

**DERIVING A COMPREHENSIVE COUNSELING MODEL FOR
THE COLLEGE OF HEALTH SCIENCES IN BAHRAIN**

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MODEL FOR COLLEGE OF HEALTH SCIENCES IN BAHRAIN**

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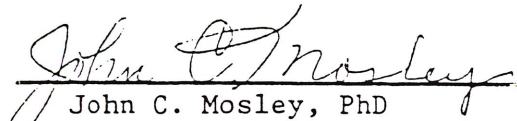
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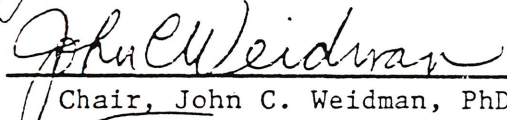
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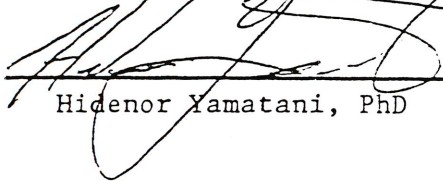
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University of Pittsburgh, 2001

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The importance of continually revising the counseling services offered by higher education institutions to meet the needs of the whole campus community has received attention over the past few years.

This study identifies the perceived needs of students and faculty for counseling services to be offered through the Counseling and Guidance Office at the College of Health Sciences in Bahrain. It also derives a comprehensive counseling model based on the perspectives of students and faculty at this institution that includes most of the services suggested by the International Association of Counseling Services.

The survey was designed to obtain the perspectives of students and faculty concerning the functions and services of counseling provided by the College of Health Sciences Counseling Office. Respondents were asked to rate 24 counseling services on a five-point Likert scale and to answer two open-ended questions. The 24 counseling services were derived from 4 counseling models (6 services per model), namely, Vocational, Psychotherapy, Developmental, and Consultation/Outreach.

The survey was administered by the researcher to 281 undergraduate students and 50 full-time faculty during the fall semester of 2001 in the College of Health Sciences in Bahrain.

Means, standard deviations, and percentages were used to describe the responses. In addition, statistical analysis of variance was used to identify differences between the two groups for each model, and then post-hoc tests were used for each service to indicate significant differences between groups.

The findings suggest that participants perceived all 24 counseling services as very important and highly needed, but the amount of services provided were less than adequate. There were slight differences in rating the importance of the need for counseling services between the students and faculty.

Based on these results, it is recommended that the counseling services currently provided in College of Health Sciences be developed more fully to meet student and faculty needs as well as the standards of the International Association of Counseling Services. This can be accomplished through developing a Comprehensive Counseling Model that is adapted to the specific social and cultural context of Bahrain.

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CHAPTER I

INTRODUCTION

This chapter introduces the main purpose of this study, which was to investigate the student and faculty perspectives regarding the counseling and guidance center services at the College of Health Sciences in Bahrain. The results from the study were used to design a comprehensive model for counseling and guidance services for this institution. Chapter I presents the purpose of the study, the importance of the study, the problem statement, the research questions, the hypothesis, the boundaries of the study, and the definitions of terms.

In order to provide a theoretical foundation for the study, this chapter provides a brief background of counseling services in higher education and introduces four counseling models. These four models are discussed in detail in Chapter II.

In higher education, one of the most important services is the counseling center. In any college, the counseling center plays a major role in students' and faculty's academic lives. The main role of the counseling center in any college is to provide students, faculty, and administrators with the best counseling services. On the other hand, the counseling center should be structured and designed based on the college's goals and students and faculty needs.

In colleges, the counseling center provides services such as career counseling, personal counseling, academic counseling, and outreach development for students and the whole college community. To ensure completion of its educational objectives, which is the

main objective of the college, students should be provided with the services they need in order to develop their abilities, skills, and to obtain higher performance: academically, personally, vocationally, and developmentally. All these goals will be achieved through the services that the college provides to the students and faculty.

Counseling centers play a major role within educational institutions because they provide students with a feasible service that in turn enhances students' academic performance. Having recognized the importance of counseling services, it is vital to design an appropriate counseling center based on the students' needs. If colleges and universities are to have counseling services that will meet the needs of students, counseling centers and administrators need to assess the students' educational and social adjustment when determining the total spectrum of the campus environment with respect to student objectives and goals. As a prerequisite to educational and personal adjustment for students, the counseling center must be capable of providing the students with relevant educational vocational outreach, as well as developmental services.

There are four primary models of counseling services found at colleges that have been developed since the early 1900s. These models are the Vocational Guidance models, the Psychotherapy model, the Developmental model, and Consultation/ Outreach model.

The main function of the Vocational Guidance model, which is the oldest model in the counseling/ guidance field, is to provide academic and vocational counseling. Gelso, Birk, Utz, & Silver (1976) have pointed out that this type of counseling involves giving the student both vocational interest and aptitude tests and then having a few counseling sessions that help students make educational and/or vocational decisions. This type of center also provides help with reading and study skills. It may also provide extensive freshman

orientation programs and vocational test interpretation to help students in selecting a major. On the other hand, this model provides counseling for a larger number of students in selecting a major and planning a career (p. 5).

Whereas a Vocational Counseling model addresses career counseling, the Psychotherapy model aims to help students with their emotional and social problems. Students may be in treatment anywhere from a few weeks to a year; because of the length of therapy, only a small group of students is served (Gelso, Birk, Utz, and Silver. 1976; Gallagher & Demos, 1983).

The two final counseling models are the outgrowth of the previous models. The Student Development Model, in this model, the personnel of the student development center are humanistic in orientation and the counselor's efforts are directed towards the enhancement of human growth and development. The center is involved with counselor education programs, research and evaluation, consultation, graduate training-internships, and development. Educational group experiences, through outreach programs, are expanded features of this model (Foults & Guinan, 1969).

Similar to the Developmental model is another variation called the Outreach model is also called Consultation. The goal of this model is to assist a range of personnel workers in the university or college environment as well as significant others beyond the academic community. The major function of this type of service is consultation with faculty members, residence hall counselors, deans, student advisors, etc. The Outreach model is designed to: “(a) help these people work more effectively with students, and (b) help organize the campus environment so that it fosters good mental health and educational development in students” (Gelso, et al. 1976, p. 7).

There is no one specific or unique counseling model offered by all institutions. Some universities or colleges combine several services or models based on their goals, philosophy, and community needs.

A. Purpose of Study

The purpose of this study is to identify the needs of students and faculty for counseling services to be offered through the Counseling and Guidance Office at the College of Health Sciences in Bahrain. Based on the perspectives of students and faculty at this institution as revealed in a survey, the study was used to develop a comprehensive counseling and guidance model for the College of Health Sciences Counseling Office in Bahrain.

B. Importance of Study

The importance of this study is that it will improve, upgrade, and enhance the College of Health Sciences Counseling Office in Bahrain. Stated more specifically, it will help to improve the educational standard at the college and will help the Counseling Office adapt its services to meet the students' needs. The resulting information provided by the survey data will be used to design and implement appropriate models of counseling services for the College of Health Sciences. Other universities may use the data to customize or improve the services of their own counseling centers.

The College of Health Sciences in Bahrain provides the Ministry of Health with nursing and allied health specialists. The idea of counseling and guidance was introduced to the college in 1976 in order to improve students' academic achievement. To date, it has not

been very well developed to suit the needs of students in this institution. Furthermore, because counseling services are not systematic, individuals who are not professionally trained and who are limited in their concerns often offer services.

The counseling and guidance model that the study will develop will help the students in an academic environment. Additionally, it will help faculty and administrators to understand the students' needs and will help to develop their abilities and skills for when they graduate and find themselves in a variety of settings such as the workplace, the family and the community.

C. Statement of the Problem

A counseling center is a key element in any successful educational institution because it provides services that presumably help faculty and students alike to develop their abilities and skills, and to attain higher performance academically, personally, vocationally, and developmentally. In order to allow such objectives to take place, counseling services require constant revision to make the center an appropriate environment that provides the students with relevant educational, vocational, outreach, and developmental services. Furthermore, the counseling center services must adhere to updated counseling models. This is not the case, however, with the College of Health Science Counseling Office in Bahrain. Its services have not been thoroughly examined to see whether they suit the needs of students in this institution. Consequently, an empirical study needs to be conducted to help administrators understand the students' needs and help them to develop their abilities and skills. Stated more specifically, conducting such a study will enlighten College of Health Sciences administrators, understanding of which functions of the Vocational model, the

Psychotherapy Model, The Developmental Model, and the Outreach model are needed. Perspectives of both students and faculty will be assessed and a composite model developed that is appropriate for this institution and its particular cultural context.

D. Research Questions

The research questions in this study focused on the student and faculty perceptions of the kinds of counseling functions they would like to be offered through the Counseling Office at the College of Health Sciences in Bahrain. The research questions were as follows:

1. What counseling services are perceived as the most important by students and by faculty?
2. What counseling services do students and faculty perceived as most needed?
3. To what extent do students and faculty perceive these counseling services to be currently provided?
4. What are the changes suggested by students and by faculty?
5. What are the similarities and differences in the preferences of faculty and students?

E. Objective of the Study

Based on the students' and faculty's perspectives regarding the counseling and guidance services, a comprehensive counseling model (including Vocational Counseling functions, Psychotherapy Counseling functions, Consultation/ Outreach Counseling functions, and Developmental Counseling functions) was developed to meet the students' needs based on the assumption that it will be the most important for students development

(Mindingall, 1986). This comprehensive counseling and guidance model is designed to provide students at the College of Health Sciences with the counseling services they need. Further, the findings and model may have implications for the structuring of counseling and guidance services at other Arab universities.

F. Organization of the Dissertation

Chapter II presents a review of related literature concerning the history of counseling and guidance, the counseling center in higher education and its organizational location, the students and faculty's perceptions of function and roles of counseling and guidance in higher education, and the University/ College counseling models.

Chapter III describes the research populations, the method used in the study, data collection, the study instrument, and the data analysis. Chapter IV presents an analysis of the data and an interpretation of the results.

Chapter V provides a summary of the research, a comprehensive counseling and guidance model for the College of Health Sciences, implications of the study, and suggestions for future research.

CHAPTER II

LITERATURE REVIEW

In this chapter a picture of the development of counseling and guidance services in higher education to meet student needs is presented. The discussion begins by providing an overview of the historical development of counseling and counseling centers in higher education. The central focus of the following section is the organizational location of the counseling centers in higher education, development of the function and roles of guidance and counseling services, and student and faculty perspectives and needs for counseling center services. The last section discusses the university/college counseling models.

The counseling center is an essential ingredient in today's higher educational institutions. Its importance is derived from the role it plays in providing an adequate environment that in turn enhances students' academic performance. This is largely attributable to the counseling services that the institution offers to faculty and students. Counselors can help faculty to understand classroom interaction, the motivations of students, teacher-student perceptions of each other, and effective learning in the classroom. Counselors can help students to make important personal decisions, understand self, set personal goals that can be achieved, and enhance growth. Counselors can also help through teaching courses in communication skills, personal growth, academic adjustment, and group guidance. In a nutshell, the counseling center provides the college/university population services that focus on academic, career, personal and psychological services.

To fully understand how the development and structure of counseling centers in higher education has evolved to meet student and faculty need, one needs to consider issues such as the historical growth of counseling overall and in higher education in particular, and the development of the roles and functions of counseling centers and counseling models. On a macro-level, better understanding of such issues makes one aware of developments in the counseling field, the role it plays in higher education, and the types of services it offers. On a micro-level, however, one cannot overlook historical growth because studying its evolution enables us to understand the factors behind the emergence of counseling and to notice the gap that needs to be filled in order to improve current counseling centers. Shedding some light on the role of counseling provides a window through which one can observe the most important changes in the role of guidance and counseling. This is important because counselors need to consider themselves change agents who will create an atmosphere that promotes personal, social and academic learning. Examining counseling models, on the other hand, provides a clear picture regarding the advantages and disadvantages of each individual model. This puts one in a better position to identify which elements of a given model should be included in one's own counseling center. In addition, through studying contemporary models, we can derive concepts and techniques and adapt them to Bahraini institutions.

The relevant literature is mainly related to the theoretical assumptions of the topic and is very voluminous. This chapter reviews and organizes the relevant literature on the development and structure of counseling centers in higher education and spells out the major implications of this information for counseling centers such institution.

A. Historical Background

When reviewing any history, conflicts and crises are discovered, as well as continuous change and development. This discussion examines ways in which changes in society affected the development of counseling services provided to address the needs of the students. It briefly surveys the historical growth of the development of counseling in general, and in higher education, in particular. The discussion centers on the first historical counseling attempts, as well as later history and the most recent developments.

1. Early Twentieth Century Attempts (1900-1935)

Early counseling development in the twentieth century involved merely individual attempts at vocational counseling. Defining the first occurrence of counseling is not easy. If giving advice were considered a definition for counseling, then the first man who asked for advice or instruction and was given aid would be the first client and his advisor could be considered the first counselor. Some counseling ideas can be traced back to Greek philosophers, and some to the Old Testament (Shertzer & Stone, 1974).

According to Shertzer and Stone (1974), the early attempts were made during the thirty years from 1900 through 1930. In the modern context, it can be said that Jesse B. Davis became the first counselor when he started to work at Central High School in Detroit, Michigan in 1898. For 10 years, he helped students with educational and vocational problems. In 1906 Eli Weaver published a book entitled *Choosing a Career*. Weaver argues that the social environment is strongly influenced by the belief in the importance of the individual. This idea was especially congenial to the development of counseling. In 1908 the Vocational Bureau of Boston was opened with Frank Parsons as its director and counselor.

Parsons' book, *Choosing a Vocation*, was published after his death in 1909. Parsons' observation led him to the conclusion that young people needed thoughtful and systematic help in choosing a vocation. Weaver's report in 1909 described the procedures guidance counselors employed when working with some 80 young people who used the Vocational Bureau's services.

The first national guidance conference was held in Boston in 1910. Following the event, Meyer Bloomfield, an instructor, started to offer university-level courses in vocational guidance at Harvard University. In Grand Rapids, Michigan in 1912, a citywide guidance department was established in the school system. In the following year, the National Vocational Guidance Association was founded (Shertzer & Stone, 1974).

The counseling movement was influenced by various social, economic, educational, and psychological factors. These factors encouraged and facilitated the growth of counseling, although the exact influence of each of them was not obvious.

In 1922, Yale University was the first to establish a mental hygiene clinic, even though vocational guidance programs were in use during the previous decade (Miller, Fruehling & Lewis, 1978). Psychotherapy as an expansion of guidance and counseling soon became a reality.

As Miller (1969) stated, with the growth of urbanization and technology came the need for specialized jobs along with special preparation. After World War I there was a need to help disabled veterans, and vocational rehabilitation programs were established. However, after World War II, better trained personnel helped to overcome some of the problems of the previous programs. During the depression of the 1930s, there was a need for vocational

guidance for job replacement and again the U.S. government came to the people's aid and established guidance services for vocational counseling and placement (Deighton, 1971).

2. Later Developments (1936-1989)

In this period, counseling development evolved in defining career counseling, then moved on to establishing counseling associations and organizations, and finally to setting the up the roles and functions of counseling.

In 1938, the Occupational Information and Guidance Service in the U.S. Office of Education was started under the guidance of Harry A. Jager. The *Dictionary of Occupational Titles* was published in 1939, and in 1942, John M. Brewer authored the History of Vocational Guidance. Under the George-Deen Act of 1938, the use of federal funds was allocated for vocational guidance (Shertzer & Stone, 1974).

In 1942 and 1951, Carl Rodgers described a client-centered therapy that highlighted the different personalities in the counseling process. Because of Rodgers' ideas, vocational counselors started to look at the whole person, along with his/her abilities and aptitudes (Gibson & Mitchell, 1986).

During the 1950s, a new concept of counseling emerged -psychology. This concept merged the vocational with the psychological concerns of personality, feelings and motivation. The whole person was the main focus. The guidance and counseling services that were available included career placement, personal counseling, aptitude testing and vocational orientation (Gibson & Mitchell, 1986). Subsequently, in 1951, the American Personnel and Guidance Association was established. In 1964, in order to for strengthen school guidance programs and prepare school counselors, Title 5 was amended by Congress

to include elementary school guidance programs at the local level and provided for the preparation of counselors for higher education setting (Shertzer & Stone, 1976).

During the period 1960-1970, impressive gains were made in the number of employed and prepared counselors. This was a time to clarify the counselor's roles, functions, accountability in counseling, the use of group approaches, computer application to career information and behavior modification methods and techniques. In the early 1970s, a reevaluation of school counselor efforts to provide vocational and career counseling took place. Also during the early 1970s, articles started to emerge on counseling and the role of counselors (Caldwell, 1970; Ivey & Weinstein, 1970; Magoon, 1973; Matheny, 1971).

In the 1980s, issues facing counseling centers were accreditation, accountability, staffing, and the method of delivery of services. As Magoon (1980) states, counseling centers were still set in a context of university politics. This brought about an increased interest in the associations between counseling staff and counseling centers, as indicated by the formation of the American Association of University and College Counseling Centers Directors (AUCCCD) and the International Association of Counseling Services (IACS), which accredit counseling services (Gallagher, et al., 1999; Magoon, 1980). These associations were formed in order to assure that counseling services met criteria necessary for meeting students' needs.

3. Recent Developments (1990 to Present)

This section will trace of the development of counseling from the 1990s to the present. The emphasis during this period was placed on: (1) accreditation and the quality of counseling services; (2) effectiveness and the role of the counseling centers; (3) the push

towards greater professionalism by including issues such as developing a code of ethics and evaluating effectiveness, and advances in counseling techniques and training; (4) the advantage of technology; and (5) the adaptation of the “Wholistic” approach (Peterson & Nisenholz, 1999).

Modern college/university counseling centers operated in an environment that required accountability for the resources that were available to them (Gallagher, 1985; Delworth, Hanson, & Associates, 1984; Heppner, 1980). Counseling center directors could no longer count on support from their major constituencies. These centers had to provide information on what they did and how they did it. Most consumers of this data, such as college/university administrators, did not understand the role of counseling centers and the issues that affect delivery of services, the role of counseling professionals, the boundaries that were in place that affected student usage and services, or what an effective counseling process was. To add to the complexity of the situation, just getting resources was highly competitive, making those more familiar with the process more apt to get what they needed (Delworth, Hanson & Associates, 1984).

Because of this, counseling services started to seek other means to establish credibility within the university/college community. Directors affiliated and formed the AUCCCD (Gallagher, 1999). This association helped a movement emerge to certify counseling services.

It must be said that counseling professionals have always been interested in the effects of their services (Heppner, 1980). Research going back to the 1940s and up to the present has provided information for counseling professionals on the effects of procedures, counseling center user characteristics, counselor characteristics, case load data, and client-

counselor interactions. The concept of accountability was brought into the counseling picture during the 1980s. The issue of accountability and the movement towards the provision of accountability data, along with the movement toward accreditation, greatly impacted the receiving of resources by counseling services (Delworth, Hanson, & Associates, 1984). This movement toward accreditation and accountability go hand-in-hand with the evaluation of services. The idea of accreditation touched on all major areas of counseling center functions, along with types of services, ethics, workload, research, consultation, and staffing support.

According to Shertzer and Stone (1976), the aforementioned historical developments of counseling only highlight the bright spots of how counseling developed, and indicate the forces and factors that caused such development. Counseling has developed as an American product of the twentieth century because of the American emphasis on the importance of the individual and partially because of American affluence, which allowed the society to afford counseling (George & Christiani, 1995). With the emergence of counseling it can be said that its concepts and techniques have been influenced by psychological, social and environmental factors. The interaction of all of these factors has been the major reason that counseling has continued to develop its roles and functions.

Because of the many ways this profession has taken shape, one is hard pressed to analyze just how all this has happened. But this is not to say that this history should be confined to description or that it is impossible to suggest that some forces were more influential on the character of counseling than others.

Counseling is currently going through a period of rapid growth and change.

According to Bayne and Bimrose (1996), who examined further development of the counseling profession, counseling undertook a new direction in the in the 1990s. They

contend that the new direction falls into two main categories: (1) a general one in which the field is pushing towards greater professionalism and accountability; and (2) a more definite one in which specific key issues are considered. These issues are: (a) accreditation; (b) developing codes of ethics and evaluating effectiveness; (c) counseling practices in terms of interventions to treat common problems, such as smoking and depression; and (d) advances in counseling techniques and training.

In the 1990s, the field of counseling witnessed two additional phases of development. The first was the increased use and integration of technology into their work by members of the counseling profession (Helfgot, 1995). Among the most important technological devices is the computer. Which, according to Peterson and Nisenholz (1999), has strongly influenced the counseling profession. Computers are beneficial because they can be used for administrative applications, for the dissemination of information in career counseling, and in skill building, such as decision-making. Computers may also be used for development of problem-solving skills, for diagnosing client problems and cognitive styles, and for the application of appropriate intervention strategies. Counselors can access a wealth of information about all aspects of the counseling profession on the Internet. They can benefit by sending electronic mail messages, subscribing to electronic group discussion mail, and searching for documents. In addition, available outreach services, counseling information, and self-help services, including resume writing, can be made accessible to students by way of on-line documentation on the Internet in an effort to keep up with evolving student culture (Helfgot, 1995; Mackert & McDaniels, 1998; Zalaquett & Sullivan 1998).

The second phase of development in counseling during the 1990's was the movement toward the "Wholistic" approach to physical and mental health. In this regard, Peterson and

Nisenholz (1999) point out that counselors began labeling themselves as Wholistic counselors (p. 138). They indicate that this approach strongly encourages working with other health professionals in the best interest of the client. They state that practitioners who adhere to this approach draw ideas from other theoretical approaches and include an emphasis on health, wellness, and the spiritual side of human behavior.

In summary, the aforementioned discussion demonstrated that counseling was first inspired by individual efforts and then moved to more professional ones. In the early stages of counseling development the aim was to provide vocational guidance for job replacement. Later, the focus became the whole person. In the second stage, the purpose of counseling was to provide services such as career replacement, personal counseling, aptitude testing, and vocational orientation. In the most recent stage, the aim has been to clarify the counselors' role and function, which has brought attention to such issues as accreditation, accountability, staffing, method of delivery of services and survival.

This discussion has shown that an important issue of concern to counseling professionals to date was establishing credibility and accountability within the university/college community. It is clear from this brief review that historical development was a result of the influence of psychological, social and environmental factors.

B. Counseling Centers in Higher Education

This section will be divided into four parts. The first part focuses on the historical development of counseling centers in higher education. The second discusses the organizational location of the counseling center in higher education. The third is dedicated to the function of counseling centers. More specifically, it deals with the developmental change

that counseling functions undertake, as well as the type of services that counseling offers including developmental, remedial, and preventive. The final part discusses the role of counseling centers and, more specifically, the developmental change that the counseling role has undergone. Counseling formats include personal counseling, group counseling, career counseling, and academic counseling.

