2015

Barriers to Group Psychotherapy for Lesbian, Gay, and Bisexual College Students

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BARRIERS TO GROUP PSYCHOTHERAPY FOR LESBIAN, GAY, AND BISEXUAL COLLEGE STUDENTS

PROFESSIONAL DISSERTATION

SUBMITTED TO THE FACULTY

OF

THE SCHOOL OF PROFESSIONAL PSYCHOLOGY
WRIGHT STATE UNIVERSITY

BY

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

Dayton, Ohio **July, 2016**

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June 10, 2015

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **SARAH PETERS, PSY.M.** ENTITLED **BARRIERS TO GROUP PSYCHOTHERAPY FOR LESBIAN, GAY, AND BISEXUAL COLLEGE STUDENTS** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

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Abstract

While research has been conducted into the utilization and efficacy of group therapy with college students and with individuals who identify as lesbian, gay, and bisexual (LGB), there is very limited research on their intersection. The purpose of this study was to determine barriers to group psychotherapy with college students who identify as LGB. Twenty-eight LGB undergraduate and graduate students from colleges and universities nationwide were recruited to complete an online survey including: a modified version of the Barriers Scale (Harris, 2013), which examined willingness to participate in group therapy, expectations of group psychotherapy, expectations of group members, expectations of group leaders, and multicultural considerations relating to group psychotherapy; the Lesbian and Gay Identity Scale (Mohr & Fassinger, 2000); and three other measures related to another study (see Williams, 2015). Data were analyzed using descriptive statistics, chi-square tests, and Kendall's Tau correlations. Results of the study indicate that a lack of knowledge of the process and benefits of group psychotherapy is a barrier to participation, but lack of prior participation in individual psychotherapy and an absence of other LGB members in the group are not barriers. The results provide a foundation for future research as to how university counseling centers can provide services that meet the needs of an increasingly diverse student body.

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Acknowledgement

A number of truly wonderful people have contributed to this project, and I would like to acknowledge their strengths and express my sincerest gratitude. I am indebted to Dr. Robert Rando, who, in addition to being a wonderful clinical supervisor and teacher, graciously stepped in as my chair just before prospectus. To Dr. Daniela Linnebach Burnworth, whose unfailing, supportive, warm presence was a welcome respite from the struggles of doctorate training, I am forever grateful. Many thanks to Dr. Jennica Karpinski for her guidance, encouragement, and non-judgment, and for letting dissertation concerns spill over into clinical supervision when needed. Many thanks to Dr. Angela Harris and Dr. Michelle Stoyell for providing the shoulders upon which I stood, to Dr. DeAnne Frank for providing clarity in data analysis, and to Heather Ruch for her formatting genius and unfailing positivity. Jessica Williams, who joined forces with me to undertake the gauntlet that was IRB approval, dealt with the technological end of the survey, and provided critical feedback, a sympathetic ear, and so much more, has earned all my gratitude and a bottle of wine. I have so much appreciation for my partner, who reassured me that I could do this no matter how overwhelmed (and overwhelming) I became. I offer thanks to my friends for their encouragement, and to my mom and sisters for their unwavering support. Special thanks are due to Missy, for wanting to read this, to my amazing grandmother, for her patience, and to my father: he nurtured my love of learning, offered career advice when I was ready to hear it, provided financial support when things got rough, and never gave up on me. Thank you, Dad.

Note on Inclusivity in the Present Study

It is the hope of this researcher that the literature will someday include in-depth explorations of the experiences of all those who identify as gender and sexual minorities. However, that goal is beyond the scope of this study, and therefore three decisions were made regarding the structure of the study. First, gender minority identities (e.g., transgender, intersex, bigender, and genderqueer) are often grouped with sexual minority identities (e.g., lesbian, gay, bisexual, queer, questioning, asexual, and pansexual) for the purposes of support, advocacy, and political action. However, combining the two separate though related identity variables was determined to be inappropriate for the purposes of this study, as the accuracy of group-specific knowledge may be compromised by combining sexual and gender identities (Moradi, Mohr, Worthington, & Fassinger, 2009). Given that individuals who identify as sexual minorities are more commonly served by university counseling centers than individuals who identify as gender minorities (Center for Collegiate Mental Health, 2015; Mistler, Reetz, Krylowicz, & Barr, 2013), the decision was made to focus on sexual minority identities. Second, while the experience of human sexuality is perhaps better conceptualized as a multidimensional spectrum rather than discrete categories (see Horowitz & Newcomb, 2001), the majority of research utilizes a categorical approach (see Glover, Galliher, & Lamere, 2009; Horowitz & Newcomb, 2001; Mohr & Fassinger, 2000). The decision was therefore made to investigate the experience of individuals whose sexual minority identities can be categorized. Third, the limited scope of this study combined with the availability of measures with acceptable reliability and validity resulted in the decision to limit recruitment to participants who identify as lesbian, gay, or bisexual.

Chapter I

The number of college students seeking psychological services from university counseling centers is on the rise, as is the severity of presenting concerns (Center for Collegiate Mental Health, 2015; Kitzrow, 2003; Reetz, Krylowicz, & Barr, 2014). In addition to difficulties such as anxiety, depression, and relationship concerns commonly faced by college students, lesbian, gay, and bisexual (LGB) college students encounter additional stressors related to their sexual orientation, including discrimination in education, housing, employment, and other areas (Human Rights Campaign, 2014; Reetz, Krylowicz, & Barr, 2014). These stressors have been linked to a variety of negative outcomes including depression, anxiety, suicidal ideation, deliberate self-harm, substance misuse, experience of physical violence, increased risk of homelessness, and negative impacts on academic performance (Corliss, Goodenow, Nichols, & Austin, 2011; King et al., 2008; Oswalt & Wyatt, 2011; Reed, Prado, Matsumoto, and Amaro, 2010).

In an effort to meet students' growing demand for psychological services, many university counseling centers offer some form of group psychotherapy (Mistler et al., 2013). Group therapy as a stand-alone intervention has been shown to be effective with the general population, with adults identifying as LGB, and with college students (Bjornsson et al., 2011; Burlingame, Fuhriman, & Mosier, 2003; Damer, Latimer, & Porter, 2010; Frost, 1996; Lenihan, 1985; Morrow, 1996). In fact, some experts in group work note that traditional college age students may reap unique benefits from group work, as groups provide them with a safe space to explore and form their adult identities

and practice new ways to navigate interpersonal relationships while receiving extra support from peers; furthermore, LGB college students may reap even more benefits from groups that provide a space for them to explore their experiences as an oppressed minority within an inclusive environment (Johnson, 2009).

In order to reliably provide a safe and inclusive group environment for LGB college students, clinicians leading such groups must be culturally competent to work with this population. The American Psychological Association (2011) and Sue and Sue (2008) have published guidelines for working with LGB clients, and noted that clinicians should be aware of the role of stigma in the lives of LGB persons, should avoid heterosexist language and assumptions in their practice, and should be cognizant of their own values and biases that may impact therapy with LGB individuals. While articles on multicultural considerations, including considerations when working with LGB clients, are abundant in the individual psychotherapy literature, it has been noted that group psychotherapy theory, research, and practice lags far behind, in part because group work has generally borrowed from psychodynamic and attachment theory, which was developed on heterosexual, white, middle- to upper-middle class U.S. Americans (Eason, 2009).

Statement of the Problem

Demand for services at university counseling centers is at an all-time high (Center for Collegiate Mental Health, 2015). While recent data show that lesbian, gay, and bisexual (LGB) students utilize college counseling centers, it is unclear whether they utilize group therapy, which offers an effective alternative to individual services (Golden, Corazzini, & Grady, 1993; Reetz, Krylowicz, & Barr, 2014; Yalom & Lezcz, 2005). To

date, the majority of research focusing on service barriers to LGB students has addressed students under the age of 18 (see Acevedo-Polakovich, Bell, Gamache, & Christian, 2011; Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Greifinger, Batchelor, & Fair, 2013). Research examining barriers to group therapy for other minority college populations, including African American, Latino, and Asian international students exists, but no research has been published specifically addressing potential barriers to group psychotherapy for LGB college students. This research is especially important given the particular stressors faced by LGB individuals, including stigma, discrimination, internalized homophobia, and the need to conceal sexual identity, which are in turn associated with greater risk of substance abuse, anxiety, depression, suicidal ideation, and deliberate self-harm (King et al., 2008; Reed, Prado, Matsumoto, & Amaro, 2010; Wight, LeBlanc, & Lee Badgett, 2013). Given the efficacy of group therapy, the particular needs of LGB college students, and the increased demand for psychological services, it is important to examine any potential barriers to group therapy for LGB students.

Aim and Purpose

The purpose of the present study is to address a gap in the research regarding barriers to group psychotherapy with LGB college students. To do so, previous participation in group, group expectations, and group-related multicultural issues were explored to determine what factors may prevent LGB college students from utilizing group therapy. The intent is for this study to inform the work of university counseling centers by highlighting potential barriers to group therapy with LGB students.

Chapter II

Literature Review

The following chapter reviews the literature on university counseling centers and the psychological concerns of college students, the practice of group psychotherapy at university counseling centers, multicultural considerations when working with individuals who identify as lesbian, gay, and bisexual.

University Counseling Centers and College Students

Psychological Concerns of College Students. The severity of mental health problems in college students has increased over time, with the majority of students in the 1950s through 1980s presenting with issues related to development and adjustment (Kitzrow, 2003). In contrast, today's students are more likely to present with more serious concerns, such as depression, anxiety, substance abuse, and eating disorders (Kitzrow, 2003). Anxiety is the most common primary presenting concern of college students, with reported rates increasing from 41.6% in 2013 to 46.2% in 2014 (Reetz, Krylowicz, & Barr, 2014). Rates of reported depression are also on the rise, from 36.4% in 2013 to 39.3%; only the third most commonly reported presenting concern, relationship issues, remained unchanged at 35.8% (Reetz, Krylowicz, & Barr, 2014). In addition, 5.1% of students seeking counseling reported their primary concern was dealing with issues of oppression, such as racism, sexism, and homophobia (Reetz, Krylowicz, & Barr, 2014). In a recent survey, college counseling center directors classified the concerns of approximately 21% of students who seek services as severe (Mistler et al., 2013). This

classification is supported by data collected by the Center for Collegiate Mental Health (2015), which showed almost half of students presenting at college counseling centers reported previously attending counseling, almost ten percent reported being hospitalized for a mental health concern, thirty percent reported having seriously considering suicide, and almost nine percent reported an attempted suicide. Today's college students are also more likely to enter treatment having already been prescribed some form of psychotropic medication (Kitzrow, 2003).

