

**International Students' Counseling Expectations and  
Experiences in Accessing Mental Health Services**

Veronica R. Trapani

May 2021

In partial fulfillment of the requirements for the degree of  
Doctor of Education in Leadership and Learning in Organizations  
Peabody College of Education and Human Development, Vanderbilt University

**Abstract**

Elmwater University's International Students and Scholars Office and the Counseling Center wished to find what barriers existed that prevented international students from utilizing mental health services on campus. Through a mixed methods study of a counseling expectations survey and interviews with respondents, the most common barrier found was lack of knowledge of counseling services due to social and cultural stigma. Student respondents recommended advertising at new student orientation, assigning mentors to guide international students, and training advisors and deans to recognize the signs of mental illness to refer struggling students to the counseling center.

*Keywords:* international students, counseling expectations, counseling, barriers,

## Acknowledgments

### For CAMH and JRF

With great thanks to...

- Kathy Hanisko, Bill Mearman, and Karin Pyskaty with Wallingford Public Schools for instilling, broadening, and nurturing my love of learning from the very beginning.
- David Archbold, Dr. David Schwartz, and the rest of OU for partnership and guidance.
- my friends and family who urged me to continue when the path was tough, or the challenge seemed too great.
- my advisor Dr. Marisa Cannata, for her patience and steady involvement throughout the process.
- the music stylings of “Weird Al” Yankovic, ska-punk bands, and every pop artist of the past 30 years for powering me through.
- meine Clarkston Lieblinge, an die ich am meisten glaube, dass sie die Welt verändern werden.

Black lives matter.

Trans rights are human rights.

No human is illegal.

Love is Love.

## Table of Contents

<b>Acknowledgments</b>	<b>3</b>
<b>Table of Contents</b>	<b>4</b>
<b>Executive Summary</b>	<b>7</b>
<i>Findings</i> .....	8
Research Question 1:	8
Research Question 2:	8
Research Question 3:	9
<i>Recommendations</i> .....	9
Recommendation 1:	9
Recommendation 2:	10
Recommendation 3:	10
Recommendation 4:	10
<b>Introduction</b>	<b>11</b>
<b>Organizational Context</b>	<b>14</b>
<i>Elmwater University</i> .....	14
<i>Office of Global Engagement and the International Students and Scholars Office</i> .....	16
<i>Elmwater University Counseling Center</i> .....	18
<b>Area of Inquiry in Your Organization</b>	<b>18</b>
<b>Conceptual Framework</b>	<b>22</b>
<b>Literature Review</b>	<b>26</b>
<i>International Student Mental Health</i> .....	26
<i>Barriers to Treatment</i> .....	27
Structural Barriers	27
Cultural Stigma	27
Counseling Models	28
<b>Questions</b>	<b>30</b>
1. <i>How do counseling expectations vary according to student nationality?</i> .....	30
2. <i>What perceived and real barriers exist to international students' use of counseling services?</i> .....	30
3. <i>What structures and supports can be introduced to encourage more participation?</i> .....	30

<b>Project Design</b>	<b>32</b>
<i>Data Collection</i> .....	32
<i>Participants</i> .....	32
<i>Instruments</i> .....	33
<i>Expectations About Counseling-Brief Form (EAC-B)</i> . (H. Tinsley, 1982)	33
	35
<i>Demographics Information Survey</i> .	36
<i>Table 1</i> .....	36
<i>Therapy Expectations Form. (TEF)</i> (Shappell, 2004)	38
<i>Data Analysis</i> .....	42
Question 1: EAC-B Questionnaire	42
Question 2: Therapy Expectations Form	42
Question 3: Triangulated Results and Literature	43
<b>Findings</b>	<b>44</b>
<i>Question 1: How do counseling expectations vary according to student nationality?</i> .....	44
Survey Results	44
Interview Theme: Expectations of Counselor	45
Interview Theme: Expectations of Therapy	49
<i>Question 2: What barriers exist to international students' use of counseling services?</i> .....	51
Interview Theme: Social and Cultural Stigma	51
<i>Question 3: What structures and supports can be introduced to encourage participation?</i> .....	53
Survey Results	53
Interview Results	55
<b>Recommendations</b>	<b>59</b>
<i>Recommendation #1: Continue to Collect and Analyze Data</i> .....	59
<i>Recommendation #2: Orientation Session with EUCC and Counselors</i> .....	60
<i>Recommendation #3: Peer Mentorship Program and International Student Council</i> .....	61
<i>Recommendation #4: Professional Development for Advisor, Deans, and Counselors</i> .....	62
<b>Conclusions</b>	<b>64</b>
<b>References</b>	<b>66</b>
<b>Tables</b>	<b>75</b>

<i>Table 1</i> .....	75
<b>Figures</b>	<b>80</b>
<b>Appendices</b>	<b>84</b>
<i>Appendix A</i> .....	84
Expectations About Counseling - Form B	84
Expectations About Counseling – Form B Factor Scores	88
<i>Appendix B</i> .....	89
Demographics Information	89
<i>Appendix C</i> .....	92
Therapy Expectations Form – Previous	92
Therapy Expectations Form – Potential	92
<i>Appendix D</i> .....	93
Informed Consent Form	93
<i>Appendix E</i> .....	95
Email Request to Participate in Survey	95
Email Request to Schedule Interviews	96

## Executive Summary

Many college and university students face new challenges when embarking on their next chapter of life. Students who choose to live on campus might face learning how to navigate life independent of a family unit for the first time. A student in the United States might be thousands of miles from their home state and still be considered domestic. Maintaining a financial budget, managing social obligations, and completing challenging work can all impact mental health. International university students' experiences have the added stressors of language barriers, acculturation, and international bureaucracy. The Covid-19 pandemic and resulting uncertainty have also altered the position and status of international students on campus. Institutions of higher learning often make mental health services available to them. However, the differences in culture and language can affect the counseling expectations of international students, which in turn affect their experiences on campus.

International students are not a homogenous body. Their languages, ethnicities, and cultures can vary greatly, even if the students come from the same home country. These differences can have a fundamental impact on how a student views mental health. Therefore while mental health needs can be similar, a counselor might want to take a different approach depending on what they know about how therapy and mental health is perceived in that region of the world. The East-West dichotomy, while not fixed, has influenced the approaches and goals of therapy around the world. Depending on perspective, some therapists and clients may rely on a directed Western medical paradigm of relieving symptoms while an Eastern approach would focus on a whole body-mind liberation. Each practitioner must understand the needs of their clients in order to be effective.

This capstone explores the cultural variations in international students' counseling expectations and reasons for use of or failure to utilize counseling services. Partnered with the International Students' and Scholars' organization ("ISSO") and Elmwater University Counseling Center (EUCC) at a mid-sized public research university located in the metropolitan region of a major city in the midwestern United States ("Elmwater University", "EU"), this project aims to learn why international students do or do not utilize mental health services at the counseling center, if counseling expectations vary by student nationality, and what measures could be put in place in order to encourage these students to utilize EUCC's mental health services and practitioners. Both ISSO and EUCC are currently interested in investing more in student well-being connected to mental health but in order to do that effectively, they need to find out what expectations their international students have about counseling.

## **Findings**

### **Research Question 1:**

After four attempts to send out the survey, 43 international students completed the complete Expectations About Counseling Survey – Brief Form. The sample was equally distributed between males and females and the majority of respondents were graduate students. About half of the population lived within ten miles of campus. The means for the three scale factors showed small means differences between Asian, European, and total means. Qualitatively, there were observable differences between groups, but the study lacked the sample sizes required for statistical significance. Indications are that students from Europe assume to participate and be more accountable for the outcomes of therapy while students from Asia might expect to defer to their counselor or do more work in the sessions guided by their therapist.



Almost all respondents expected an environment that is open to them, non-judgmental, and promotes a healthy place to work on mental health issues.

### **Research Question 2:**

Through interviews with six participants, three different themes emerged about what influenced their utilization of the counseling center, including cultural background and the associated stigma, their expectations of the counselor and therapy itself. Culturally, the students from Asia tended to have less prior knowledge about and more negative stigma attached to mental health. All respondents emphasized the need for personal honesty with their counselor and trusting their expertise but mentioned that they had to search out how to schedule an appointment themselves and did not remember any information at orientation.

### **Research Question 3:**

In a combination of suggestions from the literature and student ideas, students chose two top options for encouraging international scholars: assigning incoming students a mentor or partner and providing online or virtual appointments. The other themes also split into online and in-person supports, including website links on the ISSO website and scheduling time during orientation to introduce the counseling center's services.

## **Recommendations**

### **Recommendation 1:**

The first recommendation for the International Student and Scholars Office and Elmwater University Counseling Center is to continue this study in successive school years. The sample collected for data analysis was incomplete, even after repeated attempts to increase the response rate.

**Recommendation 2:**

ISSO and EUCC should schedule a joint session during orientation to introduce new international student to the mental health treatment options available to them on campus, led by EUCC counselors and current international students. This would also open up an opportunity for students to take the EAC-B survey to help complete recommendation #1.

**Recommendation 3:**

ISSO could also institute a peer mentoring program which would pair current students with new students to help them create a new social identity and allow them to fit in better socially and academically. These students could be liaisons for others on an international student council which meets and advises the administration of the Global Engagement Office.

**Recommendation 4:**

Advisors, deans, and counselors should all undergo continued professional development tailed to their roles on campus. Advisors could learn how to recognize symptoms of mental illness in students and learn how to give their advisees direct aid in scheduling a counseling appointment. Deans, who hold a great deal of respect among the community, could learn similar aspects about advocating for mental health safety. Counselors could learn new techniques to incorporate both western and eastern styles of counseling as well as learning how to introduce the idea of therapy in a safe space.

## Introduction

The emphasis on mental health of the previous decade has not missed the college and university sphere. As more people seek counseling in the general population, so has the demand for therapy on college campuses risen. The Center for Collegiate Mental Health's 2015 Annual Report found that between school year (SY) 2009-10 and 2014-15, student use of higher education counseling centers increased by an average of 30-40 percent. (2016) Sixty percent of students in 2020 who sought services at university mental health clinics reported having had prior mental health treatment, a positive change of 25% from SY 2012-13 (48%) (Center for Collegiate Mental Health, 2020). More college students than ever are arriving on campus with either pre-existing conditions or at least familiar with therapy and mental health services. (Pedrelli, Nyer, Yeung, Zulauf, & Wilens, 2015) Many college campuses have extended this need into prioritizing well-being as an institutional effort through collective impact. Student well-being, defined by the Australian Department of Education, Employment and Workplace Relations, is "a sustainable state of positive mood and attitude, resilience, and satisfaction with self, relationships and experiences at school." (2009) Well-being includes wellness but extends more broadly into focusing on the whole person. Although detractors might comment that college residences have become student luxury resorts with gyms, pools, and coffee shops, the competition to enroll incoming first year and international students can come down to the amenities on campus.

With more than one million international students enrolled in United States colleges and universities during SY 2019-2020, and most of them paying full tuition, the significance of their existence in American scholastic life cannot be discounted. (Baer & Martel, 2020; Hegarty, 2014) International students bring not only a diversity of thought and perspective, but also an income source not supported by financial aid. Critics might fear that foreign students crowd out American enrollees, but the data suggest just the opposite. High international student enrollment shows an increase in domestic enrollment at the same universities (Shih, 2017). Shih also notes that such positive effects are attributable to cross-subsidization, whereby international student tuition revenue is used to subsidize the cost of enrolling additional domestic students. Therefore, institutions are not only spending more on recruiting more in other countries but are also dependent upon the money brought in by those students to support their core structures and operations. The Institute of International Education's *Open Doors* report (2012) stated that a lack of funding to public universities has increased their reliance on the revenue provided by international students while private universities also seek to strengthen their position in the face of increased international competition.

Many universities, in order to respond to the specific needs of international students, have created specific offices or organizations dedicated to global education. The partner organization for this capstone project is Elmwater University (a pseudonym). EU's department devoted to the needs of the global student community is the International Students and Scholars Office (ISSO). ISSO has been looking to partner with the Elmwater University Counseling Center (EUCC) in order to understand why their students are not utilizing their mental health services. While certain factors might be similar to broader American student and societal objections to therapy, international students can have a more varied cultural background and bring other issues to any

analysis. Therefore, it was imperative that they take a specific, in-depth look at the expectations and experience their international student body have of mental health counseling. Student expectations of counseling has been a subject of research for the past 40 years. Tinsley and Harris (1976) created a survey in order to gauge the expectancies students had of counseling. Aligning professional development to the desires of the specific student population at EU can help EUCC construct effective scaffolded change for its staff to better serve their needs. Along with the international student population's expectations, being able to increase the number of students who seek treatment.

The purpose of this capstone project is to understand the counseling expectations of EU's specific international student population and try to create new professional development and projects to encourage their usage of the EUCC. Without specific data and research into the benefit of meeting the mental health needs of this particular student population, it might be overlooked. By partnering with two large offices dedicated to student well-being, the hope is that this project can support the implementation of new structures to aid international students and guide professional training for current future professionals working at EUCC. This goes beyond cultural sensitivity and instead focuses on the specific mental health needs and beliefs that can be held by EU's international student population. This capstone project is also an opportunity for current international students to have their issues heard in a timely and relevant manner. By incorporating quantitative survey data and qualitative interview insights, ISSO and EUCC can get a fuller picture of the hardships facing their international students and adjust accordingly.

### **Organizational Context**

This capstone is a partnership between the researcher and two organizations at Elmwater University: the International Students and Scholars Office and the Counseling Center. While both departments are a part of the university, they are separate entities and funded separately. By investigating the barriers to international student usage of the counseling center, both ISSO and EUCC stand to help students better understand the direct environmental and emotional causes of a range of mental illnesses and learn to apply proactive and constructive coping strategies to reduce negative life effects. Despite whatever biases students bring with them to the university, both offices want to make decisions that will be the best for student health and well-being. By as stakeholders as possible being informed on the research and outcome of the survey and interviews, EU can designate specific funding to aid in the creation of any evaluative projects, such as hiring of counselors, formation of student groups, or marketing campaigns

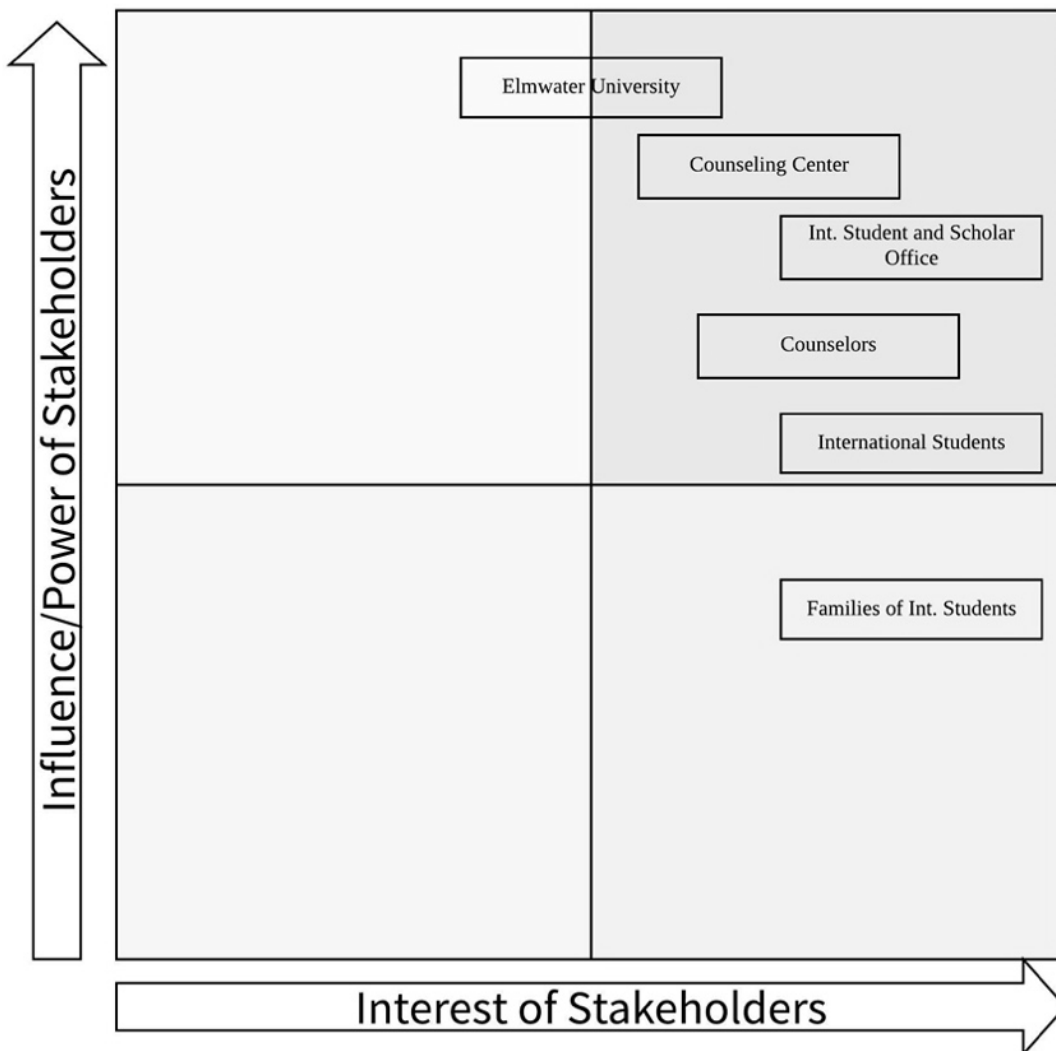
The stakeholders involved in this organizational context range from Elmwater University administration to the international students and their families. All parties involved have a vested interest in keeping international students mentally safe and well. With a FY2021 budget of approximately \$347 million and 75 percent of full-time undergraduate students receiving scholarships and grants averaging \$8,368 per student in the 2019-20 academic year, it is in the university's best interest to maintain high student retention. (2021a)

#### **Elmwater University**

Elmwater University (EU) is a mid-sized public research university located in the metropolitan region of a major city in the midwestern United States. It has been recognized as a

“a student-centered, doctoral research institution with a global perspective”. (2021a) EU has almost 20,000 undergraduate and graduate students engaged in academic experiences, including internships with local businesses and research opportunities with labs and corporate partners. EU’s mission focuses on a varied and broad community, hence the focus on a global student body. As a research university, it seeks to leave a lasting impact on the world through the transformative power of investigation. (2021d)

**Figure 1**  
*Stakeholder Matrix for International Students' Counseling Center Usage*



**Office of Global Engagement and the International Students and Scholars Office**

Within EU is the Office of Global Engagement (OGE), which, according to their website, “promotes the global mobility of students and faculty and the worldwide visibility of EU. They believe in the transformative power of global engagement and its positive impact on individuals, the university, the state, and the world”. (2021e) OGE works to maintain global partnerships as well as English as a Second Language supports. The International Students and Scholar Office is the specific office that aids international students and visiting faculty. It is “committed to the service, support, and advocacy of Elmwater University’s International Student and Scholar population, with the goal of building an international campus which nurtures global citizenship and multicultural appreciation”. (2021c) Their vision includes “an inclusive and engaged international learning community where all students and scholars are able to achieve their academic and professional goals and objectives”. Some services they provide include immigration-related advising, social and cultural (not mental health) counseling, and any necessary orientation sessions. Students can reach out to ISSO for questions about employment, how to get a social security card or driver’s license, or apply for scholarships and awards. The ISSO staff encourage their students to become involved on campus and host weekly meetings to inform and provide timely updates.

