

# **EVALUATING A PERSONAL QUESTIONNAIRE METHOD FOR THE APPRAISAL OF STUDENT CONCERNS**

**Report of a pilot study**

Phil Topham  
Department of Psychology  
Faculty of Health and Life Sciences  
University of the West of England  
Bristol

October 2007

## CONTENTS

	<b>Page</b>
Acknowledgements	3
Summary	4
Introduction	5
Background	6
Methods	10
Analysis of results	18
Findings	22
Discussion	33
Conclusions and Recommendations	38
References	40
Appendices	44
Search record	62
About the researcher	64

### Tables and figures

Methods	
Table 1: Ideal and actual trial sites	12
Table 2: Time available for questionnaire completion across trial sites	16
Table 3: Summary of trials: Design and evaluation	20
Findings	
Table 1: Participants and questionnaire usage: Academic sites	22
Table 2: Participants and questionnaire usage: Advisory sites	24
Table 3: Participants and questionnaire usage: Counselling site	25
Figure 1: Graphical summary of client ratings (B)	26
Figure 2: Graphical summary of client ratings (D)	26
Figure 3: Comparison of concerns reported, all sites	27
Figure 4: Comparison of words used, all sites	27

## **ACKNOWLEDGEMENTS**

This pilot project was conducted between January and July 2007 during a period of secondment from the university's Counselling Service. It is the starting point of an evolving programme of research into student counselling and psychological support under the direction of John Rushforth, Deputy Vice-Chancellor.

I am grateful to John for his active interest in and relaxed support for this project and related developments. Jack Chalkley was generous in clarifying the essential features of personal questionnaires. The School of Psychology has been welcoming and helpful in providing me with an academic home. My thanks go to the academic, support and administrative staff who contributed, offered guidance and generally facilitated the research process; and particularly to the students in various university settings who willingly participated in the project tasks.

Phil Topham

## **SUMMARY**

The aim of this project was to evaluate the use of personal questionnaires as a form of enquiry into the individual experience of university students, and as a possible guide to student support processes. The general background to the work is a university initiative to develop research into student counselling and psychological support, within which the project starts to address the systematic understanding of student needs and concerns.

A rationale for the use of personal questionnaires with student populations was considered in comparison with features of psychometric approaches to the assessment of psychological variables in clinical and educational settings. This pilot study intended to explore how students engage with personal questionnaires in a range of university settings, and to obtain evaluations of participating students and associated staff relating to the impact, relevance and utility of personal questionnaires.

Trials of personal questionnaire formats were conducted in three academic and four support sites over a three-month period in the latter half of the academic year. One hundred and seventeen students participated in questionnaire trials on two university campuses; eleven staff in advisory and counselling settings participated in evaluation interviews. Outcomes were analysed using descriptive statistics of questionnaire use and a content summary of semi-structured interviews.

Allowing for the stated limitations of the project, including the small quantity of student feedback, the findings indicate that personal questionnaires enable students to present an authentic account of experiences subject to the influence of personal and contextual variables. Interview data suggest that these include level of emotional arousal, the motivation to engage in self-reflection, and the availability of a reflective space or facilitating relationship.

Based on these findings, proposals are made for more extensive and specific research into personal questionnaire use with students; and for consideration of their integration as elements in the overall appraisal of student support.

## **INTRODUCTION**

This project is the first step in a UWE initiative to develop research into student counselling and psychological support. Initial discussions considered a number of starting points for research, such as counselling effectiveness and raising the awareness of services, converging on the area of student diagnostics as a logical starting point.

The quality of the student experience is a key strategic objective for the university, within which student support has to address a large, diverse population. The evolving model is pyramidal with a broad base of self-help information (e.g. student handbooks), moving up through group-based interventions at key stages in the student life cycle (e.g. induction, pre-exams), to the provision of specialist services (e.g. careers guidance, counselling) tailored to individual needs, at the apex.

Although there are many formal and informal processes whereby students become aware of the services that are available from pre-entry onwards, the extent to which they are systematically helped to identify individual issues - remedial and developmental - is unclear. This is significant because, as the profile of the university population approaches that of the general population, personal, social and cultural issues, including mental health issues, manifest accordingly. Students, parents and other stakeholders expect significant benefits from the university together with manageable risks.

Student support services aim to enhance wellbeing with counselling services contributing particularly to its mental health aspect. Counselling in higher education operates from an educational perspective using clinical methods, good practice requiring that interventions be guided by initial assessment and ongoing evaluation. Using this model, it would appear to benefit both student and university to consider how student support needs and concerns may be identified, to support development and before there is personal or academic detriment.

This project aims to explore the value of one method of enquiry into the student experience and its potential as a guide to support processes.

## BACKGROUND

A university population presents challenges for research-led practice because of its size and diversity; evaluation tools have to be chosen accordingly. It has been estimated (Mellor-Clarke 2007) that 1400 questionnaires for assessment and evaluation in clinical use have been published in Europe and North America, amongst which are a smaller 'premier league' whose widespread use is associated with and contributes to their established validity and reliability. Examples of these are the Beck Depression Inventory (Beck et al. 1961, 1998) and the Rosenberg Self-Esteem Scale (Rosenberg 1989).

In higher education research there is an array of (largely North American) measures that evaluate psychological aspects of the student experience. Examples include learning style preferences (Salter, Evans and Forney 2006), developmental task and lifestyle (Wachs and Cooper 2002), goal setting (White 2002), motivation to achieve (Waugh 2002), social support (McGrath et al 2000), and self-efficacy (Solborg et al 1993). A particularly successful measure that has been developed in the UK over the last ten years is the CORE-OM (Clinical Outcomes Routine Evaluation – Outcome Measure) developed by Barkham et al (1998). This 34-item self-report questionnaire gives a total mental health score from four subscales of problems or symptoms, functioning, well-being and risk. CORE is widely used in primary health and university counselling settings and is likely to become the 'market leader' for service benchmarking and clinical evaluation in the latter.

CORE and the other examples given are nomothetic in structure and scope, meaning that they are designed to evaluate some aspect(s) of the individual against a standard population of individuals on the basis of their test scores, which are assumed to relate to an underlying construct such as depression or self-esteem. In a clinical setting, such psychometric evaluation contributes to problem formulation and intervention planning. In an educational setting, although clinical issues do arise at the apex of the support pyramid, the overall aim is developmental - academic, personal and, increasingly in all universities, occupational. The duration set for this initial project indicated that questions about how and what nomothetic measures would best further these aims should be left for later consideration. It also weighed against the development of a new measure to be adapted for a particular university context as this is a process that includes extensive item collection, testing and validation with target populations.

An alternative to nomothetic evaluation is an inventory or questionnaire that focuses on the individual experience. This does not compare the individual with the population on a pre-determined aspect of the person, but enables the reporting of aspects of personal experience - issues, concerns, problems - that are of interest to the individual. In a university setting, this idea of idiographic evaluation appeals to principles of being student-centred, non-judgmental and holistic while raising the possibility of it being used as a guide to student support processes.

Such a 'personal' questionnaire was constructed by Shapiro (1961) for the assessment and serial evaluation of clients in NHS clinical settings. At this time around the mid-twentieth century, clinical psychologists played a major role in developing psychometric tests for assessing psychological states and functioning in support of psychiatric diagnosis and treatment. These tests were characteristically nomothetic, as described above: the individual is understood from the outside, as it were, in terms of pre-determined constructs. One might wonder if the spread of humanistic psychology and values in that period led psychologists such as Shapiro to consider that clients would be better served by a questionnaire that directly accessed their personal experiences.

Although a brief search of the Web will display many 'personal questionnaires' for commercial purposes, the personal questionnaire discussed here is not so much a branded entity as a method of sampling personal experience. In a review of the history and current literature on person-centred measurement, Bilsbury and Richman (2002) observe that construct-based (psychometric) measures do not capture the diverse and changing nature of personal experience, in or out of the consulting room. Chalkley (2004 p.208) makes a distinction between 'diagnostic' and 'descriptive' approaches to evaluation, the latter requiring '*a sampling rather than an indicative strategy, one that remains faithful to the complexity of phenomena*' being reported by the patient. And Wagner (2003), in a comparison of standardised (nomothetic) and individualised (idiographic) approaches to therapy outcome evaluation (including a version of Shapiro's questionnaire), concluded that the two approaches measured different aspects of therapeutic change. Detailed consideration of these issues is beyond the scope of this paper (and is partly covered by Bilsbury and Shipman, *ibid*), but the valuing of personal experience and its development appears congruent with the aims of higher education.

Shapiro's personal questionnaire has been developed by Phillips (1970), Mulhall (1991), and by Chalkley and Mulhall (1991). In the clinical setting a detailed interview with the client enables the clinician to draft a set of individual concerns that are then modified and confirmed in discussion with the client. These provide the item content of the questionnaire. The second step is for the client to give a rating of the intensity of each concern and a number of paired-comparison procedures for this stage have been described (e.g. Mulhall 1976, Morley 2002) which aim to maximise the reliability of ratings. These may be too time-consuming for modern clinicians as recent descriptions (e.g. Chalkley 2004) suggest that clients are now asked to give a score for each item on a 4-point scale. The completed questionnaire is used to construct the initial formulation of client concerns, to guide the planning of therapeutic interventions, and to provide a means of evaluating change over the course of therapy. An example is provided in Appendix 1.

Interested clinicians (*ibid*) have reported using personal questionnaires for the assessment and evaluation of a range of routine clinical issues, including individual, group and family therapy (e.g. Hobson & Shapiro 1970, Shapiro, Caplan, Rohde & Watson 1975, Stevenson 1993); for monitoring withdrawal from medication (Sharp, Healy & Fear 1998); and for recording the incidence of manic episodes (Pritchard, Rump & Grivell 1972). It is probably fair to say that their use has become a minority interest amongst NHS clinicians as client demand and severity have increasingly favoured output performance and specialist evaluation over individualised approaches. (For a thoughtful appraisal of this decline, see Chalkley 2004.)

Information or research on the use of personal questionnaires in the Higher Education sector is limited. One exception is Ashworth et al. (2005), reporting trials of PSYCHLOPS (Psychological Outcome Profiles) in various settings including a university counselling service, alongside the CORE-OM (*ibid*). The questionnaire asks clients to use their own words to describe their problems and how they are affected by them, then rating each problem on a 6-point scale. Similarly to Wagner (*ibid*), therapists' views indicated that PSYCHLOPS and CORE provided complementary approaches to therapy evaluation.

The idea and the value basis of a personal questionnaire, rather than the specific clinical procedures described here, were the stimulus for the current project. In combining individual subjective data with numerical scoring over time, such questionnaires appear to offer a tool that is suited to student populations and



educational values. A personal questionnaire may invite users to focus on particular domains of experience (e.g. domestic issues, studying, relationships) while offering flexibility in the number of issues reported and allowing for data items to be added or revised over time. It is highly person-centred and might be used to help a student identify a particular need for support, to reflect on developments, or to provide a basis for a general discussion of concerns.

