

EFFECTS OF THREE INTERVENTIONS WITH INTERNATIONAL COLLEGE STUDENTS  
REFERRED FOR ADJUSTMENT AND LANGUAGE DIFFICULTIES:

A PRELIMINARY STUDY

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This quasi-experimental study examined the effects of three interventions with international college students referred for adjustment and language difficulties. Fifty-four international students were assigned to treatment groups including expressive group counseling ( $n = 14$ ), group speech therapy ( $n = 14$ ), interdisciplinary counseling/speech intervention ( $n = 13$ ), and the no treatment control ( $n = 13$ ).

Three null hypotheses were analyzed using a two factor repeated measures analysis of variance to determine whether the four treatment groups behaved differently across time according to pre- and posttest results of the ASR Total and Internalizing Problems scales and the CCSR total scores. Two null hypotheses were rejected at the alpha .05 level of statistical significance with large treatment effects. Post hoc analyses were conducted when a statistically significant interaction effect was found. The no treatment control group was established as a baseline to examine how each intervention group performed over time when compared to the no treatment control group.

Results of the post hoc analysis for Total Problems indicated that international students in all three treatment groups demonstrated statistically significant improvements in total behavior problems at the alpha .025 level (Expressive counseling:  $p = .002$ , Speech:  $p = .01$ , and Interdisciplinary:  $p = .003$ ) and large treatment effects (partial  $\eta^2 = .33, .24, \text{ and } .31$ , respectively), thus indicating all three may be considered effective mental health treatments to target international students' total behavior problems.

Results of the post hoc analysis for Internalizing Problems indicated that the

interdisciplinary counseling/speech intervention was statistically significant ( $p = .02$ ) in lowering internalizing problems and had a large treatment effect (partial  $\eta^2 = .22$ ). The expressive group counseling intervention also demonstrated a large treatment effect (partial  $\eta^2 = .15$ ) although not a statistically significant level ( $p = .04$ ). The large treatment effects obtained for both interventions highlight the benefit of expressive group counseling as a sole intervention, as well as when combined with group speech therapy, for ameliorating international students' internalizing problems.

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## CHAPTER 1

### INTRODUCTION

College life can be a challenging but intriguing experience for students. During their college years, students are expected to develop competence, manage emotions, move through autonomy toward interdependence, develop mature interpersonal relationships, establish identity, and develop purpose and integrity (Chickering & Reisser, 1993). However, many college students express concerns that are related to expected developmental tasks, which include adjusting to a new environment, deciding a major and future career, establishing self-identity, building time management and study skills, establishing intimate interpersonal relationships, exploring sexual identity, and clarifying life values (Yarris, 1996). College students may also have more serious problems such as depression, anxiety, suicidal ideation, sexual abuse, substance abuse, psychiatric hospitalization, disability, and legal problems (Archer & Cooper, 1998; Jenkins, 1999; Yarris, 1996). This warrants the attention of university counseling centers concerning how to best help students achieve personal and academic success.

U.S. colleges and universities are becoming increasingly more ethnic because the United States is one of the most desired countries for international students seeking higher education (Open Doors, 2005). International students are defined as neither permanent residents nor U.S. citizens who temporarily reside in the U.S. for higher educational purposes (Lin, 2000). The presence of international college students in the United States not only assists with their personal achievement of academic goals but also enriches the campus community (Carr, Koyama, & Thiagarajan, 2003). As cultural ambassadors, international students in U.S. universities provide opportunities for the enhancement of cultural and international understanding (Sandhu & Asrabadi, 1994). Allan Goodman, President and CEO of the Institute of International Education,

emphasized this benefit, stating that international students in U.S. classrooms strengthen their U.S. peers' understanding of global issues while promoting opportunities for peace and development (Open Doors, 2002). In addition, international students have made significant contributions to research and development in the U.S., most notably in the areas of math and science (Open Doors, 2004). Fiscally, international students have contributed over \$13 billion dollars to the U.S. economy through their tuition, living costs, and other related costs (Open Doors, 2005). Almost 72% of all international students report that their living costs and tuition are funded by their families or other sources outside of the U.S. (Open Doors, 2005). Clearly, both students and this country benefit from international college students studying in American universities.

Studying abroad, however, can pose many challenges that may impact the psychological well-being of international students, including language barriers, culture shock, racial discrimination, academic pressure in a different educational system, lack of social and emotional support, financial difficulties, stress from home country, and the uncertainty of future career/reentry (Thomas & Althen, 1989). International college students experience unique stressors that place them in a high-risk group that experiences more mental health concerns than their counterparts (Pedersen, 1991). The unique stress factors manifest itself in various types of psychological, somatic, and physical symptoms (Thomas & Althen, 1989). In particular, depression, anxiety, nervousness, and confusion have been widely reported among international college students (Yi, Lin, & Kishimoto, 2003), and U.S. universities and colleges have struggled with how best to address their unique needs and create a supportive environment (Jenkins, 1999).

It has been well documented that international college students underutilize mental health services compared to their domestic counterparts (Bradley, Parr, Lan, Bingi, & Gould, 1995;

Mori, 2000; Pedersen, 1991) and that often they are unaware of available counseling services on campus (Zhai, 2002). International students rely mainly on their fellow nationals and family members for emotional and personal concerns rather than seeking professional psychological help (Bradley et al., 1995; Pedersen, 1991). Several researchers have reported that length of stay in the U.S, degree of acculturation, emotional openness, and previous counseling experiences are correlated with international students' attitudes toward seeking mental health services (Dadfar & Friedlander, 1982; Komiya & Eells, 2001; Zhang & Dixon, 2003). The stigma of mental health problems prevents international students from seeking professional help; therefore, when they seek out campus counseling services, they are more likely to be in crisis (Lin, 1996).

Snider (2001) strongly asserted the need to provide appropriate and adequate counseling and other support services to international students as a part of the responsibilities of Western universities. Snider illustrated Western universities' obligation to international students, citing The Code of Ethical Practice in the Provision of Education of International Students drafted by Australian Higher Education Institutions in 1994.

Institutions should recognize their on-going responsibilities for the education and welfare of international students. Institutions should ensure that the academic programs, support services and learning environment offered to international students will encourage them to have a positive attitude . . . when they return home at the conclusion of their studies. (p. 2)

Although the code of ethical practice was written for Australian universities, it can be applied to universities in the United States, Canada, and Britain since they also aggressively recruit international college students (Snider, 2001).

The literature suggests that lack of English proficiency is the most significant concern that influences international students' psychological health because excelling at school is their primary goal, and a language deficit is a perceived barrier to academic performance (Lin & Yi, 1997). International students who speak English as a second language generally speak with an accent that reflects some features of their mother tongue (Cheng, 1999), which may confuse listeners and make these students vulnerable to judgment, prejudice, misunderstanding, and discrimination (Montgomery, 1999). The fact that language difficulty is the primary challenge influencing international students' academic advancement and psychological health calls attention to the need providing clinical interventions to reduce language barriers.

Speech therapy is offered at some U.S. universities to enhance overall English language fluency for international college students who speak English as a second language. Professionals in English as a second language (ESL) have been working on the pronunciation skills of non-native English speakers, and historically, speech and language pathologists thought that speech therapy for them was outside the scope of their practice (Sikorski, 2005). However, many speech and language pathologists have begun speech therapy to help non-native English speakers, although little is written or known about the effectiveness of this intervention (Sikorski, 2005).

Neiman and Rubin (1991) utilized a pre- and posttest comparison group design to see whether there were any significant changes in clients' perceptions of communication apprehension, communication satisfaction, and communication competence among students with a foreign accent and stuttering clients over the course of therapy. Fifteen male international graduate students participated in both individual and group sessions each week for over 3 and half months. Results revealed that both foreign accent and stuttering clients showed statistically significant lower levels of communication apprehension and statistically significant higher levels

of communication competence and communication satisfaction after the course of therapy.

Seferoglu (2005) used a pre- and posttest control group design to determine whether integrating accent reduction software into advanced English language classes would result in improvements in college students' pronunciation. The findings revealed statistical significance, indicating that the accent reduction software was helpful in improving the experimental group participants' pronunciation. Accent reduction therapy targeting international college students has the potential to help them become more effective communicators and achieve their educational goals in the U.S. However, the dearth of research testing this proposition requires more empirical studies.

Group interventions are often offered by university counseling centers to serve a large number of college students (Golden, Corazzini, & Grady, 1993). The advantages of group counseling include the formation of support through the sharing of similar experiences and emotions, creation of a sense of belonging, development of new coping skills, and promotion of commitment to achieve one's desired goals through peer pressure (Jacobs, Harville, & Masson, 1988). In the interest of helping international college students' unique needs in adjusting to U.S. life, several authors have suggested the importance of providing culturally sensitive counseling or creative outreach programs for international college students (Alexander & Sussman, 1995; Brinson & Kottler, 1995; Leong & Chou, 2002; Yi, Lin, & Kishimoto, 2003). A review of the literature shows that utilization of any type of group work for international college students has been scarce. Most of the reviews to date have been based on clinical experiences from case studies: They reported empowering international female college students through support groups (Carr et al., 2003), enhancing social adjustment through cultural exchange programs (Jacob, 2001), providing vital information and support through a psychoeducational group (Trombetti, 1986), and developing job interview skills in a psychoeducational group (Wortham, 1986). One

qualitative study (Lawrence, 1981) revealed the effectiveness of group counseling intervention in changing international students' perception of themselves and others and in helping them gain insight and express their feelings more freely.

Only a few empirical studies have investigated the effects of group intervention in helping international college students. Two empirical studies investigated the effects of peer-pairing programs, where host students were paired with international students to help them with cultural adjustment difficulties. The findings reported a statistically significant increase in academic achievement, lower drop-out rates (Westwood & Barker, 1990), and a statistically significant increase in social adjustment among peer program participants when compared with non-participants (Abe, Talbot, & Geelhoed, 1998).

Most of the groups were designed as culturally sensitive group interventions to promote positive acculturative adjustment process for international college students. The counseling literature has provided skills to integrate multicultural issues into the counseling relationship, but barriers to multicultural counseling such as language differences and class-bound and culture-bound value differences still exist (Atkinson, Morten, & Sue, 1989). Therefore, providing a culturally sensitive group intervention may require an innovative approach that transcends the limits of language and value differences. Alexander and Sussman (1995) suggested incorporating creative approaches that focus culturally sensitive ways of communicating and celebrating racial/ethnic differences and similarities. International students may feel uncomfortable and unnatural expressing themselves in a traditional counseling setting that mainly relies on verbal communication in English. The lack of English proficiency may limit international college students' scope of expression to find English words and phrases to describe their complex feelings and thoughts. The fact that international students' receptive language skills are likely



higher than their expressive language skills may explain the difficulties they face when expressing their feelings in traditional talk therapy. Therefore, international students may benefit from a creative counseling modality that incorporates both verbal and non-verbal symbolic means of expression such as the use of expressive arts.

Expressive arts refer to utilizing various arts such as drawing, painting, sculpting, dance/movement, music, poetry/creative writing, and drama in a safe and supportive setting within the context of psychotherapy in order to facilitate self-growth and healing (Gladding, 2005; Malchiodi, 2005; Rogers, 1993). The arts are a universal language, and “they are enriching, stimulating, and therapeutic in their own right” (Gladding, 2005, p. vii). Expressive arts provide enjoyment and enhancement of the personal and social aspects of clients (Henderson & Gladding, 1998). Expressive arts offer opportunities to (a) work through inner thoughts and feelings that were unable to be expressed verbally; (b) interact between group members; (c) change perception about self, others, and world; and (d) facilitate creative self-development that can last after termination of therapy, thus building inner resources to cope with difficulties in the future (Bratton & Ferebee, 1999). Expressive arts have several characteristics that can be beneficial when incorporated into counseling: creativity; non-threatening and symbolic means of exploration; non-verbal communication; focusing on process, self-awareness, emotional expression; and openness to cultural aspects (Gladding, 2005).

Expressive arts have been used in the mental health field with culturally diverse clients including minority children, adolescents, immigrants, and refugees. Some professional literature has focused on the impact of expressive arts by using different expressive modalities such as visual arts, music, poetry, drama, and dance/movement (Asner-Self & Feyissa, 2002; Couroucli-Robertson, 2001; Ho, 2005; Jones, Baker, & Day, 2004; Linden, 1997; Rousseau, Gauthier,

Lacroix, Alain, Benoit, Moran, Rojas, & Bourassa, 2005). Most of the literature was based on clinical case studies, with a lack of empirical studies. The following is a summary of the case studies.

Asner-Self and Feyissa (2002) utilized poetry in a psychoeducational group with immigrants to explore and resolve the acculturation process and observed its positive impact on facilitating English communication and sharing acculturative concerns. Music, when utilized for high school-level refugees, was a helpful tool that promoted insight, a sense of mastery, and self-worth (Jones et al., 2004). Rousseau et al. (2005) and Couroucli-Robertson (2001) employed drama to help immigrant adolescents, reporting that this facilitated self-expression, self-identity, and networks of support (Rousseau et al., 2005) and significantly decreased their difficulties at school as well as speech impediments (Couroucli-Robertson, 2001). Linden (1997) reported the positive impact of drama in helping an Asian-American woman express her feelings and gain new understanding of herself.

Few empirical studies have reported the effectiveness of utilizing expressive arts with culturally different clients. Omizo and Omizo (1989) used a pre- and posttest control group design and incorporated art activities such as photographs, murals, mobiles, and drawings in order to determine whether the art activities used in group counseling sessions would improve self-esteem among native Hawaiian children. They concluded that utilizing art activities in group counseling was effective at improving self-esteem for minority groups of children. Ho (2005) utilized a pre- and posttest experimental design to test the effect of dance movement therapy on stress and self-esteem with Chinese cancer patients. The researcher provided a weekly 90-minute session for 6 weeks; each session included warm-up exercises, various types of dance, thematic movement, and relaxation exercises. Findings demonstrated a statistically significant decrease in

stress levels. Also, improved self-esteem scores were reported, with a medium treatment effect, even though it did not show a statistical significance. The researcher concluded that dance movement therapy helped participants take pleasure from their bodies and express their feelings freely.

Expressive arts also have been utilized in assisting college students in group work to promote relaxation, free expression (Geller, Kwapien, Phillips, Wiggers, Jordan, & Marcellino, 1986), and self-understanding (Bendersky & Felman, 1984). In a case study, Geller et al. (1986) proposed a program called “Artbreak” in a residence hall which aimed at promoting relaxation, creative energy, group experience, support, and self-awareness. The impact of Artbreak was evaluated by 178 students, and the results revealed that Artbreak helped them relax and release tension, learn about themselves, and interact with other students. Bendersky and Felman (1984) also reported the clinical experience of a 2-day intensive group workshop with international college students who had been experiencing adjustment difficulties in Israel. During the workshop, international college students were encouraged to express their concerns in an artistic endeavor such as visual art, music, drama, and guided imagery, and the researchers reported that participants exhibited a willingness to open up and commit themselves to exploring their coping abilities.

Logan (1995) used an experimental pre- and posttest comparison group design to investigate the relationship between the Houston model of guided imagery combined with music and the self-actualization scores of community college students (n=125), measured by the Personal Orientation Inventory (POI). Results revealed that treatment made a statistically significant difference in POI total and subscale scores in a positive direction for the experimental

group when compared to the comparison group, indicating that the Houston model of guided imagery combined with music was able to elicit self-actualization tendencies.

Most of the reviewed literature is based on clinical anecdotal accounts rather than sound empirical studies that demonstrate the effect of expressive arts in group counseling. Knowing that international college students are different from general college student populations, immigrants, refugees, or other minority groups calls attention to the need to conduct empirical research in this area.

### Statement of the Problem

International college students' language barriers are highly related to their adjustment in the United States. An exhaustive review of the literature highlighted a) underutilization of existing resources among international college students due to cultural barriers, b) the need for innovative services to adequately address the psychological and language needs of international college students, and c) scant research to identify appropriate interventions to effectively address these issues.

While U. S. universities have recognized the necessity of culturally responsive services for international college students, there is a lack of agreement on how to best meet this need. Some authorities have advocated for speech therapy for this population, while others have promoted various types of counseling services to address cultural adjustment. No programs were found that provided for both the speech needs and psychological well-being of international college students. Another challenge identified in the literature was how to best provide more culturally sensitive counseling services to this population. Merely adapting Western-value oriented counseling procedures have been criticized in the literature. In particular, the nature of traditional talk therapy, which is primarily based on verbal expression in English, may limit

international college students' scope of expression due to language barriers. No matter how well-intended, college counseling programs that deny a comfortable and effective means for self-expression for the international college students that they serve are continuing to overlook the fundamental needs of this population. There is a clear need to identify and research innovative services to adequately address both the psychological and language needs of international college students, with a particular focus on services explicitly designed to be responsive to the cultural and language needs of this population of students.

### Review of Related Literature

This literature review synthesizes relevant research in the following areas: (a) college students in the United States; (b) international college students in the United States; (c) group counseling; (d) expressive arts in counseling; and (e) speech therapy.

#### *College Students in the United States*

*College students' development.* College life can be a transition and challenge, and it can provide an opportunity for advanced development both personally and for the society at large. Chickering and Reisser (1993) revised Chickering's 1978 version of a college student development model and proposed seven vectors of development with major components in each vector. These seven vectors include (a) Developing Competence, (b) Managing Emotions, (c) Moving through Autonomy toward Interdependence, (d) Developing Mature Interpersonal Relationships, (e) Establishing Identity, (f) Developing Purpose, and (g) Developing Integrity.