In Fall 2019, ISSO had a total enrolled student population of 1061 but that dropped to 530 for Spring 2021. (Elmwater University [psedo.], 2020) Of the Fall 2019 numbers, 832 were full-time students and 229 were part-time. EU and ISSO break down the academic level of students into undergraduate (250 students), Graduate (363 Master’s, 179 Doctoral, and 5 Professional), Non-Degree (32 students) and Post-Completion Optional Practical Training (150 students). When last surveyed, the sex breakdown was 562 male and 499 female students. In



both undergraduate and graduate courses, the student population covers twenty-two distinct fields and majors, with more than half of the majors falling into traditional science, technology, engineering, and mathematics (STEM) content areas. The concentration with the highest number of enrolled international students is Engineering with 419, followed by Computer and Information Sciences and Support Services (189) and Business, Management, Marketing and Related Support Services (137) rounding out the top three. Due to Elmwater's close proximity to the three major American car companies (Ford, General Motors, and Fiat-Chrysler), many students use the opportunity for auto engineering internships and career pathways.

According to the responses to the Institute of International Education's *Open Doors Report 2019*, ISSO's international population originates from over sixty countries. Students come from every continent except Antarctica. The top five home countries are India (324 students), China (258), Saudi Arabia (93), Canada (70), and Mexico (35). Of the top three countries, a majority of these students also study STEM subjects. More than 44% of Indian students (144) and 66% of Chinese students (171) are majoring in Engineering at the undergraduate and graduate levels. Engineering is the most popular major of Saudi Arabian students with 30% (28).

Usually serving over 1,000 students, the number of international students dropped almost in half in SY 20-21. The office had not surveyed students but speculates that COVID difficulties and federal J-1 and F-1 visa issues are partly to blame for the lower enrollment. In Fall 2019, ISSO had a total enrolled student population of 1061 but that dropped to 526 for Spring 2021. (Elmwater University [psedo.], 2020)

**Elmwater University Counseling Center**

The Elmwater University Counseling Center (EUCC) provide a broad range of mental health services to EU students and staff which include personal counseling, psychological and psychoeducational testing, career testing and counseling, substance abuse evaluation, treatment, and prevention, consultation and outreach ,and crisis intervention . Counseling is provided by licensed psychologists, licensed counselors, social workers, and interns. Staff that are not fully licensed are supervised by licensed psychologists. (2021b) EUCC focuses mainly on a short-term model but will help refer those who need long-term help to outside providers. The EUCC is staffed by licensed mental health professionals and to schedule an appointment, one must either go in person or call, or email in advance. EUCC offers support groups, including ones focused on COVID, such an anxiety/stress group and a grief/loss support group. The most recent data from EUCC's in-take procedures listed only low teens of international student visitors. In SY 2019-2020, EUCC saw 13 students, which was only 1.2% of the entire international student population. (2021b)

**Area of Inquiry in Your Organization**

The issue this capstone is aiming to better understand the counseling expectations of international students and their utilization of the Elmwater University Counseling Center (EUCC). Currently, the International Students and Scholars Office (ISSO) does not have firm data about how many, or if, their demographic of students is using the mental health services provided to them on campus. They wish to understand the seen and unseen barriers that might affect international student usage of therapy services as well as to try to understand if students'

home cultures play a role in their expectations of counseling. Elmwater University (EU), like other comparable universities, has an emphasis on student well-being.

International student usage of the EUCC is a critical issue because of the unique circumstances that they face and the backgrounds they bring with them when arriving on campus. The trends of international students requesting mental health treatment have been relatively trending downward over the past 3 years at EUCC. In SY 2017-18, 18 international students sought help. In SY 2018-19, 12 students were seen and as previously mentioned, 2019-2020 saw 13 students. (2021b) As a caveat, these students self-reported that they were international students, so more might have gone to the Counseling Center but preferred to not indicate their status on their intake form. As the number of international students generally is around 1,000-1,100 students on campus, the average over those three years was 1.3% of the international student body utilizing the counseling services available to them.

Depending on how stigmatized receiving mental health treatment is in their home countries, students might be reluctant to seek help. For example, EU has almost a third (30.1%) of students coming from India. Venkatesh, Andrews, Mayya, Singh, and Parsekar (2015) found that the prevalence of a stigma toward mentally ill people was 74.61%. A study on stigma about mental illness in eight Asian nations (China, Japan, The Philippines, Singapore, India, Lebanon, Nepal, and Thailand) found that, despite these nations varying significantly in terms of economic developmental levels, there are sociocultural commonalities that undergird stigma across these nations. It is also evident that there have been more recent concerted efforts to combat this stigma, and in some countries, there has been a change in the perceptions of mental illness. (Kudva et al., 2020) The community attitude toward mental illness and pressure to not go against societal norms may deter students from seeking the aid they need even before they come to the

U.S. The United States of America has, in more recent years, been tackling the shame surrounding treatment for mental illness at the post-secondary level. 80% of college presidents in 2019 said that student mental health has become a greater priority on their campuses than it was three years earlier. (Chessman, Vigil, & Soler, 2020) The rate of treatment increased from 19% in 2007 to 34% by 2017, while the percentage of students with lifetime diagnoses increased from 22% to 36%.(Lipson, Lattie, & Eisenberg, 2019). Therefore, international students are coming to a new campus and culture that not only acknowledges mental illness and the importance of well-being, but are also seeking to get more students into treatment.

To date, neither the EUCC nor ISSO have been able to address this low percentage. The reasons for this are multifaceted – lack of funding, lack of data, and the transitory nature of most graduate students who look into addressing the issue. COVID 19 has also raised more concerns as those looking for help with anxiety and depression nationwide have skyrocketed. Between January to September 2020, a 93% increase over the 2019 total number of anxiety screens (315,220 people) took the Mental Health America anxiety screening. 534,784 people took the depression screening, a 62% increase over the 2019 total number of depression screens. (Reinert, Nguyen, & Fritze, 2021) International students are not immune to the stress of the pandemic. Self-isolation, death of family members, risk of infection, and inability to travel home are pressures added on to the normal loneliness, lack of close social support system, and language barriers. When the U.S. government offered aid to universities, international students were specifically disallowed from receiving those benefits by Betsy DeVos' Department of Education. (Associated Press, 2020)

Not addressing the lack of international students seeking mental health treatment can have deadly consequences for students as well as great financial issues for the university.

Longitudinal research shows that people with mild mental disorders, if left untreated, have a higher risk of future serious outcomes, such as attempted suicide, hospitalization, and work disability. Bijl et al. (2003) found that this was consistent across cultures and languages by analyzing survey data from Canada, Chile, Germany, the Netherlands, and the United States. If international students choose to not stay at or return to the university, then that is a lost source of revenue. International students contributed \$44.7 billion to the U.S. economy in 2018, an increase of 5.5 percent from the previous year, according to the Institute of International Education. (2019) And while the current financial contribution of international students at EU is unknown, with 1/20<sup>th</sup> of the student body comprising of international students, it can be assumed it would be a fiscal hit to lose them.

### **Conceptual Framework**

This capstone is guided by Tajfel's Social Identity Theory (SIT) (1981). Tajfel (1979) proposed that the groups to which people belong (such as culture, social class, religion) are an important source of self-confidence and fulfillment of the satisfaction of social identity is a universal human need. Groups give a sense of social identity, a feeling of belonging to the social world and how one defines oneself based upon group membership. Social behavior is as a dynamic interaction between psychological practices and the nature of the social systems inside which this behavior takes place.

Social behavior changes depending upon the context in which the conduct happens; what is appropriate in one setting might not be in another. Group norms, established by repeated behaviors within the group, tend to dictate these social behaviors. Expectations are created and built upon the group norms. According to Zhou, Jindal-Snape, Topping, and Todman (2008), SIT considers how group membership affects individual identity and highlights two aspects: One is the role of social categorization and social comparison in relation to self-esteem, coupled with in-group favoritism and out-group derogation (Turner & Tajfel, 1986). The other is the varied effects of specific cross-cultural diversity on group membership, perceptions, and interactions (cf. Brown et al. 1992). Because they are outside their home culture, away from their social networks, and immersed in a language not their own, international students are prime candidates to have issues with loss of social identity. Students might also be from a culture that has a different concept of what it means to "belong".

According to a study of students at school in 41 different countries, Chiu, Chow, McBride, and Mol (2016) found that students' sense of belonging differed across cultures, countries, families, schools, and students, but did yield important findings. Family

characteristics, such as immigrant status, languages spoken at home, socio-economic status, and family communication, are all linked to a student's sense of belonging. Students in more egalitarian cultures, such as France, had higher senses of belonging than those in hierarchical cultures, such as India. Egalitarian cultures emphasize the importance of equity with all members in theory having the right to equal opportunities. ("The SAGE Glossary of the Social and Behavioral Sciences," 2009) Hierarchical societies conversely tend to believe that social status is assigned and immobile. Moving between a hierarchical society and egalitarian one can upset an individual's understanding of their place within that culture, perhaps granting new entitlements or limiting previously held rights. National identity, consisting of routine practices, institutional arrangements, and symbolic systems, also contributes to a sense of belonging. (Skey, 2013)

Stigma varies from nationality to nationality and even further when discussing ethnic, languages, and religious differences. International students must work out how to survive socially in an environment that does not house their same community norms and standards. Related research by Gudykunst (1988) examines inter-and cross-cultural communication and the necessity to be able to predict and describe one's own conduct and that of others during interactions as well as individual and cultural influences reducing uncertainty in intercultural interactions (1984). The ability to predict the conduct of others is much harder when you have not grown up or been taught them. And as international students are more likely to self-report academic problems when seeking mental health services (Mitchell, Greenwood, & Guglielmi, 2007), sometimes academic issues might mask other underlying concerns, such as a cultural aversion to therapy. (Heggins & Jackson, 2003) In a meta-analysis of predictors of psychological help-seeking attitudes (HSA) among racial and ethnic minorities, which for the purposes of this Capstone project would include the international students at EU, "psychological services are

culturally encapsulated for dominant cultural groups, and racial minorities underutilize treatment even though they suffer from more severe psychological distress. Sociocultural factors such as acculturation (one's adaptation into mainstream group) and enculturation (one's adherence to culture of heritage) are hypothesized to affect minorities' attitudes toward seeking psychological services" (Sun, Hoyt, Brockberg, Lam, & Tiwari, 2016). Certain cultures showed a higher negative association with a positive HSA when the respondent was more enculturated with typically Asian culture values, such as collectivism, emotional self-control, and conformity to social mores. Another meta-analysis focusing on acculturation, enculturation, and both negative and positive mental health by Yoon et al. (2013) focused on the relationship between the three constructs. Acculturation was positively associated with both negative and positive mental health, whereas enculturation was favorably related only to positive. External acculturation (e.g., language, behaviors) and internal enculturation (e.g., social identity) were most positively related to mental health. Different subcultures also favored each construct differently, with Asian Americans finding acculturation more important while African Americans preferred enculturation.

While these initial issues with acculturation and culture shock can be meliorated by ISSO's guidance to aid students in the process of transition, they are not trained psychologists or counselors. As previously mentioned, most therapists and counselors are trained to assist patients of the dominant culture. International students with mental illness need to be assessed by trained healthcare professionals who have been trained to distinguish between normal cultural adjustment discomforts and deeper psychological issues which might be mask by surface, contextual problems faced by the student. However, before that can happen, the students must be alert and aware of the counseling center and how the qualified experts there can assist them.



While some of the underutilization may be from structural barriers, other hidden cultural stigma issues might be also be the cause. This study hopes to not only explore the ethnic issues that arise that hinder international students from seeking help but also come up with practical solutions.

For the purposes of this capstone, a changing social identity for international students is assumed because of the modification in social categorizations based upon the new culture. International student must learn to carve out a new personal identity and situate it with the distinct social groups. As international students create intergroup comparisons, their expectations will either reflect their home culture (original in-group) or their new American culture (original out-group). Whether or not this satisfies their social identities will depend on how easily each student is able to shift their own social identities.

## Literature Review

### International Student Mental Health

International students, at the university level, are individuals who venture out of their home countries and enroll in degree programs in a different country. These students choose to study in the United States for many reasons, including educational and professional opportunities that they cannot find in their home countries. But they can also experience culture shock, prejudice, homesickness, stereotyping and a loss of personal identity while living far from their social supports. (Jung, Hecht, & Wadsworth, 2007) Students in a foreign country may struggle with language and culture and have problems connecting with domestic students and adapting to new routines. International students are a more vulnerable group because of these additional stressors for depressive symptoms or social identity issues. (Spencer-Oatey & Xiong, 2006) This loss of community can result in a breakdown of social categorization, a crucial component in Social Identity Theory (Turner & Tajfel, 1986). International students live far from their family and friends and oftentimes depend on social support different sets of social networks, which is distinct from their American counterparts whose family and friends are close. (Bhochhibhoya, Dong, & Branscum, 2017) Bradley, Parr, Lan, Bingi, and Gould (1995) found that for most international student, friends are turned to first for help, followed by family members. They then turn to professors before personnel directors, and directors before counselors. This enhances the need for a more concrete social circle and identity for incoming international students through peer relationships.

## **Barriers to Treatment**

### **Structural Barriers**

The barriers to mental health treatment by international students share some similarities to their domestic peers, while other obstacles are unique to them. Impediments can be structural, such as anticipating problems with time, transportation, scheduling, or cost. (Ebert et al., 2019) However, international students who reported higher financial confidence were also less likely to use counseling services. Not all international students in the United States come from a high socio-economic status in their home country but in order to afford an American education, many have private investment in their educations, as opposed to loans. With regards to Chinese international students, the transaction between different types of wealth requires larger amounts of financial investment to start with, takes a longer time to accrue, and the exchange concentrates within a smaller group of the population (Xiang & Shen, 2009). And while the Affordable Care Act does not mandate international students to carry insurance, many universities do and that would cover the cost for care an international student needs for mental health treatment.

Most student counseling centers are housed on campus. Transportation can depend on the university and its public transport system and the housing available, but if students live close to or on campus, reaching the counseling center should not be a barrier. However, international students must first know that the counseling center is available and accepts students. During orientation, generally held within the first week after arriving, might say where the

### **Cultural Stigma**

In order to satisfy social identity, the mind performs intergroup comparisons to gauge how closely personal identity matches the characteristics and collective sense of unity shown by the original in-group. (Turner & Tajfel, 1986) Intergroup processes within collectivist cultures,

such as the home societies of many international students in United States, indicate significant, positive correlations between in-group identification and in-group bias. (Brown et al., 1992) This can also lead to higher derogation for acting in ways which are favorable to out-groups than in more individualist societies, such as the United States. The stigma associated with mental health diagnoses and treatment for international students are not just based upon their acculturation within the United States, but also in accordance with their home cultural values. Their values and basic suppositions are unlike from those of American students; their social support situation is unique; their customary communication styles are different; they are unlikely to share the counselor's conception of the counselor's role; and, most important, they face unique problems and issues of adjustment. (Zhang & Dixon, 2003)

### **Counseling Models**

Current Western counseling models might also not be the best model for students from abroad. Western thought is generally characterized as emphasizing reason, separateness of the individual from nature, achievement or striving toward some goal, and individualism, which is in marked contrast to Eastern traditions. Rather than perceiving the individual as distinct from nature, Eastern traditions tend to view the individual in harmony with nature, and totally bound to it. (Benesch & Ponterotto, 1989) The basis of counseling differs depending on culture and therefore has an impact on what students coming from these backgrounds will anticipate from their counselor. Iranian, African, and Chinese students expect openness, directiveness, expertise, concreteness, and immediacy from their counselor. (Yuen & Tinsley, 1981) How strongly a student identifies and adheres to their home culture might also play a factor in whether or not a Western- or Eastern-model of counseling will work. However, those with a stronger adherence to

Asian cultural values did not predict enhanced sensitivity to style differences, with a preference for Asian-style counseling. (Cheng, 2016)

## Questions

### **1. How do counseling expectations vary according to student nationality?**

When discussing varying counseling expectations among and between international students, citizenship and nationality cannot be dis-integrated from their social identity, that part of an individual's self-concept which derives from one's knowledge of one's membership in a social group (or groups) together with the value and emotional significance attached to that membership. Therefore, with possibly more than 60+ nationalities within the international student body, understanding the potential differences between them can help the EUCC create more nuanced and directed professional development on cultures for staff.

