The Use of Goal-setting and Feedback to Promote Referrals to Counseling

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Introduction

The university setting is a forum for transition. THe new student is faced with what could easily become an overwhelming display of choices and challenges to his or her established methods of solving problems. New freedoms, friends, academic requirements, changing relationships with parents and new living arrangements all test the freshman's ability to cope. Fortunately, these types of transitions and associated problems are predictable. Furthermore, most universities have developed resources that students may utilize to help negotiate transition successfully. Unfortunately, there appears to be a chasm between students with needs and the appropriate resources. Bridging this chasm remains a challenge.

Many students, no doubt, make the transition to college life successfully. Even for those who experience some degree of difficulty in adjusting to new life situations, it would be misleading to characterize these transitions and predictable stressors as "bad". Danish, Galambos and Laquatia (1983) suggest a life span human development perspective which views transitions as part of the continuous process of normal human growth and development. In fact, these transitions or critical life episodes "provide the very basis which

makes the development of the individual and society possible" (Riegel, 1975, p. 100). In reviewing the literature on life events, Danish et al. (1983) conclude that diverse life events theorists agree that "life events play a pivotal role in individual development" (p.54).

Given this, the task at hand is multi-fold. It becomes necessary to gain some insight into the nature of critical life transitions. Second, the specific types of transitions and associated problems facing college students must be predicted. The students who wish to receive assistance in facing transitions should be identified. Finally, resources which empower students for dealing with transitions must be provided.

A number of approaches for enhancing students' abilities to cope with the transition into college have been reported. Kirshner (1974) reports on a program at Harvard University in which students volunteered to participate in small group discussions. Students at freshman orientation meetings were given the opportunity to register for a group program. Groups were presented as voluntary, non-medical, informal series of weekly discussions under the leadership of psychologists and

psychiatrists. The unstructured groups were intended to give freshmen an opportunity to share their experiences of coming to Harvard and Radcliffe. The focus of the group discussion concerned anxieties associated with academic pressures and social situations. Students were assigned to groups according to the times each student was available to attend.

Attendance at the groups was small. Of the 132 students originally registered to attend only 57 actually attended one group meeting. Only 37 students attended more than three meetings.

At the end of the second year of the program a follow-up questionnaire was sent to students who had registered for the program at the beginning of the program's second year. Over 80% of the students attending at least one session responded to the questionnaire compared to only 24% of those not attending a session. Students who reported that the opportunity to receive therapy was their motivation for registering were more likely to attend an initial meeting and continue to attend than were students listing other motivations. Included in these other motivations were the opportunity to meet people and make

friends. Students who attended a greater number of sessions were more likely to report they found the experience beneficial. Non-attenders and group drop-outs frequently cited uncertainty about the focus of the group as their reason for choosing not to participate.

Group participants apparently experienced a relatively high degree of emotional disturbance as evidenced by their responses to the follow-up questionnaire. About one-fourth described themselves as having an unusually difficult adjustment to college. Others made general comments suggestive of serious emotional or psychological problems. A much higher percentage of students who initially registered for the group eventually sought help at the university psychiatric clinic compared to the average for their class. Regular attenders were in general less well satisfied with several aspects of college life than non-attenders. Attenders and non-attenders did not differ in grade point average or attrition rates from college.

Baker and Nisenbaum (1979) updated the Kirshner (1974) study with work at Clark University. Baker and Nisenbaum also discovered that only a small number of students actually attended group sessions. The

structure of the groups was similar to that in the Kirshner study. Matriculating freshmen were sent letters during the summer prior to their freshman year offering the opportunity to participate in the groups. In successive years, 16 and 21 percent of the freshmen expressed interest in the program. About one half of those expressing interest actually enrolled for the groups. Of those enrolled, 80% and 65% (in consecutive years) attended at least one meeting. Only 68% in the first year and 36% in the second year attended at least four meetings. Those students that did attend sessions reported their participation in the group was beneficial.

Baker and Nisenbaum (1979) cite the many similarities between the Harvard and Clark programs. Both programs enrolled eight to ten percent of each freshman class and only 34-45 percent of those expressing interest ever attended a group session. This translates into about seven percent of the Clark classes and just over three percent of the Harvard freshman class. In short, the low initial registration rate coupled with steady attrition at several levels resulted in an insignificant number of students being reached.

Although Baker and Nisenbaum report that students who applied for these programs did need the services offered, they conclude that many students needing services did not respond to these programs. Furthermore, they contend that a number of group attenders were "not appropriate or needy in terms of the programs purposes" (pg. 80).

In a 1980 community college study, Friedlander points out that students who rated their abilities below average were less likely to make use of support services offered in specific areas than were students rating their abilities as average or above average. These areas included special tutoring, academic skills classes, counseling for personal problems and career counseling. Students who rated their abilities as being low reported that their college experience was less helpful to them than students who rated their abilities as average or above.

Friedlander outlined the three most common methods of involving students in support programs. The most widely used method is to make services easily accessible and then rely on students to make use of programs--what Rappaport (1978) terms the waiting mode. This approach,

evidenced in the above research as well as prevention studies with college freshmen by Bloom (1971) and Lindquist and Lowe (1978), resulted in low numbers of students receiving appropriate services. A second approach described by Friedlander involves identifying students who are at high risk for college failure and requiring them to be involved in remedial services. The problems associated with labeling and isolating disadvantaged students from the general population have resulted in a substantial decrease in the number of required remediation programs.

The third approach discussed by Friedlander is what Rappaport refers to as the "seeking" approach. Program staff would go to students instead of waiting for students to come to the source of help. This approach nullifies student lack of initiative, lack of confidence or inability to seek out necessary assistance. If helping professionals were to initiate contact with students in need the "likelihood that high-risk students would take advantage of campus resources would be substantially increased" (Friedlander, p. 27).

Kipnis and Resnick (1971) describe a program in which a group of students were paid for attending

counseling sessions. In comparison with other experimental and control conditions, students paid to attend counseling sessions attended more sessions and derived greater benefits in terms of grade point average and rate of attrition from college. Apparently financial reward is a powerful reinforcer. Lindquist and Lowe (1978) describe a comparison of two treatment approaches: a written, interactive approach and a peer-led group program. More students were attracted to the peer-led program.

The previous paragraph refers to attempts to initiate and maintain student participation in assistance programs by increasing the attractiveness of those programs. A second line of attack has been to identify more carefully and accurately those students who need help. Baker and associates (Baker, McNeil & Siryk, 1985; Graham, Baker & Wapner, 1985) describe the development of a scale measuring student adjustment to college. The instrument described, The Student Adjustment to College Questionnaire (SACQ), provides four subscale scores (Academic, Social, Personal-Emotional, and Attachment to the University) and a full-scale score. Baker and Siryk (in press) describe it as

a scale under construction, but their research demonstrates significant correlations between degree of college success predicted by the SACQ and external measures such as grade point average, membership in academic honor societies, attrition, requests for psychological services, applications for dormitory assistant positions and self-report of social activities.

In a 1986 study, Baker and Siryk use the SACQ as the basis for an intervention with college freshmen. The purpose of the study was to use the SACQ to first "identify students differing in effectiveness of adjustment to college" (p.31). Second, the subscales provided the topics for discussion in interviews with students about adjustment to college. Finally, the scale was used as a pre-post measure of the effectiveness of the intervention. The intervention was a single one to two hour interview with each student in the treatment condition. The interviews were non-specific in nature and occurred over the course of several months. Students were selected in the following manner. The entire 1981-82 freshmen class a clark University (549 students) received the SACQ by mail.

216 students completed and returned the SACQ. Students (n=86) with at least one subscale indicating good adjustment and students (n=90) with at least one subscale indicating relatively poor adjustment were assigned to either an interview condition or a no-interview control group. Of the 76 students assigned to the interview condition, only nine did not accept the invitation to be interviewed. Students who were interviewed showed greater gains in adjustment (pre-post SACQ) than non-interviewed students. This finding was not statistically significant for well adjusted students but was significant for less well adjusted students. Furthermore, the attrition (from college) rate for less well-adjusted students was markedly lower for the students who were interviewed. After eight semesters 22.2% (8 of 36) interviewed students had withdrawn from school as compared to 44.7% (17 of 38) of the non-interviewed controls.

To summarize the research of Baker et al, the purpose has been the development of a scale to serve as a tool for identifying students who may experience difficulty in adjusting to college. Second, the scale is intended as a research tool for examining the effects

of various interventions on adjustment to college. In reviewing the literature, Baker and Siryk (1986) conclude that relatively limited intervention efforts can have an impact on adjustment to college and student retention. Their research as well as that of Bloom (1971), and Wilson and Linville (1982) support this contention. The conclusion that students with difficulties infrequently avail themselves of assistance programs led to the development of the SACQ. To quote Baker and Siryk (1984), " The availability of a suitable test, assuming that students can be induced to take it, could provide a means of helping to resolve the dilemma posed by that finding" (p. 179). Given the low percentage of student participation in the voluntary programs already described, "assuming that students can be induced to take it" may be too large an assumption. Furthermore, even if needy students are successfully identified, the task remains to induce them to participate in programs geared to helping them.

