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# Barriers to Group Psychotherapy Among Racially and Ethnically Diverse College Students

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**BARRIERS TO GROUP PSYCHOTHERAPY AMONG RACIALLY AND  
ETHNICALLY DIVERSE COLLEGE STUDENTS**

**PROFESSIONAL DISSERTATION**

**SUBMITTED TO THE FACULTY**

**OF**

**THE SCHOOL OF PROFESSIONAL PSYCHOLOGY  
WRIGHT STATE UNIVERSITY**

**BY**

**RAGHAV SURI, M.A., PSY.M., C.D.C.A.**

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

**Dayton, Ohio**

**August, 2016**

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SCHOOL OF PROFESSIONAL PSYCHOLOGY**

May 5, 2015

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **RAGHAV SURI** ENTITLED **BARRIERS TO GROUP PSYCHOTHERAPY AMONG RACIALLY AND ETHNICALLY DIVERSE COLLEGE STUDENTS** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

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Julie Lynn William, Psy.D., ABPP-RP  
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Associate Dean

## **Abstract**

Group psychotherapy has become a preferred modality of direct clinical psychological services offered by many University Counseling Centers (UCCs), primarily because of the effectiveness of group psychotherapy in addressing the unique developmental issues that college students experience. However, there is a need for empirically supported data to identify barriers to group psychotherapy among college students, particularly related to multicultural identity variables. The present study examined barriers that college students face when considering joining a psychotherapy group. Participants completed a demographic questionnaire and either the original or the modified version of the Barriers Scale, (Harris, 2012). Participants were divided into three groups, Black/African-American, White/Caucasian or Other Minorities (O.M.). Results showed that group psychotherapy was found to be one of the least desirable methods for distress management among all three groups. However, White college students showed greater willingness to enroll in group psychotherapy when more information was provided about the types of groups. Furthermore, O.M. and White college students endorsed a fear of being judged because of their experiences with people of other race/ethnicities. Results indicated that the fear of being judged negatively impacted White college students' willingness to participate in group psychotherapy, but had no impact for O.M. students.

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## Chapter I

### Statement of the Problem

Recent educational reports reflect an increase in college students' attrition rate (National Student Clearinghouse, 2014; The Educational Policy Institute, 2013). Towbes and Cohen (1996) state that populations such as college students who are in developmental transition are vulnerable to the effects of stressful processes and more likely to experience chronic stress. According to The Educational Policy Institute (2013) report, among the primary reasons for college students' attrition were feelings such as "college doesn't care," and experiencing "poor service and treatment." Yet, a smaller percentage of students endorsed "personal" reasons for dropping out of college. Therefore, it is important to reduce college students' perceived distress by timely providing mental health services and improving their distress management skills. One empirically supported medium to achieve these goals is group psychotherapy (Ruttan, Stone, & Shay, 2014; Roberts, Burlingame, & Hoag, 1998).

Group psychotherapy has become a preferred modality of direct clinical psychological services offered by many university counseling centers (UCCs), primarily because of the effectiveness of group psychotherapy in addressing the unique developmental issues that college students experience (Chickering & Reisser, 1993; Delucia-Waack et al, 2004). Even so, students of racial and ethnic minorities are less likely to attend groups when referred and yet, non-white students experience similar and unique developmental distress (Kay, 2014; Lockard, Hayes, Graceffo, & Locke, 2013).

It is therefore important to identify the barriers to group psychotherapy and yet, currently little to no empirical data is available that examines barriers to group psychotherapy.

The United States is rapidly undergoing an unprecedented transformation in its demographic makeup with an increase in non-white, non-European and non-English speaking groups (D'Andrea & Daniels, 2001). The percentage of racial and ethnic minority students (Latina/o, African-American/Black, Asian and Native American), women, and students age 25 or older has increased relative to White college students who showed a 23% decline over the last decade (U.S. Department of Education, 2013). With regards to college students' barriers to participation and continuation in group psychotherapy, diverse demographics offer various social constructs that are in constant interaction. Further, each demographic population has its own cultural values and expectations that impact students' worldviews, sense of self and others and their attitudes towards psychological services, particularly group psychotherapy. In group psychotherapy, these variables impact group members by effecting the dynamics at an individual and group level, both of which are intertwined in such a setting (Rutan, Stone and Shay, 2014).

Despite the identification of group psychotherapy as an effective intervention for college students, there is a dearth of research investigating the barriers to group psychotherapy, particularly the barriers specific to White college students and the students of racial and ethnic minorities other than Black and Latina/Latino. To date, two studies have explored the barriers that impact college student's attitude towards group psychotherapy, one with Black students (Harris, 2012) and one with Latina/Latino students (Stoyell, 2013).

The current study identified the potential psychological barriers to group psychotherapy for college students who identify as White, Black or other minorities (O.M.). Since the cultural and environmental factors can vary significantly within different minority groups, the largest racial minority group within the U.S.A., i.e. Black participants were separated from O.M. groups. This study attempted to identify barriers to group psychotherapy across the said groups. This was done by examination of each group's distress management strategies, group expectations, multicultural considerations, defensiveness and perceived safety/security in a group psychotherapy setting for college students from several colleges and universities across the United States was analyzed.

### **Aim and Purpose**

The purpose of this study was to identify the barriers that impact college student's attitude towards group psychotherapy at University Counseling Centers. The aim of exploring the potential barriers was achieved by gaining an understanding about college students' attitudes, beliefs and expectations with regards to various components of group psychotherapy. The attitudes towards group psychotherapy were evaluated by exploring college students' preferred methods of dealing with distress, their likelihood to enroll in group psychotherapy and their knowledge about group psychotherapy. The beliefs and expectations were evaluated with respect to group members, group leaders, multicultural variables, and comfort level with diversity population and racial discussion,

The aforementioned variables provided a better understanding of the population's concerns and barriers within a group setting. Finally, the intent of the study was to inform the work of UCC's by drawing attention to these concerns and potential barriers, which can be beneficial for developing outreach programs and promoting treatment

efficacy. As such, the findings have the potential to inform UCC's on how to attract and retain college students in group psychotherapy by developing strategies to address barriers.

## **Chapter II: Literature Review**

The following chapter reviews the literature on UCCs and the use of group to address the commonly found psychological concerns of college students, the importance of identifying and addressing potential barriers to group psychotherapy and multicultural considerations when working with the college student population at UCCs.

### **Group Psychotherapy**

Barlow, Fuhriman and Burlingame (2004) reported that group psychotherapy is a modality used for prevention, guidance, counseling and training. Yalom and Leszcz (2005) states that group psychotherapy is a form of treatment in which one or more leaders treat a small group of clients in service of a common goal. Group psychotherapy within the UCC setting is thought to provide college students with an environment where they can learn skills that would likely benefit their stage of development (Kincade & Kalodner, 2004).

**Effectiveness of group psychotherapy.** A plethora of research studies has shown group psychotherapy to be effective and useful for meeting the psychological needs of college students (Kincade & Kalodner, 2004; McEneaney & Gross, 2009). In a meta-analysis, Burlingame, Strauss and Joyce (2013) found group psychotherapy to be just as effective as, and in many cases even more effective than, individual psychotherapy. However, the effect of prior individual psychotherapy received on group psychotherapy outcomes is not clear. Several studies have explored the impact of prior individual psychotherapy on clients' group psychotherapy attendance, particularly when group

psychotherapy is the sole treatment modality. While some studies have shown that prior individual psychotherapy led to reduced drop-out rates from group psychotherapy (Connelly, Piper, De Carufel, & Debbane, 1986), others have shown prior individual psychotherapy has discouraged group psychotherapy attendance (Kotkov, 1955). While the literature appears to be conflicted, it is important to understand the impact of previous individual psychotherapy (and other treatment modalities) on college students' attitude towards group psychotherapy. Overall, based on the empirical support for group psychotherapy's efficacy, it can be posited that group psychotherapy can provide more timely services to college students while reducing delays in services and costs associated with the waitlist management.

**Pre-group preparation.** Group psychotherapy experts have long argued for the importance of pre-group screenings (Campinha-Bacote, 2011, McNair, 2010, Yalom & Leszcz, 2005). The pre-group meeting process can be understood as a means to assess readiness and appropriateness for group, to establish realistic treatment goals and as an opportunity to address hesitation and resistance related to the group process. The pre-group session(s) may also serve as a foundation of the therapeutic alliance between the client and the therapist (Yalom & Leszcz, 2005).

Pre-group sessions have been shown to positively impact both the group psychotherapy process and the outcome (Kaul & Bednar, 1994). In one of the studies, Kennerley (2000) examined the impact of pre-group sessions in men attending group psychotherapy for domestic violence. The findings showed that men who attended a pre-group session had a lower drop-out rate and were more active in the group psychotherapy.

In Stoyell's study (2013) found that when educated about group psychotherapy, Latina/Latino college students were more willing to participate in group psychotherapy. Pre-group preparation provides a good opportunity to educate and motivate students to enroll and actively participate in group psychotherapy, to develop understanding of preferences and identify barriers important to address. More specifically, and relevant to this project, pre-group screenings are important opportunities to identify and mitigate barriers that may affect college students' participation in the therapeutic process, and thereby affect the therapeutic outcome and/or chances of attrition.

Yalom and Leszcz (2005) state that pre-group meetings can generate realistic and positive expectations about the group, and clarify misconceptions and fears. These sessions may also serve as a foundation for the therapeutic alliance (Yalom & Leszcz, 2005).

### **University Counseling Centers and College Students**

**Psychological concerns of college students.** College students share common psychological distress, irrespective of race and ethnic identities. Some of the commonly encountered diagnoses at UCCs include: depression, sleep disorders, substance abuse, anxiety disorders, eating disorders, impulsive behaviors, promiscuity, self-mutilation, and suicide (Kadison & DiGeronimo, 2004). Gawrysiak et al. (2009) reported that 15-20% of college students today experience and present with depression. They further add that depression in college students often co-exists with anxiety, leading to the academic performance problems and attrition of college students. Vulnerability to depression among college students has been linked to their developmental stage and related pressures (Kincade & Kalodner, 2004). Moreover, they are in-midst of identity-formation and



finding their independence, all the while forming new friendships, and romantic relationships, as well as choosing careers and lifestyles (Chickering & Reisser, 1993; Whittaker, 1992). For new college students, the stress of the developmental demands are further exacerbated by the mere separation from home, parents, and friends. The separation from home is often further complicated by independently navigating the challenges of college curricula and college life, new bonds and friendships, and adjustment to the college setting. Finally, research suggests that many college students experience added conflict in the areas of racial, ethnic, gender and sexual identity, worldviews, religious/spiritual beliefs, and political beliefs (Kitzrow, 2003).

In addition to the aforementioned psychological concerns, minority college students experience psychological distress related to various barriers and oppressions depleting their available internal and external resources. Such barriers may arise from the societal obstacles, cultural values or even stereotypes (Cheng, Leong, & Geist, 2011; Neville, & Lilly, 2011). Castillo, Conoley and Brossart (2004) examined the influence of white cultural values and financial and perceived social support on biracial Mexican-American female college students, and concluded that the aforementioned variables to be associated with lower distress levels. An example of a stereotype related barrier can be the perception of Asian-American college students as the "model minority," increasing the pressure for high academic achievements and minimizing the mental health struggles experienced by them (Gupta, Szymanski, & Leong, 2011; Park, 2010). Hayes et al. (2011) states "among students of color, utilization of campus counseling services was predicted by greater psychological distress, less family support, and a history of previous psychological problems." Furthermore, international minority students experience

additional stressors related to the immigration process and acculturation (Poyrazli, Kavanaugh, Baker, & Al-Timimi, 2011). In a regression study on depression, Lay and Safdar (2013) found that while “family hassles” was a significant predictor of depression across the immigrant and non-immigrant student groups, “general hassles” were related to depression among immigrant/minority status group when the psychological adjustment was controlled for. Overall, this study shows that the general hassles, which are experienced by most college students, are particularly intensified by the acculturation and related stressors experienced by international college students.

As such, a culturally competent therapist should possess knowledge about the unique stressors experienced by college students, and more so by the minority college students. Culturally sensitive interventions based on such knowledge are pivotal to the therapeutic process and positive outcomes.

**University counseling centers.** University counseling centers (UCCs) have been instrumental in providing psychological services to students (McEneaney & Gross, 2009). Historically, the mission of UCCs has been to assist college students in personal, academic, and career development (Kitzrow, 2003). Gradually, the UCCs have expanded their services to include preventive services, personal growth, interpersonal skill development, self-reflection, psychological testing, study skills, and stress reduction (Kanhn, Wood & Weisen, 1999; Harris, 2012).

With the increase in number of college students (U.S. Department of Education, 2014), UCCs have been experiencing an increase in demand for psychotherapy services. Brunner (2014) states that in recent years, in addition to greater number of college students seeking services, UCCs have also experienced an increase in the severity of

presented psychological disorders. As a result, U.S. college campuses are experiencing a shortage in availability of psychological services for college students (Kadison and DiGeronimo, 2004). While UCCs have been experiencing difficulties in meeting the demands for services (Barr, Krylowicz, Reetz, Mistler, & Rando, 2012), the prevalence of psychological problems among students has increased (Hunt & Eisenberg, 2010). Kitzrow (2003) further adds that “a record number of students are using campus counseling services for longer periods of time than ever before without a corresponding increase in the resources.”

