to the client racially should be available to both the general public and students. This means that counseling centers need to "staff up" (Brunner et al., 2014) and increase the diversity of therapists. Counseling centers need to have a more culturally and ethnically diverse staff because research has shown that there are not enough counselors of color to systematically apply demographic matching in counseling centers (Cabral & Smith, 2011). To see if demographic matching does have a real positive effect on therapy outcome, there needs to be more counselors of color, as well as more research on the topic, especially on college counseling centers. Since there is not much research on demographic

matching between client and therapist, next, this literature review will examine the relationship between clients and therapists in a more general manner.

The Relationship Between Client and Therapist

Therapeutic alliance is one of the many factors that research has suggested influences therapy outcomes. It is said to be the strongest factor that predicts therapy outcomes (Lorenzo-Luaces, DeRubeis, & Webb, 2014). Through Bordin's (1979) pan-theoretical view of alliance, the therapeutic alliance was termed the "working alliance". The working alliance can be defined as the relationship between client and therapist (Falkenström, Granström, & Holmqvist, 2013; Horvath, Flückiger, & Symonds, 2011; Slone, & Owen, 2015; Zilcha-Mano, 2017). The therapeutic alliance refers to both the therapist's ability to connect with patients and the clients' ability to work together with the therapist to set and achieve therapeutic goals (Zilcha-Mano, 2017). For there to be an alliance, there has to be a collaborative effort (Horvath, Flückiger, & Symonds, 2011).

The part of the vast alliance research that will be examined in the present literature review is how the working alliance relates to therapy outcome. Many researchers hypothesized that alliance affects therapy outcomes (Falkenström, Granström, & Holmqvist, 2013; Horvath, Flückiger, & Symonds, 2011; Slone, & Owen, 2015; Zilcha-Mano, 2017). Falkenström and colleagues (2013) have described the working alliance as a process that happens throughout treatment and thus it reflects the interaction between patient and therapist.

Zilcha-Mano (2017) found that effective psychotherapy is determined by the strong working relationship between therapist and client. In many studies, the measure of the working alliance and therapy outcome is found to be correlated. Empirical studies have shown that the alliance, in itself, is enough to create change in outcome (Zilcha-Mano, 2017). It seems that the

stronger the alliance, the better the outcome (Falkenström, Granström, & Holmqvist, 2013; Horvath, Del Re, Flückiger, & Symonds, 2011; Zilcha-Mano, 2017). Horvath and colleagues explain that creating a good alliance can prevent clients from dropping out of counseling as well as establish a working space to introduce new ways to address clients' problems.

There are many mediating factors that influence the relationship between the working alliance and therapy outcome. Falkenström and colleagues (2013) explain that patient variables, which also can be called client characteristics, like temperament and diagnosis, can influence alliance, and therefore, affect therapy outcome. This goes into the study by Zilcha-Mano (2017) who explains that there are two components to the alliance that may influence outcome. The two components, state-like and trait-like, are said to characterize the patient. State-like components of the alliance involve the changes in alliance during treatment. Trait-like components are the person's ability to form relationships with others, as well as, their inner representations of themselves and others, and their expectations from relationships (Zilcha-Mano, 2017). Zilcha-Mano says that to understand the role the alliance plays in bringing better therapy outcomes, we must know the difference between state-like and trait-like components of alliance.

Trait-like components can affect a client's ability to form a strong relationship with their therapist which can then affect the patient's outcome. This, in part, means that the effect the alliance may have on therapy outcome is partly due to the existing client's character traits and not just the interaction with the therapist. Zilcha-Mano (2017) explains that some people are better at forming strong and satisfying relationships than others. This would then mean that people with this ability would more likely be able to establish a strong alliance with their therapist, and thus, have better treatment outcomes. In this case, Falkenström and colleagues (2013) discuss that it would be important for therapists to monitor and work on the alliance throughout treatment. It is

especially important that therapists do this if the client has personality problems. Falkenström and colleagues (2013) found that the worse the alliance is, the worse the client's symptoms get. It was also found that a therapist's ability to ally themselves with a client and build a strong alliance affects therapy outcomes. A therapist who is good at building strong alliances has better alliances with their clients.

On the other hand, state-like components are the changes in the alliance. It is the specific point of time during treatment that the alliance was strengthened, which can also influence therapy outcomes. However, unlike trait-like components, state-like components are not as strong in predicting outcome being that it generally happens later in treatment. Trait-like components happen early in treatment and are seen to be the mean level of alliance, so, despite the changes in alliance that state-like components may bring, trait-like components are stronger at predicting outcome. Furthermore, the mechanism through which state-like components of alliance affects outcome, operates through trait-like components. Improvements in a patient's ability to form a strong relationship with their therapist affect their general ability to form better relationships outside of treatment, thus resulting in a decrease in their symptoms (Zilcha-Mano, 2017).