In a survey of Virginia Tech freshmen in the first week of the 1985-86 school year, students indicated interest in various program areas. For example, 76% (2532 of 3339) indicated an interest in learning about

stress management programs or groups offered on campus. Seventy percent (2348 of 3339) indicated an interest in receiving help choosing a major or career and only 155 freshmen chose to participate in counseling service workshops for the purpose of choosing majors and careers. Seventy-six percent (2532 students) expressed interest in services to help them improve reading speed and comprehension and only 30 freshmen enrolled for free speed-reading and comprehension courses. It seems safe to assume that a percentage of students realized, as the year progressed, that they did not need the services in which they indicated interest. Furthermore, some students no doubt found assistance from sources other than University Counseling Services. Still, it may be assumed that there is a body of students that could benefit from and are interested in receiving services to make them more capable of succeeding in college life.

Solomon (1981) has described a "hierarchy of effects" which provides a framework for understanding the high attrition rate from initial interest in student assistance programs to actual participation in those programs. This hierarchy is used to conceptualize behavior change as a series of many program steps, i.e.

awareness, knowledge, motivation, skills learning, initial behavior change and maintained behavior change. This approach calls attention to the many program steps that must succeed before the final goals of learning, initiating and maintaining behaviors that facilitate better adjustment to college can be achieved. If a probability of success is assigned to each program step a realistic estimate of final success (behavior change) can be obtained. In light of this hierarchy the low numbers of group participants in the research cited above is not surprising. Furthermore, one would predict that as the percentage of individuals successfully negotiating the initial steps increases the number of individuals eventually reaching the final step will increase.

The review of the literature leads to the conclusion that there is a chasm between service providers and those individuals which may benefit from services. This point underscores one of the major problems of the traditional model for delivery of mental health services--that waiting for individuals to develop problems and avail themselves of traditional one-to-one service delivery may be inadequate. The supply of

professional practitioners will be depleted long before the demand for services is met (Cowen, 1973). Further, waiting for serious problems to develop may result in more intractable problems that will not be treatable regardless of the number of available therapists. In a discussion of preventive behavioral interventions, Jason and Bogat (1983) describe an alternative, the preventive psychology approach. This approach requires the professional to leave the clinic and enter the community to provide services. It is an active approach with the intent to "extend the reach of mental health services via consultation and use of paraprofessionals" (p. 134). Preventive psychology has as its centerpiece the intention of intervening prior to the onset of problems. This includes enhancing existing support systems and promoting competencies within individuals and organizations to protect against dysfunction (Jason & Bogat, 1983; Felner, Jason, Moritsugu & Farber, 1983).

Jason and Bogat (1983) go on to describe four directions for preventive interventions, one of which, "helping individuals cope with milestone transitions (marriage, school entrance)", is of particular significance to the current study. Transitional events

traditionally occur in school, work, or family life. Jason and Bogat see the mission of preventive psychology as inoculation or strength building for individuals prior to stressful transitions. Successful negotiation of one transition enhances the ability of the individual to cope with subsequent transitions. Felner, Farber and Primavera (1983) make an important distinction which expands the scope of life transitions. These authors distinguish between life transitions that are temporally and effectively limited "events" and transitions that serve as "markers" or "milestones" and signal a continuing period of transition and adaptation for an individual. This expanded view of transitions shifts the focus of study from efforts aimed at managing the stress associated with transitions to efforts aimed at understanding the process of adaptation undergone by individuals in transition.

Felner et al. describe two consequences of viewing transitions as extended processes. First, the on-going adaptations that occur after the transitional milestone are of primary interest. Second, the field of research is expanded to encompass adaptation to positive life events (i.e., beginning a college education).

Interventions should not be limited to preventing negative outcomes but should also include attempts to foster positive outcomes. Promoting the establishment of new competencies is as important as managing the stress of transition.

Utilization of the preventive psychology model requires a proactive approach to dealing with problems. This means helping individuals develop competencies that equip them for dealing with potential problems. Use of the preventive psychology model requires a "seeking" rather than a "waiting" mode for professional psychologists. The role of the psychologist may shift to consultant, trainer, or coordinator from that of therapist. Preventive psychology deals not only with preventing the development of pathology but also with promoting positive adaptation and personal growth. In the context of this research, that means contacting students in their community through the use of paraprofessionals and providing services that increase the likelihood that the transition to college will result in positive outcomes and the development of new competencies for the students involved.

The final objective of the current study will be to

encourage individual students to register for and attend University Counseling Service programs in learning and study skills, career counseling and stress management techniques. Underlying the goal of student participation is the objective of utilizing paraprofessionals (residence hall advisors) to make students aware that these programs exist and are relevant to student needs and interests. The resident advisors will be utilized to provide students with the knowledge necessary for the student to gain access to the targeted programs. The resident advisors will provide encouragement to the student to register for and attend University Counseling Service (UCS) programs.

Underlying the goal of demonstrating that resident advisor involvement can impact student behavior is the objective of demonstrating that the level of resident advisor involvement can be enhanced. Resident advisors who are provided with opportunities to make referrals and are trained in making referrals, who set goals for performing the behaviors necessary to advise and encourage students to utilize UCS services, and receive specific feedback on the results of performing these behaviors will be more effective referral agents. In

particular, they will be more effective referral agents than resident advisors who are provided with opportunities to make referrals and are trained in making referrals but do not set goals or receive feedback. Both of these groups of resident advisors are expected to be more effective referral agents than resident advisors who do not have the benefit of a standardized opportunity for and training in making referrals. A chain of events beginning with training of the resident advisor and culminating with student utilization of UCS services will be established.

In the current study the role of the resident advisor is to facilitate the movement of students through the initial steps of Solomon's (1981) hierarchy of effects. Resident advisors will promote awareness, knowledge and motivation leading to contact with University Counseling Services. Resident advisors will be asked to consult with freshmen living in their residence halls to make them aware of University Counseling Service programs, provide students with knowledge of how to access appropriate services and encourage students to utilize services. The success of the program relies on the persistence of resident

advisors in making efforts to consult with and refer students and encourage them to follow through on referrals.

Kazdin (1984) highlights the importance of training for behavior change agents, resident advisors in the current study. The purpose of training is to alter the behavior of behavior change agents. Kazdin cites research (Katz, Johnson & Gelfand, 1972; Watson & Uzell, 1980) which suggest that "although instructing people ... is not usually effective by itself, it is an important ingredient of training" (Kazdin, 1984, p.172). He suggests that modeling of target behaviors coupled with rehearsal of behaviors is a more effective training technique. Effective use of role-playing rehearsal involves prompts for the intended behaviors, feedback on level of performance and praise from the training agent.

Feedback can also be used to increase the likelihood that behavior change agents perform the behaviors for which they have been trained. Greene, Willis, Levy & Bailey (1978) conducted a study in which the target behavior was increased participation of mentally retarded institutional residents in a toilet training program. Reminders to staff members to engage

in toilet training procedures with the residents did not result in high performance. When staff members were given feedback on the level of resident participation in toilet training activities staff members increased the frequency with which they placed residents through the training activities. Feedback on client behavior resulted in changes in staff behavior.

Bandura (1986) has pointed out that feedback has a dual effect on performance. First, sufficiently detailed feedback can identify specific areas of performance which may be improved. Second, feedback can provide a progress report on performance which can be either encouraging or discouraging. This second, motivational aspect of feedback functions indirectly. It is the product of a person evaluating him or her self against a personal standard of performance. Without this personal standard or goal, feedback is meaningless. As a person attains goals he or she is rewarded with a sense of personal efficacy which in turn serves as a continuing source of self-motivation.

Goal-setting and feedback work in tandem. Taken individually each is a necessary but not sufficient condition for motivating behavior. Bandura cites

research which demonstrates that the absence of either goal-setting or feedback results in low levels of motivation (Bandura & Cervone, 1983; Becker, 1978; Strang, Lawerence & Fowler, 1978). Taken together, Bandura contends, goal-setting and feedback are capable of directing and sustaining human behavior over long periods. When a discrepancy between actual performance and intended performance is perceived the individual is motivated to increase performance to the level that was intended, provided that the goal is perceived as being attainable through reasonable effort.

Individual reports of intentions can serve as a basis for predicting future behavior. Motivation and behavior can be manipulated as goals are manipulated by suggestions (Locke, Shaw, Saari & Latham, 1981; Ryan, 1970). In the presence of feedback persons may spontaneously set goals for ongoing activities in which they are engaged. People may alter initial goals and these revised goals then serve as better predictors of behavior than the initial goals (Bandura & Cervone, 1986).

A number of factors influence the potency of goal-setting in activating self-motivational mechanisms.

indication of the type and amount of effort necessary for goal attainment. Specific goals also tend to foster positive attitudes towards the targeted activities (Locke et al, 1981; Bryan & Locke, 1967).

The difficulty or challenge of a goal also effects its potency. Bandura (1986) points out that more effort is expended in striving for challenging goals than is expended in pursuing goals that are easily attained. If, however, goals are unrealistically high repeated inadequate performances will eventually result in loss of motivation and decreased effort. In order to achieve ery difficult long-term goals it is best to set several sub-goals that are more easily attained. By setting progressively rising, attainable sub-goals leading to larger final goals maximum motivation is maintained. For maximum effect these subgoals should be proximal rather than distal in nature.

