




Psychometric Validation of a Turkish Version of the Inventory of Common Problems: a Tool for Turkish College Counselors

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Abstract

Transition from high school to college can be very challenging for Turkish students, and poor adjustment can affect students' physical and mental health and well-being. It is important for college counseling center staff in Turkey to have access to screening instruments to identify students with high risk for college life adjustment difficulties. The purpose of this study was to validate a Turkish version of the *Inventory of Common Problems* (ICP; Hoffman and Weiss 1986) for Turkish college students. Two hundreds and thirty-five Turkish university students participated in this study. Factorial structure of the ICP was evaluated using exploratory factor analysis, resulting in a four-factor structure with the internal consistency reliability coefficients for all factors being excellent to average: (a) *emotional problems* (Cronbach's $\alpha = .90$), (b) *academic problems* ($\alpha = .80$), (c) *substance use problems* ($\alpha = .77$), and (d) *physical health problems* ($\alpha = .73$). The *emotional problems factor*, *academic problems factor*, and *physical health problems factor* were significantly associated with perceived stress, depression, and anxiety in the expected direction, as measured by the Perceived Stress Scale (PSS-10; Cohen and Williamson 1988), Patient Health Questionnaire (PHQ-9; Kroenke et al. 2001) and General Anxiety Disorder (GAD-7) Scale (Spitzer et al. 2006). This study demonstrated that the Turkish version of the ICP could be regarded as a reliable, valid and multidimensional measure, valuable to counseling and health services professionals in Turkey as well as for Turkish international students studying abroad.

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Introduction

Adjustment to postsecondary education is challenging, and can create psychological disturbances for students (Ip et al. 2016; Kaya et al. 2015). College students typically experience three broad types of disturbances including situational (i.e., resulting from a recent traumatic event), developmental (i.e., resulting from difficulties in resolving the normal developmental tasks of late adolescence), and disturbances reflecting psychopathology (Hoffman and Weiss 1986). Facing such problems, college students are vulnerable to experience emotional, academic and career-related psychological problems (Novotney 2014). Therefore, it is not surprising that problem drinking (National Institute on Alcohol Abuse and Alcoholism 2014), psychiatric concerns (Hunt and Eisenberg 2010), and suicide risk (Downs and Eisenberg 2012) are reported as significant problems among this population.

Turkish college students experience similar challenges faced by their peers in other cultures. Erkan et al. (2012) reported that Turkish college students have mostly emotional, academic, and economic issues. Sexual problems, smoking/substance use problems, and personality problems are the least common problems presented by these students. Atik and Yalçın (2010) listed the most and least prevalent reported counseling needs of Turkish college students, suggesting that students had higher needs in academic (e.g., test anxiety, etc.), relational (e.g., relating with faculty, etc.), emotional (e.g., finding greater meaning in life, etc.), and career issues (e.g., career uncertainty and feeling anxious about finding a job); and the least reported needs in self-defeating (e.g., feeling suicidal and using drugs, etc.), sexual concerns (e.g., anxiety about contracting a sexually transmitted disease, etc.), gambling problems, and excessive debt through credit card spending, etc. However, Güneri (2006), reported communication problems, adjustment to university life and romantic relationships as being the top three concerns among Turkish college students in university counseling centers.

The Turkish *Higher Education Law (Number: 2547)*, which went into effect in 1982, mandated that university student services had to provide health services, guidance and counseling, social services, and social activities to assist Turkish college students coping with adjustment difficulties (Demir and Aydin 1995). However, the counseling services offered in Turkish universities are not optimal in providing professional services for students, given that most people who might benefit from such services often do not know what counseling centers can do for them (Demir and Aydin 1995). Additionally, the counseling service facilities (e.g., appropriate rooms for individual and group counseling) are inadequate, and there is a lack of necessary tools including diagnostic and symptom assessment instruments and audiovisual equipment (Topkaya et al. 2017). Özer Öztürk et al. (2005) reported that some of the most important difficulties that counselors face in providing counseling services in Turkey are to do with facility issues and technical problems.

