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Barriers to Group Psychotherapy for African-American College Students

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BARRIERS TO GROUP PSYCHOTHERAPY FOR
AFRICAN-AFRICAN COLLEGE STUDENTS

PROFESSIONAL DISSERTATION

SUBMITTED TO THE FACULTY

OF

THE SCHOOL OF PROFESSIONAL PSYCHOLOGY
WRIGHT STATE UNIVERSITY

BY

ANGELA L. HARRIS, M.S., PSY.M.

IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
DOCTOR OF PSYCHOLOGY

Dayton, Ohio

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WRIGHT STATE UNIVERSITY
SCHOOL OF PROFESSIONAL PSYCHOLOGY

July 15, 2012

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **ANGELA L. HARRIS** ENTITLED **BARRIERS TO GROUP PSYCHOTHERAPY FOR AFRICAN-AMERICAN COLLEGE STUDENTS** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

Martyn Whittingham, Ph.D.
Dissertation Director

La Pearl Logan Winfrey, Ph.D.
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Abstract

There is limited research on African-American college students and their participation in group psychotherapy in a university counseling center setting. This study examined the barriers to group psychotherapy for African-American college students. A 61 item survey was designed to obtain African-American college students' views on their willingness to participate in group therapy, expectations of group psychotherapy, expectations of group members, expectations of group leaders, coping skills when in distress, and multicultural considerations relating to group psychotherapy. Data collected from a sample (N = 108) was analyzed using descriptive statistics and regression analyses. Results of the this study found that coping strategies for African-American college students were predominantly based around family and friends, facing their problems directly, faith and religion and group psychotherapy was seen as a method less desirable than many other coping methods. Results also found that barriers to group psychotherapy included fear of being judged, fear of being discriminated against, fear of being stereotyped and a number of other salient factors. More should be learned about the barriers to group psychotherapy for African-American college students so as to identify effective ways to effectively recruit and retain African-American college to group psychotherapy.

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I can do all things through Christ who strengthens me. ~ Phillipians 4:13

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Dedication

I dedicate my dissertation to:

- Parents, Kirt and Mary Harris
- Sister, Tina, brother-in-law, Reggie, and my two nephews, Little Reggie and TeMar
- Grandparents, Elder Kirk and Ella Harris
- Grandmother, Mary Mann
- Aunt Ella L. Harris
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Chapter I

There is significant research about the barriers to individual therapy for college students, and specifically why some African-Americans under-utilize mental health services (Barksdale & Molock, 2008; Duncan, 2003; June, Pope Curry, & Gear, 1990; Kearney, Draper, & Baron, 2005; Sanders Thompson, Bazile & Akbar, 2004, Snowden, 2001; Wallace & Constantine, 2005). Furthermore, literature suggest that African-Americans are likely to use various coping strategies such as religious practices and spirituality, family, and community resources when in distress before considering mental health services (Boyd-Franklin, 2010; Sanders Thompson, Bazile, & Akbar, 2004). Kearney et al., (2005), states in comparison to Caucasian individuals, minorities are less likely to use university counseling services. Reasons for the underutilization of university counseling services by minority students include counseling styles, interventions, and stigma and beliefs held by minority students about therapy and mental health professionals (Kearney et al., 2005).

There is a dearth of research examining why African-American college students do not participate in group psychotherapy and all and/or in comparison to other minority student groups. The reasons for the lack of participation in group psychotherapy by African-American students may overlap with similar reasons why African-Americans do not take full advantage of mental health services in general. To provide an understanding

of the issues, this study uses a survey methodology to examine the coping strategies and group-related multicultural considerations for African-American college students from several mid-west colleges and universities.

Purpose of the Study

The purpose of this study is to highlight the coping strategies and group-related multicultural issues for African-American college students for a better understanding of how to attract and retain African-American college students in group psychotherapy. This study has the additional goal of being of use as a resource by Student Affairs professionals and university counseling centers (UCC's) by providing insight as to the psychological needs of African-American college students as it relates to group psychotherapy. This study is also intended to inform the work of university counseling centers (UCC's) by highlighting the barriers to group psychotherapy for African-American college students.

Statement of Problem

According to Kearney et al., (2005), African-Americans are less likely to seek mental health services and continue participation in therapy sessions for a variety of reasons. However, the 2011 Association for University and College Counseling Center Directors (AUCCCD) annual survey suggests African-American college students use mental health services at the same rate as their peers (Barr, Krylowicz, Reetz, Rando, 2011). Specifically, the survey examined the average percent of clients and student body comparison in which African-American college students made up 10.1% as clients and 10.3% of the student body (Barr et al., 2011).

African-Americans typically have a host of perceptions of what psychotherapy is, in addition to realistic and perceived barriers towards psychotherapy. In a study conducted by Ayalon and Alvidrez (2007) African-American participants revealed the most common barriers were family privacy, lack of awareness about available treatments, denial of mental health issues, and concerns about the stigma of receiving mental health treatment and medications. Participants also reported the lack of information about mental health services and receiving ineffective services.

Sanders Thompson et al., (2004), postulates that low-income African-Americans may perceive mental health services as expensive and therefore lack of quality health insurance may impact their willingness to participate in mental health services. Snowden (2001) suggests that African-Americans are not always fully aware of the benefits of mental health services and therefore better public education about services and programs available would be helpful. Furthermore, when deciding to seek mental health treatment, specifically individual psychotherapy, racial/ethnic identity and cultural factors are considered significant. Diala, Muntaner, Walrath, Nickerson, LaVeist, and Leaf (2000) posit that some African-Americans have negative attitudes about mental health services and do not trust Caucasian mental health providers. These attitudes and cultural mistrust impacts African-Americans use of mental health services in times of distress. Eason (2009) posit that group psychotherapy overlooks the complexities of diversity variables. As such, African-American college students may not see group psychotherapy being effective if it does not meet their needs culturally. Bemak and Chung (2004) suggest an intentional increase of focus on multicultural issues and multicultural competence as it relates to the practice and research of group psychotherapy. Kincade and

Kalodner (2004) argue that multicultural factors should always be taken into consideration due to the increase of diverse populations on university and college campuses. However, despite these recommendations, there is little specific data on specific barriers to joining psychotherapy groups for African-American college students.

Significance of Study

This study was designed to examine the coping strategies and group-related multicultural issues for African-American college students in hopes of creating various ways to attract and retain African-American college students to group psychotherapy in university counseling centers (UCC's). The study addresses the following research questions:

Research Question 1: Are African-American college students that have participated in individual therapy likely to participate in group psychotherapy?

Research Question 2: Do African-American college students understand what group psychotherapy is?

Research Question 3: Are African-American college students likely to participate in group psychotherapy if other African-Americans students are in the group?

Research Question 4: Are African-Americans students likely to seek out other sources of assistance rather than group psychotherapy?

Chapter II: Literature Review

University Counseling Centers and College Students

History of university counseling centers. McEneaney and Gross (2009) posits that university counseling centers (UCC's) have been serving the mental health needs of college students for decades. Historically, the primary function of UCC's was to provide mental health services to students in support of the university's mission statement (McEneaney & Gross, 2009). Many of those university and college mission statements included the ideal of students being successful academically, socially, and developmentally. Kitzrow (2003) suggests the former mission of a UCC's was to assist traditional age college students in a variety of developmental areas including personal, academic, and career. Although a clear mission statement for UCC's was established, UCC's were not always the most popular facility on college and university campuses due to campus misperceptions of its' role (Much, Wagener, & Hellenbrand, 2010). Issues that influence common misconceptions about UCC's include a lack of understanding about confidentiality, campus departments misunderstanding the role of counseling for students, the belief that mental health services is the solution for all student related problems, and the challenge of dual relationships with college students (Much et al., 2010). Due to the increased number of college students seeking psychological services, UCC's have had to shift their focus in response to the inability of students in relating to others and the world, or doing so differently than years past (Kitzrow, 2003).

Unfortunately, some UCC's struggle with scarce resources and staff as student utilization of services increases (Much et al., 2010).

Today, UCC's serve as a facility to help students in acute crisis and provide services that help students learn about themselves in and outside of the classroom (Kahn, Wood, Wiesen, 1999). The authors posit that over the years UCC's have expanded their services to include prevention (outreach, groups, consultation), personal growth, self-reflection, academic and psychological testing, study skills, and stress reduction. Due to the demand of increased services at UCC's and the system being spread too thin, many UCC's have begun to restructure their direct services to students. Furthermore, the responsibilities of staff psychologists have also increased. Staff psychologists are not only seeing student clients but also have the expectations of engaging in professional development activities such as teaching and supervision (Kitzrow, 2003). Kahn et al., (1999) postulate that UCC's have been in demand for students in severe crisis and for long term therapy. UCC's must consider the increase in demand of services, the increase of diverse clientele, the increase in psychopathology and the use of psychotropic medication for college students in distress. More than ever UCC's are providing brief psychotherapy, in addition to group psychotherapy, which is an effective alternative to individual psychotherapy (Kitzrow, 2003; McEaney & Gross, 2009). Currently, group psychotherapy is being used more as a service modality to address the increased demand, the change in ways in which therapist caseload is managed, and to provide quality customer service. Therefore, the goals of today's UCC's should be to offer preventive services for the student community, assistance in developing coping strategies to tackle academic and social pressures, promotion of wellness, self-reflection and development all

through individual and group psychotherapies and counseling (Kahn et al., 1999; Kitzrow, 2003).

Psychological concerns of college students. There are a number of reasons for the increase in psychopathology of college students and demand in utilizing college counseling services. College students are entering college with a plethora of psychological concerns such as suicidal ideation, substance use and abuse, depression, anxiety, history of hospitalization, and psychiatric treatment (Kitzrow, 2003). Furthermore, university counseling centers (UCC's) are also attempting to meet the psychological needs of a new diverse student population which includes various challenges regarding gender and sexual orientation, career development, stress, and violence.

According to Gawrysiak, Nicholas, and Hopko (2009) depression in college students is steadily increasing. Gawrysiak et al. (2009) reported that 15% - 20% of college students today suffer from depression. University counseling centers are witnessing the symptoms and behaviors of depressed students such as somatic symptoms, distorted thinking, maladaptive behaviors/patterns, avoidant behavior, academic problems, and interpersonal deficits. Depression is also highly associated with anxiety. Together, both of these diagnoses can impact the academic performance and retention of college students (Gawrysiak et al., 2009). In their study, Gawrysiak et al. (2009) found participants' depressive symptoms decreased with their participation in brief behavioral activation services. Therefore, with the increase of depressed students utilizing UCC's services, UCC's are encouraged to provide time-limited interventions to meet these demands.

Kitzrow (2003) posits a plethora of social and cultural factors such as marital and family dysfunction, low socioeconomic status, domestic violence, lack of frustration tolerance, substance use, sexual experimentation, and unstable attachment styles may be some reasons why college students seek counseling services. In some cases students who were diagnosed with psychological disabilities were showing their ability to possibly be successful in a college setting due to the effectiveness of medications (Kitzrow, 2003).

In a study by Johnson, Soldner, Leonard, Alvarez, Inkelas, Rowan-Kenyon, and Longerbeam, (2007) African-American college students reported feeling less connected and a less sense of belonging in comparison to their White peers. Furthermore, the social expectation of living in a residence hall and the perceived racial climate on campus was significant to African-American students' sense of belonging. Social deficits and isolation may hinder some African-American college students in successfully navigating their way through college and therefore retention of African-American students may be impacted.