In addition to increasing severity, there has also been an increase in the number of students seeking mental health services in recent years (Kitzrow, 2003; Shuchman, 2007). On average, 9-12% of students at small colleges and 6-7% of students at large colleges and universities seek services at their college counseling center (Mistler et al., 2013). The increasing mental health needs of all students have put additional strain on college counseling centers in recent years, and there is often a wait list for individual services (Kitzrow, 2003; Mistler et al., 2013). As stated in the Center for Collegiate Mental Health's 2014 Annual Report, "college counseling center resources are limited and in high demand" (Reetz, Krylowicz, & Barr, 2014 p. 29), and many counseling centers are struggling to adhere to the International Association of Counseling Services (2011) standard of having sufficient resources to meet the needs of the student population in a timely manner.

Psychological Concerns of LGB Students. It is important to note that an estimated five to six percent of students in the United States identify as lesbian, gay, bisexual or transgender (LGBT), and that in spite of increased visibility and a positive shift in attitudes, LGB individuals still face discrimination based on sexual orientation in

a number of areas (Lamda Legal, n.d.). For example, students who identify as LGB do not have explicit, consistent federal protection against discrimination based on sexual orientation in K-12 and post-secondary education, employment, or private housing (Human Rights Campaign, 2014). Not only are there no consistent federal protections against discrimination in public accommodations such as restaurants and hotels, in 2014 many state legislatures considered "religious freedom" bills, which could be used to justify discrimination based on sexual orientation (Gill, 2015). In addition, there is no explicit protection prohibiting the denial of credit based on LGB identity, meaning that LGB students can legally be denied credit, including educational loans, based on their sexual orientation (Human Rights Campaign, 2014). Finally, while same-sex marriage is legally recognized by the federal government and most states, not all LGB persons are currently able to legally marry their partners. As research demonstrates that individuals in both opposite- and same-sex marriages have been shown to have health benefits compared to unmarried individuals, denial of marriage equality is yet another way that LGB individuals are discriminated against (Wight, LeBlanc, & Badgett, 2013).

It is important to identify the numerous ways in which U.S. society oppresses and stigmatizes LGB individuals, because evidence suggests that stigma is a fundamental cause of health inequalities. Hatzenbuehler, Phelan, and Link (2013) found that some social factors are persistently associated with health inequities over time because those social factors influence access to resources, including knowledge, money, power, prestige, and beneficial social connections. While the most commonly researched social factor is generally socioeconomic status, the authors found that stigma meets the same criteria; specifically, they found that stigma has an effect on several mediating processes,

such as availability of resources, social relationships, psychological and behavioral responses, and stress, which ultimately lead to adverse health outcomes. They argue that stigma is rarely studied due to its difficulty, as it is one factor among many and contributes to outcomes in multiple areas, including housing, employment, education, social relationships, and health.

Meyer (2003) suggests a theoretical framework for understanding the ways that discrimination and stigma contribute to mental health problems in sexual minority populations using the term minority stress. Meyer explains that while social stress is understood to be any condition in the social environment that is a source of stress, minority stress is the excess stress experienced by individuals from stigmatized social categories as a result of their position as a social minority. Meyer points out three underlying assumptions in the concept of minority stress; first, that minority stress is unique, as it is experienced in addition to the general stress experienced by all people, and stigmatized people must adapt above and beyond those who are not stigmatized. The second assumption is that minority stress is chronic, as it is related to relatively stable underlying social and cultural structures. The third assumption is that minority stress is socially based, as it stems from social processes, institutions, and structures that are outside of the individual, as opposed to general stressors that are the result of individual events or conditions or nonsocial characteristics of the person or group. Meyer goes on to suggest a distal-proximal model of minority stress, in which distal social attitudes gain importance to the individual through cognitive appraisals, becoming proximal concepts that are specifically important to the individual. For example, the distal state bans on marriage equality would gain importance to an individual identifying as LGB when they

have thoughts such as "No matter how much I love my partner, I can never get married," and "My relationship is less valuable than a heterosexual relationship." Meyer also identifies four processes of minority stress, which, from distal to proximal, are: external, objective stressful events and conditions, both chronic and acute; expectations of such events and the vigilance associated with these expectations; internalization of negative social attitudes; and concealment of one's sexual orientation.

Meyer points out that while minority status is associated with stress, it is also associated with the development of group resources that encourage resiliency, as minority groups learn to cope with and overcome the adverse effects of minority stress. Three methods of group coping are to allow members of the stigmatized group to experience social situations in which they are not stigmatized, to provide support for those stigmatizing experiences, and to provide members with a group other than the dominant group against which they can evaluate themselves, resulting in a reappraisal of stressful conditions that reduce their harmful psychological impact. The concept of group resources and group coping are important, Meyer argues, because group coping is not the same as personal coping, though this distinction is often ignored in coping literature. It is important (though complicated) to make this distinction, as in the absence of group-level resources, even the most resourceful and resilient individual may have difficulty coping. Minority identity also plays a part in minority stress and its impact on health outcomes. Social psychology research tells us that if an individual's minority status comprises a large part of their identity, stressors that damage or threaten that part of their identity may lead to more significant distress. On the other hand, Meyer states, individuals whose

minority identity is threatened may turn to their minority group for support, and the effect may be buffered.

In summary, Meyer posits that within the context of general environment, general stressors and minority stressors are overlapping and have a distal effect the individual. Experiences of minority stress lead to vigilance and expectations of rejection, as well as personal identification with one's minority status. Minority identity then leads to additional proximal stressors related to one's perception of self as a member of a devalued minority. Minority identity can also be a source of strength when it is associated with opportunities for social support and coping, and can ameliorate some of the impacts of minority stress.

Meyer's (2003) theory of minority stress provides an explanation for the preponderance of research that has shown that students who identify as LGB experience stigma, oppression, and a wide range of negative effects related to their stigmatized identity (Almeida et al., 2009; D'Augelli, 2002; Moradi et al., 2009; Reed et al., 2010). For example, children and adolescents who identify as LGB are at disproportionate risk for homelessness compared to their heterosexual counterparts, and homelessness was associated with familial childhood maltreatment, diminished peer support, and experience of discrimination and victimization in school and community settings (Corliss, Goodenow, Nichols, & Austin, 2011). Minority stress endured by LGB students has been shown to contribute to mental health problems, including depression, anxiety, suicidal ideation, deliberate self-harm, and substance misuse (King et al., 2008). King and colleagues (2008) conducted a meta-analysis which examined 28 papers published between 1997 and 2004 in which 11,971 total individuals who were identified as LGB

were compared to 214,344 heterosexual participants on a variety of outcomes. The sample was obtained using a variety of sampling methods, and included adolescents aged 12 and older, high school and college students, and adults over 25 years. Participants were compared on a number of outcomes, including psychiatric disorders as defined by the DSM-IV-TR, scores at or above a recognized threshold for psychiatric morbidity, alcohol misuse per UK government recommendations, suicide, suicidal ideation, and intentional self-harm. Analyses showed that LGB people are at higher risk of suicidal behavior, mental health problems, and substance misuse and dependence than heterosexual people. Specifically, depression, anxiety, alcohol and substance misuse were 1.5 times more common in LGB people than heterosexual people, LGB people were twice as likely to attempt suicide in the year preceding data collection, and gay and bisexual men's lifetime prevalence of attempting suicide was four times higher than heterosexual men's.

As robust as King and colleagues' (2008) study was, it looked at LGB persons in general rather than LGB college students specifically. Reed, Prado, Matsumoto, and Amaro (2010) looked more specifically at college students in a cross-sectional study that assessed alcohol or drug (AOD) use and related consequences among a random sample of undergraduate students in a large, urban university. Data were analyzed from 988 students, of whom 42 (4.25%) identified as LGB, and the following variables were compared between heterosexual and LGB students: alcohol use, heavy episodic drinking, illicit drug use, and consequences of alcohol and drug use; suicidal ideation and attempts; experience of sexual violence, physical violence, and physical threats; and perceptions of both safety on campus and of stress. The authors found that LGB students were more

likely than heterosexual students to report threats or experiences of physical or sexual violence, and were less likely than heterosexual students to feel safe on campus. In addition, LGB students reported greater perceived stress. Compared to heterosexual students, LGB students were more likely to report using illicit drugs. LGB students also reported using a greater number of different illicit drugs, and using them more frequently than heterosexual students. In addition, LGB students reported more frequent negative consequences associated with substance use. The authors determined that perceived safety, perceived stress, and experience of violence were significantly and positively associated with substance use, consequences of use, and suicidality; that is, in line with Meyer's (2003) theory, these negative experiences contributed to LGB students' increased use of substances, related negative consequences, and suicidal thoughts and attempts. While the small sample size of the study prevented the authors from determining meaningful differences among sexual orientation and gender subgroups and limits its generalizability, the effect sizes were large and the findings meaningful.

While it is important that all students at colleges and universities have the opportunity to address the mental health problems they face, as those problems may impact intrapersonal, interpersonal, and academic functioning, the need is especially great for LGB students given the increased stress they experience (Kitzrow, 2003; Oswalt & Wyatt, 2011). Oswalt and Wyatt (2011) examined the impact of sexual orientation on mental health challenges, stress, and academic performance in a study of 27,454 students from 55 universities from all regions of the U.S. The sample was comprised of predominantly white, predominantly typical college age (18-24 years old), and predominately undergraduate students at four-year colleges and universities. Within that

sample, 1,293 students identified as lesbian, gay, or bisexual, and another 415 identified as unsure. While the study did not collect data on socioeconomic status, and all data was self-reported and therefore not verifiable, the findings were noteworthy.