The intent of this section is to articulate the developmental stages of counseling centers in higher education and to elucidate the main focus for each stage. From 1932 to the present, counseling centers in higher education passed through many different developmental stages that have shaped their structure.

Counseling centers can be traced back to the beginning of higher education. There are many references as to how master teachers encouraged, mentored and assisted students during their educational process. The first counseling services started in the 1900s (Lloyd-Jones, 1949). It is hard to pin down the history of counseling centers before this period because there is no precise mention of any units or subdivisions specifically for counseling (Heppner, 1980). The first counseling center was most likely at the University Testing Bureau of the University of Minnesota in 1932 (Heppner, 1980; Hedahl, 1978). Before World War II, most research about counseling seemed to focus on the needs of students and the problems they were having, which were educational, occupational, financial and health related (McCaul, 1939). Hardly any reference to personal counseling can be found, and it is assumed that during this period the only function of these units was vocational counseling.

During World War II, the University of Chicago (Crowley, 1964), the University of Missouri (Embree, 1950), and Ohio State University (Thrush, 1957) all provided vocational guidance for students. At the end of World War II, college campuses changed because of the

return of veterans, and focus was placed on how to help them adjust to a college life (Smith, 1942). Veterans' organizations were the major providers of support, encouragement, and funding for vocational guidance services (Embree, 1950).

In the early 1950s, the Veteran's Administration started using specific titles for counselors; they were called psychologists. By the end of the 1950s, universities and colleges became the providers of vocational, educational and personal counseling (Heppner, 1980). Along with this came the change of the counselor's role to that of vocational, educational and personal counseling.

From 1955 until 1970, higher education expanded and grew (Hedahl, 1978). Also during this time, the National Defense Education Act was passed, and even though it did not have an impact on the expansion of counseling centers, it did call for more trained counselors (Wrenn, 1962). Heppner (1980) stated that a positive relationship existed between increased emphasis on counselor education and the use of counseling centers for training. He also stated that a noticeable change in philosophy occurred during this time. Writers such as Nygreen (1962), Paar (1962) and Danskin (1965) speak of the numerous attempts to redefine counseling centers and to look at their role in higher education. These articles emphasized personal counseling, consultation, bringing together the university community with the centers, and holistic and preventive measures for counseling centers (Heppner, 1980). A sampling of 1,115 colleges and universities that granted bachelor degrees, conducted by Oetting, Ivey, and Weigel in 1970, showed that two-thirds of the institutions had counseling centers.

The first sign of professional counseling centers appeared in the American College Health Association and American College Personnel Association Joint Committee in 1959,

in King and Matteson's (1959) article, "Recommended Practices for University and College Counseling Centers." King and Matteson's (1959) study centered on consumer and counseling center services and how college and university staff perceived this approach. Rust (1960), Rust and Davies (1961), Smith, Hansel and English (1963), and Weiss, Segal, and Sokol (1965) all noted, that student needs and their adjustment counseling center services were given ample attention. One result of this attention to needs was that students were found to have serious psychological problems. Heppner (1980) states:

On one hand the field of counseling psychology was broadening its base from vocational guidance to also include functions such as personal counseling and preventive mental health services. Concomitantly, University Counseling Center staff began perceiving their functions in a similar vein, and many position papers appeared which described and supported these new functions. In reality, however, counseling centers across the nation delivered more vocational services than personal counseling services. (p. 86)

From 1970 to 1980, counseling centers examined the needs of higher education and acted accordingly in providing their services, whereas in the 1990s, the concerns seem to be placed, as indicated by Stone and Archer (1990), on clinical service, outreach and consultation services, training, and staff development.

In terms of clinical service, the concerns seem to be with: (a) coping with increasing numbers of students with serious psychological problems; (b) providing career development; and (c) responding to increasing numbers of minority and nontraditional students. With respect to outreach and consultation services, practitioners were responding to: (a) the increasing need for outreach and consultation services; (b) providing outreach and consultation services directed toward personal and educational growth; and (c) promoting effective self-help programs. In regard to training, counseling in higher education emphasized defining the training agenda and how to deal with the increasing resources. As

far as staff development was concerned, two areas were considered: (1) developing effective ways to counter the stress of the staff members; and (2) providing training and opportunities for staff to keep up with the latest research related to students and to treatment approaches.

College and university counseling in the 1990s faced a number of challenges. Counselors needed to develop effective ways to help students cope with the economic and social problems of the time and needed to find ways to provide an education that encouraged personal and character development. In addition, they needed to learn how to contribute to a student's growth and development and to prevent dangerous and self-defeating behavior. Colleges began adopting goals to meet students' needs through counseling services as part of their educational mission (Kiracofe, et al. 1994). Furthermore, they had to deal with the rapid changes in technology because it was becoming clear that these technological developments would have a profound impact on higher education.

In summary, the above discussion indicated that the first-ever- counseling center in higher education was begun at the University Testing Bureau at the University of Minnesota. The main focus for counseling centers during the period that preceded World War I was the students' needs and their educational, occupational, financial, and health related problems. After World War II, the focus was on how to help them adjust to college life. During the 1980s, the emphasis was on counselor education and use of counseling centers for training. In the 1990s, counseling in higher education was concerned with holistic and preventive measures, personal counseling, consultation, and bringing together the university community with the counseling centers.

C. Organizational Location of Counseling Service in Higher Education

There are many different ways in which institutions of higher education deal with the provision of counseling services. Some provide a single office which offers many different services, some provide separate offices for each service (e.g., personal counseling, career counseling, academic advising, etc.), and some contract with off-campus agencies to provide services. Campus counseling centers, as Peterson and Niseinholz (1999) note, can range from elaborate independent facilities staffed with one or more psychiatrists, several clinical/counseling psychologists, social workers, mental health counselors and psychometrics, to small centers attached to a department of psychology or a college of education that provides services to students primarily by practicum and internship students who are supervised by the school's faculty. Some centers serve only the campus community; others may serve the entire community. For example, the University of Pittsburgh has separate offices for each counseling service. Personal, career, and group counseling are offered through one office, that is, the counseling center. Counselors are trained to deal with students' personal, emotional, and career problems. This center provides an opportunity for students to freely explore any personal problems or concerns they feel. The Learning Skills Center offers other services such as math tutoring and programs to improve study and reading skills. Academic advising for undergraduate students is offered through college-wide centers, whereas academic advising for graduate students is provided through their academic programs.

A similar situation can be observed at Clarion University. Different offices provide counseling services. Academic advising is the responsibility of faculty, except for freshmen who are undecided about their majors. They receive academic counseling at the Undecided

Advising Services Center. Counseling services provide personal counseling. Career counseling is provided to juniors and seniors at the Career Services Office.

While many universities provide counseling services through several different offices, by contrast, the College of Health Sciences in Bahrain has one office that offers students academic counseling as well as personal, social, and financial counseling. The organization and location of counseling services in higher education varies greatly and is determined by factors such as the institution's mission, budget, and the availability of facilities, resources and other equipment.

D. Functions of Counseling Centers

This section covers three functions of counseling centers. They are developmental, remedial, and preventive.

1. Developmental Function

Historically, the traditional approach to school counseling largely focused on information dissemination, scheduling, and dealing with crises. The developmental approach consists of “Comprehensive, ...[and] responsive services, which address student growth and development as priority goals” (Trotter, 1991, p. 5). According to Myrick (1993), the skills and experience a student needs to have in order to be successful in school and adulthood are identified and linked to certain learning behaviors and tasks by the development counselor. Wittmer (1993b) states “The contemporary developmental counselor is knowledgeable and competent to teach life skills to every student in the school regardless of race, religion, gender, or creed” (p. 5). Developmental advising incorporates making concerted efforts to

encourage students to participate in their overall learning process during their college years (Broadbridge, 1996).

2. Remedial Function

The remedial function of counseling recognizes that some students will experience problems that need immediate professional attention. When one thinks of counseling, particularly remediation, one thinks of therapeutic services. Intervention at the remedial level involves responding to an individual or group who believes that they need help in solving some psychological discomfort which may include a host of social, personal and vocational problems. Pietrofesa, Hoffman, and Splete (1984) refer to this type of intervention, as “facilitative counseling”, i.e., “ the process of helping the client to clarify a concern, then through self-understanding and acceptance, to devise a plan of action and finally to act on it in a self-responsible manner” (p. 11). Likewise, according to Miller (1997), the remedial function of counseling includes assisting students in overcoming current, specific personal and educational problems, and in some cases, remedying current academic skill deficiencies.

3. Preventive Function

The preventive counseling function focuses on identifying skills that are needed, now and in the future, along with providing means for acquiring them. The key is to be able to anticipate future problems and to prevent them by providing individuals or groups with needed skills or by creating changes in the college environment (Morrill, Oetting & Hurst, 1974, p. 357).

Being proactive is central in preventive counseling. Preventive counseling entails anticipating, initiating and reaching out to individuals in hopes of helping with debilitating life problems. Typically, groups that are considered most at-risk are the ones that are targeted for this type of program. By anticipating and responding to life's potential problems with specific activities and programs, it is hoped that student problems can be prevented or at very least, minimized (Conyen, 1983, p. 332). A drug abuse prevention program in schools is a prime example.

Institutional changes can be designed that are helpful in alleviating personal or career issues and problems. The Counseling office, therefore, aims at teaching students skills and behaviors that enable them to succeed in school, is concerned with helping students to be aware of their problems, provides suggested solutions or plans of action that students can act on alone, and focuses on identifying skills that are needed, now and in the future, along with providing the means for acquiring those skills.

E. The Role of Guidance and Counseling

In the history of educational guidance and counseling there have been two roles: academic and career guidance, and personal-social counseling. Before addressing the role of a counseling center, it is necessary to know and understand its overall goal.

What do counselors try to accomplish? To clarify the primary purpose of counselors, it is important to clarify the meaning of goals. According to Gallagher and Demos (1983), a goal is a future event that a person wants to make happen. There are three elements of a goal statement that are implied by this definition: (1) it is rooted in the future; (2) it is a description of an event; and (3) it implies a valuing position. The outcomes of the goals of

counselors are not defined by what they do, but rather by what they are trying to do to help the clients with their concerns.

Counseling is designed to help individuals achieve goals, such as making important personal decisions, understanding self, setting personal goals that can be achieved, and enhancing growth. Along with this, counseling centers are to provide services for the college/university population which focus on academic, career, personal and psychological issues (Gallagher & Demos, 1983).

Guidance and counseling professionals can play several roles. As indicated by Miller, Fruehling, and Lewis (1978), the first role can be to take the initiative in offering consultation services for faculty, administration and student-services personnel. Some of these services can be teaching counseling methods, increasing knowledge of student needs, helping individuals improve their communication skills, and illustrating how environments can and will improve with effective learning.

The second role that guidance and counseling professionals can play, according to Lindberg (1977), is to encourage more involvement in the classroom. Counselors can help teachers to understand classroom interaction, motivation for students' effective learning, teacher-student perceptions of each other, and unnecessary tensions in the classroom. They may also teach courses in communication skills, personal growth, academic adjustment and group guidance.

The final role that guidance and counseling professionals can play is as facilitator of organizational health. In order to accomplish this, guidance and counseling professionals must have an ability to effectively manage an organization's changes and growth, and to set strategies for coping with problems. It was believed that counselors should consider

themselves change agents whose goal was to create an atmosphere to promote personal, social and academic learning. They needed to understand a student's problems, what the morale is like on campus, what some individual's goals were, and other school experiences. Not all problems are individual; therefore, the professional must be willing to ask questions and challenge the organization when appropriate. The International Association of Counseling Services (IACS) classifies these roles in three major areas: (1) counseling and therapy; (2) preventive counseling; and (3) creating a campus environment that facilitates the health, growth, and development of students (Kiracofe et al., 1994).

Over the years, the role of guidance and counseling has moved in new directions. Warnath (1971) described the most important change in the role of guidance and counseling as the move toward outreach. A more developmental/preventive approach was established, rather than a remedial approach to individual problems. He stated that an "active participant" rather than a "passive listener" is what made the difference in how things were done (p. 10).

This way of doing guidance counseling took various forms and had various names, such as organizational health, primary prevention and consultation and had practical application in outreach, college guidance and counseling. With this variety of approach, problems could be solved before they got out of hand and better relationships could be established with students and student personnel workers.

Another area that was seen as part of the movement of college guidance and counseling services toward the community mental health model was organizational health. In this area there is a direct link with the environment through preventive outreach and consultation. Through these types of services, professionals dealt with well-adjusted individuals who did not have any serious problems but who were looking for personal

growth (Al-Mangour, 1985). Carney and Savitz stated in 1980 that college counseling centers were they now making the public more aware of their services by providing workshops and conferences.

Dinkmeyer and Dinkmeyer (1984) felt that counselors should make known their services to all students, instead of using a problem- solving approach. On the other hand, Conyen (1980) stated that prevention should mean working with potential problem groups and identifying environmental conditions that could cause problems.

Stone and Archer (1990), as cited in Sharkin (1997), found that the level of psychopathology among students increased since the 1980s and may have continued to do so in the 1990s. While counseling center practitioners perceived that psychopathology was increasing, empirical evidence to support this trend was scant.

Whiteley and colleagues (1987) conducted a nationwide study to describe the characteristics of college and university counseling centers. They found that personal and career counseling, and to a lesser degree testing services, were the core services provided by college counseling centers.

F. Formats of Counseling

The central focus of this section is the formats that counseling centers offer in response to students' needs, including personal counseling, group counseling, career development, and academic advising (Carney & Savitz, 1980). In addressing the most common formats, the emphasis is placed upon the nature and the objective of each one.

1. Personal and Individual Counseling

The provision of individual counseling is considered to be one of the fundamental services of a counseling center. Each counseling center dedicates a major portion of its professional staff resources to the provision of counseling for personal problems. Carney and Savitz (1980) reported that students self-refer for career and financial planning, whereas faculty refer students for personal and social issues. The reality of everyday life relationship concerns, self-esteem issues, knowledge of academic requirements and status, stress management, and a host of other personal reasons propel students to seek individual counseling services.

According to Helfgot (1995), students need encouragement and reinforcement through personal counseling where they discuss their frustrations in an individual setting with a counselor. He contended that students need to see the same counselor in order to build a secure relationship. Individual counseling provides students with the perspective necessary to successfully meet their personal and academic goals. It was, according to Hudson (1987), the single function from which the counseling centers studied derived their identity. The term "personal and individual counseling" included all the various approaches used by counseling/clinical psychologists to help students with their personal problems. There were some exceptions, but therapists generally cannot provide long-term therapy. The main objective of the counselor was to help the individual change his or her life by providing information, and to help alter attitudes and ideas, along with developing new skills and responses.

Within the context of time limited therapy, Bieschke and colleagues, (1995) found that 94% of university students (N= 98) were satisfied with short-term individual counseling

services and that 93% of those surveyed would recommend services to their friends. Reduced financial resources and an increase in the number of students requesting counseling services in university settings also contributed to the need for implementing short-term individual counseling (Bieschke, et al., 1995; Bishop, 1995; Stone & Archer, 1990).

2. Group Counseling

Even though individual counseling remained an important concern, a new focus was on group guidance and counseling. This is because group counseling is more effective and more economical than individual counseling in terms of the client's and the counselor's time and money. The counseling group focuses on a particular type of problem, which could be personal, educational, social, or vocational. The primary purpose of group counseling was to provide counseling or therapy to more than one individual at a time.

Group counseling passes through four main stages: the initial stage, transition stage, working stage, and consolidation and termination stage. The initial stage is considered to be an orientation and exploration, in which, several activities are expected to take place, such as determining the structure of the group and getting to know other members in the group and their expectations. In transition stage, members learn how to begin working on their problems. Members are likely to deal with issues such as their anxiety, resistance and conflict. The working stage teaches members to be responsible for their lives. As a result, they are encouraged to decide what issues to consider in the group. Members should learn how to be integrated in the group and at the same time keep their individuality. They should learn to accept others' feedback and make the best use of it. The consolidation and termination stage is designed to help members transfer what they have learned in the group

to their outside environment. Members at this stage usually try to arrive at a conclusion about what they have learned and attempt to integrate and interpret the group experience (Corey, 1991).

The main objective of group counseling, as pointed out by Miller (1997), is “to help students establish satisfying personal relationships and to become more effective in areas such as interpersonal processes, communication skills, decision-making concerning personal and educational/career matters, and the establishment of personal values” (p. 65). While doing group counseling, counselors should focus on working on communication patterns and improving the one-to-one interaction and structure of the group. Consequently, its aim is not to make major personality changes, but rather to provide resolution of specific and short-term issues. It is also not concerned with treatment of the more severe psychological and behavioral problems.

Group counseling has been shown to have advantages over individual counseling for several reasons. The interaction among group members can work more efficiently than one-to-one interaction because the counselor assumes the role of a facilitator rather than an active participant or leader. Furthermore, counselors provide a moderate number of rules and emotional challenges, along with support and interpretation of the group process (Meier & Davis, 1997). MacKenzie (1993) reported a number of research reviews confirming the value of group counseling compared with individual counseling. Toseland and Spiorin (1986), in reviewing thirty-two studies with randomized assignment to group and individual therapy, found that in 75% of the studies there was no difference between outcomes from group and individual therapy, and in the remaining studies group therapy was found to be the more effective.

Butcher (1984) contended that group counseling provided an advantage because it paralleled real-life situations and created a climate of cooperation among members that would not be possible in the individual counseling experience.

3. Career Counseling

The primary concerns for career counseling are to provide the appropriate training and information which enable students to learn about the job market, to develop the skills necessary to secure the jobs they like, and to provide them with the skills and information needed to succeed in a highly competitive job environment. According to Belkin (1980), the emphasis in recent occupational counseling has been on the total person in the process of choosing a career rather than on the single choice itself.

Marinelli (1997) further explained that the major objective of career counseling for undergraduates was the development of a vocational identity. Marinelli (1997) felt that the formation of a vocational identity was inseparable from overall identity, and thus an effectively designed career counseling program should incorporate a “strong self- knowledge component, to expedite vocational identity development” (p.40).

The recent literature on the subject of career development strongly calls for career counseling to unite its efforts with the entire counseling profession and other mental health workers and to clarify its role for future directions (Carney & Savitz, 1980). In a survey of student needs, it was found that students felt that personal and social problems were less important than academic and career concerns. In particular, a 1980 survey showed that students were more concerned with their career than personal and social needs and similarly, during the late 1960s and early 1970s, academics were the major concern of students. Bishop

(1995) pointed out that career counseling services played an important role in helping students achieve their goals as college students have become more professionally oriented and competitive. Career counseling could assist students who felt pressured to choose an academic major that would lead to the best prospect of employment rather than choosing a major that would lead to personal satisfaction (Bishop, 1995).

Bishop (1995) study underscored the idea that students were more likely to engage in counseling activities that helped them with career planning, financial and academic concerns than counseling activities that deal with more personal matters. The 1982 study by Weissberg and colleagues validated the trend of students toward valuing career development; specifically work experience, job opportunity and job-seeking skills. Conventionally, career counseling was defined as a method of helping an individual choose, prepare for, enter and perform effectively in an occupation (Crites, 1981; Super, 1951, as cited in Brown, 1985).

Career counseling was commonly referred to as educational and vocational counseling. Belkin (1980) stated that:

Vocational and educational counseling are specialized types of counseling applications, designed to provide informational and psychological assistance which may directly affect the decisions and choices the client is about to make with respect to schooling, immediate employment, and future job directions. (p. 499)

4. Academic Advising

The academic advising office on college/university campuses usually provides services for all students. Its program purports to help students overcome educational and personal problems, and skill deficiencies. Habley and Morales (1998) examined both 2- year and 4- year public and private colleges (N=754) for evidence of the existence of an academic advising office on campus (73% reported the presence of such). Academic advising

programs also address students' concerns about grades, time management, test anxiety and career decisions (Lucas, 1993). Habley and Morales (1998) found that more than half of the academic advising offices reported responsibility for advising students on general education requirements, serving as liaison with students' academic departments and for maintaining students' advising records. In addition, through academic advising programs, the faculty is provided with consultation and/or training techniques to enable them to help the students. At the same time, they go to training programs and are given services within the center. Academic advising is a continuous process of planning, clarification and evaluation.

Academic advising, as Miller (1997) stated, "Has been described as a crucial component of all students' experiences in higher education. Within this context, students can find meaning in their lives, make significant decisions about the future, be encouraged to rise to their highest level of potential and access all that higher education has to offer" (p. 17).

The primary purpose of the academic advising program is to assist students in the development of meaningful educational plans that are compatible with their life goals. More specifically, academic advising programs are designed to assist students in resolving one or more academic issues such as choosing courses or a major. After hearing the students' academic interests, career and personal interests, concerns and goals, the advisor offers information, suggestions and guidance. As a result of this interaction, the student can make informed decisions about academic and life choices, and receive information to assist with problems, issues, and deficiencies.

The review of current literature on the subject of academic advising indicated that facilitating retention and student development was seen as important. The importance of academic advising in fostering total student growth was also recognized. Most studies of

advising are surveys of advisee-advisor satisfaction or perceptions of specific advising programs. Several studies found advisee satisfaction to be related to the social, interpersonal relationship between the advisor and the advisee (Astin, 1977; Hornbuckle, Mahoney & Borgard, 1979).

Studies indicate that adviser schemes follow traditional and developmental approaches. The former is a single-directional didactic activity: advisers limit their activities to providing information about courses, explaining registration procedures, and ensuring that students enroll in appropriate courses (Fielstein et al., 1992). The latter moves beyond a unidirectional traditional activity, involving both parties in a goal-related, two-way integrative activity (Frost, 1991). Interaction must be meaningful and productive for both students and advisers. Both parties must share responsibilities and take an active part in the scheme if the relationship is to be effective (Frost, 1991). In a study with undergraduate students designed to differentiate academic advising activities from the evolving personal relationship between student and academic advisor, Fielstein (1989) cautioned advisers to consider the degree of personal involvement on the counselors' part as not all students wanted or needed a personal relationship. For example, Lucas (1993) found that 66.7% of minority students did not want counseling services. Minority students reported that when they did require academic advising services, they only wanted career guidance, not personal or social guidance.

It appears from the previous information that the role of counseling centers followed another direction; that instead of only helping individuals with their problems, they also adapted a more preventative approach. This approach made counseling professionals reach

out to the public with their services. Counseling centers offered different services for different people including students, faculty and administrators in a given academic setting.

Different formats of counseling emerged over the years: (a) personal and individual counseling; (b) group counseling; (c) career development; and (d) academic counseling. In individual counseling, the role of the counselor was to help students with their personal problems. The main objective was to help the individual change his or her life by providing information, altering attitudes and ideas and developing new skills and responses. In-group counseling, the counselor's job was to help students in a group setting. The goals of group counseling were the same as those of individual counseling, but they were achieved in a group setting. In career development, the counselor's role was to help students learn more about career opportunities, helping them to focus on the material aspects of their career choices and lastly, academic advising counselors helped students and faculty with academic matters, the central focus being to provide services for new students and undeclared majors. Counselors also trained faculty and taught them the techniques necessary in order to help the students.