Given such limitations, it can be concluded that colleges and universities in the developing nation of Turkey do not have adequate physical and technical facilities for the purpose of accurately and efficiently evaluating and identifying students at-risk for mental health problems. Although there are various types of measures of psychological difficulties in university counseling services, many of them either focus on only one dimension (e.g., the Social and Emotional Health Scale; Telef and Furlong 2017) or are considerably lengthy (e.g., Symptom Assessment Questionnaire-45; Maruish 2004). In addition, most of the problems reported in counseling centers are not psychopathological in nature; therefore, crisis intervention and short-term therapy are the

current emphases in university counseling centers. The nature of short-term counseling requires counseling staff to assess students' problems quickly and look to resolve them effectively (Hoffman and Weiss 1986). Therefore, providing effective and efficient practices in counseling centers are essential in order to meet college students' needs and promote their well-being. As a result, it is essential to first develop an initial understanding of the nature and complexity of the problems presented by students (Hoffman and Weiss 1986).

One of the brief psychometric measurement tools available to assess students' problems is the *Inventory of Common Problems* (ICP). The ICP was developed by Hoffman and Weiss (1986) to assess students' personal problems related to adjustment to college life in six categories (i.e., depression, anxiety, academic, interpersonal, physical health, and substance use problems). Researchers reported that brevity and ease of administration and scoring are advantages of the ICP (Hayes 1997). The ICP was also reported to have strong internal consistency reliability, test re-test reliability and concurrent validity (Hoffman and Weiss 1986). The original of the ICP was reported to have six factorial structures; however, Nania (1993) found four factorial structures consisting of interpersonal distress, academic problems, physical health problems and substance abuse. Although, the ICP has been widely used in counseling centers in American universities (Hayes 1997), it has not been used for college students from other cultures.

Currently, there is a need to have psychometrically sound brief measurement tools to assess problems among Turkish students. To date, the psychometric properties of the ICP have not been evaluated for use in the Turkish population. Therefore, the purpose of this study was to evaluate the psychometric validation of a Turkish version of the ICP (ICP-Turk; see [Appendix](#)) in an effort to objectively assess Turkish college student life adjustment problems. Results of the exploratory factor analysis (EFA), along with internal consistency reliability (Cronbach's alpha) estimates and external correlates of the Turkish version of the ICP are presented. External correlates between the ICP and other relevant mental health measures were used to provide information on validity of the scale and also determine perceived stress, depression and anxiety levels of Turkish college students. Findings of this study provide researchers and clinicians with a valid assessment tool to identify Turkish college students problems to facilitate development of effective coping interventions.

Method

Participants

A convenience sample of 235 university students (93 men and 142 women) was recruited from two Turkish universities on a voluntary basis to participate in this study. The age of the students ranged from 17 to 34 years, with a mean age of 20.22 years ($SD = 1.88$). The sample comprised 57 freshmen (24%), 79 sophomores (34%), 49 juniors (21%), and 50 seniors (21%). Participants who were not Turkish citizens were excluded from the study.

Instrumentation

Inventory of Common Problems

Hoffman and Weiss (1986) developed the ICP to measure personal problems related to adjustment to college life. The ICP is comprised of 24 items, and each item is rated on a 5-

point Likert-type scale ranging from 1 (not at all) to 5 (very much). Items reflecting the three broad types of crises (i.e., situational, developmental, and those reflecting psychopathology) measure six personal problem dimensions. College students are asked to report which, if any, of the items applied to them. Each dimension has four items and possible scores for each category range from 4 to 20, and total presenting problem scores range from 24 to 125 (Hoffman and Weiss 1986). Cronbach's alpha of the ICP total scale was reported by Hoffman and Weiss to be .85, and results from the current study indicated a score of .91.

The ICP was translated into the Turkish language by two bilingual researchers (C.K.; E.U.), independently. As recommended by the World Health Organization (2017), the first researcher translated the instrument from English to Turkish, and the second researcher back-translated the instrument to English. Both researchers held consensus meetings to compare discrepancies between the original version and the translated version of the instrument and made necessary changes. In the final steps, both researchers agreed the translated version sufficiently conveyed the meaning of the original version of the instrument.

