University Counseling Center Off-Campus Referrals: An Exploratory Investigation

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ABSTRACT. University counseling centers (UCC) must rely on referrals to off-campus providers, due to limited staffing, severity of clients' issues, and ethical treatment considerations. In a mixed method design, this study found that 42% of clients were unsuccessful in connecting with an off-campus provider when referred by a university counseling center therapist. Clients of color were more unsuccessful in connecting with an off-campus provider than Caucasian clients. Regardless of ethnicity, clients reported that therapist follow up, accessible referral sources, and high personal motivation assisted in a successful referral process. Financial issues were the primary inhibitory factor for the referral process. Suggestions for clinical practice and university counseling center policies are provided. doi:10.1300/J035v22n02_03

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Journal of College Student Psychotherapy, Vol. 22(2) 2007
Available online at http://jcsp.haworthpress.com

doi:10.1300/J035v22n02_03

KEYWORDS. University counseling center, referral, counseling, college student, treatment, intervention, assessment

INTRODUCTION

Approximately 85% of university counseling centers (UCC) directors reported an increase in the number of students seeking clinical services (AUCCCD, 2005). As the debate regarding the increased severity of presenting problems of UCC clients continues (Benton, Robertson, Tseng, Newton, & Benton, 2003; Cornish, Kominars, Riva, McIntosh, & Henderson, 2000; Erdur-Baker, Aberson, Barrow, & Draper, 2006; Schwartz, 2006; Sharkin, 1997) there is a trend in the perception that client severity is increasing among UCC directors and staff (Gallagher, 2000; Robins, May & Corazzini, 1985). Further, even minor increases in the severity of some clients can subsume many of the resources of counseling centers (Cornish et al., 2000). This can be problematic for many UCCs that have limited resources.

It is inconceivable that a UCC could or should provide all the needed services, particularly to students presenting with severe psychopathology (Gilbert, 1992). In fact, most university counseling centers (UCC) offer brief therapeutic services due to their financial restraints and limited staff (Gallagher, 2000; Stone & Archer, 1990; Stone & McMichael, 1996). Consistently, research on the 'dose effect' within UCCs has shown that the brief therapy model does not meet the needs of all clients (Draper et al., 2002; Wolgast, Lambert, & Puschner, 2003). As such, many UCCs develop relationships with and rely on off-campus mental health providers.

Currently, there exists more empirical evidence about the clinical decision making process that leads clinicians to refer than to what happens after the referral is made (Dworkin & Lyddon, 1991; Lacour & Carter, 2002; Lawe, Penick, Raskin, & Raymond, 1999; Quintana, Yesenosky, Kilmartin, & Macias, 1991; Zuriff, 2000). There are nearly no estimates of the proportions of clients that following referral, successfully connect with an off-campus provider. For instance, Zuriff (2000) suggested that nearly 85% of his client referrals successfully connected to an off-campus provider; however, this was a personal estimate based on informal discussions with clients and other providers. He noted that his clients' successful referral percentage was higher than his center's norm, although Zuriff did not include the center's referral rate and he did not describe how it was determined. Additionally, studies examin-

ing referrals to other counselors within the same agency have shown mixed results for clients' continuation with services (see Reis & Brown, 1999). However, these studies are conceptually different from referring clients off-campus since the referral process for within agency is, generally, predetermined (e.g., after intake).

Some hypotheses regarding the referral process can be drawn from studies examining premature termination. For instance, Pekarik (1992) found that environment barriers (e.g., lack of money, off-campus provider availability) and client factors (e.g., felt better, lack of motivation) were related to psychotherapy drop out. Conversely, research focusing on preparing clients for therapy has been shown to decrease psychotherapy drop out (see Ogrodniczuk, Joyce, & Piper, 2005 for a review). Likewise, Pinkerton and Rockwell (1994) suggested that UCC counselors should prepare their clients for counseling by clarifying their expectations about therapy, since they might be expecting a quick solution to their problems. Accordingly, these factors guided our reasoning in the development of the current study.

Specifically, the current study sought to examine the proportion of clients who successfully connect with off-campus mental health providers and the factors that help and hinder this process? Due to the lack of information on the topic, we felt that an exploratory approach was warranted. The following questions were examined: (1) What proportion of clients who are referred to an off-campus provider, successfully connect with the provider? (2) Are client factors (e.g., ethnicity, age) and counseling factors (working alliance, number of sessions) useful in the prediction of successful referrals? (3) What factors do clients report as salient for assisting with and hindering the referral process?