### **2. What perceived and real barriers exist to international students' use of counseling services?**

The goal of this capstone is to find out why, traditionally, international students have not used the services of the counseling center. As the stakeholders in this project have not previously queried the target population, this is an initial analysis of what is preventing them. Perceived barriers relate to mental or psychological barriers linked to a previous social identity. Seeking therapy might be seen as outside social norms, therefore when a student applies that same perspective while living in a new social category, this is a perceived barrier. Real barriers exist as obstacles in the physical world, such as being unable to attend counseling sessions due to lack of transportation, inability to pay for long-term treatment due to financial issues, or even being ignorant to the location of the EUCC.

### **3. What structures and supports can be introduced to encourage more participation?**

International student well-being has been the focus of much research and ideas over the past 50 years. Based upon the analysis of the expectations of international students and their

stated barriers to treatment, what types of frameworks can ISSO and EUCC create and initiate which is found within the literature? While no one method will be fail-safe, an idea of what scaffolds can work best based upon previous research into nationality and through the interviews with students can guide the path the stakeholder organizations choose to take. These supports will take Social Identity Theory into account to help international students to create a new in-group and satisfied social identity which incorporates a positive help-seeking attitude toward therapy. ISSO is interested in basic demographic information (e.g. sex, student status) connected to counseling expectations that can inform future programming decisions, but also broader concepts like

## **Project Design**

### **Data Collection**

Based upon the inquiry questions, this was a confidential online/e-mail questionnaire about international student expectations of counseling, their knowledge of campus resources for mental health, including access and availability of care, their personal utilization of the counseling center, and general attitudes and feelings toward mental health treatment. The EAC-B Questionnaire was input into Qualtrics. After the survey was conducted, participants were invited for a virtual interview through Google Meet. The interviews were recorded by Otter.ai. The initial survey is a peer-reviewed Expectations About Counseling-Brief Form (EAC-B) (H. Tinsley, 1982), a shorter version of the original Expectations About Counseling form (EAC) (H. E. Tinsley & Harris, 1976) Following the initial EAC-B and demographic surveys, respondents were invited to a virtual interview in order to expand on any of the previous questions. Here the international students were able to express opinions about the services the ISSO has provided and what might make reaching out to the counseling center easier or more available.

### **Participants**

The participants were all international students on F-1 or J-1 visas attending Elmhurst University. This includes undergraduate and graduate or post-baccalaureate students in all majors and programs. Students had to be at least 18 years of age in order to participate. Participants had a range of previous counseling experience. The email distribution was sent four times, excluding any respondents who had previously participated.



## Instruments

### **Expectations About Counseling-Brief Form (EAC-B). (H. Tinsley, 1982)**

This 71-item questionnaire is a shorter adaptation of the Expectations About Counseling (EAC) (H. E. Tinsley & Harris, 1976) (See Appendix A-1) form that was developed to measure the strength of college students' expectations about counseling (Tinsley & Harris, 1976).

Respondents answer from 1 (Not true) to 5 (Definitely true) on a Likert Scale for their expectations of counseling. Questions range from asking about client responsibility regarding therapeutical actions to attributes of their counselors. For the purpose of this study, items 67 through 71 of the EAC-B were omitted because they are demographic information questions and overlap with the demographic information collected for this study (see Appendix B). The EAC-B (Tinsley, 1982) is the most widely used measure of expectations in counseling research (Ægisdottir et al., 2000). The EAC-B was derived from the EAC (Tinsley & Harris, 1976), which was developed using a primarily rational method of item selection. The EAC-B seems to have demonstrated face validity; its items reflect an assortment of expectations that patients might hold regarding their therapy experience and behaviors, as well as their counselor's characteristics and behaviors.

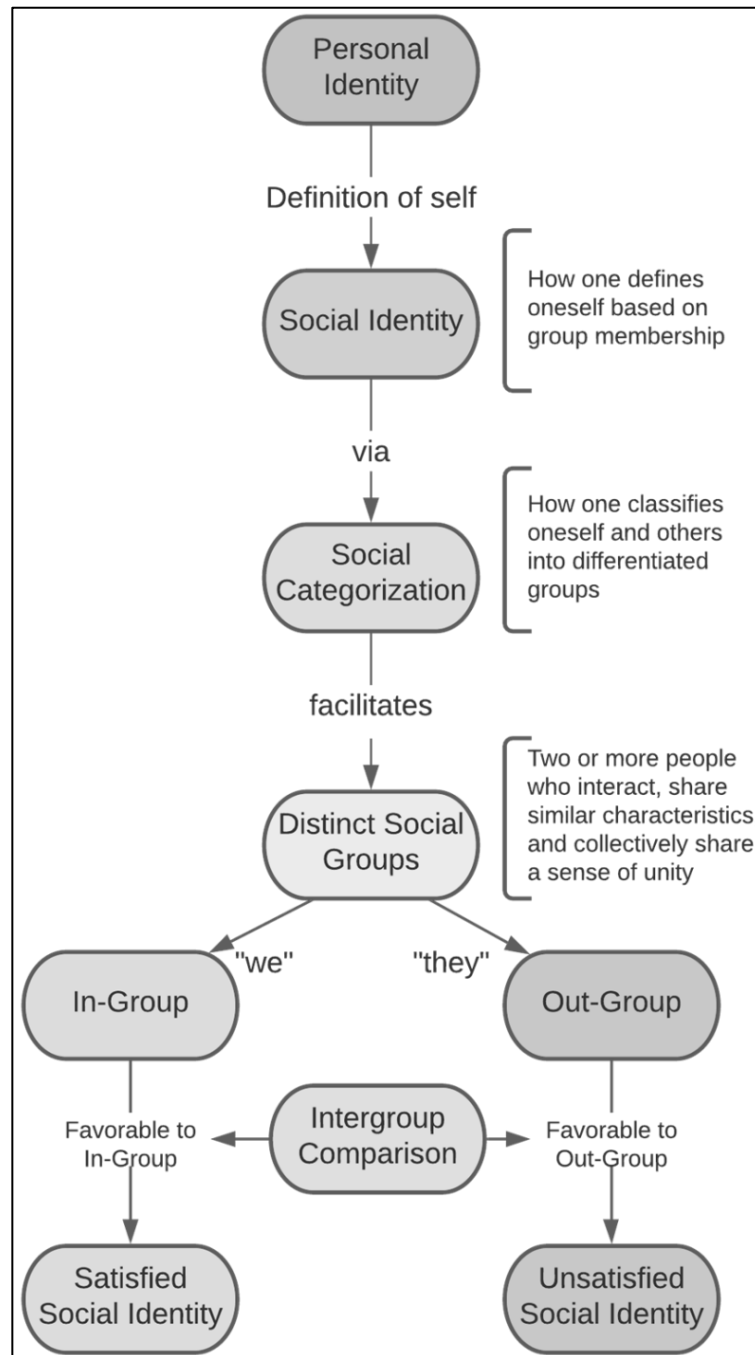
The EAC-B has eighteen scales, and the reported reliability indices for the scales range from 0.69 to 0.82, the test-retest reliability indices range from 0.47 to 0.87, and the median test-retest reliability is 0.71, with a two-month test-retest interval (Tinsley, 1982). Tinsley (1982) reported that the majority of correlations between corresponding scales of the EAC-B are 0.85 or greater. No validity data was reported by the author for this measure. The EAC has produced four factor scores in previous studies: Personal Commitment, Facilitative Conditions, Counselor Expertise, and Nurturance. The Personal Commitment factor includes scales that refer primarily to the

clients' expectations of his or her behavior in counseling or therapy. The Facilitative Conditions factor refers to the scales that address the clients' expectations of the therapists' genuineness and acceptance of the client. In general, the Counselor Expertise factor measures expectancies about the therapists' level of expertise and directiveness of the therapist. The Nurturance factor is thought to measure the general expectation about the therapist's level of nurturance and understanding (H. E. Tinsley, Workman, & Kass, 1980). (see Appendix A-2 for a list of the scales that make up the factors) However, there is conflicting evidence about the appropriateness of the four-factor model (Ægisdóttir, Gerstein, & Gridley, 2000). Some research has suggested that a three-factor solution including the Personal Commitment, Facilitative Conditions, and Counselor Expertise factors might be the most sparing model, because the Nurturance and Facilitative Conditions factors may be measuring the same construct (Ægisdottir et al., 2000). Three factors were selected as the best means of evaluating respondents' choices. Portions of the directions were modified to fit an online format. Instead of mentioning filling-in-the-blank and handing finished papers to the researcher, respondents were directed to have internet access and close out the page. The in-person interview questions were asked in person as opposed to being a written exercise

.

**Figure 2**

*Tajfel and Turner (1981)'s Social Identity Theory Flow Chart (Age of the Sage, N.D.)*



*Note.* Social Identity theory is closely related to Tajfel’s Billig and Tajfel (1973) Minimal Group Paradigm

**Demographics Information Survey**

The instrument was a survey created by the researcher. This survey was used to collect demographics information and data that answer the previously stated research questions. Participants completed a demographic information form (See Appendix B.) This form includes items that assess student status, age, gender identity, living proximity to campus, nationality, and native language. The presence of gender identity or age differences on the expectations scores will be analyzed, although with a sample of college students the age variable will likely have a restricted range, making generalization difficult. The demographics survey assessed whether the participant has ever been to the Elmwater University Counseling Center, their first choices in getting information about medical aid, and receptivity to treatment. The nationality and language variables were examined to determine if participants with nationality or language differences are

**Table 1**

*Descriptive Statistics and Frequencies for Variables (N = 45)*

Variable	n (%)
<b>Student Status</b>	
Sophomore	5 (11.1)
Junior	7 (15.6)
Senior	7 (15.6)
Graduate or Post Baccalaureate	26 (57.8)
<b>Sex</b>	
Male	17 (37.8)
Female	27 (60)
Prefer not to answer	1 (2.2)
<b>Age</b>	
18-24	17 (37.8)
25-34	24 (53.3)
35-44	3 (6.7)
45-54	1 (2.2)
<b>Residence in Proximity to Campus</b>	
On campus/In dormitories	3 (6.7)
Less than a mile	6 (13.3)
1-10 miles	17 (37.8)
11-20 miles	7 (15.6)
More than 20 miles	8 (17.8)
In the Apartments	4 (8.9)
<b>Visited the Counseling Center<sup>a</sup></b>	
Yes	8 (18.2)
No	36 (81.8)

<sup>a</sup> Sample size was 44, one participant did not respond.

**Table 2**

*Native Home Continent,  
Country of Respondents (N = 43)*

Continent and Country	<i>n</i> (%)
Africa	2 (4.6)
Ghana	1 (2.3)
Nigeria	1 (2.3)
Asia	24 (55.8)
Bangladesh	2 (4.6)
China	5 (11.6)
India	10 (23.3)
Iran	1 (2.3)
Jordan	1 (2.3)
Kuwait	1 (2.3)
Lebanon	1 (2.3)
Nepal	1 (2.3)
South Korea	1 (2.3)
Vietnam	1 (2.3)
Europe	13 (30.2)
Albania	4 (9.3)
Germany	4 (9.3)
The Netherlands	1 (2.3)
Poland	2 (4.6)
Turkey	1 (2.3)
Ukraine	1 (2.3)
North America	2 (4.6)
Canada	1 (2.3)
Mexico	1 (2.3)
South America	2 (4.6)
Brazil	2 (4.6)

*Note.* Turkey has been placed with Europe for the purposes of this study.

systematically different from each other on the measure of expectations. The distance living from campus is included to see if there is a possible physical access barrier for those students living farther from campus.

Participation included 526 international students who received the email with the link to the survey. After four attempts, 62 participants (11.7%) attempted the questionnaire. Out of the 62 responses, 69.4% (*n* = 43) completed the full survey. One participant completed all of the EAC-B Questionnaire but left unanswered demographics questions related to home country and languages spoken. Full demographic information appears in Table 1. The sample was equally distributed between males (*n* = 16, 36.4%) and females (*n* = 27, 61.4%),  $\chi^2(1, n = 43) = 2.814, p = .093$ , though one participant (2.3%) did not report their gender. Most participants reported

being between 25 and 34 years old (*n* = 23; 52.3%; Figure 5) and in graduate study (*n* = 26; 56.8%; Figure 6). The most frequent native continent was Asia (*n* = 24; 55.8%; Figure 7, Table 2) with India as the most common home country (*n* = 9; 20.5%). Participants spoke a total of 28

different languages, including English ( $n = 25$ ; 29.4%), which is required for acceptance into Elmwater University. The most spoken native languages were Hindi and German ( $n = 5$ ; 5.9%, Table 3). Several participants ( $n = 12$ ; 27.9%) reported speaking at least three languages, including English. A minority of participants lived in campus-sponsored housing, like dormitories or in graduate housing ( $n = 7$ , 16.2%; Figure 8), most lived off-campus. Twenty-three participants (53.4%) lived within a 10-mile radius of campus.

*Therapy Expectations Form. (TEF) (Shappell, 2004)*

The Therapy Expectations Form (TEF) is the measure that was developed and evaluated by Shappell (2004) at Florida State University Psychology Clinic (Appendix C). In order to allow respondents an open-ended option, these modified forms were used as verbal questions if a respondent chose to follow up with a virtual interview. The wording of the questionnaires varied depending on the respondents' status as a potential versus previous patient of the counseling center. The participant's answer to question 11 on the demographics survey ("Have you ever visited the Counseling Center on campus?") affected whether the interview questions are from TEF Previous ("yes") or Potential ("no"). The open-ended questionnaires were asked in a scheduled interview, and the identity of the subjects was kept confidential. The purpose of these questionnaires was to obtain general statements regarding the clients' expectations for the therapist, as well as their expectations for themselves and for the therapy in general, whether these expectations are based upon previous therapy experience or a potential therapy experience. It was appropriate to obtain responses from both students who had and had not visited the counseling center in order to better capture the range of expectations that clients could bring to therapy. The responses to the open-ended questionnaires were compiled into a list from the recording of the interview.

Interviews were held with six participants, four female and two male. Three participants had used services at Elmwater University Counseling Center (EUCC) and three had not, however one had used counseling services at their previous university. All six interviewees were graduate students at Elmwater University. Four out of the six were also involved in “STEM” majors: science, technology, engineering, and mathematics. The two other major fields of study were humanities. Four interview participants came from Asia: two from India, one from China, and one from Jordan. The remaining participants were from Europe and Africa. All names were changed to protect participant confidentiality. The themes were identified as “expectations”, “background”, and “structures”(which will be discussed in the answer to Question 3). For analyzing the individual interviews with survey respondents, the questions themselves varied depending on the interviewee’s previous use or not of the EUCC (see Appendix C). For all respondents, the most common thematic codes were the structural barriers, like COVID 19 and how to book an appointment, and family background. All those interviewed mentioned their majors or degree status. The thematic codes also varied as well depending on the respondent’s vocabulary and need of mental health services. For those who had previous used the EUCC, the codes that appeared most often dealt with time, mental illness, and expectations of both therapy and the counselor. For those that had not visited EUCC, their coding was slightly different. Because their questions were hypothetical, the coding focused on outcomes that would result in them booking an appointment or ways the ISSO could reach out to them.

One issue with the project was the low response rate. As university students were distance learning and heavily reliant on email and web-based platforms for the 2020-2021 SY, “Zoom fatigue” and burnout have increased over the past year. (Chen, Kaczmarek, & Ohyama, 2020) While the survey was sent four times through official university channels and the head of

the International Student and Scholar Office (ISSO), which usually elicits more responses (Saleh & Bista, 2017), the full response rate was less than 10% (ranging from 43-45 complete responses). The instrument was the brief form of the Expectations about Counseling (EAC-B) survey but that still was 66 questions and took an estimated 15 minutes to complete. Liu and Wronski (2018) have shown that response rate drops the more questions a survey has. No first year undergraduate students responded, which could also be because none of them have been on campus due to distance learning. The majority of respondents were graduate or post baccalaureate students. This could be because many are conducting research themselves and so know the value of a high response rate.