Strong personal commitment to a goal increases the goal's value as an activator of the self-motivational process. Weakly valued intentions are likely to be quickly abandoned in the face of inadequate performance. Public commitment or pledging oneself to a goal typically increases the social cost of abandoning that

goal (Kiesler, 1971). As the cost of abandoning a goal increases the likelihood of goal abandonment decreases. Social pressure can serve to increase commitment to a goal if the individual perceives that she or he had a choice in setting the goal (Bandura, 1986). In general, Bandura concludes that goals that are self-determined make for stronger self-motivational processes than goals that are prescribed by others.

Specific, proximal goals which are challenging yet attainable are most effective in activating self-motivational processes. This is especially true if the individual possesses a strong sense of commitment to the goal. In reviewing field studies, Locke et al (1981) report that goal-setting/feedback resulted in a median improvement in performance of 16%. When combined with monetary incentives the median performance improvement associated with goal-setting was found to be greater than 40%. These principles will be utilized in the current study to enhance the efficacy of resident advisors as referral agents.

Methods

Background

Before they will attend students must believe they will benefit from a program to which they are referred. In order to make forceful referrals the resident advisor must believe that students will benefit from the services. Students appear to have a positive attitude towards University Counseling Services (UCS) at Virginia Tech. In 1985 Virginia Tech students (n=660; freshman n=229) were surveyed in selected classes across campus. These classes were selected to provide a cross section of students by academic college and academic level. This survey indicated that 83.5% of all students surveyed and 76% of freshmen surveyed felt that UCS is helpful to students with problems. Replies to the same survey indicate that freshmen believe that UCS is an appropriate source of help in making career choices, learning to study effectively and dealing with personal problems. The task is to facilitate the behaviors necessary for students to utilize UCS services.

Prior to undertaking this project, the implications for both University Counseling Services and the Office of Housing and Residence Life as well as students and resident advisors were considered. From the perspective of Counseling Services it was important that students be

encouraged to utilize group services without significantly increasing the already heavy individual client load. From both the Counseling and Housing perspectives it was imperative that any such project require a minimum of professional staff time. To this end the associate director and director of Counseling Services and the associate director of Housing and Residence Life were consulted. The experimenter also met with five experienced Resident Advisors to identify their interest in the project as well as any problems that they might foresee. The participation of these various individuals was critical in developing a project that would meet the needs of students and Counseling Services without excessively disrupting the business of Housing and Residence Life. The resident advisors expressed a high degree of enthusiasm.

Subjects

Subjects were 24 paraprofessionals, i.e., resident advisors. Resident advisors (RA's) are upper level students employed by the University Office of Housing and Residence Life. They must meet minimum academic requirements and have lived in a dormitory for at least one year. Students wishing to be hired as resident

advisors apply to the housing office and are interviewed by current resident advisors and professional staff in the housing office. Prospective RA's undergo training during the spring semester and final employment selections are made at that time. Applicants who are hired undergo a two-week training workshop immediately prior to the beginning of fall semester. The role of the RA is to serve as an enforcer of housing policy in the residence hall, to mange crisis situations in the residence hall, to act as a referral source for students and to provide programming for residents on his or her hall . Each RA is responsible for a hall housing approximately 25 to 70 students. A Head Resident Advisor is a student supervisor of RA's for an entire residence hall. There are no full-time professional live-in staff in the residence halls. RA's are paid a small salary and are assigned individual rooms in return for their services.

In many ways, RA's serve as ideal referral sources. First, being students with experience at Virginia Tech they may be readily identified as appropriate role models by new students. Second, the RA is entrusted with a level of authority by the university. Third, a

part of the paid responsibilities of RA's is to serve as a referral source. In this role they receive notice of all counseling center and housing office programs as well as guidelines for making referrals. They have access to an on-call counselor from the UCS staff at all times. Counseling Services maintains an active liaison and training relationship with RA's throughout the school year.

As resident advisors are required to meet specific academic standards and less-well-defined standards of personal conduct and responsibility they may be considered motivated subjects. In spite of a general level of motivation to assist students, individual differences may effect performance on the tasks of the current study.. Locke et al (1981) point out that "no reliable individual differnce factors have emerged in the goal-setting literature" (p. 146). These authors do suggest that persons with a high need for acheivement would set moderate goals to make success more likely. In addition they cite evidence which indicates that self-perceived competence can add variance to performance. Resident advisors who hold the perception that they are well-able to perform the specific tasks

required in the current study are likely to perform better than those who believe they are less competent at the required tasks.

For the current study, RA's were recruited through the Housing Office. At a regular meeting of the head resident advisors the associate director of housing and residence life announced the program. He provided the Head RA's with forms describing the College Survival Quiz program and requesting volunteers. Subsequently, each head RA distributed these forms to the resident advisors under her or his supervision. Each head RA was provided with a sign-up sheet to report the names of staff members who volunteered. Head RA's who did not return sign-up sheets were called by the experimenter to obtain the names of staff members who had volunteered. The total number of potential subjects was 182.

Fifteen subjects were recruited in this manner. Training for these subjects took place in October, 1987. Subjects were called the day before the training session and reminded to attend. Two subjects did not attend and were dropped from the study.

Additional subjects were recruited through direct phone calls by the experimenter. The first resident

advisor listed for each residence hall was selected as a potential subject. These RA's were called and asked to participate in the study. If he or she refused or had already participated, the second RA listed for that residence hall was targeted for participation. This recruitment procedure continued until an additional fifteen subjects were recruited.

Training for these subjects took place in January 1988. Subjects were called the day before the training session and reminded to attend the session. Four subjects from this group did not attend the training session and were dropped from the study.

Resident Advisors who agreed to participate in the study were grouped by gender and size of residence hall (more than 40 residents or 40 or fewer residents). Within each of these groups resident advisors were randomly assigned to one of three experimental groups: goal-setting and feedback; training only; or control. These groups were balanced for gender of the resident advisor and number of residents assigned to each RA. These groups are more fully described below.

Training

Resident advisors in the training and the goal-setting/feedback conditions took part in a training session conducted by the experimenter and a staff psychologist from University Counseling Services. The first step in the training session was the explanation of the project objectives, i.e. helping students become aware of and gain access to University Counseling Service (UCS) programs which would likely be of benefit to the individual student. Services offered by UCS were reviewed, with special emphasis on programs targeted for referrals in the current study. Information on these programs was distributed to the resident advisors.

The second step in training was establishing the protocol for RA consultations with students. Resident advisors were provided with copies of the College Survival Quiz. This quiz was designed to provide a standard opportunity for RA's to consult with residents and provide referrals to University Counseling Services. The College Survival Quiz (CSQ) consists of nineteen checklist items covering common student concerns in the areas of learning skills, choice of major and career, and stress management. The standard outline for a

consultation was provided in the form of a checklist for the resident advisor to complete with each consultation.

Resident advisors were taught to make consultations containing three elements: an analysis of the student's completed College Survival Quiz; a direct referral for services; and, seeking a commitment from the student to seek services. Prior to the beginning of the academic year resident advisors are trained in making referrals to University Counseling Services. They are provided with written referral guides and announcements of UCS programs. The training session for the current study, therefore did not focus on general referral procedures. The behaviors inherent in consulting with students were already familiar to the RA's participating in the training sessions.

In the training session RA's completed the College Survival Quiz and determined which University Counseling Service programs would be appropriate for the consultee to attend. This determination was made based on a list of prescriptions corresponding to items on the CSQ. Next, the experimenter and the UCS psychologist role-played two appropriate consultations. Questions were elicited and answered.

Resident advisors were divided into groups of two or three for role-playing. In each group resident advisors alternately role-played the student and the referral agent. Each role play was observed by the experimenter or the UCS psychologist. The observers recorded if, in each role-play, the CSQ was analyzed, if a recommendation was made directly and if a commitment to follow through on the recommendation was sought. Corrective feedback was provided when necessary. Each resident advisor played the role of referral agent for a minimum of two role-plays or until he or she completed at least one appropriate consultation. All resident advisors completed at least one appropriate consultation within the minimum two trials.

Goal-setting and feedback

In addition to the training procedures described above, resident advisors in the goal setting and feedback condition were required to set goals for the percentage of residents with whom they would consult and the percentage of referrals they anticipated would result in student contact with University Counseling Services. In keeping with Bandura's (1986) guidelines these goals were determined on an individual basis by

the resident advisor. Specific sub-goals were set for distribution of the CSQ and the number of completed consultations per week.

Guidelines were provided to assist resident advisors in setting appropriate goals. Each RA was asked to estimate the number of students he or she might meet with and refer to counseling services without the aid of the College Survival Quiz program. The RA then estimated the number of these referrals that resulted in contact with University Counseling Services. This provided the resident advisor with a rough baseline of his or her behavior. Participants were told that recent surveys of freshmen in the residence halls had return rates of 65-75%. Compliance with completion of the CSQ could be expected to approach the same range.

Approximately 17% of the freshman class was seen at University Counseling Services in 1985-86. It was suggested that program participants may be able to double that percentage of successful referrals for her or his hall. RA's were informed that in pilot studies 50% of female residents and 33% of male residents who had completed the CSQ indicated they would be willing to discuss the CSQ with their RA's.