METHODS

Participants

Clients who received counseling at a large western UCC over the course of a year were recruited to participate. On the intake card, clients were asked if they would be willing to receive a survey about their counseling experience. Clients who responded that they were willing to receive a survey were emailed. Five hundred and forty-nine clients completed the electronic survey.

The response rate was calculated for clients who attended one-session after intake ($N = 2049$) minus the number of returned emails ($N =$

221). The initial intake at this UCC serves many purposes (e.g., obtaining referral paperwork for insurance, dropping a course due to mental health reasons, assessing dangerousness, etc.). In other words, the initial intake is not the best indicator of intent to start counseling. The data also reflects this rationale insofar as one client who only came for an intake completed the survey and subsequently was excluded from analyses. The response rate was 30%, which is similar to other electronic survey studies (Northey, 2005).

Of the 549 clients who responded, 45 were excluded from analyses due to no response to the referral question. Thus, the final sample consisted of 504 clients. Seventy-two percent of the clients were female, 20% male, and 8% did not indicate their gender. The participants had a median age of 22 years old. Thirty-six percent of the participants were graduate students, 26% were seniors, 14% were juniors, 9.5% were sophomores, 5% were freshmen, and 1% non-students/partners. Fifty percent of the participants identified as Caucasian, 21% identified as Asian-American, 11.3% identified as multiethnic, 8.3% identified as Hispanic, 1.4% identified as African American, .3% identified as Native American, and 7.7% did not endorse an ethnicity or selected the other category.

The sample was compared to the total UCC client population. The clientele was comprised of 69.2% female, 29.7% male, 1% unknown; average age was 21.6 years old, 27% were graduate students, 29% were seniors, 21% juniors, 12% sophomore, 8% freshmen, 1% non-student-partner. Fifty-eight percent were Caucasian, 31% Asian-American; 13% Hispanic, 3% African-American and 1% Native American. Based on a comparison between the sample and the client population, with some small variations, the sample appears to be somewhat representative of the client population.

Procedure

The data was collected at two points during the academic year to increase response to the survey and limit the amount of time between seeking counseling services and responding to the survey. The survey was accessed through the internet. All clients were given an informed consent, demographic questions, counseling description questions (e.g., number of sessions), measure of psychological well-being and working alliance, and specific referral questions (see next page). The participants in the earlier administration (n = 291) were given one additional

measure (i.e., Reasons for Successful and Unsuccessful Referral Likert items) than the participants in the later administration (n = 213).

We felt that it was likely that responding to the Reasons for Successful and Unsuccessful Referral Likert items decreased participation in the open-ended question about the referral process for the earlier sample. As such, we removed these items for the later administration to increase the responses to the open-ended questions. By doing this, we nearly doubled the open-ended responses. We thought that it was more important to gather more data through the open=ended question since there is limited information on the topic.

Measures

Schwartz Outcome Scale-10. The Schwartz Outcome Scale-10 (SOS-10; Blais et al., 1999) is designed to assess psychological well-being through 10 items on a seven point Likert-type scale. The SOS-10 has been normed with clinical college student samples (Blais & Baity, 2005; Young, Waehler, Laux, McDaniel & Hilsenroth, 2003), community inpatient/outpatient samples (Blais et al., 1999), and non-clinical community and non-clinical college student samples (Blais & Baity, 2005). Further, the SOS-10 has consistent psychometric properties for students of color (Owen, Rhoades, Stanley & Fincham, 2007). The measure has shown excellent reliability, construct validity, and criterion-related validity (see Blais & Baity, 2005 for a review). In the current study, the Cronbach's alpha coefficient was .94.

College-Therapeutic Alliance Scale. The College Therapeutic Alliance Scale (C-TAS; Blais personal communication 2005) was adapted for this study from the Inpatient Therapeutic Alliance Scale (I-TAS; Blais, 2004). The term "treatment team" was replaced from the I-TAS to "therapist" on the C-TAS. This minor alteration was not predicted to change the interpretation of the scale since the meaning of the word change is consistent. For instance, "I feel that my (treatment team) therapist wants to help me" (Blais, 2004). The C-TAS has ten items that are designed to assess the therapeutic alliance rated on a seven-point Likert-type scale. The measure was developed by using the common elements of other major working alliance scales (Blais, 2004). In the current study the Cronbach's alpha was .95.

Number of Sessions. Number of sessions was based on clients' reports. The median number of sessions was six and 85% of the sample had ten sessions or fewer. This average number of sessions is similar to

other studies in UCC (e.g., median six sessions; see Nielson et al., 2004).