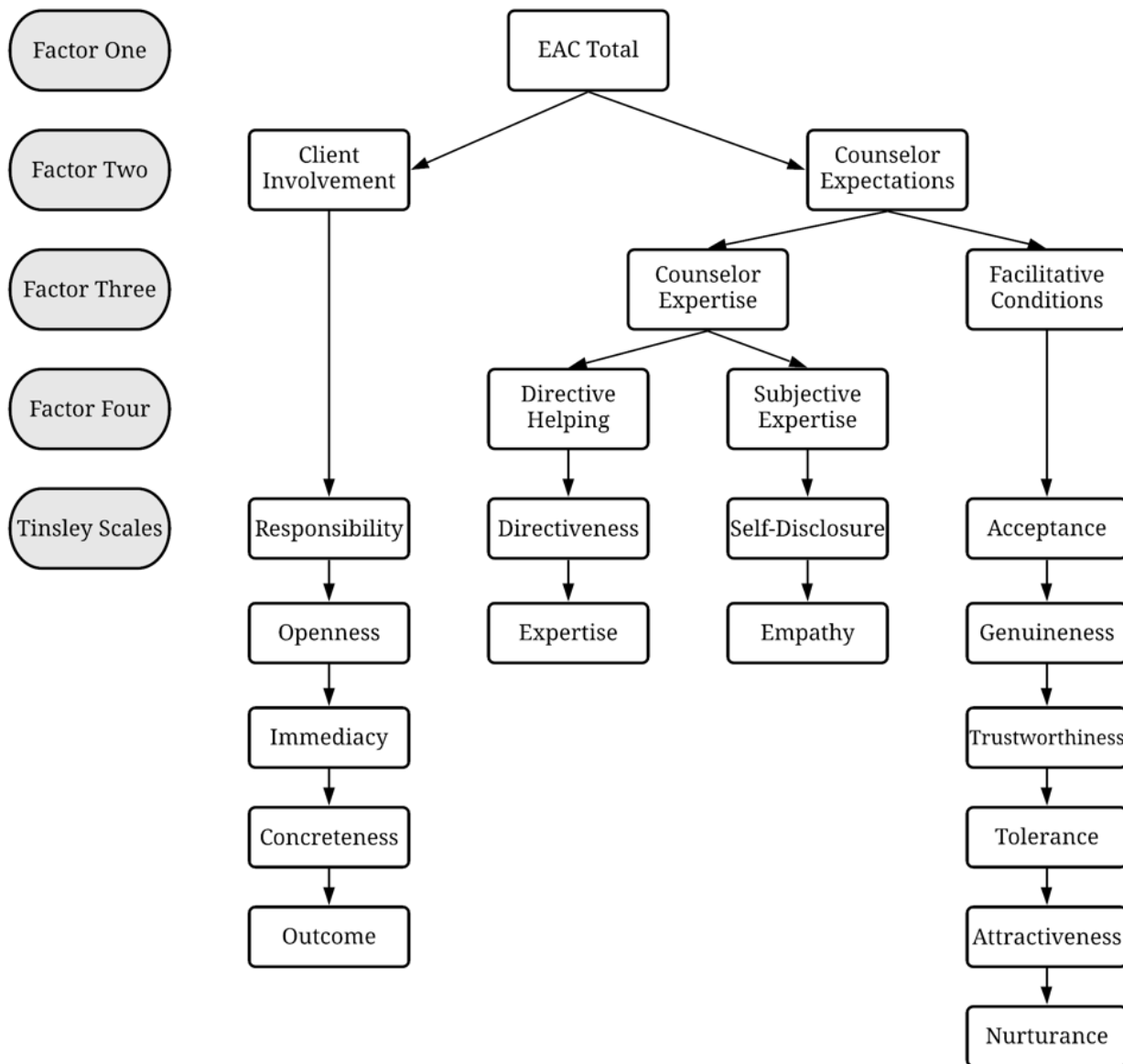
Social Identity Theory informed the choice of questionnaire and interview questions. Social identity is a relevant construct that can help determine how an individual will respond to questions based upon cultural background. While individual variations can occur, most basic expectations of therapy are reliant on the definition of need and utility of mental health treatment within cultural context. Because each respondent is coming from a different culture and background, it will be vital to see whether their counseling expectations vary more dependent on upbringing or if other factors will play into their anticipations. If one can see similarities in how a certain nationality answers the EAC-B, then that can inform the next steps for both ISSO and EUCC. For ISSO, they can create culturally sensitive ways to decrease the stigma to encourage groups of students to get professional help. For EUCC, the information from the survey and interviews can guide appropriate professional development. It will be important to help students in this transitional time while they are creating a new social identity here in the United States to meld previously held convictions and the current state of the world in which they are living and studying. If a student from a traditionally therapy-resistant culture decides to seek mental health



treatment, that student might have a socially unsatisfied identity and counselors should take that into consideration when completing their work with their patient.

**Figure 3**

*Proposed hierarchical structure for treatment expectations on the Expectations About Counseling– Brief (EAC-B).*



*Note:* Anderson et al. (2013) *Proposed hierarchical structure for treatment expectations on the Expectations About Counseling– Brief (EAC-B)*. Number of factors or scales in the hierarchy is listed on the left side of the figure. Factor scale names are identified on the right side of the figure, illustrating which factors and scales nest within higher level factors.

## **Data Analysis**

### **Question 1: EAC-B Questionnaire**

Once 10% of the population responded, the next step was to use SPSS and find the total mean scores for the total population and three factors as advised in Anderson, Patterson, McClintock, and Song (2013). Questions within the survey were coded to Client Involvement (CI), Counselor Expertise (CE) and Facilitative Conditions (FC) according to Anderson, et al. Figure 3 below highlights the scales involved within each factor. then compare how the factors' mean scores look between both continental differences, as well as sex and proximity to campus. The three factors (Figure 3) were the best-defined structures of treatment expectations. Given the low frequencies of participants from various continents, inferential statistics (e.g., *t*-tests and ANOVAs) were unable to be calculated. Some concerns for analysis are the small sample size, the lack of representation of all nationalities within the international student population, and likely skewed age representation. Some groupings were unable to be examined due to unbalanced numbers, such as age.

### **Question 2: Therapy Expectations Form**

Thematic codes for the interviews divided into four main categories: background, expectations of counselor, expectations of therapy, and potential structures what would encourage better usage of the Elmwater University Counseling Center by fellow international students. Each interview, whether of a potential or previous student client of the EUCC, began with a brief introduction which led to thematic coding about personal background, including student status and field of major, the cultural influences the interviewee had experienced in regard to mental health, and discussions about family support. Expectations of therapy centered around two focal points: discussion and medication. Discussion also led to solution-based ideas,

such as diagnoses, systematic clarifications, and process-driven sessions. The expectations of counselor focused on the expertise of the therapist and their own personal characteristics, including some which were also on the EAC-B, like genuineness. The final aspect of each interview steered the structures thematic codes. The respondents discussed options for both EUCC and ISSO for increasing online and in-person reach of international students. This was comprised of advertising, virtual appointments, the use of student groups, and yearly orientation.

These codes will be compared to the demographics obtained for Question 1 but also to compare the experienced and expectations of those participants who have visited the counseling center versus those who have not yet.

### **Question 3: Triangulated Results and Literature**

After completing the analysis for the previous two questions, this final question deals more with the options available to EUCC and ISSO through literature related to the statistical findings and based upon thematic coding and participant suggestions. Part of the demographic portion of the survey asked participants to rank different options as selected by the literature but also had a space for them to type their own suggestions to increase student engagement with the Elmwater University Counseling Center. All of these were compared and synthesized to see what the literature and research said and how that might compare to what the students themselves say.

## Findings

### Question 1: How do counseling expectations vary according to student nationality?

#### Survey Results

**Table 4**

*Descriptive Statistics for EAC-B by Continent and Overall*

Variable	Asian ( <i>n</i> = 23)	European ( <i>n</i> = 12)	Total ( <i>n</i> = 42)
	<i>M (SD)</i>		
Client Involvement	3.76 (0.82)	4.05 (0.55)	3.89 (0.78)
Counselor Experience	3.52 (0.81)	3.46 (0.76)	3.47 (0.78)
Facilitative Conditions	3.99 (0.76)	4.06 (0.66)	4.06 (0.78)

*Note.* EAC-B = Expectations About Counseling – Brief Form.

Although there was inadequate power to detect statistical significance among the continents and native countries, visual inspection of the means revealed mild differences between the means of all three factors for native Asian and European students compared to the overall mean for all respondents. For Factor 1 (Client Involvement), which involves expectations like responsibility, concreteness, and openness, European students had a higher mean (4.05 – “Quite True” on the Likert Scale, Table 4) than either Asian students (3.76) or the total (3.89). This could indicate that European students assume to participate and be more accountable for the outcomes of therapy. Students from North America might expect to do work outside of sessions because of a familiarity with mental health and physical therapy. Many forms of counseling depend upon the client working on certain aspects of their behavior or thought patterns to help them combat symptoms. Students from Asia might expect to defer to their counselor or do more work in the sessions guided by their therapist. This could link to the findings for Factor 2 (Counselor Experience), which includes counselor empathy, directiveness, and skill, Asian international students’ mean was higher (3.52 – “Somewhat True”) than the total mean (3.47) and

European students (3.46), which is a smaller difference than Client Involvement. Overall, all respondents had lower expectations about their counselor's expertise. This could be because of their knowledge that health professionals are required to have degrees in order to be employed and working with patients. As referenced earlier in the literature review, Eastern and Western perspectives on therapy tend to have different perspectives on the role of the counselor. If one looks at the therapist as the leader in the session, then the goal with students from more collectivist societies should be to help lead students to their own conclusions and situate them in the context of harmony within the environment. (Campion & Wang, 2019) For Factor 3 (Facilitative Conditions), which includes acceptance, tolerance, and nurturance, Asian international students' mean (3.99) was slightly lower than European students', which was the same as the overall mean (4.06). The "Quite True" indication on this factor indicates that students expect an environment that is open to them, non-judgmental, and promotes a healthy place to work on mental health issues. This can be done by a physically welcoming space but also within the session with a therapist. Overall, the most noteworthy finding of expectations from the survey, which shows the greatest continental difference, is Factor 1, Client Expectations. Asian students might need to be guided more in therapy or encouraged to work on their own outside of sessions.

### **Interview Theme: Expectations of Counselor**

The counselor could be a barrier to international students seeking mental health treatment. The interview questions focused on client expectations of therapy and thematically they broke down into two categories: expectations of the counselor and of therapy itself. The anticipations that respondents had about the counselors varied but a few key aspects surfaced after thematic coding. Personal characteristics of the therapist were the most common

expectation. Each respondent mentioned also mentioned the expertise of the therapist as well. This was less about the degree, though they did want their counselors to have that, and more about how well they could recognize and diagnose symptoms. In the survey, most students had a “Somewhat True” answer for their expectations of counselor experience and expertise, so Factor 2 related to the answers of this interview.

One participant expressed how much their counselor impacted their life because he was the first person to recognize their actions as indications of obsessive-compulsive disorder (OCD). *“I honestly underestimated the role ... he would play in just my whole life. I wasn't expecting an immediate change in my depression and my OCD, but somehow it was like magic. I mean he literally changed my whole life.”* Before those appointments, the participant did not know their perfectionism and constantly re-doing their work, resulting in missing deadlines, was a symptom of his OCD. While at a previous American university, this participant ended up dropping out due to low grades. It was not that they did not understand the material, but a mental illness was preventing them from handing in material. After sessions with the therapist, this respondent has been thriving, even while dealing with the isolation of Covid 19. *“I slowly gained the courage again. I started building competence to attend these classes, discussing issues with my professors. Many of them turned out to be very collaborative, lots of things that they had gone through.”* The counselor’s concern as well as aiding the interviewee to be open about their illness with professors has allowed them to integrate much better into campus life. The importance of the counselor extended to their expertise in leading others through therapy safely. One interviewee’s reasonings for speaking with a therapist was *“that she would know things better than me. If I think like anyone who studies that particular subject, they would know how to gauge, you know, a person. Like are they in serious trouble? Can they be out of the trouble with*

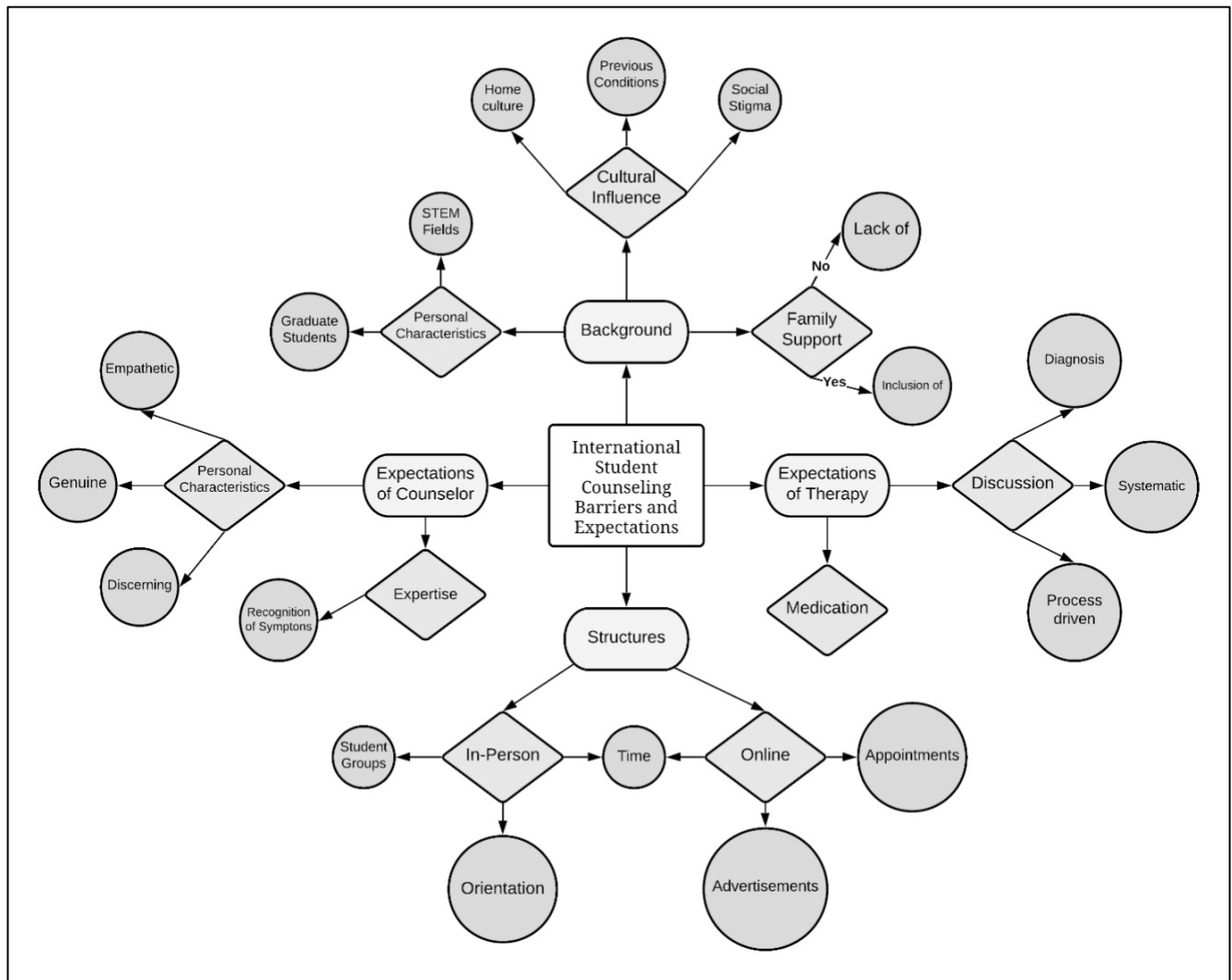
*little actions? So that was the idea that I had about a counselor.”* These are intelligent, motivated people who recognize the important of education. *“He turned the table[s], he started talking, explaining things, giving details about the illness, suggesting in new ideas, new methods to tackle these difficulties.”*

All of the female participants expressed wanting a female counselor. It was the desire of knowing the counselor could understand the client’s experiences. Seeing yourself reflected in your therapist was talked about in regard to culture, but it also became an important part of gender identity as well. *“I didn't want to see a male counselor. So I was only comfortable seeing a female counselor. And I felt they would at least sympathize or, you know, if not, empathize.”*

Another theme which emerged through the interviews of both previous and potential therapy clients was the need for honesty. *“The first thing was I wanted to be honest about everything. It was it. So then they get a perfect idea of whatever happened, and then they'll give me the right direction.”* Approachability was pervasive throughout the interviews. Students wanted their counselors to be someone with whom they could be open and not fear judgement or retaliation. *“I trust him 100%. I gave him all the details, you know, lots of things about me. And it seems he's been always right about doing great. I mean, he never failed. He never disappointed me.”* This non-judgmental space was unlike speaking with family, who might have other motives in mind, or friends, who might not have the time or expertise to help. *“I think I can only talk so much because everyone has a busy life. So at the same time, you know, I should also be thoughtful about what her schedule is like and what her life is going on.”* Honesty from both client and therapist is the cornerstone upon which all the respondents felt rapport and healing could be built. They did not expect the counselor to validate all statements, but were hoping for support. *“I initially thought he would disagree with me. But he was cooperative; he was*

*supporting me more.*” The expectation of dispute might be because of a negative stigma around therapy or unconstructive self-talk but it also explores preconceived notions around therapy.

**Figure 4**  
Qualitative Thematic Coding



*Note.* These were the most common themes that emerged but is not wholly exhaustive of all topics. Background, Expectations of Counselor and Expectation of Therapy were used to answer question two while Structures was used to answer question three



**Interview Theme: Expectations of Therapy**

*“I was expecting lots of crying.”* The last barrier could be the process of therapy. In addition to being honest, all participants expected to use talk therapy during their appointments. One participant, who had not previously had counseling, said they *“imagined a long couch and a person with a note pad”* when asked about what they would actually do within a session. Some did not even know what to expect beyond that. Through discussion, they anticipated systematic and process-driven treatment. They drew distinctions between their role in recovery and the counselor’s role.