(An interesting historical perspective is provided by Brotemarkle (1928) who describes a 'Personal Questionnaire' to be completed as part of a Student Personnel Record at the University of Pennsylvania. The author notes that *'Interpretations are made on the material furnished in the questionnaires and appropriate transference made to the Student Record. Ratings are made where these have been found valuable.'*)

This study aimed to conduct a pilot exploration of personal questionnaires as a tool for the self-reporting and assessment of student concerns and for the potential guidance of support processes. In particular, it aimed to explore and evaluate the following:

- How students engage with personal questionnaires;
- How students give an account of personal concerns;
- The relevance and reliability of self-ratings;
- The perceived value and utility of personal questionnaires;
- Practical and ethical issues in their use.

## **METHODS**

The project proposal was approved by the University Ethics Committee and scheduled for completion within the academic year 2006-2007. Although not conceived as such, the limited duration together with the relative lack of research on the use of personal questionnaires suggested that it would be appropriate to regard the project as a pilot study.

(A pilot study is an initial exploration of a research area, question or methodology. It helps the researcher to assess the value of a longer or deeper enquiry, to clarify research questions, to test methods and to suggest forms of analyses. A pilot study allows a degree of flexibility, creativity and error in the interests of increasing the rigour and value of a subsequent main study. It also helps to orient the organisation and potential participants to emerging research activity. For a discussion, see Lancaster et al. 2004.)

The research method was essentially exploratory and descriptive, intending to observe and record how the personal questionnaire was used by a range of students identified by variables such as academic cohort, use of support service, campus, faculty, level of study and mode of attendance. The aims of the project were realised by conducting trials of the questionnaire and by collecting quantitative and qualitative information about its impact and utility. In conducting exploratory trials across a range of student settings, some variations in questionnaire format, focus and rating scale were used. There was thus a trade-off between gaining maximum information about the impact of the questionnaire and the reliability of the information to be obtained.

The structure of individual trials was partly guided by conceptual and psychological factors which the researcher, as a psychologist and experienced student services professional, judged to be relevant to the use of questionnaires with the HE student population. In this pilot project, these were not construed as hypotheses to be tested but as open-ended enquiries about areas of interest.

Firstly, the personal questionnaire as used in clinical settings aims to provide an adequate sample of individual experience whose elements are assigned a valid rating of concern. A central issue in this study was to what extent that approach can be used to obtain adequate samples of student experience and valid ratings of those.

Also in clinical settings, the content of the personal questionnaire is derived from discussion within the working relationship between clinician and client. University life offers students a range of relationships with peers and staff while prior consultations with academic staff indicated that it could be difficult to engage students in completing questionnaires. Thus another consideration for organising the trials was the degree of relational depth within which the questionnaire is completed.

Thirdly, the clinical client is in a state of negative arousal (anxious, depressed, etc.) about particular concerns when initially compiling and scoring the questionnaire. Arousal - positive and negative - is a feature of some academic occasions and most support contexts; it is a common experience amongst counsellors that students' impaired capacity for academic work, associated with emotional states, is a precipitating factor in seeking help. This suggested that it would be informative to conduct trials in contexts where varying levels of arousal are expected amongst student participants.

Lastly, the personal questionnaire may provide an opportunity for the user to reflect on and articulate personal and concerns. In addition to the impact of arousal, the ability to self-reflect and to articulate the outcomes of reflection may vary across individuals, settings, stages of development and academic speciality. The potential for personal questionnaires to stimulate self-reflection was a further consideration in the planning and evaluation of the trials.

### **Participants**

Given the period of the academic year, the distribution of trials was opportunistic. Participants were drawn from university settings where it was possible to gain access to students within the time and resources available. Table 1 (below) summarises the range of settings considered and agreed.

### **Gaining access**

Initial meetings were arranged with service managers and academic staff to discuss the project and seek permission to approach their staff and/or students to assist in trials of the questionnaire. Staff members were supportive of the project but identified factors that would constrain access to student participants: the data collection phase was scheduled for the latter half of the academic year (summer term) when undergraduates were starting to take study leave or were preoccupied

with assessments; a staff group was too involved in physical and organisational restructuring to promote the project to students; students in an advisory setting were consulting primarily by email not in person; counselling clients were irregular attendees. Access was agreed at 7 trial sites (3 academic sites and 4 support sites) and further meetings were arranged with staff to introduce the trial procedures. In two trial sites (FSAS BBS and FSAS CEMS), following discussion with Advisers, a memo was given to attending students explaining that the Student Advice Service was engaged in a research project and requesting their co-operation.

Table 1: Ideal and actual trial sites

<b>Site</b>	<b>Outcome</b>
Level 1 undergraduates (CEMS+HSC)	Agreed
Diploma in Professional Studies (part-time), year 1 (FAS)	Agreed
Faculty Student Advice Service (AMD, BBS, CEMS)	Agreed
Counselling and Psychological Services (CSA)	Agreed
Level 1 undergraduates (FAS)	Postponed
Tutorial groups (AMD)	Postponed
Faculty Student Advice Service (FAS)	No response
International Students' Induction Course	No response
Other international students	Not approached
Mature students	Not approached
Part-time undergraduates	Not approached
Postgraduate students	Not approached
Graduates on professional development courses	Not approached
Distance learners	Not approached
Undergraduate students at induction	Not available

### **Planning**

Preparation for the data collection phase followed action research principles in consulting staff about the research aims and methods, then making revisions in the light of staff experience of trial sites and their students. Both researcher and staff members made compromises, or agreed alternative procedures, in order to arrange trials that would fit within student learning activities and service provision while serving the aims of the project. All parties agreed on a principle of excluding students from the trial if they were particularly distressed, preoccupied or appeared reluctant to participate. Examples of project protocols are given in Appendix 4.

### **Trial variations**

The clinician using a personal questionnaire is interested in certain 'domains', areas of distress and disturbance for the client that make up a 'descriptive hypothesis' about them, on which treatment interventions may be based (see Chalkley 2004 for an example). Domains form part of the clinician's cognitive and interviewing structures, ensuring the completeness of clinical assessment while implying the boundaries of interest.

In order to explore the value of domains, trial questionnaires in some sites directed participants to specific areas of experience. UG1 CEMS participants were asked to reflect on 'My concerns about completing this academic year at UWE' while UG1 HSC participants were asked to 'Describe any personal and professional concerns that you have about your placement'. Additionally, student participants in two trial sites (FSAS AMD, FSAS BBS) were supplied with a list of topics to support them in reflecting on their individual concerns (see Appendix 2) prior to completion of the trial questionnaire. The topics lists were compiled from Student Advice Service record forms, which were in turn based on common presenting concerns of student clients.

#### **UG1 CEMS**

The programme leaders arranged access to a group of first year students (total numbers approximately 50 students) in revision sessions just prior to their end-of-year exams. There was an interest in (1) how well a large group administration of the questionnaire would work and (2) the consistency and development in how students responded to the questionnaire over three successive weekly administrations.

#### **UG1 HSC**

80 students were contacted by their programme leader in the fortnight before they were due to start their first hospital placement. The questionnaire asked participants to describe their concerns about the placement and the initial aim had been to evaluate the use of serial ratings of concerns during the placement. This was considered too much to ask of students at a stressful time of year and was revised to a request for participation in a single self-evaluation, adding to information about large group administration. This was also the only trial conducted by email with the consent form and personal questionnaire attached.

### Dip 1 FAS

This group of 18 students were completing the first year of a two year part-time Diploma in Professional Studies (Counselling). It is not a postgraduate course and attracts students with a range of educational qualifications. Students are required to be at least 25 years of age and generally have, or have had, other careers. A level of self-awareness and interpersonal skill is expected and is further developed on the course.

In discussion with the programme leaders it was agreed that the personal questionnaire format would contribute to the end-of-year review process that was planned for the last two weeks of term. To that end, it was agreed to revise the instruction to focus the participants on their development as a counsellor (see Appendix 3). In addition to rating aspects of their development on a scale of 0 to 100, they were asked to describe the main feeling associated with each aspect. The project was introduced to the group by the researcher and the questionnaire completed within class time, participants working in pairs to help each other reflect on their development.

The interest in this group was that (1) they were, in various ways, a non-traditional group of students; (2) they occupied a professional milieu where self-reflection and expression is highly valued; (3) they would be completing the questionnaire with facilitating peers.

### FSAS AMD

Four Student Advisers agreed to use the personal questionnaire with student clients and to compare its use with their standard record form. On the standard form student concerns are recorded by the adviser on a checklist, at or following the meeting with the student.

The design principle used was the simple phase change or A/B design (Barlow et al. 1984): a count of the number of concerns described by students using the standard form was made in week 1, followed by a count of the number of concerns described by students using the trial questionnaire in week 2. In this trial the actual procedure was A/BB/A, i.e. a fortnight of trials between two single weeks of the standard form. This was considered necessary in order to obtain sufficient data at a time of year when student use of the service was known to be variable.

The questionnaires were prepared in a tear-off triplicate pack to reduce administration. Students who made appointments in advance completed the questionnaire at that time; students who were seen without appointments completed it when they arrived to see an Adviser. Topic lists were supplied as described above.

### FSAS BBS

Three Student Advisers used a trial design that was similar to that used in FSAS AMD, above, with two differences: the standard record form for this faculty service was completed by the student; all students attended the faculty reception point to make an appointment at which time they were asked to complete the trial questionnaire before seeing their Adviser. Topic lists were supplied as described above.

### FSAS CEMS

Three Student Advisers used a version of the personal questionnaire that asked student participants to describe their concerns and how their concerns affected them. Advisers were interested in this approach and in the possibility of engaging students in a further self-reflective step. The trial questionnaire was used with students over a continuous period of three weeks.

### CPS CSA

Three Counsellors agreed to trial the personal questionnaire with selected student clients. The standard contract for student clients is for 6 to 8 sessions and the researcher requested that each counsellor aim to include at least two clients who were likely to be seen for several sessions.

Procedures were agreed that would minimise the impact on service delivery and client wellbeing. It was agreed that the trial would not include clients engaged in email counselling and that counsellors would make a clinical judgement as to which clients they would invite to participate.

The counsellors constructed the personal questionnaire with participating clients following their initial assessment interview. Clients were invited to review their concern scores at the start of each weekly session. In these respects the procedures most closely followed the original aims for the personal questionnaire approach of assessing concerns and their serial evaluation in a clinical setting.

The questionnaire scaling ran from 0 to 100 at the suggestion of the counsellors who thought that a longer scale would give greater precision: small changes occur in counselling that are clinically important (for client and counsellor) to register.

Counsellors monitored the impact of using personal questionnaires on the counselling process, with the option to withdraw their use if necessary. They were encouraged to experiment with variations in procedure (e.g. frequency of scoring) where these appeared appropriate and helpful to the counselling process.

## **Procedure**

The trials were conducted between mid-April and the end of June 2007 on two campuses of the University of the West of England: the main campus at Frenchay and the campus of the Bristol School of Art, Media and Design at Bower Ashton.