Feedback was provided in the form of a written report delivered by mail each week. This report reiterated the resident advisor's weekly sub-goals and final goals. Feedback specified the number of consultations completed and the percentage of weekly and final goals achieved. If the RA had met or exceeded weekly goals she or he was congratulated and encouraged to continue the good effort. If goals had not been met, the shortfall was specified and the RA encouraged to increase efforts. Resident advisors in the training condition were sent a reminder to return records of completed consultations to University Counseling Services.

Measurements

Three dependent measures were of primary interest in the current study. Foremost was the number of students with whom each resident advisor completed a consultation. A completed consultation consisted of the three elements described previously: review of the CSQ, making a recommendation and seeking a commitment to utilize services. Actual utilization of services was not necessary to consider a consultation completed. This was measured by the number of completed

consultation reports returned by resident advisors in the training and goal-setting/feedback groups. An example of the consultation report can be found in the appendix. The ratio of completed consultation reports received by the experimentor to the number of freshmen living on the residence hall per each resident advisor was compared for training and goal-setting/feedback groups.

The second two dependent measures were also expressed as ratios. One was the ratio, per residence hall, of freshmen who presented at University Counseling Services to the number of freshmen living on that hall. The other dependent measure was the ratio, per residence hall, of students of all academic levels who presented at University Counseling Services to the total population of that hall. These ratios were compared across training, goal-setting/feedback and control groups. These data were collected by comparing lists of residents per hall against lists of students who had utilized University Counseling Services.

Appendix A consists of the training manual used by the experimenter to conduct the training sessions. This includes all materials distributed during training.

Training procedures for the training group and the goal-setting/feedback group were identical except for the goal-setting forms and instructions given to the goal-setting/feedback group.

Hypotheses

Resident advisors who set goals and receive feedback were expected to perform at higher levels than resident advisors who did not. This hypotheses was tested using three different measures. Specifically, RA's in the goal-setting/feedback group were expected to complete a higher percentage of consultation visits than RA's in the training group. Second, RA's in the goal-setting/feedback condition were expected to have higher scores than training condition RA's on two measures: percentage of freshmen per hall utilizing UCS services; percentage of total student population per hall utilizing services. In turn, training condition RA's were expected to have higher scores than control group RA's on these latter two measures.

Results

Each group consisted of eight subjects, two male and six female for a total of 24 subjects. The eight residence hall floors in each condition represented four large halls (more than 40 residents) and four small halls (40 or fewer residents). The total number of residents in the eight halls in the training group was 335; in the goal-setting/feedback group -- 312; in the control group -- 334. The total number of freshmen residents in the three groups were: training -- 214; goal-setting/feedback -- 192; control -- 167.

Three major outcome measures were analyzed using parametric statistics. For one measure, the percentage of freshmen per hall seen at University Counseling Services, a simple ANOVA was performed. The null hypothesis was not rejected. There was no significant difference between groups on this measure ($F = .623$, $p = .5$). For the goal-setting/feedback group: mean = 13.6, range = 25.4, standard deviation = 9.3; training group mean = 10.1; range = 14.3, standard deviation = 4.5; control group mean = 15.0, range 35.5, standard deviation 11.6.

The null hypothesis was not rejected for a second measure: percentage of total student population per hall seen at UCS. Once again a simple ANOVA was performed

and no significant difference between groups was found (F =.565, p =.6). For the goal-setting/feedback group mean = 16.9, range = 19.0, standard deviation = 6.2; training group mean = 15.2, range = 20.3, standard deviation = 6.7; control group mean = 13.3, range = 24.4, standard deviation = 7.5.

On a third measure, the percentage of consultations completed by RA's per hall, a t-test was performed. The null hypothesis was not rejected. RA's in the goal-setting/feedback condition completed a higher percentage of consultations than RA's in the training condition. RA's in the goal-setting/feedback group completed an average of 44.7 of all potential consultations compared to 30.8% for the training group. As a group, goal-setting/feedback RA's completed 41.1% of potential referrals (79 of 192) while training group RA's completed 20.6% (44 of 214). Using parametric statistics this difference is not significant (t = 1.173, p = .130, one-tailed). The small sample size makes the t-test less robust. The homogeniety of variances was tested using the Hartley F-max test (Edwards, 1972). No significant difference in variances was found (F=3.921, p>.05; training group SD = 25.9,

mean = 30.8, range = 76.3; goal-setting/feedback SD = 15.1, mean = 44.7, range = 47.1). Refer to table one for a summary of these results.

A power analysis was performed to determine the sample size necessary to achieve statistically significant results (Edwards, 1972). A probability of Type I error of 0.05 (one-tailed) with a probability of Type II error no greater than 0.16 was selected. The difference between training and goal-setting/feedback group means (approximately 14, or .60 standard deviation) was utilized. Approximately 38 subjects per group would be necessary to obtain a statistically significant difference.

Another way to look at these data is to use nonparametric statistics. If normal distribution is not assumed and nonparametric analysis employed, the null hypothesis is rejected. Using a test of medians (sign test) the difference between groups on the percentage of consultations completed is significant ($X = 4.00$, $p < .05$). Refer to tables two and three for descriptive statistics and measures of central tendency.

Within the goal-setting/feedback group, RA's set goals for the number of students with whom they would

consult. As shown in table four, individual goals ranged from eight consultations to 30 consultations. In percentages, the range was from 50% (eight of 16 possible consultations) to 100% (nine of nine possible consultations). The average individual goal was to complete 71.9% of possible consultations. In actual performance, RA's in this group completed an average of 9.9 consultations (from a low of 4 to a high of 20). The average percentage of goal achieved was 65.4. The range was from 16% (four consultations made with a goal of 25) to 112.5% (nine consultations made with a goal of eight). The number of completed consultaions is a self-report measure. It is based on RA's returning completed consultation forms. It is possible for RA's to fabricate these reports.

If resident advisors in the goal-setting/feedback group are further divided by the number of freshman residents per hall some interesting differences are suggested. Resident advisors with small freshman populations ($n < 20$) set an average goal of completing consultations with 70% of the freshmen on the hall. Those RA's with large freshman populations ($n > 20$) set an average goal of completing 74% of potential

consultations. While the goals expressed in percentages are roughly equivalent, when expressed in raw numbers the goals are quite different. RA's with small freshman populations set an average goal of 9.25 consultations. RA's with large freshman populations set an average goal of 25 completed consultations. Small population RA's completed 82% of consultation goals on average or 7.5 consultations each. RA's with large freshman poulations completed an average of only 48.7% of consultation goals, however, this was an average of 12.25 consultations each.

In the training condition 37 of the 44 (84.1%) freshmen seen in consultations were referred for services. Only three of the 37 (8.1%) presented at UCS. Overall 24 (11.2%) freshmen from training group halls presented at UCS. In the goal-setting/feedback condition 74 of the 79 (93.7%) of the freshmen seen in consultations were referred. Ten of the 74 (13.5%) presented at UCS. Overall, 21 of the freshmen from goal-setting/feedback group halls were seen at UCS. In the control group 20 (11.9%) freshmen were seen at UCS.

Discussion

The current study attempts to answer two broad questions. The first deals with obtaining empirical evidence for the utility (or lack of utility) of goal-setting and feedback as a means for significantly influencing human behavior. Specifically, is goal-setting useful for influencing the behavior of college student paraprofessionals acting as referral agents? Secondly, this study is concerned with the efficacy of the current program as an adjunct to public relations efforts and referral systems of University Counseling Services. Is this approach an effective use of resident advisor and UCS staff time and effort?

In answer to the first question, this study provides some empirical support for the efficacy of goal-setting and feedback techniques. Subjects in the goal-setting/feedback condition completed a significantly higher number of consultations than did subjects in the training condition. On two other measures, the number of freshmen seen at University Counseling Services and number of all levels of students seen at UCS, the goal-setting group did not differ significantly from either the training or control groups.

In the goal-setting/feedback condition, scores for

percentage of completed consultations fell between 38% and 59% for seven subjects. The remaining subject made only 11.7% of possible consultations. In the training condition six scores for completed consultations fell between 7% and 32%, while two scores were above 68%. These outlying results minimize the statistical differences between groups. The one goal-setting/feedback subject whose performance was markedly lower, in effect, dropped out of the study. This subject only once returned consultation reports. Feedback letters had no apparent impact on performance.

More difficult to explain is the excellent performance of two training group subjects. These two subjects completed a higher percentage of consultations than any other RA's, including goal-setting/feedback group RA's. Both attended the same training session and served as RA's on different floors in the same residence hall. On follow-up these subjects reported not having set formal goals. Both did attempt to complete 100% of possible consultations. In that sense both had implicitly set goals. Each reported a belief that meeting with residents was an important aspect of their jobs and an effective way of informing residents of

university programs and services. When they distributed the CSQ they each attempted to convey to residents a strong expectation that the CSQ would be returned and consultations completed. These pre-existing attitudes about their role as RA's may explain the strong performance.