What was a more common theme was the impact of not knowing what to expect in therapy and how it changed their perspectives of themselves and their outlooks. *“I was surprised that I am not at fault,”* in some form, was mentioned by each of the three participants who indicated they had been to therapy at EUCC. So because they had spent years blaming themselves for their issues, whether it was depression, anxiety, or mood changes, hearing that they were not responsible was a surprise. This does not mean they were looking to avoid the responsibility of taking an active part in therapy, but that they were unaware an underlying illness or situation that hurt their mental health even existed.

One last theme of therapy expectations was the taking of medication. Some participants knew about it but chose not to take it. *“I thought it would just be talking, and I was definitely not interested in taking any medication or anything.”* Others were surprised at the suggestion but were open to it as an addition to therapy. *“Also, [I didn’t expect] to see another doctor to prescribe me the medications, and she turned out to be a very, very lovely person. She helped me a lot,”* one participant said. However, the participants who have taken it to accompany their sessions are pleased with the progress they’ve made.

After referring to the research, a surprising theme which did not come up in interviews as a barrier was language. With such a large group of international students coming from India, it is not surprising. Many people in India speak English due to past colonization from the United Kingdom. The student from Africa mentioned the same fact. *“I already spoke English in school growing up and my mother language at home so coming to the States was not difficult to me.”* Only one participant mentioned language as a struggle during, but not a barrier to, therapy. *“I mean, I initially struggled with my English because obviously, international student, but ... the meeting kept coming over. I mean, more and more quite confident sharing my information.”* Again, this does not preclude language not being a barrier for other students, but of all the proposed structures the university could implement to remove barriers for international student mental health access, translating materials was the lowest of all given options.

Another theme that did not arise, which was expected based on institutional interest, was transportation or lack thereof. One reason might be the low number of total respondents and even fewer willing to interview. All of the interviews were conducted with older students who were above the age of 21. With a sample size of only six, these respondents might not have the same issues as younger or much older students. Though this does not guarantee access to a car, it does raise the possibility. Graduate students tend to live off campus and therefore would need access to a car or live in an area known as “The Apartments” which is within walking distance from campus. Elmwater is generally known as a commuter school for domestic students so it is also not outside the realm of possibilities that international students could carpool with fellow off-campus residents. Another reason transportation might not be a problem is because of Covid 19. Having virtual sessions allowed clients to have therapy sessions in their own residence. *“And especially with the corona and the ongoing pandemic, I mean, the last spring took up a lot. He*

*helped me finding the path to succeed in my school and my classes.*” In the midst of the pandemic, clients still had access to their therapists.

Regarding whether or not students had visited the Elmwater University Counseling Center, which could affect counseling expectations, most participants had not sought services ( $n = 35; 79.5\%$ ). A Chi-Square Test of Independence examining the association between sex and visiting the counseling center was conducted. The minimum expected frequency was less than five, therefore a Fisher’s Exact Test was used ( $p = .69$ ), revealing no association between sex and whether or not the participant visited the counseling center. Similarly, a Fisher’s Exact Test was utilized to determine if there were differences in visiting the counseling center by distance of residence from the university ( $1 = \leq 10 \text{ miles}; 2 = > 10 \text{ miles}$ ) and indicated no association ( $p = .20$ ). Qualitatively, there were observable differences between groups, but the study lacked the sample sizes required for statistical significance.

## **Question 2: What barriers exist to international students’ use of counseling services?**

### **Interview Theme: Social and Cultural Stigma**

A common barrier mentioned by the literature and the participants is a negative social and cultural stigma against seeking therapy. A theme throughout all of the interviews was each interviewee’s cultural background and how it affected their knowledge of mental health treatment and whether or not it impacted their desire for treatment. Families can be a psychological barrier to treatment, over which EU has no control. All participants mentioned their families, however only the four from Asia believed their parents would have a negative reaction. fou. Some had parents that were actively against them getting help. *“My parents were just objecting [to] the idea of seeing someone to get some kind of mental therapy.”* One respondent mentioned that only their parents knew they were in therapy, *“And my home country.*

*Literally, I mean, if you see a therapist would mean a crazy person. So up until today, no, lots of people do not know about the whole thing that I am seeing someone, even my brothers, except my mother and my father...*” Another participant said, *“It was a while ago, so they were not aware of it. So I was the kind of person who wouldn't talk about, you know what I'm going through to anyone else”*. Both of these respondents mentioned that their mental health issues pre-dated their arrival at Elmwater but that they did not seek treatment until arriving on campus because of how difficult treatment would be to get in their home countries but also because of how stigmatized mental illness is.

The two participants not from Asia (Europe and Africa) expressed quite different opinions on sharing their treatment with their families. *“Even if it might not be as acceptable, your family cares about you, so you would think they want to see you do the best you can”*, they said. The emphasis in these relationships was less about public opinion, but doing well in their studies. They mentioned that their mother participated in their life even though she was back in their home country. Therefore they shared the details of their treatment with their family.

### **Interview Theme: Unfamiliarity with Mental Health Treatment**

All participants expressed ideas about how living in the United States had changed their perceptions about therapy. *“Maybe it was because of all the talk shows or, you know, being in America for a while. Knowing Americans and saying that it's not a bad thing to go seek help.”* The more treatment-friendly atmosphere of the United States inclined them to try the counseling center. *“I've lived long enough here in the States and have been formed some kind of imagination about service and the way you do work here.”* This interviewee felt comfortable enough to reach out and call the counseling center because of his idea that, while stigmatized, mental health treatment is more accepted here than in their home country. They knew they needed help and

trusted they had access to it, even though they were not familiar with the opportunity previously. None of the participants mentioned remembering any presence of the counseling center on campus. Most searched on the internet and found the availability of services on the EU website. One talked to their advisor who advised them to seek counseling. *“I discussed everything openly with him. I think that's the kind of relationship we should have with the advisor if we are going to do, you know, long term studies.”*

While background can have an impact on the initial feelings international students have about mental health treatment, ultimately the more treatment-friendly atmosphere of the United States led them to request care. American media introduced them to the idea of therapy and while it did take each interviewee between one and three semesters to make an appointment, they eventually did. The three respondents who had not personally used EUCC still mentioned being open to the idea, no matter what their families might say. And despite cultural barriers, one had even recommended to his friends studying internationally in two other states to schedule appointments and get help. *“But ‘til today, two of my other friends I advise[d] them. I mean, I reached out to them and I advise[d] them to seek help with therapist and two of them are seeing therapists.”* Not only had this participant overcome the stigma of counseling, but they also saw other friends struggling and recommended it to them.

### **Question 3: What structures and supports can be introduced to encourage participation?**

#### **Survey Results**

In order to gather as many potential ideas as possible, both supported by the literature and from Elmwater University’s international student population, the demographics survey had a multichoice question about what support respondents would like to see implemented. Pulled

directly from the literature, the options were not limited to one answer but as many as the respondents thought would be helpful. The two most chosen were assigning incoming students a mentor or partner and providing online or virtual appointments ( $n=21$ , 19.27%, Table 5). These two choices reflect supports from both the Elmwater University Counseling Center and the International Student and Scholar Office. Due to the pandemic, EUCC has been offering virtual appointments, including personal and group therapy, for all students over the past year. With the convenience of these types of appointments, it might be a permanent choice in the future, allowing more freedom to both practitioners and clients. The coordination and assignment of an older mentor student to newer incoming students, whether undergraduate or graduate, would be the responsibility of ISSO and dependent upon mentor participation.

**Table 5**

*Potential Supports to Encourage International Students' Mental Well-Being (N = 43)*

Support	<i>n</i> (%)
Assign incoming students a mentor/partner	21 (19.27)
Create an international student council	20 (18.35)
Have advisors encourage students to visit counseling center	18 (16.51)
Materials translated in multiple languages	11 (10.09)
Help in connecting with counselors with similar nationalities	15 (13.76)
Providing online/virtual appointments	21 (19.27)
Other	3 (2.75)

*Note.* Respondents were allowed multiple answers.

The next most popular answers were the creation an international student council ( $n=20$ , 18.35%) and having advisors encourage students to visit counseling center ( $n=18$ , 16.51%). The international student council would have more voice in the programming from ISSO. Advisors, especially for graduate students, can have a big impact on an international student's time at the university. If one of these mentors noticed a student limping, they would most likely recommend a visit to the student health center – mental health should be no different. If advisors and even

deans of schools encouraged students to prioritize mental health treatment, then perhaps there would be more visits by international students.

The least chosen option was having materials translated in multiple languages ( $n = 11$ , 10.09%). While the literature suggested this option, the students themselves were much less enthusiastic about it. Two of the top five home countries of students (#1 India, #4 Canada) have English as one of their main languages. And although translated materials for EUCC might help initially, students are expected to have a working knowledge of English for admission to EU so this might not be necessary.

### **Interview Results**

The interviews also lent themselves to discussing how the previous participants had found help while also asking both the potential and previous students what they would like to see as the best ways to encourage a higher participation in counseling services by international students. The structures divided into two areas: online and in-person supports. Some ideas reflected what had already been offered but the interviewees expressed novel opinions as well. For online ideas to encourage more students to visit the counseling center, the most common suggestion was similar to that of the survey: online scheduling, appointments, and visits.

### ***Online Options***

One participant suggested that the counseling center should have a direct link on the ISSO website. As international students are more likely to visit the Global Education Office's sites, having a hyperlink to the counseling center on the front page would be a passive way of directing students to get the help they need and that the ISSO values their mental health. However, as now mostly all communication has become digital, there is definitely a chance for students to miss information they need, simply because they get so many emails a day, it can be

hard to discern which ones are important or not. *“Most of the emails, ended up in the trash. Nobody reads them unless they were important.”* That is why this participant recommended videos to catch students’ attention. It could be a presentation from orientation or created directly for the website. *“By introducing [mental health services] during the orientation...that [mental illnesses] are real, and that the schools here, or maybe the system here, tackle them differently than their home countries.”*

All participants expressed the idea that orientation for international students is particularly important. It helps ease the transition that international students have into their new lives. But the barrage of new information all at once can be overwhelming and students are bound to forget or be unable to process everything going on around them. *“There must be some kind of explanation of the role [the counselors play] to help these students succeed in their schoolwork. So, the orientation should have some ideas about counselors, and maybe some online sessions, or maybe some monthly meetings with the staff from the counseling center would help a lot.”* This can be done in-person or virtually.

Time was also a running theme throughout the supports conversation, but not as a barrier. Students are busy but informing them about weekly meetings with a mentor or support group could be helpful. Two of the participants who agreed to be interviewed mentioned not knowing that appointments could or would be weekly. *“I wasn’t expecting to schedule a meet a weekly meeting...[I] wasn’t expecting this much communication between me and between the therapist. I initially thought it would take up to like three months or maybe the most could take up to one year then it’s done, but seems like it’s never going to be ending anytime soon.”* Disseminating how counseling works in the United States is an important aspect of discussing mental health



treatment. Another aspect of mental health that might be new is thinking of it as life-long maintenance for some disorders rather than a one-time episode.

They also mentioned taking advantage while they're students because of the value. "*So there's another thing I think they can advertise: this counseling is free for almost 12 sessions. So that's a lot. That's a lot of sessions for free because we are students.*" Since insurance can work differently once students are no longer undergraduates, they might have to pay. All of these issues are not apparent and as healthcare systems around the world are so vastly different, it is imperative to be candid and upfront about the structure.

### ***In-Person Supports***

All interviewees mentioned that more marketing from EUCC is important. Many said they either did not know the services were available, did not know the kinds of services available, or just did not know the EUCC existed for international students. Advertisements came up multiple times in the interviews as ways to alert and encourage international students about utilizing counseling center services. As previously mentioned, emails can be easily overlooked so tangible marketing might be another option. "*Maybe flyers at the bottom of the newsletters.*" A quintessential aspect of college life are the flyers that adorn most building entryways, corkboards around campus, and in dining areas. As students walk around the grounds at EU, these colorful leaflets might catch their eye or at least jog their memory from orientation.

Utilization of orientation to walk students around campus and directly to the EUCC is also a visual and kinesthetic introduction to the idea of mental health services. While there, having students who have utilized services explain how helpful they've been would be "*more powerful than a presentation in a meeting room*". The presenters could also be ambassadors who can mentor or aid new students. As unofficial student groups already form naturally when

students look to satisfy their newly emerging social identity, who better than someone like them as an example?

The final theme that came up was the role advisors and deans play in the choices students make. As most of the respondents were in the School of Engineering, *“maybe the dean of engineering sends out email about counseling services. There's maybe slightly more chance that they look into it.”* This does not have to be in response to anything, but an initiative-taking attempt to put the idea of counseling into international students' mind as well as prevent the shame or embarrassment of struggling mentally to become overwhelming. Advisors should also be involved in the process as students collaborate most closely with them, especially at the graduate level. If a student is struggling with grades or showing up to class, it needs to be seen as the first indication that counseling intervention is needed. Additional training for advisors to look for these signs would be an excellent first step.

## Recommendations

### **Recommendation #1: Continue to Collect and Analyze Data**

The first recommendation for the International Student and Scholars Office and Elmwater University Counseling Center is to continue this study in successive school years. The sample collected for data analysis was incomplete, even after repeated attempts to increase the response rate. The project was conducted in a year with many unpredictable variables, such as the global shutdown because of Covid 19, travel and visa bans enacted by governments around the world, and increased usage of Zoom and other meet/work from home platforms (Bilecen, 2020). Many students might have chosen to stay home or postponed international study. The drop from an average of 1,100 Elmwater University international students down to around 500 shows the enrollment decline was severe for SY 2020-2021. Another reason to continue this study is the small sample size. With less than 10% of the population ( $n = 43-45$ ) completing the survey, many voices were not heard. While Canada encompasses the fourth largest international student body at EU ( $n = 70$ , SY 2019-2020), only one Canadian student responded. Canadian students, having English as one of the country's official languages and from a similar continental culture, will have different needs and expectations than someone from a more distinct culture.

With a larger sample size, the statistical analysis can be applied to more than just continents and will allow for longitudinal data about counseling expectations for new and returning EU students. Being able to track changes over the years could inform both offices of feedback and better, newer ways to reach their intended international student population crowdsourced from the students themselves.

**Recommendation #2: Orientation Session with EUCC and Counselors**

Hyun, Quinn, Madon, and Lustig (2007) suggest that special mental health outreach efforts should be directed at international students, with particular attention on the relationship between students and their advisors and on adequate financial support. International students who reported a more functional relationship with their advisors were less likely to report having an emotional or stress-related problem in the past year and using counseling services. Elmwater University needs to be clear and direct with their new and returning students about the healthcare, addressing when and why they should utilize services and the procedures involved within. Group and individual therapy are offered and even medication can be an option. De-stigmatizing mental health treatment should be the number one goal after awareness.

An option is having a special time during orientation dedicated to mental health awareness and expectations. EUCC counselors and willing former or current international students who have used the services can hold a question and answer session. Inviting students after the presentation to complete the EAC-B in person, like the original H. E. Tinsley and Harris (1976) questionnaire, might be more impactful and hopefully yield more responses effectively. By having new students fill out the EAC-B and demographic information at a designated time would ensure a higher response rate, as well as giving the participants the ability to ask questions and interact with counselors and the administration of the EUCC. Counselors could even set up a mock session or have a guide on how to make appointments. Recording the sessions with video and posting them on the ISSO website would allow those who missed orientation to still see the presentation. While the orientation session might not be able to be held in the counseling center, a walking tour to show where the building is could be a great tool to help new students

kinesthetically remember the options available to them. This way, students have a visual memory of where the building is and hopefully know where to go when in-person sessions begin again.

### **Recommendation #3: Peer Mentorship Program and International Student Council**

The large question remains: how does one university help international students of varying backgrounds, languages, cultures, and financial statuses recognize the usefulness of seeking help through the campus counseling center? No “one size fits all” approach is sufficient, but programs instituted around the United States offer options to a wider student base. Despite having different nationalities, ethnicities, religions, and political backgrounds, all international students share certain characteristics. Universities must start the process of organizing a diverse group of international students in order to help students create a new social identity, a sense of community and a home base, so to speak, which serves to foster both a sense of belonging and further social engagement with the university community. (Metro-Roland, 2018) Abe, Talbot, and Geelhoed (1998) found that when newly admitted international graduate and undergraduate students, the majority of whom come from Asian countries, participated in an International Peer Program (IPP) the 28 IPP participants’ campus resource use and Student Adaptation to College Questionnaire (SACQ) (Baker & Siryk, 1986) scores were higher when compared to those of 32 international students who did not participate in the peer program. Results suggest that the IPP participants showed significantly higher social adjustment scores than the nonparticipants. Additionally, students from Asian countries had more difficulty adjusting to campus life than international students from non-Asian countries.

It is important for new international students to create a new social identity in order for them to function happily as whole people. As “unofficial” student groups already tend to form

through increased interaction, university-sanctioned student groups would give ISSO more insight into the daily lives of students and encourage campus participation. These groups could elect one representative to an international student council, hosted by ISSO. These representatives would also agree to be the mentors for new students, helping to create a unique social identity connected to EU's campus and international student population.