Referral Question. Clients were asked if they were referred to a therapist in the local community by their UCC therapist. The response choices were: No referral given (No Referral), Yes, I was referred and I met with a local therapist (Yes Referral-Successful), and Yes, I was referred but I did not meet with a local therapist (Yes Referral-Unsuccessful). The terms successful and unsuccessful were used to describe clients who met or did not meet with an off-campus therapist. We felt that these terms better describe the process of referral (versus compliance/noncompliance) since some clients may want to comply but do not have the resources (e.g., financial) or due to other barriers (e.g., stigma).

Reasons for Successful & Unsuccessful Referral. Reasons for successful and unsuccessful referrals were assessed in two ways: items rated on a Likert-scale and an open-ended question. First, for the 291 clients who responded to the earlier administration of the survey, we asked the *Yes Referral-Successful* clients ($n = 38$) to rate five items on a five point Likert scale with the anchors Strongly Agree and Strongly Disagree. These items were created to assess client and counselor factors related to successfully connecting with an off-campus provider. For example, "I was motivated" and "I needed the help" both reflect client factors. "My UCC counselor followed up with me after the initial referral" reflects a counselor related factor in the referral process.

Similarly, we asked *Yes Referral-Unsuccessful* clients ($n = 22$) in the earlier administration to rate six items on a five point Likert scale with anchors that ranged from Strongly Agree to Strongly Disagree. The items focused on environmental barriers, "I did not have the money," client factors, "I was not motivated" and "I no longer needed therapy," and counselor factors "My UCC counselor did not follow up with me after the initial referral." The Likert-scaled items for successful and unsuccessful referral processes were developed based on previous literature examining premature termination and referral decisions (Hatchett, 2004; Lacour & Carter, 2002; Pekarik, 1992).

There were three common items between the two groups, (Motivated, Need therapy, UCC counselor follow up; see above). However, the other items were different for the two groups since the processes are notably different (Lacour & Carter, 2002; Quintana et al., 1991). These extra items are reported descriptively in the results section.

Second, all participants were prompted to respond to an open-ended response question: What factors contributed to connecting with (or not

connecting with) a therapist in the local community? These responses were thematically coded and are reported descriptively to enhance our findings.

Coding for the Open-Ended Responses

All of the open-ended responses were thematically coded by the first and second authors. First, independent coding sought to identify major themes from the statements. The initial agreement of major themes was 80%. The codes were discussed and then the coding for the specific statements was conducted independently (90% agreement for statement within theme) and then the remainder of the statements were consensus coded (100% agreement). Similar procedures have been used to code written statements (Haverkamp, 1993; Owen, 2005).

RESULTS

Of the 504 clients, 127 clients (25%) reported that they were referred to an off-campus therapist. Of the 127 clients who were referred, 74 clients (58%) successfully connected with an off-campus provider and 53 clients (42%) had not met with an off-campus provider. The 53 clients (unsuccessful) represent 10.5% of the total sample whereas the 74 clients (successful) represent 14.7% of the total sample.

Next, a binary logistic regression was conducted to examine if counseling process variables and client factors were associated with clients who successfully connected with an off-campus provider. We predicted that counseling process variables (e.g., higher working alliance and more number of sessions) would be related to clients who successfully met with an off-campus provider. Further, we expected that client variables (e.g., sex, ethnicity, and age)–specifically older clients and Caucasian clients–would be related to a successful referral process (Reis & Brown, 1999; Sue, 1977). Due to low cell size for some ethnic groups and based on findings from other studies ethnicity was dichotomized (Wierzbicki & Pekarik, 1993; Clients of color/Caucasian clients). In addition, we did not expect differences between the two samples (fall or spring). Psychological well-being was used as a covariate. Nine participants were excluded from the analyses due to not listing their ethnicity.

The overall model was not significant, $\chi^2(7, N = 118) = 7.93, p = .32$. The predictors, collectively, did not significantly add to the prediction of a successful referral process.[1] Tests of the individual predictors re-

TABLE 1. Frequency, Percentage of Clients Who Were Referred, Successfully and Unsuccessfully for Caucasian and Clients of Color

	Caucasian Clients	*Clients of Color*	*Total Clients*[1]
Referred	71 (100%)	47 (100%)	127 (100%)
Referred-Successful	48 (67.6%)	20 (42.6%)	74 (58.3%)
Referred-Unsuccessful	23 (32.4%)	27 (57.4%)	53 (41.7%)

Note. 1 = The total number of clients is larger due to nine clients not indicating their ethnicity.

vealed that only ethnicity was significantly related to connecting to an off-campus provider. Caucasian clients were more likely to connect with an off-campus provider than clients of color, $Wald = 5.52$, $p < .02$. For instance, 57.4% of the clients of Color and 32.4% of Caucasian clients were unsuccessful in connecting with an off-campus provider (see Table 1). Although some caution should be taken with interpreting these results since the overall model was not significant. However, the tests of the individual predictors were an a priori decision due to the exploratory nature of the study.