Nonetheless, the mental health accessibility, support, and quality of services for students are extremely important, as psychological distress not only impacts academic performance, but the overall development of college students. With increasing numbers of students and limited resources, group psychotherapy provides a cost-effective and empirically-supported intervention to meet the developmental needs of the students and provide interpersonal development (Kincade & Kalodner, 2004; McEneaney & Gross, 2009). As such, group psychotherapy treatment has become a central component of the services offered at most university counseling centers (Golden, Corazzani & Grady, 1993). Golden et al. (1993) found that out of 148 surveyed directors of UCCs, 92% use group psychotherapy. The commonly offered groups at UCCs are psycho-educational groups, process groups, interpersonal and minority support groups (Kincade & Kalodner, 2004; Maarmarosh, 2009; Stoyell, 2013).

However, certain beliefs, attitudes and cultural factors can limit college students' willingness to participate and actively engage in the group psychotherapy process. Furthermore, the barriers to college students' help seeking for mental health differ

considerably across student characteristics, particularly with relation to the cultural values and expectations (Eisenberg, Hunt, Speer and Zivin, 2011). The increased diversity among college students impacts majority and minority groups' social and personal world-view, cultural flexibility and attitudinal development. Based on prior exposure, experience and comfort with varied diversity variables, such social navigation can impact college students' emotional psychological comfort and/or distress, which can in turn, lead to increased need for psychological services.

Therefore, it is crucial to acknowledge each group member's cultural and experiential beliefs and values. Furthermore, evaluating and addressing the potential barriers that may arise based on aforementioned constructs is crucial

Within a group psychotherapy setting, college students' own experiences and beliefs as well as the messages learned from their family members play a role in creating a myriad of dynamics and social microcosms (Leszcz, 2008; Markin, 2008).

Acknowledging, addressing and processing such in-group dynamics is crucial to creating a safe, comforting environment for the group members. Additionally, creating group interventions that are sensitive to such constructs can minimize the barriers preventing active participation of the members, thereby, improving the therapeutic outcome and reducing the chances of premature dropout from group (Yalom & Leszcz, 2005).

### **Barriers to Group Psychotherapy for College Students.**

Studies have shown that cultural barriers and stigma associated with mental health problems contribute to low mental health service utilizations (Han & Pong, 2015). Stigma not only impedes the attitudes towards psychotherapy seeking behavior, but also impacts the relationship between the heritage culture and ethnic identity (Pasupuleti, 2014).

Therefore, cultural beliefs, ethnic identity and stigma are important variables when investigating barriers to seeking mental health treatment.

Group psychotherapy and UCCs are not immune to the negative effects of stigma related to seeking mental health treatment. Despite the large body of literature supporting the efficacy of group psychotherapy for college students, recruitment of students is a common concern at UCCs as college students often do not seek out group psychotherapy on their own. Kahn et al. (2005) suggested that in many instances, college students hold beliefs that UCCs are to be sought only when experiencing significant personal distress and mental health crisis. Much, Wagener and Hellenbrand (2010) further added that even most faculty members hold the belief that UCCs are only useful to combat emotional, social and behavioral problems resulting in conduct issues.

In recent years, with the advancement in methodological and statistical techniques to track the complexities in group phenomena, the field has started to understand group variables in much more controlled ways, such as accounting for variance to examine main effects and interactions of such important variables to positive results allowing researchers to make definitive statements about efficacy of groups (Barlow, Fuhriman & Burlingame, 2004). Factors that may impact college students' enrollment and participation in group psychotherapy process include distress management strategies, expectations from other group members, expectations from group leaders, multicultural variables and racial identity.

Harris (2012) explored the multicultural, socio-economic and individual factors that affect Black college students' participation and continuation in group psychotherapy, using a 61-item survey designed to assess the aforementioned variables as they relate to

group psychotherapy. The results of the study showed that the cultural barriers to group psychotherapy among Black college students include a fear of being judged, fear of being discriminated against, and a fear of being stereotyped.

In a similar study, Stoyell (2013) used a modified version of Harris's (2012) survey to explore the barriers to group psychotherapy peculiar to Latina/o college students. Additionally, the researcher used an acculturation Scale for Hispanics to measure the impact of acculturation on such barriers. The results of the study showed that group psychotherapy was the least favorable treatment modality among Latina/o college students. Among the identified barriers were a lack of knowledge regarding the purpose and benefits of group psychotherapy, and expectations around cultural understanding and experience from group leaders and group members.

**College Student's distress management strategies.** Literature suggests that the distress management styles among college students differ based on their diversity variables. The difference in the distress management styles could be related to the environmental or social demands, specific to a minority group's culture (Harris, 2012). Some examples of such cultural differences include: Higher likelihood of Black and Latina/Latino students to utilize religious resources and family or intimate partner support when experiencing distress as compared to White college students (Gloria & Castellanos, 2012). Boyd-Franklin (1991) highlights that within the Black community, having strong family bond and small trusting social groups is an important distress management strategy. Furthermore, distress management styles can vary within a racial/ethnic community based on other identity variables. For example: In her study, Harris (2012) found that within the Black community, women are more likely to seek

psychotherapy services as compared to men. Neighbors (1991) posits that Black men underutilizes the mental health resources due to the cultural mistrust, stigma and negative attitudes related to the seeking psychotherapy or counseling.

Distress management strategies among the college student population often also involves engaging in alcohol and drug use, which can further increase the risk of increasing psychological distress (Duncan, 2003). In fact, Harris (2012) found that Black students who reported willingness to participate in group psychotherapy were also likely to engage in alcohol and drugs in order to deal with distress. It is important to identify the distress management strategies of students in order to understand their preference against and for group psychotherapy.

**Expectations of other group members.** When a person enrolls in group psychotherapy, they enter with certain expectations for the group and other group members. Having a fear that these expectations might not be understood or fulfilled may act as a barrier to enrollment or continued participation in group psychotherapy.

The expectations for other group members can vary by racial and ethnic identity of other group members, including group norms and approaches to conflict. Pack-Brown and Fleming (2004) asserts that it is pivotal to understand the worldviews and dynamics of African-American culture and its impact on client's mental health. Recognition and appreciation of different cultural value systems and beliefs is crucial to group cohesion and group work. Both, Harris (2012) and Stoyell (2013) found that African-American and Latina/o college students expect other group members to have same the race and ethnicity as themselves, to help them with personal problems as well as to cause conflict within the group.

Fear of conflict is another variable that often leads to anxiety and expectations for the group members as well as group leaders (Corey, 2011). Like most factors that can be potential barriers to group psychotherapy, the fear of conflict is also impacted by various multicultural variables. For example, Chung (2004) mentions that the potential conflict among Chinese and Japanese clients, Chinese and Vietnamese clients or Japanese and Korean clients are due to the sociopolitical and historical background between China and Japan.

Furthermore, when each member of the group brings their multicultural variable to the group psychotherapy, they come with certain expectations. For example, Harris (2012) reported that African-American college students expect their race to be brought up at some point during the process. These expectations and their fulfillment affect the level of attachment and belongingness of a member to the group, thus helping in the formation of group identity for each member. Hogg and Tindale (2008) argued for group identity to be separate and just as important as individual identity for self-development of group members. He mentioned that the group aspects of the self can influence the personal aspects and vice versa. This is particularly true for the college student population (Marmarosh, 2009). Thus, understanding the expectations of college students as group psychotherapy participants is extremely important.

**Expectations of group leaders.** In addition to expectations of other group members, clients also hold certain expectations of their group leaders. A group leader is often expected to be able to modify his/her technique to reflect and deal with cultural differences, deal with difficulties during group process and understand different coping mechanisms (Rivera et al., 2004). In fact, group members have an expectation of group



leaders to address the conflicts within a group (Corey, 2011; Corey, Corey & Corey, 2010; Harris, 2012; Yalom & Leszcz, 2005).

Once again, the expectations of group leaders are also impacted by clients' diversity variables. Where a White client is more likely to look at the group leader as an equal, for Asian clients, the group leader is often seen as an authority figure (Chung, 2004). Harris (2012) reported that Black college students expect their group leader to understand their cultural background. They also expect their leaders to have led Black groups previously. She further added that where participants often showed the preference for other group members being of same race and ethnicity as the participants, they did not expect the group leader to be of their same race/ethnicity. Ignorance of these variables and client expectations is another possible barrier to group psychotherapy. The current study will explore college students' expectations of group leaders and will examine them as a potential barrier to group psychotherapy by comparing it with the participant's level of willingness to enroll in a group psychotherapy process.

**Multicultural Identity Variables.** Race, ethnicity, sexual orientation and other diversity variables affect the group process tremendously. Although groups focused on multicultural identities are essentially different than traditional psychotherapy groups, most psychotherapy groups at UCCs are heterogeneous in terms of the members' diversity and identity variables. It thus becomes important to take these variables into consideration during the formation, process and termination stages of a group (Delucia-Waack, 2004).

These variables are important to be considered for the group members as well as the group leaders perspectives. A group leader needs to prepare the members with regard

to group expectations and behaviors, depending on the type of group and the culture-specific attitudes, values and beliefs of various group members (Rivera, 2004).

Multicultural variables also have a significant impact on people's willingness to participate in group psychotherapy. Harris (2012) reported that among Black college students, expectations of being judged due to their race/ethnicity by other group members or group leaders, was significantly related to their willingness to participate in group psychotherapy. Additionally, the fear that other group members or group leaders will hold racial stereotypes and discriminate was also significantly related with the willingness to enroll in the group psychotherapy process (Harris, 2012). This shows the importance of multi-culturally competent group leaders as well as clarifying the myths and fears during the pre-group preparation.

***Racial and Cultural Identity Development (R/CID)***. Identity variables are essential in defining an individual's personality, their self-concept, perception of others, and their perception of the environment. These identity variables become even more important when dealing with college students as clients, since college students are often in the process of exploring their sexual, racial and other identity variables (Kincade & Kalodner, 2004).

Although researchers have suggested various methods on how race and ethnicity should be explained and defined (Worrell & Gardner-Kitt, 2006), the terms race and ethnicity are often used interchangeably (Harris, 2012). Helms (1990) defines racial identity as belonging to or sharing a collective identity based on shared common racial heritage. Ethnic identity, on the other hand, can be defined as a 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 (Phinney, DuPont, Espinosa, Revill, & Saunders, 1994).

A strong racial identity is important for high self-esteem, self-clarity as well as the appreciation of others (Helms & Cook, 1999). The impact of racial identity development (RID) of group members on each other as well as on group leaders is equally important among the minority population as the White clients. Furthermore, the understanding of the interactions of different client variables is important in order to facilitate group process and exercises (Suri, 2012). For example, Black males have different privileges based on the gender as compared to a European-American male (Franklin & Pack-Brown, 2001), and both of their experiences will be much different from Latina/Latino clients. Male White clients are more likely to process and respond from an individualistic viewpoint during group exercises as compared to Asian-American clients holding a more collectivist viewpoint (Chung, 2004).

*International students.* Among international students, acculturation has a huge impact on expectations for and outcomes of group psychotherapy. Leong, Wagner, and Kim (1995) studied expectations for group counseling of Asian-American college students. The researchers found that more acculturated Asian-American students had more positive attitudes toward group treatment and seeking professional help. When individuals from one culture come in contact with another culture their belief thinking and behavior changes due to the interaction with a different culture as a part of acculturation (Berry, 1993). Pasupuleti (2014) States that heritage acculturation and ethnic identify are associated with lower levels of stress for racial/ethnic minority participants. In turn, strong ethnic identity leads to increased likelihood of seeking

psychotherapy when need (Pasupuleti, 2014). Therefore, it is important to understand each group member's acculturation level and their ethnic identity.

*White racial identity.* Non-Hispanic whites comprise the majority of the U.S. population (78.1%; U.S. Census Bureau, 2011). Helms (2003) notes that most white people do not consider how their own racial backgrounds, histories and life experiences affect their psychological development. Helms (1995) describe the process of white racial identity development (WRID) as a two-phase process: Abandonment of Racism & Defining a Non-Racist Identity. According to the model, a white individual goes through the following stages of racial identity development: contact stage, disintegration stage, reintegration stage, pseudo independence stage, immersion/emersion status or Autonomy Status. The stage of development is dependent on the individual's exposure to diverse cultures. Furthermore, college students are likely to be affected by diversity discussions and training, that may be a part of their curriculum.

*Social Desirability.* There is plethora of research on the impact of white counselors on racially-diverse clients in individual and group psychotherapy, such as the discussion about white privilege by Neville, Worthington & Spierman (2001). On the other hand, there is little research on the impact and attitudes of White clients towards racially-diverse group leaders or other group members who are of different racial and/or ethnic backgrounds. White college students, based on their exposure to diversity and their stage of WRID, may feel uncomfortable with the racial and ethnic diversity of the group (members and/or leaders). Additionally they may feel uncomfortable addressing this issue and/or give honest feedback to other group members because of the fear of being perceived as "racist".

This study attempted to tap into the preference and defensiveness of the White college students towards the multicultural issues and discussions. Additionally, the study measured participants' interest in diverse social and cultural activities, the extent to which they value the impact of diversity on self-understanding and growth, and their degree of comfort with diverse individuals. This information will be beneficial to tailor the group psychotherapy experience for students, enabling them to maximize the benefit and progress towards their therapeutic goals.