G. University/College Counseling Models

The central focus of the last section is on a number of common models of counseling centers. An attempt is made to treat each model individually, pointing out its primary focus, the services it provides, the required qualifications for its staff and its advantages and drawbacks.

Several issues must be considered before describing the most common models. First, the reason for investigating counseling models stems from the fact that the literature tends to

examine associated issues such as counseling theory, educational skill development, psychotherapy, and the like, but neglects to closely study the theoretical models dictating the services provided. Second, the selected models do not necessarily describe any one center. Third, it is possible to see a counseling center that operates on every one of these models or adapts some of each of their services. In other words, it is not likely that we will see a counseling center that subscribes to any single model in its totality. This is due to the fact that students' needs, institutional mission and size govern the selection of a particular service or model. Finally, the counseling services that are provided by a counseling center reflect the underlying philosophy of the center. These philosophies can be clustered into a number of common models that include the Vocational Guidance Model, the Psychotherapy Model, the Consultation Model, and the Student Development Center Model.

1. Vocational Guidance Model

The primary concern of a center that operates on the vocational guidance model is testing and vocational choice. The secondary concern is remedial reading and study-help programs. The center's functions revolve around the freshman-testing program and freshman orientation program. The latter activity usually provides test interpretation and help in selecting a major. The vocational guidance model does not include psychological therapy because this is viewed as the responsibility of the medical services or the psychology department.

The vocational guidance center is expected to guide or counsel students throughout the year. However, its most intense activities usually take place at the very beginning of an academic year. Each freshman is scheduled to have a preliminary meeting and take the

assigned test. The psychometric examines the student's answers, provides an interpretation, and relates this to the student's present status and future plans. Oetting and colleagues (1970) contended that outstanding counseling often produces a plan containing choice of program or major that enables students to see their talents with a high degree of learning and success. The vocational guidance service does not stop at this particular point. In cases where a student does not possess the necessary ability that would lead to success, it is the responsibility of the center to think of an alternative plan that meets the student's interest and needs. In addition, whenever emotional problems arise and interfere with the suggested planning, it is the responsibility of the center to help the student see through these problems. However, when students need long-term psychotherapy, they are referred to other resources.

This type of center requires well-trained staff. Staff should have some experience in school guidance. The director is more likely to hold an EdD than a PhD, and may have a master's degree in school administration or guidance. A full-time psychometric is generally essential because of the many group and individual tests assigned.

Vocational guidance has a number of advantages, the most distinct one being the ability to provide extensive counseling for numerous students when selecting a college major. Essentially, as pointed out by Oetting, Ivey and Weigel (1970), the student is on his own in implementing the plans that derive from counseling, and for many students, this attitude may be healthy in the long run.

At the same time, this model has some shortcomings, among which is its emphasis on testing and test interpretation as the core of the counseling process. The testing and interpretation procedures may serve to put the students on the defensive regarding his/her pattern and they also may prevent a real problem from emerging later on. Therefore, it is

important to offer services regarding choosing a major and career in a non-threatening atmosphere. In this regard, Oetting, Ivey and Weigel (1970) stated that centers that offer a wide variety of counseling have observed that a large number of clients who present a problem of choice of major or vocation use this as a non-threatening way of approaching a counselor. They argue that if the counselor offers them an opportunity to reveal their feelings, they will open up and discuss problems causing their discomfort.

2. The Psychotherapy Model

The primary concern for centers using the psychotherapy model is how to deal with potential emotional problems students may demonstrate. However, the counseling center that operates under this model is not a facility for the rehabilitation of severely disturbed students. Vocational guidance and study problems are not associated with the psychotherapy model. This is especially true with a center in a small institution. Students themselves should resolve any vocational problems via interaction with faculty or residence hall advisers. In big institutions, the counseling program may provide vocational guidance via a separate testing center.

The staff of the center may be psychiatrists, but are most likely clinical psychologists. Whenever psycho-diagnostic testing is used, the counselor himself will usually do it.

This type of center's major advantage is its potential for overcoming any impediments to the educative process that may come from the emotional problems students face. This is because the provision of therapy can function as an adjunct to the academic program. On the other hand, this particular model appears to be restrictive in the range of

facilities available to the student, is expensive, and only a small number of students can be treated.

3. Consultation/Outreach Model

This model is called outreach or consultation/outreach. Its function is to give assistance to a variety of workers in the college/university environment as well as others outside the academic community. In addition, this model educates administrators and faculty about the responsibilities counselors assume. Archer and Cooper (1998) claimed that outreach programs decentralize counselors and counseling service facilities. They further suggested that counselors not remain cloistered in a central location but place themselves in the students' environment, dorms or libraries.

The model is focused on consultation with faculty members, deans, student advisors, and residence hall counselors in order to provide "psychological education" which will enable these people to work more effectively with students and also "modify the campus environment" so that it enhances students' educational development (Stone & Archer, 1990, p. 557). The model mirrors the mental health model by decentralizing its functions and enlisting the entire community of students, administration, faculty, and residence hall staff (Oetting, et al., 1970).

As suggested by Dinkmeyer and Carlson (2001), counselors using this model should maintain a working relationship with different groups on campus and aid the college/university and students. This consultation/outreach model might provide students with leadership training, residence hall staff with in-service training programs and financial aid officers with an assessment of workload.

The staff must be professionally competent and well trained to identify problem areas and see solutions. They should also be intelligent and capable of establishing good relationships with other faculty. But more than this, they must use these relationships to motivate faculty, students, and administrative staff in positive ways.

Having the possibility to influence a number of areas in the educational process, meeting the needs of the institution and understanding them are considered to be the major advantages of this model. In the long run, these attributes, which are inherent in the model, are likely to lead to creative and valuable programs and activities.

One of the drawbacks, however, is that theoretically this kind of program should require less staffing but the reality seems to be an increase of demands for staff time even with involvement of others in student development and problems. The participation of others creates an environment that leads to more sensitivity, interaction and communication with the students that brings on more referrals for direct service and more pressure on the counseling center staff. This kind of participation is not needed if an institution is meeting the mental health needs of students with severe emotional problems. Unfortunately, many institutions are unable to meet these mental health needs. A minor but sometimes difficult problem is that individuals who tend to have destructive influences on students are most resistant to change. In addition, counselors can resist the application of any new model. Although some higher education institutions were at first willing to try new concepts, the acceptance and implementation can be difficult to achieve (Oetting, Ivey & Weigel, 1970).

4. Student Development Center Model

Another counseling service model is student development. Foulds and Guinan (1969) stated that personnel of student development centers were humanistic in orientation and their efforts leaned toward the enhancement of human growth and development. They offered counselor education programs, research and evaluation, consultation, graduate training-internships, development and educational group experiences, through outreach programs. Their principal contribution was to public and private institutions. They also contributed to an institution's recruitment and retention programs.

Until the 1960s, college/university-counseling centers followed a remedial model in which one-to-one counseling existed (Foreman, 1977). Authors such as Oetting (1967, 1968) have proposed that counseling centers use a developmental model. This model would provide a comprehensive program of college/university counseling services that would maximize staff impact, and create changes that would foster growth and development of students.

Compared to how things were done several decades ago, college/university counseling centers during the 1980s have benefited and were improved by using this model. However, not all centers made this change; many others could be still operating under the remedial model (one-to-one), which dominated the 1950s and 1960s.

In summary, the purpose of this section has been to address the most common counseling models: the Vocational Guidance model, the Psychotherapy model, Student Development Center model and Consultation/Outreach model. The discussion showed that given the widely varying sizes, locations, and philosophies of colleges and universities, it is risky to suggest any one model for all college counseling centers. This is mainly because

each model has its own focus and specific way of accomplishing its aims. Also, each model can respond well to only one aspect of a student's academic life. As indicated earlier, the vocational guidance model, as its name suggests, is concerned with providing vocational guidance for students. This is accomplished through developing a plan in which individuals can choose a program or major that eventually leads to their success. If this plan does not work perfectly, it is the responsibility of the center to think of an alternative plan that meets the student's interests and needs.

The main concern of psychotherapy model is treating any emotional problems students may face during their academic lives. This achieved through intervening to solve any impediments that may come from the emotional problems students face. The provision of therapy functions as an adjunct to the academic program. The primary tenet of the Consultation/Outreach model is to give assistance to a variety of workers in the college/university environment, as well as others outside the academic community. Helping the campus population work more effectively with students, and helping to organize the campus environment which ultimately leads to good mental health and educational development in students usually achieve this.

The final model described in this section was the student development model. Its center of attention is the student's development or the enhancement of human growth and development. The main goal is reached through an outreach program in which the center staff offers counselor education programs, research and evaluation, consultation, graduate training-internships, development and educational group experiences.

H. Conclusion and Discussion

The intent of this discussion was to address a number of issues with reference to counseling centers in higher educational institutions. Specifically, the aim was to consider the current research pertaining to the development and structure of counseling centers. The discussion revolved around three main issues: the historical setting and development of the counseling center, the roles and functions of counseling centers, and the most common college models.

A number of conclusions can be drawn from this discussion. It suggests strongly that the counseling center can play a major role in students' academic lives. Students could receive counseling and psychotherapy for numerous educational, vocational, personal, material, developmental, and social concerns. It seems that personal and career counseling will continue to be an important part of the college experience and many students will not be able to function effectively without it. The historical development of counseling centers is a true reflection of the different phases of the development that the world has undergone. Each stage of development corresponds to the economic, educational, and social changes that have taken place over the years in the society overall. We have also seen the roles and functions of counseling centers take new directions as a result of the rapid changes in people and the needs of the academic community. The same can be said regarding the counseling models, which were developed to serve the college/university population in all academic and developmental aspects. General observations were generated over the course of the investigation of these issues. It appears that there is a great need to have counseling programs that can deal with a variety of health and social problems, and that can create a diverse environment that allows for productive learning.

CHAPTER III

METHOD

Chapter III presents the method of this study, as well as background information about the College of Health Sciences (CHS) in Bahrain and the Counseling and Guidance Office services it provides to CHS students. This chapter describes the study sample, the instrument, data collection, and data analysis. The population of this study was students and faculty in the College of Health Sciences who responded to a questionnaire about their preferences regarding counseling services. The researcher administered the survey, collected the data, and analyzed the results using a computer statistical program. The data analysis was used as the basic foundation for the development of a comprehensive counseling and guidance model for the College of Health Sciences in Bahrain derived from the four counseling models discussed in Chapter II.

The study relied upon four counseling models because the services of each model are recognized internationally as essential components of university counseling centers. It is universally recognized that a counseling center must provide an appropriate range of services that meet students' needs and coincide with the institution's mission. Every university counseling center adapts a model appropriate to the specific needs of their students and based on the counseling model advocated by their counseling center's mission. This study aimed at developing and structuring the counseling services in Bahrain's College of Health Sciences based on these four counseling models in order to

meet the fundamental needs of students as dictated by the culture of this country. Regardless of the country, cultural and religious beliefs can play a major role in determining what services are requested by students and/or offered by a counseling center. Defining crucial counseling services, in response to student and faculty surveys, will enhance the process of designing a comprehensive counseling model for the College of Health Sciences in Bahrain.

A. The College of Health Sciences

The College of Health Science (CHS) is located in Manama, Bahrain and was established in 1976 by the National Ministry of Health to provide the country with professionals in the health field. The college's mission is to educate professionals who can provide high quality, efficient and comprehensive health services in order to improve the health and well being of the citizens of Bahrain (Ministry of Health, 1998, p.2).

The college has approximately 800 students, who are enrolled in associate degrees, bachelor degree, and post-basic programs. The faculty and administration total approximately 80 individuals. By 1996, the total number of the graduates holding degrees from the college from either the Nursing or the Health Sciences program was 3,000.

The college offers several degrees: an Associate degree, a Bachelor degree, the Post-Basic degrees and a one-year certificate. The Associate Degree programs include: General Nursing, Dental Hygiene, Diagnostic Radiography, Health Education, Health Information, Medical Equipment, Medical Laboratory, Medical Secretary, Pharmacy, Sports Therapy/Physiotherapy and Public Health. The Bachelor's Degree Program is offered only in General Nursing. The Post-Basic Programs include: Cardiac Care

Nursing, Community Health Nursing, Nurse-Midwifery and Psychiatric Nursing. In addition, the college offers two one-year certificates in Health Care Administration and Teacher Development.

The academic year at CHS begins in September and ends in August. The college operates on a semester system in which classes are held during two 16-week semesters in the fall and spring and one eight-week summer session.

The Nursing division was designated as a World Health Organization collaborating center for nursing development in 1990. As such, it became the first WHO center in the Eastern Mediterranean region. In order to enhance the educational opportunities for its students, the college works closely with several international organizations, including the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nation Development Program (UNDP) (Ministry of Health, 1998).

B. Counseling and Guidance Office Services

The counseling office has an open-door policy and provides several types of counseling services that include academic counseling, personal counseling, social counseling, and financial counseling. These services are provided to students during the entire academic year.

1. Academic Counseling

There are several ways in which students are provided with academic counseling. The most important services are the academic advising system, tutoring program and

orientation counseling session. At the beginning of the first semester of the academic year, the Counseling Office offers an orientation counseling session which instructs the new students, who may come from different social and cultural backgrounds, on how to deal with the social and academic college system and environment. The orientation session covers the academic rules and regulations of the college, as well as information about the college registration system and environment. The session also discusses social and academic situations.

The first counseling service, academic advising, is provided to the students by the Counseling Office in coordination with the college faculty who have received orientation about the academic advising system from the counselor. The Counseling Office assigns eight to ten students to each faculty advisor who helps the students with academic tasks, such as choosing courses, registering for classes and fulfilling the program requirements. The faculty advisor meets with students weekly, if needed, to discuss academic problems and to help solve problems. The faculty advisers are also responsible for meeting with their advisees at the end-of-each semester and discussing their academic performances as reflected in the students' end of semester grade reports. If the faculty adviser determines that a student has any personal, social, financial or other problems, the advisor will refer the student to the Counseling Office. The faculty adviser is only concerned with basic academic advising. The Counseling Office handles more serious academic problems, such as academic probation and dismissal from the college.

The second major service provided to the students is the tutoring program. The Counseling Office offers a tutoring program to students who sign up for help in a subject or for students who are failing in a subject. The counselor coordinates this service with

experts from the appropriate academic departments, such as the English Department and the Integrated Science Department. Weekly one-hour tutoring sessions are provided to students who feel they need more help in a subject.

The counselor also provides academic counseling to students who are having difficulty in any subject. Academic counseling starts after the mid-term of the semester when the counselor meets with individual students who face possible academic probation. The counselor explains the rules and regulations of academic probation, informs students that they will be placed on probation if they do not meet certain academic standards, and counsels students to help them meet these criteria. This service continues during the remainder of the semester. At the end of the semester, the counselor meets again with individuals who are on academic probation or who have been dismissed. Another counseling service that is provided to students, who are at-risk for academic probation because of absenteeism, is a monthly meeting with all students whose absenteeism exceeds 10 hours.

2. Personal Counseling Service

The Counseling Office has an open-door policy for all students. Through individual counseling sessions, the counselor helps students cope with any non-academic problems (e.g., social, emotional, personal, financial, family, etc.). These sessions consist of one-on-one counseling, and all information is kept confidential. The Personal Counseling Service trains students to face various situations and helps them to solve their problems during their studying and training period.

The Social Counseling Service is part of the personal counseling services and is offered throughout the school year. It helps students to adjust to the new environment, especially with co-education, college life, study skills, and conflict among peers, as well as conflicts between students and faculty.

The Community Service Program, a non-credit program, was established by the Counseling Office and approved by the college (CHS) in 1993 as a requirement for students. This program was designed for the following purposes: to provide an opportunity for a student's self development through service to society, to develop a "we" feeling in building a healthy society, to give students a chance to work as a team for a common purpose, to introduce them to different resources in the community, and to build better relationships with other community organizations. The program first started with a fifteen-hour requirement. After two years of applying and evaluating the program on-site, the students and supervisors suggested increasing the requirement to thirty hours. The college academic council subsequently approved this action. This program is administered by a committee consisting of five faculty (one from each program/division area) and a chair from the Counseling Office.

The Financial Service, or Student Fund, is one of the most important services offered by the Counseling Office. This fund provides students with basic needs such as academic materials. The fund consists of money donated by the business community as well as the college community, and student fund-raising events. Students participate by organizing activities, conducting sales, or producing plays which donate their payment to the Fund. The money is awarded by the Student Fund Committee, which consists of a chair who is a counselor from the Counseling Office and a faculty representative from

each of the five programs/divisions. The Dean approves the committee membership and oversees the financial aspects of the Fund.

The goal of all these counseling services is to provide students with an understanding of the impact of social and behavioral problems on individuals in the different academic settings and to consider what skills are needed to provide students with effective academic/social counseling. The Counseling Office wants to enhance students' sense of independence, and their decision-making, and problem solving abilities by utilizing their own coping strategies.

The counselor is involved in all aspects of the college. The counselor participates on several college committees, including the Admissions Committee, the Grade Discussion Committee (which provides recommendations in case of possible dismissal), the Student Activity Committee, the Graduation Committee and the Petition Committee for dismissed students who are applying for re-admission to CHS.

The idea of counseling and guidance was introduced to the college in the 1976 in order to improve students' academic achievement. However, according to a faculty council report, the service has not been very well developed to suit the needs of the institution (Ministry of Health, College of Health Sciences, College Academic Counseling Meeting, Monthly Report, 1995). The report states that many faculty members feel that the counseling and guidance service is not functioning properly for reasons which are not clear.

A good counseling system plays an important role in improving, upgrading, and enhancing a student's academic performance and decision-making abilities. It also helps in improving the educational standard at the college level. Counseling and guidance are

not systematic; there are many individuals who are not professionally trained in the field. By clarifying the different attitudes towards counseling and guidance, this study will provide educational policy makers and administrators with information to develop a counseling system which comprehensively meets the student needs and gives them the opportunity to achieve their academic objectives and goals.

C. Population

The population of this study consisted of two groups: undergraduate students and faculty members at the College of Health Sciences in Bahrain. All students and faculty members were requested to participate in the study.

1. Students

The first group which took part in the survey was the undergraduate student population including first year, second year, third year, and On-the-Job training students enrolled full time in the College of Health Sciences. They ranged in age from 18 to 30 years included both males and females, and were enrolled in any of the following programs: the General-Nursing, Bachelor Nursing, Midwifery, psychiatric Nursing, cardiac Care Nursing, Community Health Nursing program, or one of the Allied Health programs.

At the time the survey was administered, the students had been studying at the college between three months and three years. The total number of students enrolled was 500, based on the enrollments in individual programs for the 2000-2001 academic year, as shown in Table 1.

Table 1
The Total Number of Students Enrolled by Programs and Year of Study During 2000-2001

Program	First Year	Second Year	Third Year	On-Job-Training	Total
General Nursing	114	71	111	96	392
Medical Equipment	-	4	-	8	12
Laboratory	-	7	-	8	15
Pharmacy	7	7	-	-	14
Bachelor of Nursing	18	19	-	-	37
Midwifery Nursing	7	-	-	-	7
Psychiatric Nursing	6	-	-	-	6
Community Nursing	7	-	-	-	7
Cardiac Care Nursing	10	-	-	-	10
Total	169	108	111	112	500

2. Faculty

The second group which took part in the survey was the entire faculty including both males and females, comprising 70% Bahrainis and 30% non-Bahrainis.

Faculty members hold bachelor's degrees, master's degrees, and doctorates in health sciences and have some counseling experience through working as academic advisors. Approximately 10% of the faculty hold bachelors and doctoral degrees and approximately 90% hold master's degrees. The total number of faculty surveyed was estimated to be 93, as presented in Table 2 according to the college list during the 2000-2001 academic year.

Table 2
The Total Number of Faculty by Nationality and Gender During 2000-2001

Nationality	Male	Female	Total
Bahraini	15	48	63
Non-Bahraini	3	27	30
Total	18	75	93

D. Data Collection

This section describes the procedures used for collecting the data. The steps in data collection included obtaining approval for administering the survey, students' participation, faculty participation, and retrieving the survey responses.

1. Approval

After obtaining the approval of the Institutional Review Board at the University of Pittsburgh, the researcher submitted a letter and questionnaires to the Dean of the College of Health Sciences in Bahrain, requesting her approval to conduct the survey. After receiving the Dean's approval, the researcher sent the letter from the Dean granting approval along with questionnaires to the division chairpersons and the heads of the respective programs in order to secure their cooperation. Once the approval from the Dean of the College was secured, the chairpersons and heads of programs were expected to cooperate with the survey process.

After distributing the letter and questionnaires to the chairpersons and the heads of programs, the researcher met with each one individually and explained the whole process of the study. During this time, the researcher distributed the questionnaire forms. The heads of the programs were responsible for selecting instructors to administer the survey within their respective programs. The actual distribution of the survey to the students was done by the instructors in each program, as selected by the program heads. Each instructor distributed the survey to the group of students that he or she taught. The questionnaires were filled out during a class period. The students are organized into groups of 20-25 individuals, as designated by the instructor, who take all classes together

each semester. Using pre-existing class groups insured that no student was missed and that each student completed only one survey.

2. Student Participation

All students were asked to participate in the study, although participation was voluntary. The instructors kept a record of students who are absent when the questionnaire was distributed. Any absent those were asked to fill out the survey upon his or her return to the class. The instructors were responsible for ensuring that the absent students were contacted, and for determining if they were willing to answer the questionnaire. Students who did not wish to participate in the study handed back the survey to the instructor without filling it out. The students were not requested to sign their names on the survey forms in order to keep their responses confidential and their identities anonymous.

3. Faculty Participation

All faculty were asked to participate in the study, although, the instructors had the option not to participate. The heads of the programs were responsible for distributing and collecting the survey from the faculty in their respective programs. The entire faculty were expected to return the survey form. In order to insure anonymity, the faculty members were not asked to put their names on the survey form.

E. Instrument

This section describes the instrument used in this study, highlights the purpose of the instrument, and describes the instrument's type and organization. The instrument utilized in this study was a cross-sectional survey. The survey was designed to obtain the perspectives of students and faculty concerning the functions and services of counseling and guidance provided by the Counseling Office at the College of Health Sciences.

1. Development of Survey

The survey was adapted from several sources and then modified to meet the purpose of this study. It was partially based on the student personnel responsibilities as presented by the American Council on Education and cited in *Student Services: A Handbook for the Profession* (Saddlemire, 1980). Delworth and his colleagues (1980) suggested that their list of services be adapted to the specific mission and goals of each college in an effort to better meet the holistic needs of individual students. Their list was comprehensive with services ranging from "Interpreting institution objectives...to prospective students and their parents..." to "providing and supervising an adequate food service for students". Therefore, items selected were based on their relevance to services most often offered by counseling centers, e.g., "orienting the student to find appropriate employment when he leaves the institutions" and "carrying on studies to evaluate and improve these functions and services." (Pp. 26-27).