Although there remains a history of barriers for college students seeking mental health treatment, the current generation has a much more positive attitude towards seeking psychological services and receiving treatment for psychological problems (Kitzrow, 2003). There is no doubt that students will face numerous challenges as they matriculate through college. Higher education researchers conclude that many students will experience conflict in areas of racial and sexual identity, worldviews, religious and/or spiritual beliefs, political views, and group identification (Kitzrow, 2003). The variety and severity of many college students' issues and concerns will offer clinicians in

UCC's numerous opportunities to work with a diverse student body and in a challenging work environment.

Diversity and university counseling centers. The population of the United States (U.S.) is experiencing significant growth and is becoming increasingly heterogeneous in terms of populations with various cultural backgrounds and experiences. The U.S. Census Bureau (2011) revealed Non-Hispanic Whites comprised a majority of the U.S. population (78.1%), Hispanic/Latinos were the next largest group (16.7%), followed by African-Americans/Blacks (13.1%) and Asian Americans (5.0%). With such a significant growth in minority populations slowly becoming the majority population there should be no surprise that institutions of higher learning will be impacted. Currently, a minority student population can also include traditional and non-traditional students with a variety of life experiences such as veterans, students with disabilities, senior citizens, single parents, and racial/ethnic minority students. Jenkins (1999) states there is an increase of diverse students entering college and university settings due to the intentional efforts of colleges and universities to diversify their student body. These intentional efforts are typically done by special departmental committees that recruit and retain minority students. In addition, Multicultural Affairs departments are providing an inclusive and accepting campus environment through on-campus diversity programming, minority student resources, diverse curriculum, and academic support to minority students.

Although there are many colleges and universities who excel in the area of diversity as it relates to diversity programming and diversity curricula there are still many institutions that struggle in creating welcoming, learning, and psychosocial environments

for students of color (Jenkins, 1999). Brinson and Kottler (1995) suggest that university counseling centers (UCC's) continue to lack in their efforts to recruit and retain minority students in spite university and college campuses becoming more diverse due to the increase of students coming from different backgrounds (Jenkins, 1999).

Kearney et al. (2005) argues that there continues to be a scarcity of research regarding UCC's utilization and outcomes for ethnic minorities on university campuses. According to Jenkins (1999), college environments that are deliberate and intentional in providing culturally and socially competent UCC's, mental health providers and services create a welcoming environment for students who may at times feel disempowered and misunderstood.

Multiculturalism has taken on many forms in college settings (e.g., diversity programming, diversity training, diversity workshops, and diversity speakers); however, some students of color often struggle with fitting in and succeeding academically. Jenkins (1999) posits college counseling practitioners are well informed of how culturally insensitive and biased some orientations, practices, interventions and assessments are, yet there continues to be a lack of effective response to consider the cultural identity and background of all college students. Furthermore, institutions of higher learning reflect the larger society and although college counseling centers are more available, African American students at predominately white institutions are not always receiving culturally competent care and services (Jenkins, 1999).

Utilization of mental health services for african-american college students.

Greer and Brown (2011) report the enrollment of African-American students at colleges and universities is on the rise; however, university counseling centers (UCC's) continue

to struggle to attract and retain minority students. According to Barksdale and Molock (2008), in general, African-Americans seek assistance and support from clergy, medical health professionals, family, friends, and their community more so than from mental health professionals. With university counseling centers having a multicultural focus and/or approach and university staff psychologists receiving multicultural competence training, there remains limited research about the use of university counseling services for minority students (Kearney et al., 2005).

Current literature reports that mental health agencies have not done the best job in responding to the needs of African-American clients. Furthermore, because the foundation of psychotherapy is based on Western-oriented styles, therapy and counseling may not always be culturally attractive to African-Americans (Kearney et al, 2005). Therefore, African-Americans college students continue to have less favorable attitudes about mental health services compared to Caucasian students (Masuda, Anderson, Twohig, Feinstein, Chou, Wendell, & Stormo, 2009).

Wallace and Constantine (2005) note explanations for the underutilization of mental health service by African-Americans which include racial-cultural factors, service access barriers, lack of awareness and knowledge about mental health resources, and economic limitations. Other reasons why African-Americans use mental health services less frequently than Caucasians may be due to the lack of culturally competent mental health providers and the lack of cultural sensitivity to work effectively with African-Americans (Kearney et al., 2005). Many African-Americans hold a strong stigma about mental health services which decreases the likelihood of them entering therapy (Kearney et al., 2005; Sanders Thompson et al., 2004). The stigma is that African-Americans who

decide to use mental health services are considered weak and unable to handle and/or solve their own problems. It is important to note that these same factors may be reasons why African-American college students do not utilize their university counseling center when in distress.

In a study by Masuda et al. (2009), the authors explored the help-seeking experiences and attitudes among African-American and other minority college students. The results concluded that African-American traditional students had less direct or indirect experience of seeking mental health services than Caucasian college students. African-American participants also held stigmatizing views of individuals who were diagnosed with psychological disorder more so than Caucasian students.

Schwitzer, Griffin, Ancis and Thomas (1999) explored the social adjustment experiences of African-American college students. The authors argue UCC's are challenged with developing services for African-American college students that address college adjustment and success at predominantly White universities (PWI's). Results revealed four major domains that described African-American participants' social adjustment to college which included: a sense of under-representation, direct perceptions of racism, the hurdle of approaching faculty, and effects of faculty familiarity. Participants reported feeling isolated and lonely. They explained racial challenges as being cross-cultural roommates and institutional racism. Participants reported that their race, more specifically being African-American, was a perceived barrier to seeking help from faculty. However, an important protective factor for social adjustment was a perception of familiarity with faculty members based on race, gender or both.

In regards to psychotherapy and African-American men, Duncan (2003) suggests that African-American men are at higher risk of developing psychological issues than African-American women because of their likelihood of dropping out of school, their use of drugs and alcohol, and incarceration. Neighbors (1991) argue that African-American men have a history of underutilizing and not volunteering for mental health services. In a study by Duncan (1993), the author explored Black male college students' attitudes toward seeking psychological help. Results revealed that African-American male participants reported less positive attitudes about mental health services when they scored higher on cultural mistrust. Furthermore, older African-American male participants and those participants of lower socioeconomic status generally held more positive attitudes toward mental health services. Although African-American college male students are less likely to use university counseling centers, it is of interest for UCC's to understand the factors that influence African-American college men's experiences and attitudes toward professional help seeking on college and universities campuses (Duncan, 2003). Overall, UCC's should most understand that African-American college men are likely to only enter therapy when in severe distress and also may report poor services and have early withdrawal (Duncan, 2003).

Watkins, Green, Goodson, Guidry, and Stanley (2007) conducted a study using focus groups to explore the stressful life events of Black college men from predominantly White institutions (PWI's) and historically Black colleges and universities (HBCU's). The authors suggest that stressful life events can affect the psychological well-being of African-American college men and therefore the retention of African-American men in college settings is challenging. The results indicated that African-American college men

that attended PWI's have stressful life events and just like most college students. The stressors included money, classes, and relationships with the opposite sex. One of the study's major finding is that African-American men attending PWI's identified racism and other college related stressors as significant. In spite of the challenges African-American male college students face in general, the participants in this study revealed that they could not worry about their stressors because they must focus on accomplishing their goals. UCC's interest in this population can provide support and empowerment to African-American college men who typically feel invisible and underrepresented at PWI's (Watkins et al., 2007).

In regards to African-American women, Woods-Giscombe (2010) posits this minority group experiences high rates of adverse health concerns such as psychological conditions, heart disease, obesity, lupus, and challenging birth outcomes. Furthermore, due to these health concerns African-American women may experience and cope with stress differently than other minority women. In a study by Woods-Giscombe (2010), the author examines the "Superwoman Schema" as it relates to African-American women's views on stress, strength, and health. The Superwoman Schema construct is best explained by an obligation to manifest strength, emotional suppression, a resistance to vulnerability and dependence, self-determination, and responsibility to help others. The results of the study supported existing literature regarding African-American women's strength and self-reliance. However, results also included the participants' need to prescribe to this Superwoman Schema due to mistreatment and abuse, single motherhood, trauma, and the stress of being a successful or educated African-American woman.

Kitzow (2003) posits an increase of minority, international, first generation, female, and non-traditional students in today's university counseling centers (UCC's). Due to this rapid increase of a diversified campus many UUC's are utilizing group psychotherapy as primary modality service, in addition, to individual therapy (Kitzow, 2003). However, if African-American students are not seeking out individual psychotherapy in UCC's it is likely that group psychotherapy is also overlooked.

African-american students attending predominately white institutions (PWI's). There is an abundance of research which focuses on African-American students attending predominantly white institutions (PWI's) and the challenges they face (Allen, 1992; Greer & Brown, 2011; Greer & Chwalisz, 2007). Jenkins (1999) suggests in spite mental health services being more accessible and comprehensive to students in need that minority students attending PWI's still do not receive effective multicultural competent care.

On PWI's the environment can be perceived by African-American students as hostile and unwelcoming. Furthermore, African-American students attending a PWI can experience isolation, finding it difficult to connect to the campus community and/or any specific social group (Lett & Wright, 2003). It is challenging for African-American students to thrive and succeed both academically and socially in an environment that they perceive as threatening, lacking security and acceptance. Sue and Sue (2008) define microaggressions as "brief, everyday exchanges that send denigrating messages to a target group such as people of color" (p. 106-107). Within our society and on many college and university campuses African-American college students are often subject to microaggressions by their peers, professors, and campus and community stakeholders.

Lett and Wright (2003) conclude African-American students will experience microaggressions related to racism and discrimination. Reynolds and Pope (1994) suggest racism is a prejudice against people of color which includes political, social, and economic power to reinforce that prejudice over people of color. Lett and Wright (2003) postulates this definition of racism exists for African American students attending PWI's. Furthermore, direct or subtle acts of racism can cause low self-esteem, under-developed personal identities, and impaired cognitive and affective development (Lett and Wright, 2003). These microaggressions can lead to severe feelings of alienation, isolation, depressed mood, conflict, and possibly withdrawing from college. According to Williams and Williams-Morris (2000) African American students who endure this kind of environment and subsequent feelings can display a variety of feelings such as anger and anxiety which can in the long run produce psychopathology.

Barriers to psychotherapy for college students. Kahn, Wood, and Weisen (2000) argue that there are many barriers that prevent students of all ethnicities from seeking psychological services. In many instances, college students hold beliefs that university counseling centers (UCC's) are to only be sought when personal distress or a mental health crisis arise (Kahn et al., 2000). Another barrier to college students seeking mental health services is the limited knowledge and understanding that college faculty have about what a UCC offers and how to make an appropriate referral. Much, Wagener, and Hellenbrand (2010) posits that clinicians working in UCC's find the lack of understanding about UCC's amongst college faculty to be challenging especially when faculty have increased interactions with students. Some faculty members hold beliefs that UCC's are only useful to combat emotional, social and behavior problems

overlooking other comprehensiveness of services UCC's provide (Much et al., 2010). A perceived barrier to students utilizing UCC's is that services may not always be appropriately and effectively marketed to the college campus community. In such cases, the student body lacks awareness of the UCC's services provided and how they can benefit from these services. However, many UCC's use prevention programming and consulting to inform students of how a UCC can be helpful when in distress (Kitzrow, 2003).