The first vector, Developing Competence, includes three kinds of competence: intellectual competence, physical and manual skills, and interpersonal competence. According to Chickering and Reisser (1993), facilitating intellectual competence is one of the priorities on which most postsecondary institutions focus. It is imperative for college students to develop

competencies in mastering content; obtaining cultural, aesthetic, and intellectual sophistication; and also increasing skills to comprehend, analyze, synthesize, and integrate. Physical and manual skills include athletic and artistic achievement and obtaining strength and self-discipline. Interpersonal competence includes listening, self-disclosing, giving feedback, and participating in communication. It also involves ability to work harmoniously with a group, to facilitate communication, and to be empathic with other people (Chickering & Reisser, 1993).

The second vector, Managing Emotion, refers to the development that students need to learn in order to get in touch with their feelings such as anger, fear, tension, anxiety, depression, and shame, and to practice self-regulation rather than trying to eliminate these feelings (Chickering & Reisser, 1993). The third vector, Moving through Autonomy toward Interdependence, involves self-sufficiency, emotional and instrumental independence, and acceptance of interdependence. Developing Mature Interpersonal Relationships, the fourth vector, involves the tolerance and appreciation of differences and the capacity for healthy intimacy based on unconditional positive regard, honesty, and responsiveness (Chickering & Reisser, 1993).

The fifth vector of development is Establishing Identity, which includes developing comfortableness with body image, gender and sexual orientation, sense of self in a social context, clarification of self-concept, sense of self in response to feedback from others, self-esteem, and personal integration. The sixth vector, Developing Purpose, involves the ability to be intentional, clarify goals, and make a plan in three major areas, such as vocational plans, personal interests, and interpersonal and family commitments (Chickering & Reisser, 1993). The final vector, Developing Integrity, involves developing congruence between one's personal values and behavior and increasing responsibility for self and others (Chickering & Reisser, 1993).

*Concerns of college students.* Many college students' concerns are related to the expected developmental tasks, including (a) adjusting to a new environment, (b) deciding a major and future career, (c) establishing self-identity as an individual separated from his/her parents, (d) building the study and time management skills necessary in a higher educational setting, (e) establishing intimate interpersonal relationships, (f) exploring sexual identity, and (g) clarifying life values (Yarris, 1996).

Many college students encounter more serious problems such as depression, death or suicidality, sexual abuse, episodes of violence, serious psychological disorders, eating disorders, substance abuse, AIDS, and psychiatric hospitalizations (Archer & Cooper, 1998; Jenkins, 1999). They may also face chronic illness in a family member, friend, or self; parents' divorce and remarriage; disability due to accidents; and legal problems (Yarris, 1996). Some characteristics that may lead to suicidal behavior among college students are identified as the following: loneliness, emotional alienation, cognitive distortion, irrational beliefs, deficient coping resources, and poor adaptive reasons for living (Bonner & Rich, 1988).

Haarasilta, Marttunen, Kaprio, and Aro's (2001) study showed the high prevalence of depression among adolescents and young adults. According to their research, 5.3% of the 15 to 19 age group and 9.4% of the 21 to 24 age group experienced a 12-month prevalence of a major depressive episode. Apfel (2003) examined the general prevalence of antidepressant use and psychotherapy due to depression in college populations, including students, faculty, and staff. Based on the results, the 3rd- and 4th-year college students were significantly more likely to have taken an antidepressant and have been in psychotherapy than the 1st- and 2nd-year students. Furr, Westefeld, MaConnell, and Jenkins (2001) reported that 53% of college students experienced depression since beginning of college, with 9% of students considering a suicide.

Frequently described problems among college students included relationship, self-esteem, depression, anxiety, and stress (Chandler & Gallagher, 1996). Therefore, those studies warrant attention as to how to help college students with such concerns. The 2004 Annual Survey of Counseling Center Directors showed that college students experienced more severe problems than the data indicated in 1994 (Gallagher, 2004). It is imperative for university counseling centers to understand the emerging needs of college students so that they can be served and provided with effective services and assistance, thus enhancing the overall quality of campus life (Bishop, Gallagher, & Cohen, 2000).

With the inclusion of more ethnic minority students, U.S. colleges and universities have become increasingly diverse (Open Doors, 2005). Despite an increase in minority populations on campuses, U.S. colleges and universities have struggled to embrace culturally different students' needs and concerns because of a lack of preparation for creating supportive environments for them (Jenkins, 1999).

When referring to diverse populations at colleges and universities, several terms are interchangeably used, including *students of color*, *different*, *underserved*, *marginalized*, *culturally different*, and *pluralistic populations* (Jenkins, 1999). In particular, students of color refer to students either from the United States or foreign countries who are Asian, African, Latin American, Native American, or mixed descent, and this is a heterogeneous group involving all races, cultures, ethnicities, and different languages other than English (Jenkins, 1999).

“Dimensions of difference have been rationalized as ‘something wrong,’ ‘something missing,’ or ‘less than’ and ‘not as good as’ on a comparative level” (Jenkins, 1999, p. 7). Jenkins criticized the underlying assumption that people who are different from the dominant U. S. culture value orientation are inferior. Students of color open their college life with certain expectations and



aspirations that are profoundly related to cultural experiences from pre-college lives (Palmer & Shuford, 1996). Therefore, when they enter predominantly Caucasian-populated universities, students of color may encounter additional concerns and adjustment difficulties in comparison to general college students (Paladino, 2004).

Many students of color have experienced racism, prejudice, and discrimination (Archer & Cooper, 1998). “Experiences of racism are embedded within interpersonal, collective, cultural-symbolic, and sociopolitical contexts, and can be sources of stress” (Harrell, 2000, p. 44). Gender, age, culture, language differences, race, ethnicity, religious identification, and economic status may impact multicultural students’ academic performance, their presenting concerns, and their college lives (Humphrey, Kitchens, & Patrick, 2000). Also, racism-related stress can be associated with psychological condition such as depression and psychosomatization (Comas-Diaz & Greene, 1994). Some students of color may feel anxious and uncomfortable in seeking professional help, and they may think that college counselors will not understand or be competent when helping their problems (Jenkins, 1999). Such anxiety may ultimately prevent students of color from seeking immediate help when needed and increase psychological/social discomfort (Jenkins, 1999).

#### *International College Students in the United States*

*Definition and status.* International students are defined as neither permanent residents nor U.S. citizens, but they temporarily reside in the U.S (Lin, 2000), leaving everything behind in their home countries to pursue a higher education (Jacob, 2001). International students are a unique population that is different from recent immigrants, refugees, and other ethnic minorities, and they share certain characteristics despite their differences in cultural, social, political, and religious circumstances (Thomas & Althen, 1989).

The United States of America has become the mecca for international students as the center of information with advanced technology and knowledge (Sandhu & Asrabadi, 1994). The increased number of international students in U.S. higher education institutions shows that the United States has become the primary host country for the academic advancement of international students. From 1954/55 to 2002/03, the number of international students rapidly increased from 34,232 to 586,323 (Open Doors, 2004). However, in 2003/04, international students' enrollment in U.S. colleges and universities decreased by 2.4% to a total of 572,509. The decline has been attributed to several factors including difficulties in getting student visas, increased U.S. tuition, aggressive recruitment from other English-speaking countries (the United Kingdom, Canada, and Australia), and an increased capacity to provide high-quality education in home countries and other regional host countries (Open Doors, 2005).

Enrollment patterns by the leading sending countries of origin for international students are as follows (Open Doors, 2005): India remains the largest among sending countries, followed by China, Korea, Japan, Canada, Taiwan, Mexico, Turkey, Germany, Thailand, the United Kingdom, Indonesia, Colombia, and Brazil. Asia is the largest sending region, with almost 58% of the total international enrollment in U.S. colleges and universities, and there was a slight increase in 2005 (Open Doors, 2005). California is the leading host state for international students, and it is followed by New York, Texas, Massachusetts, and Florida (Open Doors, 2005). The most popular fields of study for international students are business and management, along with engineering, mathematics and computer sciences. After 2 years of large growth, the number of international students studying mathematics and computer science has dropped, but there has been an increased number of international students studying social sciences and physical and life sciences (Open Doors, 2005).

In an endeavor to increase international student enrollment, U.S. colleges and universities have been proactive in reaching out to international students (Open Doors, 2005). Also, the United State Senate on October 27, 2005, passed the Coleman/Bingaman Amendment, which focuses on attracting more international students to U.S. colleges and universities (Open Doors, 2005). The amendment includes the Coleman-Bingaman American Competitiveness Through International Openness Now (ACTION) bill, requiring the development of a strategic marketing plan through international ad campaigns and internet resources to recruit more international students. In 2004/05, international students' enrollment remained steady at 565,039 in spite of the slight overall decline in previous years, and America maintains the role of leading host country, serving more than half -a -million international students (Open Doors, 2005).

*Acculturative stress factors.* Oftentimes international students struggle in the process of acculturation and adjustment due to the divide between cultural values and norms in the U.S. and those of their home culture (Lin & Yi, 1997). Berry (1980) described acculturation as the amount of change that occurs when two different cultures encounter each other over an extended time period.

International college students may have problems that are common to all college students in general due to the developmental tasks and adjustment issues of young adulthood, but there are other concerns that are unique to them (Pedersen, 1991). Sandhu (1994) described international students as modern-day heroes with courage and bravery. However, it has been documented that international students in U.S. colleges and universities appear to be a high-risk group that experiences more mental health concerns than their counterparts and that has less access to resources to help them (Mori, 2000; Pedersen, 1991; Thomas & Althen, 1989; Yi et al., 2003). It is imperative to understand the unique stress factors faced by international college

students, including language barriers, culture shock and racial discrimination, academic pressure and a different educational system, lack of social and emotional support, financial difficulties, stress from their home countries, and uncertainty about their future career/reentry (Thomas & Althen, 1989).

Lack of English proficiency is the most significant concern for the majority of international college students, and most researchers agree that the language barriers are deeply related to various adjustment difficulties faced by international college students (Lin & Yi, 1997; Pedersen, 1991; Yeh & Inose, 2003). Upon admission to college and universities in the United States, international students are required in most cases to take the Test of English as a Foreign Language (TOEFL) to prove their English proficiency and ability to carry out academic challenges. Since TOEFL mainly assesses international students' reading skills rather than their oral comprehension and communication skills, it is not guaranteed that students with required TOEFL scores have high levels of English proficiency (Pedersen, 1991). Yeh and Inose's (2003) study results revealed that self-reported English fluency was a significant predictor of acculturative stress among international college students. In particular, higher fluency of English use, fluency level, and the degree of comfort in speaking English predicted lower levels of acculturative distress. International students from home countries that focus on learning English through reading and writing skills with minimum emphasis on speaking and listening are more likely to experience language barriers. Sandhu (1994) illustrated that international students from countries where English was not a spoken language are at higher risk of experiencing language barriers and that they are a silent minority experiencing difficulties in articulating their concerns due to lack of language and social skills.

International college students may experience culture shock in the process of transition and adjustment to the U.S. culture. Oberg (1960) described culture shock as the consequence of anxiety resulting from losing cultural customs and encountering a new culture. The four stages of culture shock are described as honeymoon, crisis, adjustment, and adaptation (Winkelman, 1994).

According to Winkelman (1994), the honeymoon phase is characterized by excitement, curiosity, and idealization about the new culture. Even though anxiety and stress are present, they can initially be understood as positive aspects from honeymooners in a new culture. The second phase is the crisis, which generally appears within a month after arrival. During this phase, minor issues become big problems, and individuals can experience increasingly irritated moods, disappointment, tension, confusion, feelings of helplessness, and depression. The second phase brings emotional disturbances, physical fatigue, and psychosomatic illness (Winkelman, 1994). The adjustment phase is related to how to conform to the new culture, and during this phase recurrent crises and adjustment occur simultaneously. Although the problems do not end, during this phase individuals begin to understand and accept the culture with a more positive attitude and develop problem-solving skills (Winkelman, 1994). The last phase is the adaptation and acculturation stage, which describes how individuals develop stable adaptation and bicultural identity through the integration of the new culture into their own (Winkelman, 1994). Culture shock may bring continuous challenges, confusion, feelings of loss, depression, insomnia, and physical illness (Leong & Chou, 2002; Oberg, 1960).

International students experience academic pressure under a different educational system in the U.S. According to Aubrey (1991), Asian, Middle Eastern, and African students have been educated in an educational system different from that in the United States. In their home countries, they usually sat quietly and took notes during classes to prepare for exams that were

offered once or twice a year rather than actively engaging in class discussions. A qualitative study by Zhai (2002) also illustrated international students' stressors in coping with a different educational system, including different teaching methods, active participation in group activities, interaction with professors, fast-paced classes, heavy reading and writing work loads, and requirements for presentation. The fact that many students are not aware of the educational differences before coming to the U.S leads to an overwhelming adjustment period from the beginning of their study (Zhai, 2002).

Lack of English proficiency can be related to academic performance, and academic performance in turn can affect international students' psychological health (Lin & Yi, 1997). International students encounter difficulties with essay examinations and note taking during classes because of their lack of English proficiency (Parr, Bradley, & Bingi, 1992). Also, their teaching performance as graduate teaching assistants is influenced by the language barriers, and due to their foreign accents, different expressions, and teaching methods, international graduate students often experience difficulty in gaining respect and acceptance from U.S. students (Pedersen, 1991). International students experience academic performance pressures from their families, relatives, friends, and sponsoring organizations in their home countries (Pedersen, 1991). Despite the academic stressors that international students experience, dropping out of college or academic failure are perceived to be unacceptable (Thomas & Althen, 1989), because many of them have had successful academic achievement in their home countries (Pedersen, 1991).

Many researchers described the impact that a lack of social and emotional support has on international students' psychological adjustment (Hayes & Lin, 1994; Pedersen, 1991; Poyrazli, Kavanaugh, Baker, & Al-Timimi, 2004; Sandhu, 1994; Yeh & Inose, 2003). Leaving their

familiar social and emotional support behind may create a general sense of loss for international students, and in particular they tend to have a hard time finding comparable social and emotional support in the United States (Hayes & Lin, 1994; Sandhu, 1994). Changes in their support system, lack of familiarity with U.S. culture, and homesickness may bring social isolation to international students (Lin & Yi, 1997). Yeh and Inose (2003) discovered that social support satisfaction and social connectedness were predictors of acculturative stress. People with a high sense of connectedness can build relationships more easily and participate in social groups proactively; therefore, a low sense of connectedness is more likely to cause international students to feel anxious and depressed (Lee & Robbins, 1998). Poyrazli et al. (2004) also reported that a lack of English proficiency and social support was related to a lower level of adjustment and that international students who primarily socialized with Americans had less acculturative stress compared to those who socialized with non-Americans.

International students struggle with financial problems. Because non-U.S. residents are prohibited from being employed off-campus by federal immigration regulations and are not eligible for federal financial aid, monetary difficulties are a major burden for international students (Thomas & Althen, 1989). Any violation is a deportable offense when it comes to the attention of the Department of Homeland Security, and an employer can be subject to civil penalties and sometimes even charged with criminal penalties (Office of International Student & Scholar Services, 2005). Therefore, trying to help their financial situation through illegal employment may produce great fear of being deported at any time (Khoo, Abu-Rasain, & Hornby, 1994).

Thomas and Althen (1989) described stress factors from international students' home countries, such as war or radical changes in political, social, or economic circumstances, that

impact international students' psychological health in the United States. International students may suffer from traumatizing experiences such as illness or loss of family, relatives, or friends from their home countries, but more so when they are unable to return home (Thomas & Althen, 1989). For example, Sudden Acute Respiratory Syndrome is a viral respiratory illness caused by a coronavirus (Centers for Disease Control and Prevention, 2003). SARS in Hong Kong, China, and Taiwan in 2003 affected the psychological well-being of international students in the U.S. The researcher's personal discussion with three Chinese students at the time of the SARS outbreak revealed that they experienced great trauma from losing one relative, not being able to attend his funeral at home, and also changing their visiting schedule and being unable to go home for a while.

The decision making process of where to live after graduation can be a complicated process for international students because it involves their future career and sense of identity (Mori, 2000; Thomas & Althen, 1989). A majority of international students initially think about going back to their home countries upon the completion of their degrees, but they often experience anxiety about reentry (Khoo et al., 1994; Pedersen, 1991). When they return home, they may have to readjust to their home cultures and thus encounter some conflicts such as their families' expectations that they be the same as they were prior to leaving, even though international students have changed through the acculturative process in the U.S. (Khoo et al., 1994). Pai (1998) conducted a study on the reentry problem, life satisfaction, and psychological well-being of Taiwanese students and found that reentry difficulties were related to willingness to return home and reentry reasons. Their life satisfaction was affected by their level of satisfaction with their overseas experience, willingness to return home, perceived treatment by home people, and reentry reasons. Also, the psychological well-being of the students was



significantly correlated with perceived treatment by the people at home and reentry reasons (Pai, 1998).