The survey was adapted from Al-Ahmady's unpublished dissertation (1988) that was designed to evaluate counseling services at a Saudi Arabian university. These items

included “help students choose their future vocations,” “organize and administer a residence life program,” and “refer students with special problems to community agencies.”

Additional items for the present survey were designed to address the functions of the counseling models that were not included in either of the above sources. Additional items written for the survey included “help students to select a major,” “counsel individual students with problems and conflicts,” “provide opportunity for students to improve study habits and time management,” and “discuss with students their academic progress.”

The researcher based items in the present survey on the functions of the four counseling models. Items were selected and/or modified to ensure that each of the four models was represented uniformly, with 6 items per model. Items were designed to elicit from respondents the level of need for each service, the amount of service currently provided, and the importance of each service, regardless of the model each service was derived from. Two open-ended questions were included to provide respondents with the opportunity to add additional comments about counseling and guidance services.

2. Organization

The survey was divided into three main sections. The first section included information and instructions for participants. The second included questions about the background of the participants. The third elicited information about participant’s opinions regarding counseling services at the College of Health Sciences.

The first section included a paragraph which had: (a) a statement expressing thanks to the participants in this study; (b) instructions for the participants; (c) an assurance of confidentiality; (d) an explanation about the purpose of the study; and (e) the time needed to complete the questionnaire.

The second section included two different cover sheets, one for the student and one for the faculty. The cover sheet for the students asked them to provide demographic information such as gender, age, major field of study, and year of study. The cover sheet for the faculty asked for the same basic demographic information such as gender, and department, as well as the number of years of experience at the college. Responses were aggregated so that individuals were not identified.

The third section contained the specific questions which were of two types: 24 multiple-choice questions and two open-ended questions. The multiple-choice questions consisted of 24 statements about the function of counseling services. Participants rated the statements according to their perspective, on the need, importance of the services, and the amount of the services at the College of Health Sciences. The ratings followed a Likert scale (1-5) in regard to three conditions: the importance of the service (1= least important to 5= most important), the extent of the need (1= least needed to 5= most needed), and the services currently provided (1= none to 5= more than enough).

The second type of question was two open-ended questions. They were used to encourage participants to provide any suggestions for improving counseling services. In doing so, the participants had the opportunity to add whatever ideas they felt were not addressed in the survey.

3. The Content

The researcher grouped the items of the questionnaire according to the four counseling models presented in Chapter II:

The Vocational Model Covered the Following Statements:

1. Organize and conduct an orientation program for new students.
2. Help students with registration.
3. Help students choose their further vocation.
15. Assist students in finding appropriate employment.
23. Help students to select a major.
24. Provide counseling session to help students make educational/vocational decision.

The Psychotherapy Model Covered These Statements:

8. Counsel individual students with non-academic problems and conflicts.
9. Refer students with special personal problems to community agencies.
10. Organize workshops for self-understanding and personal growth of students.
11. Organize group programs for awareness about issues such as drugs and smoking.
21. Be responsible for administering and interpreting psychological testing of students in the college.
22. Counsel students about financial problems.

The Developmental Model Covered These Statements:

5. Supervise guidance and counseling staff and organize a program for their professional development.
6. Organize and administer a residence life program
7. Provide diagnostic services to help students discover their abilities and goals.
13. Provide opportunities for students to improve study habits and time management.
14. Discuss with students their academic progress
19. Make students aware of educational opportunities and services.

The Consultation/ Outreach Model Covered These Statements:

4. Evaluate and make proposal for programs that assist students in developing their social life.
12. Advise faculty and administrators in regard to students' problems and adjustments.
16. Help administration to make decisions about financial aid for students.
17. Assist administrators with student discipline problems.
18. Conduct research about the effectiveness of guidance and counseling services.
20. Evaluate the health of the campus environment and suggest programs for improving the environment.

The statements from the four models were randomly mixed prevent biasing the respondents' answers with regard to any particular model. Reliability of the scales was evaluated by computing Cronbach's alpha for the sets of items associated with each of the four counseling models. This is a method of estimating reliability based on inter-item correlations (Nitko, 2001, P69).

4. Administration

The instructors, as directed by the heads of programs, were responsible for the administration of the survey. Because the instructions were written in the first section of the questionnaire, the instructors did not need to interpret the statements in the questionnaire.

An expert in both languages translated the items used in this survey from English into Arabic. To ensure the accuracy of the translation, the English Department at the College of Health Sciences checked it.

5. Data Analysis

The main process of analyzing the data was as follows. The data items were categorized into four areas according to the four counseling models the Vocational model, the Psychotherapy model, the Developmental Counseling model, and the Consultation/Outreach model. Data were coded on a computer sheet and analyzed using a statistical package for the social sciences (SPSS) in order to answer the research questions. Data were reported in terms of means and standard deviations. The means and

standard deviations were arranged in tabular form to show the participants' responses to the questionnaire items.

Results for students and faculty were analyzed both separately and together. The means for survey items for each model were displayed in order from highest to lowest to represent the ordering of the importance of the various services.

Computing mean responses to the items that fit under each model derived summary scores for each of the four models. Means and standard deviations of the summary scores for the four models were reported to allow a comparison of the perceived overall importance of the four types of counseling services.

CHAPTER IV

DATA ANALYSIS

This chapter is presented in two sections. Section one describes the characteristics of the sample, including the students' gender, age, study year, and major area of study. For the faculty the demographic characteristics included gender, department affiliation, and years of teaching. The second section presents the results and analysis of the data needed to answer the research questions.

A. Characteristics of the Sample

This study sample consisted of two groups. The first consisted of undergraduate students who were enrolled at the College of Health Sciences. Out of the total enrollment of 500, only 281 (56.2%) took part in the study. Approximately 107 students were not available during the time the survey was distributed because they were engaged in job training at health clinics elsewhere in the country. The second group was full-time faculty members. Out of the total number of 93 faculty members, only 50 (53.7%) responded to the survey. Demographic characteristics of respondents and non-respondents are similar.

The demographic characteristics of the participants in this study are presented in Tables 3 and 4. Table 3 presents students' demographics, including gender, age, study year, and major. Table 4 presents faculty demographics, including gender, department affiliation, and years of experience.

Eighty-six percent of the students were female and 14% were male (Table 3). Sixty-six percent of the student sample was between the ages of 18 and 20 years, 22.4% were between the ages of 21 to 23, and 11.4% were 24 years or older. Just over 42% of students were enrolled in the first study year, 23% were enrolled in the second study year, and 33% were enrolled in the third study year. Five students 1.7% were enrolled in on-job-training. The review of literature documented the increasing demand for nurses in Bahrain, so the majority of students enrolled in the College of Health Sciences were in the General Nursing Program (82.9%).

Table 3
Demographics of Students in the Study: Gender, Age, Study Year, and Major

	Female		Male		Total	
	N	%	N	%	N	%
Gender	242	86.0	39	14.0	281	100.0
Age						
18-20	170	70.2	16	41.0	186	66.2
21-23	2	21.5	11	28.2	63	22.4
24-26	13	5.4	5	12.8	18	6.4
27-30	7	2.9	7	17.9	14	5.0
Total	242	100.0	39	100.0	281	100.0
Study Year						
1 st year	103	42.6	16	41.0	119	42.3
2 nd year	55	22.7	9	23.1	64	23.0
3 rd year	80	33.1	13	33.3	93	33.0
On-Job- Training	4	1.7	1	2.6	5	1.7
Total	242	100.0	39	100.0	281	100.0
Major						
General Nursing	206	85.1	27	69.2	233	82.9
Pharmacy	11	4.5	1	2.6	12	4.3
Laboratory	4	1.7	1	2.6	5	1.8
Medical Equipment	-	-	1	2.6	1	0.4
Bacterial Nursing	9	3.7	3	7.7	12	4.3
Midwifery Nursing	6	2.5	-	-	6	2.1
Cardiac Care Nursing	5	2.1	2	5.1	7	2.5
Psychiatric Nursing	1	0.4	4	10.3	5	1.8
Total	242	100.0	39	100.0	281	100.0

The data in Table 4 characterize the faculty who participated in this study. Seventy four percent of the responding faculty was women; 26% were male. The majority of the faculty members in this study were from the General Nursing Department (48%). As can be seen in Table 4, 32% of the participating faculty had 16 to 20 years of experience in the health field.

Table 4
Demographics of Faculty Participants; Gender, Department, and Years of Experiences

	Female		Male		Total	
	N	%	N	%	N	%
Gender	37	74.0	13	26.0	50	100.0
Department						
General Nursing	22	59.0	2	15.4	24	48.0
English	3	8.1	6	46.2	9	18.0
Integrated Sciences	9	24.3	1	7.7	10	20.0
Allied Health	3	8.1	4	30.8	7	14.0
Total	37	100.0	13	100.0	50	100.0
Years of Experiences						
1-5	6	16.2	1	7.7	7	14.0
6-10	8	21.6	4	30.8	12	24.0
11-15	5	13.5	3	23.1	8	16.0
16-20	11	29.7	5	38.5	16	32.0
21-30	7	18.9	-	-	7	14.0
Total	37	100.0	13	100.0	50	100.0

B. Analysis and Interpretation of Data

The purpose of this study was to identify and examine the perspectives of the students and faculty regarding the importance, need, and amount of services currently provided to them through the Counseling and Guidance Office at the College of Health Sciences. Based on their perspectives, the study was designed to develop a comprehensive counseling and guidance model in this setting. In order to address the study's five research questions, participants were asked to: (1) complete a survey that

focused on whether the students and faculty perceived the counseling services offered at the college as important; (2) whether the services were fulfilling their needs; and (3) whether a satisfying amount of services were provided. Participants were also asked to answer two open-ended questions designed to elicit comments or suggestions for changes in the counseling services. (See Appendix A)

The five-research questions were:

1. What counseling services are perceived as the most important by students and by faculty?
2. What counseling services do students and faculty perceived as most needed?
3. To what extent do students and faculty perceive these counseling services to be currently provided?
4. What are the changes suggested by students and by faculty?
5. What are the similarities and differences in the preferences of faculty and students?

Each research question is discussed separately. The responses of the two groups, students and faculty, were statistically analyzed to determine differences in perceptions of the various services and four counseling models (Vocational, Psychotherapy, Developmental, Consultation/Outreach). By aggregating items, the model-specific survey allowed the functions of the four counseling models to be assessed on their importance, need, and amount of services currently provided. The responses to the two open-ended questions were analyzed in terms of new suggestions and changes provided by the participants in regard to the counseling services.

1. Most Important Counseling Services

Tables 5 and 6 indicate the means, standard deviations, and ranks for each question with regard to the importance of each of the counseling services, by the students and faculty, respectively. The data in Table 5 illustrate the students responses to the first research question, i.e., What counseling services are perceived as the most important by students and by faculty?, ranking counseling services from highest to least important. It is important to note that all mean responses fell between (3.20) (SD= 1.58), and (4.29) (SD= .99). Most mean responses (17 out of 24) items fell above (4.0), indicating students regarded most services as being highly important to them.

Based on the students' ranking of the means, the three most important services were: Q24 Provide counseling session to help students make educational/vocational decision (4.29); Q12 Advise faculty and administrators in regard to students' problems and adjustments (4.28); and Q13 Provide opportunities for students to improve study habits and time management (4.27). Students regarded the following three counseling services as the least important: Q2 Help students with registration (3.92); Q3 Help students choose their future vocation (3.89); and Q6 Organize and administer a residence life program (3.20).

The data in Table 6 show the faculty responses, ranking counseling services from highest to least important. Again, it is important to note that all responses fell between means of (3.74), (SD= 1.05), and (4.60), (SD=. 61). Twenty out of 24 items (i.e. services) had means greater than (4.0), indicating that faculty also considered most counseling services to be of high to greatest importance.

Table 5
Means, Standard Deviations and the Ranks of the Total Student Response in Regard to
the Counseling Services of Highest Importance

Items	Student	
	Mean (SD)	Rank
Q24 Provide counseling session to help students make educational/vocational decision.	4.29(.99)	1
Q12 Advise faculty and administrators in regard to student's problems and adjustments.	4.28(1.00)	2
Q13 Provide opportunities for students to improve study habits and time management.	4.27(.93)	3
Q16 Help administration to make decisions about financial aid for students.	4.25(1.02)	4
Q22 Counsel students about financial problems.	4.25(1.02)	4
Q23 Help students to select a major.	4.22(1.06)	6
Q19 Make students aware of educational opportunities and services.	4.20(.94)	7
Q14 Discuss with students their academic progress.	4.19(1.02)	8
Q15 Assist students in finding appropriate employment.	4.17(1.15)	9
Q20 Evaluate the health of the campus environment and suggest programs for improving the environment.	4.16(1.03)	10
Q8 Counsel individual students with problems and conflicts.	4.15(1.06)	11
Q10 Organize workshops for self- understanding and personal growth of students.	4.10(1.11)	12
Q17 Assist administrators with student discipline problems.	4.08(.98)	13
Q1 Organize and conduct orientation program for new students.	4.06 (.87)	14
Q11 Organize group programs for awareness about issues such as drugs and smoking.	4.04(1.03)	15
Q9 Refer students with special problems to community agencies.	4.02(1.16)	16
Q7 Provide diagnostic services to help students discover their abilities and goals.	4.00(1.05)	17
Q18 Conduct research about the effectiveness of guidance and counseling services.	3.98(1.07)	18
Q21 Be responsible for administering and interpreting psychological testing of students in the college.	3.96(1.13)	19
Q4 Evaluate and make proposal for programs which assist students in developing their social life.	3.95(1.10)	20
Q5 Supervise guidance and counseling staff and organize a program for their professional development.	3.94(1.05)	21
Q2 Help students with registration.	3.92(1.02)	22
Q3 Help students choose their future vocation.	3.89(1.16)	23
Q6 Organize and administer a residence life program.	3.20(1.58)	24

Note: Item response included the following: Importance of counseling services

1= not important

2=low importance

3=medium importance

4=high importance

5= greatest importance

Note: Item response included the following: Importance of counseling services
1= not important 4= high importance
2= low importance 5= greatest importance
3=medium importance

The faculty ranked the following counseling services as the most important: Q8 Counsel individual students with problems and conflicts (4.60); Q13 Provide opportunities for students to improve study habits and time management (4.50); and Q1 Organize and conduct orientation program for new students (4.44). On the other hand, they ranked the following counseling services as least important: Q21 Be responsible for administering and interpreting psychological testing of students in the college (3.86); Q6 Organize and administer a residence life program (3.80); and Q2 Help students with registration (3.74).

As can be seen in Tables 5 and 6, both students and faculty perceived all of the services listed in the survey to be of at least medium importance. None of the means presented were lower than (3.0), which corresponds to the label of “medium importance”. The lowest mean for any service ranked by students was (3.20), while the lowest mean for any service ranked by the faculty was (3.74).

The Spearman rank order correlation between students and faculty did not show a high degree of agreement or consistency between students and faculty rankings based on the counseling services selected as of highest importance, in that the rank orders are not the same for the two groups ($r = .267$, $p = .207$), respectively.

2. Counseling Services Needed

Analysis of responses to the second research question, i.e., What counseling services do students and faculty perceive as most needed? are provided in Tables 7 and 8. Table 7 includes students' data and Table 8 includes faculty data. A summary of the means for counseling services perceived as most or least needed is presented for each

group. It should be noted that the students' highest mean was (4.19) ($SD = 1.03$), and their lowest mean was (3.11) ($SD = 1.56$). On the other hand, the faculty's highest mean ranked was (4.40), ($SD = .67$), and their lowest mean was (3.64) ($SD = 1.08$).

Tables 7 and 8 display the means, standard deviations, and responses of students and faculty, respectively, for rankings of counseling services based on the highest need. Table 7 shows students' responses for the counseling services ranked from highest to least needed. It is important to note that all responses fell between means of (3.11), ($SD = 1.56$) and (4.19), ($SD = 1.30$). Eighteen out of 24 responses had means greater than (3.9), indicating that students considered most counseling services to be of high need. Students ranked the three following counseling services as most needed: Q12 Advise faculty and administrators in regard to student's problems and adjustments (4.19); Q22 Counsel students about financial problems (4.17); and Q16 Help administration to make decisions about financial aid for students (4.11). At the other end of the scale, they ranked the following three as least needed: Q3 Help students choose their future vocation (3.82); Q2 Help students with registration (3.75); and Q6 Organize and administrate a residence life program (3.11).

The data in Table 8 show faculty perceptions regarding the counseling services from highest to least need. It is important to note that all the responses fell between means of (3.64) ($SD = 1.08$) and (4.40) ($SD = .67$), which indicates that the faculty also considered most of the counseling services to be highly needed. Eighteen out of 24 responses had means greater than (3.96), also indicating that the faculty considered most counseling services to be of a high need.

Table 7
Means, Standard Deviations and the Ranks of the Total Student Response in Regard to the Most Needed Counseling Services

Item	Students	
	Mean (SD)	Rank
Q12 Advise faculty and administrators in regard to student's problems and adjustments.	4.19(1.03)	1
Q22 Counsel students about financial problems.	4.17(1.03)	2
Q16 Help administration to make decisions about financial aid for students.	4.17(1.00)	2
Q13 Provide opportunities for students to improve study habits and time management.	4.17(.98)	2
Q23 Help students to select a major.	4.14(1.06)	5
Q15 Assist students in finding appropriate employment.	4.13(1.09)	6
Q24 Provide counseling session to help students make educational/ vocational decision.	4.13(1.04)	6
Q19 Make students aware of educational opportunities and services.	4.10(.93)	8
Q20 Evaluate the health of the campus environment and suggest programs for improving the environment.	4.06(1.02)	9
Q14 Discuss with students their academic progress.	4.04(1.02)	10
Q8 Counsel individual students with problems and conflicts.	4.00(1.08)	11
Q17 Assist administrators with student discipline problems.	4.00(.98)	11
Q1 Organize and conduct orientation program for new students.	3.99(.90)	13
Q10 Organize workshops for self- understanding and personal growth of students.	3.96(1.14)	14
Q18 Conduct research about the effectiveness of guidance and counseling services.	3.93(1.04)	15
Q9 Refer students with special problems to community agencies.	3.91(1.18)	16
Q7 Provide diagnostic services to help students discover their abilities and goals.	3.91(1.05)	16
Q11 Organize group programs for awareness about issues such as drugs and smoking.	3.90(1.06)	18
Q4 Evaluate and make proposal for programs which assist students in developing their social life.	3.87(1.15)	19
Q21 Be responsible for administering and interpreting psychological testing of students in the college.	3.86(1.15)	20
Q5 Supervise guidance and counseling staff and organize a program for their professional development.	3.84(1.05)	21
Q3 Help students choose their future vocation.	3.82(1.19)	22
Q2 Help students with registration.	3.75(1.06)	23
Q6 Organize and administer a residence life program.	3.11(1.56)	24

Note: Item response included the following: Need of counseling services

1= no need

2= low need

3= moderate need

4= high need

5= greatest need

Table 8
Means, Standard Deviations and the Ranks of the Total Faculty Response in Regard to
the Most Needed Counseling Services

Items	Faculty	
	Mean (SD)	Rank
Q8 Counsel individual students with problems and conflicts.	4.40(.67)	1
Q14 Discuss with students their academic progress.	4.32(.71)	2
Q13 Provide opportunities for students to improve study habits and time management.	4.32(.32)	2
Q7 Provide diagnostic services to help students discover their abilities and goals.	4.28(.81)	4
Q12 Advise faculty and administrators in regard to student's problems and adjustments.	4.24(.66)	5
Q9 Refer students with special problems to community agencies.	4.16(.96)	6
Q10 Organize workshops for self- understanding and personal growth of students.	4.16(.91)	6
Q4 Evaluate and make proposal for programs which assist students in developing their social life.	4.16(.89)	6
Q1 Organize and conduct orientation program for new students.	4.16 (0.79)	6
Q11 Organize group programs for awareness about issues such as drugs and smoking.	4.12(.92)	10
Q16 Help administration to make decisions about financial aid for students.	4.10(.91)	11
Q17 Assist administrators with student discipline problems.	4.10(.81)	11
Q20 Evaluate the health of the campus environment and suggest programs for improving the environment.	4.10(.81)	11
Q18 Conduct research about the effectiveness of guidance and counseling services.	4.08(.88)	14
Q19 Make students aware of educational opportunities and services.	4.08(.86)	15
Q24 Provide counseling session to help students make educational/ vocational decision.	4.04(1.01)	15
Q5 Supervise guidance and counseling staff and organize a program for their professional development.	4.00(.90)	17
Q23 Help students to select a major.	3.96(.90)	18
Q15 Assist students in finding appropriate employment.	3.86(1.13)	19
Q3 Help students choose their future vocation.	3.84(1.13)	20
Q22 Counsel students about financial problems.	3.80(1.10)	21
Q21 Be responsible for administering and interpreting psychological testing of students in the college.	3.74(1.05)	22
Q2 Help students with registration.	3.66(.96)	23
Q6 Organize and administer a residence life program.	3.64(1.08)	24

Note: Item response included the following: Need of counseling service

1= no need

2= low need

3= moderate need

4= high need

5= greatest need

Faculty ranked the following three counseling services as most needed: Q8 Counsel individual students with problems and conflicts (4.40); Q14 Discuss with students their academic progress (4.30); and Q13 Provide opportunities for students to improve study habits and time management (4.32). On the other hand, the following three counseling services were ranked as least needed by the faculty: Q21 Be responsible for administering and interpreting psychological testing of students in the college (3.74); Q2 Help students with registration (3.66); and Q6 Organize and administrate a residence life program (3.64).

As can be seen in Tables 7 and 8, both students and faculty perceived all of the services listed in the survey, as being needed to at least a moderate degree. None of the means presented in Tables 7 and 8 are lower than (3.00). The lowest mean for any counseling service was (3.11) by the students and (3.64) by faculty, indicating that the two groups perceived all counseling services as being more than moderately needed.

The Spearman rank order correlation does not show a high degree of agreement or consistency between students and faculty when ranking the perceived need for specific counseling services ($r = .306$, $p = .146$).

3. Counseling Services Currently Provided

The means, standard deviations, and rankings by students and faculty in regard to the perceived amount of counseling services currently provided are presented in Table 9 (students) and Table 10 (faculty).