The goals set by the resident advisors reflected the guidelines given in the training session they attended. In that session RA's were informed that return rates of 65-75% had been achieved for recent freshmen surveys in the residence halls. The average goal set by the RA's was to complete approximately 72% of possible consultations. On the average, RA's achieved 65% of individual goals for consultation. Less than 100% achievement of goals of less than 100% of possible consultations quickly reduces the number of consultations completed. To maximize performance higher goals or better achievement of current goals could be promoted.

When measured in percentages, two goal-setting feedback subjects had identical performance. Each achieved 60% of individual goals for completed consultations. In actual numbers the first RA completed

twice as many consultations as the second (twelve compared to six). The first RA clearly performed more often the target behaviors associated with completed consultations. By that measure the first RA was the better referral agent. Similarly, the RA completing 20 consultations (66.7% of goal, 47.6% of possible consultations) achieved greater success than the RA completing nine consultations (112.5% of goal, 56.3% of possible consultations). The difference in number of completed consultations between goal-setting RA's in small vs. large freshman halls suggest that larger (in number) goals lead to improved performance.

A goal of 20 consultations out of 40 possible is more ambitious than a goal of ten consultations out of fifteen possible. In the current study RA's set goals on the basis of expected compliance by residents. Altenatively, goals could be set on the basis of maximum potential RA performance. For example, RA's could be informed that within a given time period an RA completed 20 consultations. Within a similar time period the RA being trained could be expected to complete a similar number of consultations. If the number of possible consultations on their hall was less than 20, the goal

would be to complete 100%. If the total consultations possible was greater than 20 the percentage would translate to proportionally less than 100%. The number of times the RA performed the target behaviors leading to referral would be the critical measure. The percentage of consultations completed would be secondary. The difference between RA's on goals and number of consultations completed would be diminished. The effort required of each RA would be more equivalent.

Adding a public aspect to performance feedback could increase level of goal attainment (Bandura,1986). In the current study each RA received feedback only on her or his performance. Motivation was strictly the result of discrepancy between self-standards and actual performance. A public aspect to the feedback, such as including performance of all goal-setting/feedback subjects with each feedback letter, increases the cost of not performing well. Public commitment to goals creates anticipated social consequences that mediate against abandonment of those goals. The effect of group standards and expectations is added to self-standards for performance.

One potential source for the discrepancy between

outcome measures is related to the behaviors being studied. In observing the number of consultations completed by a resident advisor we are measuring a set of behaviors over which the RA has a great deal of control. The RA must distribute a questionnaire, seek out a student for consultation, accurately review the questionnaire and make an appropriate referral. All participants in the study demonstrated they could adequately perform the last two behaviors. Seeking out students to complete the questionnaire and receive a referral requires some cooperation from students, making these tasks more difficult for the RA. Even taking this into account, through sufficient, persistent effort the RA can virtually assure a completed consultation.

By contrast, a student accepting a referral and utilizing the services of University Counseling Services is much less directly under the control of the RA. In effect, an additional link is placed in the behavioral chain between application of goal-setting/feedback and the outcome measure (service utilization). Goal-setting and feedback are powerful behavior enhancers when directly applied. When applied indirectly a subsequent dilution of the efficacy of the intervention would be

expected.

An adjunct to this explanation is the RA's perception of his or her level of control over the outcome, i.e. student use of UCS services. If the subject believes she or he cannot influence outcome, goals regarding that outcome hold little meaning. Subjects would characterize these goals as unrealistic or even arbitrarily imposed by the experimenter. Such goals have little chance of enhancing performance. Bandura (1986) points out that goals which are perceived as arbitrarily imposed may even diminish performance. RA's in the current study may not have seen goals about service utilization as under their control.

A second influence on the apparent contradiction between outcome measures is the relative power of the feedback provided. Feedback was provided in the form of a weekly letter. The letter reported, to each RA, the percentage met of each of his or her goals. For example, after the first week of the program an RA might receive a letter stating that he or she had made 25% of the total number of consultations he or she planned to complete; and, that none of the students referred had presented at University Counseling Services. It is

likely that an RA did not receive feedback about student contact with UCS until several days or a week after the initial consultation. A consultation with a student, on the other hand, inherently provided immediate feedback. Each time an RA completed a consultation she or he knew immediately that progress had been made towards her or his goal. Delayed feedback (as in the case of the service utilization measures) is not as powerful as feedback that is delivered immediately (as in the consultation measure.) (Bellack and Hersen, 1977). This would serve to decrease the difference between groups on the service utilization measures and increase differences on the referral measure.

Qualitative differences in feedback may also account for part of the discrepancy between outcome measures. Feedback for a completed consultation, being inherent and naturally occurring could be expected to have a greater impact than feedback that was imposed in the form of a letter. Behavior is more likely to be maintained and generalized if the feedback and reinforcement for that behavior are intrinsic to the situation in which the behavior occurs. In the case of the service utilization measures feedback was limited to

the formal mechanism of the feedback letter. Consultation feedback was both naturally occurring and formal. To the degree the feedback was intrinsic in nature, feedback on the consultation measures was more powerful. Once again, this serves to diminish group differences on service utilization measures.

In the formal mechanism (the feedback letter) feedback for achievement of consultation goals was both positive and negative for all RA's in the goal-setting/feedback condition. All RA's in this condition completed at least some consultations for which they could receive positive feedback. At the same time the RA was reminded that final goals had not yet been met and he or she must intensify efforts in order to succeed. For the service utilization goals feedback was virtually all negative. Very few (13%) of the freshmen referred presented at UCS during the academic year. Even fewer presented during the four-week feedback period. The lack of positive feedback would support the belief, on the part of the RA, that the outcome was out of his or her control and goals concerning this outcome were not legitimate. Devaluation of goals would lead to diminished performance and further diminished outcomes,

lessening the difference between groups on service utilization measures.

Characteristics of goal-setting and feedback, as applied in the current study, have been examined as potential sources of discrepancy between outcome measures. In the following paragraphs the referral process will be examined. For a variety of reasons the RA referral may not have been sufficiently forceful to influence the behavior of students. The purpose of goal-setting/feedback was to encourage more persistent effort in making referrals. Perhaps a different focus for referral efforts or a qualitatively different approach to making referrals would have resulted in differences between groups on service utilization measures.

In the current study the sole influence on service utilization outcome was encouragement by the RA. A referral consisted of feedback (identification of potential problem areas based on the College Survival Quiz); instruction in how to access UCS services, and; seeking of a commitment from the student to utilize services. Residents were told to utilize services. Simple verbal instruction is not the most effective

means of influencing behavior. A more powerful technique, such as modeling may have proven more effective. One might expect that service utilization would increase in residence halls in which the resident advisor had her or himself utilized UCS services and openly endorsed those services. The present data does not allow for adequate examination of this question.

In a related vein, the RA behaviors which may have been necessary to encourage compliance with referrals were not as clearly specified as the behaviors leading up to and including the consultation. Additional emphasis on RA contact with the student after the initial consultation may have produced higher service utilization rates. A scheduled follow-up or prompt from the RA, subject to the same goal-setting/feedback contingencies may have produced differences between experimental groups on service utilization measures. The potential pitfall of this approach is overburdening the resident advisor and engendering resistance to the whole program.

The resident advisor may not have been the best possible referral agent. As the enforcer of Housing policy the RA is required to confront violators of that

policy and report them to the Office of Housing and Residence Life. After university judicial proceedings this may lead to sanctions and loss of privileges for the violator. If the RA has made several reports against residents, he or she may be most clearly identified by the residents as the police officer for the residence hall. Residents may be less likely to accept a referral from an RA perceived as an enforcer of Housing policy than from an RA most closely identified as a counselor, advisor or confidant. A hall resident other than the RA, identified by peers as a hall leader may be an effective alternative referral agent.

If a resident advisor is perceived negatively by hall residents it is possible that decreased service utilization could be an outcome of the current program. Consultations that were not performed correctly could also result in decreased service utilization. If the recommendation is ambiguous or perfunctory the student wuld be less likely to follow through. Similarly, a consultation could be seen by the student as an unwelcome intrusion. This in turn could lead to a negative reaction towards the RA. Since the RA would be representing counseling services the negative reaction

could generalize and service utilization decrease. The danger of a poorly completed consultation is that a student could leave the consultation believing that help is not available or that UCS is not a good resource.

Decreased service utilization could result if too much significance is placed on the consultation. Resident advisors may believe that they have provided a service and discharged their duties if a consultation is completed - regardless of a student's decision to seek services. A student may inappropriately assume that meeting with the RA has provided sufficient assistance and therefore not seek services. For whatever reason, if the student leaves the consultation believing that he or she has received all available help he or she is not likely to pursue further assistance. Nor is a student likely to pursue a recommendation if meeting with the resident advisor has temorarily relieved the discomfort that would lead him or her to seek services.

The data do not clearly suggest that completing a consultation or being in a residence hall on which the CSQ was distributed resulted in decreased likelihood of service utilization. The percentage of freshmen per residence hall presenting at University Counseling

Services was not siginificantly different across the three groups. Within the goal-setting group 14.7% of the students referred presented for services compared to 8.8% of the freshman who did not complete consultations. In the training group residence halls, 8.1% of students who were referred presented for services compared to 12.3% of students not completing consultations. Only within the training group is there evidence of a lower rate of service utilization among a subgroup of program participants (those completing consultations). It is possible that this is due to the current program.