We compared three reasons for successful ($n = 38$) and unsuccessful referrals ($n = 22$). Specifically, three t-tests were conducted between clients who were successful and unsuccessful in the referral process for Motivated, Needed therapy, and UCC counselor followed up. The results for client items (i.e., Needed therapy and Motivated) were statistically significant ($p's < .001$). Additionally, the counselor item (e.g., UCC counselor followed up) was also statistically significant ($p < .05$; see Table 2). These findings suggest that clients who successfully connected with an off-campus provider reported higher need and personal motivation for therapy as well as more follow up from their UCC counselor throughout the referral process.

Descriptively we also examined the items that were unique for each group. Lower scores are associated with Strongly Agree (1) whereas higher scores represent Strongly Disagree (5). The Yes Referral-Successful group had mean score of 1.65 (SD = 1.01) for *my UCC counselor encouraged me* and mean score of 2.25 (SD = 1.18) for *Other significant people in my life encouraged me*. The Yes Referral-Unsuccessful group had a mean score of 2.36 (SD = 1.36) for *I did not have the money to pay for services*, 2.96 (SD = 1.15) for *I felt better,* 3.23 (SD =

TABLE 2. Results from T-Tests for Reasons that Assisted and Hindered the Referral Process for Clients in the Earlier Administration

Items	*df*	*t-score*	*Cohen's d*[1]
I needed therapy	58	4.54**	1.18
I was motivated to get better	58	6.34**	1.79
My UCC counselor followed up with me	58	1.99*	.57

Note: 1 = larger scores indicate clients from the Referral-Successful group ($n = 38$) agreed more with the item more than Referral-Unsuccessful group ($n = 22$). * $p < .05$; ** $p < .001$

.97) for *Confused about the Process,* and 3.29 (SD = 1.23) for *No response from community therapist*.

Lastly, we sought to understand clients' perspectives of the referral process from the written open-ended question. Table 3 lists the themes and examples from the open-ended responses. The major themes that emerged from the open-ended responses for assisting in the referral process were: clients feeling that they have high quality referrals, positive feelings about the referral process, and assistance from UCC counselor during the difficulties of the referral process. The major themes for the unsuccessful referrals were financial resources, negative feelings about the referral process, inability to access high quality referrals, client's motivation/time, and client's well-being. The most prominent theme from the unsuccessful referrals was the lack of financial resources.

DISCUSSION

This study examined referral rates in a large UCC and possible contributing factors for referred clients to successfully or unsuccessfully connect with an off-campus provider. Twenty-five percent of clients in current study reported being referred to an off-campus provider, which is higher than *therapist* reports of referral rates in another UCC study (e.g., 15.9%; Lawe et al., 1999). In the current study, 42% of the clients who were referred to an off-campus provider did not meet with this provider. Conversely, 58% of the clients were successful in connecting to an off-campus provider. Clients' motivation and need for further services as well as UCC counselors' follow up were significant factors for clients who were successful in comparison to clients who were unsuccessful in connecting with an off-campus provider. Further, clients' fi-

TABLE 3. Referral Process Themes from Written Comments from Total Sample

Themes That Assisted the Referral Process	**Example Statements**
Quality/Accessibility of Referral Services	"The community therapist previously worked at [UCC] and was highly recommended by the CAPS counselor I was seeing"
Positive Feelings about Referral Process	"I was very happy with my [the referral therapist]"
Support through some Difficulties with the Referral Process	"The list of possible therapists was very small" "I kept seeing my [UCC therapist] until I had an appt. with a community counselor"
Themes That Hindered the Referral Process	Example Statements
Financial Resources	"Problems with insurance coverage/costs" "I don't have enough money"
Negative Feelings about the Referral Process	"It was weird [to switch therapists]" "The referral process was frustrating"
Accessibility of Referral Services	"…their [community therapists] schedules didn't fit with mine" "The list of alternative providers turned out to not specialize in the type of therapy I decided to try"
Client Motivation/Time	"lack of time in my part" "I was not interested in seeing another counselor"
Client Feeling Better	"I am happy with where I am right now"

nancial resources were a common inhibitory factor in the referral process.