*Manifestation of symptoms.* The unique acculturative stress factors described above among international college students accompany different types of psychological, somatic, and physical symptoms (Choe, 1996; Pedersen, 1991; Thomas & Althen, 1989; Winkelman, 1994; Yi et al., 2003). Choe (1996) illustrated that stress factors among international college students stemmed from language barriers, lack of support, and isolation, mostly resulting in somatic and psychological symptoms. Psychological symptoms that are manifested by acculturative stressors among international students include loneliness, isolation, homesickness, depression, paranoia, anxiety, emotional pain, marginality, inferiority, and feelings of helplessness and powerlessness (Mori, 2000; Pedersen, 1991; Yi et al., 2003). International students with unrealistically high expectations about life in the U.S. and their abilities to achieve academic success may encounter feelings of loss, sadness, disappointment, and resentment when they face the reality that deviates from their expectations (Mori, 2000). Yi et al. (2003) examined 6 years of existing data on utilization of counseling services by 516 international students. Asian international students comprised 59% of the study participants, followed by students from Central/South America and Europe. Self-reported problems were examined under three categories, including *extremely worried*, *worried*, and *not worried*. The results revealed that the three main concerns for undergraduate students were academic/grades, anxiety, and depression, whereas depression, time management, and relationship with a romantic partner were the *extremely worried* areas of concerns for graduate students. Through combining the *extremely worried* and *worried* problems, international students in this study reported that they were extremely worried about anxiety/fear/nervousness (82.7%), depression (74.2%), self-esteem (70.1%), confusion about

beliefs/values future life (69.5%), loneliness (62.3%), and employment after graduation (47.1%). The fact that international college students present with mental health concerns related to internalizing behavior problems such as depression and anxiety (Achenbach & Rescorla, 2003) calls attention to provide appropriate counseling services for them.

Manifested somatic and physical symptoms include a decline in energy levels, frequent headaches, loss of appetite, lack of sleep, and gastrointestinal problems (Thomas & Althen, 1989). Choe (1996) conducted a qualitative study on acculturative stress among 14 Korean-born college students. The study results revealed that the Korean students reported somatic symptoms ranging from headaches to serious medical concerns including ulcers and insomnia. Choe reported that somatic and physical symptoms are more easily accepted compared to psychological symptoms such as depression and anxiety due to a cultural stigma related to mental illness. International students may go to health centers on campus with complaints of stomach aches, headaches, weight loss, fatigue, indigestion, and sleep problems. However, those somatic symptoms may be metaphorically speaking about their stress related to adjustment difficulties (Mori, 2000). In addition, international students experiencing acculturative stress are susceptible to cognitive fatigue due to information overload (Winkelman, 1994). According to Winkelman (1994), the conscious effort to understand information such as the meaning of a new language and nonverbal, contextual, behavioral, and social communications can cause burnout or mental and emotional fatigue.

*Underutilization of counseling services.* Despite the fact that international students struggle with several acculturative stressors and present themselves at a higher risk for psychological health, it has been documented that they underutilize counseling services (Bradley et al., 1995; Mori, 2000; Pedersen, 1991). Sue and Sue (1999) described some characteristics of

Western value-oriented counseling that may cause some conflicts and distance for culturally different clients, including the emphasis on individualism, use of standard English and verbal communication, valued emotional and behavioral expressiveness, expectation to be the primary active participants in an ambiguous situation, insight-oriented processes, and openness in disclosing. Also, some cultures may view having psychological disturbances as disgraceful stigmatization (Aubrey, 1991), and disclosing personal concerns to a stranger can be viewed as an act of immaturity (Uba, 1994).

Underutilization may result from international students' preference for seeking help from people they know (Bradley et al., 1995; Pedersen, 1991; Zhai, 2002). Bradley et al. (1995) reported that familiarity affects preferences for international students in choosing to get help. According to the researchers, international students turned to their familiar resources such as friends, family members, and professors, and college counselors were the least used sources of assistance. According to Pedersen (1991), international students rely mainly on their fellow nationals for personal problems because they are accessible and can understand them better. According to Zhai (2002), friends were perceived as extended family for international students because they speak the same language, share similar cultural backgrounds, and experience similar adjustment issues. In the study, international students mainly used the Office of International Education for administrative problems such as visas, legal problems, and financial concerns, and most importantly, many international students reported that they were not aware of any counseling services available at the university (Zhai, 2002).

Several researchers have studied international students' attitudes toward seeking professional psychological help (Dadfar & Friedlander, 1982; Komiyama & Eells, 2001; Zhang & Dixon, 2003). Dadfar and Friedlander (1982) showed that international students from Western

cultures had a more positive attitude toward seeking professional psychological help than international students from non-Western cultures such as Asia and Africa. The authors reported that international students who had prior contact with mental health services had a more positive attitude toward seeking professional help compared to those who had no prior counseling experience. International students who had a lack of experience in counseling perceived seeking mental health services as an inappropriate way of solving their problems (Dadfar & Friedlander, 1982). Komiya and Eells (2001) investigated how emotional openness, distress level, sex, and length of stay in the United States predicted international students' attitudes toward seeking counseling. The survey results revealed that international students who were female, more emotionally open, and had had counseling previously showed more open attitudes toward seeking counseling compared to other international students. Asian international students' attitudes toward seeking professional help were significantly correlated with their levels of acculturation, stigma tolerance, and confidence in mental health practitioners (Zhang & Dixon, 2003).

The need for providing culturally sensitive counseling when working with international students was addressed through Sadowsky (1991) and Zhang and Dixon's (2001) study. Sadowsky found that Asian-Indian international students perceived a counselor who used the non-Western culturally consistent approach as higher in trustworthiness and expertness, whereas White American students rated a counselor who used the Western approach (individualism and self-assertion) to be higher in expertness and trustworthiness. Zhang and Dixon's study (2001) also emphasized the importance of counselors' efforts to be multiculturally sensitive when working with culturally different international college students. They studied how multiculturally responsive counselors are viewed by Asian international students. Sixty East Asian international

students were interviewed by culturally responsive counselors and culturally neutral counselors. Both types of counselors focused on the topic of cultural adjustment, general adjustment to studying, and social relationships in the U.S. However, the culturally responsive counselors put an extra effort into making counseling rooms culturally sensitive. They presented cultural materials, used students' native language to greet them, and expressed their interest in the students' cultures. The culturally responsive counselors were rated as more expert, attractive, and trustworthy than the culturally neutral counselors.

### *Group Counseling*

In the context of providing mental health services for college students, groups such as psychoeducational, group counseling, psychotherapy, and various outreach groups provide support for college students, and such groups have been recognized as an effective therapeutic and preventative approach in college counseling centers (Kincade & Kalodner, 2004; Wright, 2000). Golden, Corazzini, and Grady (1993) surveyed 148 directors of university counseling centers, and their findings revealed that group has become a main service offered by many university counseling centers and continues to be used to reach out to a large number of college students.

The advantages of group counseling include experiencing support through sharing similar experiences and emotions, creating a sense of belonging, gaining new coping skills, and maintaining commitment to achieve one's desired goals through the experience of peer pressure (Jacobs et al., 1988). Yalom (1995) described primary therapeutic factors in group work. Some of the therapeutic factors include instillation of hope, universality, catharsis, altruism, and group cohesiveness. Instillation of hope is brought about through positive expectations, faith in healing, and group support. Universality helps group members feel that they are not alone and that other

members have similar experiences. As group members share their concerns and perceive their similarities, they feel accepted and experience catharsis (Yalom, 1995). Also, altruism is shared when group members offer their support, feedback, reassurance, and insight. The beauty of altruism is that group members receive through giving, an intrinsic act of giving (Yalom, 1995). In addition, group cohesiveness is a significant factor for successful group counseling. Group members in a cohesive group are supportive. They are more likely to form relationships in the group and to understand and accept one another as they are. Thus, an environment is created in which group members are inclined to explore and integrate themselves and relate to others at a deeper level (Yalom, 1995).

*The use of groups in working with international college students.* Researchers have suggested the importance of developing culturally sensitive counseling or alternative outreach group interventions for international college students in order to help them with cultural adjustment difficulties (Alexander & Sussman, 1995; Brinson & Kottler, 1995; Leong & Chou, 2002; Yi, Lin, & Kishimoto, 2003). Yeh and Inose (2003) recommended the development of alternative group-oriented ways of helping international students that emphasize social connectedness to build communities and create support network. However, in formal research, utilizing any type of group work for international college students has been scarce. The few that have used group work were based on clinical experiences as case studies (Carr et al., 2003; Jacob, 2001; Trombetti, 1986; Wortham, 1986). One qualitative study (Lawrence, 1981), and a small number of empirical studies regarding the effectiveness of group interventions for international college students exist (Abe et al., 1998; Cherian, 1987; Westwood & Barker, 1990).

In a clinical case report, Carr et al. (2003) formed women's support groups for South and East Asian international students to address specific issues for Asian women students. The goals

of the group were to ease adjustment to the U.S. culture, increase coping skills, and offer culturally sensitive counseling. The researchers included international graduate students as co-facilitators to help other international college students feel at ease with university life, homesickness, language barriers, and academic and social stressors. The topics discussed by the groups included concerns in cross-cultural communication, prejudice and discrimination, interpersonal relationships, academic and career issues, family expectations, gender issues, political issues, and women's health. According to Carr et al., support groups can be a setting for international college students to socialize, practice English, and share their concerns relating to academic, personal, social, and acculturation issues. Although Carr et al. showed a lack of data demonstrating the groups' effectiveness due to the absence of a formal program evaluation, anonymous feedback from the international students indicated that the women's support group was able to enhance the health of its members by providing opportunities to speak English without fear of judgment, express their feelings, share experiences, and find validation from other group members in a supportive group dynamic.

As a joint program sponsored by the counseling department and the office of international student affairs, Jacob (2001) conducted a case study about a cultural exchange program model that was designed not only to facilitate international students' adjustment to the university and communities but also to provide a multicultural experience for graduate counseling practicum students. Graduate students attended international students' social and cultural events such as orientation, club meetings, and international student picnics. Also, they assisted international students with locating housing, shopping, and providing general information about the university and its surrounding communities. Counseling practicum students were encouraged to reflect their experiences in group supervision sessions. A focus

group met periodically in order to evaluate the program and also identify international students' adjustment concerns encountered in the U.S. Jacob noted that graduate students perceived the cultural exchange program as "a mutual and growth-producing learning relationship" (p. 82) and that it was also a useful resource for international students trying to understand U.S. culture. Providing opportunities for international college students to interact socially with American students can be an important resource for a sense of belonging, and both parties, including American and international students, can mutually benefit through building cross-cultural friendships (Jacob, 2001).

Trombetti (1986) conducted a clinical case on a group intervention for limited English proficiency (LEP) students at a community college in Rhode Island, and the pilot program was sponsored by Access to Opportunity, which serves disadvantaged and disabled students. The objective of the group was to talk about advising and counseling issues for LEP students. Participants (mainly Southeast Asian and Hispanic origin) were enrolled in an ESL (English as a second language) composition class, and they participated in group workshops weekly throughout the semester. The content of the workshop was integrated into the class curriculum, in which the English instructor reinforced new vocabularies and concepts. The topics of the group workshop included an overview of college life, students' roles, resources, career development, financial aid, values clarification, time management, and specific concerns of LEP college students. Based on her observation and feedback from the participants, Trombetti concluded that this group intervention was effective in providing vital information as well as support for LEP students, indicating the importance of providing creative, cost-effective, innovative, and supportive group intervention to support LEP college students.



Wortham (1986) presented a case report on a psychoeducational group focusing on job interview skills with 9 international students who had completed either a master's or doctoral degree. The group met for 1 hour and 15 minutes for 4 weeks, and it focused on identifying functional skills, interpersonal experiences, and cultural differences in communication. Also, they underwent a mock interview opportunity in which they were given feedback on their verbal and non-verbal behavior in the American interview process. The participants reported satisfaction with the content of the group and affirmed that they had learned what was expected of them and how to express themselves in an interview.

Lawrence (1981) conducted a qualitative study to investigate the effects of a group counseling intervention on the perceptions of 7 Indian international students on their attitudes toward the American way of life and their adjustment problems. This descriptive study concentrated on describing the process of perception change in each participant, and analysis of data was heavily based on analysis of observations and audiotapes made during the eight sessions. Pre- and posttest scores obtained from two instruments (Foreign Student Adjustment Measure: FSAM; Group Semantic Differential: GSD) were used only to confirm the observations of the researcher. The goals of the group counseling were (a) to help the members be aware of their attitudes toward their situation, other people, and the American way of life; (b) to help them express their feelings regarding adjustment problems; and (c) to help them build strategies to cope with problems. The analysis of the observations by the researcher and summary of the group participants' change in perception (GSD) and attitude and adjustment (FSAM) recorded big changes in their perception of themselves and others, although some showed little change. Many participants also reported that group counseling helped them gain insight and express their feelings more freely.

Westwood and Barker (1990) and Abe et al. (1998) have conducted empirical studies addressing international students' adjustment concerns using peer programs in which international students had a supportive social network with American students. Westwood and Barker (1990) conducted two studies over a 4-year period in North American and Australian universities. The first study used a quasi-experimental design with comparison groups to investigate the relationship between academic achievement and drop-out rates among 1st-year international college students who had participated in a peer-pairing program compared to non participants. This study was repeated over a 3-year period. The second study was an experimental design with random sampling among participants in an Australian university in the 4th year of the study, and a measure of social adjustment (Companion Check List) was included to find the preferred companion of each respondent for activities. In the peer-pairing program, international college students were matched with host national students, and they were instructed to meet or have contact with each other at least twice each month for 8 months. Host national students were trained in the following areas: communication skills, cross-cultural experience, community resources, and university procedures and resources. Some types of contact included study skills, preparation of papers, assessing facilities, family invitations, playing sports, traveling, and entertainment.

Westwood and Barker (1990) found that international students who attended a peer program showed a statistically significant increase in academic achievement. Drop-out rates were compared using a percentage index for the peer program participants and non participants for both the Canadian and Australian study, and lower drop-out rates among the participants were reported when compared to the non participants. There was no significant difference in social adjustment between the two comparison groups in the 4th year of the study. The results of

the study suggested that having social contact with host national students was positively correlated with academic success and the lowered probability of dropping out.

Abe et al. (1998) performed a research to (a) investigate the effects of an international peer program on international students' awareness, knowledge, and use of campus resources; (b) assess the effects of organized interaction with host students on international students' adjustment; and (c) determine whether non-Asian students have higher scores on adjustment scales compared to Asian students. They used two instruments: SACQ (Student Adaptation to College Questionnaire) and Demographics and Campus Resources Questionnaire. Their study findings revealed that (a) the participants in the semester-long international peer program (IPP) used the student recreation center more often than the control group participants; (b) the 28 international college students who participated in the IPP showed a statistically significant increase in social adjustment subscale scores compared to the 32 students in the control group; and (c) students from Asian countries struggle more with adjustment to U.S. college life when compared to non-Asian students.

Cherian (1987) used a pre-test, posttest control group design to examine the differential effects of brief group counseling and group study skills training compared to a no treatment control group on the academic performance, study behaviors, and attitudes of foreign students at Temple University. Six weeks of the experiential group counseling was structured with self-sharing exercises, modeling, and communication skills training. The didactic study skills group was highly structured by the researcher, and the group meetings resembled a lecture/discussion class in college. The results revealed no significant findings on any hypotheses. A lack of random assignment, violation of the normal distribution assumption, a short period of treatment

(6 weeks), and a short average number of sessions attended by the participants (3.6 sessions) seemed to adversely affect the outcomes of the study.

The use of groups reviewed for the study varied from support group, psychoeducational group, brief group counseling, group workshop, and various outreach programs. Most of the groups were designed as a culturally sensitive group intervention to facilitate international students' acculturative adjustment process in a more positive direction. Counseling literature provided skills to integrate multicultural issues into the counseling relationship, but the barriers to multicultural counseling such as language differences and class-bound and culture-bound value differences still exist (Atkinson et al., 1989). Therefore, providing a culturally sensitive group intervention for international college students may need an innovative approach that goes beyond the limits of language and value differences. Alexander and Sussman (1995) suggested incorporating creative approaches that focus on culturally sensitive ways of communicating and celebrating racial/ethnic differences and similarities. The nature of traditional talk therapy, which is mainly based on verbal expression in English only, may limit international college students' scope of expression due to language barriers. Therefore, international college students may instead benefit from a counseling modality that promotes creativity and both verbal and non-verbal modes of self-expression such as the use of creative expressive arts.

### *Expressive Arts in Counseling*

*Definition and history.* "Part of the psychotherapeutic process is to awaken the creative life force energy" (Rogers, 1993, p.1). When the purpose of counseling is focused on facilitating meaningful, constructive, and joyful choices and change in clients, it reflects the characteristics of art, which centers on creativity, structure, and originality (Gladding, 2005). "Counseling is a creative process that focuses on helping clients make appropriate choices and changes"

(Gladding, 2005, p. vii). The arts are a universal language, and “they are enriching, stimulating, and therapeutic in their own right” (Gladding, 2005, p. vii). Therefore, overlap exists in the relationship between creativity and counseling: What is creative is often therapeutic (Rogers, 1993).

Expressive arts refers to utilizing various arts such as drawing, painting, sculpting, dance/movement, music, poetry/creative writing, play, and drama in a safe and supportive setting within the context of psychotherapy in order to facilitate self-growth and healing (Gladding, 2005; Malchiodi, 2005; Rogers, 1993). Natalie Rogers, the founder of the Creative Connection, further emphasized that expressive arts focus on intuitive and emotional aspects of oneself for the process of self-discovery; therefore, the beauty of the arts or evaluation of the skills should not be a concern in expressive arts (Rogers, 1993). Gladding (2005) described that the creative arts in counseling can energize clients by helping them connect with positive dimensions of themselves while facilitating a new sense of self. Creativity can be not only preventative but also remedial, and creativity is valued in society and in the field of counseling (Gladding, 2005).