Some limitations across the studies examined are that treatments were very brief; therefore, generalization can only be applied to brief primary care psychotherapy. This is mainly due to longer treatment relationships being different than brief treatment relationships. Horvath and colleagues (2011) saw that the effect of alliance was smaller in brief treatments, thus indicating there being larger effects of alliance on outcome in longer treatments. Just like the length of treatment, the place of treatment can cause a difference in alliance-outcome relationships. An example is that therapy in specialized psychiatric units might be affected by

alliance and outcome differently because patients have more severe problems and therapists have more training.

Moreover, Slone and Owen (2015) discuss the views that systemic theorists have on alliance and outcome. Systemic theorists believe, that not only does the alliance between client and therapist affect therapy outcome, but so does the alliance between the client and their social networks. This is termed the systemic alliance, which involves the client's relationship with the therapist, and the relationship that the client has with others (Slone & Owen, 2015). The researchers suggested that when clients' social networks correspond with their therapy, clients are more likely to experience improvements. On the other hand, if clients thought their social networks were not aligned with their treatment, clients were less likely to benefit from therapy and were more likely to drop out. The alliance that clients have with both their therapist and social networks is important to one's treatment outcome, however, it is not often looked at together in individual therapy (Slone & Owen, 2015).

This topic is important because it explains what therapeutic alliance/working alliance is, and in what ways it affects therapy outcomes. The articles examined are consistent in the conclusion that the alliance affects therapy outcome, however, they also established that there needs to be more research done in this area. One criticism is that only one of the articles examined looked at university students, meaning that there specifically needs to be more research on the effect of alliance on outcome in college counseling settings.

If the working alliance is such a strong predictor of therapy outcome, then it is important to see how alliance may affect outcome in college counseling centers. Since alliance in general counseling settings can affect outcome, then it can be inferred that it would in college counseling. As stated above, stronger alliances benefit clients in terms of symptom reduction and

satisfaction with therapy and can lead to lower dropout rates. Students who benefit from therapy and remain in therapy to receive these benefits would perform better academically and have lower college dropout rates. It would be helpful if researchers looked at the effects of the therapeutic alliance in a college counseling setting. For example, the therapeutic alliance may impact therapy outcomes less in college and university counseling centers than in other community settings because the treatment students receive is typically short-term treatment. On the other hand, college and university students are likely to be better educated than the average person in a community setting and are younger, on average and these factors may influence the impact of the therapeutic alliance on therapy outcomes.

Conclusion and Recommendations

In this literature review, the researcher has explored the effectiveness of college counseling centers in helping students with psychological disorders. The researcher has based the literature review on the following research questions: What is the history of college counseling centers in the USA? What institutional factors are related to student satisfaction with therapy and therapy outcome? How effective are college counseling centers in helping students with psychological disorders? What therapist characteristics are related to student satisfaction and therapy outcome? What client characteristics are related to student satisfaction and therapy outcome? How does the relationship between client and therapist affect satisfaction and outcome? How does the demographic “match” between client and therapist affect satisfaction and outcome? How can satisfaction levels be increased and therapy outcomes improved?

An important concern is students’ knowledge of the counseling center and its services. As mentioned early in the literature review, numerous students do not know about the counseling centers, or know of the centers but do not use them. It is recommended that college counseling

centers promote their services more, as well as increase their indirect services such as outreach programming. Outreach programming is just as important as direct services; this is where students can learn about the counseling centers and learn tips and tricks to deal with stress in case they cannot fit sessions into their busy schedules, or in case they prefer not to receive counseling services. The promotion of services can be extended to other clinical settings, not just college counseling centers. Increasing the promotion of services in the general public can have the same effect that it has on college students.

It is not just the counseling center that is at fault for students' unmet needs, as an institution, the mental health of its students should be a priority. A lack of funding that these counseling centers receive prohibits them from making the changes needed to effectively meet the needs of students. A survey done with the presidents of college/universities in 2019 on whether students' mental health has become more of a priority as compared to three years ago shows that the mental health of students did become more of a priority (Chessman & Taylor, 2019). However, saying the priority of counseling services has increased, and providing resources to show that priority has increased, are two different things. There still needs to be a lot more effort put into the counseling centers so that they can continue helping students and be able to increase the number of students they can help.

This literature review examined the institutional factors such as various services and functions that colleges/universities offer. The services include individual counseling, group counseling, psychological testing, prevention and outreach programs, sexual assault prevention, intervention programs, and workshops. The differences in college counseling centers were mainly looked at through the size of institutions and types of institutions (two years and four years). Smaller institutions placed more importance in counseling services; however, they still

struggle with meeting the high demands of students. There needs to be more research done on the differences in counseling centers located within public versus private institutions.