### Information and Consent

All potential participants were provided with written information about the project and, if they were willing to participate, asked to sign a statement of consent (see Appendix 5 for example). They were then asked to complete the trial questionnaire.

Potential participants across the trial sites were given the information directly by the researcher (UG1 CEMS, Dip1 FAS), by email (UH1 HSC), by receptionists (FSAS BBS), Advisers (FSAS AMD/BBS) and Counsellors (CPS CSA). Thus the opportunity for queries about the research varied although all potential participants were given an email address to contact the researcher with their queries.

At the FSAS BBS SITE, students were asked to complete the consent form and questionnaire when they made an appointment at the Advice Centre Reception. At the AMD and CEMS sites without a reception, students completed the consent form and questionnaire when they arrived, or when they met with their Adviser.

### Trial periods

Participants at the trial sites were not given a fixed time period for completing the questionnaire and there was some variation depending on the context and who supplied the questionnaire, as shown by Table 2. Where the researcher controlled the duration (UG1 and Dip1FAS), a check was made that participants had sufficient time to write all that they wished.

Table 2: Time available for questionnaire completion across trial sites, by supplier

<b>Site</b>	<b>Time available for completion</b>	<b>Supplier and context</b>
UG1 CEMS	10 minutes	Researcher in teaching session
UG1 HSC	As per individual choice	Email to private study
Dip1 FAS	10 minutes	Researcher in teaching session
FSAS AMD	As per individual choice	Adviser
FSAS BBS	As per individual choice	Receptionist
FSAS CEMS	As per individual choice	Adviser
CPS CSA	As per individual choice	Counsellor



### Project monitoring

Advisers and Counsellors who were overseeing trials over several weeks were contacted periodically to ensure that they were satisfied with the trial procedures and to enable the researcher to respond to any emerging problems. One trial (UG1 CEMS) was ended a week early due to inconsistent student attendance. One trial (FSAS AMD) was extended for a week due to a low response rate. Advisers and Counsellors reported making professional judgements about whether or not it was appropriate to use the trial questionnaire with individual students, as agreed during the initial discussions with the researcher about project procedure.

## **ANALYSIS OF RESULTS**

The descriptive and exploratory nature of this project invited both quantitative and qualitative analysis to provide evidence for an initial appraisal of the personal questionnaire approach. Quantitative data was analysed to provide basic descriptive statistics relating to students' use of the questionnaire. Qualitative data from semi-structured interviews with staff was summarised according to selected evaluation criteria, below. The semi-structured interview format had the further effect of encouraging interviewees to comment more broadly on student support issues. Using the researcher's experience judgement of face content similarity, these outcomes were summarised as tentative themes, including suggestions for action and research.

### Descriptive data

Descriptive data were obtained for all trial sites because, although desirable, in most cases it was considered inappropriate or impractical to ask participants to provide a verbal or written evaluation of the questionnaire. For each site, the following information was recorded:

- i. Site population, where known (e.g. number of students in the trial group);
- ii. Age and gender of participants;
- iii. Number of trial questionnaires completed;
- iv. Number of concerns expressed per trial questionnaire;
- v. Number of words used per trial questionnaire;
- vi. Range of scores used per trial questionnaire.

Comparison figures were obtained for standard forms where applicable (FSAS AMD and BBS).

### Content analysis

The content of questionnaires was referred to only where it appeared to contribute evidence or perspective to the evaluation of the personal questionnaire.

### Student evaluation

Participants in two sites were asked to provide a direct evaluation: In the Dip1 FAS group students were asked to email the researcher within twenty-four hours with any comments they had about using the questionnaire. In the CPS CSA group, as part of

the counselling ending process, clients were asked to complete a short evaluation form (see Appendix 6).

### Staff evaluation

Eleven members of staff were interviewed about their experience of using the personal questionnaire with students. Three Counsellors and three Student Advisers were interviewed individually; for organisational reasons, five other Advisers were interviewed in two 2 small groups. All the Advisers had been in post for at least two years; all the Counsellors were employed on the Senior Counsellor grade and had been practicing for at least three years post-qualification. Academic staff members were not interviewed because of their minimal involvement with the trials procedure.

### Evaluation criteria

Reviews of the literature relating to healthcare settings (Fitzpatrick et al 1998; Bilsbury and Richman 2002) suggest the following criteria for judging the adequacy of an individualised evaluative instrument such as the personal questionnaire:

- i. Acceptability: the extent to which respondents understand and support its use; whether respondents have concerns about its emotional impact and confidentiality;
- ii. Appropriateness: that it is suitably matched to the specific purposes and questions to be addressed;
- iii. Feasibility, or practicality: how easily, in time and effort, it can be used and scored;
- iv. Interpretability: how meaningful are the scores;
- v. Precision: the number and accuracy of distinctions that can be made;
- vi. Reliability: whether it enables the respondent to give a consistent account of experience over short periods of time;
- vii. Responsiveness: whether it can measure meaningful changes in personal experience;
- viii. Suitability: its ability to mesh with user characteristics such as cultural diversity, intellectual ability, reading level and emotional state whilst tapping the area of interest;
- ix. Validity or directness: whether it enables the respondent to provide an authentic account and rating of personal experience;
- x. Value or utility: whether it is perceived to be useful in forwarding the interests of respondents.

These criteria were used to construct a semi-structured format for interviewing staff (see Appendix 7). Four questions were added to this format: asking for other comments, seeking their views on methods of student enquiry and on research directions, and inviting participants to comment on the interview process.

Interviewees were given a revision briefing on the aims of the project and their consent sought for the disclosure of interview data. Interviews lasted 30 to 40 minutes and notes were taken by the researcher during and after each interview. Each interview was written up in detail shortly after the meeting and emailed to the interviewees, inviting them to comment on the accuracy of the interview report and add any further reflections on the topics discussed. The interview summaries were revised in the light of their comments.

Table 3: Summary of trials: Design and Evaluation

<b>Site</b>	<b>Design of trial</b>	<b>Evaluation</b>
UG 1 CEMS Pre-exam	Self-assessment T1, T2, T3	Number of concerns reported. Changes T1 to T3. Scoring and content features.
UG 1 HSC Pre-placement	Self-assessment T1	Number of concerns reported. Scoring and content features.
Dip 1 FAS End of year	Self-assessment with peer T1	Number of concerns reported. Impact of concerns. Scoring and content features. Student evaluations by email.
FSAS AMD	Self-assessment T1	Number of concerns reported. Comparison with usual recording practice. Scoring and content features. Semi-structured interviews with Advisers.
FSAS BBS	Self-assessment T1	Number of concerns reported. Comparison with usual recording practice. Scoring and content features. Semi-structured interviews with Advisers.
FSAS CEMS	Self-assessment T1	Number of concerns reported. Impact of concerns. Scoring and content features. Semi-structured interviews with Advisers.

CPS CSA	Self-assessment with counsellor T1,T2,T3...Tx	Number of concerns reported. Scoring and content features. Client questionnaire. Semi-structured interviews with Counsellors.
---------	---	--

*T1 refers to Time 1 (initial assessment), T2 etc. to later assessments*

## FINDINGS

### Participants

117 students participated in the trials (59 female, 50 male, 8 not known). The median age of participants in trial sites varied from 19 to 42.5 years. One student declined to participate; no participants contacted the researcher by email with queries about the project and no students commented on the questionnaire trial process other than when requested to do so. The findings from student participants and from staff interviewees were organised by focus of trial site - academic, advisory and counselling.

### Academic sites

Participation rates varied across the academic trial sites. Attendance at the two UG1 CEMS trials was inconsistent and lower than the usual class size of c.50 students. Of the 80 UG1 HSC students emailed about the trial, 11 responded. All 18 students on the FAS DC course agreed to participate.

Table 1: Participants and questionnaire usage: Academic sites

	n	F	M	Age	Mean number of concerns reported per student	Mean number of words used per student	Range of scores (0 to 5 or 0 to 100%)
UG1 CEMS	29	15	7	19	Week 1 2.9 (n=29) Week 1 2.6 Week 2 3.5 (n=13)	Wk 2 n/a Wk 1 12.5 Wk 2 15.7 (n=13)	Wk 1 1-5 Wk 2 0-5
UG1 HSC	11	10	1	19	4.7	47.8	1-5
Dip1 FAS	18	14	4	42.5	7.2	55.4	30-100%
Totals	58	39	12				

*Ages are medians.*

### UG1 CEMS

Where the same 13 undergraduates were present for weeks 1 and 2, a Sign Test (a basic method of comparing the change in two sets of scores on a variable) was applied to the concerns reported each week. It showed 7 cases where there had been an increase in reported concerns, a probability of 50%. This suggests that, as

a group, there had been no significant change in the number of concerns reported from week 1 to week 2.

For this group, the concerns expressed at each administration were divided between academic (76% in week 1, 67% in week 2) and non-academic (24% and 31% respectively), perhaps reflecting the focus of the questionnaire instructions.

*'Am I ready for exams?'*

*'Passing all modules.'*

*'Have I got a satisfactory grade?'*

*'Amount of student debt.'*

### UG1 HSC

Participants reported between 3 and 7 concerns about their imminent placement. A range of concerns were expressed, reflecting the 'personal and professional' focus of the questionnaire, such as:

*'Will I be able to cope with the workload?'*

*'I am worried about not getting on with my clinical educator.'*

*'Making a mistake that affects a patient in a negative way.'*

### Dip1 FAS

These counsellors in training expressed an average (mean) of 7.2 evaluation statements each about their professional development, the highest of the three academic groups. Examples were:

*'I have experienced an intense developmental process.'*

*'I need to show the real me in group work.'*

*'Realising how creative I really am.'*

*'To combine theory and skills more effortlessly.'*

They also reported an average of 6.8 unique feeling words each about their reflections, such as *'Satisfaction;'* *'Exposed;'* *'Passionate;'* *'Anxiety.'*

Three participants responded to a request to provide feedback by email to the researcher. One comment from each of them reflected shared views of the three and, if not representative of the whole group, does refer to relevant aspects of idiographic evaluation:

*'I found it a useful way of focussing my attention on specific areas of my development...'*

*'It was the "feeling words" which caused me the most problems - trying to come up with how we felt about each statement was challenging but also useful, I think.'*  
*'I think I would have found the task less interesting, and less pleasurable, if I'd completed it on my own.'*

### **Advisory sites**

In the academic year 2005/2006, the number of student appointments seen by the Faculty Student Advice Service in the trial faculties was AMD 232 students, BBS 555 students, CEMS 290 students. In two of the sites, standard forms used by Student Advisers were returned for comparison (AMD 17, BBS 30). Table 2 summarises the quantitative data.