To test their hypothesis that sexual minority college students, particularly bisexual students, would report greater mental health challenges, greater stressors, and a greater impact on their academic performance than heterosexual students, Oswalt and Wyatt (2011) examined four categories of mental health issues: feelings and behaviors related to poor mental health; mental health diagnoses; use of mental health services (prior use and potential future use); and perceived impact of mental health on academics. Gay, lesbian, and bisexual students reported experiencing higher rates of physical and sexual assault, discrimination, relationship and roommate difficulties, and stress than heterosexual students. Gay, lesbian, and especially bisexual students, reported higher rates of negative feelings and behaviors related to poor mental health, including feeling anxious and attempting suicide. Similarly, LGB individuals reported higher rates of diagnosed depression, and bisexual students specifically reported higher rates of diagnosis of and treatment for anxiety, depression, and panic attacks. LGB students reported that stress and mental health concerns impacted their academic performance more than was reported by heterosexual students. Gay, lesbian, and bisexual students were also more likely than heterosexual students to report having used their university's counseling center, and gay and lesbian students reported being more likely than bisexual or heterosexual students to consider seeking help from a mental health provider for future concerns. These findings highlight that while it is important that all college students have access to mental health services via their university counseling center, it is vitally important that centers reach out

to LGB populations, especially when one takes into consideration that 69% of college students surveyed reported that seeking services helped with their academic performance (Reetz, Krylowicz, & Barr, 2014).

Utilization of University Counseling by LGB College Students. Unlike other minority populations, it appears that LGB college students do not underutilize college counseling centers (Harris, 2013; Mistler et al., 2013; Reetz, Krylowicz, & Barr, 2014; Stoyell, 2014). While values vary by report, surveys have found that, on average, LGB college students account for roughly 15-20% of their college or university's student body, and approximately 10% of clients of their counseling center (Center for Collegiate Mental Health, 2015; Mistler et al., 2013). Furthermore, of the 847 college counseling center directors surveyed in 2012, approximately 10% reported that their center offered at least one therapy group specifically designed for LGBT students (Mistler et al., 2013). Given this data, it would appear that LGB college students utilize college counseling centers; however, it is unclear which services they utilize within those centers, as previous research has demonstrated that less than 20% of clients at university counseling centers utilize group therapy, and data collected on group utilization are not broken down by sexual orientation (Golden, Corazzini, & Grady, 1993; Reetz, Krylowicz, & Barr, 2014).

Barriers to Psychotherapy for College Students. In spite of the increase in demand for services from university counseling centers, some students choose not to utilize university counseling center services. For example, some students are concerned about privacy, and may worry that university counseling centers may share information with administrators (Shuchman, 2007). Other students are misinformed about the nature

of their campus counseling center, believing it provides treatment for only moderate to severe or crisis-related mental health concerns and not general growth and development (Kahn, Wood, & Weisen, 1999). Other barriers to college students may include shame and embarrassment that go along with the false belief that counseling and psychotherapy is only for dysfunctional people (DeLucia-Waack, 2009).

Group Psychotherapy in University Counseling Centers

Defining Group Psychotherapy. Burlingame and Baldwin (2011) define group psychotherapy as "the treatment of emotional or psychological disorders or problems of adjustment through the medium of a group setting, the focal point being the interpersonal (social), intrapersonal (psychological), or behavioral change of the participating clients or group members." Yalom and Leszcz (2005) describe group therapy as a form of clinical practice originally introduced in the 1940s that has expanded into numerous forms to address a variety of clinical syndromes, clinical settings, and theoretical approaches. They go on to describe the eleven interdependent component processes of change that make up the primary factors of group psychotherapy, which are: installation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis, and existential factors. While all of these component processes of change are important, some processes are especially applicable to LGB college students given the stigma that LGB students often face; for example, knowing that they are not alone in their struggle (universality) and seeing that others have successfully navigated difficult situations (instillation of hope) within the context of group therapy may be especially beneficial (Horne & Levitt, 2004).

Efficacy of Group Therapy. The effectiveness of group therapy as a stand-alone treatment is well documented, and has been verified by multiple meta-analyses. Toseland and Siporin (1986) analyzed the results of 32 well-controlled studies, and found that individual therapy is no more effective than group therapy, and that in 25% of cases group therapy is actually more effective than individual therapy. McRoberts, Burlingame, and Hoag (1998) also concluded that that group is an efficacious alternative to individual therapy from their meta-analysis of 23 studies. More recently, Burlingame, Fuhriman, and Mosier (2003) studied the relationship between rates of improvement in group therapy, and treatment, therapist, client, and methodological variables by performing a meta-analysis on 111 experimental or quasi-experimental studies using group therapy as a primary treatment modality with adult clients. Outcome measures focused primarily on targeted symptoms, followed by general outcome and personality measures, and the majority used self-report measures to collect data. Results indicated that the average active group treatment client was better off than untreated controls, which demonstrates that group treatment is an independently effective treatment. Furthermore, comparing pre- to post-treatment change, improvement took place in three-fourths of the group participants, with participants in groups focusing on depression and eating disorders demonstrating more improvement than those focusing on other diagnoses, while participants in groups focusing on substance abuse, thought disorder, and criminal behavior did not show reliable improvement.

While they were not focusing specifically on groups in university counseling centers, the authors found that 52 of the 111 studies were conducted by doctoral level clinicians within university counseling centers. Furthermore, the authors found that

participants in homogenous, outpatient, mixed-gender groups generally saw more improvement than their counterparts; given that this type of group is most often run in university counseling centers, this finding is applicable to psychotherapy groups run in counseling centers.

Efficacy of Group Therapy for College Students. Surveys of national samples of college counseling centers found that 82.5% of centers surveyed offered some form of group therapy, and approximately eight percent of students seen in the counseling center participate in group therapy (Mistler et al., 2013; Center for Collegiate Mental Health, 2015). These groups vary in theme, format, and process, and include psychoeducational groups, process groups, and support groups focusing on specific themes (Hahn, 2009; Nosanow, Hage, & Levin, 1999). Compared to community-based psychodynamic interpersonal process groups that may last for years, groups on college campuses are generally structured to run within a 15 week semester, and as such often utilize active leadership and focused treatment goals (Hahn, 2009). Group psychotherapy on college campuses is also often hampered by variable attendance as students prioritize papers and exams over group therapy (Hahn, 2009). In spite of these hurdles, there is no evidence to suggest that college students benefit less from group therapy than other populations; rather, the argument is frequently made that college students are uniquely suited for group psychotherapy, in spite of the challenges. Johnson (2009) points out that while university students are generally intelligent, verbal, and motivated, they are often not comfortable with deep engagement, direct interpersonal feedback, and immediacy, as they likely have not yet developed those skills if they are traditional college age. Johnson argues that in spite of these hurdles, traditional college age students may also uniquely

benefit from interpersonal process groups, as they are in the midst of forming their adult identities and navigating dependence versus independence and interdependence, and may benefit from additional support from peers. According to Johnson (2009), group psychotherapy can also be especially beneficial for individuals who have experienced dysfunctional family relationships, as well as overt oppression and exclusion, as group provides a safe place to practice new, effective ways to meet emotional and relationship needs. For students new to psychotherapy, Johnson points out that group offers the added benefit of sharing time and attention among all members of the group, allowing students to limit their participation when needed. DeLucia-Waack (2009) notes that college students may feel overwhelmed by the prospect of joining an interpersonal process group, and psychoeducational groups and workshops that focus on skill-building and whose benefits are easily seen by students often act as stepping stones to participation in process-oriented groups.

Whether psychoeducational, process, cognitive-behavioral, or some combination, group therapy interventions have demonstrated effectiveness in treating a variety of presenting problems on university counseling centers, including anxiety, depression, self-esteem problems, eating disorders, and emotion regulation (Damer, Latimer, & Porter, 2010; Koutra, Katsiadrami, & Diakogiannis, 2010; Lloyd, Fleming, Schmidt, & Tchanturia, 2014; Mohammadi, Birashk, & Gharaie, 2014; Mokrue & Acri, 2013) . In keeping with Rosenzweig's (1936) finding that "Everybody has won and all must have prizes," Bjornsson et al. (2011) conducted a randomized controlled trial comparing cognitive-behavioral group therapy to group psychotherapy in the treatment of 45 college students with social anxiety disorder. Students completed eight weekly two-hour group

sessions in either a nonspecific group based on the principles of Yalom and Leszcz (2005) or a cognitive-behavioral group consisting of psychoeducation, in-session exposure, cognitive restructuring, and homework assignments. Students were assessed for levels of social anxiety, social phobia, avoidant personality disorder, major depressive disorder or dysthymia, and treatment adherence. Contrary to the author's hypothesis that cognitive-behavioral group therapy would outperform group therapy, students in both conditions reported clinically significant improvement in symptoms with no significant difference between the two conditions.

Efficacy of Group Therapy for LGB College Students. There is a plethora of research on the efficacy of group therapy for LGB sub-populations, such as adult gay men, adult lesbians, and LGB persons with HIV/AIDS (Frost, 1996; Lenihan, 1985; Morrow, 1996). However, the majority of this research was conducted in the 1980s and 1990s, when LGB groups were a popular topic of research. More recent studies examining the efficacy of group therapy with LGB populations do exist, but their generalizability is limited by other factors. For example, Ross, Doctor, Dimito, Kuehl, & Armstrong (2007) performed an uncontrolled trial of a CBT-based group intervention for depression. Over the course of roughly eighteen months, the authors ran a total of seven single- and mixed-sex outpatient groups at a community mental health center with participants who were recruited through advertisements in local LGBT publications as well as from referrals from mental health providers. The groups met weekly for two hours for fourteen weeks, plus a booster session held two months after final intervention session. The groups were conducted using a modified, manualized CBT program which included process-oriented check-in and check-out in addition to psychoeducational

components about CBT and depression. Group facilitators tied in LGBT concerns and contextualized group material within an anti-oppression framework in addition to devoting two sessions specifically to issues of coming out and internalized homophobia, biphobia, and transphobia.