Tables 9 and 10 include information about the third research question, i.e., To what extent do students and faculty perceive these counseling services to be currently

Table 9
Means, Standard Deviations, and Ranks of the Highest Amount of Currently Provided
Counseling Services for Students

Items	Students	
	Means (SD)	Rank
Q2 Help students with registration.	2.48(1.11)	1
Q1 Organize and conduct orientation program for new students.	2.35(0.82)	2
Q15 Assist students in finding appropriate employment.	2.21(1.27)	3
Q3 Help students choose their future vocation	2.09(1.18)	4
Q5 Supervise guidance and counseling staff and organize a program for their professional development	2.01(.96)	5
Q14 Discuss with students their academic progress.	1.97(1.00)	6
Q19 Make students aware of educational opportunities and services.	1.85(1.04)	7
Q18 Conduct research about the effectiveness of guidance and counseling services.	1.85(1.03)	7
Q17 Assist administrators with student discipline problems.	1.85(.96)	7
Q11 Organize group programs for awareness about issues such as drugs and smoking.	1.79(.95)	10
Q20 Evaluate the health of the campus environment and suggest programs for improving the environment.	1.74(.94)	11
Q7 Provide diagnostic services to help students discover their abilities and goals.	1.66(.90)	12
Q12 Advise faculty and administrators in regard to student's problems and adjustments.	1.64(.93)	13
Q4 Evaluate and make proposal for programs which assist students in developing their social life.	1.64(.85)	13
Q23 Help students to select a major.	1.62(.96)	15
Q16 Help administration to make decisions about financial aid for students.	1.62(.86)	15
Q13 Provide opportunities for students to improve study habits and time management.	1.62(.85)	15
Q6 Organize and administer a residence life program.	1.60(.91)	18
Q8 Counsel individual students with problems and conflicts.	1.56(.83)	19
Q24 Provide counseling session to help students make educational/vocational decision.	1.55(.89)	20
Q10 Organize workshops for self-understanding and personal growth of students.	1.52(.77)	21
Q21 Be responsible for administering and interpreting psychological testing of students in the college.	1.46(.79)	22
Q22 Counsel students about financial problems.	1.40(.84)	23
Q9 Refer students with special problems to community agencies.	1.40(.74)	24

Note: Item response included the following: Amount of counseling services provided

1= none

2= less than enough

3= about the right amount

4= somewhat more than enough

5= much more than enough

Note: Item response included the following: Amount of counseling services provided
1= none
2= less than enough
3= about the right amount
4= somewhat more than enough
5= much more than enough

provided? They give a summary of the highest and lowest means for the amount of counseling services currently provided for the two groups. It should be noted that the students' highest mean was (2.48) (SD = 1.11) and their lowest mean was (1.40) (SD = .74), while the faculty's highest mean was (2.94) (SD= 0.89) and their lowest mean was (1.38) (SD= .60).

Table 9 shows the students' ranking of counseling services from most to least provided currently. Again note that all responses fell between means of (1.40) (SD=. 74) and (2.48) (SD= 1.11). Twenty-two out of 24 responses had means lower than (2.0), indicating the perception that not enough counseling services are provided. The following three counseling services received the highest ranks from the students: Q2 Help students with registration (2.48); Q1 Organize and conduct orientation program for new students (2.35); and Q15 Assist students in finding appropriate employment (2.21).

The three counseling services the students ranked as least provided were: Q21 Be responsible for administering and interpreting psychological testing of students in the college (1.46); Q22 Counsel students about financial problems (1.40); and Q9 Refer students with special problems to community agencies (1.40).

The data in Table 10 show the faculty's responses of counseling services ranked from most to least (currently) provided. All responses fell between means of (1.38) (SD=. 60) and (2.94) (SD=. 89). Twenty-one of the 24 items had means lower than (2.4), indicating that the faculty considered most of the counseling services to be less than adequately provided. The following three counseling services received the highest ranks: Q1 Organize and conduct orientation program for new students (2.94); Q2 Help students with registration (2.82); and Q14 Discuss with students their academic progress (2.58).

Faculty ranked the following three counseling services as least provided: Q21 Be responsible for administering and interpreting psychological testing of students in the college (1.44); Q18 Conduct research about the effectiveness of guidance and counseling services (1.38); and Q10 Organize workshops for self-understanding and personal growth of students (1.38).

Both students and faculty perceived the amount of services provided as less than enough across all of the services. All of the means were lower than 3.0, the value that corresponds to the label of “about the right amount.” The lowest student mean (1.40) was for Question 9 (Refer students with special problems to community agencies), while the lowest faculty mean was (1.38) for Question 10 (Organize workshops for self-understanding and personal growth of students). The rank order correlation between students and faculty does not show a high degree of agreement or consistency between their rankings of the counseling services currently provided and the order is not the same for students and faculty ($r = .303$, $p = .150$).

4. Results Analyzed by Four Counseling Models

This section reports on how students and faculty perceived the importance, need, and the amount of counseling services provided, according to the four counseling models. Table 11 presents the data analysis for each of the four models and includes means, standard deviations and t-tests which were computed in regard to the importance of counseling services.

In considering the first research question, What counseling services are perceived as the most important by students and faculty? the study shows that both groups perceive

Table 11
Student and Faculty Perceptions of the Four Counseling Service Models in Regard to Importance of Services:

Model	Students		Faculty		Combined		t	Sig.
	Mean	Std. Dev	Mean	Std. Dev	Mean	Std. Dev.		
Vocational	4.09	0.74	4.10	0.68	4.09	0.73	-.085	.932
Psychotherapy	4.08	0.83	4.18	0.69	4.10	0.81	-.813	.417
Developmental	3.96	0.76	4.21	0.61	4.00	0.75	-2.153	.032
Consultation/Outreach	4.11	.078	4.25	0.59	4.13	0.76	-1.149	.251

Note. Item response included the following: Importance of counseling services

1= not important

4= high importance

2= low importance

5= greatest importance

3= medium importance

that services, regardless of the counseling models, are of high importance. All means were either only slightly less than or greater than (4.00). For students the means for the Vocational, Psychotherapy, and Consultation/Outreach models were very similar with values ranging between (4.08) and (4.11), indicating that they rate the importance of services within these models as being approximately equal. As indicated by a slightly lower mean of (3.96), students rated the importance of the Developmental model slightly less than the other three. Similarly, faculty rated the importance of services within each of the four models as very high, as shown by means ranging from (4.10) to (4.25).

The results of the t-test show that students and faculty did not differ in their rating of the importance of the services within the Vocational (4.09) ($t = -.08$; $p = .932$), Psychotherapy (4.10); ($t = -.813$; $p = .417$), and Consultation/Outreach models (4.13); ($t = -1.149$; $p = .251$). The only significant difference was that faculty rated the importance of the services within the Developmental counseling model as higher than did students (4.00); ($t = -2.153$; $p = .032$).

In summary, both students and faculty assigned a high importance rating to services under all four counseling models. As indicated by the means, faculty ratings

were slightly higher in importance in all four models than student ratings. However, the difference was significant only with respect to the Developmental model.

With regard to research question two, What counseling services do students and faculty perceive as most needed? the results show that the two groups considered services provided under all four counseling models as highly needed. Again, means for all items were either slightly less than or slightly greater than (4.00). The lowest mean was (3.86). For both faculty and students, the mean for the Consultation/Outreach counseling model was higher (4.05); ($t=-.788$; $p=.431$) than the means for the Vocational (3.98); ($t=.655$; $p=.513$), Psychotherapy (3.98); ($t=-.749$; $p=.455$) and Developmental models (3.89); ($t=-2.043$; $p=.042$). As shown in Table 12, the means for the Consultation/Outreach counseling model was (4.03) for students and (4.13) for faculty. Both student and faculty means were above the scale value of 4, which indicates, “high need.” For students, the lowest mean among the four models was for the Developmental model (3.89). For the faculty, the lowest mean was for the Vocational model (3.92). The means for faculty on the Psychotherapy model (4.06) and the Developmental model (4.10) were higher than students’ means on these models ((3.96) and (3.86), respectively). Although the means for students on these two models were lower than the corresponding faculty means, they were still high with respect to the response scale.

As seen in Table 12, t-tests comparing faculty and student means for the four models revealed a significant difference only on the Developmental model ($t=-2.043$; $p=.042$). Faculty perceived there to be a higher need for services under this model than did students.

Table 12
Student and Faculty Perceptions of the Four Counseling Service Models in Regard to
 Amount of Service Needed

Model	Students		Faculty		Combined		t	Sig.
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.		
Vocational	3.99	0.73	3.92	0.69	3.98	0.73	.655	.513
Psychotherapy	3.96	0.86	4.06	0.71	3.98	0.84	-.749	.455
Developmental	3.86	0.78	4.10	0.61	3.89	0.76	-2.043	.042
Consultation/Outreach	4.03	0.79	4.13	0.60	4.05	0.77	-.788	.431

Note. Item response included the following: Need of counseling service

1= no need

4= high need

2= low need

5= greatest need

3= moderate need

In summary, both faculty and students perceived a high need for services under all four counseling models. Faculty perceived there to be a higher need for developmental services than did students. As shown by the means, faculty and students agreed in their perceptions that the greatest need for services was under the Consultation/Outreach model.

The responses to the third research question, To what extent do students and faculty perceive these counseling services to be currently provided? showed that both students and faculty perceived that the amount of services currently provided was not enough. As Table 13 indicates, the two groups were similar in their perceptions of the amount of services provided under each of the counseling models. For the Vocational model, the mean for students (2.05) and the mean for faculty (2.20) were close to the scale value of 2, which indicates "less than enough." Both student and faculty means were less than 2.0 for the collective services of the Psychotherapy model ((1.52) for students and (1.81) for faculty). Furthermore, the two groups were similar in their response to the Developmental model services. The means were (1.78) for students and (1.77) for faculty. The means for the Consultation/Outreach model services were (1.72)

Table 13
Student and Faculty Perceptions of the Four Counseling Service Models in Regard to
Amount of Service Currently Provided

Model	Students		Faculty		Combined		t	Sig.
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.		
Vocational	2.05	0.64	2.20	0.59	2.07	0.63	-1.56	.119
Psychotherapy	1.52	0.56	1.81	0.58	1.56	0.57	-3.36	.001
Developmental	1.78	0.60	1.77	0.56	1.78	0.59	.088	.930
Consultation/Outreach	1.72	0.65	1.89	0.53	1.74	0.63	-1.73	.084

Note. Item response included the following: Amount of counseling services currently provided

1 =none

2=less than enough

3=about the right amount

4=somewhat more than enough

5= much more than enough

for students and (1.89) for faculty. Although still low in an absolute sense, faculty and student means for collective services of the Vocational model were higher than for any of the other three. This suggests that both faculty and students perceived that the greatest amount of service was provided under the Vocational model.

The results of t-tests comparing the means of students and faculty on the four models indicated that they differed significantly only regarding the Psychotherapy model (1.56); ($t = -3.36$; $p = .001$) (See Table 13). In this case, the higher mean of the faculty suggests that they perceived a greater provision of psychotherapy counseling services than the students did.

In summary, both faculty and students perceived that not enough services were provided under any of the four counseling models. Despite the significant difference between faculty and student means for the Psychotherapy model, the low values given by both groups indicate a perception that the amount of services provided under this model was not enough.

By integrating the results of the three research questions, it can be concluded that students and faculty in this study perceived that services under all four counseling models

were highly needed and highly important, but that the amount of services provided under each of the models was not enough.

A repeated measure analysis of variance (ANOVA) was conducted to determine if mean ratings of the importance of services differed significantly across the four models. As shown in Table 14, the results of this analysis were significant ($F = 7.643$, $p < .0005$). The means for combined student and faculty ratings of the importance of services under the four models were shown in Table 11. Post hoc comparisons showed that the mean for the Consultation/Outreach model was significantly higher than the mean for any of the three models. Again, this difference is significant, but it is not large in a practical sense, since the difference between the lowest mean among the four models (4.00 for Developmental) and the highest mean (4.14 for Consultation/Outreach) is quite small.

Table 14
Results of Repeated Measures ANOVA Comparing Student and Faculty Perceptions of the Importance of Services Across Four Counseling Service Models

Source	Sum of Sq.	df	Mean Sq.	F	p
Model	43.91	3	14.64	127.24	.000
Error	113.8	990	0.115		

A repeated measure analysis of variance (ANOVA) was conducted to determine if mean ratings of the need for services differed significantly across the four models. As shown in Table 15, the results of this analysis were significant ($F = 8.83$, $p < .0005$). The means for combined student and faculty ratings of the need for services under the four models were shown in Table 12. Post hoc comparisons showed that the mean for the Consultation/Outreach model was significantly higher than the mean for any of the other three models. Although this difference was significant, it was not large in a practical

sense, since the difference between the lowest mean among the four models (3.90 for Developmental) and the highest mean (4.05 for Consultation/Outreach) was quite small.

Table 15

Results of Repeated Measures ANOVA Comparing Student and Faculty Perceptions of the Amount of Services Needed Across Four Counseling Service Models

Source	Sum of Sq.	df	Mean Sq.	F	p
Model	3.922	3	1.307	8.83	.000
Error	146.6	990	0.148		

A repeated measure analysis of variance (ANOVA) was conducted to determine if combined student and faculty mean ratings for the amounts of service currently provided differed significantly across the four models. The results of this analysis were significant ($F = 127.24$, $p < .0005$) (See Table 13). The means for combined student and faculty ratings of the amount of service provided under the four models were shown in Table 13, p. 81. Post hoc comparisons showed that the mean for the Vocational model was significantly higher than the mean for any other model. This suggests that faculty and students consider that services under the Vocational model were provided to a larger extent than services under any other model. Furthermore, the mean for the Psychotherapy model was significantly lower than the mean for any of the other three models.

Table 16

Results of Repeated Measures ANOVA Comparing Student and Faculty Perceptions of the Amount of Services Currently Provided Across Four Counseling Service Models

Source	Sum of Sq.	df	Mean Sq.	F	p
Model	3.148	3	1.049	7.643	.000
Error	135.945	990	0.137		

With respect to research question four: What are the changes suggested by students and faculty? Participants were given two open-ended questions through which they might suggest any counseling services that could be offered in the Counseling

Office. Of the 281 students who participated in this study, only 180 (64%) responded to these questions. Their responses and results were organized in the following general categories:

Student Academic Counseling. Most of the students suggested more academic counseling services involvement in advising during the selection of a major, orientation to academic rules, and selection of courses. For example, one participant said, "I need help with selecting a major". Students also asked for more involvement in discussing and planning their courses of study, increased access to computer courses, and provision of more financial assistance in purchasing required textbooks. With respect to this issue, one participant made the following statement, which was echoed by similar statements made by other participants, "We need financial aid, especially during the on-the-job training." Furthermore, they requested a greater variety of elective courses from which to choose, provision of more time for study, reorganization of the exam week time schedule, more tutoring programs, expansion of library services and facility, more attention to the development of the orientation program, and a stronger focus on the quality of the relationships between the students and faculty. Several students suggested that they would like the requirements reviewed, i.e., they currently feel that the load is too heavy for a three and one half year program, and perhaps the program could be expanded to four years with a bachelor's degree awarded at commencement. As one participant said, "Our school should either reduce the number of required courses or expand the years of study to four years instead of three intensive years."

Psychotherapy Counseling

This service generated several student responses in the open-ended questions. They indicated a need for individual counseling: “We need someone to listen to our personal problems.” In addition, they requested more workshops for self-understanding and study skills development. Several students mentioned that the counseling office should provide group counseling programs about issues such as drug use, smoking and financial problems.

Developmental Counseling. The topic of developmental counseling elicited many suggestions from students. They would like to have workshops to develop their study skills and abilities. For instance, a student said, “I need someone to tell me about effective studying techniques, and to show me how to manage my time so that I can deal with the load of courses”. They suggested that their advisor be more involved with them academically to discuss their academic progress: “We need someone to listen to our academic problems, especially knowing that our academic advisors do have enough time for us.” They suggested the creation of awards and honors that would provide financial incentive and reward hard work.

Consultation Counseling. The consultation counseling service garnered many student responses to these two open-ended questions. Their comments focused on healthy environments and their social life, such as encouraging and engaging in social activities, and financial aid options. They would like the administration and faculty to understand their social, emotional, economic, and academic needs, while providing a healthy environment for study. For example, they commented: “Nobody cares about our problems.” “No one listens to our suggestions.” “I know that whatever suggestions I

write are not going to be considered.” They asked for more understanding about their problems from the college administration and the faculty. They recognized that personal counseling might be the most important service; having someone listen to their problems and help with solving them. The students also felt that having this support would make them more successful academically. In general, they asked for an effective counseling program, which covered all their personal, social, economic, and academic problems.

Of the faculty who participated in this study (n =50), only 39 (78%) responded to the two open-ended questions. Their responses reflected on the four counseling models.

Vocational Counseling: In comments focused on academic counseling and their roles as academic advisors, faculty suggested: “Staff counseling services should give a clear picture about how to guide students.” The services of the counseling office need to be developed. They asked for staff counseling services to give them input about students in order to help them in guiding students for their future career, “To help the students in their over all development and counsel them about specific problems.” They asked for more free time to help them focus on advising students, academically and personally: “The advising system in this college is not adequately organized so the faculty are not finding adequate time to sit with each student.” They asked for extra curricular activities for students, as well as health sessions, marriage counseling, and counseling session for students with problems they encounter which affect their personal and academic lives.

These faculty were also concerned about financial aid for students. They felt the advising system needed to be better organized. They wanted more privacy to meet with their advisees individually, allowing students to feel free and comfortable enough to express their problems. Faculty preferred to award more financial aid to students and

provide more opportunities for them to develop decision-making and management skills. They also indicated that they would like counseling services to help them improve their own advising skills.

Psychotherapy Counseling. Faculty suggested more psychotherapy counseling to enable them perceive the students' needs better and deal with them in an effective way: "Psychological and social services are needed to deal with real life problems of students that affect their academic performance." In addition, they requested more training concerning social services so they could effectively handle students' social problems, refer them to a specialist if needed, help students in their overall development or constructively counsel those with specific problems. A faculty member mentioned that, "the counseling office should assist students in a variety of ways such as providing students with marriage counseling, health session counseling, and helping them overcome whatever home and college problems they may encounter."

Developmental Counseling. Developmental counseling elicited many suggestions from faculty. They asked about ways to help students to identify their abilities and to organize workshops on selected topics of current importance. Financial aid was requested for the less privileged students, and more and different counseling services to be provided for unstable students or those with special needs (including physical and psychiatric counseling). The following are excerpts from suggestions made by some faculty members: "The counseling office should organize workshops or lectures on selected topics which are of importance and help students to identify their abilities." "Financial aid needs to be given to low income students." "There should be better coordination among administrators, faculty and the counseling office."

Consultation/Outreach Counseling. Outreach counseling was mentioned in faculty suggestions, such as providing a relaxation program for both students and faculty, counseling faculty with their own problems, self-awareness workshops for students and faculty, and providing students with programs that help them identify their goals and abilities. One faculty member, for example, suggested that, “the college should design relaxation programs for students and faculty.” Another requested “provision of workshops about decision making and management skills.”

With regard to research question five: What are the similarities and differences in the preferences of faculty and students?, Table 17 displays the obtained results for the four counseling models, services with regard to importance, need, and amount of services provided. The importance of Vocational counseling services (6 services/ model) to students and faculty is illustrated by their high rating (74% to 82% responded with either a 4 or a 5 on the Likert scale for importance), including organizing an orientation program, selecting a major, advising, and providing counseling to help students with decisions about educational or vocational choices. The importance of the Psychotherapy counseling model services can be observed in the respondents' high scores (71% to 81% responded with either a 4 or 5 on the Likert scale for importance) for services such as individual counseling, financial counseling, and awareness programs about drugs and smoking. Likewise, Developmental counseling model services were strongly supported by the high percentages of answers on the scale (57% to 84% responded with a 4 or 5 on the Likert scale for importance). Suggested services included student and advisor meetings about academic progress services to help students discover their abilities and goals, and educational opportunities. The importance of the Consultation/Outreach

counseling model services is demonstrated by the high ratings (73% to 84% of the responses gave a 4 or 5 on the Likert scale) for services such as advising faculty about students' problems, educating faculty about financial aid, and finding ways to improve the college environment.

In terms of counseling services needed as indicated by students and faculty responses, the six services of the Vocational counseling model garnered between 67% to 81% in the "high" or "greatest need" responses on the Likert scale, including developing and organizing an orientation program, and gearing students' counseling sessions toward their making appropriate educational and vocational decisions. On the other hand, the Psychotherapy counseling model was considered highly needed in all of its services, as the two groups' percentages were between (68% to 78%), with counseling for financial problems and individual counseling rated the highest. The services of the Developmental counseling model were rated as "high" or "greatest" need (from 53% to 82%), the most needed services being to improve students' study habits and time management, and increase their awareness of educational opportunities and services. Finally, the services in the Consultation/Outreach counseling model also received high ratings (72% to 82% chose high or great need).

As to the amount of counseling services provided or not, the results show that both students and faculty felt that provision of the services under the four counseling models was not sufficient. Their high rating for the Vocational counseling model (47% to 85% responded with either a 1= None or 2= More less than enough on the Likert scale for provided), shows that services were not adequate. These included organizing an orientation program, selecting a major, advising, and providing counseling to help

students with decisions about educational or vocational choices. The amount of the Psychotherapy counseling model services not provided can be observed in the respondents' high scores (79% to 90% responded with either a 1= None or 2=More less than enough on the Likert scale for not provided) for services such as individual counseling, financial counseling, and awareness programs about drugs and smoking. Likewise, Developmental counseling model services were strongly supported by the high percentages of answers on the scale (69% to 85% responded with a 1= None or 2= More less than enough on the Likert scale for not provided). Suggested services included student and advisor meetings about academic progress, services to help students discover their abilities and goals, and educational opportunities. The amount of the Consultation/Outreach counseling model services not provided can be observed by the high ratings (74% to 85% of the responses received 1= None or 2= More less than enough responses on the Likert scale) for services such as advising faculty about students' problems, educating faculty about financial aid, and finding ways to improve the college environment.