The expressive arts have been an important part of life in the history of human beings, and the use of expressive arts as preventative and reparative forms of treatment can be traced back to ancient times (McNiff, 1992). From the beginning of time, music in particular has been used as a medium for mental healing practices. The ancient Egyptians encouraged people with mental illness to pursue their artistic interests and engage in artistic activity such as attending concerts and dances as a way of treating them (Fleishman & Fryrear, 1981). In ancient China and India, the healing power of music was recognized as a way to help people achieve wholeness with the universe and promote a healthy balance of body, mind, and spirit (Peters, 1987, as cited in Gladding, 2005). Also, the Greeks used “drama and music as a means to help the disturbed

achieve catharsis, relieve themselves of pent-up emotions, and return to balanced lives” (Gladding, 1985, p. 2). The importance of music in ancient Greece is apparent in the existence of Apollo, the god of music and the god of medicine (Gladding, 2005). The Hebrews, for example, the story of King Saul and the Psalms in the Bible, utilized music and lyrical verse as a calming attribute and as a way to develop a healthy covenant relationship with God and one another (Gladding, 2005).

In Europe during the Renaissance, there was renewed interest in the use of the arts, especially in the medical use of music (Feder & Feder, 1981). For example, a physician named Tommaso del Garbo advised his patients to listen to music and have a positive mindset to avoid the plague (Peters, 1987, as cited in Gladding, 2005). Also, utilization of arts as an adjunct to medical treatment emerged in the 18<sup>th</sup> century through moral therapy; in this approach, patients were sent to a retreat where they had the opportunity to receive occupational training and explore music, painting, and reading as a part of treatment (Fleshman & Fryrear, 1981).

According to Gladding (2005), in the 20<sup>th</sup> century, the use of art in counseling was further expanded by the contributions of Sigmund Freud, Carl Jung, and Jacob Moreno. Freud emphasized the exploration of dreams and humor in work with his clients, and Jung made expressive arts more appealing and attractive to mental health professionals in the counseling field through his extensive research and use of archetypes. Jung viewed the unconscious mind “as a source of health and transformation” and utilized expressive arts to reach clients’ inner feelings and images (Allan, 1988, p. 21). Jacob Moreno introduced psychodrama to bring about healing and achieve balance, creating various psychodrama techniques with artistic dimensions to help clients obtain self-insight and self-awareness (Gladding, 2005). Moreno’s work is considered to be the first innovation in group therapy (Fleshman & Fryrear, 1981).

During the 20<sup>th</sup> century, Abraham Maslow, Rollo May, Arnold Lazarus, Virginia Satir, Bunny Duhl, and Peggy Papp recognized the importance of counseling through the healing power of arts (Gladding, 2005). Another prominent use of the arts in counseling was advanced following World War II. As an adjunct to the traditional talk therapies, mental health practitioners developed new approaches through using arts such as painting, music, and literature to help veterans of the war to work through their pent-up feelings (Gladding 2005).

Following World War II, art therapies were acknowledged as unique approaches in mental health professions. For example, universities offered degrees in art therapies, and professional associations for practitioners of art, music, dance, drama, play, and poetry were founded (Gladding, 2005). Also, by the beginning of the 21<sup>st</sup> century, most art therapy associations helped their members become registered or certified as qualified practitioners, and in many states, members of the art therapy associations were able to be licensed as mental health practitioners (Gladding, 2005). More recently, expressive arts have been incorporated into the practice of mental health, medical, and rehabilitative settings as either primary or adjunctive treatment (Malchiodi, 2005).

*Rationale for using expressive arts in counseling.* Several rationales have been developed for utilizing expressive arts in counseling. The terms *expressive arts* and *creative arts* are used interchangeably in this review.

First, creative arts can be a primary means of helping clients become integrated and connected (Gladding, 2005). Gladding noted that people with depression or anorexia tend not to use their bodies in a productive way due to their distorted beliefs in self. In response, they tend to become estranged from reality and prevent not only the healing that comes out of themselves but also potential growth and development. Gladding suggested that music and dance, along with

other forms of art, have the potential to assist clients to become more aware of themselves and develop an integrated view of themselves. Rogers (1993) also stated that creative arts enable clients to identify and get in touch with their inner feelings and inner selves so that they can promote wholeness through the connection between their minds and bodies.

A second reason to utilize expressive arts in counseling is creativity (Rogers, 1993; Gladding, 2005). Natalie Rogers, the founder of the Creative Connection, described the creative connection process: “By moving from art form to art form, we release layers of inhibitions, bringing us to our center- our individual creative force. This center opens us to the universal energy source, bringing us vitality and a sense of oneness” (Rogers, 1993, p. 44). Creative arts in counseling help clients expand their world outwardly and inwardly, and the process of the artistic side of counseling promotes the experience in a pleasurable and relaxed manner (Gladding, 2005). The arts provide creative action in psychotherapy and break expressive boundaries, thus penetrating formerly inexpressive areas in clients and expanding total expression and perception (McNiff, 1981). Therefore, it is necessary to provide clients with experiences in which they can focus on the process of creating to let go, express, and release their feelings and thoughts (Rogers, 1993).

Third, non-verbal modes and the use of imagery in creative arts can be a powerful medium to provide clients with different avenues for self-exploration and communication (Rogers, 1993). Because the culture and general practice in counseling is focused mainly on verbalizing, what is missing is the utilizing of stimulating experiences that could motivate and help people engage in the creative process (Rogers, 1993). Verbal expression not only helps the counselor to communicate his/her empathy and understanding but also helps the client gain



insight in the process of talking. A question on why talk is not enough has been asked.

According to Weiner (1999),

Primary experience, which exists apart from language, is described by language (a representation or secondary experience). Language is that secondary experience created by verbalizing primary experiences. Verbal psychotherapy, then, is a procedure for the verbal processing of verbal descriptions of events. (p. xiii)

On the other hand, “color, forms, and symbols are languages that speak from the unconscious and have particular meanings for each individual” (Rogers, 1993, p. 3). Using expressive arts helps clients explore unconscious materials because they can apply personal meaning to any images and symbols, movements, or sounds that they create (Rogers, 1993). “This unconscious material is the rich loam in the secret garden of the self. Out of it grows a wide variety of plants preparing to bloom” (Rogers, 1993, p. 97). McNiff (1981) also illustrated that art can provide clients with significance, new personal meaning, and a sense of constructive participation in life. Communication through the use of artistic methods can be a more effective tool than verbal expression only because the use of the arts simultaneously involves emotion, cognition, and behavior (McNiff, 1981). The new language that combines verbal communication and expressive arts can enhance the therapeutic process (Rogers, 1993).

Fourth, creative arts in counseling help either one or both the client and counselor gain insight and view the original concern and situation differently comparable to the onset of counseling (Gladding, 2005). Rogers (1993) stated that clients can gain insight through understanding of the symbolic and metaphorical meaning of expressive arts because expressive arts speak back to the client when the client is open to let in the meanings. In addition, expressive arts such as guided imagery can be used in problem solving and decision making by helping

clients consider the path of each decision and explore the consequences of the decision in their imagination (Rogers, 1993).

Fifth, creative arts in counseling involve new energy and process (Gladding, 2005). Gladding metaphorically noted the input-output energy cycle of a marathon runner. Initially a runner uses his/her energy to cover mileage, but later the person experiences a feeling of renewal and new energy to press on and pick up the pace. Similarly, reflecting on what happened and what was learned during art activities can give clients new energy and help them function in a more constructive way (Gladding, 2005).

Sixth, creative arts in counseling help clients build a new sense of self (Gladding, 2005). Creative arts by their very nature can foster different ways of exploring and experiencing self and the world. Through the visual, auditory, and other sensory stimuli experiences, clients are provided with an opportunity to experience themselves differently in an atmosphere where spontaneity and risk-taking within the limit are encouraged (Gladding, 2005).

Seventh, creative arts in counseling involve concreteness, meaning that clients can conceptualize and duplicate their creative arts activities (Gladding, 2005). Gladding explained that having a therapeutic experience with a certain type of creative art (for example, writing poetry) can lead clients to use the medium again. By utilizing creative arts in that way when needed, clients can see their historical trail so that they can see, feel, and realize what they have accomplished through inspiration and hard work. Also, such a process can expand their horizons to other achievements (Gladding, 2005).

Eighth, one of the other rationales for utilizing expressive arts in counseling is that the creative arts are multicultural (Gladding, 2005; Henderson & Gladding, 1998). According to Gladding (2005), expressive arts (a) help culturally different clients draw out of self-

consciousness and get into self-awareness through the symbolic meaning of expression; (b) help culturally different clients pay attention to the process of expression along with the therapeutic procedure; (c) provide concrete experiences for culturally different clients to carry with them in relation to connecting to others and themselves; (d) help them develop a model or new ideas about how to use the experience outside of counseling in relating to others and themselves; (e) help culturally different clients bring about an integrated understanding of self through the connection of their past, present, and future; (f) help culturally different clients honor their own cultural backgrounds; (g) promote positive feelings and effects so that those can be utilized when culturally different clients deal with life's ups and downs; and (h) encourage confidence, self-insight, and hope so that clients feel empowered to live their lives to their full potential (Gladding, 2005).

Liebmann (2004) specifically stated some reasons to use expressive arts in group work. First, using expressive arts in a group setting provides an activity that every member can participate and engage in. Also, activities through arts can be helpful for group members who experience difficulty talking (Liebmann, 2004). For example, adding imagery may allow silent group members to be more expressive through the art product (Riley, 2001). Second, it provides an equalizing participation in a group. Everyone has an opportunity to join in at the same time but explore things at their own pace (Liebmann, 2004). Also, the group process provides an opportunity for group members to look in the mirror of someone's eyes and see their own behaviors and prejudices that are difficult to accept (Riley, 2001). Third, the non-verbal nature of creative arts can embrace a wide diversity of clients because the visual possibilities can provide a different way to explore culture and differences. Fourth, bringing many art materials may speed up group processes and dynamics. Also, sharing group members' art work and exchanging

feedback can provide a new dimension to traditional talk therapy group (Liebmann, 2004). Fifth, when creative art is utilized in the group process, group therapy becomes tangible (Riley, 2001). Since the interaction in group is in the here-and-now, even if the subject traces back to the past, his/her artistic expression can be modified immediately, and alternative solutions can be sought (Riley, 2001).

*Therapeutic process.* According to Rogers (1993), “The creative process includes exploring, experimenting, messing around with materials, being playful, entering into the unknown,” and it leads to self-discovery, self-esteem, and self-empowerment (p.18). In the process of choosing whether to use art or movement or sound, Rogers (1993) described that she would use her intuition and hints from the client and also that she would trust the client to tell her the appropriate medium to choose and path to go on. Rogers (1993) suggested further guidelines to offer to clients when using expressive arts activities:

(a) Be aware of your feelings as a source for creative expression to be channeled into art or writing or movement. For example, if you are feeling confused, you can dance or draw or write the confusion. If you are bored, tired, or stuck, you can dance or draw those feelings..... ; (b) be aware of your own body and take care of yourself. Create movements that suit your ability; (c) with these exercises, you are your own boss. You always have the option not to do them even though I (the therapist) am suggesting them; (d) these experiences stir up many feelings. You may need to cry or let out loud sounds, which can be extremely helpful as you involve yourself in the Creative Connection process; and (e) there is no right or wrong way to create the movement or art, sound or writing. The purpose is to involve yourself in the process of creativity for self-learning. (p.112)

Fifty minutes of session is not enough time to work on expressive arts and discuss their significance. Rogers (1993) suggested an hour and 20 minutes to allow clients to work on the art, movement, or other expressive arts activities, and also process the experience. Also, if clients cannot finish the discussion within the session, they are encouraged to write more about their discoveries at home that evening or even continue the learning process through engaging in other expressive arts activities (Rogers, 1993).

The counselor's job is metaphorically described as a facilitative gardener in a secret garden (Rogers, 1993). According to Rogers, the gardener's job is to create a nourished and nurtured environment, a fertile soil, so that clients as seeds can blossom into their full potential. The facilitator's values and attitudes, along with presenting oneself as a whole person, help clients to take emotional risks in the journey toward self-discovery. Rogers emphasized the importance of the counselor experiencing the deep process of the inner journey for himself/herself through expressive arts. She stated that if the counselor has participated in the self-discovery and self-healing process through movement, art, writing, or sound, he/she already has a trust in the process and the essential ingredient to invite the client on the self-journey. The goal of the counselor is to become a companion in the process of self-healing and self-discovery rather than being an interpreter to analyze symbolic meanings (Rogers, 1993). Rogers acknowledged the fact that the client is his/her best teacher and that the client has the vast inner resources for discovering meanings through expressive arts.

*Expressive arts in group work with culturally different clients.* Some professional literature has focused on the impact of expressive arts in working with minority children, adolescents, and adult immigrants and refugees by using different expressive modalities such as art (Appleton & Dykeman, 1996; Omizo & Omizo, 1989), music (Jones et al., 2004), poetry

(Asner-Self & Feyissa, 2002), drama (Couroucli-Robertson, 2001; Linden, 1997; Rousseau et al., 2005), and dance/movement (Ho, 2005).

Most of the literature utilizing expressive arts with culturally different clients has based on clinical anecdotal accounts (Appleton & Dykeman, 1996; Asner-Self & Feyissa, 2002; Couroucli-Robertson, 2001; Jones et al., 2004; Linden, 1997; Rousseau et al., 2005), and few studies have investigated its effectiveness through empirical studies (Ho, 2005; Omizo & Omizo, 1989). The following is a review of these case studies.

Appleton and Dykeman (1996) utilized arts to study Native American children's discovery of new ideas and interests. The children were provided with various stimulating directives such as "draw a house" or "create something you have imagined or dreamed," and they explored themes of family, tribe, and the non-Native society. The participants illustrated their discovery of new interests and ideas, including their ability to create order from a chaotic form and their expressions of a sense of powerlessness. The participants evaluated their group experience as positive.

Asner-Self and Feyissa (2002) introduced poetry to a psychoeducational group with immigrant clients to address, explore, share, and resolve the acculturation process. Asner-Self and Feyissa offered 10 sessions and structured each session with specifically selected poems based on their goals and themes for the session. After clients and group facilitators read the poem aloud, discussion followed within the group regarding what the poem personally meant to them, what feelings they had experienced, and what kind of similar experiences group members had. After the discussion, group members were asked to write a poem and had opportunities to share their poems with group members. Although this study did not report any empirical results on the effectiveness of using poetry in group counseling beyond positive anecdotal comments,

Asner-Self and Feyissa addressed a number of advantages of using poetry in a group format with culturally different clients. These include development of a sense of universality, promoting interpersonal learning and cultural socialization, and altruism. Asner-Self and Feyissa concluded based on their clients' positive anecdotal experiences that well-selected poetry can help culturally different clients share sensitive acculturation issues and also facilitate English communication.

Jones et al. (2004) used music as a medium to bridge the cultural divide between therapist and young Sudanese refugees. The researcher offered music therapy for non-English speaking students in high school, and the program encouraged the students in individual and group sessions to express their feelings through singing, playing instruments, writing songs, and talking about song lyrics. As a case study format, this study concluded that rap music has the potential to be a therapeutic intervention for Sudanese refugee students, and it could be used to promote insight, a sense of mastery, and self-worth.

Rousseau et al. (2005) constructed a drama workshop program designed to enhance the adjustment of adolescent immigrants and refugees through creative group work on identity issues related to migration and being a minority. The study indicated that the drama workshop was beneficial for adolescent immigrants and refugees in facilitating their self-expression and providing opportunities to explore various values and feelings of loss caused by their migration journey. Also, the personal or collective stories helped the participants to see their personal identity and the differences between their home country and host country. In conclusion, the researchers stated that the drama workshop program empowered the adolescent immigrants and refugees by creating an active network among peers and helping them see the strengths from adjustment difficulties.

Couroucli-Robertson (2001) illustrated drama therapy intervention with an immigrant adolescent who experienced a speech impediment in the process of adaptation to a new culture. The author utilized some expressive arts, including drawing, making masks, clay, writing a creative stories, and sandtray. In particular, combinations of two expressive arts were utilized such as clay work and writing, and drawing and storytelling. During the final session, the client was encouraged to integrate the personal meanings of his creative art activities and provide a title for his whole experiences in therapy. After the 10th session, the client had 2 more follow-up sessions, in which he reported a significant decrease in difficulties at school and with his speech problems. Couroucli-Robertson stated that the creative, metaphoric, projective, and symbolic means of expression in dramatherapy enabled both client and therapist to encounter the underlying difficulties more deeply and quickly, thus helping the client resolve his internal tensions.

Linden (1997) employed expressive modalities such as classical psychodrama, drama therapy, sound healing, movement, and journal writing in a group format in the recovery process of a Japanese/Korean-American woman in a weekly 4-hour group session for 30 weeks. The researcher indicated that the woman was able to heal her wounds through expressing her feelings and gaining new understanding. The woman commented specifically on the significance of an exercise in which she dramatized her family by becoming each member of her family.

Although there have been few empirical studies, the literature serving culturally different clients through various expressive arts has revealed positive effects as the following illustrate. Omizo and Omizo (1989) used a pre- and posttest control group design and utilized art activities in order to determine whether art activities used in group counseling sessions would improve self-esteem among native Hawaiian children who ranged from 8 to 11 years of age. They used



photographs, murals, mobiles, and drawings to help children understand themselves better and express themselves freely. This finding demonstrated that children in the experimental group showed a statistically significant increase in self-esteem compared to children in the control group. They concluded that utilizing art activities in group counseling was an effective way to improve self-esteem for a minority group of children.