***Impact of other group members' diversity variables.*** The United States is experiencing a rapid shift in its demographic topography, due to the increase in non-white, non-European and non-English speaking groups and background (D'Andrea & Daniels, 2001). Thus counseling centers will likely have groups comprised of different demographic variables.

The multicultural variables among the group-members also have a significant impact on the group outcome. Clients from a minority group such as those coming from a collectivistic culture or clients with disabilities often prefer and show better outcomes in the presence of at least one other group member sharing their diversity variable. Yalom and Leszcz (2005) describes that this helps the client to connect with at least one other client in the group and also generates the feeling of universality, which is one of the eleven essential therapeutic variables.

Furthermore, group process often brings about interpersonal discussions as part of the psychotherapeutic experience. Different members of the group participate and react differently based on their racial/cultural identity development (R/CID) or WRID stage. Helms (1992) describe four types of possible interactions: parallel, progressive,

regressive and crossed racial-cultural interaction. In parallel relationships, the dyadic participants react to and process racial information in similar ways. In progressive relationships, the participant from a group with more social power reacts in a more sophisticated manner than the member from a group with less social power. The regressive relationship occurs when person from a group with more social power responds from a primitive ego status viewpoint, whereas, the crossed relationship is the one in which the participants perceive and react to racial discussions using direct confrontation and in opposition to each other.

The interactions of two groups of people not only bring about change in the person from a minority group, but may also bring about changes in the cultural pattern of the majority group members (Redfield, Linton, & Herskowitz, 1936). In reference to psychotherapy groups at UCCs, this means that the interaction among people from various diverse backgrounds such as racial and ethnic identity, gender, disability, and sexual orientation, not only impacts the members of the minority group but also impacts the members of majority group.

***Impact of group leader's diversity variables.*** In earlier studies, ethnic matching has been found helpful in strengthening the therapeutic alliance, reducing attrition, maximizing treatment adherence and enhancing identity development and modeling (Sue, 1998). However, a recent meta-analytic study has shown no ethnic matching to have no significant impact on the psychotherapy process (Cabral, 2011). Furthermore, ethnic matching may not always be feasible, particularly in a group with ethnically diverse members. Furthermore, ethnic matching can limit members and leaders exposure to alternate perspectives and perceptions. Nonetheless, the interventions made by a therapist

should be culturally sensitive and relevant. Arrendondo (1999) posits that a counselor should have an awareness and understanding of personal beliefs and attitudes, and the knowledge he/she holds about client's worldviews as well as their ability to provide ethical and culturally relevant interventions. In a study conducted on group work with Black individuals, Smith (2000) found that when the culturally sensitive group interventions helped the members to better interact with their environment and manage their stress better.

Different diversity variables affect client enrollment and participation in different ways. For example; even though group work tends to be congruent with Native-American culture, Native-American clients have high drop-out rates, primarily due to reluctance with self-disclosure (Garrett, 2004). A group leader needs to be aware of culturally congruent interventions specific to different diversity variables of client/s. For example: A drug-use/abuse intervention may look different for a Native-American client who may abuse Peyote, but still uses the drug for religious reasons as compared to a White college student who uses the same drug solely for recreational purposes. Another example comes from the writing of Pack-Brown and Fleming (2004), where they suggested that personal conduct among the African-American population is often organized through movement, such as getting out of one's seat or gesturing with hands and neck. Permitting such movements during the group process creates a freedom of expression and more intense involvement in the group exercises for African-American clients. Alcohol use among Latina/Latino individuals has been linked to the acculturation level. It is therefore essential to explore the social and cultural aspects of alcohol use when conducting an

Alcohol or Drug intervention with a Latina/Latino client (Black and Markides, 1993; Marin, Posner, and Kinyon, 1993).

Understanding of racial and cultural variables and their impact on identity, self-concept and perception are important parts of the group process. Lack of understanding and/or an opportunity to discuss their significance may lead to premature termination.

Overall, an understanding of racial and ethnic identities on clients' understanding of self and others is essential to for culturally sensitive group psychotherapy. Additionally, understanding of clients' expectations from group leaders and group members can lead to a deeper understanding of the barriers towards group psychotherapy within group members' cultural contexts. As such it provides an opportunity to address these barriers with an aim to increase the efficacy.



## **Chapter III**

### **Methods**

The present research included 3 studies aimed at identifying the barriers to group psychotherapy among college students of 3 racial/ethnic identities: Black/African-American, White/Caucasian and O.M. These barriers were studied by exploring the variables that impact the likelihood of college students' participation in group psychotherapy, their distress management strategies, and group-related multicultural considerations. As such, study 1 replicated the research conducted by Harris (2012) exploring the variables relevant for Black college students, while studies 2 and 3 explored the variables impacting White and O.M. college students respectively.

#### **Participants and procedure**

Participants were recruited using the snowball sampling technique. This research method is commonly utilized to target a population that may be difficult to sample with convenience (Lapan & Quartaroli, 2009). Snowball technique is particularly beneficial in providing an element of anonymity when exploring sensitive or emotional issues (Streeton, Cooke, & Campbell, 2004). On the other hand, the snowball technique brings the limitation of lack of knowledge about the incentives that may have been added at any step or by any particular individual along the process. Additionally the exact return rate cannot be established. The survey link was distributed to college students via e-mail, by their professors. The email contained a brief description of the purpose and procedure of the study and a link to the online survey issued through Wright State University Qualtrics

system. Students were recruited from three universities: Wright State University, Stony Brook University and Penn State University. In order to participate in this study, participants had to meet the following requirements: Self-identify as Black, White or O.M. students, be at least 18-years-old, and be currently enrolled full-time or part time in college.

**Study 1.** A total of 23 Black college students were included in this study. In terms of gender, 18 (78.3%) of the students were women, 5 (21.7%) of the students were men, and 0 (0%) endorsed the “other” category. The majority of students were representative of a traditional undergraduate college age, with 21 (91.3%) students stating they were between 18 and 25 years old. 2 students were between the ages of 26 and 33, while none of the participants were in the following categorical ages: students between 34 and 41 years old; students between 42 and 49 years old; and students 50 years old or older. Out of 23 participants, 6 (26.1%) students reported that they were the first person in their family to attend college, and only 1 (4.3%) answered “Yes” to “In college, are you considered an international student.”

**Study 2.** A total of 83 White college students were included in this study. In terms of gender, 53 (63.9%) of the students were women, 20 (36.1%) of the students were men, and 0 (0%) endorsed the “other” category. The majority of students were representative of a traditional undergraduate college age, with 73 (88.0%) students stating they were between 18 and 25 years old. The rest of participants were in the following categorical ages: 7 (8.4%) students between 26 and 33 years old; 2 (2.4%) students

between 34 and 41 years old; 1 (1.2%) students between 42 and 49 years old; and 0 (0%) students 50 years old or older. Out of 83 participants, 19 (22.9%) students reported that they were the first person in their family to attend college, and 10 (12.0%) answered “Yes” to “In college, are you considered an international student.”

**Study 3.** A total of 36 O.M. college students were included in this study. In terms of gender, 10 (27.8%) of the students were women, 26 (72.2%) of the students were men, and 0 (0%) endorsed the “other” category. The majority of students were representative of a traditional undergraduate college age, with 29 (80.6%) students stating they were between 18 and 25 years old. 7 (19.4%) of the participants were within the age range of 26 and 33, while none of the participants were in the following categorical ages: between 34 and 41 years old; between 42 and 49 years old; and 50 years old or older. Out of 83 participants, 5 (13.9%) students reported that they were the first person in their family to attend college, and 28 (77.8%) answered “Yes” to “In college, are you considered an international student.”

### **Instruments**

Participants were asked to complete two measures. The first measure was a demographic information page that asked for age, gender, enrollment in college, academic classification, if the student is identified as international, if the student is a first generation college student, ethnicity, and race (Appendix 2).

The second measure was selected based on the participants’ racial self-identification. For Black participants, the second measure was a modified version of the Barriers Scale, as developed by Harris (2012) (Appendix 3.1). The survey included 61-items in total, 13 of which required a *yes* and *no* response. The remaining 48 items were

measured on a 5-point likert scale (1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Neutral*, 4 = *Agree*, and 5 = *Strongly Agree*). The survey was modified from the original survey, in that the descriptor for 3 was changed from undecided to neutral to more specifically capture participants' level of agreement/disagreement with each statement. Additionally, the Multi-cultural section was divided into three blocks, namely 'multicultural variables: group members,' 'multicultural variables: group leaders,' and 'multicultural variables: stereotypes and discrimination.' There were total of 58 items. Out of 48 items, 3 inquired about students' prior participation in individual and group psychotherapy, and the use of psychotropic medication; 20 items asked students about their willingness to participate in group psychotherapy and distress management strategies, 20 items inquired about their expectations of group psychotherapy, group members, and group leaders, and 15 rating items measured multicultural considerations. The multicultural items presented a variety of different themes for students to answer regarding ethnicity/race, discrimination, and stereotypes.

For White and O.M. participants, a modified version of the Barriers Scale developed by Harris (2012) was used. In order to make the Barriers Scale more culturally relevant to White and O.M. students, adaptations were made to survey questions to reflect research about that population. Changes to the survey also included questions related to comfortableness in regards to other racial/ethnic identities, and comfortableness with multicultural discussion.

The modified versions of the survey for the White (Appendix 3.2) and O.M. (Appendix 3.3) students included 55 items. The survey consisted of 5 items asking about at prior treatment (individual psychotherapy, group psychotherapy, psychiatry, use of

psychotropic medication, and family psychotherapy). Responses to these items were in a *Yes* or *No* format. Responses to 8 other items were rated on a 5-point Likert scale (1= *Almost Always*, 2= *Usually*, 3= *Sometimes*, 4= *Very rarely*, and 5= *Almost never*) and the remaining 38 items were rated on a 5-point Likert scale (1= *Strongly Disagree*, 2= *Disagree*, 3= *Neutral*, 4= *Agree*, and 5= *Strongly Agree*). The total of 55 items inquired about psychotherapy participation, group psychotherapy participation, distress management strategies, expectations of group psychotherapy, expectations from group members, expectations from group leader, and multicultural variables.

### **Research Questions and Hypotheses**

In order to fulfill the purpose of this research, six hypotheses were developed for each study, drawing on college student population and group psychotherapy literature. The following questions represent the research questions and their respective hypothesis.

**Study 1.** The following statements represent the hypotheses for study 1:

1. *Hypothesis 1:* Black students who have previously participated in individual or group psychotherapy are more likely to participate in group psychotherapy.
2. *Hypothesis 2:* Black students who have previously taken psychotropic medication are more likely to participate in group psychotherapy.
3. *Hypothesis 3:* Black college students do not know what to expect in group psychotherapy.
4. *Hypothesis 4:* Black college students are more likely to participate in group psychotherapy if other Black students are in the group.

5. *Hypothesis 5:* Black college students consider group psychotherapy as a healthy distress management strategy.
6. *Hypothesis 6:* Negative assumptions with regards to racial and ethnic identity decreases students' willingness to join group psychotherapy.

**Study 2.** The following statements represent the hypotheses for study 2:

1. *Hypothesis 1:* College students' willingness to attend group psychotherapy increases if they have been involved in individual psychotherapy in the past.
2. *Hypothesis 2:* White students who have previously taken psychotropic medication are more likely to participate in group psychotherapy.
3. *Hypothesis 3:* White college students do not know what to expect in group psychotherapy, and their willingness to attend group increases when a description about the group is provided.
4. *Hypothesis 4:* White college students are more likely to participate in group psychotherapy if other White students are in the group.
5. *Hypothesis 5:* White college students consider group psychotherapy as a healthy distress management strategy.
6. *Hypothesis 6:* Negative assumptions with regards to racial and ethnic identity decreases White students' willingness to join group psychotherapy.

**Study 3.** The following statements represent the hypotheses for study 3:

1. *Hypothesis 1:* O.M. students' willingness to attend group psychotherapy increases if they have been involved in individual psychotherapy in the past.
2. *Hypothesis 2:* O.M. students who have previously taken psychotropic medication are more likely to participate in group psychotherapy.
3. *Hypothesis 3:* O.M. college students do not know what to expect in group psychotherapy.
4. *Hypothesis 4:* O.M. college students are more likely to participate in group psychotherapy if other students of same race/ethnicity are in the group.
5. *Hypothesis 5:* O.M. college students consider group psychotherapy as a healthy distress management strategy.
6. *Hypothesis 6:* Negative assumptions with regards to racial and ethnic identity decreases O.M. students' willingness to join group psychotherapy.

### **Analysis of Data**

The collected data was analyzed using Statistical Package for the Social Sciences (SPSS) v.21. Descriptive statistics were calculated for each measure, including: means, percentages and frequencies to gain a better understanding of student responses to the survey questions. Frequency distribution, Chi-square analyses and Fisher's exact tests to examine the relationships among variables, themes and distribution of the data.

## **Chapter IV**

### **Results**

Results from each study are presented in this chapter in the following manner:

First, an analysis of the previous use of services such as individual psychotherapy, group psychotherapy and psychiatrist by gender; then, results to each research item and hypothesis are presented. Finally, group expectations and multicultural considerations are presented.