Group members were assessed at the first session, final session, and booster session for severity of depression, self-esteem, and internalized homophobia. Overall, participants reported a decrease in depressive symptoms, though bisexual participants showed less improvement on the Beck Depression Inventory-II than gay or lesbian participants. There were no significant changes in measures of internalized homophobia following treatment, even though 90.9% of participants reported the group had helped increase their comfort with their LGBT identity. Over 90% of participants stated they were mostly or very satisfied with the content of the group, and over 77% reported the intervention met most or all of their needs, though 50% stated that at some point during group they felt as if they did not fit in or belong. 86.4% stated that the group being facilitated by LGBT therapists was important to them.

In spite of the reported utility of the group, the study was plagued by a number of limitations. In addition to low recruitment, the dropout rate was high: the study began with 55 participants in groups, but finished with only 26 participants, and only 23 participants completed all outcome measures. In addition, because of the structure of the study, it is unclear whether any improvements in depressive symptoms were due to elements of CBT, the group's anti-oppressive framework, the act of attending a group, or the simple passage of time.

Despite the lack of recent evidence, Eason (2009) posits that colleges and universities are ideal sites for providing minority group services due to the opportunities for education, collaboration, and institutional support; furthermore, qualitative feedback from university counseling center directors indicates that many institutions do provide such minority group services (Reetz, Krylowicz, & Barr, 2014). Despite the popularity of LGB support groups on college campuses, there is no quantitative research specifically addressing the efficacy of group therapy with LGB college students, and the research specific to LGB college students remains at the level of theory and case study (DeBord & Perez; 2000). For example, Johnson (2009) hypothesizes that based on their developmental tasks, group psychotherapy may be an ideal place for LGB college students to explore their experiences of being an oppressed minority, as well as provide an inclusive experience.

Non-Therapy Groups for LGB College Students. It is important to note that many college campuses have student-organized non-therapy groups for LGB people. These groups are often focused on providing resources and support for LGB students, as well as education and outreach to other student groups and campus organizations. These groups are a valuable addition to college campuses, as they provide opportunities for meaningful and quality interpersonal interactions among LGB students (Engelken, 1998). However, it is critical that any study investigating LGB college students' utilization of group therapy differentiate between these non-therapy student groups and group psychotherapy provided by a mental health provider in the context of a university counseling center. This differntiation was achieved in the present study by providing a definition of group psychotherapy, specifying the focus as the treatment of emotional or

psychological disorders or problems of adjustment by mental health professionals. A definition was also provided for group leader as a trained mental health professional, such as a psychologist, psychiatrist, social worker, clinical counselor, or any professional student thereof.

Diversity Considerations

Culturally Competent Clinicians. Given the ever-increasing diversity on university and college campuses, multicultural factors should be considered in any discussion of work in university counseling centers (Kincade & Kalodner, 2004). According to the standards for university and college counseling centers set forth by the International Association of Counseling Services (2011), counseling centers must provide counseling interventions that are responsive to the diverse population of students experiencing difficulties, and their staff should have appropriate training, including training in multicultural competence. Lo and Fung (2003) divide cultural competence broadly into two intersecting dimensions of generic and specific cultural competence. They define generic cultural competence as the knowledge and skills necessary for working effectively in any cross-cultural therapeutic encounter, which are based in attributes such as curiosity about, perceptiveness of, and respect for other cultures. Lo and Fung (2003) posit that generic cultural competence requires clinicians to acknowledge and respect clients' understanding of their difficulties, recognize the existence of within-group heterogeneity and the fluidity of cultural identity, and seek cultural consultants when necessary. Specific cultural competence encompasses the knowledge and skills needed to work with a particular community, including employing culturally appropriate, mutually agreed-upon treatment goals, utilizing appropriate forms

of verbal and nonverbal communication, and focusing on content that is important to the client within their cultural context (Lo & Fung, 2003). Furthermore, it is important to recognize the intersectionality of diverse identities, including sexual orientation, ethnicity, gender, religion/spirituality, age, ability, and socioeconomic status (APA, 2011).

To provide a framework for competency with LGB clients, the American Psychological Association (2011) updated their guidelines (originally published in 2000) to address topics relevant to working with LGB clients. For example, the guidelines highlight the importance of a clinician's attitudes toward non-heterosexual sexual orientations, including the understanding that human sexuality has a number of variants beyond heterosexual, but that society as a whole has not yet fully embraced that fact. It is also important for clinicians to recognize that stigma plays out in the lives of LGB people in numerous ways. Sue and Sue (2008) advocate that in an effort to avoid being a part of the problem, mental health professionals should acknowledge and challenge their personal heterosexist biases and obtain training on how they might decrease heterosexist language and assumptions within their practices. Bidell (2013) found that even one graduate LGBT training course significantly impacted professional students' knowledge and skills related to LGB affirmative therapy. The study examined twenty-three master-level students who completed a measure of LGB affirmative counselor competency and a measure of LGB affirmative counseling self-efficacy before and after completing an LGBT graduate counseling course. The course was composed of presentations by instructors and guest lecturers on the psychosocial issues faced by LGBT individuals, discussions with LGBT community panels, and group discussion and process of students'

reactions to the course. Students also completed readings from the *Handbook of Counseling and Psychotherapy with Lesbian, Gay, Bisexual, and Transgender Clients* (Bieschke, Perez, & DeBord, 2006), reaction papers, and a comprehensive LGBT case conceptualization. Those who completed the course demonstrated significant improvements in their awareness, skills, and knowledge of LGB affirmative competency, as well as significant improvements in their LGB affirmative counseling self-efficacy, compared to master-level graduate students with similar backgrounds and experiences who did not complete the course. While the study was limited by a small sample size, lack of random selection, and the fact that the course was not required, Bidell concluded that specific LGBT coursework can effectively improve students' multicultural competency and efficacy in the area of sexual orientation and gender identity.

Diversity Considerations in Group Psychotherapy. Just as in individual therapy, diversity considerations are an important component of group psychotherapy. While the need for group therapists to adequately develop multicultural group therapy attitudes, knowledge, and skills has been noted, there has been a historical lack of attention to diversity in group therapy research, practice, and training (Benmak & Chung, 2004; DeLucia-Waack, 2004). For example, Benmak and Chung (2004) note that the Association for Specialists in Group Work, a division of the American Counseling Association, did not adopt multicultural counseling competencies and standards until 1999, and even after their adoption they have had little impact in establishing new training standards. Similarly, the Clinical Practice Guidelines for the Practice of Group Psychotherapy of the American Group Psychotherapy Association (Leszcz et al., 2007) mention multicultural issues only once, in passing, as they relate to defining dual

relationships. Furthermore, while articles have been written extolling the virtues of diversity focused group research, these articles remain at the level of theory without corresponding data and analysis. For example, Eason (2009) argues that the lack of attention to diversity considerations occurs because group psychotherapy theories have been developed from a Eurocentric perspective using models such as individual psychodynamics and attachment theory, which were developed based on the experience of white, U.S. American, middle to upper-middle class individuals and families. Eason points out that while interpersonal process groups can provide a place to heal the effects of exclusion and oppression, they may also reinforce prejudice and stigma if the group and its leaders are not vigilant to this possibility. This point is also made by Benmak and Chung (2004), who emphasized that group leaders must be aware of, understand, accept, and acknowledge the cultural worldview and the historical and sociopolitical background and experiences of group members, including experiences of discrimination. If exclusion and oppression are reinforced within the group, even unintentionally or indirectly, it can lead to feelings of powerlessness, invisibility, and pressure to represent one's minority group (Eason, 2009; Johnson, 2009).

In addition to general diversity considerations, Horne and Levitt (2004) insist that clinicians facilitating groups with LGB clients should be aware of stage models of identity development, the complexities of the coming-out process, and within-group heterogeneity. Group leaders should also keep in mind that LGB persons may have specific concerns about confidentiality in group settings related to coming out, HIV status, or relationship issues, and members who do not feel safe in a group may be less willing to join or share within the group (Horne & Levitt, 2004; Sue & Sue, 2008). They

encourage group leaders to ensure that members are aware of the necessity of confidentiality and of the consequences of breaking confidentiality so that these concerns do not act as a barrier to participation in group psychotherapy.

While barriers to group therapy for college students in general have been briefly addressed in the literature (e.g., beliefs that group psychotherapy is inferior to individual treatment), it is important to examine the barriers to particular groups, as collapsing across diverse groups may obscure group-specific knowledge (Golden, Corazzini, & Grady, 1993; Johnson, 2009; Moradi et al., 2009; Sue & Sue, 2008). To date, only three studies have been completed on the intersection of diversity considerations, group therapy, and college counseling. Harris (2013) examined barriers to group therapy with African American college students, and discovered that fear of being judged, fear of being discriminated against, and fear of being stereotyped all act as barriers to African American students joining therapy groups. Stoyell (2014) investigated barriers to group therapy with Latino college students, and found that barriers included not knowing the purpose and benefit of group therapy, an expectation that group therapists should have knowledge of Latino culture, and an expectation that group leaders would have experience running groups with Latino students. Lee (2014) identified barriers for Asian international college students, and found that Asian international students' attitudes toward joining group therapy was associated with level of acculturation, stigma toward help-seeking, and fear of negative evaluation, especially if the hypothetical group contained another international student from the same country of origin.

Research Questions and Hypotheses

In order to fulfill the purpose of this study, three research questions were posed. Hypotheses for each question were developed drawing on LGB and group therapy literature. The following questions represent the research questions and their respective hypotheses.

Resear*ch Question 1:* Are LGB college students who have participated in individual therapy likely to participate in group psychotherapy?

Hypothesis 1: LGB college students who have participated in individual therapy are likely to participate in group psychotherapy.

Research Question 2: Do LGB college students know what to expect from group psychotherapy?

Hypothesis 2: LGB college students do not know what to expect from group psychotherapy.

Research Question 3: Are LGB college students likely to participate in group psychotherapy if other LGB college students are in the group?