Ho (2005) conducted a study on the effectiveness of dance movement therapy on stress and self-esteem with Chinese cancer patients. Two instruments (Perceived Stress Scale and Rosenberg Self-Esteem Scale) were completed by participants before and after dance movement therapy. The researcher provided a weekly 90-minutes session for 6 weeks, and each session included warm-up exercise, different types of dance, thematic movement, and relaxation exercises. The findings demonstrated a statistically significant decrease on the scores of the Perceived Stress Scale. Although it was not in a statistically significant level, the participants showed improved self-esteem scores, with a medium effect size ( $d = 0.49$ ). The researcher concluded that dance movement therapy was able to help the participants take pleasure from their bodies and express their feelings freely. A subjective evaluation of the program reported an increase in their confidence to fight cancer, gain support from others, and learn more about rehabilitation. Also, it was reported that they could utilize what they learned in their daily lives.

*Expressive arts in group work with college students.* Few researchers have conducted clinical case studies (Bendersky & Felman, 1984; Geller et al., 1986) or empirical study (Logan, 1995) to address the impact of expressive arts on college students. Bendersky and Felman (1984) utilized various arts in an intensive group intervention with international college students who were undergoing major life changes in the process of adapting to a new culture in Israel. The objectives of the 2-day workshop were to (a) create an exploratory atmosphere for the

participants to be aware of the feelings, thoughts, and behaviors relating to their adjustment in a foreign country; (b) assist international students to understand their transitional situations; (c) test alternative ways to face the transitional period and help international students understand that they were not alone in dealing with adjustment concerns; and (d) create a supportive network of interpersonal relationships.

Each session in the workshop had a focal theme, and group discussion relating to the relevance of the theme was encouraged. During this workshop, international students were provided with opportunities to express aspects of their transitional lives through the arts. For example, they were asked to draw a lifeline indicating the most significant events in their lives from birth to the present through use of colors, words, and forms. The participants were asked to listen to musical selections and respond to the rhythms through dance or movement. Role-playing activities involved issues relating to social gathering and interpersonal relationship. Also, a guided fantasy was utilized to synthesize the workshop experiences and apply their learning for future orientations. Bendersky and Felman (1984) did not elaborate the participants' feedback of the intensive workshop but briefly noted that the participants exhibited their readiness to open up and commit themselves to explore their coping abilities.

The housing office of George Washington University, sponsored by the university counseling center, offered a program called "Artbreak" for college students in order to promote relaxation and expression through arts (Geller et al., 1986). Artbreak was a program of open group experiences that was designed to "(a) help students relax and release stress; (b) develop a sense of community through shared group experience; (c) air concerns about issues such as adjustment to college, roommates, and studies; (d) gain self-awareness; and (e) awaken creative energies" (p. 230). In a non-threatening and supportive atmosphere, Artbreak was held on

campus, offering simple art media (pastels, clay, and collage materials) and requiring at least an hour of time to participate. Participants were encouraged to explore the art materials and work on their creations individually or in pairs. Participants either spontaneously shared their work or art therapists initiated a group sharing to facilitate self-understanding of their experiences through arts.

Artbreak was offered in various forms on campus (Geller et al., 1986). For example, medical students had the opportunity to express their troubled feelings both verbally and non-verbally at lunchtime every other week. Artbreak was also used for residence hall staff development as a part of training and as a creative way to handle personal and job-related stressors. Artbreak has been used in conjunction with university food service to encourage college students to take a creative break from final examination study, and in an anecdotal account, it was reported that students were able to release tension and had a lot of fun. The impact of Artbreak in the residence hall was evaluated by 178 students, and the results revealed that Artbreak helped them (a) relax and release tension (75%); (b) learn about themselves (nearly 50%); and (c) interact with other students (85%). Geller et al. (1986) stated that Artbreak helped to change the image of the counseling center from a place for only psychologically sick people to a place open to anyone.

Logan (1995) used an experimental pre- and posttest comparison group design to investigate the relationship between the Houston model of guided imagery combined with music and the self-actualization scores of community college students (n=125) measured by the Personal Orientation Inventory. Participants in the experimental group participated in four different group sessions of guided imagery combined with music, and participants in the comparison group had no treatment. Houston's model of guided imagery combined with music

proposed a four-level typology, including the sensory, the recollective analytic, the symbolic, and the integral. Each level corresponds to levels in the psyche that are believed to assist in releasing the self-actualizing tendency. Logan's (1995) two-tailed t-test analysis results revealed that treatment made a statistically significant difference in POI totals and subscale scores in a positive direction for the guided imagery combined with music group, while a significant difference was found between pre- to posttest results for the comparison group in a negative direction.

In summary, knowing that international college students have unique needs from the general college student population and also differ from student populations typically referred to in the U.S. as minority groups calls attention for further study on the effects of expressive arts in group work with international college students.

### *Speech Therapy*

An accent is defined by the American Speech-Language-Hearing Association (ASHA, 1998) as a phonetic trait that originates in a person's original language (L1) and is carried over to his/her second language (L2). "Phonetic traits referred to the way in which the vibrating column of exhaled air, rising from the vocal chords, was stopped or redirected by the articulators-tongue, teeth, lips, jaw, soft palate, and so on" (Montgomery, 1999, p. 81). Accent also "means emphasis, distinctive characters, and rhythmic stress related to a speaker's region, class, or personal idiosyncrasy. Accent can reveal where a speaker comes from, what social class the speaker belongs to, and the speaker's own speech characteristics and idiosyncrasies" (Cheng, 1999, p. 2). The concept of accent is divided between foreign accent by acquisition of English as a second language and dialect/accents influenced by geographical region, style, and status, but this chapter is limited to a review of the former.

A foreign accent is recognized through differences in phonology, timing, stress, rhythm, and intonation as well as grammatical errors and misuse of words (Cheng, 1999). Individuals who speak English as a second language have an accent that reflects some features of their mother tongue (Cheng, 1999). Listeners can hear some patterns of sound production that are not in the second language but have stemmed from a speaker's first language (Montgomery, 1999). Characteristics of accents include that they (a) reflect the individual's linguistic background; (b) may be difficult to modify; and (c) special effort will be needed to acquire a new second language after the onset of puberty (Langdon, 1999).

Montgomery (1999) stated that ASHA faces challenges in the terminology differentiation between disorder and difference. "Second language acquisition is a non-chronic condition that normally requires short-term treatment that focuses on modification of linguistic aspects of speech" (Neiman & Rubin, 1991, p. 354). Speakers who have foreign accents and use nonstandard English do not have communication disorders, but they are often treated by the public as if they do (Montgomery, 1999). Accents reflect an image of oneself, and different accents can be judged by native speakers or a given community, region, or nation (Langdon, 1999). Having an accent may cause individuals to feel vulnerable to stereotypical judgment, prejudice, and discrimination (Montgomery, 1999).

According to the biannual American Speech Language Hearing Association (ASHA) survey, more linguistically diverse clients are served by speech and language pathologists each year (Janota, 1997, as cited in Montgomery, 1999). However, the largest population of the linguistically diverse clients is African Americans, who have more of a regional dialect than a foreign accent (Montgomery, 1999). Several studies have focused on how to advocate, educate, and assist bilingual speech and language pathologists with foreign accents in their service

delivery of speech and language services (Langdon, 1999; Montgomery, 1999). These studies were partly a response to an organizational position paper, which emphasized that “members of ASHA must not discriminate against persons who speak with an accent and /or dialect in educational programs, employment, or service delivery, and should encourage an understanding of linguistic differences among consumers and the general population” (ASHA, 1998, p. 28). Therefore, although the literature supports the notion of serving linguistically diverse clients, it fails to address the unique needs of international students with foreign accents.

International college students are a large group of non-native speakers (NNSs) in the United States (Ferrier, 1991). The percentage of international students has dramatically increased over the years, and it appears that the U.S. will continue to be the primary host country (Open Doors, 2004). Many speech therapy clinics provide special programs to international college students to enhance their communication skills in the United States (Neiman & Rubin, 1991). However, little is written or known about the effectiveness of accent reduction therapy with international college students.

Neiman and Rubin (1991) utilized a pre- and posttest comparison group design to see whether there were any significant and positive changes in clients’ perceptions of communication apprehension, satisfaction, and competence in foreign dialect and stuttering clients over the course of therapy. The instruments include (a) Measures of English speech proficiency (Peabody Picture Vocabulary Test-Revised Form L, Templin-Darley Diagnostic Test of Articulation, and Oral Sentence Imitation Screening Test); (b) communication apprehension (Personal Report of Communication Apprehension); (c) communication satisfaction (Interpersonal Communication Satisfaction Inventory); and (d) communication competence (The Communication Competence Self-Report Scale, Interaction Involvement Scale). The participants

in the accent reduction therapy were 15 male international graduate student, who participated in one to two individual sessions per week and one group session per week for over three and half months. The therapy procedure for accent reduction therapy included focusing on the ability to discriminate phonemes of American English, comprehension and expression of vocabulary and idioms, and use of linguistic elements such as tense, plurals, pronouns, articles, stress, and intonation. Results revealed that both foreign dialect and stuttering clients showed statistically significant lower levels of communication apprehension for dyad, group, meeting, and public contexts and higher levels of communication competence and communication satisfaction after the course of therapy.

Seferoglu (2005) used a pre-post test control group design to determine whether integrating accent reduction software in advanced English language classes at a Middle Eastern university in Turkey would result in improvements in college students' pronunciation at the segmental and suprasegmental levels. Participants in the control group received traditional English instruction while the participants in the experimental group received instruction that integrated use of a commercial accent reduction software, Pronunciation Power, in a language laboratory. The findings revealed a statistically significant difference between the experimental and control groups' posttest scores. Also, there was a statistically significant difference between the experimental group's pre-and posttest scores, indicating that the accent reduction software was helpful in improving the participants' pronunciation.

Cheng (1999) suggested some implications for speech language pathologists working with foreign accents clients. According to Cheng, speech language professionals need not only to facilitate clients with foreign accents to improve their new language intelligibility and cross-cultural competence but also to improve their own sensitivity and ability to help culturally and

linguistically different clients. Also, speech language pathologists need to (a) try hard to listen and pay attention to content and meaning rather than the accent; (b) improve their own cross-cultural knowledge and understanding; (c) “develop a keen ear for meaning” (p. 8); (d) encourage the client to achieve near-native proficiency rather than native proficiency; (e) encourage and foster the client’s communicative competence; (f) recognize biases and gate-keeping behaviors in relation to discrimination and competence; and (g) be aware of current technological advances (Cheng, 1999).

Few studies have reported the positive impact of accent reduction therapy for international college students. The fact that a language barrier is the primary challenge that influences international college students’ academic advancement and psychological health calls attention to the need for providing clinical intervention.

#### Summary of Literature

International college students encounter not only concerns common to all college students but also other unique cultural adjustment problems that place them in a more vulnerable position. However, the literature suggests both underutilization of existing resources due to cultural barriers and a lack of culturally sensitive mental health services for this population. American universities have a responsibility to be sensitive to international college students’ specific needs through providing appropriate and effective services to promote both academic and personal success during their stay in the United States. Results of the reviewed literature support the notion that international college students could benefit from both speech therapy and group counseling interventions. In addition, the literature suggests that expressive arts have multifaceted functions that promote more comfortable and effective means of self-expression when utilized for culturally different clients. Results of the literature suggest the need for



empirically investigating interventions designed to respond to the unique cultural and language needs of international college students.

#### Purpose of the Study

The purpose of this study was to determine the effects of three interventions (expressive group counseling, group speech therapy, and interdisciplinary expressive group counseling) with international college students referred for cultural adjustment and language difficulties.

## CHAPTER 2

### METHODS AND PROCEDURES

A quasi-experimental pre-test/posttest control group research design was employed to examine effects of three interventions (expressive group counseling, group speech therapy, and interdisciplinary counseling/speech intervention) with international college students referred for cultural adjustment and language difficulties. This chapter includes hypotheses, definition of terms, methods and procedures, suggested analyses, and the limitations of this research.

#### Research Hypotheses

The following null hypotheses are formulated to investigate the effects of three interventions with international college students referred for cultural adjustment and language difficulties. Treatment groups included (a) expressive group counseling (Group 1), (b) group speech therapy (Group 2), (c) interdisciplinary expressive group counseling/group speech therapy (Group 3), and (d) the no treatment control (Group 4).

1. There will be no statistically significant difference between groups' performance on the Adult Self-Report (ASR) Total Problems scale over time.
2. There will be no statistically significant difference between groups' performance on the Adult Self-Report (ASR) Internalizing Problems scale over time.
3. There will be no statistically significant difference between groups' performance on the Communication Competence Self-Report (CCSR) scores over time.

#### Definition of Terms

*Communication competence* is comprised of knowledge, skill, and motivation dimensions, and it refers to an impression formed during interaction that the situation influences (Rubin,

1982). For the purpose of this study, communication competence was operationally defined by the total score on the Communication Competence Self-Report (CCSR) (Robin, 1985).

*Expressive group counseling* refers to a group counseling intervention utilizing expressive arts as the creative treatment modality to provide international college students a non-verbal means of expression. Expressive arts refers to utilizing various arts such as drawing, painting, sculpting, dance/movement, music, poetry/creative writing, and drama in a safe and supportive setting within the context of psychotherapy in order to facilitate self-growth and healing (Gladding, 2005; Malchiodi, 2005; Rogers, 1993). For the purpose of this study, expressive arts included visual arts, guided imagery, creative writing, music, sandtray, and video clips to enhance self-understanding and self-empowerment for international college students.

*Group speech therapy* refers to a speech therapy program for international students with foreign accents and a lack of English proficiency. For the purpose of this study, group speech therapy is designed to address articulation, syntax, slang, and idiom, and the program is based on the combination of use of traditional speech therapy methods, intonation tapes from Daniel Stern, and computer exercise programs.

*Internalizing problems* refer to problems within the self such as anxiety, depression, withdrawal from social contacts, and somatic complaints without known medical cause. For the purpose of this study, internalizing problems was operationally defined by the Internalizing Problems scale of the Adult Self-Report (ASR) (Achenbach & Rescorla, 2003).

*International college students* refer to people who are neither permanent residents nor U.S citizens but temporarily live in the United States (Lin, 2000). For the purpose of this study, international students were defined as a group of people who come to the United States from

non-English speaking home countries for educational purposes, and they were enrolled at the undergraduate and graduate level.

*Total behavior problems* refer to the sum of scores on all the problem items on the Adult Self-Report (ASR). For the purpose of this study, total problems were operationally defined as the score on the Total Problems Scale on the Adult Self-Report (ASR) (Achenbach & Rescorla, 2003).

### Instrumentation

#### *Adult Self-Report (ASR)*

The Adult Self-Report (ASR) was developed by Achenbach and Rescorla in 2003. The ASR is designed to obtain standardized ratings and individualized description on adults' adaptive functioning strengths and problems. The ASR is a self-report format, and it is to be completed by adults from 18 to 59 years of age to describe their own functioning. The ASR is a revised version of the Young Adult Self-Report (YASR), that was normed for ages 18 to 30. There are 126 items, and the ASR form can be completed in approximately 15 to 20 minutes. The ASR can be either computer scored or hand scored. Statements are made on the questionnaire to which the individual indicates behavioral symptoms by circling 0, 1, or 2. The number 0 indicates that the behavior is not true for self, and the number 2 describes that the behavior is very true or often true (Achenbach & Rescorla, 2003).

The ASR includes normed scales for adaptive functioning, empirically based syndromes, substance use, internalizing, externalizing, and total problems. The ASR has eight subscales measuring anxious/depressed, withdrawn, somatic complaints, thought problems, attention problems, aggressive behavior, rule-breaking behavior, and intrusive behavior. The Internalizing scale of the ASR measures anxious/depressed, withdrawn, and somatic complaints. The

Externalizing scale measures aggressive behavior, rule-breaking behavior, and intrusive behavior (Achenbach & Rescorla, 2003).

Reliability of the ASR is well established. Reliability was assessed using internal consistency and test-retest reliability. Cronbach's alpha was determined to demonstrate internal consistency. Cronbach's alpha was determined to be .93 for internalizing behavior and .89 for externalizing behavior. Test-retest reliability was generally very high, most being in the .80s and .90s. One-week test-retest reliability was established at .89 for internalizing behavior and .91 for externalizing behavior problems. Also, the test-retest reliability for total problems were .94 on the ASR (Achenbach & Rescorla, 2003).

Content validity of the ASR was supported by an extensive process of item development, testing, and revision. The content validity of the problem items was well established by (a) their ability to discriminate between demographically similar referred and non-referred samples significantly; (b) their significant findings on empirically-based syndromes (internalizing, externalizing, and total problems); and (c) their identification by experts through being consistent with DSM-IV diagnostic categories. Also, almost all items of the adaptive functioning discriminated between referred and non-referred samples significantly (Achenbach & Rescorla, 2003).

#### *Communication Competence Self-Report (CCSR)*

Communication Competence Self-Report (CCSR) was developed by Rebecca Rubin (1985) to measure self-reported communication competence. This instrument was developed as an alternative method of assessing students' skills, and statements on the CCSR mirrored the competencies assessed in the Communication Competency Assessment Instrument (CCAI) (Rubin, 1985).

The CCSR consists of 38 items, and for each of the items, one statement describes appropriate behavior while the other statement describes inappropriate behavior. Respondents are asked to determine how often the statement applies to them to describe their own behaviors in educational situations, ranging from “always,” “usually,” “sometimes,” “seldom,” and “never” (Rubin, 1985).

Respondents are asked to give their level of agreement with 19 competencies such as pronunciation, facial expression/tone of voice, clear articulation, persuasiveness, clarity of ideas, defend and express a point of view, recognize misunderstanding, distinguish fact from opinion, understand suggestions, identify class assignment, summarize, introduce self to others, obtain information, answer questions, express feelings, organize messages, give directions, describe another’s viewpoint, and describe differences of opinion (Rubin, 1985).