Table 2: Participants and questionnaire usage: Advisory sites

	n	F	M	Age	Mean number of concerns reported per student (+ compared to standard form)	Mean number of words used per student (+ compared to standard form)	Range of scores (0 to 5)
FSAS AMD	7	3	4	21	2.9 (2.9)	14 (n/a)	3-5
FSAS BBS	29	11	17	21	2.7 (1.2)	6.2 (16.4)	1-5
FSAS CEMS	17	1	16	22	1.3 (n/a)	6.7 (n/a)	n/a
Totals	53	15	37				

*Ages are medians.*

#### FSAS AMD and BBS

The number of participants from AMD was very limited. Across both sites, students described a range of concerns which they rated with varying degrees of intensity.

Some examples of the range reported are:

*'Unsure of which course is for me;'* *'Extenuating circumstances;'* *'Stress;'*  
*'Personal;'* *'Placements;'* *'Health;'* *'Exams;'* *'Family.'*

#### FSAS CEMS

In addition to describing a range of concerns comparable to AMD and BBS, 15 out of 17 students described how their concerns affected them. Three-quarters of those effects were academic or academic-related, e.g.

*'Would like to do a course that is more specialised and that I will enjoy more.'*  
*'I did not concentrate and I couldn't perform my best.'*  
*'Extenuating circumstances.'*



### Counselling site

The Counselling Service sees about 600 students a year. The six participating students used the counselling service for between 3 and 8 sessions (median 4.5). In their initial counselling sessions they reported between 6 and 12 concerns each.

Table 3: Participants and questionnaire usage: Counselling site

	n	F	M	Age	Mean number of concerns reported per student	Mean number of words used per student	Range of scores (0 to 100%)
CPS CSA	6	5	1	25.5	8	39	0-100

*Ages are medians.*

The following are typical of the statements of personal concern constructed by student clients and their counsellors at the start of counselling:

*'I tend to be defensive with new people.'*

*'My mood fluctuates a lot.'*

*'I drink too much.'*

*'I lack motivation to do what I want to do.'*

Questionnaires from counselling participants provided a record of serial ratings of concerns over a period of several weeks. Examples of these serial ratings are shown graphically in Figures 1 and 2, below.

Figure 1: Graphical summary of client ratings (B)

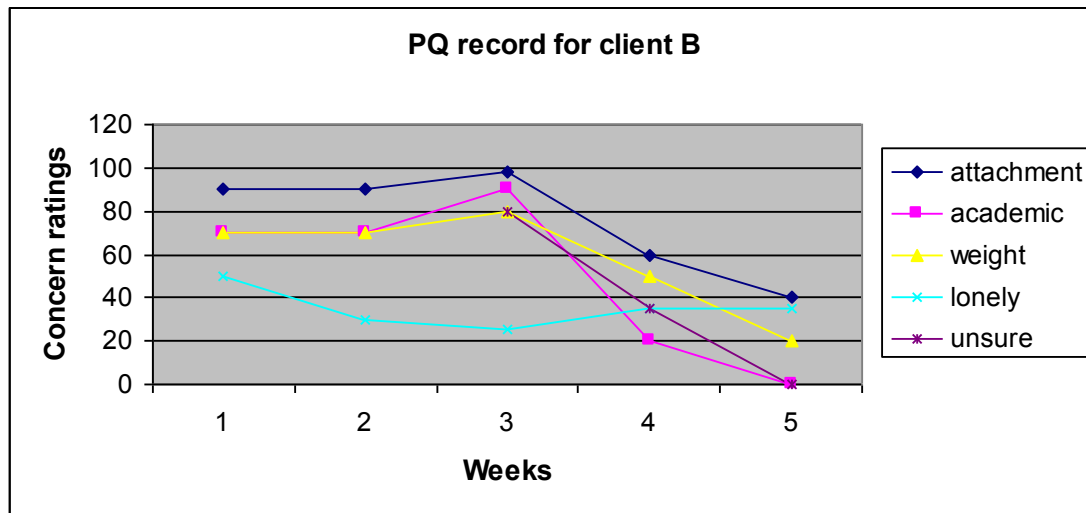
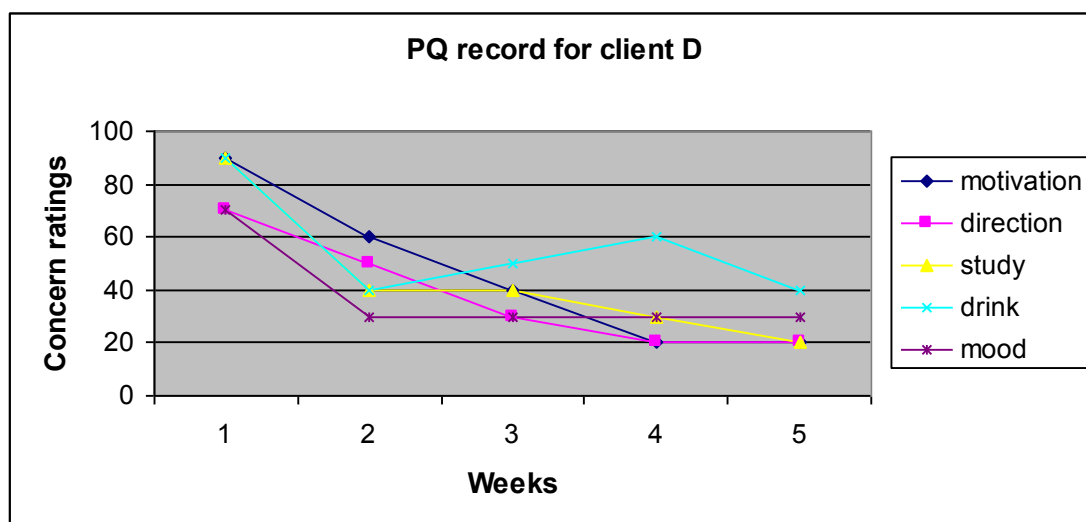


Figure 2: Graphical summary of client ratings



Counselling client evaluations of personal questionnaires

Four counselling participants returned evaluation forms where, on a seven-point scale, all items were scored positively from 4 upwards (see summary in Appendix 8 ). These counselling service clients made further comments about the questionnaire and its use:

*'Perhaps more space needed for comments.'*

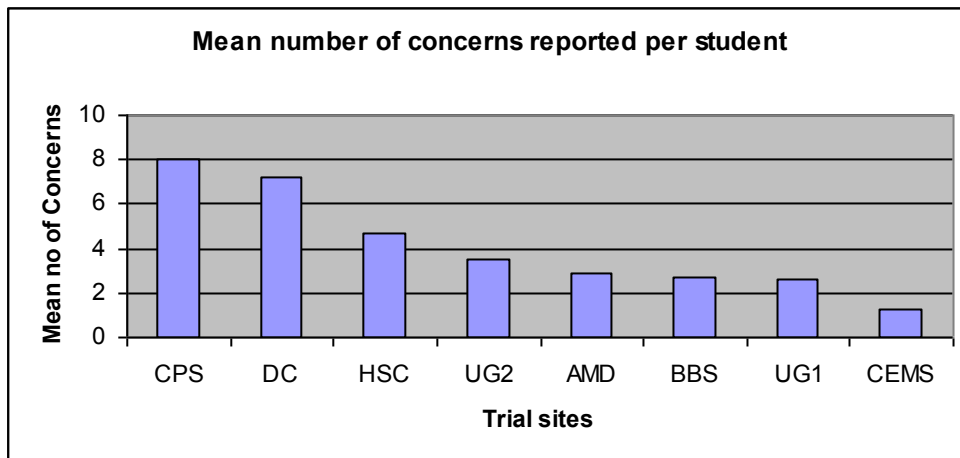
*'The questionnaire helped me to recall how I had been feeling and how I feel now.'*

*'I think it is useful as a summing-up at end of process.'*

*'Helpful to see the scores and see how they have changed week to week.'*

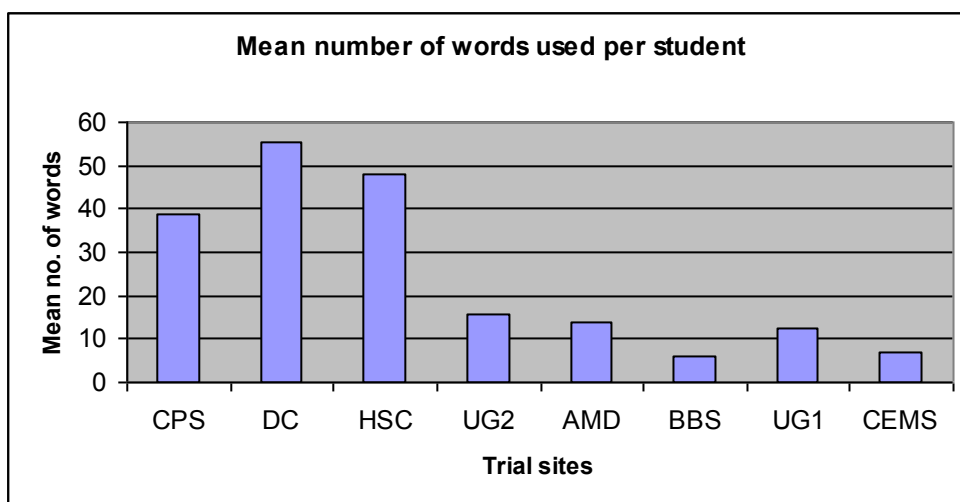
*'Very useful.'*

Figure 3: Comparison of concerns reported, all sites



Note: UG1 and UG2 refer to UG CEMS; HSC to UG HSC.

Figure 4: Comparison of words used, all sites



Note: UG1 and UG2 refer to UG CEMS; HSC to UG HSC.

### **Trials duration**

Except where the researcher supplied the questionnaire in person, there was no record of the time taken to complete the questionnaire at each site. In the trial sites administered by the researcher (UG1 CEMS and Dip1 FAS), participants were given ten minutes to complete the questionnaire but showed markedly different outcomes between the sites in terms of number of statements recorded and words used.

In advisory contexts, participants had a free choice of duration but may have been influenced by a desire to proceed to the advisory meeting, especially when there was no intervening reception process. Participants responding by email (UG1 HSC) and

in counsellor-client relationships probably had the most flexibility in the amount of time they could give to it; both groups articulated a higher number of concerns. It is likely that a process of reflective self-evaluation will demand more time than a multiple choice psychometric questionnaire of equivalent length. It is unclear how much time is needed for effective reflection in different student contexts.

### **Interviews with Counsellors**

Counsellors meet with students by prior appointment to discuss personal and psychological concerns in a confidential setting. All student clients are offered an initial interview with a counsellor wherein they may choose to continue counselling for a number of 50-minute sessions. At this interview, because the counsellors were satisfied with the person-centred values underlying the questionnaire, they found it easy to recommend it to clients. *'Clients got into the routine of using the questionnaire and found it very normal'*.

Counsellors agreed that it enabled student clients to provide an authentic and meaningful account of their experience over time. They indicated a number of ways in which its use affected the counselling process – e.g. *'the concreteness shows you're listening and talking them seriously'* - and noted that clients could use their weekly evaluations to communicate a difficult week, a new concern, or an indicator of achievement.