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

Chapter III

Method

Participants and Procedure

This study was completed in conjunction with another project, *The moderator roles of coping style and identity disclosure in the relationship between perceived sexual stigma and expectations of group psychotherapy* (Williams, 2015). Prior to collecting the data, approval from the Institutional Review Board (IRB) was acquired. To obtain the sample, emails were sent to 223 LGBTQ college and university campus groups listed in a database managed by the Human Rights Campaign (HRC) to introduce the research study and solicit college students who self-identified as lesbian, gay, or bisexual to take an online survey. The campus groups were asked to distribute the link to an online survey issued through www.surveymonkey.com. Upon navigating to the online survey, participants were given a brief description of the survey, the risks and benefits of the survey, and the withdrawal procedure. Contact information of the primary investigators was provided should participants have any questions or concerns about the study, as well as the contact information for Wright State University's IRB, in agreement with human subject's research policies. In order to participate in the study, participants were required to be over the age of 18, enrolled part-time or full-time in college, and self-identify as lesbian, gay, or bisexual. Students who completed the survey were invited to participate in a drawing for a $50 Amazon gift card; the winning participant was chosen using a

random number generator. Data were downloaded from surveymonkey.com using a secure connection into a password protected Excel file.

A total of 54 LGB college students responded to the email request and completed the demographics portion of the survey. A total of 26 participants' data was not usable because: the student identified as genderqueer or transgender, which was beyond the scope of this study; the student self-identified their sexual orientation as something other than lesbian, gay, or bisexual; or the student did not complete any items beyond the demographics portion. As such, the data of 28 participants was included for analysis.

Of the 28 participants included in analysis, 22 (78.6%) of the students were female, with seven (25%) identifying as lesbian and 15 (53.6%) identifying as bisexual. Six (21.4%) of the students were male, with five (17.9%) identifying as gay and one (3.5%) identifying as bisexual. The overall sample was therefore comprised of seven participants identifying as lesbians (25%), five identifying as gay (17.9%), and 16 identifying as bisexual (57.1%). The majority of students were representative of a traditional undergraduate college age, with 27 (96.4%) stating they were between the ages of 18 and 25, and one (3.5%) between the ages of 34 to 41. Regarding academic classification, students fell into the following groups: six (21.4%) Freshman, 10 (35.7%) Sophomore, two (7.1%) Junior, four (14.3%) Senior, and six (21.4%) Graduate Students. Students in this study predominantly identified as European-American/White (22 students, 78.6%); ethnic minority students were evenly represented among Hispanic/Latino, Asian-American/Pacific Islander, and Biracial/Multiracial (2 students, 7.1% each). Students also identified predominantly as having an annual income of $10,000 or less (16, 57.1%), with other reported incomes at $11,000 – $20,000 (5,

17.9%), $21,000 – $30,000 (3, 10.7%), $31,000 - $40,000 (1, 3.6%), and $100,000+ (1, 3.6%); two participants did not report their income. Most participants reported receiving financial assistance from parents (23, 82.1) and/or other family members (7, 25%); participants also reported receiving federal student loans (9, 32.1%), academic scholarships and grants (6, 21.4%), private student loans (3, 10.7%), and Pell grants (3, 10.7%).

Instruments

Data were collected on five measures. The first is a modified version of the Barriers Scale, developed by Harris (2013) in a study examining "Barriers to group psychotherapy for African-American college students" (Appendix B); because the present study is only the third study in which the Barriers Scale has been used, the reliability and validity of the scale has not been determined. In order to make the Barriers Scale more relevant to this study, changes to the survey included replacing the word African-American with LGB, replacing the words race/ethnicity with sexual orientation, breaking down one question about participation in group psychotherapy into two questions about participation in group psychotherapy (focusing or not focusing on sexual orientation), and removing the section on coping strategies. The first three items of the 52 item modified Barriers Scale was used to gather information about prior treatment (individual therapy, group therapy with emphasis on sexual orientation, and group therapy with emphasis not on sexual orientation). The fourth item asked about use of psychotropic medication; data were not analyzed for this item. Responses to these items were available in a *Yes* or *No* format. The remaining 48 items were rated on a 5-point Likert scale (1= *Strongly Disagree*, 2= *Disagree*, 3=*Undecided*, 4= *Agree*, and 5=

Strongly Agree). These items were divided into four categories: Group Therapy Participation, Expectations of Group Members, Group Leader Expectations, and Multicultural Considerations.

The second measure for which data were collected is the *Lesbian and Gay Identity Scale* (Mohr & Fassinger, 2000), a 27-item scale used to assess six dimensions of lesbian and gay identity. Data from this measure were not included in analysis as the scale addresses only lesbian and gay identity, and would not address the identity of the majority of the sample. The final three measures were used to address the research questions of the second project associated with this study. The first was the Brief COPE (Carver, 1997), a 28-item measure used to assess how participants cope daily with prejudice and discrimination related to sexual orientation. The Brief COPE is a shortened version of an earlier measure, and exploratory factor analysis was remarkably similar to the full inventory. The Brief COPE is composed of 14 scales with alpha reliabilities ranging from.50 (Venting) to.90 (Substance Use) in the original sample, and has demonstrated good reliability (α = .80-.85) in subsequent samples (Talley & Bettencourt, 2011). The second measure consisted of seven items from Kessler, Mickelson, and Williams' (1999) measure of self-reported daily discrimination to assess participants' perceptions of sexual stigma, which demonstrated excellent reliability in the original sample (α = .93), and good reliability (.88) in more recent samples (Talley & Bettencourt, 2011). The third measure was a 12-item assessment for level of outness constructed by Talley and Bettencourt (2011), which has demonstrated good reliability (α = .81). No validity data was available for these measures. Because these measures were not relevant to the current study, data were not analyzed.

To answer each research question and test the hypotheses, this study utilized a non-experimental cross-sectional survey. Using a combination of Excel and SPSS, descriptive statistics were calculated, and chi-square tests and Kendall's Tau correlations were used to examine the relationships among variables.

Chapter IV

Results

Results from the current study are presented in the following manner. First, a description of participation in different therapy modalities is presented, including both overall participation in each of the three modalities (individual therapy, group therapy focusing on sexual orientation, and group therapy not focusing on sexual orientation) as well as participation in single and multiple modalities. Then, results to each research question and hypothesis are presented. Tables of mean responses to questions are presented, as relevant.

Participation in Different Therapy Modalities

When analyzing the barriers to group therapy for LGB college students, it is important to evaluate group therapy utilization by this population in comparison to other therapy modalities. Participants were asked to answer three questions regarding their participation in different therapy modalities. Available answers were presented in *Yes* or *No* form. Of the 28 participants, 20 (71.4%) had previously utilized individual therapy. Of those 20, five had also participated in a group without an emphasis on sexual orientation (17.9% of total sample), and one had participated in both a group without an emphasis on sexual orientation and a group with an emphasis on sexual orientation (3.6% of total sample). Of the 28 participants, one (3.6%) reported previous participation in

group therapy with an emphasis on sexual orientation without participation in individual therapy.

Results of Tested Hypotheses

Results from the present hypotheses reveal potential barriers to group therapy.

Hypothesis 1: **LGB college students who have participated in individual therapy are likely to participate in group psychotherapy.** Chi-square tests were applied using item 1, "I have participated in individual therapy," and items 2 "I have participated in group psychotherapy where the emphasis or theme of the group was sexual orientation" and 3 "I have participated in group psychotherapy where the emphasis or theme of the group was **not** sexual orientation (e.g., an interpersonal process group)" to determine if an association existed between participation in individual and group therapy. All items were answered with a *Yes* or *No* response.

Given that a student may have participated in neither individual nor group, both individual and group, or either individual or group, each participant could be categorized as fitting into one of seven categories, including no participation in any type of therapy, participation in one of three single modalities (individual therapy, group therapy with an emphasis on sexual orientation, group therapy with an emphasis other than sexual orientation) or participation in one of three multiple modalities (individual and group with an emphasis on sexual orientation, individual and group with an emphasis other than sexual orientation, or individual and both group types (see Table 1).

Table 1

Participation in Single and Multiple Therapy Modalities.

		Single Modality			Multiple Modalities		
Participation	None	Ind. Only	Group Only, Emph. S.O.	Group Only, Emph. Not S.O.	Ind. + Group, Emph. S.O.	Ind. + Group, Emph. Not S.O.	Ind. + Both Group Types
Yes (f)	7	14	0	1	0	5	1
Yes (%)	25.0%	50.0%	0.0%	3.5%	0.0%	17.9%	3.5%
No (f)	21	14	28	27	28	23	27
No (%)	75.0%	50.0%	100.0%	96.5%	100.0%	82.1%	96.5%

Note: f = frequency, None = No therapy, Ind. = Individual, Emph. = Emphasis, S.O. = Sexual Orientation.

The chi-square test for individual therapy and group therapy with an emphasis on sexual orientation yielded a chi-square value of 0.415 with 1 degree of freedom (df). The p-value associated with these numbers is 0.520. Given that a p-value of less than 0.05 is needed for the results to be significant, it is suggested that participation in individual therapy and participation in group therapy with an emphasis on sexual orientation are not significantly related to one another. Caution should be used when analyzing these results, as two of the four cells had fewer than five expected observations. For the current sample, the chi-square proposes that individual therapy participation is not associated with group therapy participation. However, as one of the assumptions for a chi-square was violated, it should not be suggested that these results would hold true in future research.

The chi-square test for individual therapy and group therapy with an emphasis other than sexual orientation yielded a chi-square value of 0.933 with 1 degree of freedom (df). The p-value associated with these numbers is 0.334. Given that a p-value of less than 0.05 is needed for the results to be significant, it is suggested that participation in individual therapy and participation in group therapy with an emphasis on sexual orientation are not significantly related to one another. However, as with the first chi-square test, the generalizability of the results is limited, as one of the four cells has an expected observation of less than five. For this study, participating in individual therapy does not appear to have a relationship with participating in group therapy, regardless of the focus of the group.

Hypothesis 2: **LGB college students do not know what to expect from group psychotherapy.** To test this hypothesis, frequencies and percentages were calculated for the answers to item 19, "I know what to expect in group therapy," which was answered on a five point Likert scale, with one indicating "strongly disagree" and five indicating "strongly agree." Results indicate that LGB college students do not know what to expect from group therapy, as 21 participants (84%) either disagreed or strongly disagreed that they knew what to expect from group therapy (mean = 2.29, standard deviation = 0.87). These results can be further divided into students who had participated in group therapy and students who had not participated in group therapy. Of the 21 students (75%) who had not participated in group therapy, two agreed that they knew what to expect from group, two were neutral, 14 disagreed, and three strongly disagreed (mean = 2.14, standard deviation = 0.79). Of the seven students (25%) who reported previously participated in group therapy, none strongly agreed that they knew what to expect from

group therapy. Three students agreed that they knew what to expect, three disagreed, and one strongly disagreed (mean = 2.71, standard deviation = 1.25).