Barriers to psychotherapy for african-american college students. There is a plethora of literature which highlights the high utilization of college counseling services by White students (Duncan & Johnson, 2007). Holden and Xanthos (2009) argue that African-American college students underutilize university counseling services. Factors that may impact an African-American student's decision to engage in mental health services, more specifically individual psychotherapy, may include, but are not limited to, the race and/or ethnicity of therapists, the style of therapy used, counseling center policies and procedures, and attitude of both client and therapist toward one another (Sanders Thompson et al., 2004). It is suggested that African-Americans do not remain participants in mental health services for numerous reasons, which may include, but not limited to, a lack of commitment and full participation in therapy, early termination from therapy, economics (financial considerations), gender, mental health stigma, racial/ethnic diversity preferences, and cultural mistrust (Sanders Thompson et al., 2004).

According to Duncan and Johnson (2007) African-American college students have perceptions of who may be helpful and who they prefer to help them when and if a crisis occurs. These perceptions are often formed in the home environment and community

from which the African-American student comes. The National Survey on Black Mental Health indicated African-Americans sought services because of the influence and encouragement by physicians, immediate and extended family members, and friends (Sanders Thompson et al., 2004). However, their mental health needs were serviced by doctors, ministers and/or pastors, and hospitals before seeking the service of a licensed psychologist. In one study African-American college students stated they were more likely to seek services at their university counseling center (UCC) if they could see an African-American counselor (Nickerson, Helms, and Terrell, 1994). In a study conducted by Sanders Thompson et al., (2004) African-Americans perceived mental health professionals to be White, older males who were insensitive, unsupportive, superior, and culturally incompetent to assist with their personal and community needs.

According to Jenkins (1999) African-American students may be too anxious to seek mental health services. It is likely that some African-American college students may feel misunderstood, unheard, or not competent enough to understand how psychotherapy may be useful and helpful. Some African-Americans may experience anxiety which is exacerbated by societal problems such as discrimination and low socio-economic status. Jenkins (1999) posits African-American students typically engage with their university counseling center (UCC's) when they become overwhelmed and in severe distress. At this point of contact, the student's academic performance and social functioning may have been severely impacted (Jenkins, 1999).

In a study conducted by Sanders Thompson et al., (2004) barriers to seeking psychotherapy for African-Americans' included cultural barriers, stigma, financial barriers, lack of knowledge, and alternative resources. Cultural barriers include cultural

beliefs about pride and weakness and self-disclosure. African-Americans reported seeking mental health services as a weakness and lack of strength, thus, asking for help is often difficult for this minority population. Participants in the study that had a history of mental health treatment or no experience with mental health services reported the stigma attached to seeking help from a psychologist. Participants noted a variety of emotions which included shame, embarrassment, and abandonment from others as to the reasons many African-Americans who seek mental health services keep it confidential. Furthermore, participants also reported not knowing the signs and symptoms of mental disturbance or illness and therefore rarely sought psychological services (Sanders Thompson et al., 2004).

Adequate health care continues to remain low or non-existent for many African-Americans. Participants revealed expensive and excessive psychotherapy fees did not adequately measure the quality of care they expected to receive. Knowledge about the various components and services of psychotherapy and the job description of a psychologist and psychiatrist were often unknown or confusing. Alternative resources were noted as barriers to seeking mental health services among African Americans. Specifically, older participants utilized their religion and/or spirituality as a means to cope with their distress. Although not widely endorsed in this study, the use of prayer and seeking counsel from ministers and friends was a general source. These factors and others may provide an explanation for why African-Americans college students do not seek mental health services in university counseling centers. Moreover, these barriers may also be consistent with why African-Americans college students also do not participate in group therapy.

Group Psychotherapy in University Counseling Centers

Defining group psychotherapy. Barlow, Fuhriman, and Burlingame (2004) argue that group therapy is a modality used for prevention, guidance, counseling and training. Group psychotherapy is based on several therapeutic factors which make group psychotherapy successful. Yalom and Leszcz (2005), offer descriptions of the eleven therapeutic factors which offer the framework of group psychotherapy which include: installation of hope, universality, imparting information, altruism, corrective recapitulation of the primary family group, development of socializing techniques, interpersonal learning output, cohesiveness, catharsis, and imitative behavior.

Types of groups offered in university counseling centers (UCC's).

Historically, literature has highlighted the kind of psychotherapy groups offered by university counseling centers and the average number of groups offered. Golden, Corazzini, and Grady (1993) states college counseling centers typically offered on average four groups and most were developmentally driven. There are a variety of groups being offered today in college counseling centers which include but are not limited to psychoeducation and process groups. These groups allow counseling centers and clinicians to meet the needs of the students developmentally and provide interpersonal development (McEneaney & Gross, 2009).

Pre-group preparation. Preparing college students for group psychotherapy participation is important especially if students are to remain in group and reach his/her specific goal(s) in group (Campinha-Bacote, 2011; MacNair, 2010). College students can learn about group psychotherapy by several methods which include visual aids, written materials, and preparatory talks (Campinha-Bacote, 2011). In addition, discussing

confidentiality with potential group members is extremely crucial in having a successful group and low drop-out rate (Yalom & Leszcz, 2005).

In a study by Campinha-Bacote (2011) a pre-group preparation video was produced in order to better prepare potential university and college students for group psychotherapy. The video displays African-American students participating in group psychotherapy. The video aids potential group members in understanding a variety of different groups they may be participants in such as process-oriented groups, stress management, and peer support groups. The video also provides some insight as to what potential group members may experience throughout the course of group psychotherapy (Campinha-Bacote, 2011). More importantly, the video provides representation of African-American college students' participating in group psychotherapy which may reduce the fears that this population has about being judged by others.

MacNair (2010) posits group norms such as confidentiality, attendance and absences, punctuality, and peer relationships with group members outside of group should be discussed with potential group members and revisited throughout group. In addition, she suggests that pre-group preparation interventions such as the CORE-R be used to ensure high functioning groups and group members (MacNair, 2010).

Utilization of group psychotherapy for african-american students. Golden et al., (1993) suggests that 92% of university counseling centers (UCC's) are implementing and using various types of groups. However, roughly 23% of the UCC's in the study reported lack of full staff buy-in and involvement in this modality. Therefore, it is important to note that some UCC's may continue to struggle meeting the increased demand of services if group services and/or a group psychotherapy program is not

developed or recognized as an appropriate alternative to individual psychotherapy. McEneaney and Gross (2009) argue that group psychotherapy is an effective treatment modality that works successfully with the developmental and interpersonal challenges that many clients have. Johnson (2009) proposes a semi-structured interpersonal process group for both undergraduate and graduate students is useful to facilitate group cohesion, skill development and interpersonal learning, and growth and healing. Moreover, college students may see group therapy as an alternative treatment of choice especially if there is significant distress with personal choice, intimate relationships, and view of self (Golden et al., 1993).

Efficacy of group therapy for african-american students. Process-oriented groups have the potential to address hurtful feelings and thoughts focused on identity, racism, and discrimination (Eason, 2009). Furthermore, groups tailored to racial and ethnic identity has proved successful when attempting to reach student populations, such as African-American students, who do not seek out college counseling services. A process-oriented group is an effective way for students to discuss failing relationships, peer conflict, ineffective interpersonal patterns, and provide a safe and guided space to do so. For African-American students a process group may be a place to discuss issues of oppression and exclusion (Johnson, 2009). To increase African-American participation in group counseling college counseling centers are encouraged to take advantage of student groups already formed (Johnson, 2009). For example, campus stakeholders such as multicultural affairs office, residence life and multicultural organizations are ways to form and build collaborative relationships and market group therapy services.

Introducing group psychotherapy to african-american students. With the increase of students entering college with a history of psychological issues college counseling centers have been significantly impacted. According to Kitzrow (2003), “a record number of students are using campus counseling services for longer periods of time than ever before without a corresponding increase in resources” (p. 170). High utilization of services has caused significant constraints impacting clinicians, support staff, and departmental finances (McEneaney & Gross, 2009).

Today, group psychotherapy has been widely used to address the growing number of students seeking services at college counseling centers and has become a significant practice in college counseling centers (Golden et al., 1993). This is largely due to the increase of college students seeking mental health services and the large number of college students having serious to severe psychological problems and symptoms. Furthermore, college counseling centers primarily providing individual therapy are having difficulty meeting the increased mental health demands (Golden et al., 1993). A plethora of research supports group therapy being a useful, effective, and appropriate way to help college students face adjustment and developmental issues which may range from mild to severe psychopathology. McEneaney and Gross (2009) postulates group psychotherapy is significant, effective and efficient. Furthermore, group therapy is useful with populations suffering from developmental and interpersonal distress such as college student populations. However, the paucity of literature which focuses on group therapy and multicultural issues, specifically African American college students, should cause great concern.

African-american men and women in group psychotherapy. According to Sutton (1996) there are limited clinical studies which highlight the experience African-Americans have when participating in group therapy. If and when African-American men do participate in group therapy, group leaders should be aware of the group dynamics and culture displayed by African American male members. Sutton (1996) confirms that African-American men in psychotherapeutic treatment respond well to “affirmation and engagement protocol” (p. 133). Affirmation is defined as direct and/or subtle ways to both give and receive respect, validation, and assurance. In group therapy, African American males may affirm each other by using verbal communication such as “yea” or “I know what you’re saying”. Furthermore, physical affirmation can be displayed by African American males in group therapy by giving one another pounds (or hand slaps) or head nods. Sutton (1996) states that if group leaders are not aware of such cultural gestures and communication styles it may appear as unacceptable behavior in group. It is likely African American male group members may feel misunderstood and either disengage from group and/or drop-out of group.

Sutton (1996) posits African American men participate and drop-out of group therapy for numerous reasons. He discusses the initial resistance African American men have towards group psychotherapy which include, but are not limited to the following reasons: “unaware of its benefits, unaware of why they are referred, and with reservations about the value of any form of psychotherapy” (p. 134). Furthermore, initial resistance towards group therapy typically comes from African American males who are low SES. There are several systems that mandate and contribute to African American males participating in group therapy which included, but are not limited to: college judicial

systems, courts, social service agencies and/or hospitals. Unfortunately, in these instances group therapy is not considered a treatment of choice for the African American male client (Sutton, 1996). African American males who self-refer themselves to group therapy do so after self-reflection and consideration and typically join groups that promote substance abstinence and support. Lastly, African-American men terminate group therapy at the same rate as Caucasian men; however, additional barriers such as racism and gender role constraints exist in African-American culture (Sutton, 1996). In a study by Youmans (2006) the use of small group counseling compared to individual counseling to reduce at risk behavior in Black male students was examined. Small group counseling helps decrease at risk-behaviors and improves self-esteem (Youmans, 2006). The study reported that Black male students often bring in their own cultural experiences, such as cultural handshakes, body language, and verbal communication that can often be misunderstood as aggressive interactions by White teachers which may lead to in and out of school detention, suspension, expulsion, drop-out, and special education referrals (Youmans, 2006). The results of study revealed small group counseling significantly reduced suspension and office referrals.

Similar to the dearth of research regarding African-American men and group therapy the same continues for African-American women and group therapy. In a study by Iardi and Kaslow (2009) attachment styles, interpersonal issues, and social support systems were investigated to determine if these factors influence group psychotherapy attendance. The sample population consisted of low SES African-American women with a history of abuse and suicide attempts. The study concluded that social and relational factors influenced African-American women's group therapy attendance. Therefore, it is

important for group leaders to be cognizant and aware of the attachment styles of African-American women in group.

In a group study by Boyd-Franklin (1991) treatment themes were observed amongst African American women group members. It was concluded that trust amongst African American women within group, amongst other non-minority members, and specifically of African American men is significant. Furthermore, having strong family bonds and support from family members was another important theme presented by African-American women group members. This remains consistent with literature that highlights the importance of trust and family in the African-American community and should be considered significant coping mechanisms when working with African-American women in group psychotherapy.