Table 17
Percentages of Combined Student and Faculty Perception Across Four Counseling Service Models

Models	Services	Important. Percentage		Need Percentage		Not provided Percentage	
		N	%	N	%	N	%
Vocational	1. Organize and conduct an orientation program for new students	272	82	266	80	179	54
	2. Help students with registration	245	74	222	67	156	47
	3. Help students choose their future vocation	242	73	237	72	233	70
	15. Assist students in finding appropriate employment	264	80	260	79	211	64
	23. Help students to select a major	268	81	257	78	272	82
	24. Provide counseling session to help students make educational/ vocational decision	269	81	264	79	282	85

Table 17
Percentages of Combined Student and Faculty Perception Across Four Counseling Service Models
 (continued)

Models	Services	Important. Percentage		Need Percentage		Not provided Percentage	
		N	%	N	%	N	%
Psychotherapy	8. Counsel individual students with problems and conflicts	267	80	250	76	272	82
	9. Refer students with special problems to community agencies	248	75	232	70	297	90
	10. Organize workshops for self-understanding and personal growth of students	256	77	242	73	302	91
	11. Organize group programs for awareness about issues such as drugs and smoking.	258	78	239	72	261	80
	21. Be responsible for administering and interpreting psychological testing of students in the college	235	71	226	68	293	79
	22. Counsel students about financial problems	265	80	257	78	282	85
Developmental	5. Supervise guidance and counseling staff and organize a program for their professional development	248	75	229	69	241	73
	6. Organize and administer a residence life program	187	67	175	53	266	80
	7. Provide diagnostic services to help students discover their abilities and goals	250	76	244	74	277	84
	13. Provide opportunities for students to improve study habits and time management	276	83	270	82	280	85
	14. Discuss with students their academic progress	275	83	254	77	228	70
	19. Conduct research about the effectiveness of guidance and counseling services	267	81	256	77	254	77
Consultation/ Outreach	4. Evaluate and make proposal for programs which assist students in developing their social life	245	74	239	72	281	85
	12. Advise faculty and administrators in regard to student's problems and adjustments.	279	84	272	82	274	83
	16. Help administration to make decisions about financial aid for students.	273	83	263	79	274	83
	17. Assist administrators with student discipline problems	251	76	243	73	245	74
	18. Conduct research about the effectiveness of guidance and counseling services	240	73	243	73	261	79
	20. Evaluate the health of the campus environment and suggest programs for improving the environment	269	81	249	75	273	83

Table 17

Percentages of Combined Student and Faculty Perception Across Four Counseling Service Models
(continued)

Note. Item response included the following: Importance of counseling services,

- 1 =not important,
- 2=low importance,
- 3=medium importance,
- 4=high importance,
- 5= greatest importance:

Note. Item response included the following Need of counseling services:

- 1 =no need
- 2=low need
- 3=moderate need
- 4=high need
- 5= greatest need

Note. Item response included the following Amount of counseling services currently provided

- 1 =none
- 2=less than enough
- 3=about the right amount
- 4=somewhat more than enough
- 5= much more than enough

CHAPTER V

SUMMARY, FINDINGS, AND RECOMMENDATIONS

A. Introduction

This chapter integrates the findings of the study and the interpretations of the results. The purpose and procedures of the study are first summarized followed by a detailed discussion of the findings. The survey results, based on student and faculty perspectives and suggestions, are used to develop a Comprehensive Counseling Model that will address the whole college community's counseling needs. Finally, limitations of the study will be addressed, conclusions assessed, suggested areas for future research considered.

B. Summary of the Study

The purpose of this study was to determine how students and faculty at the College of Health Sciences in Bahrain perceived and rated various counseling services in order to develop a comprehensive counseling service model. These ratings helped guide college administrators and counseling professionals to understand the importance, the need, and the amount of specific counseling services that should be provided to college students and faculty. The findings guided the development of a Comprehensive Counseling Model that will address the needs indicated by the students and faculty. Specific services were identified that were

considered important, the need for counseling services was emphasized, and the degree to which the services should be provided was suggested.

This study was administered by asking five research questions at the College of Health Sciences:

1. What counseling services are perceived as the most important by students and by faculty?
2. What counseling services do students and faculty perceive as most needed?
3. To what extent do students and faculty perceive these counseling services to be currently provided?
4. What are the changes suggested by students and by faculty?
5. What are the similarities and differences in the preferences of faculty and students?

The instrument utilized in this study was a cross-sectional survey. The survey was designed to obtain the perspectives of students and faculty concerning the functions and services of counseling provided by the counseling office at the College of Health Sciences. The survey asked respondents to rate 24 guidance and counseling services. Each service was rated on a five-point Likert scale: for the importance of offering each service (from 1 = Not Important to 5 = Greatest Importance); for degree of need for each service (from 1 = Not Needed to 5 = Greatest Need); and for amount of each service provided (from 1 = None Provided to 5 = Much More Than Enough Provided). Two open-ended questions were included in the survey.

The 24 counseling services were distributed across four counseling models: the Vocational, Psychotherapy, Developmental, and Consultation/Outreach models, with six

services per model. These four models were the basis for the study's research questions. Each research question examined the importance, the need, and the amount of services provided by the two groups (i.e., students and faculty) in regard to their perspectives and rating of counseling services.

The study sample consisted of 281 college students and 50 faculty at the College of Health Sciences during the fall semester of 2001. The 281 students were volunteers from a total enrollment of 500 students. The 50 faculty were volunteers from a pool of 93 faculty. Since the survey was voluntary, some students and faculty chose not to participate, and others were absent from class the day the surveys were distributed. No attempt was made to contact these students (See Tables 3 & 4).

The data from the survey were reported in terms of means and standard deviations. Statistical analysis of variance was used to indicate any differences among the groups for each model, and then post-hoc tests were used for each service to indicate significant differences.

C. Discussion

The results obtained are discussed in light of the five research questions that guided this study, the two open-ended questions, and the perceptions of both students and faculty regarding the twenty-four counseling services that were based on the four counseling models. In reviewing the available results, an attempt is made to discuss in detail the findings, delineate whether the results concur with those of previous studies, and suggest theoretical explanations or justifications for the findings.

1. Importance

It was found that the students and faculty consider all counseling services to be of “medium” to “greatest importance” with regard to the first research question. The importance of services, when considered within the four models, (i.e., the Vocational, Psychotherapy, Developmental and Consultation/Outreach, six services each) was not rated significantly different by students and faculty, with one exception. The faculty rated the importance of the Developmental Counseling model significantly higher than did the students. Both students and faculty agreed that counseling services were extremely important. Responses to the open-ended questions were similar for students and faculty in that they indicated the necessity for a greater variety of counseling services to be provided through the counseling office.

Perhaps these responses were made because the recommended counseling services were not currently provided for students. Most of these services were considered to be important in helping students achieve strong academic progress, to organize and plan their social life, and to reach their career goals. A sense of understanding by the administrators for the students’ academic and personal problems will lead to healthier relationships between the two groups. Students are faced with many vocational, educational, and personal problems during their college years and may be unable to resolve the problems successfully because the counseling office did not offer services that meet these needs.

The literature appeared to support the idea that most students need or prefer a variety of counseling services. According to Gallagher and Demos (1983), counseling is designed to help individuals achieve goals by providing services which focus on academic, career, personal, and psychological counseling.

2. Services Needed

With respect to question two, the results obtained show that the majority of participants rated the need for counseling services between “moderate” and “greatest” need. In regard to the four counseling models, the results from the perspectives of both students and faculty showed that they considered the services within each of the four counseling models to be “highly needed”.

Comparing faculty and students regarding for the models revealed a significant difference only on the Developmental model, where faculty perceived a significantly higher need for developmental services than students did. However, the need for each counseling model’s service was demonstrated by the high percentage of “high need” and “greatest need” responses by both groups. Most of the services were recommended by the participants (in their responses to the open-ended questions), such as the need for advising faculty about students’ problems and financial aid needs, and for improving the college environment.

The study supports the ideas presented by researchers such as Belkin (1980), Bishop (1995), Lucas (1993), and Miller (1997). These studies showed that counseling services, e.g., career, personal, and psychotherapy counseling and academic advising are necessary for students to succeed in college. According to Helfgot (1995), students need personal counseling where they can express their frustrations or aggravations in an individual setting with a counselor; this service is needed to encourage students to succeed and meet their academic and personal objectives.

In summary, both faculty and students perceived a high need for the services under all four counseling models. Faculty perceived there to be a higher need for Developmental counseling services than did students. As shown by the means, faculty and students agreed in their perceptions that there was the greatest need for services under the

Consultation/Outreach model. Students perceived the counseling services of each model as necessary to their development, and to ascertaining their personal, academic, and vocational goals. The Consultation/Outreach counseling services were not currently available through the counseling office. This study demonstrated the need for most, if not all, of these services to be implemented within a Comprehensive Counseling Model.

3. Services Provided

Regarding the third research question, which focused on the amount of counseling services currently provided, the results showed that both students and faculty found the services to be inadequate. Most participants rated services as being insufficient.

In regard to the four counseling models, the results from both students and faculty indicate that the means for the two groups differed significantly only on the Psychotherapy model. The fact that the faculty mean was the higher of the two suggests faculty perceived that psychotherapy-counseling services were provided to a greater extent than students did.

The literature supported the participants' suggestions regarding the provision of psychotherapy counseling services. For example, Bieschke et al. (1995) found that 94% of university students were content with short-term individual counseling and that 93% of those surveyed would suggest such services to their friends.

Responses from students and faculty indicated that Vocational model services were provided, but not to the extent that both groups perceived as needed. Responses from both groups also indicated that services from the Psychotherapy, Developmental, and Consultation/Outreach counseling models were less than adequately provided, especially in relation to their perceived need and importance. For example, sessions to help educational

/vocational decision-making or selecting a major were not provided as needed. The highest rate was for help with registration because the academic advisors provided these services. The Psychotherapy counseling model's services, which received the highest means for services not provided, included, organized workshops for self-understanding, referring students with special problems to the community agencies, and counseling students with financial problems. Most of the services under the umbrella of the Developmental model were highly recommended by both groups, including improving study habits and time management, and helping students discover abilities and goals both of which were rated of "highest importance". The Consultation/Outreach counseling model provides a number of services, specifically, evaluating programs which assist students in developing their social life, advising faculty and administrators regarding students' problems, adjustments, financial aid, and improving the college environment.

In summary, both faculty and students perceive that not enough services were provided under any of the four counseling models. Despite the significant difference between faculty and student means for the Psychotherapy model, the low values of both means indicate the perception that the amount of services provided under this model was not enough.

Many of the high and low responses by both groups regarding the counseling services could be explained by the lack of professionally trained staff available in the counseling office. Furthermore, the academic advisors or administrators provided some of the vocational and academics service themselves. Another possible explanation for the differences may come from differing cultural needs. For example, the low need for residence life programs may be due to the fact that many students lived at home with their families. Also, a fixed curriculum

eliminated the need to help students choose courses. Psychological testing had never been applied in the Bahrain educational system, and yet might benefit a majority of the students if it were to be provided.

Students and faculty responses summarily focused on the perception that most counseling and guidance services were important and needed, yet not provided. With regard to the importance of and need for counseling models, both groups rated the services as a whole under the Consultation/Outreach counseling model as the highest.

By examining basic preferences for certain types of counseling models, this study intended to show that many services were perceived to be both needed and important, but not adequately provided at the College of Health Sciences. In conclusion, the study helped the participants and the researcher to have a clearer picture of their needs, and what they considered to be the most important counseling services.

4. Responses of the Open-ended Questions

The last two research questions were formatted as open-ended questions. They asked respondents to make comments or suggestions about counseling services that they considered necessary and their similarities and differences in regard to counseling services. Only 180 (64%) of students and 39 (78%) of the faculty responded to these questions. Their responses were generalized across the four counseling models' services that they believed to be accessible through the counseling office. Their responses showed that the counseling services concept was limited to academic counseling, but they agreed that the addition of personal, career, outreach, and development counseling was needed. In general, both students and faculty suggested more involvement in decision making about future career planning, more

understanding of students' problems, and more contact and understanding between students and faculty. Most of the participants proposed focusing on academic counseling, including more involvement in advising, more freedom to choose a major, more involvement in study habits development, and more consideration for the quality of the relationships between students and faculty. Faculty wanted the course curriculum reviewed out of concern that the academic load was too heavy for a three and one half year program. Expanding the program to four years might be a solution. In regard to academic advising, faculty asked for more free time to help them focus on advising students, academically and personally. Developmental counseling services elicited many suggestions from both students and faculty; they would like workshops on study skills and time management skill. Suggestions included providing financial aid for students with low income, and better coordination among administrators, faculty and counseling office. The Consultation/ Outreach counseling services suggested by students and faculty included providing self-awareness workshops for students and faculty, and programs to help student acknowledge their abilities and goals. Their comments focused on achieving a healthy college environment and student social life, such as encouraging social activities. In general, they asked for more capable counseling services which encompassed personal, academic, and career issues.

5. Student Versus Faculty Perceptions

Results from this study found strong similarities between the students and faculty in regard to rating the four counseling models as, highly needed and of greatest importance. The four counseling models were highly recommended by the two groups. The study found that students and faculty gave the highest rating to the four counseling models in regard to

importance, needed and provided. However, students generally rated the developmental model lower than faculty in regard to importance. Also the developmental model was rated higher by faculty than students in regard to need, while both groups rated the Consultation/Outreach model higher. The amount of services provided was rated low in the vocational model by both groups; the lowest rate was for psychotherapy by students and developmental by faculty. The four counseling models were considered important and needed by the two groups.

Finally, many suggestions were found in this study in regard to several counseling services, such as personal counseling, career counseling, group counseling and outreach counseling to be considered and made accessible by the counseling office.

D. Comprehensive Counseling Model

In the context of the Health Sciences College at Bahrain, the available results demonstrated that there was a great need to have counseling programs to meet the whole college community's needs and that could create a diverse environment that fostered productive learning and development. This study undertook the challenge of seeking new ways to improve the quality of the counseling office services and it appeared that this could be accomplished through implementing a comprehensive counseling and guidance model.

The suggested Comprehensive Counseling Model was derived on the responses obtained from participants regarding the twenty-four counseling services, in which importance, need, and amount of services provided were rated. These twenty-four counseling services were based on the four counseling models, namely, Vocational counseling, Psychotherapy counseling, Developmental counseling, and Consultation/Outreach counseling.

Afterward, the design for a Comprehensive Counseling and Guidance Model was examined to insure that its services and functions would meet the standardized services and function suggested by IACS. Although the IACS was designed for Western perspectives and for Western institutions; its main functions and services could still be applied to non-Western institutions. This is because the counseling services of the IACS were considered to be basic services that needed to be included and offered in any counseling offices or centers at any higher educational institution around the world. Counseling centers tended to adopt the basic counseling services proposed by IACS, but at the same time modified them according to the institutions' mission, students' needs, and cultural values of a particular society.

The next section shows the suggested Comprehensive Counseling Model illustrating its mission, the services it provides, its qualifications and duties, and its top priority.

1. The Aim and Mission of Suggested Comprehensive Counseling Model

The College of Health Sciences acknowledged the significance of counseling services and believed that it played an essential part in undergraduate studies. This is attributable to fact that the College of Health Sciences recognized the value of the counseling office- college community relationship that incorporates academic advising, career counseling, and personal counseling as important elements of education. The college's stated mission was to educate professionals who could provide high quality, efficient and comprehensive health services that improve the health and well-being of the citizens of Bahrain (Ministry of Health, 1998). The Comprehensive Counseling Model's mission was to echo the main college's mission by providing quality services for students to enable them to integrate their professional aims with the broader purposes of human life. The experiences, activities, and encounters that make up

student life encouraged their intellectual gifts and the personal objectives of students as they harmoniously matured.

The main goals of this Comprehensive Counseling Model were to attract and retain students with high ability and strong motivation, and to provide a healthy environment wherein the college community could grow intellectually, socially and academically. In more specific terms, the Comprehensive Counseling Model focused on providing students, faculty, and the college community with information about academic advising services, personal counseling, and developmental services to enhance the successful and professional advisement of all college students.

2. The Services and Function of the Comprehensive Counseling Model

These findings lend support to the design and implementation of a Comprehensive Counseling Model. This was the main goal of the study. This study made use of the participants' perceptions that easily fit into the purposes of the model, and as a result could move toward a clearer Comprehensive Counseling Model.

The actual implementing of counseling office services for the purpose of assisting an institution to achieve its mission and goals mandates a recognition and understanding of a Comprehensive Counseling Model. This is achievable through development of the model's role, an increase in the understanding of students' developmental needs, and the creation of better working relationships between students and faculty. As suggested in the review of literature, the Comprehensive Counseling Model should consider the International Association of Counseling Services professional standards in improving the quality and effectiveness of a counseling center.

A review of the results of this study, as well as the suggestions by participants, indicated that a Comprehensive Counseling Model should include the services which were considered most important and most needed by students and faculty. Several implications were identified as a result of this study. In order to accomplish this, there were several services which the model generally needed to incorporate. The Comprehensive Counseling Model should integrate the strengths of each of the four counseling models' services as a result of this study.

The counseling services should embrace the three necessary functions described in the review of literature, i.e., the preventive, remedial, and developmental functions. These functions should service the entire college community. The remedial function should provide counseling to students experiencing personal adjustment or psychological problems that entail professional intervention. Related to some extent is the preventive function, which assists students in identifying and learning skills that will assist them in successfully meeting their education and life goals. The developmental function is for the campus environment to facilitate the healthy growth and development of students.

The Comprehensive Counseling Model should incorporate the following counseling model services which students and faculty and the results of this study suggested. A decision was made to include only those services with a rank between 1 and 18 (i.e., those ranks above the medium value of 18.5) were included.

3. Vocational Model Services (Remedial and Preventive Function)

The Comprehensive Counseling Model will incorporate the three services with the highest means for importance, which from the Vocational model includes career counseling for item Q24 Educational/vocational counseling sessions, and academic counseling, for item Q1 Organize orientation program, and Q23 Selecting a major. These services are representative of the main function of the model and could be implemented by developing an orientation program that covers the college rules and regulations, academic requirements, and general information about the counseling services and college facilities. Additionally, addressing the registration process and methods, career counseling information regarding opportunities for identifying future vocations, the process of selecting a major, and providing counseling sessions for making educational and vocational decisions would support the vocational function of the Comprehensive Counseling Model.

4. Psychotherapy Model Services (Remedial and Preventive Function)

The Comprehensive Counseling Model should incorporate Psychotherapy counseling model services for both individuals and groups, which should be provided for vocational, educational, personal, developmental, and relationship issues. Personal counseling can be derived from item Q8 Individual counseling, and Q9 Refer to community agencies, and group counseling from item Q10 Workshops for personal growth, and Q11 Organize program for drugs. The second major service should include workshops for self- understanding about issues such as drug use and smoking dangers, financial counseling, and the administration of psychological testing. An ongoing evaluation of the effectiveness of the services should be implemented as well.

5. Developmental Model (Preventive and Developmental Function)

The Developmental counseling model adds the functions of research and training; from item Q7 Services to discover abilities and goals and Q13 Improve study habits and time management, and Academic advising, Q14 Discuss academic progress.

The Comprehensive Counseling Model should include supervision of counseling for staff, organizing a program for professional development and providing services to help students discover their abilities and goals. The second service provides opportunities for students to improve study habits and time management, offers counseling sessions for discussing the student's academic progress and performance, and presents students with information about educational services and opportunities.

6. Consultation/Out reach Model (Preventive and Developmental Function)

The Consultation/Outreach counseling model includes the services highly recommended by students and faculty in this study, namely items Q12 Advise faculty about students' problems, Q16 Decision about financial aid, Q18 Student discipline problems, Q14 Research about effectiveness of counseling, and Q20 Improving the college environment. These services should be incorporated within the Comprehensive Counseling Model by providing help to students in obtaining new skills, encouraging positive and realistic self-appraisal, and promoting suitable personal and occupational choices. Similarly, improving the ability to relate equally and meaningfully with others, and increasing the capacity to engage in a personally fulfilling and effective style of living are services instrumental to the consultation and outreach function of the Comprehensive Counseling Model. These services should be designed to meet all students' needs, and compassionately consider the cultural and ethnic diversity among students. Covered services would include a program focused on developing

students' social lives, and addressing administrators and faculty about students' social, academic, and career problems and adjustments. It should also provide sources for financial aid with in helping from administrators, providing programming to assist the administration to help students with problems, conduct research and evaluation programs about the effectiveness of counseling services, and improve the college environment with outreach counseling services to help students achieve their academic goals in the best ways. These are all services suggested by this research that would be central to the developmental implementation of a Comprehensive Counseling Model.

7. Implications for Counseling Office

In general, the results of this study suggest a need for a shift toward providing a more Comprehensive Counseling Model approach in the college. Furthermore, the results of this study clearly support the following strategy when developing and implementing this Comprehensive Counseling Model. The Comprehensive Counseling Model allows for the identification and inclusion of a variety of counseling services for categorizing and describing proposed potential activities of the counselor in a variety of contexts.

The counseling office director will initially start with those services identified as most needed and most important by students and faculty. The director of the counseling office will develop a plan to inform and train faculty advisors and administrators about the implementation of the new roles and functions of the Comprehensive Counseling Model.

Faculty and professional advisors could assist students in discovering their best personal fit between the college curriculum and life's purpose. Goals and objectives developed and evaluated on an ongoing basis will encourage students to use the full range of

academic and counseling resources available to achieve their goals. A centralized full-service office provided for college students will have full-time professional counselors and staff who are familiar with the student's issues and the Comprehensive Counseling Model.

The counseling office will recommend that incentives for faculty advisors such as release time from teaching to accommodate a higher advising load and merit toward tenure and evaluation be implemented. The counseling office will provide accurate and timely information about counseling services so that faculty and staff will have up-to-date information for students. This will strengthen the bond between advisor and student and build a sense of trust and confidence in this relationship. Academic advisors can develop their role in the following ways: restructuring their services, reexamining their priorities, reducing caseloads, accounting for the counseling services provided to students, and evaluating the outcomes.

Contacts between students and advisor could be primarily by appointment but advisor access could also be provided on a walk-in basis. The advisor will be professional, which will lead to a respectful, honest, open and friendly relationship with the student. Furthermore, advisors will assist students in clarifying their educational, career, and personal goals. It is unlikely that the counseling office would have the resources to provide individual career counseling for all students. Workshops and structured groups could be an efficient and effective alternative. The counseling office should maintain, assess and evaluate the effectiveness of ongoing programs and determine the need for new programs for students.