#### **Study 1: Barriers to group psychotherapy among Black/African-American college students**

**Participation in Different Psychotherapy Modalities.** When analyzing the utilization of psychotherapy and psychiatric services, it is important to evaluate if there are significant differences in utilization of these services among different genders. Since none of the participants identified themselves as transgender or other gender-identity, the utilization of individual psychotherapy, group psychotherapy and psychiatric services were compared between men and women, using a Mann-Whitney Wilcoxon test.

Overall, in regards to the utilization of individual psychotherapy ( $p= 0.801$ ), group psychotherapy ( $p= 0.745$ ) and psychotropic medication ( $p=0.363$ ), there were no significant differences between Black men and women.

**Results of Tested Hypotheses.** Results from the present hypotheses reveal potential barriers to group psychotherapy.



***Hypothesis 1: Black students who have previously participated in individual or group psychotherapy are more likely to participate in group psychotherapy.*** A Fisher's exact analysis was applied to item 1, "I have participated in individual psychotherapy," item 2, "I have participated in group psychotherapy," and item 21, "when I am in distress, it is likely I will consider participating in group psychotherapy." Participants had the option to answer item 1 and item 2 with a *Yes* and *No response*, and item 21 using 5-point likert scale (strongly disagree to strongly agree), however due to a small number of participants and in an attempt to reduce the error, the 5-point likert scale was condensed into a 3-point likert scale (disagree, neutral, agree).

After accounting for the Bonferroni adjustment, significant difference in the expected and observed values using items 1 and 21 was not detected, indicating that the history of individual psychotherapy participation did not increase the likelihood of group psychotherapy participation for Black college students ( $X^2(2, N = 23) = 2.702, p=0.482$ ). Likewise, no significant difference in the expected and observed values was detected using items 2 and 21, indicating that based on this data, the history of group psychotherapy participation does not increase the likelihood of group psychotherapy participation for Black college students ( $X^2(2, N = 23) = 1.218, p=1.000$ ).

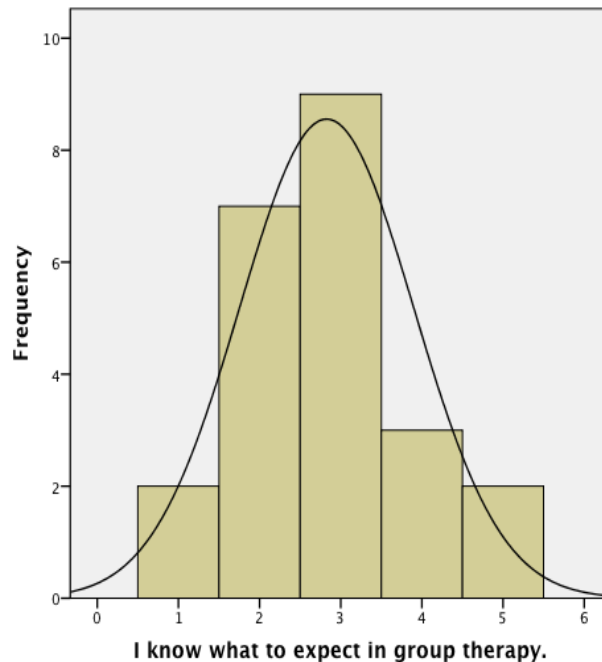
***Hypothesis 2: Black students who have previously taken psychotropic medication are more likely to participate in group psychotherapy.*** A Fisher's exact analysis was applied to item 3, "I have used psychotropic medication," and item 21, "when I am in distress, it is likely I will consider participating in group psychotherapy." Participants had the option to answer item 3 with a *Yes* and *No response*, and item 21, "when I am in distress, it is likely I will consider participating in group psychotherapy."

Participants had the option to answer item 1 and item 2 with a *Yes* and *No response*, and item 21 using 5-point likert scale (strongly disagree to strongly agree), however due to a small number of participants and in an attempt to reduce the error, the 5-point likert scale was condensed into a 3-point likert scale (disagree, neutral, agree).

Using Fisher's exact analysis, no statistical significance was found between the two statements, indicating that based on this data, the history of psychotropic medication's use does not increase the likelihood of group psychotherapy participation for Black college students ( $\chi^2(2, N = 23) = 3.251, p=0.198$ ).

***Hypothesis 3: Black students do not know what to expect in group psychotherapy.***

Frequency distribution was used to evaluate the participants' responses to item 28 "I know what to expect in group psychotherapy." The results indicated a slightly skewed distribution towards the "disagree" end of the scale (Skewness= 0.36). Only 21.7% (n=5) endorsed having a clear understanding about group psychotherapy process. Out of the remaining 78.3% of the participants, 39.1% (n= 9) reported that they do not know what to expect in group psychotherapy, while the other 39.1% (n=9) endorsed neither knowing nor not knowing what to expect in group psychotherapy. As such, majority of the Black students did not know what to expect in group psychotherapy.



*Figure 1. Histogram of Black students' response to "I know what to expect in group psychotherapy"*

In order to explore the impact of understanding of group psychotherapy process and expectations on Black students' likelihood of participation in group psychotherapy, a Fisher's exact analysis was applied to item 28 and item 21 of the survey. For both Item 28 (I know what to expect in group psychotherapy) and item 21 (willingness to participate in group psychotherapy), participants' responses were collected using a 5-point likert scale (strongly disagree to strongly agree), however due to a small number of participants and in an attempt to reduce the error, the 5-point likert scale was condensed into a 3-point likert scale (disagree, neutral, agree). The results indicated that the knowledge about knowing what to expect in group psychotherapy did not impact Black college students' willingness to participate in group psychotherapy ( $\chi^2(4, N = 23) = 4.917, p=0.336$ ).

***Hypothesis 4: Black students are likely to participate in group psychotherapy if other Black students are in the group.*** A Fisher's exact analysis was applied to item 47 (I expect there to be group members who have same race/ethnicity as me) and item 21 (willingness to participate in group psychotherapy). Participants had the option to answer items using 5-point likert scale, however due to a small number of participants and in an attempt to reduce the error, the 5-point likert scale (strongly disagree to strongly agree) as condensed into a 3-point likert scale (disagree to agree). The scale was used as a categorical variable, rather than a continuous variable. The results indicated that racial and ethnic matching did not effect Black college students' willingness to participate in group psychotherapy ( $X^2(4, N = 23) = 1.358, p=0.970$ ).

***Hypothesis 5: Black college students consider group psychotherapy as a healthy distress management strategy.*** Frequency distribution was used to evaluate the participants' responses to item 53, "I expect Black/African-American students to participate in group psychotherapy." The majority of the participants (56.5%) reported that they expected Black college students to participate in group psychotherapy. 13% (n=3) of the students reported that they did not expect Black college students to participate in group psychotherapy, and 30.4% (n=7) remained neutral on the subject.

Additionally, in response to item 61, "I expect Black college students to seek group psychotherapy as a last resort after exploring other options, " Only 30.4% (n=7) of the participants reported that they did not expect Black college students to seek group psychotherapy as a last resort. 13% (n=3) of the participants endorsed that group psychotherapy is the last resort for Black students, while 56.5% (n=13) remained neutral on the item.

Furthermore, Black college students' preferred methods of distress management were analyzed to gain a better understanding with regards to their distress management. Based on the frequency analysis of items 14 to 23 (coping strategies), Black college students identified their preferred methods of distress management in the following order: Seek help from family and friends (M=3.87), seek guidance from religious leaders (M=3.70), seek support from the intimate partner (M=3.65), face the problem directly (M=3.57), talk to a therapist (M=3.30), enroll in group psychotherapy (M=2.83), talk to a faculty/staff member (M=2.83), talk to a physician (M=2.70), ignore the problem and do nothing about it (M=2.39), engage in drugs and alcohol (M=2.04).

***Hypothesis 6: Negative assumptions with regards to racial and ethnic identity decreases students' willingness to join group psychotherapy.*** Participants' responses to multicultural items of the scale were evaluated to understand the impact of racial and ethnic identity on Black college students in group psychotherapy. Majority of the participants reported that they do not expect to be judged by group leaders (73.9%, n=17) or group members (69.6%, n= 16) because of their race or ethnicity. Likewise, majority of the participants reported that they do not expect to be discriminated against by group leaders (82.6%, n=19) or group members (78.3%, n= 18) because of their race or ethnicity. When inquired about the expectations that group leaders or other group members would hold racial/ethnic stereotypes, majority of the participants reported that they do not expect group leaders (52.2%, n=12) or other group members (47.8%, n=11) to hold such stereotypes. On the other hand, 26% (n=6) of the participants reported that they expect group leaders to hold racial/ethnic stereotypes and 30.4% (n=7) reported that they expect group members to hold such stereotypes. Overall, while majority of the

participants reported that they do not expect to be judged or discriminated against in group psychotherapy because of their race and ethnicity, a smaller but significant percent of participants endorsed that they expect other group members and even group leaders to hold certain racial/ethnic stereotypes.

Participants' responses to multicultural items of the scale were compared against item 21 (willingness to participate in group psychotherapy) to evaluate for the impact of a fear of being judged, stereotyped or discriminated against on Black college students' willingness to participate in group psychotherapy. The analysis was conducted using the Fisher's exact test; and the Bonferroni adjustment was applied to reduce the error. The results indicated that none of the multicultural items affected participants' willingness to enroll in group psychotherapy (see Table 1 below).

Table 1

*Racial And Ethnic Concerns as Barriers to Group Psychotherapy for Black Students*

	Ordinal by ordinal (Gamma-value )	Exact Significance (p-value)
I expect to be judged by group leaders due to my race/ethnicity.	-0.061	0.871
I expect to be judged by group members due to my race/ethnicity.	-0.119	0.642
I expect group leaders to discriminate against me because of my race/ethnicity.	-0.085	0.763
I expect group members to discriminate against me due to my race/ethnicity.	-0.106	0.711

I expect group leaders to hold stereotypes of me due to my race/ethnicity.	0.126	0.599
I expect group members to hold stereotypes of me due to my race/ethnicity.	0.377	0.105

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**Study 2: Barriers to group psychotherapy among White/Caucasian college students**

**Participation in Different Psychotherapy Modalities.** When analyzing the utilization of psychotherapy and psychiatric services, it is important to evaluate if there are significant differences in utilization of these services among different genders. Since none of the participants identified themselves as transgender or other gender-identity, the utilization of individual psychotherapy, group psychotherapy and psychiatric services were compared between men and women, using a Mann-Whitney Wilcoxon test. Overall, in regards to the utilization of individual psychotherapy ( $p=0.682$ ), group psychotherapy ( $p=0.701$ ) and psychotropic medication ( $p=0.514$ ), there were no significant differences between White men and women.

**Results of Tested Hypotheses:** Results from the present hypotheses reveal potential barriers to group psychotherapy.

**Hypothesis 1: White students who have previously participated in individual or group psychotherapy are more likely to participate in group psychotherapy.** A Fisher’s exact analysis was applied to item 1 (previous participation in individual psychotherapy) and item 2 (previous participation in group psychotherapy) against item 24 (likelihood of participating in group psychotherapy when experiencing distress). Participants had the option to answer item 1 and item 2 with a *Yes* and *No response*, and

item 24 using 5-point likert scale (strongly disagree to strongly agree), however due to a small number of participants and in an attempt to reduce the error, the 5-point likert scale was condensed into a 3-point likert scale (disagree, neutral, agree).

After accounting for the Bonferroni adjustment, significant difference in the expected and observed values using items 1 and 24 was not detected, indicating that the history of individual psychotherapy participation did not increase the likelihood of group psychotherapy participation for White college students ( $\chi^2(2, N = 83) = 1.217, p=0.608$ ). Likewise, no significance difference in the observed and expected values was detected using items 2 and 24, indicating that based on this data, the history of group psychotherapy participation does not increase the likelihood of group psychotherapy participation for White college students ( $\chi^2(2, N = 83) = 5.728, p=0.029$ ).

***Hypothesis 2: White students who have previously taken psychotropic medication are likely to participate in group psychotherapy.*** A Fisher's exact analysis was applied to item 3 (have you ever gone to a psychiatrist) and item 4 (have you ever used medication that was prescribed to you in order to treat a psychological disorder) against item 21 (participation in group psychotherapy). The participants had the option to answer items 3 and 4 with a *Yes* or *No* response and item 24 by using a 5-point Likert scale (strongly disagree to strongly agree). However, due to small number of participants within each cell, the 5-point likert scale was condensed into a 3-point likert scale (disagree to agree) to reduce the error.

After accounting for the Bonferroni adjustment, no statistical significance was found between the two statements, indicating that based on this data, the history of psychotropic medication's use does not increase the likelihood of group psychotherapy



participation for White college students ( $X^2(2, N = 83) = 0.226, p=1.000$ ). Likewise, no statistical significance was found between the two statements, indicating that based on this data, the history of medication use does not increase the likelihood of group psychotherapy participation for White college students ( $X^2(2, N = 83) = 1.473, p=0.506$ ).