The rate of unsuccessful referral is a substantial number of clients (10.5% of total sample), of which some might not be getting the help they need. Generally, UCC's refer clients to off-campus providers due to limited resources and client severity (Stone & Archer, 1990; Stone & McMichael, 1996; Quintana et al., 1991). At this UCC, there is a session limit (e.g., 6-10 sessions) and clients who have concerns that cannot be treated within this framework are typically referred to off-campus pro-

viders. Most likely, some of these clients were determined to have issues that were unsuitable for treatment in the UCC; however, this assumption is tentative since we did not assess the severity of clients' issues.

It is feasible to consider that some clients who do not obtain further off-campus services may continue to suffer and seek out support from other campus units (Owen, Tao, & Rodolfa, in press) or present episodically for treatment (Carpenter, De Gaudio, & Morrow, 1979). However, little is understood about this group of clients regarding their decision making process and likelihood for future need for mental health services (Reis & Brown, 1999). Nonetheless, clients who did not connect with an off-campus provider reported *less need* for further services than clients who did connect with an off-campus provider. Thus, therapists should assess clients' perceived need for further services and offer their insights on the benefits of continuing therapy with an off-campus provider.

The clients who did not successfully connect with an off-campus provider are not a homogenous group. In the current study, one client (4.3%) "strongly agreed" and nine clients (39%) "agreed" to the statement that they *felt better*. This finding is similar to premature termination literature (Pekarik, 1992; 1983) insofar as some clients who dropped out of therapy reported feeling better and their circumstances had improved, thus they did not need further therapy. It is likely that some of these clients found other ways to cope, which could account for the differences in their beliefs about needing further therapy services from those clients who successfully connected with an off-campus provider.

Unfortunately, clients of color were more likely than Caucasian clients to not connect with an off campus provider (e.g., 57.4% and 32.4%, respectively). This finding is consistent with some of the previous literature on therapy drop out (Reis & Brown, 1999; S. Sue, 1977; Wierzbicki & Pekarik, 1993). There are some possible explanations for this finding. First, this finding might suggest that some clients of color may not find off-campus providers as approachable as the UCC. Typically a UCC is located on campus, in familiar territory and easily accessible. Second, clients of color generally associate a negative stigma with mental health services (Corrigan, 2004; D.W. Sue & D. Sue, 2003). Potentially, there might be more stigma attached to seeking off-campus longer term mental health services. Accordingly, referrals for all clients should be made with care and sensitivity, but it appears that specific factors may need to be addressed to help facilitate referrals for clients of

color, particularly those with culturally negative messages about counseling. As these speculations are tentative, it will be beneficial to further examine the process of referral for clients of color.

In an attempt to further understand the process of client referral, we examined inhibitive and supportive factors. The most commonly espoused inhibitive factor for unsuccessful referral was financial concerns, seemingly a factor that will be somewhat static through the college years. Thus, UCC counselors need to be able to have a referral plan available for clients who are not able to financially afford longer term services in the local community. In fact, Quintana and colleagues (1991) found that clinicians referral decisions were more often guided by economic reasons than clinical factors. For instance, counselors might want to refer a client off-campus due to the severity of the client's issues but are left to decide between no therapy and some therapy due to financial resources.

A factor that both supported and inhibited a client's referral process was client's motivation to seek a community mental health provider. Client motivation has been noted as a primary factor for treatment outcome and dropout (Garfield, 1994; Reis & Brown, 1999), so it comes as no surprise that it is a major factor in the referral process. Accordingly, UCC counselors should assess client motivation and readiness to change prior to the referral recommendation. If client motivation is low a few sessions of counseling with a UCC counselor could help clients develop the motivation to seek longer term services (Hatchett, 2004; Ogrodniczuk et al., 2005; Pinkerton & Rockwell, 1994; Smith, Subich, & Kalodner, 1995). However, counselors should be clear about the purpose of the motivational sessions, so that clients do not become discouraged about the lack of progress towards their goals.

Successfully referred clients also reported that having additional support and follow up from their UCC counselor assisted in their transition to a community provider. Further, clients, in the current study, who met and did not meet with a community mental health provider reported different levels of accessibility. Thus, UCC counselors can be supportive by preparing clients for the referral process and forecasting potential difficulties with matching to a new therapist.