Perceived Stress Scale (PSS-10)

The PSS was developed by Cohen et al. (1983) to measure the extent to which situations in one's life are appraised as stressful. Although the original PSS contained 14 items, shorter versions such as the 4-item (PSS-4; Cohen et al. 1983) and 10-item (PSS-10; Cohen and Williamson 1988) versions have also been validated with a large national probability sample. A translated Turkish version of the PSS-10 (T-PSS-10) was used in this study. Sample items for the PSS-10 include: "In the last month, how often have you felt that you were unable to control the important things in your life?" and "In the last month, how often have you felt that difficulties were piling up so high, you cannot overcome them?" Each item is rated on a 5-point Likert-type scale with response options of 0 (never) to 4 (very often). Responses are summed over the 10 items after reversing the scores on four positive items (item 4, 5, 7, and 8) to produce a PSS-10 total score, which ranges from 0 to 40, with higher scores indicating higher perceived stress. A Cronbach's alpha of .84 was reported for a sample of Turkish college students (Örücü and Demir 2009). For the present sample, the Cronbach's alpha coefficient was .58, which is considered to be a low level of reliability.

The Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 was developed by Kroenke et al. (2001) as a brief measure of depression and depression severity. It is composed of 9 depressive symptom items listed in the Diagnostic and Statistical Manual of Mental Disorders-5th edition (DSM-V 2013). Patients were asked to rate the extent to which their symptoms had bothered them during the previous 2 weeks using a 4-point Likert rating scale with response options of 0 (not at all), 1 (several days), 2 (more than half the days), and 3 (nearly every day). The PHQ-9 severity score ranges from 0 to 27. Patients achieving a score equal or above 15 are regarded as suffering from at least minor depression. The internal consistency reliability (Cronbach's α) of the PHQ-9 measure was reported to range between .86 and .89 (Kroenke et al. 2001), and the Turkish version of the PHQ-9 was reported to have very good reliability and validity (Corapcioglu and Özer 2004). The Cronbach's alpha for the PHQ-9 in the present sample was .86.

General Anxiety Disorder 7-Item (GAD-7) Scale

The GAD-7 was developed by Spitzer et al. (2006) as a brief clinical measure to assess general anxiety disorder. It is comprised of seven items representing some of the Diagnostic and Statistical Manual of Mental Disorders' Fifth Edition (DSM-V) symptom criteria for GAD. Patients were asked to indicate how often, during the last 2 weeks, they were bothered by each symptom using a 4-point Likert-type rating scale with response options of 0 (not at all), 1 (several days), 2 (more than half the days), and 3 (nearly every day). Total test scores range from 0 to 21 with a score of 8 deemed sufficient to identify symptoms of general anxiety disorder, panic disorder, post-traumatic stress disorder or social anxiety disorder. The Cronbach's alpha of the Turkish version of the GAD-7 was .85 (Konkan et al. 2013), and the test-retest reliability was reported to be .83 (Spitzer et al. 2006). Within the present sample, the Cronbach's alpha was .91.

Procedure and Statistical Analyses

Relevant Institutional review board approval was obtained prior to recruitment and data collection efforts. Participants were recruited with the assistance of course instructors. There were a number of classes in the field of education (e.g., special education, and classroom management classes) used for data collection purposes. Participants were informed that participation was voluntary and no personal identifying information would be collected. Volunteer participants individually completed the set of questionnaires that included the ICP, PSS-10, GAD-7 and PHQ-9 in a university computer lab through Survey Monkey, which is an online secured survey tool. It was expected that participants would complete the questionnaire in approximately 30 min; however, they were given as much time as they needed to complete the questionnaires.

The Statistical Package for the Social Sciences (SPSS, version 20.0) statistical program was used to analyze the data. A principal components analysis was used to understand the underlying structure of the Turkish version of the ICP in the sample of 235 Turkish college students. The solution was rotated using oblique rotation to simplify the structure and enhance interpretation of the factors. The Cronbach's alpha was computed to evaluate the internal consistency reliability of the Turkish version of the ICP.