#### **Recommendation #4: Professional Development for Advisor, Deans, and Counselors**

A final useful way of encouraging international students to seek mental health treatment is the hiring of counselors and social workers who mirror the students themselves. Lee, Chan, Ditchman, and Feigon (2014) results indicated that mental health professional characteristics, including ethnicity, age, professional identity, and training institution, were significant factors in students' preference formation. This study found that ethnic similarity is a principal factor for Korean international students in choosing a mental health professional. These findings suggest that there is a need to increase the number of mental health professionals from minority backgrounds. In particular, colleges and universities with large Asian student populations may benefit from recruiting Asian mental health professionals in effort to reduce the stigma associated with seeking mental health services. At the same time, mental health service centers, campus counseling centers, and university health services should try to consider clients' preferences along with cultural and contextual factors when matching a mental health professional and an international student client. It is also important to tailor the language you use when performing outreach with international students (e.g. using words like "come talk with someone" instead of "come get counseling/therapy"). Hiring counselors already familiar with or giving current

counselors access to Eastern counseling models could also be a factor which increases future counseling center usage. (Cabral & Smith, 2011)

## Conclusions

With the help and collaboration of Elmwater University's International Student and Scholars Office along with the Elmwater University Counseling Center, this project aimed to unearth the reasons international students were not using therapy services as well as highlight expectations of the students. With the rise of mental health awareness in the United States, it is important to remember that not every country or culture has had the same push to normalize mental health and new international students might need to be taught about the options available to them. There were not enough respondents to accurately or completely do a full statistical analysis for research question #1 about counseling expectation differences by nationality. However, comparing continental means showed very slight differences between Asian, European, and the overall student means in regards to Client Engagement, Counselor Experience, and Facilitative Conditions. Most of the responses came from graduate students who may have different needs than undergraduates. However, current international students do have an interest in encouraging more of their peers to seek mental health. Their ideas to improve the relationship between EUCC and the student population were reflected in research question #3: early introduction to counselors and the concept of therapy, a peer mentorship program leading to an international student council, and continuing professional development for deans, advisors, and the counselors.

The limitations of this project include the small sample size, incomplete data, the researcher not being associated with university, and "email fatigue". Even with repeated attempts to solicit more responses, the response rate was ultimately under 10%. The small sample size also led to incomplete data. Without representation from more countries, the



statistical analysis was unable to show any significant results. One possible reason for a lack of response is that the researcher was not officially connected to the university. Without the access to the listserv and the emails, all correspondence had to be managed through a third party in the ISSO. And the repeated emails could attribute to ignoring the importance of the survey.

Potential avenues for continued research include focus on undergraduate and graduate, expectations and how or if they differ. Asking about religion in a future demographics survey could add another layer of stakeholders into the process. Further study could also be focused on religious background and how that affects counseling affinity, sexual orientation and counseling expectations, and specific inquiry in undergraduates versus graduate students.

## References

- Abe, J., Talbot, D. M., & Geelhoed, R. J. (1998). Effects of a peer program on international student adjustment. *Journal of College Student Development, 39*(6), 539.
- Ægisdóttir, S., Gerstein, L. H., & Gridley, B. E. (2000). The Factorial Structure of the Expectations About Counseling Questionnaire-Brief Form: Some Serious Questions. *Measurement and Evaluation in Counseling and Development, 33*(1), 3-20.  
doi:10.1080/07481756.2000.12068993
- Age of the Sage. (N.D.). Tajfel's Social Identity Theory Flowchart. Retrieved from [www.age-of-the-sage.org](http://www.age-of-the-sage.org)
- Anderson, T., Patterson, C. L., McClintock, A. S., & Song, X. (2013). Factorial and predictive validity of the Expectations About Counseling–Brief (EAC-B) with clients seeking counseling. *Journal of Counseling Psychology, 60*(4), 496-507.  
doi:<http://dx.doi.org/10.1037/a0034222>
- Associated Press. (2020). DeVos excludes 'Dreamers,' foreign students from college grants in coronavirus stimulus. *NBC News*. Retrieved from <https://www.nbcnews.com/politics/immigration/devos-excludes-dreamers-foreign-students-college-grants-coronavirus-stimulus-n1190321>
- Australian Catholic University, E. I. (2009). *Literature Review - Scoping study into approaches to student wellbeing*. Retrieved from Australia:  
[https://docs.education.gov.au/system/files/doc/other/appendix\\_1\\_literature\\_review.pdf](https://docs.education.gov.au/system/files/doc/other/appendix_1_literature_review.pdf)
- Baer, J., & Martel, M. (2020). *Fall 2020 International Student Enrollment Snapshot*. Retrieved from <https://www.iie.org/-/media/Files/Corporate/Open-Doors/Special-Reports/Fall->

[2020-Snapshot-Report---Full-](#)

[Report.ashx?la=en&hash=D337E4E9C8C9FACC9E3D53609A7A19B96783C5DB](#)

- Baker, R. W., & Siryk, B. (1986). Student adaptation to college questionnaire (SACQ). *Los Angeles, CA: Western Psychological Services.*
- Benesch, K. F., & Ponterotto, J. G. (1989). East and West: Transpersonal Psychology and Cross - Cultural Counseling. *Counseling and Values, 33(2)*, 121-131. doi:10.1002/j.2161-007X.1989.tb00749.x
- Bhochhibhoya, A., Dong, Y., & Branscum, P. (2017). Sources of Social Support Among International College Students in the United States. *Journal of International Students, 7(3)*, 671-686.
- Bijl, R. V., de Graaf, R., Hiripi, E., Kessler, R. C., Kohn, R., Offord, D. R., . . . Wittchen, H.-U. (2003). The Prevalence Of Treated And Untreated Mental Disorders In Five Countries. *Health Affairs, 22(3)*, 122-133. doi:10.1377/hlthaff.22.3.122
- Bilecen, B. (2020). Commentary: COVID - 19 Pandemic and Higher Education: International Mobility and Students' Social Protection. *International migration, 58(4)*, 263-266. doi:10.1111/imig.12749
- Billig, M., & Tajfel, H. (1973). Social categorization and similarity in intergroup behaviour. *European journal of social psychology, 3(1)*, 27-52. doi:10.1002/ejsp.2420030103
- Bradley, L., Parr, G., Lan, W. Y., Bingi, R., & Gould, L. J. (1995). Counselling expectations of international students. *International journal for the advancement of counselling, 18(1)*, 21-31. doi:10.1007/BF01409601
- Brown, R., Hinkle, S., Ely, P. G., Fox - Cardamone, L., Maras, P., & Taylor, L. A. (1992). Recognizing group diversity: Individualist - collectivist and autonomous - relational

- social orientations and their implications for intergroup processes. *British journal of social psychology*, 31(4), 327-342.
- Cabral, R. R., & Smith, T. B. (2011). Racial/Ethnic Matching of Clients and Therapists in Mental Health Services: A Meta-Analytic Review of Preferences, Perceptions, and Outcomes. *Journal of Counseling Psychology*, 58(4), 537-554. doi:10.1037/a0025266
- Campion, L. L., & Wang, C. X. (2019). Collectivism and Individualism: the Differentiation of Leadership. *TechTrends*, 63(3), 353-356. doi:10.1007/s11528-019-00399-x
- Center for Collegiate Mental Health. (2016). 2015 Annual Report (Publication No. STA 15-108). In: Pennsylvania State University University Park, PA.
- Center for Collegiate Mental Health. (2020). *2020 Annual Report*. Retrieved from
- Chen, E., Kaczmarek, K., & Ohshima, H. (2020). Student perceptions of distance learning strategies during COVID - 19. *Journal of dental education*. doi:10.1002/jdd.12339
- Cheng, M. (2016). Does Culture Matter? Investigating the Effect of Adherence to Asian Cultural Values on Perceived Difference between Eastern-style versus Western-style Asian Counselor. In: ProQuest Dissertations Publishing.
- Chessman, H. M., Vigil, D., & Soler, M. C. (2020). *Mental Health Task Forces in Higher Education*. Retrieved from
- Chiu, M. M., Chow, B. W. Y., McBride, C., & Mol, S. T. (2016). Students' sense of belonging at school in 41 countries: cross-cultural variability. *Journal of cross-cultural psychology*, 47(2), 175-196. doi:10.1177/0022022115617031
- Ebert, D. D., Mortier, P., Kaehlke, F., Bruffaerts, R., Baumeister, H., Auerbach, R. P., . . . collaborators, W. H. O. W. M. H.-I. C. S. I. (2019). Barriers of mental health treatment utilization among first-year college students: First cross-national results from the WHO

- World Mental Health International College Student Initiative. *International journal of methods in psychiatric research*, 28(2), e1782-e1782. doi:10.1002/mpr.1782
- Elmwater University [pseudo.]. (2020). *Open Doors Survey Response*. Retrieved from Elmwater University [pseudo.]. (2021a). About Elmwater University. Retrieved from university website
- Elmwater University [pseudo.]. (2021b). Elmwater University Counseling Center. Retrieved from university website
- Elmwater University [pseudo.]. (2021c). International Students and Scholars. Retrieved from university website
- Elmwater University [pseudo.]. (2021d). Mission and Vision. Retrieved from university website
- Elmwater University [pseudo.]. (2021e). Office of Global Engagement. Retrieved from university website
- Farrugia, C. A., Bhandari, R., Chow, P., & Institute of International, E. (2012). *Open doors 2012 : report on international educational exchange*. New York: Institute of International Education.
- Gudykunst, W. B., & Nishida, T. (1984). Individual and cultural influences on uncertainty reduction. *Communications Monographs*, 51(1), 23-36.
- Gudykunst, W. B., Ting-Toomey, S., & Chua, E. (1988). *Culture and interpersonal communication*: Sage Publications, Inc.
- Hegarty, N. (2014). Where we are now--the presence and importance of international students to universities in the United States. *Journal of International Students*, 4, 223+. Retrieved from

[https://link.gale.com/apps/doc/A478976087/AONE?u=tel\\_a\\_vanderbilt&sid=AONE&xid=ca430561](https://link.gale.com/apps/doc/A478976087/AONE?u=tel_a_vanderbilt&sid=AONE&xid=ca430561)

- Heggins, W. J., & Jackson, J. F. (2003). Understanding the collegiate experience for Asian international students at a Midwestern research university. *College Student Journal*, 37(3), 379-392.
- Hyun, J. P. M. P. H., Quinn, B. P., Madon, T. P., & Lustig, S. M. A. (2007). Mental Health Need, Awareness, and Use of Counseling Services Among International Graduate Students. *Journal of American College Health*, 56(2), 109-118.  
doi:<http://dx.doi.org/10.3200/JACH.56.2.109-118>
- Institute of International Education. (2019). Number of International Students in the United States Hits All-Time High [Press release]. Retrieved from <https://www.iie.org/Why-IIE/Announcements/2019/11/Number-of-International-Students-in-the-United-States-Hits-All-Time-High>
- Jung, E., Hecht, M. L., & Wadsworth, B. C. (2007). The role of identity in international students' psychological well-being in the United States: A model of depression level, identity gaps, discrimination, and acculturation. *International Journal of Intercultural Relations*, 31(5), 605-624. doi:<https://doi.org/10.1016/j.ijintrel.2007.04.001>
- Kudva, K. G., El Hayek, S., Gupta, A. K., Kurokawa, S., Bangshan, L., Armas - Villavicencio, M. V. C., . . . Sartorius, N. (2020). Stigma in mental illness: Perspective from eight Asian nations. *Asia-Pacific psychiatry*, 12(2), e12380-n/a. doi:10.1111/appy.12380
- Lee, E.-J., Chan, F., Ditchman, N., & Feigon, M. (2014). Factors Influencing Korean International Students' Preferences for Mental Health Professionals: A Conjoint Analysis.

*Community Mental Health Journal*, 50(1), 104-110.

doi:<http://dx.doi.org/10.1007/s10597-013-9594-6>

Lipson, S. K., Lattie, E. G., & Eisenberg, D. (2019). Increased Rates of Mental Health Service Utilization by U.S. College Students: 10-Year Population-Level Trends (2007-2017).

*Psychiatr Serv*, 70(1), 60-63. doi:10.1176/appi.ps.201800332

Liu, M., & Wronski, L. (2018). Examining Completion Rates in Web Surveys via Over 25,000 Real-World Surveys. *Social science computer review*, 36(1), 116-124.

doi:10.1177/0894439317695581

Metro-Roland, M. (2018). Community, Identity, and International Student Engagement. *Journal of International Students*, 8(3), 1408-1421. doi:10.5281/zenodo.1254603

Mitchell, S. L., Greenwood, A. K., & Guglielmi, M. C. (2007, 2007 Fall). Utilization of counseling services: comparing international and U.S. college students. *Journal of College Counseling*, 10(2), 117+. Retrieved from

[https://link.gale.com/apps/doc/A171018629/AONE?u=tel\\_a\\_vanderbilt&sid=AONE&xid=f701f702](https://link.gale.com/apps/doc/A171018629/AONE?u=tel_a_vanderbilt&sid=AONE&xid=f701f702)

Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College Students: Mental Health Problems and Treatment Considerations. *Academic psychiatry*, 39(5), 503-511.

doi:10.1007/s40596-014-0205-9

Reinert, M., Nguyen, T., & Fritze, D. (2021). *State of Mental Health in America*. Retrieved from The SAGE Glossary of the Social and Behavioral Sciences. (2009). Thousand Oaks, California.

Saleh, A., & Bista, K. (2017). Examining Factors Impacting Online Survey Response Rates in Educational Research: Perceptions of Graduate Students. *Online Submission*, 13(2), 63-74.

- Shappell, S. L. (2004). Development of a Measure of Client Expectations for Therapy.
- Shih, K. (2017). Do international students crowd-out or cross-subsidize Americans in higher education? *Journal of Public Economics*, *156*, 170-184.  
doi:10.1016/j.jpubeco.2017.10.003
- Skey, M. (2013). Why do nations matter? The struggle for belonging and security in an uncertain world. *The British journal of sociology*, *64*(1), 81-98. doi:10.1111/1468-4446.12007
- Spencer-Oatey, H., & Xiong, Z. (2006). Chinese students' psychological and sociocultural adjustments to Britain: An empirical study. *Language, culture and curriculum*, *19*(1), 37-53.
- Sun, S., Hoyt, W. T., Brockberg, D., Lam, J., & Tiwari, D. (2016). Acculturation and Enculturation as Predictors of Psychological Help-Seeking Attitudes (HSAs) Among Racial and Ethnic Minorities: A Meta-Analytic Investigation. *Journal of Counseling Psychology*, *63*(6), 617-632. doi:10.1037/cou0000172
- Tajfel, H. (1979). Individuals and groups in social psychology. *British Journal of Social and Clinical Psychology*, *18*(2), 183-190. doi:10.1111/j.2044-8260.1979.tb00324.x
- Tajfel, H. (1981). *Human groups and social categories: Studies in social psychology*: Cup Archive.
- Tinsley, H. (1982). Expectation about counseling. Unpublished test manual, Southern Illinois University, Carbondale.
- Tinsley, H. E., & Harris, D. J. (1976). Client expectations for counseling. *Journal of Counseling Psychology*, *23*(3), 173-177. doi:10.1037/0022-0167.23.3.173



- Tinsley, H. E., Workman, K. R., & Kass, R. A. (1980). Factor analysis of the domain of client expectancies about counseling. *Journal of Counseling Psychology, 27*(6), 561-570.  
doi:10.1037/0022-0167.27.6.561
- Turner, J. C., & Tajfel, H. (1986). The social identity theory of intergroup behavior. *Psychology of intergroup relations, 5*, 7-24.
- Venkatesh, B. T., Andrews, T., Mayya, S. S., Singh, M. M., & Parsekar, S. S. (2015). Perception of stigma toward mental illness in South India. *Journal of family medicine and primary care, 4*(3), 449-453. doi:10.4103/2249-4863.161352
- Xiang, B., & Shen, W. (2009). International Student Migration and Social Stratification in China. *International journal of educational development, 29*(5), 513.  
doi:10.1016/j.ijedudev.2009.04.006
- Yoon, E., Chang, C.-T., Kim, S., Clawson, A., Cleary, S. E., Hansen, M., . . . Gomes, A. M. (2013). A meta-analysis of acculturation/enculturation and mental health. *Journal of Counseling Psychology, 60*(1), 15-30. doi:<http://dx.doi.org/10.1037/a0030652>
- Yuen, R. K., & Tinsley, H. E. (1981). International and American students' expectancies about counseling. *Journal of Counseling Psychology, 28*(1), 66-69. doi:10.1037/0022-0167.28.1.66
- Zhang, N., & Dixon, D. N. (2003). Acculturation and attitudes of Asian international students toward seeking psychological help. *Journal of Multicultural Counseling and Development, 31*(3), 205-222.
- Zhou, Y., Jindal-Snape, D., Topping, K., & Todman, J. (2008). Theoretical models of culture shock and adaptation in international students in higher education. *Studies in Higher Education, 33*(1), 63-75. doi:10.1080/03075070701794833



**Tables**

**Table 1**

*Descriptive Statistics and Frequencies for Variables (N = 45)*

Variable	<i>n</i> (%)
Student Status	
Sophomore	5 (11.1)
Junior	7 (15.6)
Senior	7 (15.6)
Graduate or Post Baccalaureate	26 (57.8)
Sex	
Male	17 (37.8)
Female	27 (60)
Prefer not to answer	1 (2.2)
Age	
18-24	17 (37.8)
25-34	24 (53.3)
35-44	3 (6.7)
45-54	1 (2.2)
Residence in Proximity to Campus	
On campus/In dormitories	3 (6.7)
Less than a mile	6 (13.3)
1-10 miles	17 (37.8)
11-20 miles	7 (15.6)
More than 20 miles	8 (17.8)
In the Apartments	4 (8.9)
Visited the Counseling Center <sup>a</sup>	
Yes	8 (18.2)
No	36 (81.8)

<sup>a</sup> Sample size was 44, one participant did not respond.