Related to this analysis are the results from item 13, "I am likely to participate in group therapy if I completely understood the benefits of group therapy," which was answered with a *Yes* or *No* response. Results from this item indicate that the majority of participants (23 students, 82%) would likely participate in group psychotherapy if they completely understood the benefits of this treatment modality. Of the five students who indicated they would not participate in group if they completely understood the benefits, none reported previous participation in group therapy; one strongly disagreed that they knew what to expect, three disagreed, and one was neutral.

Hypothesis 3: **Lesbian, gay, and bisexual college students are likely to participate in group psychotherapy if other LGB students are in the group.** To test this hypothesis, correlations using Kendall's Tau was calculated, as the variables were ranked rather than continuous. Correlations were calculated between item 2, "I have participated in group therapy with an emphasis on sexual orientation" and item 3, "I have participated in group therapy with an emphasis not on sexual orientation," and item 38, "I expect there to be group members who have the same sexual orientation as me" and item 39, "I expect there to be leaders who have the same sexual orientation as me." The decision was made to include item 39 as many college counseling groups are facilitated or co-facilitated by graduate students. A total of four correlations were calculated (see Table 2).

Table 2

Likelihood of Participating in Group Psychotherapy if Others Share Same Sexual Orientation.

Variable 1	Variable 2	Correlation
Participated in group therapy, emphasis S.O.	Expect members with same S.O.	r = .313, p=.084 (not significant)
Participated in group therapy, emphasis not S.O.	Expect members with same S.O.	r = -.094, p=.615 (not significant)
Participated in group therapy, emphasis S.O.	Expect leaders with same S.O	r = -.082, p=.660 (not significant)
Participated in group therapy, emphasis not S.O.	Expect leaders with same S.O	r = -.094, p=.615 (not significant)

Note: S.O. = sexual orientation.

Of the four pairs, none of the calculated *p* values was less than 0.05. However, the *p* value of the first pair (0.084) falls between 0.10 and 0.05, indicating possible marginal significance; given the small number of participants in the study, it is possible that a larger sample could yield a significant result.

Chapter V

Discussion

The purpose of this study was to examine the barriers to group therapy for lesbian, gay, and bisexual college students. Specifically, the study examined students' willingness to attend group therapy, expectations of group therapy, and group-related multicultural considerations. The discussion begins with a summary of the results and then relates them to the study hypotheses.

The hypothesis "LGB college students who have participated in individual therapy are likely to participate in group psychotherapy" was not supported by the current study, as the results of multiple chi-square tests did not find any relationship between participation in individual psychotherapy and participation in group psychotherapy for LGB college students. While generalizability is limited because assumptions of the chi-square test were violated, these findings are similar to those of Stoyell (2014), who found no relationship between prior individual therapy and willingness to participate in group for Latino college students. To date, there is no other research examining the effects of prior individual psychotherapy participation on group psychotherapy participation with LGB college students, and little recent research looking at the effects within the general population. Kotkov (1955) and Meissen, Warren, & Kendall (1996) found that prior individual therapy discouraged group therapy attendance, while Connelly, Piper, De Carufel, and Debbane (1986) concluded that individuals with prior individual therapy

experience had decreased rates of group therapy dropout. More recently, MacNair and Corazzini (1994) also found that prior individual counseling predicted continuation as opposed to dropout in group psychotherapy, and MacNair-Semands (2002) found that clients with previous therapy experience reported more positive expectations about group. However, given the results of the present study, it would appear that no prior participation in individual psychotherapy is not a barrier to participation in group psychotherapy. This finding is encouraging, given the increasing demand for individual services at university counseling centers and the frequent utilization of wait lists (Kitzrow, 2003).

The hypothesis "LGB college students do not know what to expect from group psychotherapy" was supported by the current study. These results are in line with previous research (Harris, 2013; Stoyell, 2014), but are also somewhat surprising, given that 25% of the sample (seven participants) reported prior experience with group psychotherapy, yet only 17.9% of the total sample (five participants) felt they knew what to expect from group therapy; furthermore, two of those five participants had never participated in group, meaning that four of the seven students with prior group experience disagreed that they knew what to expect from group. When combined with the results from item 13, "I am likely to participate in group therapy if I completely understood the benefits of group therapy," with which 82.1% of the participants agreed, the results indicate that LGB college students' lack of knowledge of the process and benefits of group psychotherapy is a barrier to their participation. While there is no research on the willingness of individuals in general to attend group therapy for comparison, these findings are similar to those of Stoyell (2014), who found that Latino college students did

not know what group therapy consisted of, and their willingness to attend increased when a description of the group was provided. These findings also highlight the importance of clarifying misconceptions about group therapy by engaging in thorough pre-group preparation using multiple methods, such as group screenings, pre-group contracts, and written materials (Acosta, Evans, Yamamoto, & Wilcox, 1980; Yalom, 2005). Given college students increasing reliance on technology and digital media, low-cost audio-visual aids can also be an easy and important way to introduce LGB college students to the basics of group psychotherapy (Campinha-Bacote, 2012). In addition, this study reiterates the importance of reaching out to LGB campus groups with specific and intentional marketing, so LGB college students understand the benefits of attending a group, what they can expect from the group leader and other members, and what goals they may achieve within the context of the group (Harris, 2012; Stoyell, 2014).

The hypothesis *"*Lesbian, gay, and bisexual college students are likely to participate in group psychotherapy if other LGB students are in the group" was not supported by the current study. Similar to the previous hypotheses, the small sample size of the present study played a role in the results, as it is possible that a larger sample size would have yielded more robust results. However, given that the only correlation approaching significance was that between previous participation in group therapy with an emphasis on sexual orientation and expecting group members with the same sexual orientation, the positive correlation could be based on participants' previous experiences rather than expectations that LGB students utilize group therapy in general. These findings indicate that while sexual minority students may fear being seen as the

representative and spokesperson for the LGB community, this potential fear does not serve as a barrier to participating in group psychotherapy (Johnson, 2009).

Chapter IV

Limitations and Future Directions

Limitations

The present study is impacted by several limitations. First, while every effort was made to reach a large number of lesbian, gay, and bisexual college students from a variety of colleges and university across the U.S., the sample size was small, which limits the generalizability of the findings. Furthermore, the sample was relatively homogenous in regard to race/ethnicity, age, gender, and income level, and other demographic variables, such as disability status, were not collected. As such, the results of this study cannot be interpreted as applicable to all college students who identify as LGB. Second, because data were collected using email recruitment via listservs and identifying information was not obtained, the responses of participants are not verifiable. A third limitation of the study is the measures themselves; because the Barriers Scale is relatively new, no reliability or validity studies have been conducted on it. In an effort to make future reliability and validity studies possible, the present study modified the Barriers Scale very little, which presented some limitations. For example, the first research question, "Are LGB college students who have participated in individual therapy likely to participate in group therapy," would have been better answered by adding an additional question asking students whether or not they would be likely to utilize group therapy in the future.

While the Barriers Scale is by no means a perfect measure, is the only measure available that addresses barriers to group psychotherapy. Excellent questionnaires exist that assess barriers to qualitatively different concepts, such as pain management in cancer patients and staff implementation of behavioral programs in psychiatric hospitals, but given the difference in the concepts being measured, even modified version of questionnaires such as these would be inappropriate for the current study (Corrigan, Kwartarini, & Pramana, 1992; Emerson & Emerson, 1987; Gunnarsdottir, Donovan, Serlin, Voge, & Ward, 2002). Other questionnaires include items useful to the present study's focus, such as the Barriers to Treatment Adherence Questionnaire (Dobkin et al., 2009), which assesses barriers to adherence to physiotherapy, occupational therapy, nursing, and cognitive behavioral therapy for individuals diagnosed with and receiving treatment for fibromyalgia, and McWhirter's (1997) measure assessing high school students' perceptions of potential barriers to college attendance and career; however, many of the useful items were also addressed in the Barriers Scale. For example, Dobkin et al.'s measure included barriers such as limited time, inconvenience (e.g. travel), stressful events, lack of enjoyment, lack of social support, cost, fatigue, pain, lack of motivation, work demands, and limited community resources. The Barriers Scale includes similar constructs, including time (items 9, 10, 11, and 14), cost (items 5 and 7), and location (items 6 and 8), as well as other concerns not assessed by Dobkins et al. and more relevant to the population being studied, such as confidentiality, expectations of other group members, and experiences of stereotyping and discrimination. Similarly, in Goodman's (2009) study of women's attitudes, preferences, and perceived barriers to treatment for perinatal depression, barriers such as time, stigma, location, and cost were

assessed, as well as items the Barriers Scale did not address, such as childcare issues and knowing where to access services. In summary, while the Barriers Scale is limited, it appears to be the most appropriate measure for the present study; however, this was not the case for the Lesbian and Gay Identity Scale (Mohr & Fassinger, 2000), as an updated version of the identity scale was available (see Mohr & Kendra, 2012) and would have been a more appropriate measure to use, given the updated language and inclusion of bisexual identity; inclusion of such a measure would have allowed for an investigation into possible relationships between LGB identity and willingness to engage in group psychotherapy.

Another limitation is the number of participants who reported participation in prior group therapy was small, and as such, the types of analyses conducted was limited; even so, the results were not highly reliable, as assumptions for the chi-square tests were violated.

Future Directions

Given the relative lack of recent research into the needs of LGB college students seeking therapy from university counseling centers, additional study in this area is needed. Future research could replicate the present study using an updated measure of LGB identity, allowing researchers to investigate the role of LGB identity development in attitudes toward group therapy. Given the limitations presented by the present study's sample size, future research could focus on obtaining a larger, more statistically relevant sample, which would allow for more rigorous statistical testing. In order to recruit more participants, it may be helpful to shorten the length of the survey by collecting data on fewer measures (e.g, demographics plus two as opposed to the four in this study), as

many participants did not complete the survey past the demographics portion. Improving the incentive for the survey may also promote higher levels of participation (e.g., guaranteeing a small reward rather than a chance at a moderate reward).