Results

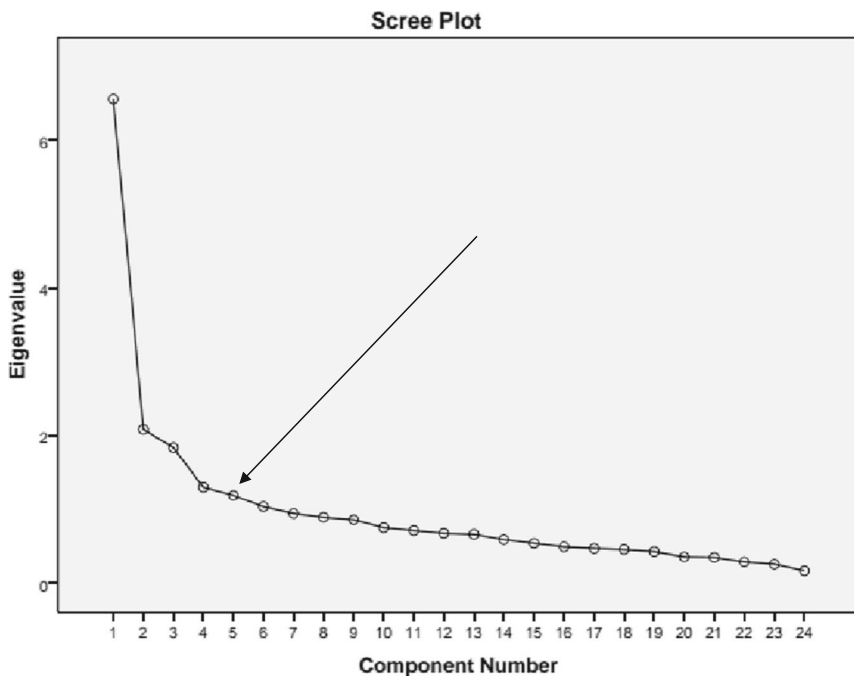
Exploratory Factor Analysis

The 24×24 correlation matrix of the Turkish version of the ICP was subjected to a principal components analysis. A Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy (Kaiser 1970) of .84 is considered meritorious, and the Bartlett's test of sphericity (Bartlett 1950) was significant ($\chi^2(276, N = 235) = 1930.92, p < .001$), indicating that correlations in the data were appropriate for factor analysis. Kaiser-Guttman's "eigenvalues greater than one" criterion (Kaiser 1960) indicated a six-factor measurement structure. However, Cattell's *scree* test (Nunnally and Bernstein 1994) indicated a four-factor solution.

The solution was rotated using oblique rotation to simplify the structure and enhance interpretation of the factors. The four-factor solution accounted for 49% of the total variance

and provided the best interpretable measurement structure as supported by the scree plot shown in Fig. 1. All items loaded significantly onto their respective factors (with loadings ranging from .34 to .93). Table 1 presents the overall means and standard deviations for each of the factors on the Turkish version of the ICP, as well as factor loadings, eigenvalues, percentage of variance explained, and reliability coefficients.

In examining the items on each of the factors, we labeled the first factor as *Emotional Problems*. The emotional problems factor mostly contains items that are related to depression, anxiety, and interpersonal problems. The emotional problems factor accounted for 27% of the total variance. This factor comprised 12 items (e.g., “Feeling depressed, sad, and dejected”). The mean rating for this factor was 2.89 ($SD = 0.65$). The second factor was labeled as *Academic Problems*. The academic problems factor accounted for 8% of the total variance. This factor comprised 4 academic-related items (e.g., “Difficulty caring about or concentrating on studies”). The mean rating for this factor was 3.17 ($SD = 0.84$). The third factor was labeled as *Substance Use Problems*. The substance use problems factor accounted for 7% of the total variance. This factor comprised 3 items (e.g., “My use of marijuana”). The mean rating for this factor was 2.16 ($SD = 0.35$). The fourth factor was labeled as *Physical Health Problems*. The physical health problems factor accounted for 5% of the total variance. This factor comprised 5 items, with one item, “My use of prescription drugs” from the *Substance Use Problems* factor being found to load on the *Physical Health Problems* factor. The mean rating for this factor



Note: The arrow indicates the number of meaningful factors that can be obtained from the scree plot.

Fig. 1 Scree Plot for the Four-Factor Model of the Turkish Version of the ICP

Table 1 Exploratory factor analysis results of the turkish version of the inventory of common problems