As stated in the introduction, Solomon (1981) reminds us that a "hierarchy of effects" exists in the process of behavior change. Individuals attempting to change behaviors progress through stages such as awareness of a need to change; knowledge of how to change and available sources of help; motivation; skills learning; initial behavior change, and; finally, maintenance of behavior change. In the light of this complex chain it may be wrong to assume that the current intervention did not impact the behavior of hall residents. Clearly there was little impact on the final target behavior of immediate service utilization. What

is less clear is the impact on the earlier stages in the hierarchy, specifically awareness of the desirability of change and knowledge of how to access services that can facilitate behavior change. The increased visibility of UCS services on residence halls in the program would facilitate awareness and knowledge among all residents of the hall.

Considered in terms of increased awareness and knowledge consultations may have been successful. During training sessions and recruiting of subjects, several RA's reported that face to face contact was a much more effective means of making residents aware of UCS services than the typical method of posting notices. Service utilization was not a sufficiently sensitive measure for detecting success at this level. Assuming the intervention resulted in greater awareness and knowledge a long-term examination of service utilization rates for residents in the targeted halls may reveal higher rates of usage across a four-year college career. A survey of awareness of services and knowledge of how to access those services might have revealed differences between residents among the different conditions.

Utilization of UCS services by freshmen may be at a ceiling level. The programs and services are well-publicized and a large number of students make use of the services. Most students who are interested in receiving services may already be seeking out and receiving those services. A percentage of those not seeking services certainly do not need services. The population targeted for this intervention may in fact be quite small. Furthermore, those needing services and not seeking them may represent a group of hard-core non-users. Members of this latter group may have compelling reasons and strong motivation for not seeking services at UCS. A much more intensive intervention would be necessary to promote behavior change.

The current program may be better suited to promoting services of which students are less aware and have less knowledge. If fewer people have moved through the awareness and knowledge steps of the hierarchy this program would be more effective. Methods aimed at increasing awareness and knowledge will have a greater impact on utilization of services of which 25% of the population is aware than on services of which 75% of the population is aware.

To put the current study in perspective, evidence is provided supporting the efficacy of goal-setting and feedback in enhancing performance. The answer to the first question posed in this discussion is a qualified yes -- the most direct measure supports the efficacy of goal-setting/feedback. Less direct measures do not support this. When compared to other goal-setting/feedback studies the difference of 14 percentage points between training and goal-setting groups is expected. Locke et al (1981) in reviewing the literature found a median improvement in performance of 16% in goal-setting/feedback studies. Without adding additional contingencies such as monetary reinforcers, further performance improvement would not be expected.

The answer to the second question -- "Is this program an effective means of increasing the number of students utilizing UCS services?" is no. It appears that distribution of the College Survival Quiz and RA consultation and referral had no immediate impact on utilization of services. It is possible, but not documented, that these steps did lead to heightened student awareness and knowledge. Given the amount of RA and staff effort involved continuation of this

and staff effort involved continuation of this program in its present form is not advised.

If the main benefit achieved is heightened awareness and knowledge a less intensive approach may be equally effective. Eliminating the individual consultation and simply distributing the CSQ and accompanying recommendations at a meeting of all residents of a hall may have worked as well. This would minimize RA time involved. Residents who desired further information could then contact the RA. Similarly, the program could be announced and interested students could contact the RA to participate. This approach would mark a partial retreat to the waiting mode that is antithetical to the preventive psychology model (Jason and Bogat, 1983). The active support of referral agents in the residence halls would represent a limited application of the seeking mode.

Defining the target population more narrowly might also be effective. A higher percentage of service utilization would result from providing the program only for residents who displayed some initial interest. While this would favorably improve the ratio of number of students utilizing services per unit of RA time and

in the total number of students seeking services would result. Little or no impact on service utilization from hard-core non-users would follow.

Alternatively, the target population could be identified as the hard-core non-users. These would be students identified by some method (grade-point average, judicial referral, probationary student status, RA identification) as needing services. More intensive effort could be directed at these students by the resident advisor. Goal-setting and feedback could be used to enhance RA performance in reaching these students. Goals could be set and feedback provided for RA behaviors that increase student motivation and promote initial behavior change (seeking services) as well as for behaviors that increase awareness and knowledge. In this instance the total increase in number of students utilizing services would be small. The increase in numbers would represent students at significant risk for academic or other problems.

A third way of redefining the target population is to apply the methodology for the current study to a different referral problem. In other words, using goal-setting and feedback accompanied by training and a

standardized opportunity for consultation to increase RA referral to a resource other than UCS. Awareness of UCS is relatively high. A greater impact on service utilization might be realized for a service of which students are less aware. A new facility or organization or a new service provided by an existing organization would be an appropriate setting for the current approach. Unlike a new service, awareness of UCS is likely approaching a ceiling level.

Between-groups differences on service utilization measures may be maximized by changing the focus of the RA's attention. Goal-setting and feedback could be used to promote RA efforts designed to overcome resistance to service utilization. Targeted RA behaviors could include scheduling appointments at UCS for the student (with the student's consent); a second contact with the student following the initial consultation, to remind or encourage the student to attend a scheduled appointment; RA modeling of acceptance of UCS services, and; RA accompanying the student to UCS and providing an introduction to a UCS staff member, etc. Motivation and initial behavior change would be more directly addressed.

Employing RA's as training agents instead of referral agents is an alternative to increase service utilization. Goal-setting/feedback procedures would be applied directly to the outcome of service utilization as RA's could be trained to help students set goals and provide feedback about behavioral changes in the areas covered by the CSQ (reading and study skills, choice of major or career, stress management). Students could be referred to UCS as a way of achieving these goals. One link in the chain to behavior change would be eliminated. With this approach service utilization would be a more meaningful outcome measure. This approach would require more extensive RA training and involvement.

In conclusion, the current study demonstrates that when directly applied goal-setting and feedback enhances the student consultation performance of resident advisors. For a variety of reasons service utilization measures did not differ between groups. The current program could be used quite effectively to promote awareness of a new or little known service. Careful selection of target behaviors for goal-setting/feedback could produce significant effects across the entire

hierarchy of behavior change.

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Table 1

Comparison of training, goal-setting/feedback and control groups

	Number of Residents		Completed Consultations	Students Seen at UCS	
	Freshman	Total		Freshman	Total
Training (n = 8)	214	335	44 (20.6%)	24 (11.2%)	47 (14.0%)
Goal-setting feedback (n = 8)	192	312	79 (41.1%)	21 (10.9%)	49 (15.7%)
Control (n = 8)	167	334	NA	20 (11.9%)	45 (13.5%)

Table 2

Measures of central tendency

Number of completed consultations

	Mean	Median
Training	5.5	4
Goal-setting feedback	9.9	9.5

Percentage of completed consultations
(completed consultations ÷ freshmen on hall)

	Mean	Median
Training	30.8	17.75
Goal-setting feedback	44.5	46.9

Table 3

Frequency distribution of consultation scores

Number of consultations

Number Completed	Training	Goal-setting/ Feedback
16 - 20	0	1
11 - 15	2	2
6 - 10	0	3
0 - 5	6	2

Percentage of consultations

Percentage Completed	Training	Goal-setting/ Feedback
81 - 100	1	0
61 - 80	1	0
41 - 60	0	6
21 - 40	1	1
0 - 20	4	1

Table 4

Goal-setting

Subject Number	Freshman Population	Goals for Consultations		Number Completed	Percentage of Goal
		Number	Percentage		
1	9	9	100	5	55.6
2	34	25	73	4	16.0
3	42	30	71	20	66.7
4	16	8	50	9	112.5
5	14	10	71	6	60.0
6	26	20	77	12	60.0
7	17	10	59	10	100.0
8	34	25	74	13	52.0
Total	192	137		79	
Group Mean			71.4		57.7
Mean of Means			71.9		65.4

Appendix A

Training Manual

What is the College Survival Quiz all about?

The College Survival Quiz (CSQ for short) is designed to be a convenient and efficient system for RA's to make referrals to University Counseling Service programs. The questions on the CSQ reflect common concerns of Virginia Tech Freshmen in the areas of choosing a major or career, reading and study skills, and stress management. The questions are taken from responses to the freshmen survey done at the beginning of each school year.

By looking at the results of the freshmen survey we found that from 2/3 (67%) to 3/4 (actually about 80%) of Virginia Tech freshmen answered that they would like help in the areas of choosing a major, study skills or managing the stress of college life. In reality only about 15-18% of Tech freshmen come to University Counseling Services to get that help. No doubt some of the people saying they wanted help decided they didn't really need it after all. Some people probably have found help from other sources; however, a large number of freshmen still need help in these areas and either

don't know where to get it or need a word of encouragement to get them moving. The object of the College Survival Quiz is to help put students who need help in contact with people and programs that can help them.

Why is RA involvement important?