They thought that while trial clients found it an appropriate and acceptable tool, it was better suited to some client personalities and levels of severity, and that scoring might be affected by strong transference to the counsellor.

The scoring system helped clients to see improvements in concerns but the scores were interpreted differently by individual clients e.g. reflecting the success of available strategies versus the intensity of expressed emotion. The 0 to 100 scale system allowed for more flexibility but may require further clarity about the meaning of the end points of the scale. Clients used different scoring ranges and some may prefer alternatives to a numerical scale.

Counsellors suggested that the serial ratings of concern are reliable as long as the client has adapted the approach to their way of seeing things, and as long as they are obtained blind to the previous ratings.

Using the questionnaire gave counsellors a feeling that things are changing and, for one counsellor, led to *'the most satisfactory experience of writing my notes ever.....as if the clients have helped me write my notes and are much more directly quoted than usual....'*

### **Interviews with Faculty Student Advisers**

Faculty Student Advisers are the first point of contact for students with non-academic queries. They offer confidential appointments to discuss their concerns, to provide information and give advice. They see most students for a single 20-minute session and may refer onto other services. Presenting issues vary over the academic year and some advisers thought that the trials period was particularly crisis-oriented for students.

Student emotions affect how Advisers proceed. *'Some students arrive so distressed that they can't even remember their own name.....It would be hard to ask someone to wait five minutes to complete the questionnaire if they are distressed.'* When a student has a sensitive issue it may feel inappropriate to ask them to complete a questionnaire and *'sometimes you get so involved with the student you forget to ask.'*

It helps staff and student preparation if questionnaires are completed and returned before the appointment. This could be done online. For students, *'the impression was that having to sit down for a few minutes to do it helped students to collect their thoughts. It makes it easier for them to express themselves, saves time if they are stressed, and you get a more coherent account.'* Because of the sensitivity of some issues, students should be provided with a private space to complete questionnaires.

There were suggestions for the restructuring of the questionnaire and a view that its structure may have affected how students thought about and described their concerns:

*'The trial questionnaire enabled students to list more concerns but in less detail than on the standard form.'*

*'Using the personal questionnaire felt a very different process..... (it) requires the student to define the separate elements of their problems and to make judgements (through scoring) about their priority.'*

Advisers thought the questionnaire process may facilitate subsequent discussion and that, where a topics list was provided, it *'was helpful in getting students to express concerns who would not otherwise do so. This opens the conversation up especially for those who don't want to see a student adviser and find it uncomfortable to do so.'*

Alternatively, a topics list may encourage students to list concerns which are not priorities but which *'sets up an expectation in the student that all the issues (e.g. emotions, stress, worries) will be addressed with competence by the adviser, and for the adviser that she must get through everything on the list.'* In a 20-minute interview, *'It is better for the adviser if they elaborate (on the priorities) because it tells us more about what they want to see us for.'*

Advisers thought that the questionnaire was appropriate and received no comments about it: *'Students understood the reasons for doing the questionnaire; they are used to filling in forms for evaluation and lots of explanations are given to them about confidentiality.'* An alternative view was that *'Students might have felt they would be perceived as unhelpful if they didn't complete the questionnaire and that this might have an effect on how helpful the adviser could be.'*

Advisers gained no evidence from the trials about the suitability of the questionnaire for a diverse range of students, but were aware that *'People with dyslexia, for example, may need longer to complete forms.'*

## **Themes**

Further comments made by staff in interviews suggested four themes that contribute perspectives on the project findings and its background in student enquiry. Sample comments (not verbatim) are provided for each theme.

### Theme 1: Student characteristics

- The brains of young students are not fully developed and their identities are forming at different rates. They don't think ahead and have a sense of invulnerability. Self-awareness is not very high and they are not very articulate about themselves.
- For a range of reasons (e.g. personality, personal history, previous educational experiences), they arrive at university with different levels of life

skills. There are many things to attend to and if they have not learnt the value of reflection earlier in life these may be difficult to cope with.

- They bring elements of their school culture such as being reliant on structures and having learnt to ignore teachers' threats. They are less well-prepared for being autonomous learners in a system where failure has serious consequences.
- Students like to talk about things and find ways of managing their concerns by using websites, friends and family.

### Theme 2: Help-seeking behaviour

- Many are determined to cope on their own and don't want to ask for help. (In this country, asking for help is weakness, especially if you're a man.) Some will seek help only as a last resort, sometimes late in the academic year when their situation is not so easy to turn around.
- For some there is a stigma attached to making an appointment to see an Adviser. If something has gone wrong, there is a fear that they will be asked to leave so they avoid talking to staff about it.
- The student needs to use quite sophisticated personal skills:
  - identifying a problem;
  - deciding something could be done about it;
  - finding out what help is available;
  - getting themselves there.
- The university has no way of helping students access or develop these skills.

### Theme 3: Engaging with students

- It doesn't matter how many notices you put up, people still don't see them.
- Students don't know how to use the system and that affects their academic achievement. Staff can feel frustrated, as do students when they belatedly discover what they didn't know.
- Some may believe that support is compulsory or judgemental. It's a question of conveying that the university wants students to succeed and that there are plenty of options.
- There's a fine line between molly-coddling students and taking an interest in them. Students have said that *'It helps to have someone here who knows*

*my name, to know who I am.*’ You feel that you’re giving them that extra bit of personal experience at university.

#### Theme 4: Negotiating support needs

- The university has great services but there is a great gap if you don’t see them as relevant to you. The role of support staff may be a bit nebulous; students are clearer about the value of a specific support activity such as stress management.
- It’s important that they know what’s available; there needs to be a forum for them to be able to ask if they have a need. One-to-one meetings with students are most important and they are more likely to return if they have had an initial positive experience.
- There are ethical issues involved in trying to please a consumer who doesn’t know what they want; and in asking a consumer what they want and not giving it to them.

Perspectives from staff included suggestions for further research and proposals for action relating to the general area of student support processes. Although not directly related to the aims of this study, they are relevant to the support context within which such instruments may be used. Staff suggestions are summarised in Appendix 9.

#### **Comments on the research process**

Staff participants made the following comments about the project:

*‘It is quite enjoyable to think about the issues – value of having time to reflect.’*

*‘Good that we’re doing some research – there could be much more, there are many avenues’.*

*‘...thank you for giving us some ideas.’*

*‘I would be happy to consider a related exercise...’*

*‘I quite enjoy having the opportunity to think about things.’*

*‘Very thorough and careful interviewer.’*



## **DISCUSSION**

This pilot study aimed to evaluate the use of personal questionnaires with university students. The method was exploratory rather than controlled, using trial versions of the questionnaire structure in a variety of student settings. There are strengths and weaknesses to this approach and the findings are appraised accordingly.

Data collection took place in a period of the academic year when opportunities to survey, and the time to negotiate access to, a wide range of student groups were becoming limited. There were small numbers of participants in some of the trials and therefore it is not a representative sample of potential questionnaire use across the university community. Alternative versions of the questionnaire format, focus and rating scales were intentionally used in some trials. Features of academic and support settings across the university required variations in how the questionnaire could be presented to participants in trial sites. These variations, together with relatively low numbers, constrain the generality of the conclusions.

The method of using personal questionnaires was, in most trials, quite basic compared to the sophisticated methodologies for sampling and rating experience that have been developed in clinical settings, outlined above; that discrepancy is probably reflected in some of the outcomes and evaluations reported. The issues of sampling adequacy, content validity and scaling have yet to be fully explored regarding questionnaire use in student settings. There is continuing debate about scaling, content validity and the use of self-report measures in general (see Kline 1993; Rust and Golombok 1999; Bilsbury and Richman 2002); one question here might be to what extent personal questionnaires for individual reflection and guidance in educational contexts permit different standards from psychometric instruments in public and clinical contexts.

There may be a tendency for some students to be compliant around requests from university staff, and for this compliance to be associated with a lack of attention to the task. As with any self-report measure, self-deception and impression management (Vasilopoulos & Cucina 2002) by respondents are possible sources of bias. No measures were taken to minimise those effects other than making best efforts to ensure that students gave informed consent and were not knowingly pressured to participate. McCleod (2001) reviewed research on factors that influence self-reporting and, although primarily writing about psychometric questionnaires, he

observes that anxious clients - as in initial advisory appointments perhaps - may present with an atypically high score. (He also suggests that counselling clients may be more motivated to respond fully and authentically, as both counsellors and clients reported here.)

With large undergraduate groups, an alternative to compliance may have been low motivation. Lecturers commented on poor attendance as students in some trials approached the end of term, and that students were habituated to, and therefore perhaps disengaged with, completing evaluation and other forms from the university. With the exception of counselling clients, there was in most trials only a limited opportunity to orient participants to the aims and possibilities of personal questionnaires, beyond the paper information supplied.

Direct feedback from students on the impact of the questionnaire was limited in quantity. In 5 of the 7 sites the only direct measure of the effectiveness of the personal questionnaire was the comparative frequency of statements and words articulated by participants. For reasons of time, the interviews with staff were not tape-recorded and transcribed. This would have provided data for a structured thematic analysis as described by, for example, Braun and Clarke (2006). Instead, 'themes' were collated from the (contemporaneous) written notes of interviews, using the researcher's experience judgement of face content and assumptions of interpersonal similarity. Themes, and inferences from themes, may therefore lack reliability and generality.

Beyond these deficits, quantitative and qualitative analysis provided an evidence picture of the utility and value of the personal questionnaire from the perspectives of student users and facilitating staff. As mentioned previously, the personal questionnaire has a respectable if minority pedigree in clinical settings which encouraged its trial adaptation to the HE context. The results reported here suggest a range of engagement by students as measured by the extent of their response to the questionnaire and, where available, by their feedback on its value to them.

In the trial with a small number of counselling clients, personal questionnaire records from completed periods of counselling resemble closely those used in other clinical settings (as shown in Appendix 1). Comments from clients and counsellors confirm - though not without reservation - that it is indeed a useful tool for the evaluation and monitoring of therapeutic activity.

Perhaps unsurprisingly, those students who are training to become counsellors are highly self-reflective and articulate. They used more words to express themselves than any other group and, from those who contributed an evaluation, were positive about its impact. In addition to the presumed effect of their training orientation, they were the oldest group, perhaps more experienced in self-reflection; the depth of their responses may have been influenced by participating in the trial during an end-of-year programme and self-evaluative review.

The other group in professional training were also articulate with a mean number of words close to that of counselling students. Self-reflective practice is a key concept in the health professions and it is not unlikely that these first-year students were used to thinking and writing about themselves and their work.

In the third academic group there were too few respondents to draw conclusions about the repeat administration of the questionnaire. This group of (generally) young male undergraduates recorded notably fewer concerns and used fewer words when reflecting on the end of their first year compared to the (generally) young female undergraduates, above.