	Items			
	EP	ACA	SUB	PHY
1. Feeling depressed, sad, dejected?	.76			
3. Feeling discouraged or like a failure?	.74			
8. Feeling like I'm going to pieces?	.70			
16. Feeling lonely or isolated?	.69			
6. Feeling fearful?	.63			
2. Blaming, criticizing, or condemning myself?	.62			
15. Difficulty getting along with others?	.60			
14. Family problems?	.50			
5. Feeling irritable, tense, or nervous?	.50			
7. Spells of terror or panic?	.50			
13. Problems with romantic or sexual relationships?	.43	.37		
4. Suicidal thoughts or concerns?	.36			
10. Difficulty caring about or concentrating on studies?		.81		
9. Academic problems?		.76		
12. Feeling like I'm not doing as well in school as I should?		.69		
11. Indecision or concern about choice of career or major?		.60		
23. My use of other drugs (other than marijuana and prescribed drugs)?			.93	
22. My use of marijuana?			.92	
21. My use of alcohol?		.31	.34	
17. Physical health problems?				.75
18. Headaches, faintness, or dizziness?				.73
24. My use of prescribed drugs?				.65
19. Trouble sleeping?				.57
20. Eating, appetite, or weight problems?				.42
Eigenvalues	6.56	2.09	1.84	1.30
Cumulative % Variance	27.32	36.03	43.69	49.12
Reliability (Cronbach's Alpha)	.90	.80	.77	.73
Mean (SD)	2.89 (.65)	3.17 (.84)	2.16 (.35)	2.75 (.67)

EP emotional problems (combination of depression, anxiety, interpersonal problems), *ACA* academic problems, *SUB* substance use problems, and *PHY* physical health problems. Numbers in boldface type indicate the factor on which the items load

was 2.75 ($SD = 0.67$). The remaining two factors remained unchanged. Table 2 presents the items that were transferred to other factors and the comparison of item contribution for the four-factor model of the Turkish version of ICP and the six-factor model of the original ICP.

Reliability

The Cronbach's alpha for the total score of the Turkish version of the ICP was computed to be .91, indicating excellent reliability in regard to the Turkish college students. This result is higher than what Hoffman and Weiss (1986) reported at .85. The Cronbach's alphas for the items within the four-factor model were as follows: emotional problems = .90, academic problems = .80, substance use problems = .77, and physical health problems = .73. In the original study, Hoffman and Weiss (1986) found that the internal consistency for the physical health problems and substance use subscales were relatively low, .52 and .45, indicating an apparent lack of homogeneity across the items.

Table 2 Comparison of item contribution for the four-factor model of the Turkish version of the ICP and the six-factor model of the original ICP

Original ICP					
DEP	ANX	ACA	INT	PHY	SUB
1	5	9	13	17	21
2	6	10	14	18	22
3	7	11	15	19	23
4	8	12	16	20	24
The Turkish Version of the ICP					
EP	ACA	SUB	PHY		
1	9	21	17		
2	10	22	18		
3	11	23	19		
4	12		20		
5			24		
6					
7					
8					
13					
14					
15					
16					

DEP depression, *ANX* anxiety, *ACA* academic problems, *INT* interpersonal problems, *PHY* physical health problems, and *SUB* substance use problems. *EP* emotional problems, *ACA* academic problems, *SUB* substance use problems, and *PHY* physical health problems

External Correlates

The correlations between the ICP constructs and measures of perceived stress, depression, and anxiety are shown in Table 3. The results indicated that the emotional problems construct was strongly associated with perceived stress, depression, anxiety, and physical health problems, and moderately associated with academic problems. The academic problems and physical health problems constructs were moderately associated with perceived stress, depression, and anxiety. The substance use problems construct was mildly associated with perceived stress, depression, and anxiety. All of the correlations were significant and in expected directions.

Discussion

Although the original ICP has been studied among mental health researchers and clinicians in the United States, there has not been a study regarding the reliability and validity of a Turkish

Table 3 Correlations between the Turkish version of the ICP and measures of perceived stress, depression, and anxiety

ICP factors	Perceived Stress	Depression	Anxiety
Emotional problems	.72*	.71*	.76*
Academic problems	.36*	.48*	.41*
Physical health problems	.43*	.56*	.52*
Substance abuse problems	.14*	.15*	.15*

*= $p < .01$

version of the ICP. The current study provided information regarding the reliability and validity of a Turkish version of the ICP. Exploratory factor analysis results supported a four-factor model for the instrument, revealing that the Turkish version of the ICP can be regarded as a multidimensional measure of college students' common problems. In the original study of the ICP, results supported a six-factor model for the instrument (Hoffman and Weiss 1986). In the current study, depression, anxiety, and interpersonal problems combined into one construct that was labeled as emotional problems.