Multicultural Considerations

Defining race and ethnicity. African-American students will be asked to self-identity their group affiliation according to their racial and/or ethnic identity background. This question is asked through campus departments, campus scholarship programs, and/or how African-Americans college students connect or join student organizations. The terms race and ethnicity are often used interchangeably within a campus environment and most often African-American students do not know the difference between the two terms.

Numerous researchers studying racial identity development have various points of views on how race and ethnicity should be explained and defined (Worrell & Gardner-Kitt, 2006). Racial identity has been defined in ways such as: a) an individual's identification with a larger group (Wijeyesinghe & Jackson, 2001); b) the salient identity

as it relates to who we interact with (Tatum, 1997); and; c) belonging to and sharing a collective identity based on a shared common racial heritage (Helms, 1990). Defining ethnic identity has also been challenging. According to Worrell and Gardner-Kitt (2006), many researchers have constructed their own definition of ethnic identity. Tajfel (2010), connected belonging and membership as important constructs to ethnic identity.

Phinney, DuPont, Espinosa, Revill, and Saunders (1994) defined ethnic identity as the “feeling of belonging to one’s group, a clear understanding of the meaning of one’s group membership, positive attitudes towards the group, familiarity with its history and culture, and involvement in its practices” (p. 169). For the purpose of this study, racial identity will be defined as “the perception of a shared heritage with a racial group to which an individual ascribes membership” (Worrell & Gardner-Kitt, 2006, p. 29).

The importance of race and ethnicity in group psychotherapy. Group psychotherapy and multicultural researchers both agree that race and ethnicity are significant to the therapeutic process and relationship and are important constructs. Marmarosh and Corazzini (1997) discuss the impact and influence of social and/or group identity. They suggest that these two constructs should be considered along with racial and ethnic identity when examining the barriers of group therapy for African American college students. The authors utilize social identity theory to suggest that a student’s identity includes both personal and social identities. An African-American student may have a variety of group memberships which include but are not limited to: a) race/ethnicity, b) family, c) teams, d) student organizations, and e) hometown. However, it is important that all group memberships and affiliations are explored, in addition to race and ethnicity.

Racial barriers of group psychotherapy. Racial preference, identity and attitudes should be considered realistic barriers for African Americans when seeking psychological services (Parham & Helms, 1981; Diala et al., 2000; Sanders Thompson et al., 2004; Kearney et al., 2005). Worrell and Gardner-Kitt (2006) posits the self-identity of African-Americans may cause confusion and crisis with respect to the majority culture. Prior research has identified that racial/ethnic identity is significant for African-Americans when seeking individual psychotherapy in community outpatient settings because often African-American clients perceive they may be misunderstood or labeled by mental health practitioners who are non-African-American (Kearney et al., 2005). It is possible the same holds true for African Americans considering participation in group therapy.

Early withdrawal from group psychotherapy. Barrett, Chua, Crits-Christoph, Gibbons, Casiano, and Thompson (2009) argue early termination from health services remains understudied and misunderstood. They suggest “premature termination of treatment hinders the effective delivery of mental health services across various settings, consumer populations, and treatment modalities” (p. 247). If under-utilization of counseling services and drop out from individual sessions occurs in greater numbers for African-American students than White students, then it should be assumed that the same will happen in group sessions. McNair and Corazzini (1994) postulates early termination typically damages a group’s cohesion and remaining group members are often left with unanswered questions, insecurities, anxiety, and anger. Sutton (1996) posits that some African-Americans drop out of therapy due to social class factors and weighing costs and benefits of participating in group.

In a study of group dropout by McNair and Corazzini (1994), variables influencing group were explored. It was concluded that several predictor variables may lead to premature termination and drop-out from group. Clients who are struggling with substance abuse are likely to drop-out due to denial and avoidance. Introverted clients who lack effective socialization and interpersonal skills may also prematurely terminate. McNair and Corazzini (1994) argue individuals that typically display hostility may have challenges in connecting with other group members and forming group cohesion, therefore feeling misunderstood. Sutton (1996) suggests that group therapists must be culturally trained to normalize and validate the anger of African-American men when it relates to racism and discrimination or when directed at the group and/or group members. Furthermore, African-American men may verbally and non-verbally express anger when they are simply attempting to fully engage in the group. Their cultural expression may often be misunderstood by group members and group leaders which may lead them to disengagement from the group (Sutton, 1996).

Coping strategies of african-americans. Smith and Dust (2006) posits that minority groups may have different coping styles and behaviors that may differ from Euro-American coping styles. Furthermore, culture may impact coping styles as it relates to environmental and social demands, and cultural norms (Smith & Dust, 2006).

Ward and Heidrich (2009) examined the coping behaviors of African-American women. The preferred coping strategy for participants was the use of their religion. Other coping strategies included informal support networks, followed by the possibility of seeking treatment. Participants in the study also reported they were unlikely to use avoidant coping behaviors.

In a study by Norman (2008) a case study of an African-American male produced several coping strategies used when the participant was stressed. Imagining and predicting future stressful events was found to be a coping behavior in managing present stress. Exercise also appeared to be a coping behavior used to increase mood, relax and promote overall good health. Lastly, the participant reported that religion and spirituality played an important factor in facing discrimination, frustrating situations, and managing potential conflicts.

Cultural mistrust of african-american students. A plethora of research suggests cultural mistrust is significant to African-Americans when considering mental health services (Diala et al., 2000; Holden and Xanthos, 2009). African-Americans' reported fear of seeking mental health services out of concern for being misdiagnosed, judged, labeled, and brainwashed (Sanders Thompson et al., 2004).

In the study by Sanders Thompson et al. (2004) African-American participants reported being reluctant to trust clinicians not engaged and active with the African-American community. Terrell and Terrell (1981) postulates that cultural mistrust is when African-Americans do not trust whites as it relates to education, business, interpersonal relationships, politics, government, and law. According to Holden and Xanthos (2009), there are African-Americans who wish to have providers who share their same racial and ethnic background; however this may be challenging when the percentage of African-American psychiatrists, psychologists, and social workers remains low when compared to Caucasians in the field of mental health. Historically, therapists and mental health professionals have focused on the impact of race in a counseling setting. The need to know how African American clients engage in therapy with African American counselors

or non-African American counselors has steadily increased in the mental health profession (Parham and Helms, 1981). Sanders Thompson et al. (2004) participants reported ways to manage and eliminate cultural mistrust which included: a) having a relationship with a clinician who does not appear overwhelmed by a client's problems or issues, b) having a therapist who is able to display genuine concern, c) having a therapist who can ask the appropriate culturally sensitive questions, and d) having personal connection which is important to developing trust.

Culturally competent clinicians. Although minority students represent one third of today's college population there is an absence of literature focused on multicultural consideration (Johnson, 2009). Historically, group psychotherapy, similar to individual psychological theories, has been firmly grounded in a Eurocentric perspective (Eason, 2009). In this regard, group leaders are specifically trained to understand and consider the group dynamics and power. According to Eason (2009) group leaders of a non-minority status, leading a group of Caucasian members is "highly susceptible to recapitulation of dominant-minority relations" (p. 565). This kind of group structure may be difficult for some African-American students to consider. Although it is important to address diversity variables within group structure African-American students may feel characterized or labeled. Although today's clinician should be culturally competent when working with racially and ethnically diverse clients, findings suggests clinicians continue to experience difficulty when addressing issues of race, ethnicity, and culture (Sanders Thompson et al., 2004). Furthermore, the lack of clinicians being culturally trained may lead to African American students feeling perplexed and judged (Kearney et al., 2005).

Many researchers have well documented the under-utilization of psychotherapy for African-Americans. As suggested by the aforementioned review, African-American college students may not seek psychological treatment for a plethora of reasons which may also be the same reasons they do not consider participation in group psychotherapy. This study will focus on multiple factors and their influence on African-American college students' participation in group psychotherapy. For college university counseling centers (UCC's), it is important to understand the issues preventing African-American college students from considering and participating in group psychotherapy, particularly since researchers continue to report that African-Americans under-utilize mental health services at an alarming rate. To better understand the coping strategies and multicultural issues of group psychotherapy of African-American college students, this study addresses the research questions in Chapter 3.

Chapter III: Methodology

This study piloted a survey to gather information about participation in psychotherapy, the use of psychotropic medication, willingness to participate in group psychotherapy, coping strategies, expectations of group psychotherapy, expectations of group members, expectations of group leaders, and group-related multicultural considerations. Research questions and hypotheses, the research design, and data analysis methods will be used to understand the coping strategies and group-related multicultural issues presented in this chapter.

Research Questions and Hypotheses

To fulfill the purpose of the study, four research questions will be pursued. For each research question separate hypotheses will be developed for the overall question. More specifically, the following questions will be researched and hypotheses tested:

Research Question 1: Are African-American college students that have participated in individual therapy likely to participate in group psychotherapy?

Hypothesis 1: College students that have participated in individual therapy are likely to participate in group psychotherapy.

Research Question 2: Do African-American college students know what to expect in group psychotherapy?

Hypothesis 2: African-Americans college students do not know what to expect in group psychotherapy.

Research Question 3: Are African-American college students likely to participate in group psychotherapy if other African-Americans students are in the group?

Hypothesis 3: African-American college students are likely to participate in group psychotherapy if other African-American students are in the group.

Research Question 4: Are African-Americans students likely to seek out other sources of assistance rather than group psychotherapy?

Hypothesis 4: African-American college students are likely to seek other systems of help such their faith, pastor, family, and friends before considering group psychotherapy.

Research Design

To answer each research question and test the hypotheses, this study will use a quantitative methodology using descriptive statistics. Quantitative methods are useful for examining and answering questions and hypotheses (Creswell, 2009). This study utilized a non-experimental survey research design. According to Creswell (2009), a survey design “provides a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population” (p. 145). Specifically, it allows an opportunity to generalize a sample college student population and make inferences about this population. This survey method of data collection is a preferred type because it is inexpensive; the information can be collected quickly from a variety of different sites over a period of time, and the ability to receive answers from multiple questions (Creswell, 2009). More specifically, this cross-sectional survey examined a population of self-identified African-American college students.

Participants

After obtaining approval from the human subjects committees from four universities, African-American male and female college students were recruited for the study. The sample was obtained from four Midwestern, small to medium sized, coeducational, liberal arts universities. The goal was to obtain a homogeneous, convenience non-probability sample of students that self-identify as African-American and/or Black, full-time or part-time U.S. citizens, who are between the ages of 18 years

old and older for analysis which resulted in a final sample size of $n = 108$. The sample size of 108 African-American college students consisted of 37 males (34.3%) and 71 females (65.7%). In the sample 40 (37.0%) students typically self-identify as African-American; 19 (17.6%) as Black; 42 (38.9%) as Both (African-American and Black); and 7 (6.5%) as Biracial. There were 103 (95.4%) students who were in the 18 – 25 year-old range and 5 (4.6%) who were in the 26 – 33 year-old range. Students were asked to indicate their current educational level. In the sample, 16 (14.8%) students identified as Freshman; 31 (28.7%) identified as Sophomores; 23 (21.3%) identified as Juniors; 28 (25.9%) identified as Seniors; and 10 (9.3%) identified as Graduate Students. Finally, students were asked to indicate the income level of their parent(s) and/or primary care giver's income. There were 12 categories in the data, and every participant answered. The medium income level was \$31K, and this figure was also the mode income level. The lowest income level noted was \$1K, and the highest was \$100K.