Resident advisors are the heart of the College Survival Quiz program. First, as an RA you are in direct contact with Virginia Tech freshmen everyday. You probably have already made referrals to Counseling Services and we hope that the CSQ will be a convenient way to help you do that part of your job. It will also give you an opportunity to make yourself better known to the residents on your hall, especially those residents with whom you haven't had much contact. Second, as an RA the freshmen on your floor see you as a person who can answer questions about the university. You are an authority on student life at Virginia Tech. Third, being a student yourself, it is easier for other students to approach you and ask questions (rather than asking questions of faculty or administrators). If this program works well for RA's, freshmen at Virginia Tech will benefit.

How does the College Survival Quiz project work?

The basis of the this project is a questionnaire called the College Survival Quiz. It is made up of 18 questions covering three areas: choosing or changing a major or career; improving reading and study skills; and, stress management. This questionnaire takes only 2-3 minutes to complete and score. Instructions are printed on one side of the page and the questionnaire itself is on the opposite side.

RA's who participate in this project distribute the CSQ to the freshmen on their hall. This may be done at a hall meeting, individually or any way that you choose. Residents complete the questionnaire and are asked to meet individually with the RA to review the CSQ and receive recommendations for programs that address the concerns indicated on the CSQ, by the resident. These individual meetings or consultations may be done at your convenience over the next several weeks. They can be kept informal and generally take less than 5 minutes to complete.

Step-by-step through the CSQ.

1. Now let's go through the process of completing the CSQ step-by-step, just as you might do it with one of your residents. The next page in this manual is a blank copy of the CSQ with instructions on one side and the questionnaire on the back. Take just a minute now to read the instructions and complete and score the CSQ for yourself.

College Survival Quiz

The questionnaire on the back of this page -- The College Survival Quiz-- asks about some common areas of concerns of Virginia Tech students. We-ve learned through experience that most Tech students have questions about how to choose a major or career, improve their study habits and how to better manage stress. Please take a few minutes to complete the College Survival Quiz. When you're done take the questionnaire to your Resident Advisor and he or she will have some helpful suggestions about how you might get answers for the specific concerns that you have.

Instructions:

Place a check mark in the blank corresponding to your answer to the right of each question.

For items 12-17 only, for each "Usually" give yourself 3 points;
for each "Sometimes" give yourself 2 points;
for each "Never give yourself 1 point.

Add up the total points for questions 12-17. This score will give you some idea of how you are handling stress.

If your total score for questions 12-17 is 8 points or lower you are doing a good job o managing stress.

If your total score is 9 or more, stress may be a problem for you and you may want to learn some new ways to manage the stress in your life.

	Yes	No
1) I need to choose a major or change my major and I don't know where to start.	___	___
2) I'm feeling pressure to make an immediate career decision, but I'm not sure I'm ready.	___	___
3) I can identify several careers that fit my interests, personality and values.	___	___
4) I know what my interests and values are regarding majors and careers.	___	___
5) I can name several careers that are related to my major.	___	___
6) I can describe a typical day for workers in my field of interest.	___	___

	Usually	Sometimes	Never
7) I understand what I read in my textbooks and can remember concepts and details at test time.	___	___	___
8) I read too slowly to finish all my reading assignments on time.	___	___	___
9) I take lecture notes that are clear, concise and thorough.	___	___	___
10) I feel well prepared for my tests and exams.	___	___	___
11) I understand the reasons for both my academic successes and problems.	___	___	___
12) I find myself "racing against the clock" to save time.	___	___	___
13) My friends or family tell me that I tend to get irritated easily.	___	___	___
14) It is difficult for me to set aside time to get away from work and relax.	___	___	___
15) I am under so much pressure I sometimes have problems with my physical health.	___	___	___
16) I feel I am under more pressure than most of my friends.	___	___	___
17) I feel that everything I do must be done perfectly.	___	___	___

	Yes	No
18) I have some concerns that I'd like to talk to someone about.	___	___

Step-by-step through the CSQ. (continued)

2. Notice how long it took you to complete and score the CSQ. You may want to double check your scoring of questions 12-17, the stress management section. Once you have done this it's time to make some recommendations to yourself. In order to do this we've provided a form called "College Survival Quiz Prescriptions". This form contains a list of prescriptions or recommendations that match-up with the questions on the CSQ. Simply look at your answers to the questions, compare them to the prescription sheet and you'll have your recommendation. For example, if you answered "yes" to question 1 you would probably find that a Career Interest Testing Group or Choosing a Major Workshop would help you. The prescription sheet is the next page in this manual. Take a moment now and find out what prescriptions apply to you.

COLLEGE SURVIVAL QUIZ

PRESCRIPTIONS

Question	Answer	Prescription
1	Yes	Career Interest Testing Group or Choosing a Major Workshop
2	Yes	Individual appointment with a career counselor
3,4	No	Career interest testing group
5,6	No	Using the Career Resources Center
7	Sometimes, Never	Reading to Succeed at the College leve (next quarter) or appointment with Reading and Study Skills counselor
8	Usually	Speedreading class (next quarter) or appointment with Reading and Study skills counselor
9	Sometimes,never	Monday help sessions or study skills class
10	Sometimes,never	Preparing for midterms, preparing for exams, or appointment with a study skills counselor
11	Sometimes,never	Study skills class (next quarter) or individual appointment with a study skills counselor

---

12-17 . Usually = 3 points Sometimes = 2 points Never = 1 point

Total score of more than 9 points for questions 12-17 the recommendation is for the students choice of stress management or relaxation training group or individual appointment for stress management. Call University Counseling Services to find out what programs are available at the time you make the recommendation. Nine points or less no recommendation is necessary.

Question 18	Yes	Recommend individual appointment with a counselor.

Step-by-step through the CSQ. (continued)

3. Any questions about interpreting the CSQ? When you meet with individual freshmen residents to review the CSQ and make recommendations you will be using the form called "Consultation Report". It is a four part checklist to keep track of the recommendations you make. The first section asks for your name, the residents name and the date of the consultation. Next you are reminded to check the scoring of the stress management questions (12-17). Check off that blank when you have done that. Next you are asked to check off all the recommendations that you make to the resident. If, according to the CSQ and the prescription sheet no recommendations are needed, check the item "No recommendation indicated." Finally, check one of the items under the "outcome of referral section". If a student refuses to meet with you to review the questionnaire simply check off the item, "Student refuses recommendation."

Take a moment now to review the next page, "Consultation Report."

CONSULTATION REPORT

RA:_____ STUDENT:_____

DATE:_____

TASKS COMPLETED:

_____ Checked scoring on stress management
** ** ** ** ** ** ** ** ** ** ** ** **

_____ Made recommendations (check all that apply).*

_____ Reading to succeed at the college level
_____ Speedreading
_____ Study skills class
_____ Individual study skills counseling
_____ Choosing a Major Workshop
_____ Career Interest Testing Group
_____ Career Resources Center
_____ Individual Career Counseling
_____ Stress Management Workshop
_____ Individual counseling for stress management
_____ Individual counseling (General)

*Make recommendations directly-- "I recommend you attend..."
"This program would be helpful to you"

_____ No recommendation indicated.
** ** ****** ** ** ** ** ** ** ** ** ****

_____ Invited and answered questions about counseling services?

OUTCOME OF REFERRAL (Check one):

_____ Student called and registered for a program or appointment at the time of the consultation.

_____ Student made a verbal commitment to register for program or appointment.

_____ Student is noncommital about following your recommendation.

_____ Student refuses recommendation.

_____ Student reports already seeking help for the concerns indicated on the College Survival Quiz.

Step-by-step through the CSQ. (continued)

4. General guidelines for CSQ consultations with residents.

A. Most of the prescriptions are referrals to structured groups or programs, the resident always has the option of setting up an individual appointment with a counselor rather than attending a class or group.

B. If more than one recommendation is indicated for a resident encourage him or her to pick one recommendation to follow. You don't have to decide which is most important, but do try to help the resident narrow it down to one recommendation. The object is for the resident to know cleary what his or her next step should be.

C. Be direct when you make recommendations. "This program would be helpful to you." "I recommend you attend ..."

D. Encourage the student to make a commitment about following through on the recommendation.

E. Residents have the right to refuse to follow through. We're not trying to force this on anyone. If you are concerned that refusing a referral endangers the resident call your area coordinator or your Counseling

Services consultant.

F. Be sure to send in completed consultation reports each week. Put them in campus mail by 5:00 PM each Wednesday. If you do not have any completed consultation reports in a week, write a note to that effect and send it in one of the envelopes addressed to University Counseling Services.

Step-by-step through the CSQ. (continued)

5. Examples and practice.

The next page is a sample of a CSQ as it might have been completed by a freshmen resident. Following the CSQ is a brief example of how the consultation might go as well as the completed consultation report. Look over the CSQ and compare it to the list of prescriptions, read through the consultation and the consultation report so that you can see how the recommendations were made.