The moderate emotional problems score of 2.89 indicated that participants in the current study rated the levels of depression, anxiety, and interpersonal problems as average. Turkish college students rated the levels of academic problems as moderate to high, with a mean score of 3.17. A moderate physical health problems score of 2.74 was also reported by Turkish college students. The substance use disorders score of 2.16 was the least reported problem. These results are similar to previous studies (Atik and Yalçın 2010; Erkan et al. 2012) indicating that Turkish college students are more likely to experience emotional and academic problems (Topkaya and Meydan 2013). However, Turkish college students are less likely to seek help from counseling centers due to stigma associated with seeking psychological help (Kaya et al. 2015). They are more likely to seek help from family and friends. In addition to inadequate counseling centers and facilities, stigma might be another factor causing Turkish college students experiencing higher rates of emotional problems to seek help from such sources.

The Cronbach's alpha for the Turkish version of the ICP was found to be .91, indicating excellent reliability for the Turkish college students. The internal consistency for each of the four factors ranged from excellent to average. The internal consistency reliability coefficients of the Turkish version of the ICP were higher than the original ICP. The Turkish version of the ICP was found to demonstrate acceptable levels of convergent validity, except for the substance use problems construct. According to previous studies, substance use problems were not common for Turkish college students (Erkan et al. 2012). This may be one reason why the association between the substance use disorders construct and perceived stress, depression, and anxiety were not strong. Conversely, substance use is a sensitive issue in Turkey, and students might hesitate to truly record their substance use concerns. As an effective conceptualization tool validated for use with Turkish college students, the Turkish version of the ICP is valuable, as it may provide useful information for university counseling services staff. Moreover, the ICP is very brief and easy to administer when compared to other case conceptualization measures.

Implications

The negative effect of college students' adjustment on physical and mental health well-being and goal persistence has been documented in the mental health counseling literature (Berkowitz and Perkins 1986; Hunt and Eisenberg 2010; Erkan et al. 2011; Kaya et al. 2015). Given that solving college students' problems may be directly related to their health and well-being, Hoffman and Weiss (1986) reported early identification of this type of crisis may help in making an initial tentative decision regarding the nature of and likely length of therapy. The International Association of Counseling Services (2011) reported "psychological tests and other diagnostic procedures should be used to make appropriate assessments of student functioning and treatment/disposition recommendation; to foster client self-understanding and decision-making; and to determine the most effective intervention strategies

possible within the limits of available resources” (p. 167). Findings of this study indicate that the ICP can be regarded as a valid and reliable assessment tool to measure Turkish college students’ problems in four specific areas (i.e., emotional problems, academic problems, physical health problems, and substance abuse problems) for helping to develop innovative interventions for the students’ problems.

According to the *Student Selection and Placement System* (Ölçme, Seçme Ve Yerleştirme Merkezi [OSYM] 2013), the numbers of newly admitted and graduated students for universities in Turkey were 968,634 and 594,635, respectively. Overall, the total number of college students reached 4,936,591 during the 2012–2013 academic year in Turkey (OSYM 2013), and the total number of college students was 4,315,836 during the 2011–2012 academic year (OSYM 2012). From these figures, it is clear that the number of college students in Turkey has been increasing over recent times. Responsibilities and workloads of university counseling service staff will increase as the total number of students rise. As a result, university counseling service staff members must provide quick and effective counseling services to meet all students’ needs. The ICP can be completed by most clients within 5 to 10 min, and the results represent most of the problems students are likely to encounter (Hayes 1997). Therefore, the brevity of the ICP provides strong potential to be used in Turkish counseling centers.

Erkan et al. (2011) investigated eight counseling centers in Turkish universities. They reported that the counseling services in Turkish universities typically do not utilize psychometrically sound assessment instruments. As seen, the dilemma of the limited resources in counseling services in Turkish universities (Demir and Aydın 1995; Erkan et al. 2012) and increasing numbers of college students (OSYM 2012, 2013) leads to challenges for staff working in counseling services in Turkish universities. The ICP may provide Turkish universities with an effective tool for initially conceptualizing college students’ problems to understand the nature and the complexity of the problems that students present.