The CCSR items were subjected to coefficient alpha analysis, and the alpha for the 38 items was .87, indicating that the CCSR was an internally consistent self-report measure. A high score on the CCSR indicates high-skill behavioral appropriateness (Rubin, 1985).

### Participant Selection

This project involved a collaborative research partnership between a speech clinic and counseling clinic at a public research university located in the Southwest United States. Participants were international college students who were experiencing language and cultural adjustment difficulties. Prior to participant selection, Human Subjects Approval from the University Internal Review Board (see Appendix A) was obtained. To ensure that all international college students were aware of the opportunity to participate in the study, advertisements for “Expressive Group Counseling and Group Speech Therapy for International College Students” were distributed university-wide.

Criteria developed for participation in this study included the following: (a) international students were neither permanent residents nor U.S citizens, but they came to the United States for educational purposes and are residing temporarily in the U.S; (b) international students were from non-English-speaking home countries; (c) international students were enrolled in either undergraduate and graduate studies; (d) international students had had no experience in expressive group counseling since they came to the United States; and (e) international students had had no experience in group speech therapy since they came to the United States.

The research design stipulated a minimum of 60 subjects (15 per group  $\times$  4 groups). However, only 47 subjects had been screened, met the qualifying criteria, and consented to participate in the study by the cut-off date to begin the project in order to finish by the end of academic semester. In order to have sufficient numbers of participants per treatment group, the pool of 47 subjects was assigned through random drawing to the three intervention groups (expressive group counseling, group speech therapy, and interdisciplinary counseling/speech intervention). An additional 15 participants were selected for the no treatment control group (Group 4) from the wait list at the speech clinic that built up after the start date of the project. Although these subjects were recruited and screened in the exact same manner as the 47 subjects assigned to Groups 1, 2, and 3, they were not randomly assigned from the same pool that other three groups were drawn from. A statistical analysis (one-way ANOVA) revealed no statistical significance between Group 4 and the other three treatment groups on pretest data.

Due to the study findings of Yi et al. (2003) on the differences of self-reported main concerns between undergraduate and graduate international students, the four treatment groups were inspected to ensure equal distribution of graduate and undergraduate students, and the groups were determined to be equal in this regard (see Table 1).

Meeting times were determined prior to group assignment to accommodate the speech clinic's schedule. After group assignments were made, 2 students who had been drawn to participate in interdisciplinary counseling/speech intervention (Group 3) revealed a conflict between their class schedules and meeting times for the interdisciplinary intervention, indicating the need for reassignment. After checking their schedules with all groups' meeting times, it was determined that both subjects could attend only the expressive group counseling (Group 1) meeting times; thus, they were reassigned to Group 1. Because both students were undergraduates, 2 undergraduate students from Group 1 were randomly drawn to be reassigned to Group 3 to maintain an equal distribution of subjects according to their academic status. Both of these students were able to accommodate the meeting times of the interdisciplinary intervention.

An additional scheduling problem arose after group assignment prior to beginning treatment when the speech clinic was not able to hire a sufficient number of speech therapists to conduct all groups. Therefore, eight students assigned to group speech therapy (Group 2) were not able to receive treatment until the beginning of next semester. A statistical analysis (one-way ANOVA) was conducted to examine homogeneity for group speech therapy participants between round 1 and round 2 and revealed no statistical difference in pre treatment scores on any dependent variables.

A total of 62 volunteer subjects consented to participate in the study. However, due to drop-out over the treatment periods, 54 international college students participated and completed this study. The average age for each group was 24.7 year old (Group 1), 28.7 year old (Group 2), 24.9 year old (Group 3), and 28.3 year old (Group 4). The average length of stay in the U.S. was



2.9 years (Group 1), 2.8 years (Group 2), 2.4 years (Group 3), and 3.3 years (Group 4). Table 1 presents additional demographic information for participants.

Table 1

*Demographic Information for Participants*

	<u>Group 1</u> n=14	<u>Group 2</u> n=14	<u>Group 3</u> n=13	<u>Group 4</u> n=13
Academic status				
Undergraduate	8	6	8	6
Graduate	6	8	5	7
Gender				
Male	6	7	4	4
Female	8	7	9	9
Nationality				
Chinese	0	1	0	1
Japanese	5	4	7	5
Korean	3	3	4	2
Malaysian	1	0	1	0
Taiwanese	3	4	1	2
Thai	1	2	0	3
Vietnamese	1	0	0	0

Treatment

The three intervention groups were further divided into small heterogeneous treatment groups of 3 to 4 participants (the majority of groups started with 4 participants) to allow for small group intervention. To achieve heterogeneity, participants were assigned to small groups according to the following priority-ordered criteria: academic status (graduate vs. undergraduate status), gender, and nationality.

*Group 1: Expressive Group Counseling*

International students met weekly for 1 hour and 20 minutes for 10 weeks to participate in expressive group counseling. The rationale for utilizing expressive arts in group counseling for

international college students who speak English as their second language included that expressive arts (a) provide non-verbal and symbolic means of expression; (b) are universal and multicultural, (c) facilitate creativity; and (b) promote integrated self-insight and understanding (Gladding, 2005; Rogers, 1993). Expressive group counseling was facilitated by the researcher who is a National Certified Counselor, a Registered Play Therapist, a Licensed Professional Counselor, and a doctoral candidate in counselor education with advanced training in play therapy and expressive arts in counseling.

10-week expressive arts activities were designed and a structured activity was provided for each week. For example, movie clips were used for the first session and sandtray was utilized for the second session (see APPENDIX C for 10-week expressive arts treatment manual). For each session, two expressive arts carts (sandtray cart, expressive arts cart) were provided for group members to use (see APPENDIX B for a list of materials). Even though a structured activity was provided per week, if group members preferred not to work on the structured activity, they were free to choose other activity for the session.

The procedure for conducting expressive arts in group counseling for this study included the following: (a) checking-in phase to determine specific topics of interest; (b) invitation for expressive arts activity; (c) self-expression through use of chosen expressive arts mediums; and (d) processing/sharing creations (Oaklander, 1988; S. Bratton, personal communication during university training, April 2002, modified to fit this study).

*Checking-in phase to determine specific topics of interest.* At the beginning of each session, participants were asked if they had any specific topics that they wanted to work on or share with the members. A safe environment and empathic relationship was provided in order to encourage international students to share their thoughts and concerns openly and honestly. If any

of the group members had topics to share, the topics were incorporated into expressive arts activities so that group members can have opportunities to engage in self-expression through expressive arts. For example, a group member shared her feelings of frustration and anger toward herself when she could not elaborate her opinions during her class discussion due to her language barriers. The group facilitator reflected her feelings of hurt and brought her experience into a group so that all other group members could reflect on any similar experiences and support the member. In the session where this occurred, a structured activity called “guided imagery and creative hands” (see APPENDIX C for 10-week expressive arts treatment manual) was provided. The facilitator incorporated the topic shared by the group member (frustration with expressing self in class discussion) into the expressive arts activity, and participants had an opportunity to express their feelings and thoughts through a symbolic medium of expression.

*Invitation for expressive arts activity.* During this phase of expressive group counseling, the following is an example of how a session was structured (example is taken from Session 2) when group members did not indicate any specific topics they wanted to discuss. Expressive arts were introduced as a way of helping them get in touch with their inner thoughts and feelings in depth. In the session the group facilitator said, “Expressing our thoughts and feelings in English sometimes can be challenging because English is not our mother tongue. However, there is a way to look into our inner self without depending on only verbal expression. You will be able to use expressive arts materials such as drawing, sculpting, and music to help you understand yourself, and the process will mainly focus on symbolic and non-verbal means of expression. I am not going to evaluate your art skills, but I am interested in your inner journey for self-exploration and self-empowerment” (Rogers, 1993, but modified to fit this group). The facilitator further described utilizing expressive arts by pointing to the two art carts, “I brought a variety of

materials that you can use, but first I will describe an activity that you might start with that uses the sandtrays and miniature figures” (see APPENDIX C for more detailed description of sandtray activity).

*Self-expression through use of chosen expressive arts mediums.* During the phase of self-expression, each group member’s exploration of materials, process of creation, and group dynamics were observed. The group facilitator attended to their spontaneity and energy level in engaging themselves in expressive arts activities. The group members had a maximum of 30 minutes to work on their creation, and the rest of the time was used for processing and sharing.

*Processing/sharing creations.* The group members were encouraged to talk freely about their stories and experiences related to what they had created. Each member’s experience was processed individually and also in a group sharing. No one was forced to share if they felt uncomfortable. Group members were encouraged to share feedback with one another. In facilitating members’ sharing, it is essential to assess their level of readiness and sense of safety to share their creations with one another, enter into the image and metaphor, and personalize their creations as they felt comfortable (S. Bratton, personal communication, April 2002). The following are examples of responses and inquiries that were used to facilitate members’ self-exploration. (a) Level A– describing/talking about: “Tell us about your creation” “I noticed that you seemed to think a lot about what you wanted to do before you put (a specific figure) in your sandtray.” (b) Level B– entering into metaphor/image: “When you sit back and look at the scene you’ve created, what do you notice most?” “What does this creation mean to you?” “Is there anything that you were aware of while you were making this?” (c) Level C– personalization: “Is there a particular figure that you most identify with?” “Is there anything in your sandtray that fits with how things are in your life right now?” “Is there anything you would like to change or be

different?” “What would you need to add or take away to make that happen?” “If you could give your creation a title, what would that be?” (Note: Although not rigidly adhered to, the facilitator generally initiated group members’ processing with level A inquiries then proceeded to Level B and Level C according to group members’ readiness).

All art work/creations were collected each week so that I could take pictures to put in members’ files and store until the last session of the group work for scrapbook purposes (see APPENDIX C for more detailed description of scrapbook activity).

### *Group 2: Group Speech Therapy*

International students received 1 hour of group speech therapy for 10 weeks. The particular group speech therapy program used in this study was called accent reduction therapy. The therapy routinely used in the particular clinic was designed to address many issues that can potentially impede successful communication for international college students such as articulating sounds clearly, understanding abstract, ambiguous, and slang language, and increasing overall English language fluency. The rationale for providing group speech therapy is to help international college students to be better communicators so that they can achieve their goals in the United States (K. Thomas, director of the speech clinic, personal communication, November 8, 2006).

Participants for group speech therapy were evaluated prior to their therapy, and the contents of evaluation included articulation, syntax, and hearing and voice screening. The curriculum of group speech therapy included the combination of using traditional speech therapy methods, intonation tapes from Daniel Stern, and computer speech exercise programs. Traditional speech therapy methods included working on particular phonemes through facilitating techniques such as letting international students imitate them, providing cues on the

place of the tongue and mouth, encouraging them to make their own words, putting into a sentence, and carrying over into conversation. Also, they were encouraged to expand their learning through practicing outside of group speech therapy (K. Thomas, personal communication, November 8, 2006).

The format of group speech therapy included four clients, one speech and language pathologist supervisor, and two to four graduate student clinicians in each group. The utilization of group speech therapy included a group time and individual time within a 1-hour speech therapy session. During the group session, participants worked on syntax, slang, idiom, and homework on which they needed clarification. During the individual session, each participant was paired with a graduate student clinician and had one-on-one attention on their individual phonemes and other individual needs. Also, participants had time to practice articulation exercises on a computer. The supervisors supervised the work of graduate student clinicians by direct observation and modeling or demonstrating therapy techniques when indicated (K. Thomas, personal communication, November 8, 2006).

All speech and language pathologist supervisors involved in this study held a master's degree in speech and language pathology, Certificate of Clinical Competency (CCC) from the American Speech-Language-Hearing Association, and a professional license in speech and language pathology from the state of Texas.

### *Group 3: Interdisciplinary Expressive Group Counseling/Group Speech Therapy*

International college students met weekly for a total of 2 hours and 30 minutes at the speech clinic to participate in an interdisciplinary expressive group counseling/group speech therapy intervention. Participants attended group speech therapy the 1st hour, followed by 10

minutes of refreshment and 1 hour and 20 minutes of expressive group counseling. Each treatment followed the procedure described above.

### Data Collection

Prior to data collection, informed consent was obtained from participants. Pretest data on the ASR, CCSR (English versions), and background information were collected 1 week prior to the beginning of each treatment phase. Posttest data were collected the week immediately after the completion of each treatment phase.

To ensure the integrity of data collection, a small group of participants (3 to 4 subjects) completed assessments in a quiet room, free from distraction. I was present to answer any questions or explain any wording that participants did not understand due to language barriers. Participants were provided the *American Heritage English* dictionary for clarification on English words, but most of the students preferred to use their personal electronic dictionary in both English and their native language. The full battery of instruments was number coded to maintain the confidentiality of participants. A master list of subjects' names and their assigned code numbers were kept in a locked file cabinet. All participants received a small stipend at the completion of posttesting as compensation for time spent completing pre- and post- measures.

### Analysis of Data

Results obtained from the pretest and posttest of the ASR and the CCSR were analyzed in order to examine effects of how the four groups performed over time. To ensure accuracy, both pretest and posttest data were scored using computer software scoring for the ASR, which requires all data to be entered twice. Pretest and posttest data of CCSR were hand scored twice by the researcher.

SPSS was utilized to analyze the data, using a two-factor (treatment group  $\times$  time) repeated measures analysis of variance for each dependent variable to determine whether the four treatment groups (expressive group counseling, group speech therapy, interdisciplinary counseling/speech intervention, and the no treatment control group) behaved differently across time. Dependent variables included the ASR ratings from the Total and Internalizing Problems Scales and the CCSR total scores. A reduction in scores on the ASR indicated improvement in the targeted behavior. An increase in scores on the CCSR indicated improvement in communication competence. Wilks's lambda was utilized to interpret the results. The alpha .05 level of statistical significance was established as the criterion for either accepting or rejecting the hypotheses. Additionally, effect sizes were calculated to explain the practical significance of the results.

To further analyze results, post hoc analyses were conducted on dependent variables when a statistically significant interaction effect (treatment group  $\times$  time) was found. Post hoc analyses were conducted to examine how each intervention group (Groups 1, 2, and 3) performed over time when compared to the no treatment control group (Group 4). Wilks's lambda was utilized to interpret the results. In order to avoid the risk of inflated experiment wise Type I error, a more conservative alpha level of .025 was utilized to interpret statistical significance of results (Armstrong & Henson, 2005). Researchers in the mental health field have been encouraged to report beyond a discussion of the statistical significance of their findings (Kazdin, 1999). Researchers must consider the therapeutic value of the intervention, which is difficult to determine through statistical significance. Therefore, Partial  $\eta^2$  was calculated to assess the magnitude of the treatment effect.



## CHAPTER 3

### RESULTS AND DISCUSSION

This chapter presents the results, discussion, and limitations of this study, as well as implications for practice and research. The results of the analyses of data are presented in the order in which hypotheses were tested. Post hoc analyses were performed to further analyze findings. The investigator sought consultation through a qualified statistician to ensure the validity and appropriateness of all statistical analyses.

#### Results

A two-factor (treatment group  $\times$  time) repeated measures analysis of variance was computed for each of the three dependent variables to determine whether expressive group counseling (Group 1), group speech therapy (Group 2), interdisciplinary expressive group counseling/group speech therapy (Group 3), and no treatment control (Group 4) behaved differently across time. To further analyze results, post hoc analyses were conducted on dependent variables when a statistical significant interaction effect (treatment group  $\times$  time) was found.

The Adult Self-Report (Achenbach & Rescorla, 2003) and Communication Competence Self-Report (Rubin, 1985) were administered 1 week prior to the beginning of each treatment phase and again the week immediately after the completion of each treatment phase. Dependent variables included the ASR ratings from the Total and Internalizing Problem Scales and the CCSR total score. A decrease in score on the ASR indicates improvement in the targeted behavior, while an increase in score on the CCSR indicates improvement in communication competence. Wilks's lambda was utilized to interpret results. The alpha .05 level of statistical significance was established as the criterion for either accepting or rejecting the null hypothesis.

Dependent variables were analyzed to screen data for normality, homogeneity of variance, and sphericity. For this study, the assumption of normality was met. “When the repeated factor has only two levels, the sphericity assumption is necessarily satisfied” (Maxwell & Delaney, 2004, p.712). The assumption of homogeneity of variance was met for all three dependent variables. A one-way ANOVA was conducted to analyze the equality of groups on pretest ASR scores and revealed no statistically significant difference (ASR Total Problems:  $F(3, 53) = 1.32, p = 0.28$ , ASR Internalizing Problems:  $F(3, 53) = 1.278, p = 0.29$ ). However, a one-way ANOVA conducted on pretest CCSR scores revealed a statistically significant difference, indicating that the groups started out statistically different at pretest on the dependent variable CCSR ( $F(3, 53) = 3.41, p = .024$ ). Results for the CCSR are interpreted with caution. Initial mean differences may be due to a lack of random sampling. According to Hinkle, Wiersma, and Jurs (2003), random sampling is a technical concern relating to the way the samples are selected. If other assumptions are met, which was true in this study, the impact on the Type I error rate is minimal. Even though pretest ANOVA revealed that groups were not equal at starting point, further exploratory analysis was continued due to the focus on examining change over time within the groups.

### *Results for Hypotheses 1 to 3*

Table 2 presents the pre- and posttest means and standard deviations for the four treatment groups (expressive group counseling, group speech therapy, interdisciplinary expressive group counseling/group speech therapy, and no treatment control) on the dependent variables: Total Problems and Internalizing Problems Scales of the Adult Self-Report (ASR) and Communication Competence scores of the Communication competence Self- Report (CCSR).