**Table 2***Native Home Continent, Country of Respondents (N = 43)*

Continent and Country	<i>n</i> (%)
Africa	2 (4.6)
Ghana	1 (2.3)
Nigeria	1 (2.3)
Asia	24 (55.8)
Bangladesh	2 (4.6)
China	5 (11.6)
India	10 (23.3)
Iran	1 (2.3)
Jordan	1 (2.3)
Kuwait	1 (2.3)
Lebanon	1 (2.3)
Nepal	1 (2.3)
South Korea	1 (2.3)
Vietnam	1 (2.3)
Europe	13 (30.2)
Albania	4 (9.3)
Germany	4 (9.3)
The Netherlands	1 (2.3)
Poland	2 (4.6)
Turkey	1 (2.3)
Ukraine	1 (2.3)
North America	2 (4.6)
Canada	1 (2.3)
Mexico	1 (2.3)
South America	2 (4.6)
Brazil	2 (4.6)

*Note.* Turkey has been placed with Europe for the purposes of this study.

**Table 3***Total Languages of Respondents (N = 43)*

Language	<i>n</i> (%)
Albanian	4 (4.7)
Arabic	3 (3.5)
Bengali	3 (3.5)
Chinese	3 (3.5)
Dutch	1 (1.2)
English	25 (29.4)
Farsi	1 (1.2)
French	4 (4.7)
German	5 (5.9)
Hindi	5 (5.9)
Italian	4 (4.7)
Kannada	2 (2.4)
Korean	1 (1.2)
Latin	1 (1.2)
Malayalam	1 (1.2)
Nepali	1 (1.2)
Polish	2 (2.4)
Portuguese	2 (2.4)
Russian	1 (1.2)
Spanish	4 (4.7)
Tamil	2 (2.4)
Telugu	4 (4.7)
Turkish	1 (1.2)
Twi	1 (2.3)
Ukrainian	1 (1.2)
Urdu	1 (1.2)
Vietnamese	1 (1.2)
Yoruba	1 (1.2)
Total	85 (100)

*Note.* This table contains both Native and Additional Languages. Some respondents spoke up to four different languages.

**Table 4***Descriptive Statistics for EAC-B by Continent and Overall*

Variable	Asian ( <i>n</i> = 23)	European ( <i>n</i> = 12)	Total ( <i>n</i> = 42)
	<i>M (SD)</i>		
Client Involvement	3.76 (0.82)	4.05 (0.55)	3.89 (0.78)
Counselor Experience	3.52 (0.81)	3.46 (0.76)	3.47 (0.78)
Facilitative Conditions	3.99 (0.76)	4.06 (0.66)	4.06 (0.78)

*Note.* EAC-B = Expectations About Counseling – Brief Form.

**Table 5***Potential Supports to Encourage International Students' Mental Well-Being (N = 43)*

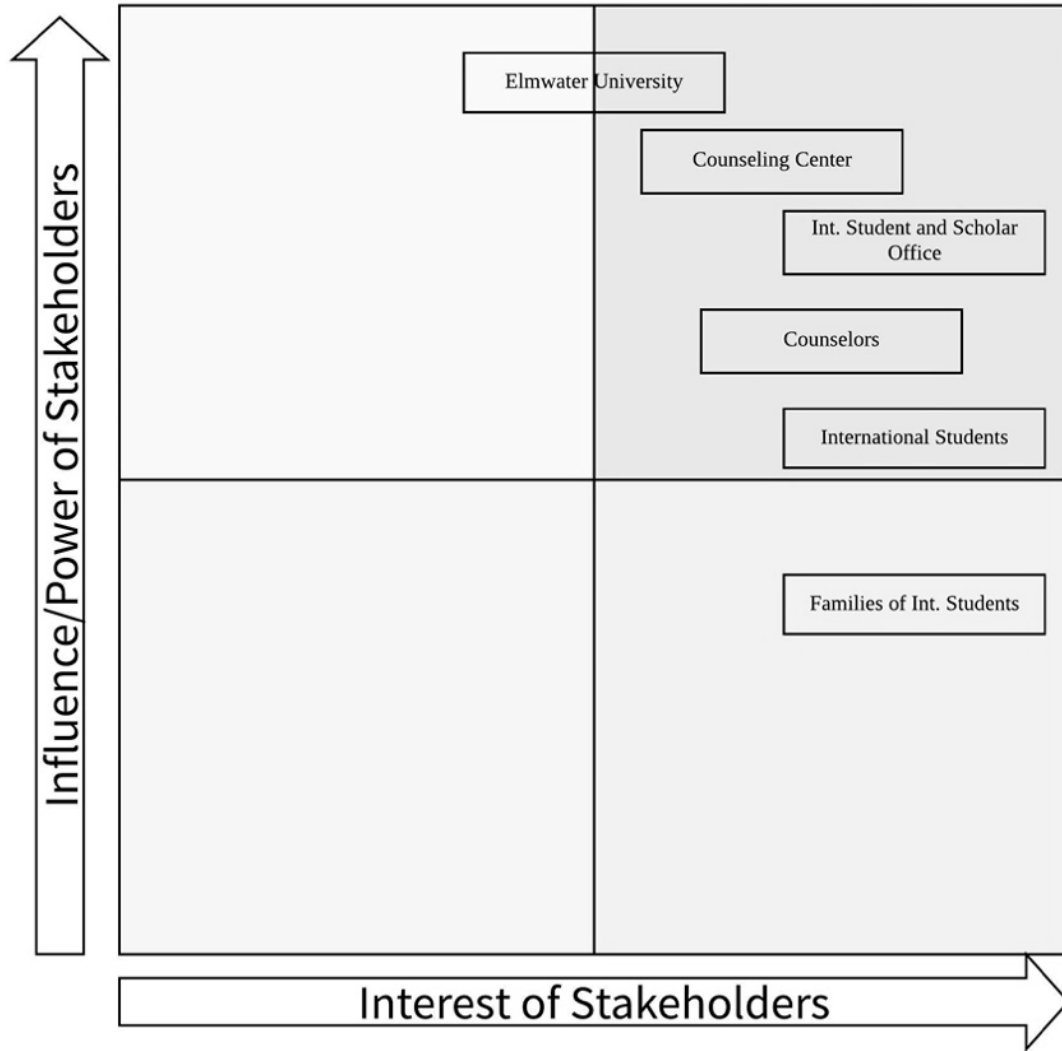
Support	<i>n</i> (%)
Assign incoming students a mentor/partner	21 (19.27)
Create an international student council	20 (18.35)
Have advisors encourage students to visit counseling center	18 (16.51)
Materials translated in multiple languages	11 (10.09)
Help in connecting with counselors with similar nationalities	15 (13.76)
Providing online/virtual appointments	21 (19.27)
Other	3 (2.75)

*Note.* Respondents were allowed multiple answers.

Figures

Figure 1

*Stakeholder Matrix for International Students' Counseling Center Usage*

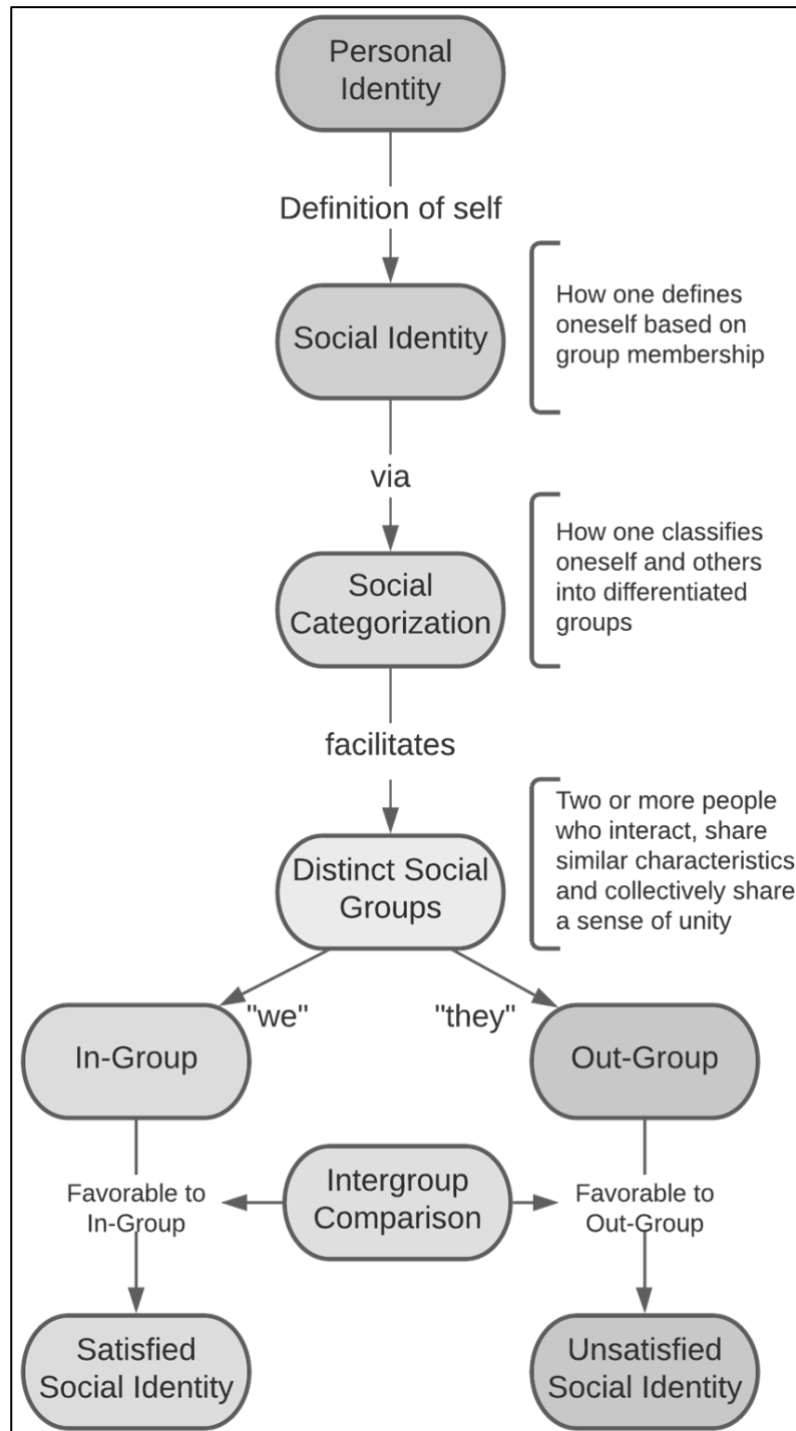


*Note.* While this matrix lists organizations as well as people, the administration themselves are the interested stakeholders. However, as the people can change, the idea was to showcase the office.



**Figure 2**

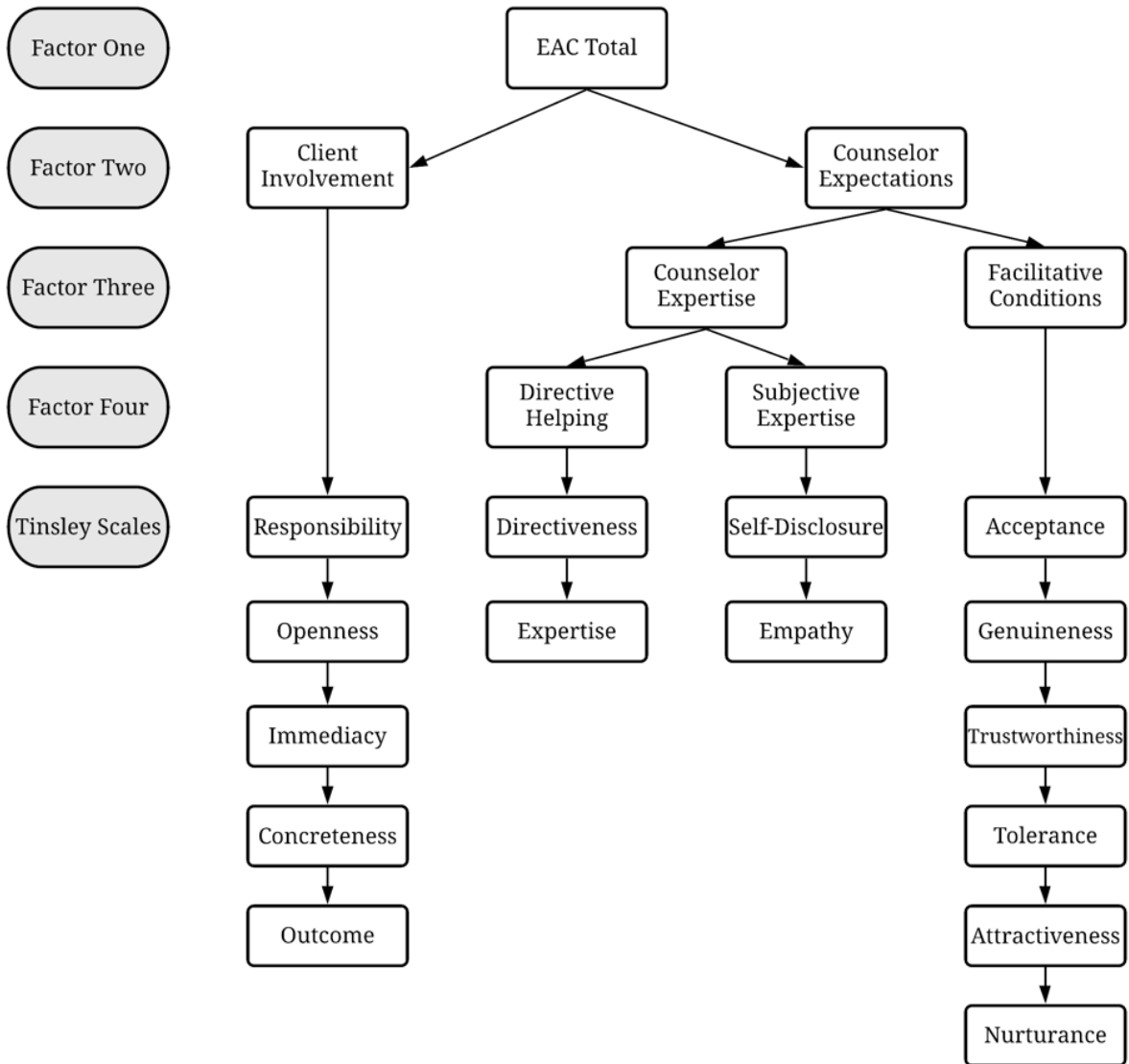
*Tajfel and Turner (1981)'s Social Identity Theory Flow Chart (Age of the Sage, N.D.)*



*Note.* Social Identity theory is closely related to Tajfel’s Billig and Tajfel (1973) Minimal Group Paradigm.

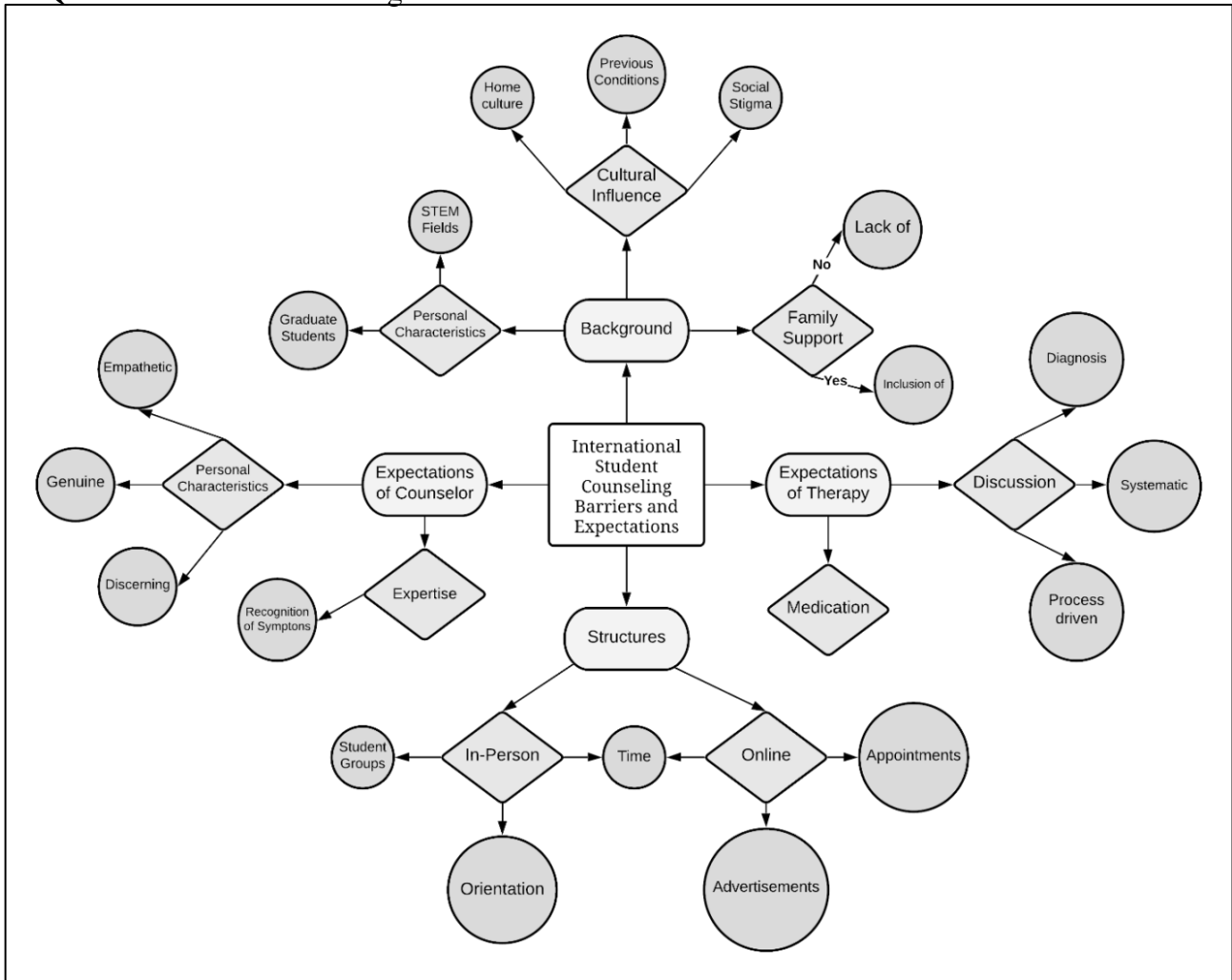
**Figure 3**

*Proposed hierarchical structure for treatment expectations on the Expectations About Counseling– Brief (EAC-B).*



*Note:* Anderson et al. (2013) *Proposed hierarchical structure for treatment expectations on the Expectations About Counseling– Brief (EAC-B)*. Number of factors or scales in the hierarchy is listed on the left side of the figure. Factor scale names are identified on the right side of the figure, illustrating which factors and scales nest within higher level factors.