Limitations

It should be noted that there were several limitations to this study impacting the interpretation of results. The study was conducted with a convenience sample of Turkish college students that included a large percentage of females. In addition, the factorial structure of the Turkish version of the ICP was found to have four factors, whilst results in the original study found six factors, which suggests that further studies investigating the psychometric properties of the Turkish version of the ICP would be helpful to clarify this discrepancy. Also, the PSS-10 had a low level of alpha reliability in this study. The low alpha score for the PSS-10 should be recognized, therefore, with possible implications. Finally, the emotional problems construct involves a combination of depression, anxiety, and interpersonal problems; therefore, students who have solely depression, anxiety, or interpersonal problems may have lower scores in this construct, which is another potential limitation in this study.

Conclusion

Turkish counseling centers often have inadequate physical and technical facilities to deliver effective and timely counseling services (Özer Öztürk et al. 2005; Kaya et al. 2015). For the purpose of providing effective and efficient services, it is essential to

first develop an understanding of the nature and complexity of the problems presented by students (Hoffman and Weiss 1986). This study evaluated psychometric properties of the ICP, which was developed to assess students' personal problems related to adjustment to college life. The results indicated that the Turkish version of the ICP (ICP-Turk) can be regarded as a reliable, valid and multidimensional measure to assess Turkish college students' problems. Brevity and ease of administration and scoring of the ICP provide a strong potential to assist with providing efficient and effective counseling and health services to Turkish college students.

Compliance with Ethical Standards

Conflict of Interest The authors declared that they have no conflict of interest.

Appendix

Wording for the Turkish Instrument, with a broad English translation, with each item being scored on a 1–5 scale. To save space, the 1–5 numbers in each case are not listed.

Genel Problemler Envanteri. (Inventory of Common Problems)

Asagidaki maddeler universite ogrencilerinin genel problemlerini temsil etmektedir. Son bir kac hafta icerisinde bu. problemlerden herbiri size ne kadar strese soktu, endiselendirdi vey a rahatsız etti. Lutfen size en yakin cevabi daire icine aliniz.

(The following items represent common problems for college students. How much has each problem distressed, worried or bothered you in the past few weeks? Please circle the answer that is most correct for you)

1 = Hic; 2 = Biraz; 3 = Orta duzeyde; 4 = Yeteri derecede; 5 = Cok.

(1 = Not at all; 2 = A little bit; 3 = Moderately; 4 = Quite a bit; 5 = Very Much.)

1. Depressif, uzgun ve keyifsiz hissetme (Feeling depressed, sad, dejected?)
2. Kendimi suclama, elestirme, kinama (Blaming, criticizing, or condemning myself?)
3. Cesareti kirlimis ve basarisiz hissetme (Feeling discouraged or like a failure?)
4. Intihar dusuncesi ve endisesi (Suicidal thoughts or concerns?)
5. Kolayca kizabilir, gergin ve kaygili hissetme (Feeling irritable, tense, or nervous?)
6. Korku hissi (Feeling fearful?)
7. Panik ve yogun korku nobetleri (Spells of terror or panic?)
8. Parcalara ayriliyormus gibi hissetme (Feel like I'm "going to pieces?")
9. Akademik problemler (Academic problems?)
10. Akademik calismalara onem vermede ve akademik calismalara konsantre olmada zorluk (Difficulty caring about or concentrating on studies?)
11. Kariyer ve alan seciminde kararsizlik ya da endiseli hissetme (Indecision or concern about choice of career or major?)
12. Okulda yapmam gerektiği kadar iyi yapamadigimi hissetme (Feeling like I'm not doing as well at school as I should?)

13. Romatik veya cinsel iliskilerde problemler (Problems with romantic or sexual relationships?)
14. Ailevi problemler (Family problems?)
15. Baskalari ile iyi gecinmede zorluk (Difficulty getting along with others?)
16. Yalniz ve yaltilmis hissetme (Feeling lonely or isolated?)
17. Fiziksel saglik problemleri (Physical health problems?)
18. Basagrisi, bayginlik veya basdonmesi (Headaches, faintness, or dizziness?)
19. Uyumada zorluk (Trouble sleeping?)
20. Yeme, istah veya kilo problemleri (Eating, appetite, or weight problems?)
21. Alkol kullanimim (My use of alcohol?)
22. Marihuana kullanimim (My use of marijuana?)
23. Diger uyusturuculari kullanimim (ornek: ecstasy) (My use of other drugs?)
24. Receteli ilac kullanimim (My use of prescribed drugs?)

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