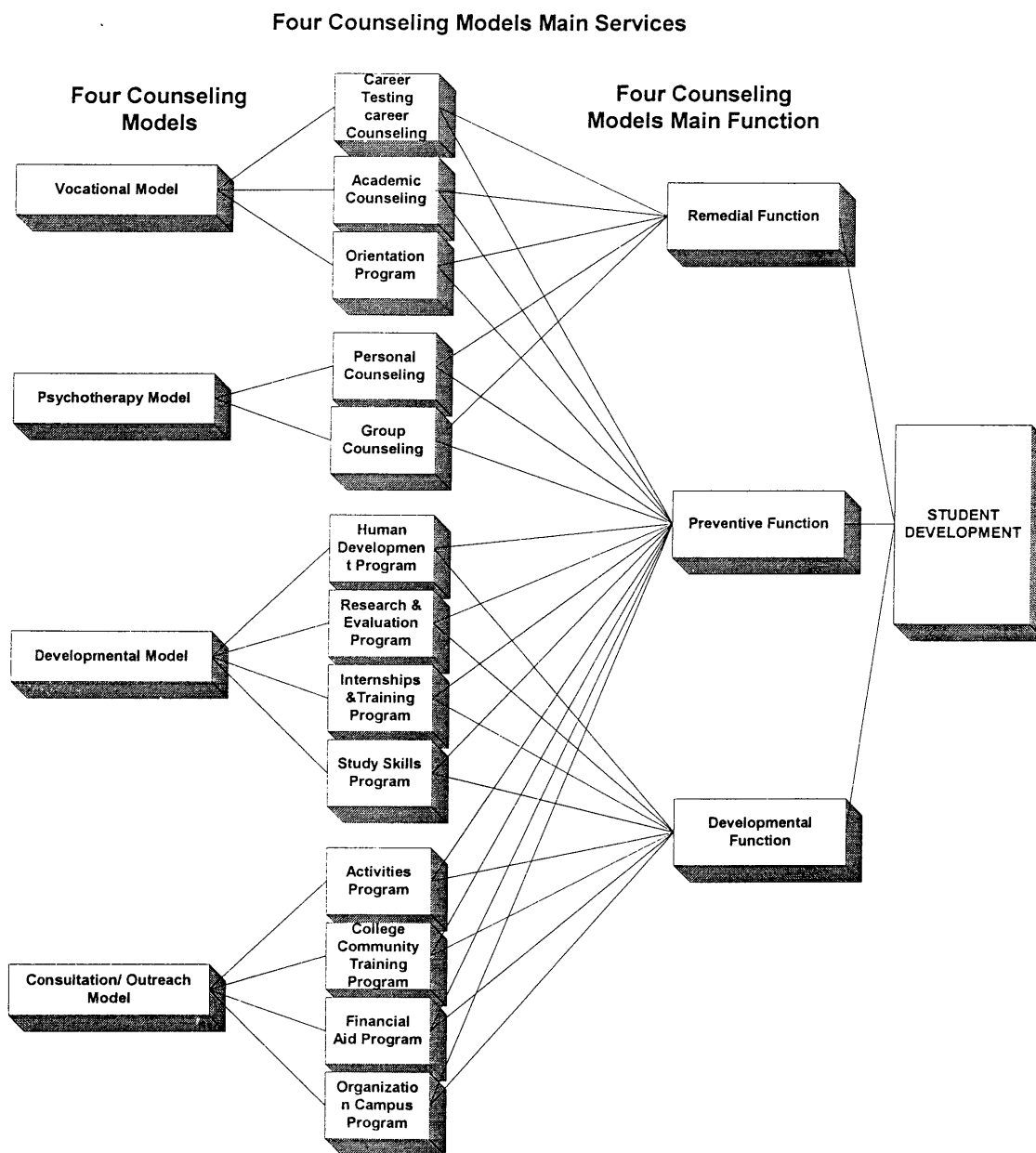
In conclusion, the Comprehensive Counseling Model is a strategy that can assist and enrich students in their collegiate experience. Providing a Comprehensive Counseling Model may be the best means of implementing developmental, outreach, vocational, and

psychotherapy counseling service to facilitate the students' achieve their goals. The suggested Comprehensive Counseling Model with its services and functions is shown in Figure 1. This model emphasizes student development as the ultimate goal of any counseling service and is placed on the far right side of Figure 1. To the far left are listed the four counseling models including Vocational, Psychotherapy, Developmental, and Consultation/Outreach. The main counseling services of each model are directly to its right. Farther to the right are the three basic functions of counseling including, remedial, preventive, and developmental.

E. Limitations

Any attempts to draw conclusions based on the findings of this study must be made with the following limitations in mind. The study was limited to the investigation of one college and the results should be generalized with caution in other institutions in Bahrain or elsewhere. The uniqueness of the sample and setting as well as the specific goals and needs of the college under study, also may limit generalization to other colleges. Generalization of the study's findings also should be viewed with some caution, since the research instrument was not standardized. The fact that only one instrument was employed, a questionnaire, increases the possibility of missing some aspects of the issues in question which could be more fully considered by utilizing various instruments.

Figure 1. A comprehensive Developmental Counseling Model



F. Recommendations

The results and findings of this study are based on the following educational and research recommendations. They seem to point toward a more interactive and eclectic Comprehensive Counseling Model, which could incorporate the major components of the Vocational, Psychotherapy, Developmental, and Consultation/Outreach counseling models. This model's goal is define and implement effective strategies and services that assist students during their educational process (e.g. advising during the selection of a major, orientation to academic rules, more involvement in the discussion and planning of their course of study).

Counseling's primary goal is to improve the quality of the students' knowledge. This is done by serving as a link between the students and available educational opportunities and services. Once this Comprehensive Counseling Model is established in a given college, the college will train necessary professional staff. More counseling workshops will be conducted to develop students' study skills and to help them identify their goals and abilities. Furthermore, the academic advising system will be oriented to involve students to enhance their academic performance. Additionally, workshops could be implemented for the faculty to improve their academic and social advising ability.

Another academic recommendation for the counseling center is to consider expanding its agenda by providing non-academic services such as social, economic and personal counseling for prospective students.

As far as future research recommendations are concerned, this study proposes conducting similar research that could be documented at other institutions of higher education to examine and compare the differences between the results from students who

for future research. Another suggestion is that the proposed Comprehensive Counseling Model be implemented and then an evaluative study be conducted to examine its effectiveness.

1. Closing Thought

In the process of conducting this study, it was discovered, in both the review of relevant literature and the research findings, that counseling services be provided for both students and faculty at a level consistent with the identified importance and need for them. As the mission of the Comprehensive Counseling Model is different from the other models, so must the role of the Comprehensive Counseling Model be distinguished from them and defined for this distinct level of education.

A related issue is that, if the suggested Comprehensive Counseling Model is to take place in future counseling services, it is clear that a new kind of staff member may need to be created and trained with new counseling roles.

The results of this study clearly supported the contention that most participants, students and faculty alike, rated counseling services as most important, highly needed, and inadequately provided. There were no significant differences in the responses of these two groups of participants.

APPENDICES

APPENDIX A

Dear faculty member,

The counseling center is an essential ingredient in today's higher educational institutions. Its importance is derived from the role it plays in providing an adequate environment that in turn enhances students' academic performance. Therefore, in order to increase the effectiveness of the counseling center, it is vital that we implement essential and comprehensive counseling services. This survey is a means to determine such services for a doctoral thesis entitled: Deriving a Comprehensive Counseling and Guidance Model for Colleges of Health Sciences in Bahrain.

Considering the fact that you have gained some experience through working closely with the director of the counseling office over the course of past years, your assistance in this study is a key for making it a successful study which aims at improving the quality of the counseling services offered by the office.

I appreciate your time and your responses to the enclosed questionnaire. Please try to answer all of the questions/statements as accurately as possible. All of your answers will be analyzed collectively and will be confidential. To ensure this confidentiality, neither your identity will be revealed, nor any information you will give. I am grateful for your thoughtful assistance.

Sincerely yours,

Wedad Al-Banna
Ph. D. candidate
University of Pittsburgh

18/12/2000

**Deriving a Comprehensive Counseling and Guidance Model for
Colleges of Health Sciences in Bahrain**

Thank you for your participation in this study designed to determine essential services of a comprehensive counseling model. You may be assured of complete confidentiality. Your name will never be placed on the questionnaire. The survey should require no more than fifteen to twenty minutes. The survey includes a list of twenty-four guidance and counseling functions which might be provided by a college. Please rate each of the function based on the following five-point scale (1-5) to indicate your personal opinion about how important the services are, how important is the amount of current services provided and the need of the services.

**IMPORTANCE OF
SERVICES:**

**1 =not important, 2=low importance,
3=medium importance,
4=high importance, 5= greatest importance:**

NEED OF SERVICES:

**1=no need, 2=low need, 3=moderate need, 4=high need,
5=greatest need**

**AMOUNT OF SERVICES
CURRENTLY PROVIDED:**

**1=none, 2=less than enough, 3=about the right amount,
4=somewhat more than enough,
5=much more than enough**

There are also two open-ended questions at the end that give you the opportunity to add additional comments.

Faculty Demographic Information

Please complete the following:

Program: _____

Gender: Male _____ or Female _____ (please check)

Specialty: _____

Number of years employed at CHS _____

Deriving a Comprehensive Counseling and Guidance Model for Colleges of Health Sciences in Bahrain

Thank you for your participation in this study designed to determine essential services of a comprehensive counseling model. You may be assured of complete confidentiality. Your name will never be placed on the questionnaire. The survey should require no more than fifteen to twenty minutes. The survey includes a list of twenty-four guidance and counseling functions which might be provided by a college. Please rate each of the function based on the following five-point scale (1-5) to indicate your personal opinion about how important the services are, how important is the amount of current services provided and the need of the services.

**IMPORTANCE OF
SERVICES:**

**1 =not important, 2=low importance,
3=medium importance,
4=high importance,
5= greatest importance:**

NEED OF SERVICES:

**1=no need, 2=low need, 3=moderate need, 4=high need,
5=greatest need**

**AMOUNT OF SERVICES
CURRENTLY PROVIDED:**

**1=none, 2=less than enough, 3=about the right amount,
4=somewhat more than enough,
5=much more than enough**

There are also two open-ended questions at the end that give you the opportunity to add additional comments.

Student Demographic Information

Please complete the following:

Program: _____

Gender: Male ____ or Female ____ (Please check)

Age: _____ (years)

Year: First Year ____; Second Year ____; Third Year ____; Job Training ____ (Please check)

Deriving a Comprehensive Counseling and Guidance Model for Colleges of Health
Sciences in Bahrain
Based on Student Needs and Four Counseling Models

Directions: Please rate (designate response by circling the corresponding number) all of
the following items on each of the scales, including

IMPORTANCE OF SERVICES: 1 =not important, 2=low importance, 3=medium importance,
4=high importance, 5= greatest importance:

NEED OF SERVICES: 1=no need, 2=low need, 3=moderate need, 4=high need,
5=greatest need

AMOUNT OF SERVICES
CURRENTLY PROVIDED: 1=none, 2=less than enough, 3=about the right amount,
4=somewhat more than enough, 5=much more than enough

SERVICES	IMPORTANCE	NEED	AMOUNT CURRENTLY PROVIDED
	1=not important 2=low importance 3=medium importance 4=high importance 5=greatest importance	1=no need 2=low need 3=moderate need 4=high need 5=greatest need	1=none 2=less than enough 3=about the right amount 4=somewhat more than enough 5=much more than enough
1. Organize and conduct an orientation program for new students	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
2. Help students with registration.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
3. Help students choose their future vocation	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
4. Evaluate and make proposal for programs which assist students in developing their social life.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5. Supervise guidance and counseling staff and organize a program for their professional development.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
6. Organize and administer a residence life program.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
7. Provide diagnostic services to help students discover their abilities and goals	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

SERVICES	IMPORTANCE	NEED	AMOUNT CURRENTLY PROVIDED
	1=not important 2=low importance 3=medium importance 4=high importance 5=greatest importance	1=no need 2=low need 3=moderate need 4=high need 5=greatest need	1=none 2=less than enough 3=about the right amount 4=somewhat more than enough 5=much more than enough
8. Counsel individual students with problems and conflicts.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
9. Refer students with special problems to community agencies.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
10. Organize workshops for self- understanding and personal growth of students	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
11. Organize group programs for awareness about issues such as drugs and smoking.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
12. Advise faculty and administrators in regard to student's problems and adjustments.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
13. Provide opportunities for students to improve study habits and time management.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
14. Discuss with students their academic progress	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
15. Assist students in finding appropriate employment.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
16. Help administration to make decisions about financial aid for students.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
17. Assist administrators with student discipline problems.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
18. Conduct research about the effectiveness of guidance and counseling services	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
19. Make students aware of educational opportunities and services.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
20. Evaluate the health of the campus environment and suggest programs for improving the environment.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
21. Be responsible for administering and interpreting psychological testing of students in the college.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
22. Counsel students about financial problems.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

SERVICES	IMPORTANCE	NEED	AMOUNT CURRENTLY PROVIDED
	1=not important 2=low importance 3=medium importance 4=high importance 5=greatest importance	1=no need 2=low need 3=moderate need 4=high need 5=greatest need	1=none 2=less than enough 3=about the right amount 4=somewhat more than enough 5=much more than enough
23. Help students to select a major.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
24. Provide counseling session to help students make educational/ vocational decision	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

25. Please make any comments in the space below about guidance and counseling services at College of Health Sciences which you believe important.

26. Are there any services not currently provided that you would like the counseling office to offer?

APPENDIX B

المكرم الاخ الفاضل/الاخت الفاضلة: طالب/طالبة كلية العلوم الصحية المحترم

تحية طبية وبعد

نظرا لدور المهم الذي يقوم به مكتب التوجيه والارشاد في اي مؤسسة تعليمية لذا فإضافة خدمات اساسية وشاملة يعتبر امرا ضروريا حتى يتم تفعيل اداء مكتب الارشاد والتوجيه . الاستفتاء الذي بين يديك هو أداة لأطروحة دكتوراه بعنوان " تصميم نموذج شامل للخدمات الارشادية لكلية العلوم الصحية في البحرين " .

ان تعاونكم بحكم خبرتكم الشخصية من خلال استفاديتكم من الخدمات المقدمة من قبل مكتب التوجيه والارشاد في الكلية يمثل حجر الاساس لنجاح هذا البحث والذي يؤمل ان يساهم في تطوير الخدمات الارشادية .

امل إعطاء هذا الاستفتاء جزءا من وقتكم الثمين والاجابة الكاملة والصادقة لكل مايرد فية. لجابتكم على الاسئلة الواردة في هذا الاستبيان ستدرس بصورة جماعية وستعامل بغاية السرية. ولتأكيد هذه السرية فإن هذا الاستفتاء لا يحمل أي تعريف أو رقم أو كتابة اسم يدل على شخصيتكم .

شاكرة لكم سلفا حسن تعاونكم

الباحثة

وداد البناء

جامعة بتسبرج

استفتاء لتصميم نموذج شامل لخدمات الإرشاد والتوجيه

لكلية العلوم الصحية في البحرين

التعليمات:

الاستفتاء يحتوي على قائمة بأربعة وعشرون بنداً من الخدمات التي ممكن أن تكون مقدمة من خلال مكتب الإرشاد والتوجيه. أرجو التكرم بتقييم هذه الخدمات الارشادية من خلال الإشارة إلى مقدار الخدمة المقدمة وأهميتها ومدى الحاجة إليها. علماً بأن الأهمية، والحاجة، ومقدار الخدمة المقدمة تتدرج من (1-5) حيث أن الرقم واحد يشير إلى عدم الأهمية، والرقم خمسة يشير إلى الأهمية القصوى لذلك الدور من خدمات التوجيه والإرشاد. وأفيدكم بأن الاستفتاء يحتاج إلى 15 - 20 دقيقة لإكماله.

مقدار الخدمات الارشادية المقدمة حالياً : 1- ليست مقدمة 2- أقل من المطلوب 3- تقريباً بقدر كافي
4- تقريباً بقدر أكثر من المطلوب 5- أكثر بكثير من القدر المطلوب

مدى الحاجة إلى الخدمات الارشادية: 1- ليست هناك حاجة لها 2- تحتاج بمقدار قليل
3- تحتاج بمقدار متوسط 4- تحتاج بمقدار عالي 5- تحتاج بمقدار أكبر

مدى أهمية الخدمات الارشادية: 1- ليست مهمة 2- مهمة بمقدار قليل
3- مهمة بمقدار متوسط 4- مهمة بمقدار عالي 5- مهمة بمقدار أكبر

ملاحظة: أرجو التكرم بالإجابة على سؤاليين آخرين تم اعدادهما حتى يتسنى لك التعبير عن وجهة نظرك في الخدمات الارشادية المقدمة من قبل مكتب الارشاد والتوجيه بالكلية.

المعلومات الشخصية للطالب:

البرنامج : -----

الجنس: ذكر ----- أنثى ----- السن: ----- سنة

السنة الدراسية: الأولى ----- السنة الثانية ----- السنة الثالثة ----- التدريب العملي -----

الخدمات	مقدار الخدمات الارشادية المقدمة حالياً	مدى الحاجة إلى الخدمات الارشادية	مدى أهمية الخدمات الارشادية
	1- ليست مقدمة 2- أقل من المطلوب 3- تقريباً بقدر كافي 4- قريباً بقدر أكثر من المطلوب 5- أكثر من المطلوب	1- ليست هناك حاجة لها 2- تحتاج بقدر قليل 3- تحتاج بمقدار متوسط 4- تحتاج بمقدار عالي 5- تحتاج بمقدار أكبر	1- ليست مهمة 2- مهمة بمقدار قليل 3- مهمة بمقدار متوسط 4- مهمة بمقدار عالي 5- مهمة بمقدار أكبر
1- تنظم وتعد برنامج التهيئة للطلاب الجدد	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
2- تساعد الطلاب في عملية التسجيل للمقرارات الدراسية	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
3- تساعد الطلاب على اختيار مهنة المستقبل	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
4- تقوم وتخطط البرامج التي تساعد الطلاب على تحسين حياتهم الاجتماعية	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
5- تشرف على أعضاء هيئة التوجيه والإرشاد وتنظم البرامج الخاصة بتطويرهم الأكاديمي	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
6- تنظيم وتطور السكن الطلابي	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
7- تقدم الخدمات الهادفة لمساعدة الطلاب على اكتشاف قدراتهم وأهدافهم	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

الخدمات	مقدار الخدمات الارشادية المقدمة حالياً	مدى الحاجة إلى الخدمات الارشادية	مدى أهمية الخدمات الارشادية
	1- ليست مقدمة 2- أقل من المطلوب 3- تقريباً بقدر كافي 4- تقريباً بقدر أكثر من المطلوب 5- أكثر من المطلوب	1- ليست هناك حاجة لها 2- تحتاج بقدر قليل 3- تحتاج بمقدار متوسط 4- تحتاج بمقدار عالي 5- تحتاج بمقدار أكبر	1- ليست مهمة 2- مهمة بمقدار قليل 3- مهمة بمقدار متوسط 4- مهمة بمقدار عالي 5- مهمة بمقدار أكبر
8- ترشد الطلاب الذين لديهم مشاكل شخصية	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
9- توجه الطلاب ذوي المشاكل الخاصة إلى المؤسسات الاجتماعية	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
10- تنظيم الندوات التي تساعد الطلاب على فهمهم لذاتهم ونموهم الشخصي	5 4 2 2 1	5 4 3 2 1	5 4 3 2 1
11- تعد برامج للتوعية الجماعية مثل مكافحة المخدرات والتدخين	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
12- تشعر أعضاء هيئة التدريس والإداريين بمشاكل الطالب المختلفة	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
13- تهيئ الفرص التي تساعد الطالب على الاستفادة من وقته وتحسين طريقة مذاكرته	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
14- مناقشة الطلاب في تحصيلهم الأكاديمي	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
15- تساعد الطلاب في الحصول على العمل المناسب	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

الخدمات	مقدار الخدمات الارشادية المقدمة حالياً	مدى الحاجة إلى الخدمات الارشادية	مدى أهمية الخدمات الارشادية
	1- ليست مقدمة 2- أقل من المطلوب 3- تقريباً بقدر كافي 4- تقريباً بقدر أكثر من المطلوب 5- أكثر من المطلوب	1- ليست هناك حاجة لها 2- تحتاج بقدر قليل 3- تحتاج بمقدار متوسط 4- تحتاج بمقدار عالي 5- تحتاج بمقدار أكبر	1- ليست مهمة 2- مهمة بمقدار قليل 3- مهمة بمقدار متوسط 4- مهمة بمقدار عالي 5- مهمة بمقدار أكبر
16- تساعد الإدارة على إصدار القرارات الخاصة بالمساعدات المالية الخاصة بالطلاب	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
17- تقوم بمساعدة الإدارة بمعالجة مشكلات الطلاب النظامية	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
18- تقوم بإجراء الدراسات الخاصة بتقويم خدمات الإرشاد والتوجيه	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
19- توجيه الطلاب إلى الفرص التعليمية المتاحة	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
20- تقييم البيئة الجامعية وإبداء المقترحات اللازمة لتحسينها	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
21- تكون مسؤولة عن إجراء وتفسير الاختبارات النفسية في الكلية	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
22- ترشد الطلاب إلى التغلب على مشاكلهم المالية	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

الخدمات	مقدار الخدمات	مدى الحاجة إلى الخدمات الارشادية	مدى أهمية الخدمات الارشادية
	1- ليست مقدمة 2- أقل من المطلوب 3- تقريباً بقدر كافي 4- تقريباً بقدر أكثر من المطلوب 5- أكثر من المطلوب	1- ليست هناك حاجة لها 2- تحتاج بقدر قليل 3- تحتاج بمقدار متوسط 4- تحتاج بمقدار متوسط 5- تحتاج بمقدار عالي أكبر	1- ليست مهمة 2- مهمة بمقدار قليل 3- مهمة بمقدار متوسط 4- مهمة بمقدار عالي 5- مهمة بمقدار أكبر
23- تساعد الطلاب على اختيار التخصص الأكاديمي	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
24- تنظيم دورات ارشادية لمساعدة الطلاب في اتخاذ قرارات تخص المجال التعليمي والعمل	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

25- الرجاء التكرم باقتراح ماترونة هانفا ومهما قد يساهم في تطوير خدمات التوجيه والإرشاد في الكلية.

26- الرجاء نكر أي خدمة غير مقدمة لكم وترغب في أن توفرها لك الكلية.

شاكرين لكم حسن تعاونكم.