Finally, university counseling centers would do well to document the percentage of LGB students presenting to group, as well as dropout rates and satisfaction with group psychotherapy. For example, the 2014 Center for Collegiate Mental Health's Annual Report provides statistics on the percentage of students seen in the counseling center who attend group, but does not delineate it by sexual orientation, while the 2013 AUCCCD Annual Survey provided rates of attendance for individual therapy, but not group (Reetz, Krylowicz, & Barr, 2014). In addition, while previous research has shown that the average dropout rate for therapy at university-based clinics is 30.4%, including this information in large reports such as the Center for Collegiate Mental Health's Annual Report would allow university counseling centers to identify if and where LGB students are deterred from participating in group therapy (Swift & Greenberg, 2012).

In spite of its limitations, the clinical implications of the present study are not without merit. Because the present study indicates that no prior participation in individual therapy is not a barrier to participation in group therapy, university counseling centers should expand their marketing beyond the physical counseling center and its website. Given that the present study and Stoyell (2014) both found that students do not know what to expect from group, marketing should be clear, direct, and explicit as to the purpose, structure, and format of the group. For example, instead of a simple flyer advertising type of group, date, time, and location, paper advertising could make use of technology by imbedding QR codes that would allow students to use a smart phone to

access a more detailed description of the group in question. In addition, because half of those who participated in group therapy in the present study reported not knowing what to expect from group therapy, college counseling centers should focus advertising and marketing to include information on group therapy in general as well as what students can expect from a specific group. Audiovisual aids, such as the video developed by Campihna-Bacote (2012), can be integrated into the counseling center website, run on a loop in the counseling center waiting room, and shown during outreach presentations to first-year students.

Once students agree to attend group psychotherapy, pre-group preparation should be in-depth and specific, so that students know why they were referred to group, are familiar with the structure and process of the group, have specific goals and some idea of how they will utilize group process to achieve those goals. Students should be aware of all the potential risks and benefits of group, and should be given the opportunity to ask questions and voice their concerns. To provide insight into the benefits of a specific group, counseling centers could offer group members the opportunity to write brief, anonymous testimonials during the termination session, and use those testimonials in future members' pre-group preparation.

Finally, because the present study indicates that being the only LGB member is not necessarily a barrier to LGB students joining group, counseling center staff should not automatically assume that LGB students should be funneled into an LGB support group. In summary, the present study shows that group can offer significant benefits with relatively little investment, as long as the effort is made to reach out to the students in need of services.

Appendix A

Recruitment Letters

Dear Listserv Administrator,

My name is Sarah Peters, and I am a fourth year doctoral student in clinical psychology at Wright State University's School of Professional Psychology. I am contacting you in regards to obtaining participants to take part in an anonymous survey. This survey is meant to assist me and another doctoral candidate, Jessica Williams, in gathering data for our dissertations, which involves exploring barriers to group therapy of lesbian, gay, and bisexual college students.

This survey is open to college students over the age of 18 who identify as lesbian, gay, or bisexual. Potential participants will be directed to click on a link (https://www.surveymonkey.com/s/5T3W7JP) that will take them to the anonymous survey.

If you have questions that you would like answered before potential distribution, please feel free to contact me at peters.103@wright.edu.

Thank you,

Sarah Peters, Psy.M.
Doctoral Candidate
Wright State University
Membership Chair
Tri-State Group Psychotherapy Society

Dear Potential Participant,

My name is Sarah Peters, and I am a fourth year doctoral student in clinical psychology at Wright State University's School of Professional Psychology. This email has been forwarded to individuals who may be willing to take part in an anonymous survey. This survey is meant to assist me and another doctoral candidate, Jessica Williams, in gathering data for our dissertations, which involves exploring barriers to group therapy of lesbian, gay, and bisexual college students.

If you are a college student, are over the age of 18, you identify as lesbian, gay, or

bisexual, and you are interested in completing this survey, please click on this web site link (https://www.surveymonkey.com/s/5T3W7JP) that will take you to the anonymous survey.

If you have questions that you would like answered before participating, please feel free to contact me at peters.103@wright.edu.

Thank you,

Sarah Peters, Psy.M.
Doctoral Candidate
Wright State University
Membership Chair
Tri-State Group Psychotherapy Society

Appendix B

Consent Form

Consent to Participate in a Research Study

Barriers to Group Psychotherapy of Lesbian, Gay, and Bisexual College Students and The Moderator Roles of Coping Style and Identity Disclosure in the Relationship Between Perceived Sexual Stigma and Expectations of Group Psychotherapy

THE PURPOSE OF THIS STUDY

Thank you for considering being a participant in this research. You are being invited to participate in research that will produce two studies exploring barriers to group therapy of lesbian, gay, and bisexual college students. The purpose of this research is to determine barriers to group psychotherapy with college students who identify as lesbian, gay, and bisexual (LGB) and to understand the relationships between coping styles, sexual stigma, identity disclosure, and expectations of group psychotherapy for lesbian, gay, and bisexual students. Studies such as these will provide a foundation for future research as to how university counseling centers can provide services that meet the needs of an increasingly diverse student body.

WHY YOU ARE BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are being invited to take part in these research studies because you are a college student age 18 or over who identifies as lesbian, gay, or bisexual, and your answers could help university counseling centers tailor their services to meet the needs of LGB students.

WHO IS CONDUCTING THIS STUDY?

The persons in charge of this research are Sarah Peters (*Principal Investigator, PI*) and Jessica Williams of Wright State University, School of Professional Psychology. They are currently doctoral students at the Wright State University. They are being guided in this research by Robert Rando, PhD, APBB. *(Advisor).*

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

These studies consist of an online survey, and should take approximately 45 minutes to complete.

WHAT WILL YOU BE ASKED TO DO?

Participants will be asked to participate in an anonymous online survey. Consenting participants will be asked questions regarding their demographics, their identity as an

LGB person, their thoughts about group therapy, their experiences with sexual stigma, their methods of coping with sexual stigma, and their disclosure about their LGB identity status to various individuals in their lives.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life. You may elect to skip any question(s) that you do not wish to answer.

HOW WILL YOUR DATA BE KEPT SECURE?

Following agreement to the informed consent, participants will be given access to a secure link. A secure link allows for participant responses to be encrypted to protect answers from viewing by a third party. The only parties who will have access to participant answers will be the researchers, Sarah Peters and Jessica Williams, and the advisor, Robert Rando, PhD. Participants will not be asked to give identifying information.

WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?

You will not gain any personal benefit from participating in this research.

DO YOU HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in this research, it should be because you wish to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop participating in this research at any time.

IF YOU DON'T WANT TO TAKE PART IN THE STUDY ONLINE, ARE THERE OTHER CHOICES?

These studies are only offered in an online format.

WHAT WILL IT COST YOU TO PARTICIPATE?

Other than your time, there are no costs associated with taking part in this research.

WILL YOU RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

Participants will be given the option to enter a drawing for a $50 Amazon gift card following the completion of the survey. To participate in the drawing, participants will be asked to provide an email address. This email address will be collected in a data file separate from participants' answers and will be used for no other reason than to contact the winners. After drawings have occurred all email addresses will be destroyed. No participant is required to enter the drawing. One gift card will be entered in the drawing

for every 100 participants who complete the survey; therefore, your chances of winning the drawing for a gift card will be dependent upon the number of entries.

WHO WILL SEE THE INFORMATION THAT YOU GIVE?

This survey is completely anonymous. That means that no one, not even members of the research team, will know that the information you give came from you. Your information will be combined with information from other people taking part in the research. When we write about the results of the survey, we will write about the combined information we have gathered and we will not use any personally identifying information about participants. The survey will only be identified by an identifier that will be created by the participant. As such, it is very important that you do not use your initials in your identifier.

The only parties who will have access to participant answers will be the researchers, Sarah Peters and Jessica Williams, and the advisor, Robert Rando, PhD. There is a possibility that the data collected from you may be shared with other investigators in the future.

CAN YOUR TAKING PART IN THE STUDY END EARLY?

If you decide to take part in the survey you still have the right to decide at any time that you no longer want to continue.

WHAT ELSE DO YOU NEED TO KNOW?

The Wright State University Institutional Review Board (IRB) may inspect your research records. The IRB is a committee that reviews ethical issues, according to federal, state and local regulations on research with human subjects, to make sure studies comply with these before approval of a research study is issued.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS, CONCERNS, OR COMPLAINTS?

Before you decide whether to accept this invitation to take part in the survey, please ask any questions that might come to mind now. Later, if you have questions, suggestions, concerns, or complaints about the study, you can contact the investigators: Sarah Peters at peters.106@wright.edu, and Jessica Williams at Williams.930@wright.edu. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of the Wright State Institutional Review Board at 937-775-4462.

By completing the online survey you are indicating your willingness to participate in this research.

Appendix C

Demographic Profile

Lesbian, Gay, and Bisexual (LGB) College Students

Demographic Profile

Please select the best answer that describes you.

1. **What is your gender?**
   _____Male
   _____Female
   _____Transgender
   _____Bigendered/Genderqueer
   _____Other_____

2. **What is your sexual orientation?**
   _____Lesbian
   _____Gay
   _____Bisexual
   _____Other

3. **What is your race/ethnicity?**
   _____African-American/Black
   _____Appalachian
   _____Asian-American/Pacific Islander
   _____Biracial/Multiracial
   _____Hispanic/Latino
   _____European-American/White
   _____Native American/Alaska Native
   _____Other_____

4. **What is your age?**
   _____18 - 25
   _____26 - 33
   _____34 - 41
   _____42 – 49
   _____50 – 57
   _____58 – 65
   _____65 and above

5. **What is your current educational status?**
   _____Freshman
   _____Sophomore
   _____Junior

_____Senior
_____Graduate Student
_____Other

6. **What is your income range?**
_____**$**10,000 - less
_____$11,000 – 20,000
_____$21,000 - $30,000
_____$31,000 - $40,000
_____$41,000 - $50,000
_____$51,000 - $60,000
_____$61,000 - $70,000
_____$71, 000 - $80,000
_____$81,000 - $90,000
_____$91,000 - $100,000
_____$100,000 – above

7. Do you receive financial assistance from any of the following sources?

_____ Parents
_____ Other family members
_____ Pell grants
_____ Federal student loans
_____ Private student loans
_____ Other (please specify)

Appendix D

Barriers Scale

BARRIERS TO GROUP PSYCHOTHERAPY FOR LGB COLLEGE STUDENTS

We would like to learn more about how lesbian, gay, and bisexual (LGB) students perceive psychological group therapy. Whether you have participated in group therapy or not we appreciate you completing this survey. Please indicate your level of agreement with each of the statements below. You are encouraged to answer all questions.