Instrumentation

To examine the coping strategies and group-related multicultural issues of group psychotherapy of African-American college students, a 61-item survey instrument was developed (see Appendix E). The survey consisted of 13 items that required a yes or no response. The remaining 48 items measured on a 5-point Likert scale (1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Undecided*, 4 = *Agree*, and 5 = *Strongly Agree*). Three of the 48 items inquired about participation in individual and group therapy, and the use of psychotropic medication. Twenty rating items asked students about their willingness to participate in group psychotherapy and coping strategies used when in distress. Students were also asked about their expectations of group psychotherapy, group members, and group leaders. Lastly, 15 rating items measured multicultural considerations. More specifically, these items presented a variety of different themes for students to answer

regarding ethnicity/race, discrimination, and stereotypes. A complete copy of the survey is included in the Appendix E.

Data Collection Procedures

Prior to collecting the data, approval from the Institutional Review Board (IRB) was received. To obtain the sample, a letter to Multicultural Directors was emailed to four universities (see Appendix B) to introduce the research study and solicit college students who self-identified as African-American and/or Black and request permission of the researcher to attend Black Student Unions' (BSU's) and other Black Student Organizations' (BSO's) general student body meetings. BSU's and other BSO's were selected because of the convenience and availability of African-Americans already being established in these groups. The investigator obtained permission to attend BSU's and BSO's general student body meetings. Furthermore, contact information of BSU's and BSO's student presidents, along with dates and times of their general student body meetings, were obtained from the Directors of Multicultural Affairs.

The participants were given a brief description of the survey and asked to make a decision as to whether they wished to participate (see Appendix C for consent cover letter). The consent cover letter explained that the survey was developed for college students who self-identified as African-American and/or Black. The consent cover letter also introduced the researcher, purpose of the research, confidentiality, and instruction to contact their respective university counseling center (UCC) should psychological problems arise. Participants were also given the contact information of the primary investigator should they have any questions or concerns about participation in the study. The consent cover letter also informed participants about the withdrawal procedure and the contact information for IRB, in agreement with human subject's research policies. Participants who volunteered for the study signed and returned a consent cover letter and were given a copy of the same consent cover letter for future reference.

Participants were asked to complete a demographic form which consisted of 5 items (see Appendix D). Upon completion of the demographic form, students were asked to then complete the cross-sectional survey which consisted of 61 items (see Appendix E). The majority of the items on the survey used a Likert scale from “*Strongly Disagree to Strongly Agree*.” Other questions required a yes or no response.

Data Management

The collected data was analyzed using SPSS v.20. Descriptive statistics, more specifically, means, percentages, and frequencies, were used to gain a better understanding of student responses to the survey questions. Correlation matrices, t-tests and regression analyses were used to examine the relationships amongst variables, themes and distribution of the data.

Chapter IV: Results

This chapter will first present the results of the survey regarding participation in individual and group psychotherapy, and use of psychotropic medication. Next, results to each research question and hypothesis will be presented followed by the results for coping styles used and multicultural issues. Next, results for willingness to participate in group psychotherapy versus coping styles, group members and leaders and multicultural issues will be presented. Lastly, results for prior group psychotherapy experience versus willingness to join group psychotherapy will be presented. SPSS v.20 was used for all calculations. A sample size of $n = 108$ participated in this study, but one student's data was omitted because it was received after regression and correlation analyses were completed.

Individual Psychotherapy, Group Psychotherapy and Psychotropic Medication

Participation in individual psychotherapy. Participants were asked to answer *Yes* or *No* on whether they had previously had individual psychotherapy, group psychotherapy, or used psychotropic medication. The results indicated that 30 (27.8%) students had participated in individual psychotherapy while 78 (72.2%) students had not. The results in reference to gender indicated that 22 (30.98%) women had participated in individual psychotherapy while 49 (69.01%) had not and 8 (21.62%) men had participated in individual psychotherapy while 29 (78.38%) had not.

Participation in group psychotherapy. Fifteen (13.9%) students had participated in group psychotherapy while 93 (86.1) students had not. The results in reference to gender indicated that 10 (14.08%) women had participated in group psychotherapy while 61 (85.92%) had not and 5 (13.51%) men had participated in group psychotherapy while 32 (86.49%) had not.

Use of psychotropic medication. Results showed four (3.7%) participants had used psychotropic medication while 104 (96.3) students had not. The results in reference to gender indicated that 3 (4.23%) women had used psychotropic medication while 68 (95.77%) had not and 1 (2.7%) male had used psychotropic medication while 36 (97.3%) had not.

Hypotheses Tested

Hypothesis 1: College students that have participated in individual therapy are likely to participate in group psychotherapy. An independent-samples t-test was conducted to compare students' willingness to participate in group psychotherapy when in distress and students who have previously participated in individual therapy. The t-test was based on survey question 2 "I have participated in individual psychotherapy" and question 21 "When I am in distress it is likely I will consider participating in group therapy." Participants answered question 2 using a Yes or No response and question 21 using a 5-point Likert scale (1 = *Strongly Disagree* to 5 = *Strongly Agree*). Of the 108 students sampled, 78 (72.2%) indicated that they have never had psychotherapy. The remaining 30 (27.8%) students answered that they had participated in therapy. In reference to participants' responses to their willingness to participate in group therapy when in distress, the results are as follows: 3 (4.2%) *Strongly Agree*; 7 (9.9%) *Agree*; 11 (15.5%) *Undecided*; 35 (49.3%) *Disagree*; and 15 (21.1%) *Strongly Disagree*. The

overall mean was 2.27. For the 78 (72.2%) students that indicated that they had not participated in psychotherapy before, the mean was 2.21. For the 30 (27.8%) students who had participated in psychotherapy, the mean was 2.33. The mean difference between the group means was 0.128. The t-test statistic was -0.561 (df=48.167), and the associated p-value was 0.578. There was no significant difference in the scores for the group who had used individual psychotherapy before (M=2.33) and the group who had not (M=2.21).

Hypothesis 2: African-american college students do not know what to expect in group psychotherapy. The mean, standard deviation, and frequency data was calculated for question 28 “I know what to expect in group therapy.” The results (M = 2.38, SD = 1.039). Fifty-five participants answered *Disagree* and 18 participants answered *Strongly Disagree* which indicates that a large portion of the sample do not know what to expect in group psychotherapy.

Hypothesis 3: African-american college students are likely to participate in group psychotherapy if other african-american students are in the group. The mean and percentages were calculated for question 47 “I expect there to be group members that have the same race/ethnicity as me (M = 3.28)” and question 53 “I expect African-Americans to participate in group therapy (M = 3.10).” In regards to participants expecting group members to have their same race or ethnicity, responses included: 13 (12.0%) reported *Strongly Agree*; 43 (39.8%) *Agree*; 23 (21.3%) *Undecided*; 19 (17.6%) *Disagree*; and 10 (9.3%) *Strongly Disagree*. In regards to participants expecting African-Americans to participate in group therapy the responses included: 10 (9.3%) *Strongly Agree*; 35 (32.4%) *Agree*; 28 (25.9%) *Undecided*; 26 (24.1%) *Disagree*; and 9 (8.3%) *Strongly Disagree*.

A regression analysis was also calculated to identify the relationship between the dependent variable, question 21 “When in distress it is likely that I would consider participating in group therapy” with two independent variables, question 47 “I expect

group members to have the same race/ethnicity as me” and question 53 “I expect African-Americans to participate in group therapy.” Results revealed a significant effect ($p < .005$) that participants are likely to consider participation in group psychotherapy if there are African-American group members.

Hypothesis 4: African-american college students are likely to seek other systems of help such their faith, pastor, family, and friends before considering group psychotherapy. The total mean scores were calculated for question 21 “When I am in distress it is likely I will consider participating in group therapy ($M = 2.24$).” Other options with a higher mean indicated that African-American college students are likely to go to family or friends for support ($M = 4.15$); face their problems directly ($M = 3.98$); rely on their faith and/or religious leaders/practices ($M = 3.81$); talk to their intimate partner ($M = 3.60$); consider talking to a therapist ($M = 2.64$); or talk to their physician ($M = 2.32$) or a faculty/staff member ($M = 2.26$) before they would consider group psychotherapy. Two other options with lower means than question 21 “When I am in distress it is likely I will consider participating in group therapy” indicate African-American college students are likely to ignore their problems and do nothing about it ($M = 2.06$) or engage in alcohol and drugs to deal with their problems when in distress ($M = 1.81$). Based on these results, for the overall group, it is likely that African-American college students would consider many other options before they would consider group psychotherapy.

Coping Styles Used

Participants were asked to rank their coping strategies using a 5-point Likert scale (1 = *Strongly Disagree* to 5 = *Strongly Agree*). Both male and female means and standard deviations were calculated. In addition, the total means and standard deviations

were calculated. Results showed African-American men endorsed they are likely to face their problems directly ($M = 4.24$) in comparison to African-American women ($M = 3.85$) although there is no significant difference. However, when in distress, African-American college women ($M = 4.32$) endorsed they are likely to go to family or friends for support compared to African-American college men ($M = 3.81$). In this case, the difference is also non-significant. African-American college women ($M = 3.93$) are more likely to go to their intimate partner for support more than their male counterpart ($M = 2.97$). When considering talking to a therapist about their problems, African-American college women ($M = 2.85$) endorsed they are likely to do so more than African-American college men ($M = 2.24$). Overall, African-American college students are more likely to go to their family and friends for support when in distress ($M = 4.15$) rather than dealing with their problems by engaging in drugs and alcohol ($M = 1.81$).

Multicultural Issues

Group psychotherapy expectations. Next, participants were asked to rank multicultural issues when considering participation in group psychotherapy using the same 5-point Likert scale noted above. Participants' responses were calculated using mean scores and standard deviations. The results indicated that African-American college students expect group psychotherapy to be a place where they can share their feelings on identity, racism, and discrimination ($M = 3.99$, $SD = 0.972$). Participants also indicated that university counseling centers should be intentional with their publicity to African-American college students about group psychotherapy services ($M = 3.59$, $SD = 0.854$).

Results revealed participants expect group leaders to understand their cultural background as an African-American ($M = 3.38$, $SD = 1.205$) and, have led groups with African-American/Black group participants ($M = 3.30$, $SD = 1.016$). Participants reported that they expect other group members to have their same race and ethnicity ($M = 3.28$, $SD = 1.167$). They also expect their race to be brought up at some point during group psychotherapy ($M = 3.26$, $SD = 1.122$) and for African-American college students

to seek group therapy as a last resort ($M = 3.25$, $SD = 1.033$). Some participants expect African-Americans to participate in group therapy ($M = 3.10$, $SD = 1.127$). It did not appear relevant to expect group leaders to be the same race and/ethnicity as participants ($M = 2.74$, $SD = 1.097$). Some participants do not expect other group members to hold stereotypes due to their race/ethnicity ($M = 2.68$, $SD = 1.259$) nor do they expect to be judged by group members because of their race/ethnicity ($M = 2.45$, $SD = 1.263$). In reference to group leaders, participants also do not expect group leaders to hold stereotypes of them because of their race/ethnicity ($M = 2.40$, $SD = 1.199$) nor to be judged by group leaders because of their race/ethnicity ($M = 2.23$, $SD = 1.181$). Lastly, it appears that participants do not expect to be discriminated against because of their race/ethnicity by group members ($M = 2.09$, $SD = 1.037$) or group leaders ($M = 1.82$, $SD = 0.884$).