In the advisory sites, the questionnaire provided an opportunity for students to express concerns but to no greater extent than standard recording practice where this was used as a comparator. It was not possible to evaluate the impact of the topics list across a range of settings and the views of interviewees are inconclusive about its value. If, as suggested, it is more helpful to the advising process to have more information about each concern, the structure of the trial questionnaire did not allow this to be explored.

Where direct feedback was obtained from student participants it was positive and indicated that the questionnaires were an appropriate tool for assisting self-reflection and evaluation. Although this is encouraging, the low number of respondents indicates a need for further, clarifying research.

The interviews with advisory and counselling staff yielded information relating to the evaluation criteria and to broader issues of student support. Counsellors agreed that the personal questionnaire format provided a meaningful account of client

experience. They were discriminating about its use with their diverse client group and made recommendations for structural and procedural revisions. They confirmed that it is a useful tool for reflective evaluation by both counsellor and client and offered thoughts on its integration into the counselling process.

In advisory settings there tends to be a briefer cycle of concerns emerging, being expressed and resolved. Students present when they feel in crisis; they are focussed on a particular problem and its effect on them, and on getting it resolved. These factors are probably indicated by the small number of concerns expressed and the predominance of higher scores. This concurs with the view of Frank (1962, 1991), who has long suggested that people seek help not so much because of the nature of a problem, but because they have become demoralised by their inability to solve it. The view of advisers was that most students cope well with many of the challenges of student life, but need help on some occasions.

Despite the indifferent statistics on the use of the questionnaire by students, Advisers were generally positive about its use but thought that faculty service procedures influenced whether and in what ways the questionnaire was used.

Like Counsellors, they were sensitive to its impact on individual students. They were aware that emotional arousal is not always compatible with self-reflection and their comments suggested two ways of responding to students' emotional distress. One is immediate and personal, to which forms and questionnaires are secondary. The other values a structured system wherein a space for self-reflection by questionnaire provides emotional containment. These may echo individual coping styles amongst staff, and perhaps that pastoral and professional service models of student support co-exist (see Earwaker 1989 for a discussion). Comments from interviewees suggest that there may be perceived or actual differences in faculty cultures that imply their models of helping. There is a question about whether evaluation instruments tools need to adjust to, or require adjustment from, local cultures and working practices.

On the basis of the frequency of statements and words, personal questionnaires appear to be most effective in sampling experience in three settings: with clients of the counselling service, with students of counselling and with pre-placement students. In two of those sites (counselling clients and counselling students) the direct feedback from participants supported a positive evaluation of the questionnaire

as a reflective and evaluative tool. In both settings the questionnaire was facilitated by peers or by staff who had a commitment to the exploration of personal experience and levels of skill in doing so.

In their interviews, staff identified significant variables in student support: students' emotional arousal, their reflective competencies and help-seeking behaviour, the process of negotiating support needs, and the role of relationships. These may constrain how personal questionnaires can be used. Factors which support the use of personal questionnaires may include an orientation to self-understanding, the presence of a facilitative relationship, an optimal level of arousal, and the availability of time to reflect.

Personal questionnaires offer students the opportunity to access, reflect on and articulate their issues and concerns. Considering the context of psychological enquiry within which the present study is located, it is of interest that recent research has begun to explore factors affecting self-disclosure and help-seeking behaviour, and which appear to resonate with some of the tentative observations made here. For example, Cramer's (1999) re-analysis of two previous studies proposed relationships between levels of distress, quality of social support, concealment of personal information, and attitudes toward counselling. He concluded that self-concealment is more significant in the intensification than the relief of psychological difficulties. Discomfort with emotions (Komiya et.al. 2000) and low emotional competence (Ciarrochi and Deane 2001) have been indicated as factors which may inhibit university students from seeking help from professional and personal sources. And Vogel et al. (2003, 2005) have explored the role of avoidance factors such as the risks of disclosing emotions in choices that people make about seeking help from counsellors particularly where they are highly distressed.

## CONCLUSIONS AND RECOMMENDATIONS

This project has conducted an evaluation of personal questionnaires in a range of student settings. As a pilot study of limited duration and access to participants its findings are necessarily tentative. The use of exploratory and descriptive methods has produced varied outcomes that, although not substantial, suggest the shape and direction of further enquiry. These relate to the personal questionnaire approach and to the wider issue of identifying and guiding student support processes.

The personal questionnaire appears to work well where there is an optimal level of arousal, where there is a facilitating relationship or reflective space, and where there is motivation to engage in self-reflection. It does not appear to need trained staff to present it; it enables users to provide content and ratings that are meaningful to them. Further research might test the strength of these findings and address three issues in particular:

- i. To determine in which settings it is perceived, by staff and students, to increase the effectiveness of self-reflection and the identification of current personal issues.
- ii. To clarify whether a standard format for use across the university is preferable to a format that is adaptable to specific settings. This would include consideration of instructions given, the provision of domain guides and methods of rating.
- iii. To establish its use with a diverse range of student groups and any limitations therein.

In addition, staff participants expressed interest in the following areas of enquiry:

- iv. Serial use of the questionnaire, without intervention, to observe what changes occur naturally.
- v. Exploring how students engage in self-evaluation processes.
- vi. Formulating the questionnaire's field of enquiry in positive terms.
- vii. Inviting clients to create their own rating scales.
- viii. Trialling the questionnaire for online use.

Qualitative data indicated significant themes relating to general issues of student support: student characteristics, help-seeking behaviour, engaging students, and

negotiating support needs. Staff participants made related proposals for further research and action which, given the context of the present study, offer scope for exploring underlying processes involved in linking student development with institutional provision.

A personal questionnaire is one of several possible approaches to evaluating student support needs. Unless there are human resources to facilitate and respond to its content, its idiographic structure may make it more suitable for niche rather than mass evaluation. Alternatively, it could be developed and promoted as a self help, self-reflective tool for general student use. A by-product of its widespread use could be the generation of items for the development of standard questionnaires.

Stakeholders may wish to compare the value of personal questionnaires with standardised, psychometric instruments that focus on one or a small set of student characteristics of interest. These are not without their challenges and their critiques but might be considered useful when key student variables such as personal and financial risk, withdrawal, well-being, mental health screening etc. are to be monitored. An institutional strategy for the evaluation of student support needs might combine mass profiling at stages in the student lifecycle, the discriminating application of psychometric tests, and the use of personal questionnaires by individual students.

## REFERENCES

- Ashworth, M., Robinson, S.I., Godfrey, E., Parmentier, H., Shepherd, M., Christey, J., Wright, K. & Matthews, V. (2005). The experiences of therapists using a new client-centred psychometric instrument PSYCHLOPS (Psychological Outcome Profiles). *Counselling and Psychotherapy Research*, 5(1), 37-42.
- Atherton, J.S. (2005). Learning and Teaching: Deep and surface learning. On-line: UK. Available at: <http://www.learningandteaching.info/learning/deepsurf.htm>
- Barlow, D.H. Hayes, C.C., Nelson, R.O. (1984). *The Scientist Practitioner: Research and Accountability in Clinical and Educational Settings*. Chap 8. Pergamon Press.
- Barkham, M., Evans, C., Margison, F., McGrath, G., Mellor-Clark, J., Milne, D. et al (1998). The rationale for developing and implementing core outcome batteries for routine use in service settings and psychotherapy outcome research. *Journal of Mental Health*, 7, 35-47.
- Beck, A.T., Steer, R.A., & Garbin, M.G. (1998). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review*, 8, 77-100
- Beck, A.T., Ward, C., & Mendelson, M. (1961). Beck Depression Inventory. *Archives of General Psychiatry*, 4, 561-571.
- Bilsbury, C.D. & Richman, A. (2002). A staging approach to measuring patient-centred subjective outcomes. *Acta Psychiatr Scand*, 106 (Suppl 414), 5-40.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3, 77-101.
- Brotmarkle, R. A. (1928). College student personnel problems. II. The analytical study of the student personnel problem. *Journal of Applied Psychology*, 12(1), 1-42. American Psychological Assn.
- Chalkley, A.J. & Mulhall, D.J. (1991). The PQRSTUV: The Personal Questionnaire Rapid Scaling Technique – Ultimate Version. *British Journal of Clinical Psychology*, 30, 181-183.
- Chalkley, A.J. (2004). The description of concerns. *Psychology and Psychotherapy: Theory, Research and Practice*, 77, 207-230.
- Ciarrochi J. V. and Deane F. P. (2001). Emotional competence and willingness to seek help from professional and nonprofessional sources. *British Journal of Guidance and Counselling*, 29(2) 233-246.



- Connell, J., Cahill, J., Barkham, M., Gilbody, S., Madill, A. (2006) A systematic scoping review of the research on counselling in Higher and Further Education, *British Association for Counselling and Psychotherapy*.
- Cramer, Kenneth M. (1999). Psychological antecedents to help-seeking behaviour: A reanalysis using path modelling structures. *Journal of Counseling Psychology*. 46(3), 381-387.
- Earwaker, J. (1989). Student Support and Tutoring: Initiating a Programme of Staff Development. *Paper presented to the International Conference on the First Year Experience* (4th, St. Andrews, Scotland, July 10-14, 1989).
- Fitzpatrick, R., Davey, C., Buxton, M.J., Jones, D.R. (1998). Evaluating patient-based outcome measures for use in clinical trials. *Health Technology Assessment* Vol. 2: No. 14.
- Frank, J.D. (1962, 1991). *Persuasion and healing: a comparative study of psychotherapy*. Johns Hopkins University Press.
- Harrison, N. (2006). The impact of negative experiences, dissatisfaction and attachment on first year undergraduate withdrawal, *Journal of Further and Higher Education*, 30(4), 377-391.
- Hobson, R. F; Shapiro, D. A. (1970). The personal questionnaire as a method of assessing change during psychotherapy. *British Journal of Psychiatry*, 117(541), 623-626.
- Keegan, S. (2006) Emerging from the cocoon of science. *The Psychologist*, 19(11), 668-671.
- Kline, P. (1993). *Handbook of psychological testing*. Routledge.
- Kolb, D.A. (1984). *Experiential Learning: Experience as the source of learning and development*. Prentice-Hall Inc. New Jersey.
- Komiya, Noboru; Good, Glenn E.; Sherrod, Nancy B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology*. 47(1), 138-143.
- Lancaster, G.A., Dodd, S., Williamson, P.R. (2004). Design and analysis of pilot studies: recommendations for good practice. *Journal of Evaluation in Clinical Practice* 10 (2), 307–312.
- Mellor-Clarke, J. (2007). Reflection on a decade of developments in evaluation. Report of talk. *The Politics and Practicalities of Evaluation: Counselling and Psychotherapy in the Public and Voluntary Sector*. Conference organised by Centre for Psychosocial Studies, University of the West of England, Bristol.