**Figure 4**  
Qualitative Thematic Coding



*Note.* These were the most common themes that emerged but is not wholly exhaustive of all topics. Background, Expectations of Counselor and Expectation of Therapy were used to answer question two while Structures was used to answer question three

## Appendices

### Appendix A

#### Expectations About Counseling - Form B

##### DIRECTIONS

Pretend that you are about to see a counseling psychologist for your first interview. We would like to know just what you think counseling will be like. On the following pages are statements about counseling. In each instance you are to indicate what you expect counseling to be like. The rating scale we would like you to use at the top of each page. Your ratings of the statements are to be recorded on the answer sheets provided. For each statement, choose the space corresponding to the number which most accurately reflects your expectations.

Your responses will be kept in strictest confidence. Your answers will be combined with the answers of others like yourself and reported only in the form of group averages. Your participation, however, is voluntary. If you do not wish to participate in this research, just exit the questionnaire.

To complete the questionnaire properly, you need internet access on either a computer (desktop or laptop) or a mobile device.

When you are ready to begin, answer each question as quickly and as accurately as possible. Finish each page before going to the next.

NOW CLICK NEXT AND BEGIN

ANSWER THE FOLLOWING QUESTIONS, RATING YOUR ANSWER FROM 1 TO 5.

Not True	Somewhat true	Fairly True	Quite True	Definitely True
1	2	3	4	5

I EXPECT TO...

1. Take psychological tests.
2. Like the counselor.
3. See a counselor in training.
4. Gain some experience in new ways of solving problems within the counseling process.
5. Openly express my emotions regarding myself and my problems.

I EXPECT TO...

6. Understand the purpose of what happens in the interview.
7. Do assignments outside the counseling interviews.
8. Take responsibility for making my own decisions.
9. Talk about my present concerns.
10. Get practice in relating openly and honestly to another person within the counseling relationship.

I EXPECT TO...

11. Enjoy my interviews with the counselor.
12. Practice some of the things I need to learn in the counseling relationship.
13. Get a better understanding of myself and others.
14. Stay in counseling for at least a few weeks, even if at first, I am not sure it will help.
15. See the counselor for more than three interviews.

I EXPECT TO...

16. Never need counseling again.
17. Enjoy being with the counselor.
18. Stay in counseling even though it may be painful or unpleasant at times.
19. Contribute as much as I can in terms of expressing my feelings and discussing them.
20. See the counselor for only one interview.

I EXPECT TO...

21. Go to counseling only if I have a very serious problem.
22. Find that the counseling relationship will help the counselor and me identify problems on which I need to work.
23. Become better able to help myself in the future.
24. Find that my problem will be solved once and for all in counseling.
25. Feel safe enough with the counselor to really say how I feel.

ANSWER THE FOLLOWING QUESTIONS, RATING YOUR ANSWER FROM 1 TO 5

Not True	Somewhat true	Fairly True	Quite True	Definitely True
1	2	3	4	5

I EXPECT TO...

26. See an experienced counselor.
27. Find that all I need to do is to answer the counselor's questions.
28. Improve my relationships with others.
29. Ask the counselor to explain what he or she means whenever I do not understand something that is said.
30. Work on my concerns outside the counseling interviews.
31. Find that the interview is not the place to bring up personal problems.

THE FOLLOWING QUESTIONS CONCERN YOUR **EXPECTATIONS ABOUT THE COUNSELOR.**

I EXPECT THE COUNSELOR TO...

32. Explain what's wrong.
33. Help me identify and label my feelings so I can better understand them.
34. Tell me what to do.
35. Know how I feel even when I cannot say quite what I mean.

I EXPECT THE COUNSELOR TO...

36. Know how to help me.
37. Help me identify particular situations where I have problems.
38. Give encouragement and reassurance.
39. Help me to know how I am feeling by putting my feelings into words for me.
40. Be a "real" person, not just a person doing a job.

I EXPECT THE COUNSELOR TO...

41. Help me discover what particular aspects of my behavior are relevant to my problems.
42. Inspire confidence and trust.
43. Frequently offer me advice.
44. Be honest with me.
45. Be someone who can be counted on.

I EXPECT THE COUNSELOR TO...

46. Be friendly and warm towards me.
47. Help me solve my problems.
48. Discuss his or her own attitudes and relate them to my problem.
49. Give me support.
50. Decide what treatment plan is best.

ANSWER THE FOLLOWING QUESTIONS, RATING YOUR ANSWER FROM 1 TO 5

Not True	Somewhat true	Fairly True	Quite True	Definitely True
1	2	3	4	5

I EXPECT THE COUNSELOR TO...

51. Know how I feel at times, without my having to speak.
52. Do most of the talking.
53. Respect me as a person.
54. Discuss his or her experiences and relate them to my problems.
55. Praise me when I show improvement.

I EXPECT THE COUNSELOR TO...

56. Make me face up to the differences between what I say and how I behave.
57. Talk freely about himself or herself.
58. Have no trouble getting along with people.
59. Like me.
60. Be someone I can really trust.

I EXPECT THE COUNSELOR TO...

61. Like me in spite of the bad things that he or she knows about me.
62. Make me face up to the differences between how I see myself and how I am seen by others.
63. Be someone who is calm and easygoing.
64. Point out to me the differences between what I am and what I want to be.
65. Just give me information.
66. Get along well in the world.

**Expectations About Counseling – Form B Factor Scores**

<u>Client Involvement</u>	<u>Facilitative Conditions</u>	<u>Counselor Expertise</u>
Responsibility	Acceptance	Directiveness
Openness	Confrontation	Empathy
Motivation	Genuineness	Expertise
Attractiveness	Trustworthiness	Acceptance
Immediacy	Tolerance	Self-disclosure
Concreteness	Concreteness	Nurturance
Outcome		Attractiveness



**Appendix B****Demographics Information**

1. Are you a current Oakland University student? “Yes” or “No.”  
A. If no, respondent is directed to the end of the survey.
2. Are you an international student? “Yes” or “No.”  
A. If no, respondent is directed to the end of the survey.
3. What is your student status? “Freshman,” “Sophomore,” “Junior,” “Senior,” or “Graduate or Post Baccalaureate.”
4. With which gender identity do you most identify with? “Male,” “Female,” “Transgender,” “Gender Variant/ Non-Conforming,” “Prefer not to answer,” or “Not Listed (with an option to input).”
5. What is your international (United States) age? “18-24,” “25-34,” “35-44,” “45-54,” “55-64”, or “65+.”  
A. International age is specified because some cultures, such as South Korean, count age differently. By stipulating international age, this will be in keeping with United States age norms.
6. Where do you live in proximity to EU? “On campus/ In dormitories,” “In the Apartments”, “Less than 1 mile/2 kilometers,” “~1-10 miles/2-16 kilometers,” “~11-20 miles/17-32,” “More than 20 miles/32 kilometers.”
7. What is your home country? Responses are open-ended
8. What is your native language? Responses are open-ended.
9. Please list any additional any languages that you speak.

Definitely not	Probably not	Probably	Very probably	Definitely
1	2	3	4	5

10. On a scale of 1-5, how likely are you to do each of the following to get health information/treatment advice?  
 “Visit/contact a doctor or specialist,”  
 “Research symptoms/injuries on the internet,”  
 “Ask a family member, peer, or friend,”  
 “Not Listed (with an option to input).”

11. Have you ever visited the Counseling Center on campus? “Yes” or “No.”  
 A. Depending on choice, respondents will be directed to appropriate questions.  
 Yes – directed to questions 12 and 13  
 No – directed to questions 14 and 15

Very poor	Poor	Acceptable	Good	Very good
1	2	3	4	5

12. If yes, on a scale of 1 to 5, how would you rate your previous visit(s) to the Counseling Center based on:  
 “Ease of making an appointment  
 “Availability of appointment”  
 “Number of resources available to you”  
 “Rapport with your counselor”  
 “Helpfulness of session”

13. Can you please explain the reason/s as to why you gave the rank you did in the previous question? (Explain why you were satisfied or not satisfied). Responses are open-ended.

14. If no, can you please choose why you have not utilized the Counseling Center’s services? Check all that apply:

- “No need”,
- “Do not know where it is”,
- “Lack of available resources for help”,
- “Do not know how to make an appointment”,
- “Embarrassment”
- “COVID-related issue”

Definitely not	Probably not	Probably	Very probably	Definitely
1	2	3	4	5

15. On a scale of 1-5, how likely are you to seek treatment at the Counseling Center if recommended by:  
 a friend?  
 your advisor?  
 a family member?

16. How might ISSO and OU better serve the mental health needs of international students?

Check all that apply:

- “Assign incoming students a mentor/partner”,
- “Create an international student council”
- “Have advisors encourage students to visit the counseling center”
- “Materials translated in multiple languages”,
- “Help in connecting with counselors with similar nationalities”
- “Providing online/virtual appointments”
- “Other: [Open-ended Response]”

If participants answer questions 1 or 2 with “No,” they will be directed to the end of the survey. If participants respond to question 11 with “Yes,” they will be asked to answer questions 12 and 13. If participants respond to question 11 with “No,” they will be asked to answer questions 14 and 15.

17. If you would be willing to participate in a Zoom interview about your experiences of expectations of Counseling, please leave your preferred email below.

THIS IS NOT AN APPOINTMENT WITH “EUCC”.

Please reach out to them for an appointment for any counseling services. Responses are optional and open-ended.

A. If a respondent answered “Yes” to question 11, the interview questions will be the TEF Previous (See Appendix C-1). If a respondent answered, “No”, to question 11, the interview questions will be TEF Potential (See Appendix C-2)

Upon survey termination, this message will appear:

The Elmwater University Counseling Center is open M-F, 8-5pm EST. Please be aware that any emails sent outside of business hours may not be received until the next business day. If you need immediate assistance during the hours when the clinic is open, please contact the main line at 248-xxx-xxxx.

If this is an emergency, please call 911, go to your nearest hospital emergency room, or call one of the following crisis hotline numbers:

Common Ground 1-800-231-1127  
 Suicide Hotline: 1-800-SUICIDE (1800-784-2433)  
 Crisis Hotline: 1-800-273-TALK (8255)  
 The Trevor Lifeline: 1-866-488-73869

If you are currently located outside the United States, please contact your local emergency number.

**Appendix C****Therapy Expectations Form – Previous**

Open-ended Questionnaire Completed Through Interview

1. Before entering therapy, what did you expect the process of therapy would be like?
2. What did you expect the therapist would do in therapy?
3. What did you expect you would do in therapy?
4. Of the above expectations that you listed, which of those did and did not happen in therapy?
5. Were you surprised by anything that you encountered in therapy?

**Therapy Expectations Form – Potential**

Open-ended Questionnaire Completed Through Interview

1. What would you expect the process of therapy would be like?
2. What would you expect the therapist to do in therapy?
3. What would you expect you would do in therapy?
4. How might ISSO and EU better serve the mental health needs of international students?

## Appendix D

### Informed Consent Form

Purpose: You are invited to participate in a research study. The purpose of this study is to determine hypothesized obstacles to Elmwater University international students and their utilization of the Elmwater University Counseling Center (EUCC) on campus. You can decide if you want to participate in this research study. Please keep in mind that you will not be affected whatsoever whether you participate in this study or not.

Participants: You are being asked to participate in this study because you fulfill the following criteria: 1) Are a current Elmwater University student, 2) Are an undergraduate or graduate student, and 3) Are an international student and 4) Have or have not utilized the EUCC. Doctor of Education student Veronica Trapani is administering this study. Your information will not be shared with anyone. Any privileged information will be kept confidential.

Procedures: After signing this consent form online, you are expected to complete the following research procedures: 1) Complete the survey with honest answers and 2) If willing, disclose your email address to be contacted to complete a follow-up interview with the researcher. This survey will take approximately 15 minutes to complete. You can skip questions that you do not feel comfortable answering or leave the survey at any time.

Benefits of Participation: Your participation will help to determine the theorized barriers among Elmwater University international students and their utilization of the EUCC.

Risks of Participation: There are risks involved in all research studies. However, this study includes minimal to no risks. There are no known physical risks to the participation of this survey. There are no social risks to the participation of this survey. Questions asked in the survey are not sensitive, therefore pose minimal psychological risks. If uncomfortable with a question, you have the right to skip the question or leave the survey at any time.

Compensation: No compensation exists for participation in this study.

Confidentiality: All information collected in this study will be kept confidential. We will not identify you directly in this study in any way. All records will be saved on the researcher's laptop and will be password protected. After the study is concluded, the information gathered will be deleted from the researcher's laptop.

Voluntary Participation: Your participation in this study is voluntary. You may refuse to participate in this study or any part of this study.

Researcher's Contact Information:

Name – Veronica Trapani

Email – veronica.r.trapani@vanderbilt.edu

Participant Consent:

**By typing my name and email below, I agree to have read the above information, agree to participate in this study, and agree that I am at least 18 years of age.**

Your Full Name \_\_\_\_\_

Email: \_\_\_\_\_

Today's Date \_\_\_\_\_

**Appendix E****Email Request to Participate in Survey**

"Subject: Counseling Expectations Survey of International Students

Hello,

We are writing to you to request your participation in a brief survey. The International Students and Scholars Office at Elmwater University is currently interested in investing more in student well-being connected to mental health and what barriers may exist to international students going to the Elmwater University Counseling Center. ISSO and EUCC would like to get more feedback about your expectations of and experiences with counseling at EUCC. Your responses to this survey will help us evaluate the variation in international students' utilization of or failure to EUCC so that we can design better programs and improve the well-being of international students on campus.

The survey is very brief and will only take about 15 minutes to complete. Please click the link below to go to the survey web site (or copy and paste the link into your Internet browser) and then enter the password to begin the survey. You may also use the attached QR code.

Survey link: [https://peabody.az1.qualtrics.com/jfe/form/SV\\_6V77JHNEjSDAu4R](https://peabody.az1.qualtrics.com/jfe/form/SV_6V77JHNEjSDAu4R)

Your participation in the survey is completely voluntary and all of your responses will be kept confidential. No personally identifiable information will be associated with your responses to any reports of these data. The Vanderbilt University Institutional Review Board and Elmwater University Institutional Review Board have approved this survey.

Should you have any comments or questions, please feel free to contact us at [veronica.r.trapani@vanderbilt.edu](mailto:veronica.r.trapani@vanderbilt.edu).

Thank you very much for your time and cooperation. Feedback from students is very important to us.

Sincerely,

Veronica Trapani  
Doctor of Education  
Student  
Vanderbilt University

D. A.  
Director of International  
Students and Scholars  
Office  
Elmwater University

Dr. D. S.  
Director of Elmwater  
University Counseling  
Center  
Elmwater University

**Email Request to Schedule Interviews**

Subject: Follow-Up Interview About Counseling Expectation Survey

Hello (insert Student name),

When you filled out our Barriers to Counseling Usage survey, you indicated you would be interested in speaking further with the researcher about your experiences whether you have visited the counseling center or not. Please use the Calendly link below to choose who you would like your interview to be scheduled. You can choose the date, time, and method of communication – digitally with Zoom or Google Meet or by phone. The researcher has WhatsApp for international calls.

We want to make it very clear that this is **not an appointment with the Elmwater University Counseling Center**. This is an opportunity for International Students to inform both Elmwater University Counseling Center and the International Students and Scholars Office about needs within the community affecting student mental health and well-being.

You may click the link to go to my Calendly: <https://calendly.com/veronica-r-trapani/follow-up-interviews-barriers-to-counseling-usage-sur>

Your participation in the interview is completely voluntary and all of your responses will be kept confidential. No personally identifiable information will be associated with your responses to any reports of these data. The Vanderbilt University Institutional Review Board and Elmwater University Institutional Review Board have approved the questions for this interview.

Should you have any comments or questions, please feel free to contact us at [veronica.r.trapani@vanderbilt.edu](mailto:veronica.r.trapani@vanderbilt.edu).

Thank you very much for your time and cooperation. Feedback from students is very important to us.

Sincerely,

Veronica Trapani  
Doctor of Education  
Student  
Vanderbilt University

D. A.  
Director of International  
Students and Scholars  
Office  
Elmwater University

Dr. D.S.  
Director of Elmwater  
University Counseling  
Center  
Elmwater University