***Hypothesis 3: White college students do not know what to expect in group psychotherapy. As such, their willingness to attend group psychotherapy increases when a description about the group is provided.*** In order to evaluate if White college students are more likely to participate in group psychotherapy if they are presented with information about group psychotherapy, their responses were collected on items that presented certain common aspects of all groups, such as teaching techniques to relieve distress (item 7) and providing emotional and moral support (item 10). The items were evaluated using a chi-square analysis. After accounting for the Bonferroni adjustment, the observed values for item 10 were found to significantly different than the expected values ( $X^2(16, N = 83) = 35.398, p=0.003$ ). However, no significant difference was found using item 7 ( $X^2(16, N = 83) = 31.231, p=0.013$ ). These results indicate that the White college students are more likely to participate in group psychotherapy when educated about the emotional and moral support provided within a group psychotherapy setting.

Participants' willingness to participate in thematic groups was analyzed by comparing their willingness to participate in a group that helps them learn about themselves and how to relate to others (item 8) and discusses the impact of family issues on their mental health (item 9) against the participants' response to their willingness to engage in group psychotherapy in general (item 24). The items were evaluated using a chi-square analysis. After accounting for the Bonferroni adjustment, the observed values

for item 9 were found to be significantly difference than the expected values ( $X^2(16, N = 83) = 39.237, p=0.001$ ). However, no significant differences were observed for item 8 ( $X^2(16, N = 83) = 26.296, p=0.506$ ). While the difference between the observed and the expected values for item 8 were not significant, it should be noted that null hypothesis was rejected due to a low alpha value ( $=0.007$ ) resulting from the Bonferroni correction ( $p=0.05$ ). These results indicate that White college students are more likely to enroll and engage in group psychotherapy when certain thematic groups are marketed as compared to marketing group psychotherapy in general.

Finally, participants' responses to their willingness to participate in group psychotherapy when offered within a college counseling center (item 12), at a private and secluded place (item 13) and for free or at concessional prices (item 11) were compared against item 24 to understand the impact of these privacy and financial concerns as barriers towards group psychotherapy participation for college students. The items were evaluated using a chi-square analysis. After accounting for the Bonferroni adjustment, the observed values for item 11 were found to be significantly difference than the expected values ( $X^2(16, N = 83) = 40.560, p=0.001$ ). However, no significant differences were observed for item 12 ( $X^2(16, N = 83) = 22.891, p=0.117$ ) and item 13 ( $X^2(16, N = 83) = 24.117, p=0.087$ ). These results indicate that the White college students are more likely to engage in group psychotherapy when the services are provided free of cost or at a concessional fee.

Overall, these results indicate that the White college students are more likely to enroll in group psychotherapy when educated about group psychotherapy, when thematic

groups are marketed as compared to general group psychotherapy, and when the group psychotherapy services are offered free of cost or at concessional prices.

***Hypothesis 4: White college students are likely to participate in group psychotherapy if other White students are in the group.*** In order to evaluate if emphasizing the presence of other White students increases White college students' willingness to participate in group psychotherapy, a chi-square analysis was applied to item 43 (I expect there to be group members that have the same race/ethnicity as me) and item 24 (willingness to participate in group psychotherapy). Additionally, participants responses to item 44 (I would prefer all other group members to be of same race/ethnicity as me) were compared against item 24 (willingness to participate in group psychotherapy) in order to evaluate the impact of a racial/ethnically homogenous group on students' willingness to participate in group psychotherapy. Participants had the option to answer items using 5-point likert scale (strongly disagree to strongly agree), however due to a small number of participants and in an attempt to reduce the error, the 5-point likert scale as condensed into a 3-point likert scale (disagree to agree).

Significant difference between the observed and the expected values was not detected for item 43 ( $X^2(4, N = 83) = 1.719, p=0.803$ ) or for item 44 ( $X^2(4, N = 83) = 7.384, p=0.104$ ). These results indicate that emphasizing the presence of other White college students did not have an impact on White college students willingness to participate in group psychotherapy. Likewise, emphasizing a racially/ethnically homogenous group does not impact, positively or negatively, the likelihood of White college student's willingness to participate in group psychotherapy.

***Hypothesis 5: White college students consider group psychotherapy as a healthy distress management strategy.*** White college students' preferred methods of distress management were analyzed to gain a better understanding with regards to their distress management. Based on the frequency analysis of items 14 to 25 (coping strategies), White college students identified their preferred methods of distress management in the following order: Seek advice from friends (M=3.70), deal with problems on their own (M=3.57), seek support from intimate partner (M=3.39), get help from their family (M=3.36), attend individual psychotherapy (M=2.96), seek help from religious leaders (M=2.66), ignore the problem and do nothing about it (M=2.45), talk to physician (M=2.39), attend group psychotherapy (M=2.34), attend family psychotherapy (M=2.22), discuss their problems with a faculty/staff member (M=2.00), and engage in drugs/alcohol (M=1.75). These results indicate that attending group psychotherapy was one of the least preferred methods of distress management for White college students.

***Hypothesis 6: Negative assumptions with regards to racial and ethnic identity decreases students' willingness to join group psychotherapy.*** Participants' responses to multicultural items of the scale were evaluated to understand the impact of racial and ethnic identity on White college students in group psychotherapy. Majority of the participants reported that they do not fear to be judged by group leaders (56.62%, n=47) or other group members (54.2%, n=45) due to their opinion about race and ethnic issues. Additionally, majority of the participants reported that they do not fear to be judged by group leaders (53.01%, n=44) or other group members (60.2%, n=50) due to their experiences with people from difference race and ethnicities. In regards to the comfort of participating freely in a racially or ethnically diverse group, majority of the White

students reported that they feel comfortable expressing their honest opinion in a racially (59.03%, n=49) or ethnically diverse (57.83%, n=48) group setting.

Participants' responses to multicultural items of the scale were compared against item 24 (willingness to participate in group psychotherapy) to evaluate for the impact of a fear of being judged, stereotyped or discriminated against on White college students' willingness to participate in group psychotherapy. The analysis was conducted using the Fisher's exact test; and the Bonferroni adjustment was applied to reduce the error. The results indicated that White college students fear being judged by other group members due to their experiences with people from different races and ethnicities. Furthermore, they endorsed statements indicating that they are less likely to reflect their opinions freely in a racially and ethnically diverse group. (see Table 2 below).

Table 2

*Racial And Ethnic Concerns as Barriers to Group Psychotherapy for White Students*

	Fisher's Exact value	Exact Significance (p-value)
I fear to be judged by group leaders due to my opinion about race and ethnic issues	8.852	0.053
I fear to be judged by group members due to my opinion about race and ethnic issues	9.557	0.039
I fear to be judged by group leaders due to my experience with people from different race and ethnicity than me.	9.223	0.043
I fear to be judged by group members due to my	12.174	0.009

experience with people from different race and ethnicity than me.

I fear that in a racially diverse group, I may not reflect my opinion freely.	20.25	0.000
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I fear that in an ethnically diverse group, I may not reflect my opinion freely.	19.342	0.000
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Participants were also asked about their fear of being stereotyped or discriminated against. Majority of the participants reported that they do not expect the group leaders (56.62%, n=47) or other group members (53.01%, n=44) to hold stereotypes against them. Likewise, they reported that they do not expect group leaders (65.06%, n=54) or other group members (63.85%, n=53) to discriminate against them due to their race or ethnicity. When these statements were compared against item 24 (willingness to participate in group psychotherapy) using Fisher's exact test and Bonferroni correction, no significance was detected for any of the items (see Table 3 below). These results indicated that White college students did not report a fear of being stereotyped or discriminated against by group leaders or other group members. As such, the fear of being stereotyped or discriminated against did not impact their willingness to participate in group psychotherapy.

Table 3

*Fear of Stereotypes and Discrimination as a Barrier for White Students*

	Fisher's Exact value	Exact Significance (p-value)
Stereotype- group leaders	9.249	0.043
Stereotype- group members	7.560	0.096
Discrimination- group leaders	4.452	0.339
Discrimination- group members	8.159	0.068

Overall, these results indicated that White college students fear being judged by other group members due to their experiences with people from different race and ethnicity. As such, they endorsed statements indicating that they are less likely to reflect their opinions freely in a racially and ethnically diverse group.. As such, these findings highlights the importance of creating a safe space within group psychotherapy setting where both minority and White students can express themselves freely and can learn from each others' experiences and perspectives.

**Study 3: Barriers to group psychotherapy among O.M. college students**

**Participation in Different Psychotherapy Modalities.:** When analyzing the utilization of psychotherapy and psychiatric services, it is important to evaluate if there are significant differences in utilization of these services among different genders. Since none of the participants identified themselves as transgender or other gender-identity, the utilization of individual psychotherapy, group psychotherapy and psychiatric services

were compared between men and women, using a Mann-Whitney Wilcoxon test (see Table 4.10 below).

Overall, in regards to the utilization of individual psychotherapy ( $p=0.497$ ), group psychotherapy ( $p=0.794$ ) and psychotropic medication ( $p=0.876$ ), there were no significant differences between O.M. men and women.

**Results of Tested Hypotheses.** Results from the present hypotheses reveal potential barriers to group psychotherapy.

**Hypothesis 1: O.M. students who have previously participated in individual or group psychotherapy are more likely to participate in group psychotherapy.** A Fisher's exact analysis was applied to item 1 (previous participation in individual psychotherapy) and item 2, (previous participation in group psychotherapy) and item 24 (likelihood of participating in group psychotherapy).” Participants had the option to answer items 1 and 2 with a *Yes* or *No* response and item 24 by using a 5-point Likert scale (strongly disagree to strongly agree). However, due to small number of participants and in an attempt to reduce the error, the 5-point likert scale was condensed into a 3-point likert scale (disagree to agree).

After accounting for the Bonferroni adjustment, significant differences between the observed and the expected values using item 1 and 24 were not detected, indicating that the history of individual psychotherapy participation did not increase the likelihood of group psychotherapy participation for O.M. college students ( $\chi^2(2, N = 36) = 1.071$ ,  $p=0.656$ ). Likewise, no significance difference in the observed and expected values was detected using items 2 and 24, indicating that based on this data, the history of group



psychotherapy participation does not increase the likelihood of group psychotherapy participation for O.M. college students ( $\chi^2(2, N = 36) = 0.736, p=1.000$ ).

***Hypothesis 2: O.M. students who have previously taken psychotropic medication are likely to participate in group psychotherapy.*** A Fisher's exact analysis was applied to items 3 (Have you ever gone to a psychiatrist) and 4 (Have you ever used medication that was prescribed to you in order to treat a psychological disorder) against the item 24 (likelihood of participating in group psychotherapy). Participants had the option to answer items and 4 with a *Yes* or *No* response. Responses to item 24 were collected using a 5-point Likert scale (strongly disagree to strongly agree). However, due to small a number of participants and in an attempt to reduce the error, the 5-point likert scale was condensed into a 3-point likert scale (disagree to agree).

After accounting for the Bonferroni adjustment, no statistical significance was found between the two statements, indicating that based on this data, the history of psychotropic medication's use does not increase the likelihood of group psychotherapy participation for O.M. college students ( $\chi^2(2, N = 36) = 1.885, p=0.556$ ). Likewise, no statistical significance was found between the two statements, indicating that based on this data, the history of medication use does not increase the likelihood of group psychotherapy participation for O.M. college students ( $\chi^2(2, N = 36) = 0.948, p=0.782$ ).

***Hypothesis 3: O.M. college students do not know what to expect in group psychotherapy, and their willingness to attend group increases when a description about the group is provided.*** In order to evaluate if O.M. college students are more likely to participate in group psychotherapy when they are presented with information about group psychotherapy, their responses were collected on items that pertained to

common aspects of all groups, such as teaching techniques to relieve distress (item 7) and providing emotional and moral support (item 10). The items were evaluated using Fisher's Exact analysis. Neither item 7 ( $X^2(4, N = 36) = 5.098, p=0.265$ ), nor item 10 was found to be significantly different than the expected values ( $X^2(4, N = 36) = 2.458, p=0.659$ ). These results indicate that learning about what happens in group psychotherapy did not increase the likelihood of group psychotherapy participation for O.M. college students.

Participants' willingness to participate in thematic groups was analyzed by comparing their willingness to participate in a group that helps them learn about themselves and how to relate to others (item 8) and discusses the impact of family issues on their mental health (item 9) against the participants' response to their willingness to engage in group psychotherapy in general (item 24). The items were evaluated using a chi-square analysis. After accounting for the Bonferroni adjustment, neither of the items were found to be significant (item 8:  $X^2(4, N = 36) = 5.241, p=0.246$ ; item 9:  $X^2(4, N = 36) = 5.474, p=0.243$ ).

Finally, participants' responses to their willingness to participate in group psychotherapy when offered within a college counseling center (item 12), at a private and secluded place (item 13) and for free or at concessional prices (item 11) were compared against item 24 to understand the impact of these privacy and financial concerns as barriers towards group psychotherapy participation for college students. The items were evaluated using Fisher's Exact analysis. None of the items showed a significant difference between the observed and the expected values (item 11:  $X^2(4, N = 36) = 8.733,$

$p=0.047$ ; item 12:  $X^2(4, N = 36) = 7.498, p=0.100$ ; item 13:  $X^2(4, N = 36) = 8.826, p=0.048$ ).