	Yes	No
1) I need to choose a major or change my major and I don't know where to start.	—	✓
2) I'm feeling pressure to make an immediate career decision, but I'm not sure I'm ready.	—	✓
3) I can identify several careers that fit my interests, personality and values.	✓	—
4) I know what my interests and values are regarding majors and careers.	✓	—
5) I can name several careers that are related to my major.	✓	—
6) I can describe a typical day for workers in my field of interest.	—	✓

	Usually	Sometimes	Never
7) I understand what I read in my textbooks and can remember concepts and details at test time.	—	✓	—
8) I read too slowly to finish all my reading assignments on time.	✓	—	—
9) I take lecture notes that are clear, concise and thorough.	—	✓	—
10) I feel well prepared for my tests and exams.	—	✓	—
11) I understand the reasons for both my academic successes and problems.	—	✓	—
12) I find myself "racing against the clock" to save time.	✓	—	—
13) My friends or family tell me that I tend to get irritated easily.	—	✓	—
14) It is difficult for me to set aside time to get away from work and relax.	—	—	✓
15) I am under so much pressure I sometimes have problems with my physical health.	—	—	✓
16) I feel I am under more pressure than most of my friends.	—	—	✓
17) I feel that everything I do must be done perfectly.	—	—	✓

	Yes	No
18) I have some concerns that I'd like to talk to someone about.	—	✓

Step-by-step through the CSQ. (continued)

Example of a consultation with a resident.

RA: Have you had a chance to complete the College Survival Quiz that I gave you the other day? Good. Could I take a minute to look at it and then I could give you some recommendations.

Resident: Sure, go ahead.

RA: (take your time to review the questionnaire) From looking at your answers and comparing them to the list of recommendations I got from Counseling Services there seem to be two areas in which you could use some help: choosing a major or career and preparing for exams.

Resident: That sounds about right. I'm just not sure what I want to major in. I've got a couple of classes where the tests really give me trouble. I think I know the stuff, but I never know what's going to be on the tests.

RA: A lot of people feel that way, I've even had some classes like that. There are three recommendations that I could make. First, Counseling Services offers Career Interest Testing Groups to help you pick a career that fits your interests. They also have the

Career Resources Center with information on careers. For help with your tests they have a program called Preparing for Exams or they have study skills counselors that you could meet with to get some help.

I would recommend that you sign up for one of these programs.

Resident: What are those programs like? When are they?

RA: I've got a flyer that tells when Preparing for Exams meets. I'm not sure about the Career Interest Group. We can call Counseling Services to find out. In the Career Testing Group you take a test that helps you find out what your interests are and then matches your interests with careers. We can call Counseling Services for more information about either of these.

Resident: I guess that sounds ok. It might help.

RA: Counseling Services closed at 5:00. Will you call tomorrow to sign- up. The number is 961-6557.

Resident: I'll call them tomorrow.

CONSULTATION REPORT

RA: _____ STUDENT: _____

DATE: 1/15/88

TASKS COMPLETED:

✓ Checked scoring on stress management 5

** ** ** ** ** ** ** ** ** ** ** ** **

_____ Made recommendations (check all that apply).*

_____ Reading to succeed at the college level
_____ Speedreading
_____ Study skills class
_____ Individual study skills counseling
___✓_ Choosing a Major Workshop
__✓__ Career Interest Testing Group
__✓__ Career Resources Center
_____ Individual Career Counseling
_____ Stress Management Workshop
_____ Individual counseling for stress management
____✓ Individual counseling (General)
✓ PREPARING FOR EXAMS

*Make recommendations directly-- "I recommend you attend..."
"This program would be helpful to you"

_____ No recommendation indicated.

** ** ****** ** ** ** ** ** ** ** ** ****

__✓__ Invited and answered questions about counseling services?

OUTCOME OF REFERRAL (Check one):

_____ Student called and registered for a program or appointment at the time of the consultation.

__✓__ Student made a verbal commitment to register for program or appointment.

_____ Student is noncommital about following your recommendation.

_____ Student refuses recommendation.

_____ Student reports already seeking help for the concerns indicated on the College Survival Quiz.

Step-by-step through the CSQ. (continued)

5. More examples and practice.

Now it's time for you to try one. The next page is a completed CSQ. Following that is a blank consultation report. Review the CSQ, refer to the list of prescriptions and fill out the consultation report. Be sure to check the scoring on the stress management section.

	Yes	No
1) I need to choose a major or change my major and I don't know where to start.	✓	
2) I'm feeling pressure to make an immediate career decision, but I'm not sure I'm ready.	✓	
3) I can identify several careers that fit my interests, personality and values.		✓
4) I know what my interests and values are regarding majors and careers.		✓
5) I can name several careers that are related to my major.	✓	
6) I can describe a typical day for workers in my field of interest.		✓

	Usually	Sometimes	Never
7) I understand what I read in my textbooks and can remember concepts and details at test time.	✓		
8) I read too slowly to finish all my reading assignments on time.		✓	
9) I take lecture notes that are clear, concise and thorough.		✓	
10) I feel well prepared for my tests and exams.			✓
11) I understand the reasons for both my academic successes and problems.	✓		
12) I find myself "racing against the clock" to save time.			✓
13) My friends or family tell me that I tend to get irritated easily.			✓
14) It is difficult for me to set aside time to get away from work and relax.	✓		
15) I am under so much pressure I sometimes have problems with my physical health.		✓	
16) I feel I am under more pressure than most of my friends.		✓	
17) I feel that everything I do must be done perfectly.	✓		

	Yes	No
18) I have some concerns that I'd like to talk to someone about.	✓	

CONSULTATION REPORT

RA: _____ STUDENT: _____

DATE: _____

TASKS COMPLETED:

_____ Checked scoring on stress management
** ** ** ** ** ** ** ** ** ** ** ** **

_____ Made recommendations (check all that apply).*

_____ Reading to succeed at the college level
_____ Speedreading
_____ Study skills class
_____ Individual study skills counseling
_____ Choosing a Major Workshop
_____ Career Interest Testing Group
_____ Career Resources Center
_____ Individual Career Counseling
_____ Stress Management Workshop
_____ Individual counseling for stress management
_____ Individual counseling (General)

*Make recommendations directly-- "I recommend you attend..."
"This program would be helpful to you"

_____ No recommendation indicated.
** ** ****** ** ** ** ** ** ** ** ** ****

_____ Invited and answered questions about counseling services?

OUTCOME OF REFERRAL (Check one):

_____ Student called and registered for a program or appointment at the time of the consultation.

_____ Student made a verbal commitment to register for program or appointment.

_____ Student is noncommital about following your recommendation.

_____ Student refuses recommendation.

_____ Student reports already seeking help for the concerns indicated on the College Survival Quiz.

CONSULTATION REPORT

RA:_____ STUDENT:_____

DATE:_____

TASKS COMPLETED:

_/_ Checked scoring on stress management 67
** ** ** ** ** ** ** ** ** ** ** ** **

_/_ Made recommendations (check all that apply).*

_/_ Reading to succeed at the college level
_____ Speedreading
_____ Study skills class
_/_ Individual study skills counseling
_____ Choosing a Major Workshop
_____ Career Interest Testing Group
_/_ Career Resources Center
_____ Individual Career Counseling
_____ Stress Management Workshop
_____ Individual counseling for stress management
_____ Individual counseling (General)
1 / PREPARING FOR EXAMS

*Make recommendations directly-- "I recommend you attend..."
"This program would be helpful to you"

_____ No recommendation indicated.
** ** ****** ** ** ** ** ** ** ** ** ****

_____ Invited and answered questions about counseling services?

OUTCOME OF REFERRAL (Check one):

_____ Student called and registered for a program or appointment at the time of the consultation.

_____ Student made a verbal commitment to register for program or appointment.

_____ Student is noncommital about following your recommendation.

_____ Student refuses recommendation.

_____ Student reports already seeking help for the concerns indicated on the College Survival Quiz.

Step-by-step through the CSQ.(continued)

Wasn't that easy? Compare the consultation report you prepared to the one that precedes this page. If you made any mistakes, make a mental note of them. When you meet with your residents be sure and take your time, there`s no need to feel rushed. There is one more completed CSQ on which you may practice. Do that now.

	Yes	No
1) I need to choose a major or change my major and I don't know where to start.		✓
2) I'm feeling pressure to make an immediate career decision, but I'm not sure I'm ready.		✓
3) I can identify several careers that fit my interests, personality and values.	✓	
4) I know what my interests and values are regarding majors and careers.		✓
5) I can name several careers that are related to my major.		✓
6) I can describe a typical day for workers in my field of interest.		✓

	Usually	Sometimes	Never
7) I understand what I read in my textbooks and can remember concepts and details at test time.		✓	
8) I read too slowly to finish all my reading assignments on time.		✓	
9) I take lecture notes that are clear, concise and thorough.	✓		
10) I feel well prepared for my tests and exams.	✓		
11) I understand the reasons for both my academic successes and problems.			✓
12) I find myself "racing against the clock" to save time.		✓	
13) My friends or family tell me that I tend to get irritated easily.	✓		
14) It is difficult for me to set aside time to get away from work and relax.	✓		
15) I am under so much pressure I sometimes have problems with my physical health.			✓
16) I feel I am under more pressure than most of my friends.		✓	
17) I feel that everything I do must be done perfectly.		✓	

	Yes	No
18) I have some concerns that I'd like to talk to someone about.		✓

Step-by-step through the CSQ. (continued)

Now that you've practiced you're ready to get started. Distribute the CSQ to your freshmen residents, get started on the consultations and be sure to send in your completed consultation reports each week. If you have any questions please call Dr. Pam Walters at University Counseling Services. She can relay the message to me and I'll get back to you as quickly as possible. Thank you very much for your participation.

Ken Israel

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