Willingness to Participate in Group Psychotherapy

Bivariate correlations were calculated to establish significant relationships between variables. Willingness to participate in group psychotherapy was run as a predictor variable against coping styles, expectations of group psychotherapy, expectations of group leaders, expectations of group members, and multicultural considerations and issues. A two-tailed test of significance was calculated to determine participants' willingness to participate in group psychotherapy (predictor variable) against coping strategies, participants' expectations of group psychotherapy, group members, group leaders, and multicultural considerations. Several responses were considered significant (See Table A1).

Willingness to participate in group psychotherapy and coping methods.

Bivariate correlations were calculated to determine the relationship between willingness to participate in group psychotherapy and other coping methods. Significant results were found for participants talking to faculty and/or staff ($r = .247$), consideration of talking to a therapist ($r = .580$), talking to a physician about psychological concerns ($r = .532$), and

engage in alcohol and drugs to deal with their problems when in distress ($r = .233$).

However, coping methods that were non-significant were directly facing problems ($r = .042$), faith and religion ($r = .025$), going to family and friends ($r = .056$) or intimate partner when in distress ($r = .099$), and ignoring problem and doing nothing about it ($r = -.058$).

Willingness to participate in group psychotherapy and expectations of group psychotherapy. When willingness to participate in group was entered as a dependent variable against factors related to expectations of group psychotherapy, little was found to be significantly associated. The only factors that were considered significant were that participants expect group psychotherapy to help them with their personal problems ($r = .248$) and likely to drop out of group therapy ($r = -.228$). Factors that were considered non-significant were participants' expectation that group therapy will be more effective than individual therapy ($r = .166$), their preference to participate in individual therapy rather than group therapy ($r = .118$), expectation that individual therapy will help with their personal problems ($r = .142$), knowing what to expect in group therapy ($r = .161$), and an expectation that group therapy will be easier than individual therapy ($r = -.036$).

Willingness to participate in group psychotherapy and expectations of group members. Questions exploring expectations of group members and willingness to join group found only two significantly correlated relationships which were participants do expect group members to help them with their personal problems ($r = .239$) and expect group members to cause conflict within the group ($r = -.194$). Variables that were non-significant included the expectation that what is said in group is kept confidential by other group members ($r = .166$), group members to be welcoming and friendly ($r = .142$), group members to get along with everyone in the group ($r = .045$), group members to have the same issues as participants' ($r = .104$), expectation that group members will drop out of group ($r = -.138$), expectation that group members will self-disclose ($r = -.023$),

and an expectation that peer relationships amongst group members will form outside of group ($r = -.034$).

Willingness to participate in group psychotherapy and expectations of group leaders. Expectations of group leaders showed few significant correlations. The expectation that group leaders will address conflict within the group was the only significant variable ($r = .192$). Non-significant correlations were the expectation that group leaders will be experts ($r = .049$), expectation that group leaders will give participants' their undivided attention in group therapy ($r = .112$), expectation that group leaders will solve their personal problems ($r = -.055$), expectation that group leaders to provide direct feedback ($r = .112$), expectation that group leaders will self-disclose ($r = .107$), and expectation that about group leaders will speak and/or acknowledge participants' when group leaders see them on campus ($r = .137$).

Willingness to participate in group psychotherapy and group-related multicultural considerations. Multicultural variables that are correlated to a significant level are: expect members to judge me because of my race/ethnicity ($r = -.274$), expect leaders to judge me because of my race/ethnicity ($r = -.280$), expect group leaders to discriminate against me because of my race/ethnicity ($r = -.282$), expect group members to discriminate against me because of my race/ethnicity ($r = -.306$), expect African Americans to participate in group therapy ($r = .259$), expect group members to hold stereotypes of me because of my race/ethnicity ($r = -.270$), expect group leaders to hold stereotypes of me because of my race/ethnicity ($r = -.286$), expect group therapy to be a place where I can share my feelings on identity, racism and discrimination ($r = .201$). Variables that were considered non-significant included: expect members to have the same race as me ($r = .086$), expect leaders to have the same race as me ($r = -.166$), expect group leaders to have lead groups with African American and/or Black group participants ($r = -.055$), expect group leaders to understand my cultural background as an African-

American and/or Black person ($r = -.026$), expect my race to be brought up at some point during group therapy ($r = -.067$), expect college counseling centers to publicize and market to African-American college students about their group therapy services ($r = -.104$), and expect African-American college students to seek group therapy as a last resort after exploring other options ($r = .071$).

Willingness to participate in group psychotherapy and prior group psychotherapy experience. A chi-square analysis was performed to examine the relationship between prior group psychotherapy experience and willingness to join group psychotherapy in the future. The relationship between these variables showed no significant effect. Therefore, prior group psychotherapy experience did not predict a willingness to join group psychotherapy again.

Chapter V: Discussion

The aim of this study was to examine the barriers to group psychotherapy for African-American college students. The following discussion will focus on coping strategies, group-related multicultural considerations, and willingness to participate in group psychotherapy. Next, limitations of this study will be described. Lastly, future research directions will be discussed.

Coping Strategies of African-American College Students

In this current study, African-American college students reported a variety of coping strategies they would use prior to considering group psychotherapy such as directly facing problems, relying on faith and religion, and talking to family, friends and/or intimate partner. These findings are consistent with previous research by Snowden (2001). Moreover, Snowden (2011) suggests the utilization of these kinds of resources is considered a helping tradition within the African-American community. In their study, Pack-Brown and Fleming (2004) reported a large number of participants indicated they had not participated in either individual or group psychotherapies. Pack-Brown and Fleming (2004) argue that group psychotherapy approaches have failed to gain momentum considering the psychological, emotional, and spiritual domains of African-Americans. As such, African-Americans may seek other resources to cope with their distress and psychological issues before seeking individual and group psychotherapies. Specifically, the results of this current study indicated that African-American college students utilize family and friends for support when they are in distress. This finding reaffirms that African-Americans typically rely on their community, which may include

family, friends, neighbors, voluntary associations, and religious leaders (Snowden, 2001; Wallace & Constantine, 2005). During the pre-group screening process it is important for clinicians to accept the positive coping strategies used by African-American college students and encourage the use of the coping strategies, in addition, to the support they will receive from participation in group psychotherapy. Results of this current study also indicated that African-American college students are likely to face their problems directly. This finding is consistent with a study by Broman (1996) in which 87% of African-Americans concluded they would face their problem and/or do something about their problem. The cultural construct of “John Henryism” may also explain the larger number of participants who concluded they are likely to face their problems directly. John Henryism is an active, adaptive coping strategy to race-related barriers associated with racism and discrimination (Neighbors, Naji, & Jackson, 2007). Specifically, the construct was designed to better understand African-American men and contribute to the tendency for African-American men to face their problems directly in comparison to African-American women. Counseling with African-American college students may include a discussion about the difficulty of facing problems directly without using additional support systems and the internal pressure and denial of needing and seeking help. Next, religion, faith-based practices, and religious leaders were considered strong coping strategies amongst participants, and both were preferred over seeking both individual and group psychotherapies. Boyd-Franklin (2010) postulate that African-Americans consider religious beliefs, spiritual practices, religion and spirituality as key components to their psychological well-being and resiliency. Snowden (2001) reported that African-Americans tend to use prayer as their most frequent coping strategy. Furthermore, in a study conducted by Taylor and Chatters (1991), 78% of African-Americans reported they prayed “nearly every day.” According to Love (2011), religion and spirituality are important domains in the lives of African-Americans. Boyd-Franklin (2010) posits that Black churches offer a plethora of services that help African-

Americans with daily living and that African-American religious traditions are coping mechanisms to help African-Americans through challenges, traumatic experiences and losses. This finding may indicate that counseling centers (UCC's) may need to educate churches, religious leaders, and campus ministries about the benefits of group psychotherapy. In reviewing the gender differences regarding coping strategies the results indicated that African-American college women tend to view psychotherapy more positively than African-American men. This finding supports literature that suggests Black females have positive attitudes toward counseling (Duncan & Johnson, 2007; June, Curry, & Gear, 1990). In their study, Constantine, Redington, and Graham (2009), found that African-American women generally have higher regard and favorable attitudes toward help-seeking when compared to African-American men. Duncan (2003) reported that African-American men have a history of being absent or not volunteering for mental health services. They typically only do so when their circumstances have become too overwhelming or they are hospitalized (Duncan, 2003). This finding may indicate the need for counseling centers (UCC's) to develop an all women's group and/or develop a women's group for African-American women. Moreover, UCC's may also need to do further outreach to African-American college males promoting the benefits of group psychotherapy. Lastly, results of this current study indicated that African-American female college students are more likely to talk to family/friends or talk to their intimate partner more than African-American college men when they are in distress or have a problem. This finding may be best explained by understanding that African-American men are socialized not to express their emotions as it relates to their frustration, stress, discrimination, racism, employment and educational disparities, as well as generally being overlooked and ignored in society (Duncan, 2003). This finding is also consistent with the absence of African-American males in therapy. However, in study by Bonner (1997) comparing African-American men who volunteered for psychotherapy with men who were mandated to participate in treatment psychotherapy, the study found that the

volunteers' positive attitude towards psychotherapy was connected to high external control of their education and the level of distress over their specific problem.

Multicultural Considerations for Group Psychotherapy

Participants in this current study admitted to expecting group to be a place where they can discuss their feelings on identity, racism, and discrimination, which is consistent with previous literature (Fenster, 1996; Eason, 2009). This finding reaffirms the need for group leaders to be multiculturally competent and have adequate supervision to deal with group members who may bring to the group challenging and difficult conversations about identity, racism, and discrimination. Group leaders who do not have the skills to deal with such conversations about identity, racism, and discrimination may hinder the group process for some African-American members which may impact group cohesion and lead to group drop-out. Johnson (2009) found that process-oriented groups can provide a healing from oppression and exclusion for African-American clients. In a study by Smith (2000) results concluded that when clinical group interventions are culturally sensitive African-Americans are likely to remain and participate in the group process long enough to experience change because they feel comfortable. Participants remaining in group because of comfort level helps group members better cope with their environment and help deal with distress more effectively.

Outreach services. The results of this current study revealed participants expect UCC's to be intentional with their publicity/marketing to African-American college students about group therapy services. The intentional outreach about group psychotherapy to African-American college students seems important since a large number of participants revealed they are unaware of what to expect in group psychotherapy should they decide to participate in group psychotherapy. According to Kitzrow (2003) university counseling centers (UCC's) should meet the needs of diverse students by providing information about group therapy and other psychological services. This finding contributes to UCC's understanding the importance of working

collaboratively with multicultural offices, Black Student Unions, Black fraternities and sororities, and retention and recruitment committees that serve minority students to provide information about and promote group psychotherapy programs.

Group leaders and group members. Participants in this current study reported that they expect group leaders to understand the cultural background of African-American/Black group participants; expect their race to be brought up at some point during group therapy; and expect that leaders have also led groups with African-American/Black group participants. With these expectations, it is important for group leaders to display multicultural competence, recognize the intricacy of the intersection of multicultural and group dynamics, and display cultural sensitivity (Eason, 2009; Johnson, 2009; Kearney et al., 2005). Results of this current study also indicated that participants expect group members and leaders to share their same race and/or ethnicity. During the pre-group screening process it may be beneficial to discuss the possible group demographics as it relates to gender, social-economic, race/ethnicity, sexual-orientation, and other diversity variables. Moreover, that group leaders maybe of different racial/ethnic backgrounds and diversity variables. An African-American college student attending a predominantly White institution (PWI) may often be one of few African-American college students in a classroom setting. It may be important for African-American college students attending PWI's to be prepared that their group experience may be a racial/ethnic representation of their classroom experience; however, the experience may still be beneficial and helpful to their needs. Eason (2009) suggests minority theme and/or support groups can be helpful in meeting the needs of underserved populations on college campuses. Furthermore, Drum and Knot (2009) argue that thematic groups meet the cultural needs of minority students. Therefore, UCC's should be open to possibly creating such thematic groups for minority students.