- McCleod, J. (2001). An administratively created reality: some problems with the use of self-report questionnaires measures of adjustment in counselling/psychotherapy outcome research. *Counselling and Psychotherapy Research* 1(3), 215-226.
- McGrath, P.B., Gutierrez, P.M. & Valadez, I.M. (2000). Introduction of the college student social support scale: Factor structure and reliability assessment. *Journal of College Student Development*, Jul/Aug.
- Morley, S. (2002). EasyPQ – Yet another version of Shapiro's Personal Questionnaire. *University of Leeds*.
- Mulhall, D.J. (1976). Systematic self-assessment by PQRST (Personal Questionnaire Rapid Scaling Technique). *Psychological Medicine*, 6, 591-597.
- Phillips, J.P.N. (1970). A new type of personal questionnaire. *British Journal of Social and Clinical Psychology*, 9, 338-346.
- Pritchard, D. W., Rump, E. E. & Grivell, P. D. (1972). Time series for symptom-clusters in a case of manic-depressive illness. *Australian and New Zealand Journal of Psychiatry*, 6(4), 231-237.
- Rosenberg, M. (1989). *Society and the adolescent self-image*. Revised edition. Middletown, CT: Wesleyan university Press.
- Rust, J. & Golombok, S. (1999). *Modern psychometrics: The science of psychological assessment*. 2<sup>nd</sup> ed. Routledge,
- Salter, D.W., Evans, N. J., & Forney, D. S. (2006). A Longitudinal Study of Learning Style Preferences on the Myers-Briggs Type Indicator and Learning Style Inventory. *Journal of College Student Development*, Mar/Apr.
- Shapiro, D. A., Caplan, H. L., Rohde, P. D & Watson, J. P. (1975). Personal questionnaire changes and their correlates in a psychotherapeutic group. *British Journal of Medical Psychology*, 48(3), 207-215.
- Shapiro, M.B. (1961). A method of measuring psychological changes specific to the individual psychiatric patient. *British Journal of Medical Psychology*, 34, 151-155
- Shapiro, M.B. (1961). *The Personal Questionnaire: a method for measuring changes in the individual patient*. Unpublished Typescript, Institute of Psychiatry, University of London.
- Sharp, H. M., Healy, D., & Fear, C.F. (1998). Symptoms or side effects? Methodological hazards and therapeutic principles. *Human Psychopharmacology: Clinical and Experimental*, 13(7) 467-475.
- Solberg, V. O'Brien, P. Villareal, R. & Davis, B. (1993). Self efficacy and Hispanic college students: validation of the college self-efficacy instrument. *Hispanic Journal of Behavioral Sciences*, 15, 80-95.

- Stevenson, C. (1993). Combining quantitative and qualitative methods in evaluating a course of family therapy. *Journal of Family Therapy*, 15(2), 205-224.
- Robotham, D. & Claire, J. (2006) Stress and the higher education student: a critical review of the literature. *Journal of Further and Higher Education*, 30(2) 107–117.
- Vasilopoulos, N.L. & Cucina, J.M. (2002). Factors impacting self-report item responses. Talk given at The George Washington University. Feb. 21.
- Vogel, D. L., Wester, S.R., Wei, M. & Boysen, G.A. (2005). The role of outcome attitudes and expectations on decisions to seek professional help. *Journal of Counseling Psychology*, 54(4), 459-470.
- Vogel, D.L. & Wester, S.R. (2003). To seek help or not to seek help: The risks of self-disclosure. *Journal of Counseling Psychology*. 50(3), 351-361.
- Wachs, P.M. & Cooper, D. L. (2002). Validating the Student Developmental Task and Lifestyle Assessment: A longitudinal study. *Journal of College Student Development*, Jan/Feb.
- Wagner, J.R. (2003). Evaluating a core battery: A comparison of standardized, individualized, and qualitative approaches to therapy outcome assessment. *Dissertation Abstracts International: Section B: The Sciences and Engineering*. 63(11B), 5541.
- Waugh R. F. (2002). Creating a scale to measure motivation to achieve academically: Linking attitudes and behaviours using Rasch measurement. *British Journal of Educational Psychology*, 72(1), 65-86.
- White F. (2002). A Cognitive-behavioural Measure of Student Goal Setting in a Tertiary Educational Context. *Educational Psychology*, 22(3), 285-304.

## **APPENDICES**

*For ease of reading, these are all arranged in Landscape, although not all were used in that layout.*

- Appendix 1 Personal questionnaire: Example from the NHS
- Appendix 2 List of topics given to student participants
- Appendix 3 Examples of personal questionnaire forms
- Appendix 4 Examples of project protocols for staff
- Appendix 5 Example of information and consent form for student participants: Counselling Service
- Appendix 6 Client evaluation form: Counselling
- Appendix 7 Interview schedule for staff
- Appendix 8 Summary of counselling client interventions
- Appendix 9 Staff suggestions for research and action

## APPENDIX 1

## Personal questionnaire: Example from NHS

<b>Session Number</b>	<b>2</b>	<b>3</b>	<b>6</b>	<b>10</b>	<b>14</b>	<b>16</b>	<b>18</b>
<b>Date</b>	13 Jan	10 Feb	17 May	18 Aug	3 Nov	17 Feb	30 Jun
Panicky feeling about husband being unfaithful	4	4	4	1	3	4	1
Concern about what is the matter with me	3	3	1	2	1	1	1
Feeling of not being worth a lot	4	3	4	4	4	1	3
Sense of zilch trust in other people	4	2	3	4	4	4	4
Concerns about things being out of control	4	1	4	3*	4	4	1
Difficulty resisting the urge to check up frequently	3	4	4	2	2	1	2
Sense of it taking over my life	4	4	3	1	1	1	1
Feeling of desperation	4	3	3	4	1	4	1
Feeling of stuckness	3	3	3	4	1	4	1
<b>Median</b>	4	3	3	4	2	4	1

APPENDIX 2

**List of topics given to student participants**

ACCOMMODATION

APPEALS

ASSESSMENTS

ATTENDANCE

CAREERS

COLLEAGUES

COMPLAINTS

CONFIDENCE

DISABILITY

DISSERTATION

RESULTS

STRESS

EMOTIONS

ENROLMENT

EXAMS

EXTENUATING

CIRCUMSTANCES

FAMILY

FRIENDS

HAPPINESS

HEALTH

LATE WORK

STUDY SKILLS

TRANSFER

LEARNING

LECTURERS

MODULES

MONEY

PERSONAL

PLACEMENT

REGULATIONS

RELATIONSHIPS

RESEARCH

RESITS

WITHDRAWAL

WORRIES

APPENDIX 3      **Examples of personal questionnaire forms**

*Faculty Student Advisory Service*

1.      **Write below the concerns that you wish to discuss with an Adviser. You may wish to refer to the attached list.**

2.      **In the column on the right, write a number from 0 to 5 to indicate the strength of each of your concerns :**

Very considerable      Considerable      Moderate      Slight      Very slight      No concern  
 Score **5**                      Score **4**                      Score **3**                      Score **2**                      Score **1**                      Score **0**

	<b>My concerns are:</b>	<b>Score ▼</b>	<b>(Use for scoring at later meetings)</b>	
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				

**PERSONAL QUESTIONNAIRE**

*HSC*

1. In the rows below, describe any personal and professional concerns that you have about your placement.
2. In the column on the right, enter a number from 1 to 5 to indicate the strength of each concern:

Very considerable concern  
Score **5**

Considerable concern  
Score **4**

Moderate concern  
Score **3**

Slight concern  
Score **2**

Very slight concern  
Score **1**

	<b>My concerns about my first physiotherapy placement:</b>	<b>Score 1 to 5</b>
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		



**PLEASE COMPLETE THIS FORM AND TAKE IT TO YOUR APPOINTMENT WITH A STUDENT ADVISER**

- 1. In the left hand column below, describe the concerns that you wish to discuss with the Adviser.**
- 2. In the right hand column, describe how these concerns affect you.**

<b>My concerns:</b>	<b>The way these affect me:</b>

**PERSONAL QUESTIONNAIRE for (initials and ref no.):**

*(Counselling clients)*

**In your first session:**

For each concern, on a scale of 0 to 100, ask for the highest and lowest strength of concern over the last month.

**In your first session and at the start of all subsequent sessions:**

For each concern, on a scale of 0 to 100, ask how strong that concern is today.

Concerns	High and Low	Date	Date	Date	Date	Date	Date	Date	Date

**Personal Questionnaire Trial: Information for Participating Counsellors**

1. The researcher will meet with participating counsellors to discuss integrating the personal questionnaire into intake and counselling as part of a research trial.
2. The Head of the Counselling Service will ask all intakers to inform clients that the service is piloting a questionnaire and that they may be asked to participate. CORE will be completed as usual. E-clients are excluded from the trial and current clients will not be included. There will be no other process of selecting clients for the trial.
3. The intake papers will be passed to the counsellor who will draft personal questionnaire statements prior to meeting with their allocated client.
4. At their initial meeting with the client, the counsellor will introduce the research, provide the client with written information about the trial and seek written consent. As part of the initial session, counsellor and client will review and confirm statements of concern and the client be asked to provide a rating for each concern. The completed form will be kept with the client's notes.
5. Counselling then proceeds as usual, with the client's concerns being scored at the start of each meeting. Ideally, counsellors will not reveal previous scores until current ratings have been given by the client.
6. At the end of counselling, the client will give final scores on their concerns and, as part of the ending process, will be asked to complete a short questionnaire on their experience of using it.
7. For clients who withdraw from therapy the usual procedure will apply. The counsellor will make a clinical judgement on whether to send out a copy of the questionnaire for final scoring together with the evaluation form.
8. The researcher will meet with the participating counsellors to discuss and record their experience of using personal questionnaires with clients.

9. It is hoped that the participating counsellors will be able to trial the questionnaire with at least two up to a maximum of four clients over the summer term.
10. Participating counsellors will be aware of the relevant Ethical Guidelines regarding conducting research with clients. They may discuss aspects of participation with their clinical supervisor, line manager or the researcher as appropriate.
11. The researcher will be in contact with participating counsellors during the trial.
12. After the trial is completed, the researcher will take copies of the client questionnaires for data collection and analysis. Originals will remain with the client notes and be subject to standard service procedures for storage and disposal. Research copies will be stored securely and destroyed when they are no longer needed for the research project.

**Personal Questionnaire Project: Notes for Guidance.**

*CEMS FSAS staff*

Thank-you for helping with this project. We have agreed to trial the personal questionnaire format for a period of two weeks. The following procedure is flexible depending on the circumstances of the advising session and the vulnerability of the student client. The forms to be used with each new student client will consist of

- A notice about CEMS FSAS participating in research
- A personal questionnaire
- An information and research consent form

When students make an appointment in person, the Receptionist will invite the student to take a few minutes to complete the personal questionnaire and will ask the student to bring the completed questionnaire to their appointment. (We will review later whether we also trial the questionnaire with students who make appointments by email.)

When the Adviser meets with the student, she may wish to use what the student has written on the personal questionnaire to inform their work. She may wish to give the student a copy of the questionnaire for their own use. At the end of the advisory session, the Adviser will give the student the Information and research consent form to read. If they are willing for their questionnaire to be used in the research they should sign the form and give their name.