Definition of Terms

Individual Psychotherapy: the treatment of emotional or psychological disorders or problems of adjustment of one client, treated by one mental health professional.

Group Psychotherapy: the treatment of emotional or psychological disorders or problems of adjustment within a group setting (three or more clients) by one or more mental health professionals.

Group Leader: a trained mental health professional, such as a psychologist, psychiatrist, social worker, clinical counselor, or any professional student thereof.

A. Participation in Psychotherapy

1. I have participated in individual psychotherapy.	Yes	No
2. I have participated in group psychotherapy where the emphasis or theme of the group was sexual orientation.	Yes	No
3. I have participated in group psychotherapy where the emphasis or theme of the group was **not** sexual orientation (e.g., an interpersonal process group)	Yes	No
4. I have used psychotropic medication.	Yes	No

B. Willingness to Participate in Group Psychotherapy

5. I am likely to participate in group therapy if the service is free.	Yes	No
6. I am likely to participate in group therapy if the service is located in a college counseling center.	Yes	No
7. I am likely to participate in group therapy for a reasonable fee.	Yes	No
8. I am likely to participate in group therapy if it is located in a private and secluded location on campus.	Yes	No
9. I am likely to participate in group therapy if the time duration is one hour and a half or less.	Yes	No
10. I am likely to participate in group therapy if the service is offered during the day.	Yes	No
11. I am likely to participate in group therapy if the service is offered after 5pm.	Yes	No
12. I am likely to participate in group therapy even if the service did not help someone that I knew.	Yes	No
13. I am likely to participate in group therapy if I completely	Yes	No

understood the benefits of group therapy.		
14. I am likely to participate in group therapy if services were offered on the weekends.	Yes	No

C. Expectations of Group Therapy

15. I expect group therapy to help me with my personal problems.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
16. I expect group therapy to be more effective than individual therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
17. I would prefer to participate in individual therapy rather than group therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
18. I expect individual therapy to help me with my personal problems.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
19. I know what to expect in group therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
20. I am likely to drop out of group therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
21. I expect group therapy to be easier than individual therapy.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

D. Expectations of Group Members

22. I expect what I say in group to be kept confidential by other group members.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
23. I expect group members to be welcoming and friendly.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
24. I expect group members to get along with everyone in the group.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
25. I expect group members to help me with my personal problems.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
26. I expect group members to cause conflict within the group.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
27. I expect group members to have some of the same personal issues as I do.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
28. I expect group members to drop out of group therapy.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
29. I expect group members to self-disclose about their issues.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
30. I expect group members to have peer relationships with one another	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

outside of group therapy.					

E. Expectations of Group Leaders

31. I expect group leaders to be experts in the field of group psychotherapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
32. I expect group leaders to give me their undivided attention in group therapy.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
33. I expect group leaders to be direct when addressing conflict within the group.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
34. I expect group leaders to solve my personal problems.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
35. I expect group leaders to provide me with direct feedback.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
36. I expect group leaders to self-disclose.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
37. I expect group leaders to speak to me and/or acknowledge me when they see me on campus.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

G. Multicultural Considerations

38. I expect there to be group members who have the same sexual orientation as me.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
39. I expect group leaders to be the same sexual orientation as me.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
40. I expect to be judged by group members because of my sexual orientation.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
41. I expect to be judged by group leaders because of my sexual orientation.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
42. I expect group leaders to discriminate against me because of my sexual orientation.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
43. I expect group members to discriminate against me because of my sexual orientation.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
44. I expect LGB students to participate in group therapy.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
45. I expect group members to hold stereotypes of me because of my sexual orientation.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
46. I expect group leaders to hold stereotypes of me	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

because of my sexual orientation.					
47. I expect group leaders to have lead groups with LGB group participants.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
48. I expect group leaders to understand my background as an LGB person.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
49. I expect group therapy to be a place where I can share my feelings on identity, heterosexism, homophobia, biphobia, and discrimination.	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
50. I expect my sexual orientation to be brought up at some point during group therapy.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
51. College counseling centers should be intentional with their publicity/marketing to LGB college students about group therapy services.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
52. I expect LGB college students to seek group therapy as a last resort after exploring other options.	1 Strongly disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree

Appendix E

Lesbian and Gay Identity Scale

For each of the following statements, mark the response that best indicates your experience as a lesbian, gay, or bisexual (LGB) person. Please be as honest as possible in your responses.

1----------2----------3----------4----------5----------6----------7

Disagree Strongly — Agree Strongly

1. ___ I prefer to keep my same-sex romantic relationships rather private.
2. ___ I will never be able to accept my sexual orientation until all of the people in my life have accepted me.
3. ___ I would rather be straight if I could.
4. ___ Coming out to my friends and family has been a very lengthy process.
5. ___ I'm not totally sure what my sexual orientation is.
6. ___ I keep careful control over who knows about my same-sex romantic relationships.
7. ___ I often wonder whether others judge me for my sexual orientation.
8. ___ I am glad to be an LGB person.
9. ___ I look down on heterosexuals.
10. ___ I keep changing my mind about my sexual orientation.
11. ___ My private sexual behavior is nobody's business.
12. ___ I can't feel comfortable knowing that others judge me negatively for my sexual orientation.
13. ___ Homosexual lifestyles are not as fulfilling as heterosexual lifestyles.
14. ___ Admitting to myself that I'm an LGB person has been a very painful process.
15. ___ If you are not careful about whom you come out to, you can get very hurt.
16. ___ Being an LGB person makes me feel insecure around straight people.
17. ___ I’m proud to be part of the LGB community.
18. ___ Developing as an LGB person has been a fairly natural process for me.
19. ___ I can't decide whether I am bisexual or homosexual.
20. ___ I think very carefully before coming out to someone.
21. ___ I think a lot about how my sexual orientation affects the way people see me.
22. ___ Admitting to myself that I'm an LGB person has been a very slow process.
23. ___ Straight people have boring lives compared with LGB people.
24. ___ My sexual orientation is a very personal and private matter.
25. ___ I wish I were heterosexual.
26. ___ I get very confused when I try to figure out my sexual orientation.
27. ___ I have felt comfortable with my sexual identity just about from the start.

Appendix F

Perceived Sexual Stigma

How often on a day-to-day basis do you experience each of the following types of discrimination ***related to sexual orientation***.

1 = Never
2 = Rarely
3 = Sometimes
4 = Often

_____ 1. I am treated with less courtesy than other people.
_____ 2. I am treated with less respect than other people.
_____ 3. I receive poorer service than other people at restaurants or stores.
_____ 4. People act as if they are afraid of me.
_____ 5. People act as if they think I am not as good as they are.
_____ 6. People call me names or insult me.
_____ 7. People threaten or harass me.

Appendix G

Brief COPE

These items deal with ways you usually deal with the prejudice and discrimination ***related to sexual orientation***. There are many ways to try to deal with problems. These items ask what you've been doing to cope with this one. Obviously, different people deal with things in different ways, but I'm interested in how you've tried to deal with it. Each item says something about a particular way of coping. I want to know to what extent you've been doing what the item says. How much or how frequently. Don't answer on the basis of whether it seems to be working or not—just whether or not you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

1 = I haven't been doing this at all
2 = I've been doing this a little bit
3 = I've been doing this a medium amount
4 = I've been doing this a lot

_____ 1. I've been turning to work or other activities to take my mind off things.
_____ 2. I've been concentrating my efforts on doing something about the situation I'm in.
_____ 3. I've been saying to myself "this isn't real."
_____ 4. I've been using alcohol or other drugs to make myself feel better.
_____ 5. I've been getting emotional support from others.
_____ 6. I've been giving up trying to deal with it.
_____ 7. I've been taking action to try to make the situation better.
_____ 8. I've been refusing to believe that it has happened.
_____ 9. I've been saying things to let my unpleasant feelings escape.
_____ 10. I've been getting help and advice from other people.
_____ 11. I've been using alcohol or other drugs to help me get through it.
_____ 12. I've been trying to see it in a different light, to make it seem more positive.
_____ 13. I've been criticizing myself.
_____ 14. I've been trying to come up with a strategy about what to do.
_____ 15. I've been getting comfort and understanding from someone.
_____ 16. I've been giving up the attempt to cope.
_____ 17. I've been looking for something good in what is happening.
_____ 18. I've been making jokes about it.

_____ 19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
_____ 20. I've been accepting the reality of the fact that it has happened.
_____ 21. I've been expressing my negative feelings.
_____ 22. I've been trying to find comfort in my religion or spiritual beliefs.
_____ 23. I've been trying to get advice or help from other people about what to do.
_____ 24. I've been learning to live with it.
_____ 25. I've been thinking hard about what steps to take.
_____ 26. I've been blaming myself for things that happened.
_____ 27. I've been praying or meditating.
_____ 28. I've been making fun of the situation.

Appendix H

Level of Identity Disclosure

_____ To what extent do you think you have "come out" in general?

1 = Not at all
2 = Somewhat
3 = Mostly
4 = Completely

Of the following individuals, with whom have you ***explicitly*** disclosed your sexual orientation?

Yes	No	N/A	Mother
Yes	No	N/A	Father
Yes	No	N/A	Sibling(s)
Yes	No	N/A	Work Colleague(s)
Yes	No	N/A	Best Friend
Yes	No	N/A	Close Relative(s)
Yes	No	N/A	Close Friend(s)
Yes	No	N/A	Roommate(s)
Yes	No	N/A	Employer
Yes	No	N/A	Acquaintance(s)
Yes	No	N/A	Stranger(s)

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