Barriers for Participants Willing to Participate in Group Therapy

Coping styles. In regards to coping styles that are predicative of participants' willingness to participate in group psychotherapy four coping styles revealed significance. First, participants that talk to faculty or staff about their problems are likely to participate in group therapy. This finding suggests that some African-American college students will discuss various problems with faculty and staff that they trust or feel that can help them. Therefore, it is important for faculty and staff to know the resources that university counseling centers (UCC's) provide, especially group psychotherapy and to also know how to make appropriate referrals to the university counseling center. Should an African-American student decide to talk to a faculty or staff member about their problems and the faculty or staff member is unaware about UCC's resources, it may be a missed opportunity for the student to receive psychological help and assistance. Kitzrow (2003) suggests UCC's should be intentional and active in their outreach to faculty and staff about their mental health services. Faculty and staff should also be provided information about how to recognize psychological symptoms and refer students appropriately to UCC's. UCC's can provided information about group psychotherapy services to faculty and staff at new faculty orientation, through brochures and pamphlets, on-line resources, and in-class presentations (Kitzrow, 2003). A second coping style predicative of participants' willingness to participate in group psychotherapy is talk therapy. Although "talk therapy" was not clearly defined, results indicated participants believed individual psychotherapy to be more helpful than group psychotherapy. It is likely that some African-American colleges students agree that talking to someone reliable, dependable, understanding and supportive can help them with their problem. Moreover, the general census is that participating in talk therapy and/or to a therapist is meant to somehow help one solve their problems. African-Americans college students having specific information about the benefits of individual psychotherapy may also present the opportunity of providing valuable information about the benefits of group

psychotherapy. A third coping style predicative of participants' willingness to participate in group psychotherapy is participants' likelihood of talking to their physician about their psychological concerns when in distress. A factor related to the current finding suggests that African-Americans prefer to seek help for their psychological concerns from non-mental health professionals and physicians and hospitals are considered an alternative to seeking psychotherapy (Barksdale & Molock, 2009; Sanders Thompson, Brazile & Akbar, 2004; Snowden, 2001). It may be beneficial for university and college health centers to be aware of UCC resources, advertise psychological services, such as group psychotherapy, and make appropriate referrals to UCC's. On some university and college campuses, the UCC and Student Health Center are closely connected and/or in the same building therefore making it easier to serve college students and promote group psychotherapy. Surprisingly, the fourth coping style predicative of participants' willingness to participate in group psychotherapy is the use of drugs and alcohol when in distress. This finding can be best explained by the reality that some college students experiment with drugs and alcohol when coping with college and life's stressors. It may be beneficial for university and college alcohol educational resources to also include UCC services, such as group psychotherapy. Moreover, students who have been sanctioned for campus alcohol violations may benefit from group psychotherapy because group psychotherapy may provide a social support system and an understanding from others about coping styles related to the college environment and peer pressure related to alcohol use. Findings also concluded that participants that engaged in individual psychotherapy preferred using other coping strategies such as talking to family/friends and/or engagement in religious practices and activities rather than using drugs and alcohol. It may be that African-American college students that consider group have very different profiles. While there is significant correlation between African-American college students that endorse considering group therapy and individual therapy, there also seems to be some major difference in other coping styles. For example, participants

endorsing group therapy endorsed facing problems directly, ignoring a problem and doing nothing about it, and using drugs and alcohol when in distress. The aforementioned coping styles suggest that those who want group psychotherapy may lack other supportive systems and are likely to use drugs and alcohol to cope. This finding is important to the student retention of African-American college students. According to Nitza, Whittingham, and Markowitz (2011) student retention is of major importance for universities and colleges, especially retaining students after their freshman year. They argue that factors such as peer relationships and campus involvement/engagement contribute to student retention. Therefore, if African-American college students lack social support systems a referral to group psychotherapy during their freshman year may be helpful in teaching them the social skills needed to become engaged and involved with their peers and the campus community.

Group psychotherapy. Participants' expectations of group psychotherapy as a predictor of participants' willingness to participate in group psychotherapy revealed two significant variables. The first predictor of participants' willingness to participate in group therapy is expectation that group psychotherapy will help them with their personal problems. This finding suggests that the connection to a student's personal problem is important and therefore becomes the goal of the working alliance. The goal, task, and bond are important aspects in group psychotherapy when developing a working alliance; however, it may be more beneficial for group facilitators to focus on the goal rather than the task to keep African-American college students invested in the group. In a study by Diala et al., (2001) African-American participants reported they would "definitely go" to therapy if their problems were severe, which assumes a sense of optimism that therapy will help them with their problems. In this current study, participants that revealed a willingness to participate in group psychotherapy also revealed that they are also unlikely to drop out of group psychotherapy. This is important considering that literature suggests African-Americans terminate therapy more quickly than Caucasians (Kearny et al., 2005,

Wing Sue & Sue, 2008). According to MacNair and Corazzini (1994) group therapy can be threatening for students when they are expected to share personal stories, emotional experiences, and receive and offer feedback.

Group members. Results from this current study indicated that participants are willing to participate in group psychotherapy if group members are able to help them with their personal problems. This finding affirms that African-American participants are likely willing to participate in group psychotherapy because they believe in communalism, collectivism, unity, cooperation, harmony, spirituality, balance, creativity, and authenticity (Wallace & Constantine, 2005). During the pre-group screening process it may be helpful for potential group members to know that group members may be able to help one another with their problems. Results also revealed that participants are less likely to participate in group psychotherapy if they believe or experience group members to cause conflict within the group. Conflict was not defined in the survey and therefore it is unclear how participants understood conflict; however, the finding suggests the fear of conflict is very important. Group facilitators should understand that conflict by group members may hinder African-American college students from fully participating in group and/or returning to group after the first perceived sign of conflict. Barry (2011) suggests that the storming stage of group formulation is a good predictor of how students may relate to one another when conflict arises in group. The storming stage can be best explained as anxiety experienced by group members that creates conflicts and disagreements which then creates dissatisfaction with the group (Barry, 2011). Yalom and Leszcz (2005), postulate that conflict within group is needed in order to foster and promote change. Behfar, Mannix, Peterson, Trochim and William (2011) suggest conflict negatively affects group performance, member satisfaction, and group coordination. Conflict in group psychotherapy appears to be a salient barrier to African-American college students not participating in group psychotherapy. Therefore during the pre-group

screening process and the first group meeting, the possibility of conflict arising in group should be discussed. Potential group members should understand that conflict within the group is defined and experienced differently by group members and is inherent in group psychotherapy. Moreover, potential group members should be assured that any conflict that hinders the group process and/or harms or threatens group members will be handled appropriately.

Group leaders. In regards to expectations of group leaders and participants' willingness to participate in group psychotherapy results revealed that participants expect group leaders to address conflict within group psychotherapy. This finding suggests that African-American college students that decide to participate in group psychotherapy want group facilitators to address conflict. However, conflict can also be addressed by group members if group facilitators have set boundaries and role-modeled effective conflict management. Masson and Jacobs (1980) suggests group leaders should provide direction and assistance to group members to become active helpers in a problem-solving and/or therapy group.

Multicultural considerations. Lastly, several multicultural variables revealed significance as it relates to participants' willingness to participate in group psychotherapy. Participants do not expect group members or leaders to display judgment, discrimination, or hold stereotypes. This suggests the importance of group leadership training, pre-group preparation, and outreach services by university counseling centers (UCC's). Irani (2011) posits there are several group leadership recommendations to enhance multicultural group work which include: 1) group leaders having an awareness of their own biases, beliefs, attitudes, skills and knowledge; 2) group leaders adapting culturally sensitive group interventions; 3) group leaders having knowledge of Yalom's model and how it impacts diverse groups; 4) group leaders having an understanding of how their race/ethnicity may interact with group members' race/ethnicity; 5) an

understanding that group work is based on a Eurocentric world view; 6) have an awareness of discrimination, racism and cultural oppression on minority groups; 7) an understanding of how different cultural groups may perceive group leaders; and 8) group members should role-model how to effectively discuss culturally sensitive issues. Group leaders must have multicultural competent training to be effective in possibly dealing with African-American students who may be reluctant to join group due to fears of being judged, discriminated against, and stereotyped. Pre-group preparation appears to be a crucial component to preparing African-American college students for group psychotherapy. Results concluded that African-American college students not only fear being judged, discriminated against and stereotyped but they are also unaware of how group psychotherapy can help them when in distress and what to fully expect when if and when they decide to participate in group psychotherapy. MacNair (2010) postulates that a greater group bond and/or cohesion forms amongst group members when group members are prepared in advance for group. Furthermore, when group cohesion happens the group is more likely to regularly attending group meetings, stay on tasks, work on specific individual and group goals, display appropriate group behavior, and be less anxious. It is likely that African-American college students that are prepared for group prior to entering group psychotherapy will experience group cohesion and therefore possibly lessen their fears of being judged. Another important factor that may contribute to decreasing the fears that African-American college students have about participating in group psychotherapy is outreach services by university counseling services. Marks and McLaughlin (2005) assembled a focus group with college students to determine the factors that influence students' participation at outreach programs and suggestions to increase student attendance at outreach programs. Suggestions from the students included creative titles, highly visible locations for advertising, working with student organizations and campus departments to promote and advertise counseling services, consideration of the most appealing days and times for outreach programming,

intentional programming for specific student groups and student populations, and using food and free gifts to attract students to outreach programming. The ways university counseling services (UCC's) promote counseling services on campus, such as group psychotherapy, are important if students are to attend (Marks & McLaughlin, 2005). In addition to outreach services to African-American college students, some UCC's have also created multicultural liaison and/or coordinator positions to have a more direct and intentional approach to collaborative work between UCC's and minority student population. It is likely that a multicultural coordinator, who works closely with African-American students and/or African-American student organizations, can relieve the fears that this student population has about judgment, discrimination, stereotypes as it relates to their ethnicity/race. African-Americans have held negative views about mental health services for fear of being diagnosed as "crazy" by mental health professionals (Wallace & Constantine, 2005). Furthermore, cultural mistrust by African-Americans remains relevant given the larger number of Caucasian mental health professionals and their lack of multicultural competence and working effectively with African-American clients (Terrell, Taylor, Menzise, Barrett, 2009; Whaley, 2001). Overall, these multicultural variables to African-American college students' willingness to participate in group psychotherapy may be possible barriers to group psychotherapy if not properly and effectively addressed by university counseling centers (UCC's), group program directors, and group leaders.

Chapter VI: Limitations and Future Research Directions

Limitations of this Study

Several limitations of the study must be considered in light of the results of this study. First, a convenience sample was used, which may have affected the external validity and produced a sampling error. There were a high number of participants who had previously participated in psychotherapy which may have skewed the results due the participants' familiarity with psychotherapy. Second, the sample included a much higher number of undergraduate students than graduate students, in addition to a higher number of African-American females than males. Third, "group" psychotherapy was not clearly defined in the study and therefore it is possible that some participants viewed group psychotherapy as a support group, such as a Black Student Union (BSU). In addition, "group leader" was also not clearly defined and therefore could be viewed by participants as either an administrator within the college setting, such as a Student Affairs or Multicultural Affairs person, rather than a trained mental health professional with experience in individual and/or group psychotherapy. Also, conflict was not clearly defined as it relates to conflict within group psychotherapy possibly resulting in various interpretations of what conflict is and how it is experienced. Another limitation is that participants' intent or their actual behavior as it relates to their willingness to participate in group psychotherapy is not clear.