APPENDIX C

Table A

Means, Standard Deviation, and Ranks of Importance of Counseling Services for Students and Faculty

Items	Students Mean (SD)	Rank	Faculty Mean (SD)	Rank
Q1 Organize and conduct orientation program for new Students	4.06 (0.87)	14	4.44 (0.64)	3
Q2 Help students with registration.	3.92(1.02)	22	3.74(1.05)	24
Q3 Help students choose their future vocation	3.89(1.16)	23	4.12(1.08)	17
Q4 Evaluate and make proposal for programs which assist students in developing their social life.	3.95(1.10)	20	4.20(.90)	13
Q5 Supervise guidance and counseling staff and organize a program for their professional development.	3.94(1.05)	21	4.16(.84)	14
Q6 Organize and administer a residence life program.	3.20(1.58)	24	3.80(1.07)	23
Q7 Provide diagnostic services to help students discover their abilities and goals	4.00(1.05)	17	4.34(.87)	6
Q8 Counsel individual students with problems and conflicts.	4.15(1.06)	11	4.60(.61)	1
Q9 Refer students with special problems to community agencies.	4.02(1.16)	16	4.22(1.02)	11
Q10 Organize workshops for self- understanding and personal growth of students	4.10(1.11)	12	4.22(.97)	11
Q11 Organize group programs for awareness about issues such as drugs and smoking.	4.04(1.03)	15	4.34(.89)	6
Q12 Advise faculty and administrators in regard to student's problems and adjustments.	4.28(1.00)	2	4.32(.68)	8
Q13 Provide opportunities for students to improve study habits and time management.	4.27(.93)	3	4.50(.71)	2
Q14 Discuss with students their academic progress	4.19(1.02)	8	4.42(.70)	4
Q15 Assist students in finding appropriate employment.	4.17(1.15)	9	4.08(1.07)	19
Q16 Help administration to make decisions about financial aid for students.	4.25(1.02)	5	4.20(.83)	13
Q17 Assist administrators with student discipline problems.	4.08(.98)	13	4.34(.77)	6
Q18 Conduct research about the effectiveness of guidance and counseling services	3.98(1.07)	18	4.14(.93)	16
Q19 Make students aware of educational opportunities and services.	4.20(.94)	7	4.06(.87)	20
Q20 Evaluate the health of the campus environment and suggest programs for improving the environment.	4.16(1.03)	10	4.30(.76)	9
Q21 Be responsible for administering and interpreting psychological testing of students in the college.	3.96(1.13)	19	3.86(1.05)	22
Q22 Counsel students about financial problems.	4.25(1.02)	5	3.88(1.00)	21
Q23 Help students to select a major.	4.22(1.06)	6	4.08(.92)	19
Q24 Provide counseling session to help students make educational/ vocational decision	4.29(.99)	1	4.14(.97)	16

Note. Item response included the following: Importance of counseling services,

1 =not important,

2=low importance,

3=medium importance,

4=high importance,

5= greatest importance:

Table B

Means, Standard Deviation, and Ranks of most needed of Counseling Services for students and Faculty

Items	Students		Faculty	
	Mean (SD)	Rank	Mean (SD)	Rank
Q1 Organize and conduct orientation program for new students	3.99(.90)	13	4.16 (.079)	8
Q2 Help students with registration.	3.75(1.06)	23	3.66(.96)	23
Q3 Help students choose their future vocation	3.82(1.19)	22	3.84(1.13)	20
Q4 Evaluate and make proposal for programs which assist students in developing their social life.	3.87(1.15)	19	4.16(.89)	8
Q5 Supervise guidance and counseling staff and organize a program for their professional development.	3.84(1.05)	21	4.00(.90)	17
Q6 Organize and administer a residence life program.	3.11(1.56)	24	3.64(1.08)	24
Q7 Provide diagnostic services to help students discover their abilities and goals	3.91(1.05)	17	4.28(.81)	4
Q8 Counsel individual students with problems and conflicts.	4.00(1.08)	12	4.40(.67)	1
Q9 Refer students with special problems to community agencies.	3.91(1.18)	17	4.16(.96)	8
Q10 Organize workshops for self- understanding and personal growth of students	3.96(1.14)	14	4.16(.91)	8
Q11 Organize group programs for awareness about issues such as drugs and smoking.	3.90(1.06)	18	4.12(.92)	10
Q12 Advise faculty and administrators in regard to student's problems and adjustments.	4.19(1.03)	1	4.24(.66)	5
Q13 Provide opportunities for students to improve study habits and time management.	4.17(.98)	4	4.32(.32)	3
Q14 Discuss with students their academic progress	4.04(1.02)	10	4.32(.71)	3
Q15 Assist students in finding appropriate employment.	4.13(1.09)	7	3.86(1.13)	19
Q16 Help administration to make decisions about financial aid for students.	4.17(1.00)	2	4.10(.91)	12
Q17 Assist administrators with student discipline problems.	4.00(.98)	12	4.10(.81)	12
Q18 Conduct research about the effectiveness of guidance and counseling services	3.93(1.04)	15	4.08(.88)	14
Q19 Make students aware of educational opportunities and services.	4.10(.93)	8	4.08(.86)	16
Q20 Evaluate the health of the campus environment and suggest programs for improving the environment.	4.06(1.02)	9	4.10(.81)	12
Q21 Be responsible for administering and interpreting psychological testing of students in the college.	3.86(1.15)	20	3.74(1.05)	22
Q22 Counsel students about financial problems.	4.17(1.03)	4	3.80(1.10)	21
Q23 Help students to select a major.	4.14(1.06)	5	3.96(.90)	18
Q24 Provide counseling session to help students make educational/ vocational decision	4.13(1.04)	6	4.04(1.01)	16

Note. Item response included the following Need of counseling services:

1 =no need

2=low need

3=moderate need

4=high need

5= greatest need

Table C

Means, Standard Deviation, and Ranks of currently provided of Counseling Services for students and Faculty

Items	Students		Faculty	
	Mean (SD)	Rank	Mean (SD)	Rank
Q1 Organize and conduct orientation program for new students	2.35 (0.82)	2	2.94 (0.89)	1
Q2 Help students with registration.	2.48(1.11)	1	2.82(.96)	2
Q3 Help students choose their future vocation	2.09(1.18)	4	1.86(.83)	12
Q4 Evaluate and make proposal for programs which assist students in developing their social life.	1.64(.85)	14	1.68(.79)	16
Q5 Supervise guidance and counseling staff and organize a program for their professional development.	2.01(.96)	5	1.52(.76)	20
Q6 Organize and administer a residence life program.	1.60(.91)	18	1.56(.76)	19
Q7 Provide diagnostic services to help students discover their abilities and goals	1.66(.90)	12	1.50(.81)	21
Q8 Counsel individual students with problems and conflicts.	1.56(.83)	19	2.32(.89)	5
Q9 Refer students with special problems to community agencies.	1.40(.74)	24	1.92(.85)	10
Q10 Organize workshops for self- understanding and personal growth of students	1.52(.77)	21	1.38(.60)	24
Q11 Organize group programs for awareness about issues such as drugs and smoking.	1.79(.95)	10	1.62(.95)	18
Q12 Advise faculty and administrators in regard to student's problems and adjustments.	1.64(.93)	14	2.02(.82)	8
Q13 Provide opportunities for students to improve study habits and time management.	1.62(.85)	17	1.64(.90)	17
Q14 Discuss with students their academic progress	1.97(1.00)	6	2.58(.95)	3
Q15 Assist students in finding appropriate employment.	2.21(1.27)	3	1.94(1.10)	9
Q16 Help administration to make decisions about financial aid for students.	1.62(.86)	17	2.16(.96)	7
Q17 Assist administrators with student discipline problems.	1.85(.96)	8	2.42(.97)	4
Q18 Conduct research about the effectiveness of guidance and counseling services	1.85(1.03)	9	1.38(.64)	24
Q19 Make students aware of educational opportunities and services.	1.85(1.04)	8	1.86(1.01)	12
Q20 Evaluate the health of the campus environment and suggest programs for improving the environment.	1.74(.94)	11	1.70(.86)	15
Q21 Be responsible for administering and interpreting psychological testing of students in the college.	1.46(.79)	22	1.44(.81)	22
Q22 Counsel students about financial problems.	1.40(.84)	23	2.20(1.11)	6
Q23 Help students to select a major.	1.62(.96)	15	1.86(1.05)	12
Q24 Provide counseling session to help students make educational/ vocational decision	1.55(.89)	20	1.80(.93)	14

Note. Item response included the following Amount of counseling services currently provided

1 =none

2=less than enough

3=about the right amount

4=somewhat more than enough

5= much more than enough

Appendix D

Table A

Student Suggestions, Grouped by the Researcher, as Reported from the Open-Ended Questions about the Importance of the Counseling Services.

Students' Suggestions for Counseling Services	Number	%
1. Vocational Counseling		
• Make available help concerning selecting a major	6	3.33
• Provide financial aid, especially during job training	25	13.89
• Educate us about the college's rules and regulations	17	9.44
• Improve the current academic advising system	15	8.33
• Expand exam week so that exams are not close to each other. This will give us more time to prepare for each exam.	16	8.89
2. Psychotherapy Counseling		
• Listen to our suggestions	15	8.33
• Provide more personal counseling	10	5.56
• Offer counseling program for study skills	8	4.44
3. Developmental Counseling		
• Offer guidance and help concerning the academic study plan.	6	3.33
• Conduct workshops on time management.	5	3.78
• Listen to our academic problems.	7	3.89
• Allocate more time for advisors/ students meeting to discuss academic progress.	13	7.22
• Improve all counseling services.	8	4.44
4. Consultation/Outreach Counseling		
• Give more attention to our personal and/or academic problems.	10	5.56
• Even I write my suggestion it will not be considered	2	1.11
• Provide more effective communication between student and advisor	17	9.44
Total	180	100.00

Table B

Faculty Suggestions, Grouped by the Researcher, as Reported from the Open-Ended Questions about the Importance of the Counseling Services.

Faculty Suggestions for Counseling Services	Number	%
1. Vocational Counseling		
• Offer financial aid to low-income students.	4	10.26
• Reduce course load so time is available for other activities	3	7.69
• Publicize current counseling services	3	7.69
• Develop academic advising system	2	5.13
2. Psychotherapy Counseling		
• Provide psychological and social services to address student problems that affect academic performance	4	10.26
• Make counseling available for students with special-needs.	2	5.13
• Provide counseling services for faculty	3	7.69
3. Developmental Counseling		
• Conduct workshops for study skills and abilities	2	5.13
• Organize workshops on selected topics of current importance	3	7.69
• Supply personal academic counseling	2	5.13
• Suggest lowering teaching load for academic advisors to allow for more time with advisees	3	7.69
• Provide opportunities for decision making and management skills	2	5.13
4. Consultation/Outreach Counseling		
• Promote communication between administrators, faculty and Counseling Office	3	7.69
• Provide social and cultural activities for the students	3	7.69
Total	39	100

REFERENCES

REFERENCES

- Al-Ahmady, M. A. (1988). *The importance of various guidance and counseling functions at King Abul Aziz University, Saudi Arabia, as perceived by administrators, faculty, and students*. Unpublished dissertation, Ohio University.
- Al-Magour, A. M. (1985). *Feasibility of establishing guidance and counseling center at King Faisal University in Saudi Arabia*. Unpublished dissertation, University of Northern Colorado.
- Archer, J., & Cooper, S. (1998). *Counseling and mental health services on campus* San Francisco: Jossey-Bass.
- Astin, A. W. (1977). *Four critical years: Effects of college on beliefs, attitudes, and knowledge* San Francisco: Jossey-Bass.
- Bayne, R, Horton, I., & Bimrose, J. (Eds.) (1996). *New directions in counseling* New York, NY: Routledge.
- Belkin, G. S. (1980). *Introduction to counseling*. William. C. Brown Publishers, College Division.
- Bieschke, K. J., Bowman, G. D., Hopkins, M., Levine, H., & McFadden, K. (1995). Improvement and satisfaction with short-term therapy at a university counseling center. *Journal of College Student Development*, 36 (6), 553-559.
- Bishop, J B. (1995). Emerging Administrative Strategies for College and University Counseling Centers. *Journal of Counseling & Development*, 74 (1) 33- 39.
- Broadbridge, A. (1996). Academic advising-traditional or developmental approaches?: Student perspectives. *British Journal of Guidance and Counseling*, 24 (1), 97-111.
- Brown, D. (1985). Career Counseling: Before, after, or instead of personal counseling? *Vocational-Guidance-Quarterly*, 33 (3) 197-201.
- Butcher, P. (1984). Existential-behavior therapy: A possible paradigm? *British Journal of Medical Psychology*, 57 (3), 265-274.
- Caldwell, E. (1970). Counseling in context. *Personal and Guidance Journal*, 49, 271-278.
- Carney, C. G., & Savitz, C. J. (1980). Student and faculty perceptions of student needs and the services of a university counseling center: Differences that make a difference. *Journal of Counseling Psychology*, 27 (6), 597-604.
- Conyen, R. (1983). Two critical issues in primary prevention: What it is and how to do it. *Personal and Guidance Journal*, 61 (6), 331-334.

- Conyen, R. K. (1980). Toward primary prevention: An evaluation research approach for college counselors. *Journal of College Student Personnel*, 21, 426-431.
- Corey, G. (1991). *Theory and practice of counseling and psychotherapy* (4th ed.). Monterey, CA: Brooks/Cole.
- Corey, G. (1994). *Instructor's resource manual for theory and practice of group counseling*. Pacific Grove, CA: California State University, Fullerton Brooks/Cole.
- Crowley, W. H. (1964). Reflections of a troublesome but hopeful Rip Van Winkle. *Journal of College Student Personnel*, 6, 66-73.
- Danskin, D. G. (1965). My focus for a university counseling center. *Journal of Student Personnel*, 6, 263-267.
- Deighton, L. C. (Ed.) (1971). *The encyclopedia of education*. (Vol. 4) New York, NY: Macmillan and Free Press.
- Delworth, U, Hanson, G. R., & Associates (1980). *Student services: A handbook for the profession*. San Francisco, CA: Jossey-Bass.
- Dinkmeyer, D., Jr., & Dinkmeyer, D., Sr. (1984). Primary prevention program. *Personal and Guidance Journal*, 62, 464-466.
- Dinkmeyer, D., Jr., & Carlson, J. (2001). *Consultation creating school-based interventions* (2nd ed.). Ann Arbor, MI: Sheridan Books
- Embree, R. B. (1950). Developments in the counseling bureaus. *Educational and Psychological Measurement*, 11, 465-475.
- Fielstein, L. L. Scoles, M. T., & Weeb, K. J. (1992). Differences in traditional and nontraditional students preferences for advising services and perceptions of services received. *NACADA Journal*, 12 (2), 5-12.
- Fielstein, L. L. (1989). Student priorities for academic advising: do they want a personal relationship? *NACADA Journal* 9 (1), 33-38.
- Foreman, M. E. (1977). The changing scene in higher education and the Identity of counseling psychology. *Counseling-Psychologist*, 7 (2), 45-47.
- Foulds, M.L., & Guinan, J. F. (1969). The counseling service as a growth center. *Personal and Guidance Journal*, 111-118.
- Frost, S. H. (1991). *Academic Advising for Student Success: A system of Shared Responsibility*, ASHE-ERIC Higher Education Report No. 3. Washington, DC: School of Education and Human Development, George Washington University.

- Gallegher, R. P., Gill, A. M., Goldstrohm, Sheri L., & Sysko, Helen B. (1999). *National Survey of counseling center directors* 1999. International Association of Counseling Services, Monograph Series No. 81.
- Gallagher, R. P. (1985). 1985 *Counseling center survey*. Available from Robert P. Gallagher, Director, University Counseling and Student Development Center, University of Pittsburgh, Pittsburgh, PA.
- Gallagher, J. P., & Demos, G. D. (1983). *Handbook of counseling in higher education*. Library of Congress Cataloging in Publication Data. Praeger Publishers.
- Gelso, C. J., Birk, J. M., Utz, P. W., & Silver, A. E. (1976). *Multi-group evaluation of the models and functions of university counseling centers*. (Report No 8-761). College Park, MD: University of Maryland Counseling Center. (ERIC documents reproduction services, No. Ed 165-595).
- Gibson, R. L., & Mitchell, M. H. (1986). *Counseling and guidance*. New York, NY: Macmillan.
- George, R., L. & Christiani, T S. (Eds.) (1995). *Counseling: Theory and Practice*. (4th Ed.). Boston: Allyn & Bacon.
- Habley, W. R., & Morales, R. H. (1998). *Advising in advising offices or centers*. Monograph series 6, and 37-50.
- Hedahl, B. M. (1978). The professionalization of change agents: Growth and development counseling centers as institutions. In B. M. Schoenberg (Ed.), *A handbook and guide for IM college and university counseling center* (pp. 134-157). Westport: Greenwood Press.
- Helfgot, S. R. (1995). Counseling at the center: High tech, high touch. In M. M. Culp's (Ed.) *Promoting Student Success In The Community College*, pp. 45-61. Sanford, Jossey-Bass Publishers.
- Heppner, P. P. (1980). *Holding up the mirror: Changing roles of the university counseling centers*. (Report NA Ed. 197-237).
- Hornbuckle, A. Mahoney, J. & Borgard, J. (1979). A structural analysis of student perception of faculty advising. *Journal of college student personnel*, 20, pp. 296-300.
- Hudson, G. L. (1987). *A Descriptive Study of Five Minnesota State University Counseling Centers*. Unpublished doctoral dissertation.
- Ivey, A., & Weinstein, A. (1970). The counselor as specialist in psychological education. *Personal and Guidance Journal*, 49, 243-249.

- King, P. T., & Matteson, R. W. (1959). Student perceptions of counseling center services. *Personal and Guidance Journal*, 358-364.
- Kiracofe, N. M., Donn, P. A., Grant, C. O., Podolnick, E. E., Bingham, R. P., Bolland, H. R., Carney, C. G., Clementson, J., Gallagher, R. P., Grosz, R. D., Handy, L., Hansche, J. H., Mack, J. K., Sanz, D., Walker, L. J., & Yamada, K. T. (1994). IACS accreditation standards for university and college counseling centers. *Journal of Counseling and Development*, 73, 38-44.
- Lindberg, R. E. (1977). A strategy for counselors suffering from classroom phobia. *Personal and Guidance Journal*, 56, 36-39.
- Lloyd-Jones, E. (1949). The beginning of our profession. In E.A. Williamson (Ed.), *Trends in student personnel work* (pp. 26-53). Minneapolis: University of Minnesota Press.
- Lucas, M. S. (1993). Personal, social, academic, and career problems expressed by minority college students. *Journal of Multicultural Counseling and Development*, 21, 2-13.
- MacKenzie, R. K. (1993). Time-limited group theory and technique. In A. Alonso & H.I. Swiller (Eds.), *Group therapy in clinical practice*. Washington, D.C: American Psychiatric Press.
- Mackert, M., & McDaniels, R. (1998). Career center of the future: Recognizing Our Potential Through Technology. *Journal of Career Development*, 25 (2), 89-100.
- Magoon, T. (1973). Outlook in higher education: Changing functions. *Personal and Guidance Journal*, 52, 175-179.
- Magoon, T. (1980). *University and college counseling center data bank*. 1979-1980. Unpublished, College Park, MD: University of Maryland.
- Magoon, T. M. (1989). *1988/89 Colleges and university counseling center data bank*. College Park: University of Maryland Counseling Center.
- Marinelli, E. (1997). *Holland Type and Vocational Identity of College Students Participating in Group Career Counseling*. Unpublished dissertation, University of Pittsburgh.
- Matheny, K. (1971). Counselors and environmental engineers. *Personal and Guidance Journal*, 49, 439-444.
- McCaul, M. E., (1939). *Guidance for college students*, Scranton, Pennsylvania: International Textbook Company.
- Meier, S. T. & Davis, S. R. (1997). *The elements of counseling*. New York: Brooks/Cole.

- Mindingall, M.P. (1986) Considerations in establishing a counseling center at a young college or university. *College Student Journal*, 20 (1), 104-109.
- Miller, F. W., Fruehling, J. A., & Lewis, G. L. (1978). *Guidance principles services*. Columbus, OH: Charles E. Merrill.
- Miller, C. H. (1969). Vocational guidance in the perspective of cultural change. In H. Borrow (Ed.), *Man in a world at work*. Boston: Houghton Mifflin.
- Miller, T. K. (1997). *The book of professional standards for higher education. Council for the advancement of standards in higher education*. Washington, DC.
- Ministry of Health, College of Health Sciences (1998). *College of Health Sciences Catalog, 1996-1998*, Bahrain: author.
- Ministry of Health, College of Health Sciences, *College Academic Counseling Meeting, Monthly Report, 1995*.
- Morrill, W., Oetting, E., & Hurst, J. (1974). Dimensions of counselor functioning. *Personal and Guidance Journal*, 52 (6), 354-359.
- Myrick, R. D. (1993). Developmental guidance and counseling: *A practical approach* (2nd Ed.). Minneapolis, MN: Educational Media.
- Nitko, A. J. (Eds.), (2001). *Educational Assessment of Students*. New Jersey, Upper Saddle River.
- Nygreen, G. T. (1962). The college-counseling center of the future. *Journal of College Student Personnel*, 4, 32-34.
- Oetting, E. R., Ivey, A. E., & Weigel, R. G. (1970). The college and university counseling center. Washington, D.C.: American College Personnel Association.
- Paar, H. J. (1962). The counseling center: Its psychology, personnel, publics, and promise. *Journal of College Student Personnel*, 3, 185-187, 194.
- Peterson, T. V., & Nisenholz, B. (1999). *Orientation to counseling*. Boston: Allyn and Bacon.
- Pietrofesa, J., Hoffman, A., & Splete, H. (1984). *Counseling: An introduction*. Boston: Houghton Mifflin.
- Rust, R. M., (1960). Epidemiology of mental health in college. *Journal of Psychology*, 49, 234-248.
- Rust, R. E., & Davie, J. S., (1961). The personal problems of college students. *Mental Hygiene*, 45, 247-257.

- Saddlemire, G. L. (1980). Professional Developments. In U. Delworth & G. R. Hanson (Eds.), *Student services: A handbook for the profession*, (pp. 25-44). San Francisco: Jossey-Bass.
- Smith, D. B. (1942). *Counseling for wartime occupations*. *Occupations*, 21, 232-234.
- Smith, W. G., Hansel, N., & English, J.T. (1963). Psychiatric disorders in a college population: Prevalence and incidence: exploratory methods in psychiatric epidemiology. *Archives of General Psychiatry*, 9, 351-361.
- Sharkin, B.S. (1997). Increasing severity of presenting problems in college counseling centers: A closer look. *Journal of Counseling & Development*, 75 (94), 275-277.
- Shertzer, B. & Stone, S. C. (1976). *Fundamentals of guidance*. (3rd Ed.) Boston: Houghton Mifflin.
- Shertzer, B. & Stone, S. C. (1974). *Fundamentals of counseling*. Boston: Houghton Mifflin.
- Stone, G. L., & Archer, J. (1990). College and university counseling centers in the 1990s: Challenges and limits. *Counseling Psychologist*, 18 (4), 539-607.
- Thrush, R. S. (1957). An agency in transition: The case of the counseling center. *Journal of Counseling Psychology*, 4, 183-189.
- Toseland, R. W., & Siporin, M. (1986). When to recommend group treatment: A review of the clinical and research literature. *International Journal of Group Psychotherapy*, 36, 171-201.
- Trotter, T. (1991). *Walking the talk: Developing a local comprehensive school counseling program*. Moscow: University of Idaho.
- Warnath, C. K. (1971). *New myths and old realities: College counseling in transition*. San Francisco: Jossey-Bass.
- Weiss, R. J., Segal, B. E., & Sokol, R. (1965). Epidemiology of emotional disturbance in a men's college. *Journal of Nervous and Mental Disease*, 141, 240-250.
- Weissberg, M., Berentsen, M., Cote, A., Carney, A., & Heath, K. (1982). An assessment of the personnel, career, and academic needs of undergraduate students. *Journal of College Student Personnel*, 23, 115-122.
- Whiteley, S. M., Mahaffey, P. J. & Geer, C. A. (1987). The campus counseling center: A profile of staffing patterns and services. *Journal of College Student Personnel*, 71-81.
- Wittmer, J. (Ed.). (1993b). *Managing your school counseling curriculum: K-12 developmental strategies*. Minneapolis, MN: Educational Media.

- Wrenn, C. G. (1962). *The counselor in a changing world*. Washington, DC: American Personnel and Guidance Association.
- Zalaquett, C. P., & Sullivan, J. R. (1998). Counseling center help screens: students' use and evaluation of an Internet-Based program. *Journal of College Student Development*, 39 (5), 494-498.