While the difference between the observed and the expected values for item 8 were not significant, it should be noted that the null hypothesis was rejected due to a low alpha value ( $=0.007$ ) resulting from the Bonferroni correction ( $p=0.05$ ). Therefore, a more focused study with a larger sample size is warranted to further explore the hypotheses. Overall, these results indicate that description about group psychotherapy did not increase O.M. college students' willingness to engage in group psychotherapy.

***Hypothesis 4: O.M. college students are likely to participate in group psychotherapy if other students of same race/ethnicity are in the group.*** In order to evaluate if emphasizing the presence of O.M. students increases O.M. college students' willingness to participate in group psychotherapy, a chi-square analysis was applied to item 43 (I expect there to be group members that have the same race/ethnicity as me) and item 24 (willingness to participate in group psychotherapy). Additionally, the participants' responses to item 44 (I would prefer all other group members to be of same race/ethnicity as me) were compared against item 24 (willingness to participate in group psychotherapy) in order to evaluate the impact of a racial/ethnically homogenous group on students' willingness to participate in group psychotherapy. Participants had the option to answer questions using 5-point likert scale (strongly disagree to strongly agree), however due to a small number of participants and in an attempt to reduce the error, the 5-point likert scale as condensed into a 3-point likert scale (disagree to agree).

Significant difference between the observed and the expected values was not detected for item 43 ( $X^2(4, N = 36) = 2.255, p=0.747$ ) or for item 44 ( $X^2(4, N = 36) =$

7.384,  $p=0.104$ ). These results indicate that emphasizing the presence of other O.M. college students did not have an impact on White college students' willingness to participate in group psychotherapy. Likewise, emphasizing a racially/ethnically homogenous group does not impact, positively or negatively, the likelihood of O.M. college student's willingness to participate in group psychotherapy.

***Hypothesis 5: O.M. college students consider group psychotherapy as a healthy coping strategy.*** O.M. college students' preferred methods of distress management were analyzed to gain a better understanding with regards to their distress management. Based on the frequency analysis of items 14 to 25 (coping strategies), O.M. college students identified their preferred methods of distress management in the following order: Seek support from intimate partner (M=3.75), seek help from friends (M=3.72), address problem on their own (M=3.67), seek help from their family (M=3.28), consult religious leaders (M=2.92), attend individual psychotherapy (M=2.89), talk to physician (M=2.69), attend group psychotherapy (M=2.61), attend family psychotherapy (M=2.22), discuss with a faculty/staff member (M=2.14), ignore the problem and do nothing about it (M=1.94), engage in drugs/alcohol (M=1.56). These results indicate that attending group psychotherapy was one of the least preferred methods of distress management for O.M. college students.

***Hypothesis 6: Negative assumptions with regards to racial and ethnic identity decreases students' willingness to join group psychotherapy.*** Participants' responses to multicultural items of the scale were evaluated to understand the impact of racial and ethnic identity on O.M. college students in group psychotherapy. Majority of the participants reported that they fear being judged by group leaders (41.7%, n=15) or other

group members (41.7%, n=15) due to their opinion about race and ethnic issues.

Additionally, majority of the participants reported that they fear to be judged other group members (41.7%, n=15) due to their experiences with people from difference race and ethnicities. When inquired about the fear of being judged by group leaders, majority of the participants remained neutral (36.1%, n=13), while 33.3% (n=12) endorsed the fear of being judged by group leaders. Only 30.6% (n=11) of the O.M. participants reported that they do not fear being judged by group leaders due to their experiences with people from a different race and ethnicity. In regards to the comfort of participating freely in a racially or ethnically diverse group, majority of the O.M. students reported that they do not feel comfortable expressing their honest opinion in a racially (38.9%, n=13) or ethnically diverse (47.2%, n=17) group setting.

Next, participants' responses to multicultural items of the scale were compared against question 24 (willingness to participate in group psychotherapy) to evaluate for the impact of a fear of being judged, stereotyped or discriminated against on O.M. college students' willingness to participate in group psychotherapy. The analysis was conducted using the Fisher's exact test; and the Bonferroni adjustment was applied to reduce the error. Results reflected that none of the items showed a significant impact on O.M. students' willingness to participate in group psychotherapy. Overall, these results indicate that while the O.M. college students endorsed a fear of being judged by group leaders and other group members due to their opinions and experiences, these items did not have a significant impact on their willingness to participate in group psychotherapy (see Table 4 below).

Table 4

*Racial And Ethnic Concerns as Barriers to Group Psychotherapy for O.M. Students*

	Fisher's Exact value	Exact Significance (p-value)
I fear to be judged by group leaders due to my opinion about race and ethnic issues	1.744	0.863
I fear to be judged by group members due to my opinion about race and ethnic issues	5.717	0.217
I fear to be judged by group leaders due to my experience with people from different race and ethnicity than me.	3.534	0.498
I fear to be judged by group members due to my experience with people from different race and ethnicity than me.	5.717	0.217
I fear that in a racially diverse group, I may not reflect my opinion freely.	5.182	0.295
I fear that in an ethnically diverse group, I may not reflect my opinion freely.	5.054	0.288

Participants were also asked about their fear of being stereotyped or discriminated against. Majority of the participants reported that they do not expect the group leaders (36.1%, n=13) or other group members (41.7%, n=15) to hold stereotypes against them. Likewise, they reported that they fear group leaders (38.9%, n=14) will discriminate

against them due to their race or ethnicity. When inquired about fear of being discriminated against by other group members, the majority of the participants remained neutral (47.2%, n=17), while 38.9% (n=14) endorsed the fear of being judged by group leaders. Only 13.9% (n=5) of the O.M. participants reported that they do not fear being judged by group leaders due to their experiences with people from difference race and ethnicities. When these statements were compared against item 24 (willingness to participate in group psychotherapy) using Fisher’s exact test and Bonferroni correction, no significance was detected for any of the items (see Table 5 below). These results indicated that O.M. college students while the majority of O.M. college students expressed a fear of being stereotyped or discriminated against, it did not impact their willingness to participate in group psychotherapy.

Table 5

*Fear of Stereotypes and Discrimination as a Barrier for O.M. Students*

	Fisher’s Exact value	Exact Significance (p-value)
Stereotype- group leaders	7.564	0.099
Stereotype- group members	6.420	0.161
Discrimination- group leaders	3.807	0.471
Discrimination- group members	5.879	0.193

## **Chapter V**

### **Discussion**

The purpose of this study was to identify the barriers that impact college student's attitude towards group psychotherapy at University Counseling Centers. The aim of exploring the potential barriers was achieved by gaining an understanding about college students' attitudes, beliefs and expectations with regards to various components of group psychotherapy. The discussion begins with a summary of the results and relates them to hypotheses of the study. Next, strengths and limitations of the study are addressed, followed by directions for future research.

#### **Utilization of Psychotherapy services (by gender)**

There were no statistically significant differences found in utilization of psychological or psychiatric services by gender in any of the three groups (White/Caucasian, Black/African-American and O.M.). These results signify that there was no significant gender-based difference in utilization of mental health services. However, only a small number of students endorsed seeking mental health treatment, which is consistent with the findings of other studies (Abe-Kim et al., 2007; Kim & Park, 2009; Lee et al , 2009; Nguyen & Anderson, 2005; Umemoto, 2004). Consistent with Pack-Brownn and Fleming's (2004) report, the finding that a large number of college students do not participate in individual or group psychotherapy when experiencing distress suggests a greater need for outreach programs and education. College students



can benefit from outreach programs aimed at creating awareness of the available resources and reducing stigma and misconceptions around seeking mental health treatment (Corrigan, Druss, & Perlick, 2014). Therefore, a greater emphasis is required in promoting active utilization of mental health resources among college students, particularly group psychotherapy, as a healthy distress management strategy.

### **Willingness to Attend Group Psychotherapy**

Previous participation in individual and group psychotherapy did not increase the likelihood of participation in group psychotherapy among Black and O.M. students. However, White college students reported an increased willingness to seek group psychotherapy after participating in individual psychotherapy. While the small sample size could have affected the findings for Black and O.M. student groups, the lack of previous psychotherapy experiences' impact on willingness to seek group psychotherapy could also be a result of their experiences in previous psychotherapy. Alternatively, the findings could also be a result of a lack of emphasis on educating clients about group psychotherapy. The latter possibility is supported by the fact that the majority of the participants remained reported being unclear regarding group psychotherapy process. Therefore, it is important for a clinician to check their own views and biases about group psychotherapy and emphasize the benefits of group psychotherapy when working with clients individually. It may also be beneficial to explore clients' experiences in previous psychotherapy and process any unpleasant experiences that may be act as a barrier

(Hazart, Rogers, & Angert, 1993). Attending to these barriers are likely to facilitate the change in beliefs and attitudes about group psychotherapy.

Likewise, prior experiences of receiving psychiatric services did not increase the participants' willingness to participate in group psychotherapy. Similar to psychotherapists, psychiatric service providers are urged to identify their own views and biases about group psychotherapy. Emphasis on educating clients and addressing barriers is pivotal to promote greater participation and increase outcome efficacy of group psychotherapy at UCCs. An alternate explanation could be an attitude of "quick fix" among college students by utilizing psychopharmacological drugs. It is suggested that the psychiatric service providers in UCCs query for such beliefs and address the importance of psychotherapy when relevant. A focus on promoting group psychotherapy as a healthy distress management strategy is likely to increase awareness and address one of the barriers to group psychotherapy.

### **Knowledge about Group Psychotherapy**

White college students reported greater likelihood of participating in group psychotherapy when the nature of groups was explained, as compared to a general inquiry about their willingness to participate in group psychotherapy. Specifically, students showed significant interest in groups that emphasized techniques to relieve distress, learning about self and relating to others, discussing family issues and their impact on one's mental health, and groups providing emotional and moral support. White college students also reported a higher willingness to enroll in psychotherapy groups that are provided either for free or at concessional rates. However, it should be noted that only two of the factors: discussing family issues and their impact on one's mental health, and

groups providing emotional and moral support, were predictors of students' willingness to enroll in group psychotherapy. In other words, White college students are more likely to enroll in group psychotherapy if they know that the group will offer emotional and moral support, and if they know that they will be able to share their family issues pertaining to their mental health concerns. These results can be utilized in strategic outreach and advertising by university counseling centers. Marks and McLaughlin (2005) mentioned that the ways university counseling services promote counseling services on campus are important for reaching out to college students, and to increase the utilization of such services by college students. Based on the data from the current study, college students are more likely to utilize the group psychotherapy services when certain aspects of groups are highlighted.

O.M. students also endorsed a higher likelihood of participating in group psychotherapy when the nature of groups was explained, as compared to the generic statement asking about their likelihood of participating in group psychotherapy. The highest mean was noted for the group psychotherapy in which the students could learn about themselves and how to relate to others. However, despite the higher mean, the difference between the means was not statistically significant. Furthermore, none of the specific items were proved to be significant predictors of O.M. students' willingness to enroll in group psychotherapy. It should be noted however that small number of participants (*n*) might have affected the sensitivity of the analysis. Nevertheless, the direction of the changes in the mean (higher for self-others group as compared to generic group psychotherapy) should be noted and further explored in future studies.

### **Group Psychotherapy as a Distress management Strategy**

The analysis of distress management strategies among college students of different racial/ethnic groups provided varied results. White students endorsed seeking help from friends as their preferred distress management strategy, followed by dealing with the problems/distress on their own and not seeking help. While this finding reaffirms the self-dependent main-stream culture among White college students, it is also concerning, particularly given the high rates of depression, anxiety and suicide among college students. Next, White college students endorsed seeking help from their intimate partners and families, which was followed by attending individual psychotherapy. Attending group psychotherapy was among the last four distress management strategies for White college students, only above attending family psychotherapy, talking to a faculty/staff member and engaging in alcohol or drugs.

Black students also rated seeking help from family and friends as their most preferred distress management strategy. The results were consistent with findings of the study conducted by Harris (2012). Contrary to their White peers, however, BLACK students endorsed seeking guidance from religious leaders before seeking support from their intimate partners or attending individual/group psychotherapy. This finding reaffirms that Black college students typically rely on their friends, family and religious leaders (Harris, 2012). Black college students also endorsed “facing the problem directly” before seeking individual or group psychotherapy. While the Black student’s preference for distress management strategies were different than their White peer’s preferences, Black students also rated individual and group psychotherapy among their least preferred distress management strategies.

O.M. students endorsed seeking help from their intimate partners and friends as their most preferred distress management strategies. They indicated a higher likelihood of attempting to address the problem on their own, before seeking help from their families, followed by seeking guidance from a religious leader. They rated attending individual and group psychotherapy above attending family psychotherapy, discussing with a faculty/staff member, and ignoring the problem and engaging in alcohol/drugs.

All three groups showed slightly greater means for willingness to enroll in Individual psychotherapy over group psychotherapy; however, the differences were not statistically significant, for any of the groups. All three groups endorsed utilizing support from friends, families, intimate partners and religious leaders before seeking out individual psychotherapy. Furthermore, all groups endorsed attempting dealing with the distress on their own before attending group psychotherapy. White college students even endorsed ignoring the problem and do nothing about it before attending group psychotherapy.