The therapeutic alliance is a strong predictor of therapy outcome. Unfortunately, there is not a lot of research that looks at the effect of the therapeutic alliance on therapy outcomes in college counseling centers. If the therapeutic alliance is as important to therapy outcome as research suggests, then it should be looked at in all counseling settings, especially in college/university settings. It is imperative to look at counseling research in college settings because of the increase in psychological disorders among students. It is also important because suicide, which is a preventable act, is the number one cause of death among college students. Research on promoting strong therapeutic alliances in counseling centers may make college counseling centers more popular with students, facilitate referrals by fellow students who may be suicidal, and increase positive outcomes among suicidal students who go to college counseling centers.

There needs to be more research on the effect of alliance on outcome in college counseling settings. With these rates, it would be best to establish mental health screening of students who use health centers at all colleges and universities. This would allow for counseling centers to reach more students with psychological disorders. Students who benefit from therapy and remain in therapy to receive these benefits would perform better academically and have lower college dropout rates. It would be helpful if researchers looked at the effects of the therapeutic alliance in a college counseling setting. College counseling can be seen as brief treatment, even more so because sessions are limited and students are often on waiting lists for long periods. This may cause effect levels of alliance to be lower than normal brief treatments and even lower in longer treatments.

For the structure of therapy and therapy approaches, it is recommended that different practices and the combination of practices be used. Each client is uniquely different, so what might work for one may not work for another. Also, more research needs to be done on how effective counseling centers are in helping college students with psychological disorders. The research shows that treatments are effective, but there is limited research on these treatments in college settings.

Researchers discovered that students who sought and received counseling had a 10% higher retention rate compared to the general student population (Brunner et al., 2014). A student satisfaction survey showed that 66% of students said that counseling helped them stay in school (Brunner et al., 2014). This expresses just how important college counseling services are for student mental health as well as academic performance. It also shows that college counseling centers are effective in helping students.

Mental illness among students seems to have become more prevalent and more severe over the past 2 decades (Brunner et al., 2014; Guenther, 2011; Scofield et al., 2017; Yorgason, Linville, & Zitzman, 2008). This may partially be due to student's mental health needs not being adequately addressed, however, it could also be that more students are seeking help now, causing counseling centers to be unprepared to meet such high demands (Cornish et al., 2017). Student usage of counseling centers increased "over five times the rate of institutional enrollment between 2010 and 2015" (Scofield et al., 2017, p. 462). When looking at the big picture of college counseling centers, they are very effective (Guenther, 2012). Counseling centers are helping students with emotional and social adjustments as well as helping students stay in school and perform better (Brunner et al., 2014; Guenther, 2012).

However, there are plenty of ways to increase levels of student satisfaction with therapy and to increase positive therapy outcomes. The first would be to have counseling centers staff up (Guenther, 2012). Increasing staff can address both the institutional factors (waitlist, high demands) as well as therapist factors (caseload/quality of service) that affect the satisfaction and therapy outcome. University counseling centers also need to hire a more diverse group of clinicians. This would allow students who may have a preference of being demographically matched with similar counselors, to have a counselor to be matched with. Having a more diverse staff will promote more students of color to seek help. It is highly recommended that there be more research done on the demographic match between client and therapist. In addition to that, there needs to be a focus on college counseling center settings. In the research examined for this literature review, there seems to be a lack of focus on information on college counseling centers. Through the existing research, college and university students, specifically students of color, do seem to have a preference in counselors. However, the full impact of demographic matching on therapy outcomes is not seen because of the lack of counselors of color. Students having a preference to have a counselor that is ethnically similar to them does not matter if there is no counselor of color to meet that preference. Students would ultimately be stuck with whatever available counselor, despite having a preference, or could decide to not receive help at all. There needs to be an increase in the diversity of counselors. This recommendation can be for public policy and clinical application. Increasing the diversity of counselors in both the general population as well as college settings will increase the usage of mental health services among the African American and Hispanic/Latino American population. Having more research on this topic will further prove the impact and the importance of the demographic match between client and therapist. The racial composition of therapists should match that of the racial composition of the

clients. This will allow for those who do have a preference for a counselor of similar racial background can be matched with that counselor. This can then help with the implementation of having more counselors of color in various counseling settings.

Bruner and colleagues (2014) point out that collaboration between mental health and medical services is a beneficial strategy that is used by some, but not all, student health service centers. With these rates, it would be best to establish mental health screening of students who use health centers at all colleges and universities. This would allow for counseling centers to reach more students with psychological disorders.

Assessments of students' satisfaction with counseling services and their experiences with these services could also help to increase levels of student satisfaction with therapy and positive therapy outcomes. Assessing students can allow for clear feedback on services. It would be easier to know how well or how effective the counseling center is in helping students and where it is they need to improve.

Overall students are satisfied with counseling centers, despite the improvements that need to be made. There is always room for improvement and this literature review has recommended how college counseling centers can improve. Mental health awareness and help-seeking are increasing, the more research that is done and the more policies that are changed, the sooner people can get the help that they need. It is interesting to see how we went from students confiding in professors for their problems to having a whole center on campuses dedicated to the emotional, personal, and vocational needs of students (McCarthy, 2014).

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