Table 2

*Mean Scores on the Total Problems and Internalizing Problems Scales of the Adult Self-Report (ASR) and Communication Competence Scores of the Communication Competence Self-Report (CCSR)*

		<u>Group 1</u> Counseling <i>n</i> =14		<u>Group 2</u> Speech <i>n</i> =14		<u>Group 3</u> Interdisciplinary <i>n</i> =13		<u>Group 4</u> No treatment <i>n</i> =13	
		Pre	Post	Pre	Post	Pre	Post	Pre	Post
Total Behavior Problems	Mean	53.71	48.78	54.28	50.64	59.53	54.46	56.07	59.15
	SD	6.45	6.96	9.65	9.84	8.12	7.77	9.35	9.91
Internalizing Problems	Mean	56.35	51.64	59.85	55.85	63.69	57.15	58.69	60.07
	SD	9.62	7.76	9.89	9.57	9.12	10.17	10.29	10.62
Communication Competence	Mean	136.28	141.71	130.71	138.57	118.46	121.53	130.07	127.92
	SD	15.57	16.76	14.94	13.70	9.10	7.50	18.04	24.33

*Note.* A decrease in mean scores of the ASR (Total and Internalizing Problems) indicates an improvement in target behavior. An increase in the mean scores of the CCSR indicates an improvement in communication competence.

*Hypothesis 1*

There will be no statistically significant difference between groups' performance on the Adult Self-Report (ASR) Total Problems scale over time. Table 2 presents the means and standard deviations for the four treatment groups (expressive group counseling, group speech therapy, interdisciplinary expressive group counseling/group speech therapy, and no treatment control) on the dependent variable at pre- and posttest.

Results of the repeated measures analysis of variance of the dependent variable, Total Problems, revealed a statistically significant interaction effect of time (pre, post) × group membership (Group 1/Group 2/Group 3/Group 4), Wilks's lambda= 0.74,  $F(3,50) = 5.96$ ,  $p = .001$ . These results indicate that there was a statistically significant difference between groups from pre- to posttreatment. Partial  $\eta^2$  was calculated to determine the magnitude of the treatment

effect. Results indicated a large treatment effect (Partial  $\eta^2 = 0.26$ ) on international college students' total problems. On the basis of these results Hypothesis 1 was rejected.

Figure 1 graphically displays the interaction effect of mean group differences for total behavior problems over time. A visual inspection of the graph shows that participants in Groups 1, 2, and 3 improved target behavior while participants in Group 4 showed deterioration in target behavior.

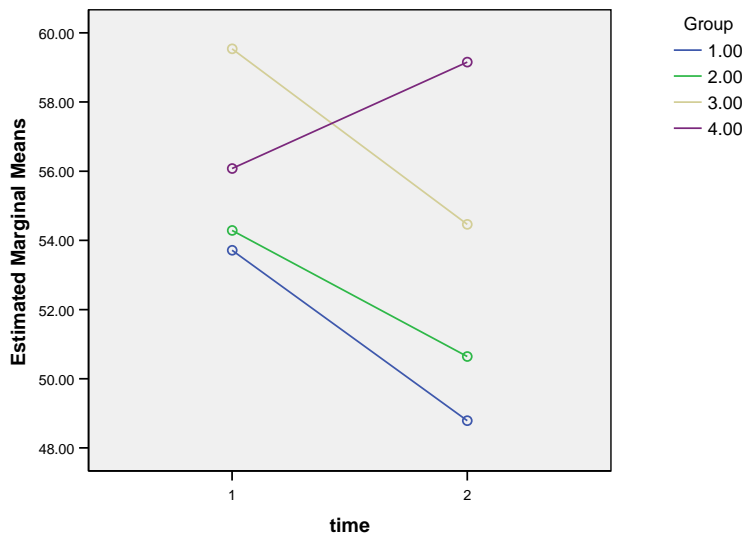


Figure 1. Estimated marginal means of Total Problems for four groups.

### Hypothesis 2

There will be no statistically significant difference between groups' performance on the Adult Self-Report (ASR) Internalizing Problems scale over time. Table 2 presents the means and standard deviations for the four treatment groups (expressive group counseling, group speech therapy, interdisciplinary expressive group counseling/group speech therapy, and no treatment control) on the dependent variable at pre- and posttest.

Results of the repeated measures analysis of variance of the dependent variable, Internalizing Problems, revealed a statistically significant interaction effect of time (pre, post)  $\times$  group membership (Group 1/Group 2/Group 3/Group 4), Wilks's lambda= 0.84,  $F(3,50) = 3.16$ ,  $p$

= .03. These results indicate that there was a statistically significant difference between groups from pre- to posttreatment. Partial  $\eta^2$  was calculated to determine the magnitude of the treatment effect. Results indicated a large treatment effect (Partial  $\eta^2 = 0.16$ ) on international college students' internalizing problems. On the basis of these results Hypothesis 2 was rejected.

Figure 2 graphically displays the interaction effect of mean group differences for internalizing behavior problems over time. A visual inspection of the graph shows that participants in Groups 1, 2, and 3 improved target behavior while participants in Group 4 showed deterioration in target behavior.

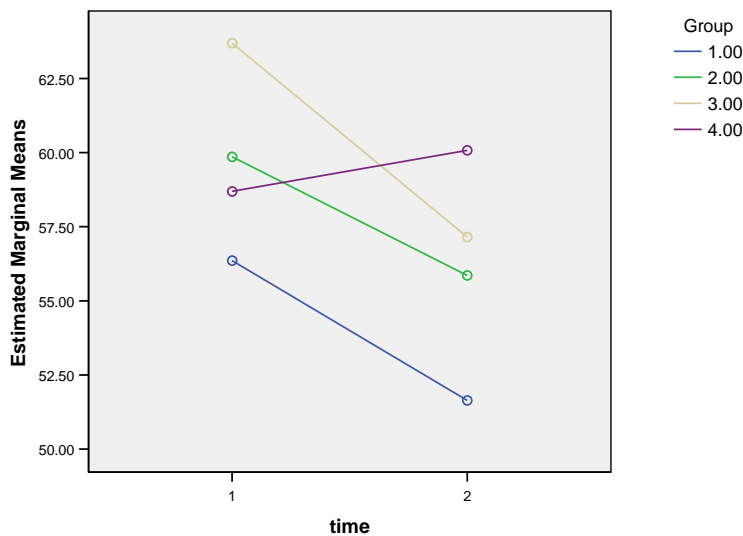


Figure 2. Estimated marginal means of Internalizing Problems for four groups.

### Hypothesis 3

There will be no statistically significant difference between groups' performance on the Communication Competence Self-Report (CCSR) scores over time. Table 2 presents the means and standard deviations for the four treatment groups (expressive group counseling, group speech therapy, interdisciplinary expressive group counseling/group speech therapy, and no treatment control) on the dependent variable at pre- and posttest. Results are interpreted with

caution because a one-way analysis of variance (ANOVA) conducted to analyze the equality of groups on pretest CCSR scores revealed a statistically significant difference.

Results of the repeated measures analysis of variance of the dependent variable, Communication Competence, did not reveal a statistically significant interaction effect of time (pre, post)  $\times$  group membership (Group 1/Group 2/Group 3/Group 4), Wilks's lambda= 0.87,  $F(3,50) = 2.47, p = .07$ . These results indicate that there was no statistically significant difference between groups from pre- to posttreatment. Partial  $\eta^2$  was calculated to determine the magnitude of the treatment effect. Results indicated a medium treatment effect (Partial  $\eta^2 = 0.13$ ) on international college students' communication competence. On the basis of these results Hypothesis 3 was retained.

Figure 3 graphically displays the interaction effect of mean group differences for communication competence over time.

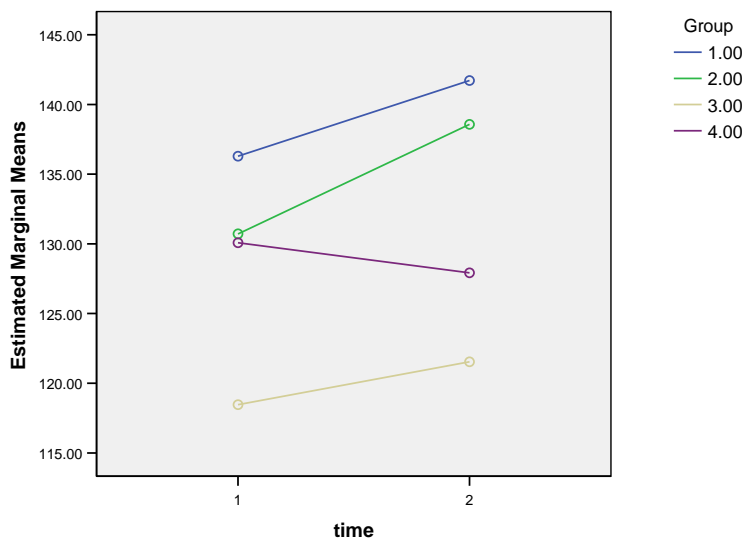


Figure 3. Estimated marginal means of Communication Competence for four groups.

Note. An increase in the mean scores of the CCSR indicates an improvement in communication competence.

### *Post Hoc Analyses*

Post hoc analyses on the interaction effects (time  $\times$  group) were performed for the Total Problems and Internalizing Problems of the ASR to further analyze findings. Post hoc analysis for the Communication Competence was not conducted since no statistical significant interaction effect was found. A visual inspection of Figures 1 and 2 clearly revealed that the three treatment groups (expressive group counseling, group speech therapy, and interdisciplinary counseling/speech intervention) showed improvement while the no treatment control group (Group 4) showed deterioration over time. Therefore, the no treatment control group (Group 4) was established as a baseline for examining the effects of intervention Group 1, Group 2, and Group 3. Six post hoc analyses were conducted to examine how each intervention group performed over time when compared to the no treatment control group on Total Problems and Internalizing Problems of international college students.

In order to avoid the risk of inflated experiment wise Type I error, a more conservative alpha level of .025 was utilized to interpret statistical significance of results (Armstrong & Henson, 2005). Additionally, Partial  $\eta^2$  was calculated to assess the magnitude of the treatment effect. In the absence of previous outcome research on any of the interventions studied, Cohen's (1988) guidelines were used to interpret results: small (0.01 - 0.05), medium (0.06 - 0.13), and large (0.14 - 1.00).

*Post hoc analysis for Total Problems between expressive group counseling (Group 1) and the no treatment control group (Group 4).* Table 2 presents the means and standard deviations for Group 1 and Group 4 on the Total Problems scales at pre- and posttest. Results of the repeated measures analysis of variance of the dependent variable, Total Problems, revealed a statistically significant interaction effect of time  $\times$  group membership (Group 1/Group 4),

Wilks's lambda = 0.67,  $F(1,25) = 12.08$ ,  $p = .002$ . Results indicate that participants in expressive group counseling (Group 1) demonstrated a statistically significant decrease in Total Problems from pre to post, when compared to the no treatment control group. Partial  $\eta^2$  was calculated to determine the magnitude of the treatment effect. Results indicate that expressive group counseling intervention had a large treatment effect (Partial  $\eta^2 = 0.33$ ) on international college students' total behavior problems, when compared to participants in the no treatment control group.

*Post hoc analysis for Total Problem between group speech therapy (Group 2) and the no treatment control group (Group 4).* Table 2 presents the means and standard deviations for Group 2 and Group 4 on the Total Problems scales at pre- and posttest. Results of the repeated measures analysis of variance of the dependent variable, Total Problems, revealed a statistically significant interaction effect of time  $\times$  group membership (Group 2/Group 4), Wilks's lambda = 0.77,  $F(1,25) = 7.67$ ,  $p = .010$ . Results indicate that participants in group speech therapy (Group 2) demonstrated a statistically significant decrease in Total Problems from pre to post, when compared to the no treatment control group. Partial  $\eta^2$  was calculated to determine the magnitude of the treatment effect. Results indicate that group speech therapy intervention had a large treatment effect (Partial  $\eta^2 = 0.24$ ) on international college students' total problems when compared to participants in the no treatment control group.

*Post hoc analysis for Total Problems between interdisciplinary counseling/speech intervention (Group 3) and the no treatment control group (Group 4).* Table 2 presents the means and standard deviations for Group 3 and Group 4 on the Total Problems scales at pre- and posttest. Results of the repeated measures analysis of variance of the dependent variable, Total Problems, revealed a statistically significant interaction effect of time  $\times$  group membership



(Group 3/Group 4), Wilks's lambda = 0.69,  $F(1,24) = 10.67$ ,  $p = .003$ . Results indicate that participants in interdisciplinary counseling/speech intervention (Group 3) demonstrated a statistically significant decrease in Total Problems from pre to post, when compared to the no treatment control group. Partial  $\eta^2$  was calculated to determine the magnitude of the treatment effect. Results indicate that interdisciplinary expressive group counseling/group speech therapy intervention had a large treatment effect (Partial  $\eta^2 = 0.31$ ) on international college students' total behavior problems, when compared to participants in the no treatment control group.

*Post hoc analysis for Internalizing Problems between expressive group counseling (Group 1) and the no treatment control group (Group 4).* Table 2 presents the means and standard deviations for Group 1 and Group 4 on the Internalizing Problems scales at pre- and posttest. Results of the repeated measures analysis of variance of the dependent variable, Internalizing Problems, did not reveal a statistically significant interaction effect of time  $\times$  group membership (Group 1/Group 4), Wilks's lambda = 0.85,  $F(1,25) = 4.52$ ,  $p = .044$ . These results indicate that participants in expressive group counseling (Group 1) did not demonstrate a statistically significant decrease in Internalizing Problems from pre to post, when compared to the no treatment control group. Partial  $\eta^2$  was calculated to determine the magnitude of the treatment effect. Results indicate that, while not statistically significant at alpha level of .025, expressive group counseling intervention had a large treatment effect (Partial  $\eta^2 = 0.15$ ) on international college students' internalizing problems, when compared to participants in the no treatment control group.

*Post hoc analysis for Internalizing Problems between group speech therapy (Group 2) and the no treatment control group (Group 4).* Table 2 presents the means and standard deviations for Group 2 and Group 4 on the Internalizing Problems scales at pre- and posttest.

Results of the repeated measures analysis of variance of the dependent variable, Internalizing Problems, did not reveal a statistically significant interaction effect of time  $\times$  group membership (Group 2/Group 4), Wilks's lambda = 0.88,  $F(1,25) = 3.27$ ,  $p = .082$ . These results indicate that participants in group speech therapy (Group 2) did not demonstrate a statistically significant decrease in Internalizing Problems from pre to post, when compared to the no treatment control group. Partial  $\eta^2$  was calculated to determine the magnitude of the treatment effect. Results indicate that group speech therapy intervention had a medium treatment effect (Partial  $\eta^2 = 0.12$ ) on international college students' internalizing problems, when compared to participants in the no treatment control group.

*Post hoc analysis for Internalizing Problems between interdisciplinary counseling/speech intervention (Group 3) and the no treatment control group (Group 4).* Table 2 presents the means and standard deviations for Group 3 and Group 4 on the Internalizing Problems scales at pre- and posttest. Results of the repeated measures analysis of variance of the dependent variable, Internalizing Problems, revealed a statistically significant interaction effect of time  $\times$  group membership (Group 3/Group 4), Wilks's lambda = 0.78,  $F(1,24) = 6.77$ ,  $p = .016$ . These results indicate that participants in interdisciplinary counseling/speech intervention (Group 3) demonstrated a statistically significant decrease in Internalizing Problems from pre to post, when compared to the no treatment control group. Partial  $\eta^2$  was calculated to determine the magnitude of the treatment effect. Results indicate that interdisciplinary expressive group counseling/group speech intervention had a large treatment effect (Partial  $\eta^2 = 0.22$ ) on international college students' internalizing problems, when compared to participants in the no treatment control group.

## Discussion

The findings on the effects of three interventions (expressive group counseling, group speech therapy, and interdisciplinary expressive group counseling/group speech therapy) on problem behaviors and communication competence of international college students ( $n=54$ ) referred for cultural adjustment and language difficulties are discussed. Treatment outcomes were measured through the total behavior problems and internalizing problems of the Adult Self-Report and the Communication Competence scores of the Communication Competence Self-Report. The statistical and practical significance of findings are reported to provide valuable insight into the impact of the interventions on the dependent variables. The reporting of effect sizes is particularly important in the mental health field and helps readers not only understand the magnitude of treatment effects but also interpret the practical significance of empirical research results (Trusty, Thompson, & Petrocelli, 2004).

The discussion of treatment results is organized as follows: (a) total problems, (b) internalizing behavior problems, and (c) communication competence.

### *Total Behavior Problems*

Results of Hypothesis 1 indicated that there was a statistically significant difference ( $p = .001$ ) between treatment groups' performance on the Adult Self-Report (ASR) Total Problems scale over time. These results were further analyzed in post hoc to determine whether there was a statistically significant difference between each treatment group and the no treatment control group. Results are discussed according to post hoc analysis.

*Results of the post hoc analysis for Total Problems between expressive group counseling (Group 1) and the no treatment control group (Group 4).* Post hoc results indicated that over time, participants in expressive group counseling (Group 1) demonstrated a large treatment effect

(Partial  $\eta^2 = .33$ ) and statistically significant improvement ( $p = .002$ ) on the Total Problems Scale of the ASR at the .025 level of statistical significance when compared to participants who received no treatment. These results indicate that expressive group counseling was effective in reducing international college students' total behavior problems when compared to the participants who received no treatment.