### **Multicultural Variables**

The hypothesis that the college students are more likely to enroll in group psychotherapy if there are other students of same race/ethnicity as themselves was found to be non-significant for all groups. Furthermore, none of the groups showed significantly greater likelihood of enrolling in a group in which all members would be of same race/ethnicity. These results show a great necessity for attention towards college students' distress management strategies, and to advance the attempts on shifting their attitudes about individual and group psychotherapy. Not only strategies such as "dealing with problem on my own," and "ignoring the problem, and not doing anything about it" can be

harmful, they can also deter students from reaching out for other resources by fostering a false sense of isolation and lacking universality.

Among the racial and ethnic variables, none of the groups (White students, Black students, and O.M. students) showed a significant preference for other group members to be of the same race/ethnicity, when compared to their willingness to attend group psychotherapy. Furthermore, none of the groups showed preference for a racially/ethnically homogenous group. These results indicate an openness and acceptance of other ethnicities and races among college students.

With regards to the fear of being judged, O.M. and White college students endorsed a fear of being judged by group leaders and other group members due to their experiences with people of other race/ethnicities. On the other hand, Black did not endorse such fears. Despite having the fear of being judged, the fear did not impact O.M. students' willingness to participate in group psychotherapy. However, White college students' willingness to participate in group psychotherapy was negatively impacted by their fear of being judged by other group members. They also showed fear of not being able to express their opinions freely in a racially and ethnically diverse group. Given the emphasis on diversity training and acceptance in colleges and universities, it is likely that the White students do not feel comfortable sharing their particular beliefs and experiences regarding race and ethnicities as such conversations are not "socially acceptable." Concomitantly, these responses also shed light on subliminal racial stereotypes and generalizations about people of other races/ethnicities, among White college students. Another possible explanation of the results, particularly given White students' fear of judgment, and yet no preference when it came to other group members of same

race/ethnicity can be a possible fear of having their opinions dismissed as racial remarks/comments, and not having their experiences validated by others in the group. Either of these possible explanations can have a significant impact on students' participation in the groups, the group cohesiveness and group members' comfort/willingness to speak their mind during the group process. A possible solution can be pre-group screening and/or training. MacNair-Semands (2010) emphasized a greater group bond and/or cohesion forms amongst group members, when the group members are prepared in advance for group. Pre-group screening and training will allow sufficient opportunity to identify such concerns and prepare the group members accordingly.

None of the groups showed a significant interaction between students' willingness to participate in group psychotherapy and their fear of being stereotyped or discriminated against, by other group members, indicating a relative trust and a sense of safety in the group environment and the group process. Similarly, none of the groups showed a fear of being discriminated, judged or stereotyped against by group leaders, thereby indicating a general belief and confidence that the group leaders' will be accepting of other members other than their own ethnicities and races. These results emphasize the importance of group leadership training, pre-group preparation, and outreach services by university counseling centers (Harris, 2012). Such training not only increases group leaders' understanding about different cultures and ethnicities, their practices and internalized oppressions, but also allows group leaders to foster better understanding and accepting among group members.

Contrary to the previous findings by Harris (2012) and Stoyell (2013), none of the racial/ethnic groups showed preference for group leaders to be of same ethnicity/race as

their own, indicating no preference for ethnic matching. One possible explanation for these results can be the trust in training, expertise and acceptance of multicultural variables and their impact by the group leaders. It is therefore extremely 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).



## **Chapter VI**

### **Strengths, Limitations and Future Directions**

#### **Strengths of the study**

The study is likely the first study to explore barriers to group psychotherapy among racially and ethnically diverse college students that includes White college students. Furthermore, while the sample size for African-American/Black and O.M. groups was smaller as compared to White student group, the study had an overall robust sample of 142 college students recruited at 3 different universities in 3 different states. Finally, the study strengthens our understanding about the potential barriers towards group psychotherapy for college students. As such, these barriers can now be addressed with an aim to increase college students' enrollment and participation in group psychotherapy, and provide them with the much needed services.

#### **Limitations of the study**

The first and foremost limitation of the study is the use of different measures for different racial/ethnic groups. The original survey 'Barrier to group psychotherapy among Black college students' by Harris (2012) was used "as is" for Black group due to its prior use and acceptance. The survey was modified for other groups (White and O.M. groups), during which some of the items were changed or reworded, while some other were added. Although the survey items intended to inquire similar constructs, beliefs or thoughts, the use of different surveys did not allow a comparative analysis.

The aforementioned limitation highlights the importance of a strong methodology when conducting a research of this nature. Furthermore, the gap between the potential and the actual outcome of this study enlightens the value of having an instrument with proven validity and reliability.

The second shortcoming of the study was the limited number of participants for Black students' group and O.M. students' group, particularly in comparison to the White students' group. Since there were no comparative analyses, statistical weighing was not used. However, most of the analyses, particularly in study 1 and study 3 violated one or more assumptions of normality during statistical analysis, thereby warranting the use of non-parametric equivalents for those analyses. However, the use of non-parametric tests leads to a certain loss of sensitivity and analytic efficiency (Bluman, 2011). Furthermore, the small sample size limits the generalization of the research findings.

Another limitation of the study was the ambiguousness of O.M. group. Although, it might not be feasible or practical to evaluate each race/ethnicity separately, it is important to acknowledge the limitation of grouping various minority races/ethnicities in one category, particularly in a study emphasizing on impact of multicultural variables on willingness to attend group psychotherapy. While it is not uncommon for research studies to use an 'other' category as a 'miscellaneous' group, the aforementioned limitation asserts the need for a better methodology to capture specific characteristics of the participants grouped in this category.

One more limitation of the study was that the researcher was located in Midwest, Ohio. Despite recruiting the participants from three different Universities: One on the east coast of the USA, one in north-east USA and one in the mid-west USA, the true distribution of the population of participants is unknown. Therefore, it cannot be said with certainty that the sample was representative of general college student population in the USA.

The final limitation of the study was that across all racial/ethnic groups, a small number of the participants were international students. When exploring the multicultural variables, international students' willingness can be impacted by their home culture, internalized messages about sharing family issues, stigma around attending group psychotherapy, as well as their acculturation level.

### **Future Directions**

Considering the strengths and limitations of the present study, a suggestion for future studies is to replicate the present study using one survey for different racial/ethnic groups, so that a cross-analysis can be conducted. In order to cross-analyze the variables, it is also pivotal to have larger sample sizes with equal variances across all groups. Such a study will help in understanding the similarities and differences across various racial/ethnic groups, in terms of their distress management strategies, expectations from group members, group leaders and group psychotherapy in general.

Another recommendation is based on the marketing and outreach strategies discussed earlier. These strategies were outlined by identifying the specific group details that are likely to increase students' willingness to attend group psychotherapy. It is recommended that future studies explore the effectiveness of these suggestions.

Finally, it is recommended that the future studies explore students' past individual/group psychotherapy experiences in relation to their willingness to attend group psychotherapy when experiencing distress. For students with no prior history of attending individual/group psychotherapy, their internalized messages, opinions and knowledge about psychotherapy should be explored. Such a study would help in understanding the impact of positive/negative psychotherapy experiences, as well as in understanding college students' perspective about group psychotherapy.

## **Appendices**

### **Appendix A: Cover Letter**

Dear Participant:

You are invited to participate in a research study conducted by Raghav Suri, a graduate student in Wright State University School of Professional Psychology. The goal of the study is to understand how college students from different cultural backgrounds perceive group psychotherapy (a form of treatment in which one or more leaders treats a small group of clients in service of a common goal) and to identify potential factors that may influence expectation about this form of treatment.

You were selected as a possible participant in this study because you are:

- 1) Over 18-years-old.
- 2) Currently enrolled full-time or part time as a college students.

If you decide to participate, you will complete three brief forms (consent form, demographic profile and a group survey). Forms will take approximately 15-20 minutes to complete, depending on your specific physical needs. The survey seeks to understand how the racial/ethnic identity impacts the perceptions and expectations about group psychotherapy. Based on your response on the demographic profile, you will be taken to one of the following surveys: survey developed by Harris (2012) for the study titled “Barriers to group psychotherapy for African-American college students”; or the

modified version of survey for Caucasian and other minority college students. Your participation is voluntary. Your completion of the survey will imply your consent to participate in this study. If you decide to participate, you are free to terminate your participation by exiting the survey at any point during the process, with no negative consequences. Your responses will not be stored until you complete the survey and reach the “thank you” page. Your responses will be stored anonymously and no identifying information will be collected at any point. There are no known risks or benefits to you for your participation in the study. If you have any questions about the study, please feel free to contact Raghav Suri, M.A. at [suri.3@wright.edu](mailto:suri.3@wright.edu). You may also contact the faculty advisor for this project, Julie Lynn Williams, Psy.D., C.R.C. at (937) 775-3407. If you have any questions regarding your rights as a research subject, please contact the Wright State University Institutional Review Board at (937) 775-4462.

Sincerely,

Raghav Suri, M.A.

(Principal Investigator)

Julie Lynn Williams, Psy.D., C.R.C., ABPP

(Faculty Advisor)

## Appendix B: Demographic Information

Please select the best answer that describes you.

### How old are you?

- between 18 and 25
- between 26 and 33
- between 34 and 41
- between 42 and 49
- between 50 and older

### Gender:

- Woman
- Man
- Transgender
- Other (Please specify \_\_\_\_\_)

### Do you have a visible and/or invisible disability?

- No
- Yes (Please specify \_\_\_\_\_)

### In college, are you considered an International student?

- No
- Yes (Please specify \_\_\_\_\_)

### Are you the first person in your family to attend college?

- No
- Yes (Please specify \_\_\_\_\_)

**How do you typically self-identify?** (Choose all that apply)

<input type="radio"/> Caucasian/White	<input type="radio"/> Bi-racial/Multi-racial
<input type="radio"/> Black/African-American	<input type="radio"/> Native-American
<input type="radio"/> Latina/Latino	<input type="radio"/> Other: Please specify



## Appendix C: Survey for African-American/Black college students

### A. Psychotherapy Participation

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

### B. Group Psychotherapy Participation

Please indicate how descriptive each statement is of you	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I am likely to participate in group therapy if the service is free	1	2	3	4	5
I am likely to participate in group therapy if the service is located in a college counseling center.	1	2	3	4	5
I am likely to participate in group therapy for a reasonable fee.	1	2	3	4	5
I am likely to participate in group therapy if it is located in a private and secluded location on campus.	1	2	3	4	5
I am likely to participate in group therapy if the time duration is one hour and a half or less.	1	2	3	4	5
I am likely to participate in group therapy if the service is offered during the day.	1	2	3	4	5
I am likely to participate in group therapy if the service is offered after 5 P.M.	1	2	3	4	5
I am likely to participate in group therapy even if the service did not help someone that I knew.	1	2	3	4	5

I am likely to participate in group therapy if I completely understood the benefits of group therapy.	1	2	3	4	5
I am likely to participate in group therapy if services were offered on the weekends.	1	2	3	4	5

### C. Distress management Strategies

<b>Please indicate how descriptive each statement is of you</b>	<b>Almost Never</b>	<b>Very rarely</b>	<b>Sometimes</b>	<b>Usually</b>	<b>Almost Always</b>
When I have a problem, I am likely to face it directly.	1	2	3	4	5
When I am in distress, I am likely to rely on my faith and/or religious leaders or practices to help me through.	1	2	3	4	5
When I am in distress, I am likely to go to family or friends for support.	1	2	3	4	5
When I have a problem, I am likely to go to family or friends for support.	1	2	3	4	5
When I have a problem, it is likely that I will discuss it with a faculty or staff member.	1	2	3	4	5
When I am in distress, I am likely to go to my intimate partner for support.	1	2	3	4	5
When I have a problem, it is likely that I will ignore it and do nothing about it.	1	2	3	4	5
When I have a problem, it is likely that I would consider talking to a therapist.	1	2	3	4	5
When I am in distress, it is likely that I will consider participating in group therapy.	1	2	3	4	5
When I am in distress, I am likely to talk to my physician about my psychological concerns.	1	2	3	4	5

When I am in distress, I am likely to deal with my problems by engaging in drugs and alcohol.	1	2	3	4	5
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**D. Expectations of Group Therapy**

Please indicate how descriptive each statement is of you	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I expect group therapy to help me with my personal problems.	1	2	3	4	5
I expect group therapy to be more effective than individual therapy.	1	2	3	4	5
I would prefer to participate in individual therapy rather than group therapy.	1	2	3	4	5
I expect individual therapy to help me with my personal problems.	1	2	3	4	5
I know what to expect in group therapy.	1	2	3	4	5
I am likely to drop out of group therapy.	1	2	3	4	5
I expect group therapy to be easier than individual therapy.	1	2	3	4	5

**E. Expectations of Group Members:**

Please indicate how descriptive each statement is of you	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I expect what I say in group to be kept confidential by other group members.	1	2	3	4	5
I expect group members to be welcoming and friendly.	1	2	3	4	5

I expect group members to get along with everyone in the group.	1	2	3	4	5
I expect group members to help me with my personal problems.	1	2	3	4	5
I expect group members to cause conflict within the group.	1	2	3	4	5
I expect group members to have some of the same personal issues as I do.	1	2	3	4	5
I expect group members to drop out of group therapy.	1	2	3	4	5
I expect group members to self-disclose about their issues.	1	2	3	4	5
I expect group members to have peer relationships with one another outside of group therapy.	1	2	3	4	5