Ultimately, it is likely that financial factors might outweigh other factors in the referral process (e.g., therapeutic relationship with the referring counselor, number of sessions). That is, when all things are considered, sometimes it comes to structural barriers over a desire to seek help. However, there also appears to be some client and counselor factors that can be influenced.

Implications for Counselors and University Counseling Centers

Conceptually, the referral process can be thought of as a series of interventions starting with preparing clients for the referral, developing appropriate referrals, assisting with insurance, following up with clients after the referral, and providing information to the community provider, if necessary. For instance, UCC counselors should (a) assess clients' readiness for change (Smith et al., 1995), (b) process clients' feelings about the transition to a new counselor, (c) discuss what seeking services from an off-campus provider means to clients, and (d) address other reservations clients might have in the referral process. In addition, the UCC counselor can help clients with potential pitfalls with insurance (e.g., co-pay requirements, etc.) so they will be prepared for their financial responsibilities. Lastly, counselors should follow up with clients to ascertain if they have connected with a community provider who meets their expectations. This latter process necessitates staying in contact or scheduling a follow up appointment with referred clients. This process will be particularly helpful to clients with lower motivation to seek community services.

At a systemic level, UCC directors should assist their counselors in the referral process by putting into place procedures that will help clients who might need additional support to make the referral connection. Many UCC would benefit from a staff member who would specifically assist in the management of referrals; locating community providers with openings that match the busy schedule of college students. For instance, Lacour and Carter (2002) reported that Towson University Counseling Center has a staff position that is partially responsible for the referral process (Spivack, 2001 in Lacour & Carter, 2002). Additionally consistently updating the center's referral list to provide accurate information about community mental health providers similar to the list developed at Pennsylvania State University (Heitzman, personal communication, 2005) is an essential aid in the referral process.

Due to the financial considerations in therapists' (Quintana et al., 1991) and clients' decision making process, UCC directors need to assist their clinicians and clients in making the best clinical decisions. For instance, Archer and Cooper (1998) noted that University of Florida' Counseling Center sought out pro bono services from community providers to address this need. Alternatively, the UCC may decide to develop a long term therapy program for a percentage of clients each year. However, any option for pro bono services should be considered within

the ethical guidelines of providing sufficient and adequate services for clients (Gilbert, 1992).

Limitations and Future Directions

This is one of the first studies to examine referrals rates and contributing factors to those rates in a UCC. However, it is important to understand the results within the limitations of the methodology. The retrospective nature of the study is warranted for this type of a study (Pekarik, 1992); however, prospective information regarding the UCC counseling process would add to the understanding of the referral process. For instance, the lack of significance for working alliance with the UCC counselor to predict successfully connecting with an off-campus provider might be confounded since working alliance is not a static factor. Thus, we recommend that future studies utilize prospective methodologies to examine these patterns with more detail.

The response rate for this study is consistent with other electronic studies (Northey, 2005); however, the calculation of the response rate was based on clients who attended one session after intake. The purpose of this study was not to assess clients who only attended the intake session (a common modal number of sessions); however, future research should address these clients' experiences. Most likely, this will necessitate an alternative data collection procedure, since the current study only had one response from a client who only attended the intake appointment.

The literature on the effects of unsuccessful referrals is still in its infancy. Thus, it will be helpful if future studies explore the impact of unsuccessful referrals on clients' mental health and attitudes toward therapy, especially with clients of color. Furthermore, UCC staff will benefit from understanding the impact of unsuccessfully referred clients on the usage of UCC and other campus services.

Lastly, we encourage replication of these results using a nationally representative data set. A national investigation would allow for examination of the impact of the size of the university, counseling center and city. Although unknown, the results of this study may be most generalizable to large UCC that are near, but not in, a large city. Thus, this study provides useful information regarding general themes; but we anticipate that some themes may vary from university to university based on available resources for clients and clinicians.

In summary, this study provides a snapshot of successful and unsuccessful referral processes at university counseling centers. We hope this study has begun to provide some answers to the perplexing questions about why clients have or do not have useful referral experiences. We believe these answers stimulate more questions and hope to see further investigations yielding additional information on clients who are referred off-campus.

NOTE

1. There was no significant difference in the overall prediction of the model when the covariate and semester (fall or spring) were deleted from the model. However, ethnicity was still a significant individual predictor of referral success.

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RECEIVED: 01/16/07
REVISED/ACCEPTED: 04/05/07

doi:10.1300/J035v22n02_03