Lastly, regression analyses examined the effect of one variable at a time that predicated outcomes of willingness to participate in group psychotherapy, with some results proving significant. However, effects of all the variables together may produce different results. Utilizing correlations and linear regression as an analytic strategy risked inflating a Type

I error; however, the study intended to sample the range of possible barriers in an inclusive manner as possible and therefore future research can be conducted on each hypothesis and finding.

Future Research Directions

According to Eason (2009) group psychotherapy literature has generalized diversity as it relates to group psychotherapy rather than pay specific attention to racial/ethnic minority groups. The results of this current study produced questions that may be addressed in future studies. It may be beneficial to examine the expectations of group psychotherapy of African-American college students that attend historically Black colleges and universities (HBCU's). Based on the extensive literature about racial identity development stages it may be of interest to also examine Black racial identity development of African-American college students who have previous engagement in group psychotherapy and/or have a willingness to participate in group psychotherapy. Future research should also be geared toward duplicating this study using a larger sample and collecting data via an online survey which allows for a broader audience and faster responses. To gain further clarification and understanding of students' reactions to the survey qualitative methods would also be useful. Having specific qualitative information about the potential barriers and perceptions of group psychotherapy of African-American college students would be valuable and useful for university counseling centers (UCC's). A salient barrier to group psychotherapy for African-American college students is the fear of being judged, discriminated against, and stereotyped. Future researchers should explore what minority population worries most about being judged. Lastly, all findings should be compared to other minority college student populations in order to establish if results are ethnic specific verse over-arching for all groups. For example, fear of conflict and expectation of group leaders to manage conflict within group may not be specific to African-American college students only.

The ways to eliminate the barriers to group psychotherapy for African-American college students include UCC's being intentional with marketing group psychotherapy services to African-American college students and informing them how group psychotherapy can be beneficial. Collaboration with departments and organizations on and off campus that work directly with African-American college students is vital. There can also be a commitment to having multiculturally-competent group leaders that can effectively work with African-American college students.

Appendix A

Table A1

Predictors of Willingness to Participate in Group Psychotherapy

Independent Variable Question	Pearson Correlation	Sig. (2-tailed)
17. When I have a problem it is likely that I will talk to a faculty or staff member.	.247*	.010
20. When I have a problem it is likely that I would consider talking to a therapist.	.580**	.000
22. When I am in distress it is likely that I will talk to my physician about my psychological problems.	.532**	.000
23. When I am in distress I am likely to deal with my problems by engaging in drugs and alcohol.	.233*	.016
24. I expect group therapy to help me with my personal problems.	.248*	.010
29. I am likely to drop out of group therapy.	-.228*	.018
34. I expect members to help me with my personal problems.	.239*	.013
35. I expect group members to cause conflict	-.194*	.046

within the group.

Note: n = 107

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Appendix B: Director's Email Letter

TO: Directors of Multicultural Affairs/Diversity Offices

FROM: Angela L. Harris, M.S., Psy.M.
Doctoral Candidate
Wright State University
School of Professional Psychology

Martyn Whittingham, Ph.D
Dissertation Supervisor

Dear Director:

My name is Angela L. Harris and I am a doctoral student in the School of Professional Psychology at Wright State University. I am conducting a survey that will investigate the barriers to group therapy for African American college students. Furthermore, racial identity will be examined. This research is being conducted under the supervision and advisement of Martyn Whittingham, Ph.D.

I would like to attend a Black Student Union (BSU) meeting and/or set up a meeting with African-American students through your office to conduct this study. The qualifications to participate in this study are the following:

- 1) Students self-identify as African-American and/or Black
- 2) U.S. citizen
- 3) Students between the ages of 18 and up who are currently enrolled full-time or part-time college students

If any of the students decide to participate in the following research study they will be asked to provide consent, and then complete a demographic profile and two surveys about their opinions and experiences which, depending on their specific physical needs, should take approximately 20-30 minutes to complete. I will not be identifying the students on any of the surveys.

I would like the opportunity to speak with you to find the most appropriate time and date to meet with your students. I will follow up with you in the upcoming week to schedule an appointment. Thank you.

For further information about this research study, you may contact Angela L. Harris at harris.247@wright.edu or Dr. Martyn Whittingham at martyn.whittingham@wright.edu.

Appendix C: Consent Form

Dear Participant:

You are invited to participate in a research study conducted by Angela L. Harris, a graduate student in Wright State University School of Professional Psychology. The goal of the study is to understand how African-American students perceive psychological group therapy and if racial identity influences participation in group therapy. You were selected as a possible participant in this study because you:

- 1) Self-identify as African American and/or Black
- 2) You are a U.S. citizen
- 3) You are between the ages of 18 and up
- 4) You are currently enrolled full-time or part time

If you decide to participate, you will complete four brief forms (consent form, demographic profile, group survey, and racial identity survey). Depending on your specific physical needs, all forms will take approximately 20-30 minutes to complete.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Your identity will be kept confidential by keeping all study materials in locked cabinets at Wright State University Counseling and Wellness Services.

Your participation is voluntary. If you decide to participate, you are free to withdraw your consent and discontinue participation in the survey at any time without penalty. In addition, if you decide to participate and all forms are complete, your name will be submitted in a raffle to win one of three \$50.00 gift certificates to Wal-Mart.

Although we do not anticipate that there will be any risks to you for participating in this study, it is possible that participation may elicit mild psychological distress related to the disclosure of information. If you wish to discuss this further following your participation in this study, please contact your college counseling center or Office of Multicultural Affairs for assistance. If you have any questions about the study, please feel free to contact Angela L. Harris at harris.247@wright.edu. You may also contact my faculty advisor, Martyn Whittingham, Ph.D at (937) 775-3407. If you have any questions regarding your rights as a research subject, please contact the Wright State University Office of Research and Sponsored Programs at (937) 775-4462

Print Name _____ Date _____

Signature _____

Appendix D: Demographic Profile

Survey: Barriers to Group Psychotherapy for African-American College Students Demographic Profile

Please select the best answer that describes you.

1. What is your gender?

- Male
 Female
 Transgender
 Other _____

2. How do you typically self-identify?

- African-American
 Black
 Both African-American and Black
 Biracial
 Other _____

3. What is your age?

- 18-25
 26-33
 34-41
 42-49
 50-57
 58-65
 65 and above

4. What is your current educational status?

- Freshman
 Sophomore
 Junior
 Senior
 Graduate Student

5. What is your parent or primary caregiver (e.g., grandparents, extended family) income range?

- \$10,000-less
 \$11,000-\$20,000

_____ \$21,000-\$30,000
_____ \$31,000-\$40,000
_____ \$41,000-\$50,000
_____ \$51,000-\$60,000
_____ \$61,000-\$70,000

Appendix E: Survey

BARRIERS TO GROUP PSYCHOTHERAPY FOR AFRICAN-AMERICAN COLLEGE STUDENTS

We would like to learn more about how African-American students perceive psychological group therapy. Whether you have participated in group therapy or not we appreciate you completing this survey. Please indicate your level of agreement with each of the statements below. You are encouraged to answer all questions.

A. Participation in Psychotherapy

1. I have participated in individual psychotherapy.	Yes	No
2. I have participated in group psychotherapy.	Yes	No
3. I have used psychotropic medication.	Yes	No

B. Willingness to Participate in Group Psychotherapy

4. I am likely to participate in group therapy if the service is free.	Yes	No
5. I am likely to participate in group therapy if the service is located in a college counseling center.	Yes	No
6. I am likely to participate in group therapy for a reasonable fee.	Yes	No
7. I am likely to participate in group therapy if it is located in a private and secluded location on campus.	Yes	No
8. I am likely to participate in group therapy if the time duration is one hour and a half or less.	Yes	No
9. I am likely to participate in group therapy if the service is offered during the day.	Yes	No

10. I am likely to participate in group therapy if the service is offered after 5pm.	Yes	No
11. I am likely to participate in group therapy even if the service did not help someone that I knew.	Yes	No
12. I am likely to participate in group therapy if I completely understood the benefits of group therapy.	Yes	No
13. I am likely to participate in group therapy if services were offered on the weekends.	Yes	No

C. Coping Strategies

14. When I have a problem I am likely to face it directly.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
15. When I am in distress I am likely to rely on my faith and/or religious leaders or practices to help me through.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
16. When I am in distress I am likely to go to family or friends for support.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
17. When I have a problem it is likely that I will discuss it with a faculty or staff member.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
18. When I am in distress I am likely to go to my intimate partner for support.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
19. When I have a problem it is likely that I will ignore it and do nothing about it.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

20. When I have a problem it is likely I would consider talking to a therapist.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
21. When I am in distress it is likely I will consider participating in group therapy.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
22. When I am in distress I am likely to talk to my physician about my psychological concerns.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
23. When I am in distress I am likely to deal with my problems by engaging in drugs and alcohol.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

D. Expectations of Group Therapy

24. I expect group therapy to help me with my personal problems.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
25. I expect group therapy to be more effective than individual therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
26. I would prefer to participate in individual therapy rather than group therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
27. I expect individual therapy to help me with my personal problems.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

28. I know what to expect in group therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
29. I am likely to drop out of group therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
30. I expect group therapy to be easier than individual therapy.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

E. Expectations of Group Members

31. I expect what I say in group to be kept confidential by other group members.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
32. I expect group members to be welcoming and friendly.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
33. I expect group members to get along with everyone in the group.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
34. I expect group members to help me with my personal problems.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
35. I expect group members to cause conflict within the group	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
36. I expect group members to have some of the same personal issues as I do.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
37. I expect group members to drop out of group therapy.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
38. I expect group	1	2	3	4	5

members to self-disclose about their issues.	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
39. I expect group members to have peer relationships with one another outside of group therapy.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

F. Expectations of Group Leaders

40. I expect group leaders to be experts in the field of group psychotherapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
41. I expect group leaders to give me their undivided attention in group therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
42. I expect group leaders to be direct when addressing conflict within the group.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
43. I expect group leaders to solve my personal problems.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
44. I expect group leaders to provide me with direct feedback.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
45. I expect group leaders to self-disclose.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
46. I expect group leaders to speak to me and/or acknowledge me when they see me on campus.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

G. Multicultural Considerations

47. I expect there to be group members that have the same race/ethnicity as me.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
48. I expect group leaders to be the same race/ethnicity as me.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
49. I expect to be judged by group members because of my race/ethnicity.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
50. I expect to be judged by group leaders because of my race/ethnicity.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
51. I expect group leaders to discriminate against me because of my race/ethnicity.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
52. I expect group members to discriminate against me because of my race/ethnicity.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
53. I expect African Americans to participate in group therapy.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
54. I expect group members to hold stereotypes of me because of my race/ethnicity.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
55. I expect group leaders to hold stereotypes of me because of my race/ethnicity.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

56. I expect group leaders to have lead groups with African American and/or Black group participants.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
57. I expect group leaders to understand my cultural background as an African-American and/or Black person.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
58. I expect group therapy to be a place where I can share my feelings on identity, racism and discrimination.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
59. I expect my race to be brought up at some point during group therapy.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
60. College counseling centers should be intentional with their publicity/marketing to African-American college students about group therapy services.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
61. I expect African-American college students to seek group therapy as a last resort after exploring other options.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

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