**F. Expectations of Group Leaders:**

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I expect group leaders to be experts in the field of group psychotherapy.	1	2	3	4	5
I expect group leaders to give me their undivided attention in group therapy.	1	2	3	4	5
I expect group leaders to be direct when addressing conflict within the group.	1	2	3	4	5
I expect group leaders to solve my personal problems.	1	2	3	4	5
I expect group leaders to provide me with direct feedback.	1	2	3	4	5

I expect group leaders to self-disclose.	1	2	3	4	5
I expect group leaders to speak to me and/or acknowledge me when they see me on campus.	1	2	3	4	5

**G. Multicultural Variables: Group Members**

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I expect there to be group members that have the same race/ethnicity as me.	1	2	3	4	5
I expect to be judged by group members because of my race/ethnicity.	1	2	3	4	5
I expect to be judged by group leaders because of my race/ethnicity/	1	2	3	4	5

**H. Multicultural Variables: Group Leaders**

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I expect group leaders to be of same race/ethnicity as me.	1	2	3	4	5
I expect group leaders to have lead groups with African American and/or Black participants.	1	2	3	4	5
I expect group leaders to understand my cultural background as an African-American and/or Black person.	1	2	3	4	5

**G. Multicultural Variables: Stereotypes & Discrimination**

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I expect African-American/Black students to participate in group therapy.	1	2	3	4	5
I expect group members to hold stereotypes of me because of my race/ethnicity.					
I expect group leaders to hold stereotypes of me because of my race/ethnicity.	1	2	3	4	5
I expect group members to discriminate against me because of my race/ethnicity.	1	2	3	4	5
I expect group leaders to discriminate against me because of my race/ethnicity.	1	2	3	4	5
I expect group therapy to be a place where I can share my feelings on identity, racism and discrimination.	1	2	3	4	5
I expect my race to be brought up at some point during group therapy.	1	2	3	4	5
College counseling centers should be intentional with their publicity/marketing to African-American/Black college students about group therapy services.	1	2	3	4	5
I expect African-American/Black students to seek group therapy as a last resort after exploring other options.	1	2	3	4	5

## Appendix D: Survey for Caucasian/White Students

### A. Psychotherapy Participation

Have you ever participated in individual	Yes	No
Have you ever participated in group psychotherapy?	Yes	No
Have you ever gone to a psychiatrist?	Yes	No
Have you ever used medication that was prescribed to you in order to treat a psychological disorder?	Yes	No
Have you ever participated in family	Yes	No

### B. Group Psychotherapy Participation

Please indicate how descriptive each statement is of you	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I would prefer individual psychotherapy over group psychotherapy	1	2	3	4	5
I would attend group psychotherapy that primarily teach me techniques to relieve my distress.	1	2	3	4	5
I would be willing to attend a group psychotherapy in which I would learn more about myself and how to relate to other people.	1	2	3	4	5
I would be willing to attend a group psychotherapy that discusses family issues that impact my mental health.	1	2	3	4	5
I would be willing to attend a group psychotherapy which aims to provide members with emotional and moral support.	1	2	3	4	5
I am likely to participate in group psychotherapy if the service is free or concessional for students.	1	2	3	4	5

I am likely to participate in group psychotherapy if the service is located in a college counseling center.	1	2	3	4	5
I am likely to participate in group psychotherapy if it is located in a private and secluded location on campus.	1	2	3	4	5

### C. Distress management Strategies

<b>Please indicate how descriptive each statement is of you</b>	<b>Almost Never</b>	<b>Very rarely</b>	<b>Sometimes</b>	<b>Usually</b>	<b>Almost Always</b>
When I have a problem, I am likely to ignore it and do nothing about it.	1	2	3	4	5
When I have a problem, I am likely to address the problem directly on my own.	1	2	3	4	5
When I have a problem, I am likely to go to my intimate partner for support.	1	2	3	4	5
When I have a problem, I am likely to seek help or advice from my friends.	1	2	3	4	5
When I have a problem, I am likely to seek help from my family.	1	2	3	4	5
When I have a problem, I am likely to seek help from my faith and/or religious leaders.	1	2	3	4	5
When I have a problem, I am likely to discuss it with a faculty or staff member.	1	2	3	4	5
When I have a problem, I am likely to talk to my physician about my psychological concerns.	1	2	3	4	5
If I were in distress, I would likely attend individual	1	2	3	4	5
If I were in distress, I would likely attend family	1	2	3	4	5
If I were in distress, I would likely attend group	1	2	3	4	5



When I have a problem, I am likely to deal with my problems engaging in drugs or alcohol.	1	2	3	4	5
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**D. Expectations of Group Psychotherapy**

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I expect group psychotherapy to help me with my personal problems.	1	2	3	4	5
I expect individual psychotherapy to help me with my personal problems.	1	2	3	4	5
I would prefer to participate in individual psychotherapy rather than group psychotherapy.	1	2	3	4	5
I expect group psychotherapy to be more effective than individual psychotherapy.	1	2	3	4	5
I expect group psychotherapy to be easier than individual	1	2	3	4	5

**E. Expectations of Group Members:**

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I expect what I say in group to be kept confidential by other group members.	1	2	3	4	5
I expect group members to be welcoming and friendly.	1	2	3	4	5
I expect that group psychotherapy members will cause conflict within the group.	1	2	3	4	5
I expect that group psychotherapy members will have some of the same personal issues as I do.	1	2	3	4	5
I expect that group psychotherapy members will drop out of group.	1	2	3	4	5

I expect that group psychotherapy members will have peer relationships with one another outside of group psychotherapy.	1	2	3	4	5
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**F. Expectations of Group Leaders:**

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I expect that group psychotherapy leaders will be experts in the field of group psychotherapy.	1	2	3	4	5
I expect that group psychotherapy leaders to give me their undivided attention in group psychotherapy.	1	2	3	4	5
I expect that group psychotherapy leaders to be direct when addressing conflict within the group.	1	2	3	4	5
I expect group psychotherapy leaders to solve my personal problems.	1	2	3	4	5
I expect that group psychotherapy leaders to provide me with direct helpful observations regarding my behavior.	1	2	3	4	5
I expect that group psychotherapy leaders to self-disclose personal things about themselves.	1	2	3	4	5

**G. Multicultural Variables: Group Members**

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I expect there to be group members that have the same race/ethnicity as me.	1	2	3	4	5

I would prefer all other group members to be of same race/ethnicity as me	1	2	3	4	5
I fear to be judged by group members due to my opinion about race and ethnic issues.	1	2	3	4	5
I fear to be judged by group members due to my experience with people from different race and ethnicity than me.	1	2	3	4	5
I fear that in a racially-diverse group, I may not reflect my opinion freely.	1	2	3	4	5
I fear that in an ethnically-diverse group, I may not reflect my opinion freely.	1	2	3	4	5

#### H. Multicultural Variables: Group Leaders

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I would prefer the group leaders to be of same race/ethnicity as me	1	2	3	4	5
I fear to be judged by group leaders due to my opinion about race and ethnic issues.	1	2	3	4	5
I fear to be judged by group leaders due to my experience with people from different race and ethnicity than me.	1	2	3	4	5

#### G. Multicultural Variables: Stereotypes & Discrimination

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I expect group members to hold stereotypes of me because of my race/ethnicity.	1	2	3	4	5
I expect group leaders to hold stereotypes of me because of my race/ethnicity.	1	2	3	4	5

I fear that group members might discriminate against me because of my race/ethnicity.	1	2	3	4	5
I fear that group leaders might discriminate against me because of my race/ethnicity.	1	2	3	4	5
I expect group psychotherapy to be a place where I can share my feelings on identity, racism and discrimination.	1	2	3	4	5

## Appendix E: Survey for Other Minority (O.M.) Students

### A. Psychotherapy Participation

Have you ever participated in individual	Yes	No
Have you ever participated in group psychotherapy?	Yes	No
Have you ever gone to a psychiatrist?	Yes	No
Have you ever used medication that was prescribed to you in order to treat a psychological disorder?	Yes	No
Have you ever participated in family	Yes	No

### B. Group Psychotherapy Participation

Please indicate how descriptive each statement is of you	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I would prefer individual psychotherapy over group psychotherapy	1	2	3	4	5
I would attend group psychotherapy that primarily teach me techniques to relieve my distress.	1	2	3	4	5
I would be willing to attend a group psychotherapy in which I would learn more about myself and how to relate to other people.	1	2	3	4	5
I would be willing to attend a group psychotherapy that discusses family issues that <u>impact my mental health.</u>	1	2	3	4	5
I would be willing to attend a group psychotherapy which aims to provide members with <u>emotional and moral support.</u>	1	2	3	4	5
I am likely to participate in group psychotherapy if the service is free or concessional for students.	1	2	3	4	5

I am likely to participate in group psychotherapy if the service is located in a college counseling center.	1	2	3	4	5
I am likely to participate in group psychotherapy if it is located in a private and secluded location on campus.	1	2	3	4	5

### C. Distress management Strategies

<b>Please indicate how descriptive each statement is of you</b>	<b>Almost Never</b>	<b>Very rarely</b>	<b>Sometimes</b>	<b>Usually</b>	<b>Almost Always</b>
When I have a problem, I am likely to ignore it and do nothing about it.	1	2	3	4	5
When I have a problem, I am likely to address the problem directly on my own.	1	2	3	4	5
When I have a problem, I am likely to go to my intimate partner for support.	1	2	3	4	5
When I have a problem, I am likely to seek help or advice from my friends.	1	2	3	4	5
When I have a problem, I am likely to seek help from my family.	1	2	3	4	5
When I have a problem, I am likely to seek help from my faith and/or religious leaders.	1	2	3	4	5
When I have a problem, I am likely to discuss it with a faculty or staff member.	1	2	3	4	5
When I have a problem, I am likely to talk to my physician about my psychological concerns.	1	2	3	4	5
If I were in distress, I would likely attend individual	1	2	3	4	5
If I were in distress, I would likely attend family	1	2	3	4	5
If I were in distress, I would likely attend group	1	2	3	4	5

When I have a problem, I am likely to deal with my problems engaging in drugs or alcohol.	1	2	3	4	5
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**D. Expectations of Group Psychotherapy**

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I expect group psychotherapy to help me with my personal problems.	1	2	3	4	5
I expect individual psychotherapy to help me with my personal problems.	1	2	3	4	5
I would prefer to participate in individual psychotherapy rather than group psychotherapy.	1	2	3	4	5
I expect group psychotherapy to be more effective than individual psychotherapy.	1	2	3	4	5
I expect group psychotherapy to be easier than individual	1	2	3	4	5

**E. Expectations of Group Members:**

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I expect what I say in group to be kept confidential by other group members.	1	2	3	4	5
I expect group members to be welcoming and friendly.	1	2	3	4	5
I expect that group psychotherapy members will cause conflict within the group.	1	2	3	4	5
I expect that group psychotherapy members will have some of the same personal issues as I do.	1	2	3	4	5
I expect that group psychotherapy members will drop out of group.	1	2	3	4	5

I expect that group psychotherapy members will have peer relationships with one another outside of group psychotherapy.	1	2	3	4	5
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**F. Expectations of Group Leaders:**

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I expect that group psychotherapy leaders will be experts in the field of group psychotherapy.	1	2	3	4	5
I expect that group psychotherapy leaders to give me their undivided attention in group psychotherapy.	1	2	3	4	5
I expect that group psychotherapy leaders to be direct when addressing conflict within the group.	1	2	3	4	5
I expect group psychotherapy leaders to solve my personal problems.	1	2	3	4	5
I expect that group psychotherapy leaders to provide me with direct helpful observations regarding my behavior.	1	2	3	4	5
I expect that group psychotherapy leaders to self-disclose personal things about themselves.	1	2	3	4	5

**G. Multicultural Variables: Group Members**

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I expect there to be group members that have the same race/ethnicity as me.	1	2	3	4	5



I would prefer all other group members to be of same race/ethnicity as me	1	2	3	4	5
I fear to be judged by group members due to my opinion about race and ethnic issues.	1	2	3	4	5
I fear to be judged by group members due to my experience with people from different race and ethnicity than me.	1	2	3	4	5
I fear that in a racially-diverse group, I may not reflect my opinion freely.	1	2	3	4	5
I fear that in an ethnically-diverse group, I may not reflect my opinion freely.	1	2	3	4	5

#### H. Multicultural Variables: Group Leaders

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I would prefer the group leaders to be of same race/ethnicity as me	1	2	3	4	5
I fear to be judged by group leaders due to my opinion about race and ethnic issues.	1	2	3	4	5
I fear to be judged by group leaders due to my experience with people from different race and ethnicity than me.	1	2	3	4	5

#### G. Multicultural Variables: Stereotypes & Discrimination

<b>Please indicate how descriptive each statement is of you</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
I expect group members to hold stereotypes of me because of my race/ethnicity.	1	2	3	4	5
I expect group leaders to hold stereotypes of me because of my race/ethnicity.	1	2	3	4	5

I fear that group members might discriminate against me because of my race/ethnicity.	1	2	3	4	5
I fear that group leaders might discriminate against me because of my race/ethnicity.	1	2	3	4	5
I expect group psychotherapy to be a place where I can share my feelings on identity, racism and discrimination.	1	2	3	4	5

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