The Adviser will make a further photocopy of the questionnaire for each student who gives research consent. These and the signed consent forms will be collected by the researcher. If you have any queries about this procedure please contact Phil Topham on ex 82294 or via [Phil.Topham@uwe.ac.uk](mailto:Phil.Topham@uwe.ac.uk)

APPENDIX 5

**Example of information and consent form for student participants: Counselling Service**

**Questionnaire Evaluation:**            **Before you agree to take part in this research, please read the information below.**

- 1) This research is being conducted by Phil Topham, a Counselling Psychologist in the Faculty of Applied Sciences. The aim is to find out whether the attached questionnaire is helpful to students in a range of support settings across the university. The project has the approval of the University Ethics Committee; the research findings will be reported internally and in relevant external literature.
- 2) Your counsellor will work with you to complete and score the questionnaire, and to review your responses during your period of counselling.  
When you finish counselling, you and your counsellor will be asked to complete a short evaluation of the questionnaire.
- 3) You are under no obligation to take part on this research and it will not affect your counselling arrangement if you decline to do so.  
If you do agree to take part:
  - i) You may withdraw at any stage and this will not affect your counselling arrangement;
  - ii) You may ask for any information about you to be withdrawn from the project without this affecting your counselling arrangement;
  - iii) There is no need to identify yourself on any of the documents used in the research;
  - iv) Any information you give will be kept in confidence by your counsellor and the researchers;
  - v) Information in research reports will be presented so that individual participants cannot be identified.
- 4) If completion of the questionnaire has an adverse effect on you, please discuss this with your counsellor before continuing.
- 5) If you have further questions about this research, you may contact the Project Leader, Phil Topham, at [Phil.Topham@uwe.ac.uk](mailto:Phil.Topham@uwe.ac.uk)  
If you have any concerns about the research and your counselling, you may contact Mark Sawyer, Head of the Counselling Service, at [counselling@uwe.ac.uk](mailto:counselling@uwe.ac.uk)

I have read and understood the information above. I agree to participate in the questionnaire evaluation under the terms described.

**Please sign or initial here:**

**Name:**

It would be helpful if you could give your Faculty:

Age:

Gender:

*(This information is optional.)*

If you would like to read the report of the research, please indicate where we may contact you:

Thank-you for your help.

APPENDIX 6            **Client evaluation form: Counselling**

**To help us evaluate the personal questionnaire, please respond to each statement by circling ONE number below:**

1. I understand the reasons for using the questionnaire.	<b>Strongly disagree</b>	<b>1</b> 2 3 4 5 6 7	<b>Strongly agree</b>
2. Using the questionnaire helped me to clarify my concerns.	<b>Strongly disagree</b>	<b>1</b> 2 3 4 5 6 7	<b>Strongly agree</b>
3. I felt comfortable describing my concerns.	<b>Strongly disagree</b>	<b>1</b> 2 3 4 5 6 7	<b>Strongly agree</b>
4. I could fully express my concerns through the questionnaire.	<b>Strongly disagree</b>	<b>1</b> 2 3 4 5 6 7	<b>Strongly agree</b>
5. Generally, it was easy to rate the strength of my concerns.	<b>Strongly disagree</b>	<b>1</b> 2 3 4 5 6 7	<b>Strongly agree</b>
6. Using the questionnaire helped me to discuss my concerns.	<b>Strongly disagree</b>	<b>1</b> 2 3 4 5 6 7	<b>Strongly agree</b>
7. Overall, I found the questionnaire useful in my counselling.	<b>Strongly disagree</b>	<b>1</b> 2 3 4 5 6 7	<b>Strongly agree</b>
8. Generally, I find it easy to talk about my feelings.	<b>Strongly disagree</b>	<b>1</b> 2 3 4 5 6 7	<b>Strongly agree</b>

**If you wish, please comment on your evaluations above:**

**What are your views about the university using the personal questionnaire with students?**

**Thank-you.**



Please describe your role at UWE.
With regard to the personal questionnaire that you have been using with students:
Validity or directness: whether it enables the respondent to provide an authentic account and rating of personal experience.
Acceptability: the extent to which respondents understand and support its use; whether respondents have concerns about its emotional impact and confidentiality.
Appropriateness: that it is suitably matched to the specific purposes and questions to be addressed.
Suitability: its ability to mesh with user characteristics such as cultural diversity, intellectual ability, reading level and emotional state whilst tapping the area of interest.
Practicality: how easily, in time and effort, it can be used and scored.
<i>What form of rating or scoring system, if any, is most useful?</i>
Interpretability: how meaningful are the scores.

*Precision: the number and accuracy of distinctions that can be made.*

*Reliability: whether it enables the respondent to give a consistent account of their experience over short periods of time.*

*Responsiveness: whether it can measure meaningful changes in personal experience.*

**Some more general questions:**

How, if at all, could we improve methods of helping students to identify and express their concerns, their needs for support and guidance?

*What further research in this area might be helpful?*

## APPENDIX 8

## Summary of counselling client evaluations

Evaluation Item	Summary of responses Scale from 1 (Strongly Disagree) to 7 (Strongly Agree).
<i>I understand the reasons for using the questionnaire.</i>	All clients strongly agreed with this statement.
<i>Using the questionnaire helped me to clarify my concerns.</i>	Two clients strongly agreed with two clients rating at 6.
<i>I felt comfortable describing my concerns.</i>	Three clients strongly agreed with one client rating at 6.
<i>I could fully express my concerns through the questionnaire.</i>	Two clients rated at 6, two at 5.
<i>Generally, it was easy to rate the strength of my concerns.</i>	Two clients rated at 6, one at 5, one at 4.
<i>Using the questionnaire helped me to discuss my concerns.</i>	One client strongly agreed with three clients rating at 6.
<i>Overall, I found the questionnaire useful in my counselling.</i>	Two clients strongly agreed with two clients rating at 6.
<i>Generally, I find it easy to talk about my feelings.</i>	One client strongly agreed, one rated at 6, one at 5.

**Clients' further comments on their evaluations:**

*Perhaps more space needed for comments. The questionnaire helped me to recall how I had been feeling and how I feel now.*

**Clients' views about the university using the personal questionnaire with students?**

*Happy. I think it is useful as a summing-up at end of process. Helpful to see the scores and see how they have changed week to week. Very useful.*

**Communication**

Research questions

Why is so much communication to students unsuccessful?

How could communication with students be improved?

How do you raise awareness of and access to services?

Action proposals

Students would be better served with an online overview of information about the university supplemented by publicity about specific service functions.

All new students could be asked to complete a personal questionnaire about their support and development needs. This could lead into a well-being interview enabling guidance, if required, across the range of the student experience.

**Engaging students**

Research questions

What are the issues that stop students engaging with support?

How can students be helped to feel it's OK to get help?

How do you get students to come, and be honest and open?

Action proposals

Students could be given the name of one person that they could email when they want to know about something.

There could be an e-notice board for anonymous queries and public responses.

## **Support**

### Research questions

What support would students find helpful?

How do you respond to isolated groups of students?

Develop strategies for improving student well-being.

### Action proposals

Use students who are well-connected with the university to identify and reach out to those who are more marginally engaged.

Some kind of positive health accommodation that is resourced and welcoming and which could reduce stigma about getting help.

## SEARCH RECORD

### Aims

The aims of the literature search were two-fold:

- i. To survey the research relating psychological variables to students;
- ii. To survey the research on diagnostic measures used with students.

### Methods

A list of psychosocial variables was compiled from research literature and from the author's clinical experience with university students. These provided the keywords for an initial journal search. The list was confirmed or expanded in the light of further variables found in successive searches. Some words in common usage (e.g. 'independence', 'isolation') were removed as they did not occur as variables. Conversely, some appeared too specialised to the psychological therapy domain (e.g. repression, self-actualisation) and were deleted as not being in common usage in the education domain. No fixed date limit was set for inclusion but studies before 1980 were only included if they had a specific relevance to the aims of the project.

### Search for Psychosocial variables

#### Databases

Higher Education Academy

#### Journal Search

Educational Psychology	2000 to 2006
Higher Education Quarterly	2002 to 2007
Higher Education Research and Development	2000 to 2006
Journal of Further and Higher Education	2000 to 2006.
Journal of Guidance and Counselling	1990 to 2006.

#### Keywords

Aggression	Coping skills	Independence
Ambivalence	Creativity	Integration
Anxiety	Depression	Learning style
Attachment	Emotions	Life-stage
Beliefs	Emotional intelligence	Locus of control
Bereavement	Emotional competence	Mental health
Commitment	Expectations	Mental illness
Confidence	Friendship	Motivation
Conflict	Identity	Perception

Persistence	Self-concept	Social support
Personality traits	Self-efficacy	Stress
Relationships	Self-esteem	Transition
Repression	Separation	Trauma
Self-actualisation	Social anxiety	

### **Search for Diagnostics**

#### PsychInfo Database

Keyword search:

- Personal Questionnaire
- Personal Questionnaire AND Students
- Self-assessment AND university students
- Self-report measures AND validity AND students
- Assessment AND Student Support
- Self-assessment AND student support / student services
- Self-evaluation AND student support / student services
- Self-report AND student support / student services
- Psychological needs AND university students

#### Ingenta Database

Keyword search:

- Self-report measures AND university students
- Assessing student support / needs
- Planning student support
- Evaluating student support
- Evaluating student services

#### Journal of Counselling Psychology (1997-2007)

- Evaluation of student support
- Evaluation of self-report measures
- Personal questionnaires

#### Counselling and Psychotherapy Research (2001-2007)

- Articles for relevance

#### Journal of College Student development from 2000 to 2007

- Articles for relevance

#### Google search on

- Evaluation of self-report questionnaires
- Attachment measures

## **About the researcher**

The researcher, and author of this report, is a chartered counselling psychologist currently on a research secondment to the School of Psychology at the University of the West of England. He has previously held a research post and engaged in service evaluation in the NHS but for the last twenty years has been primarily a practitioner of psychological therapies in the NHS and at UWE.

He is in a period of familiarising and updating his research skills and in that sense this project has served as a module of professional development. While he works to regain a coherent hold on the research process, the project may have suffered from gaps in his competence on the one hand and over-application on the other.

He has been intimately connected with the planning, analysis and outcomes of the research but a distant observer of the actual trials. When explaining the project to staff he attempted to provide clear explanations of the aims without conveying any expectation of the outcomes. Nonetheless, some staff believed that a survey was being conducted rather than a tool being evaluated, while others thought it was connected with reducing student withdrawal. Hopefully, a degree of uncertainty about the aims that was fairly distributed may not have unduly biased the study outcomes.

In terms of the questionnaire and evaluations of its utility, the author's philosophical position tends towards being humanistic. This inclines him to favour an idiographic measure and certainly guided its choice for an initial study. He has considerable experience of clinical assessment and service evaluation together with some experience with psychometric measures. This background has encouraged an integrated approach to understanding people and to helping people to understand themselves. In that sense his expectations of the outcomes were variegated rather than absolute.