Expressive arts provide opportunities to (a) work through inner thoughts and feelings that cannot be expressed verbally; (b) interact between group members; (c) change perception about self, others, and world; and (d) facilitate creative self-development that can last after termination of therapy, thus building inner resources to cope with difficulties in the future (Bratton & Ferebee, 1999). Expressive arts within a group counseling format was utilized as a creative treatment modality due to its versatility and ability to provide symbolic and non-verbal modes of self-expression. Providing an alternative medium of communication through expressive arts allows international college students opportunities for expression other than verbal communication. Also, it serves an additional function of bridging language barriers in heterogeneous groups of international college students.

Use of expressive arts in counseling has not been well researched, and reports of its effects have been limited to anecdotal accounts in the literature (Gladding, 2005). Thus, this empirical study demonstrating a statistical significance and large treatment effect of expressive group counseling with international college students when compared to the no treatment control group appears to be the first of its kind. These findings not only provide a rationale for mental health practitioners who work with international college student population to adapt expressive arts in their practice as a treatment modality to address adjustment needs of international college

students, but they also provide an impetus to investigate the use of group expressive arts with other populations.

*Results of the post hoc analysis for Total Problems between group speech therapy (Group 2) and the no treatment control group (Group 4).* Post hoc results indicated that over time, participants in group speech therapy (Group 2) demonstrated a large treatment effect (Partial  $\eta^2 = .24$ ) and statistically significant improvement ( $p = .01$ ) on the Total Problems Scale of the ASR at the .025 alpha level when compared to participants who received no treatment. These results indicate that group speech therapy was effective in reducing international college students' total behavior problems when compared to the participants who received no treatment.

It is interesting to note that the speech therapy was effective in reducing total behavior problems when speech therapy was utilized to help only with the English proficiency of participants. These findings appear to support that there is a relationship between perceived language incompetence and acculturative stress (Yeh & Inose, 2003). Lack of English proficiency is reported by international college students as the most significant concern impacting their psychological well-being and adjustment to the United States (Lin & Yi, 1997). These findings support the notion that helping international college students to improve their English proficiency can promote their overall psychological well-being.

In the field of speech and language pathology, foreign accent is not considered a disorder but a difference (Montgomery, 1999). Therefore, there has been a lack of research on the effect of speech therapy targeted at international college students. The findings suggest the importance of speech therapy in helping international college students with their adjustment in the U.S. and provide an impetus for further research.

*Results of the post hoc analysis for Total Problems between interdisciplinary counseling/speech intervention (Group 3) and the no treatment control group (Group 4).* Post hoc results indicated that over time, participants in interdisciplinary expressive group counseling/group speech therapy (Group 3) demonstrated a large treatment effect (Partial  $\eta^2 = .31$ ) and statistically significant improvement ( $p = .003$ ) on the Total Problems Scale of the ASR when compared to participants who had no treatment. These results suggest that an interdisciplinary counseling/speech intervention was effective in reducing international college students' total behavior problems when compared to the participants who received no treatment over a 10-week period.

The purpose of studying an interdisciplinary counseling/speech intervention was to respond to the numerous concerns expressed in the literature that international college students' language barriers and lack of social support place them at a high-risk for acculturative adjustment problems (Poyrazli et al., 2004; Yeh & Insoe, 2003). In spite of repeated concerns in the literature regarding international college students' needs, there was no empirical research implementing treatment plans that targeted both language and adjustment concerns. Most U.S. universities provide either group counseling or speech therapy to promote support, psychological well-being, or English proficiency for international college students. However, there was no collaborative teamwork to assist both concerns of international college student. Studying an interdisciplinary intervention involving both counseling and speech therapy provided an innovative solution to the need expressed in the literature.

The statistical significance of these findings, along with a large treatment effect, supports the viability of this intervention and provides impetus for further research. These findings also give credence to the notion that colleges and universities should consider implementing an

interdisciplinary expressive group counseling/group speech therapy for international college students to promote their adjustment. Implementing an interdisciplinary intervention such as this will require collaborative teamwork, cautions for maintaining confidentiality, and challenges to find cost-efficient ways of delivering services. But these findings suggest that creatively addressing these challenges to serve the needs of international college students would be well worth the effort.

*Summary of Total Behavior Problems.* Post hoc analyses were conducted to examine the effects of the three interventions when compared to the no treatment control group on Total Problems. The findings revealed that all three treatments (expressive group counseling, group speech therapy, and interdisciplinary expressive group counseling/group speech therapy) were effective in decreasing total behavior problems of international college students. Statistically significant findings for all three groups, even with small sample sizes, are noteworthy. While results indicate that all three treatment may be considered appropriate mental health treatments to target total behavior problems, the two interventions that utilized expressive group counseling showed the largest treatment effects.

#### *Internalizing Behavior Problems*

Results of Hypothesis 2 indicated that there was a statistically significant difference ( $p = .03$ ) between treatment groups' performance on the Adult Self-Report (ASR) Internalizing Problems Scale over time. These results were further analyzed in post hoc to determine whether there was a statistically significant difference between each treatment group and the no treatment control group. Results are discussed according to post hoc analysis.

*Results for the post hoc analysis for Internalizing Behavior Problems between expressive group counseling (Group 1) and the no treatment control group (Group 4).* Post hoc results

indicated that over time, participants in expressive group counseling (Group 1) did not demonstrate a statistically significant improvement ( $p = .04$ ) on the Internalizing Behavior Problems Scale of the ASR when compared to participants who had no treatment. Although participants who received expressive group counseling did not demonstrate a statistically significant decrease in internalizing problems at the .025 level of significance, the large treatment effect (Partial  $\eta^2 = .15$ ) for expressive group counseling highlights the benefit of this intervention with international college students.

Internalizing problems refer to problems such as anxiety, depression, withdrawal, and somatic complaints. College students in general have demonstrated more serious problems in recent years, including depression, anxiety, abuse, violence, death, and psychological disorders (Archer & Cooper, 1998; Furr et al., 2001). Among international college students, depression and anxiety were widely reported concerns for both undergraduate and graduate students (Yi et al., 2003). The fact that international college students may encounter not only problems common to all college students, but also other unique concerns due to cultural adjustment experiences in the United States place them in a more vulnerable position.

Discussing issues related to internalizing problems may be subtle matters that are difficult for international college students to express through verbal communication only. Therefore, utilizing expressive arts that have multifaceted functionalities (including symbolic, multicultural, non-verbal means of expression) can be a creative approach to helping international college students express themselves. The large treatment effect obtained in this analysis indicates a notable impact of expressive group counseling for international college students' internalizing problems.



*Results of the post hoc analysis for Internalizing Behavior Problems between group speech therapy (Group 2) and the no treatment control group (Group 4).* Post hoc results indicated that over time, participants in group speech therapy (Group 2) did not demonstrate a statistically significant improvement ( $p = .08$ ) on the Internalizing Behavior Problems Scale of the ASR when compared to participants who had no treatment. However, a medium treatment effect was reported (Partial  $\eta^2 = .12$ ), indicating that group speech therapy demonstrated moderate impact on internalizing problems.

As discussed earlier, language barriers can be a predictor of acculturative stress (Yeh & Inose, 2003), and that may result in psychological symptoms such as depression and anxiety (Choe, 1996). These findings support the notion that helping international college students to improve their English proficiency can promote their psychological well-being, specifically related to internalizing behavior problems.

*Results of the post hoc analysis for Internalizing Behavior Problems between interdisciplinary counseling/speech intervention (Group 3) and the no treatment control group (Group 4).* Post hoc results indicated that over time, participants in interdisciplinary expressive group counseling/group speech therapy (Group 3) demonstrated a large treatment effect (Partial  $\eta^2 = .22$ ) and statistically significant improvement ( $p = .02$ ) on the Internalizing Problems Scale of the ASR when compared to participants who received no treatment.

These results suggest that an interdisciplinary expressive group counseling/group speech therapy intervention was effective in reducing international college students' internalizing problems. Researchers have suggested that adjustment factors, including language barriers and lack of social support, contribute to the overall adjustment and functioning of international college students (Poyrazli et al., 2004; Yeh & Inose, 2003). Therefore, it makes sense that an

interdisciplinary intervention, combining speech therapy and counseling would be effective in addressing the most common adjustment needs of international students. Findings suggest that this intervention can be considered a viable treatment option for U.S. universities to adapt when serving international college students, particularly those experiencing internalizing problems, such as depression and anxiety (Yi et al., 2003).

Although the statistically significant findings support the superiority of interdisciplinary counseling/speech intervention over the speech only or counseling only intervention, it is important to note that participants in the interdisciplinary intervention group received twice as much intervention time as participants in either expressive group counseling or group speech therapy.

*Summary of Internalizing Problems results.* Post hoc analyses were conducted to examine the effects of the three interventions when compared to the no treatment control group on Internalizing Problems. The findings revealed that the interdisciplinary counseling/speech intervention was statistically significant in lowering internalizing problems, thus suggesting it as a viable treatment option. While not statistically significant at the alpha .025 level, the large treatment effects for expressive group counseling provide empirical support for utilizing expressive arts as a creative treatment modality for international college students.

#### *Communication Competence*

Results of Hypothesis 3 revealed that there was no statistically significant difference ( $p = .07$ ) between groups over time on the Communication Competence score of the CCSR at the 0.05 alpha level. On the basis of these results Hypothesis 3 was retained, and further post hoc analyses were not conducted. Because a one-way ANOVA revealed a statistically significant difference between groups on the CCSR pretest scores, these results should be interpreted with

caution. However, it is important to note that four treatment groups were found to be statistically equal on the ASR pretest measure. It is possible that the CCSR was not a valid measure for this study. This notion is supported by participants' comments during data collection regarding their difficulty in understanding the questions. Participants reported being confused in how to respond to the questions since the same types of questions were repeated in a positive and negative statement. In addition, the CCSR is not a widely used instrument and lacks extensive reliability and validity testing. Thus, although it was the only instrument found that measured international students' perceived communication competence, it may have not provided an accurate measure of participants' perception.

### *A Case Report*

To better understand the clinical significance of treatment, and the gap between research and practice, a case example from a participant in Group 3 is provided to describe the process and impact of expressive group counseling and group speech therapy. This information represents the experiences of 1 participant in this study and cannot be generalized. Included are subject's presenting concerns, progress, comments, pictures of expressive arts activities, the ASR and CCSR scores, and group facilitators' observations. Although valid inferences cannot be drawn from the results of a single case study, this case report provides how interdisciplinary treatment with expressive group counseling and speech therapy helped an international college student feel empowered.

*Expressive group counseling.* Kyoko (a pseudonym) was a 21-year-old Japanese undergraduate student who had been in the United States for 2 and half years. She reported struggles with language barriers, academic pressure, depressed mood, interpersonal relationship difficulties, and lack of self-esteem. Over the course of expressive group counseling, she

proactively participated in group activities and was open to the process of her creations and their personal meanings.

In the first session, after watching movie clips on cultural adjustment difficulties, she talked about an incident in which she felt discriminated against due to lack of English proficiency at a grocery store. Also, she talked about differences in customs between Japan and America and how she had adapted to the U.S. culture. Her sharing helped other group members open up, and group members seemed to be able to empathize with one another's experiences in relation to cultural adjustment concerns.

In the second session, Kyoko worked on a sandtray (see Figure 4). She identified herself as a man on a bicycle and said that “the man is excited about lots of new things around him,” but that there was “a scary thing” that he did not know what to do with. Kyoko identified “a scary thing” as her feeling of fear of being misunderstood and judged when she talked to American students in class. She reported her feelings of depression and shame when she could not speak up or elaborate her ideas in English during group discussion.



*Figure 4.* Kyoko's first sandtray.

In the third session, Kyoko had an opportunity to create anything she liked after engaging in a guided imagery. She named her creation “fly free” (see Figure 5). She pointed out a yellow propeller on the head and mentioned that it had special meaning. She expressed her wish to fly to Japan whenever she likes. She reported her homesickness and feeling of loneliness in the United States. She had tears in her eyes when speaking about her feeling of isolation and lack of support.



*Figure 5.* Kyoko’s creative hands.

In the fourth session, group members were encouraged to work on a large group mural depicting their view in the U.S (picture not available). Kyoko initiated a discussion about how group members could work on the project together. Each group member talked about his/her personal view of negative and positive aspects of living in the U.S. Kyoko shared a “positive,” improving English proficiency by living in the U.S., and several “negatives,” having a lack of support network, difficulty in making friends, study overload, and test anxiety. Kyoko drew “a lonely bench where nobody sits” and talked about her feelings of isolation. After the group mural was finished, group members were able to share strategies in coping when they encountered difficulties in adjusting to life in the U.S.

In the fifth session, Kyoko worked on an activity called body image (see Appendix C) and named it “myself.” Her body image picture is shown as follows (see Figure 6). Kyoko reported that she has a warm heart, bright and sensitive eyes to see the world differently, and a sense of humor. She mentioned that it was odd to “brag” about herself, but at the same time it felt good to think about herself in a very positive way. Kyoko also talked about her current life situation in which she felt overburdened from academic pressure to perform well.



*Figure 6.* Kyoko’s body image.

In the sixth session, finger painting was originally brought in for the session. However, Kyoko wanted to work on another sandtray instead. She reported that sandtray has been one of her favorite expressive arts activities so far and that it was like a binocular for her to look into her heart. Her sandtray picture is shown as follows (see Figure 7). During the sandtray process, she identified herself as an alligator in the middle and mentioned that the alligator has strong power so that nobody can attempt to get rid of him. She mentioned that the alligator protects the village in the back and that the man right next to the alligator was his best friend who came from

a far land (the moon) to support him. I asked if the alligator was afraid of anything and where the alligator got the power from. Kyoko said that the alligator used to be afraid of all the people because they tried to dissect each word he spoke and made fun of him. She further commented that the alligator had discovered his inner power, which helped him remember that he was okay with who he was.



*Figure 7.* Kyoko’s second sandtray.

In the seventh session, Kyoko drew two rosebushes in two different countries: one in Japan (the right-side pink rosebush) and one in the United States (the left-side red rosebush) (see Figure 8). One of the questions that I asked in order to facilitate the client’s imagination as a rosebush was “Who takes care of you?” (see Appendix C). She mentioned later that she felt ambivalent with the question because the rosebush in Japan used to be under the good care of her parents, whereas the one in the U.S. is on her own. She shared that she was enjoying responsibilities in life (paying bills, working in a cafeteria, doing well with school work, etc.) for the first time, although she sometimes felt overwhelmed with those responsibilities. She described that the rosebush in the U.S. was planted in the wilderness, but it was growing very well and had beautiful roses.



*Figure 8.* Kyoko's rosebush.

In the eighth session, Kyoko made a self-collage by taking a picture of her hand (see Appendix C). Her self-collage picture is shown as follows (see Figure 9). She said that she appreciated her hands because they can help her be creative with anything she does. She wrote down on a journal note pad that “having creative hands are plus in life. Thinking creatively in life is the best.” She reported that she has started to perceive things more positively and creatively rather than thinking negatively all the time. She said that she used to miss all her friends in Japan, but now she thinks that having fewer friends in the U.S. gives her more chances to reach out for new friends even though that is not easy for her to do sometimes.





In the tenth session, she synthesized all her creative arts creations, titling it as “This is me” (see Figure 11). She described a few important things in life such as family, friends, school, having an open heart, and continuing to tackle her fear (language barriers). In particular, she illustrated her different perception of fear and anxiety in speaking English with American students in class by comparing two sandtray pictures that she had created over the course of group counseling.



*Figure 11.* Kyoko’s scrapbook (Kyoko wrote her name on the right side of her scrapbook. Her name was covered to protect her confidentiality).

Kyoko reported that expressive group counseling was a strongly positive experience for her. She stated that she was able to use it as an outlet for her stress, understand other people’s concerns, speak English with more confidence, and make good friends. In particular, she joyfully reported that the best experience for her was to figure out what was going on within herself and that she no longer felt depressed. Kyoko reported that she enjoyed group dynamics in which she was able to offer and receive feedback to and from group members.

From the review of Kyoko’s expressive arts creations and personal meanings, it appears that she strived for self-understanding more in depth in each session. She seemed to gain a better

understanding of her weaknesses and discover her strengths and to genuinely accept herself as she was and feels better about herself. My subjective perception of Kyoko's improvement was supported by Kyoko's pre-post ASR scores. Her ASR scores on the Internalizing Problems lowered from the clinical to the borderline range. The ASR scores on the Total Problems lowered from the borderline to the normal range.

*Speech therapy.* The speech and language pathologist who facilitated the group speech therapy that Kyoko attended reported the following observations and results. At the beginning of therapy Kyoko was very quiet and shy, and she appeared to have some anxiety when speaking in English. She seemed to prefer not to talk unless she was asked. Kyoko attended every session and worked very hard. Kyoko was encouraged to find a conversation partner outside of speech therapy so that she could get more experience in talking to American people.

Kyoko made noticeable progress in her level of English proficiency over the 10 sessions. She specifically discussed how pleased she was that she was now able to talk to American students in class. Kyoko demonstrated strong motivation to overcome anxiety in speaking English, and by the end of 10-week treatment, she appeared to have less speech anxiety and volunteered to talk more during sessions. Overall, the speech and language pathologist characterized her gain as significant. Kyoko's CCSR score at posttest indicates that she perceived herself as having a better communication competence after group speech therapy.

#### Researcher's Observations

During the period of participant recruitment, I noted that many international college students were not aware of existing counseling and speech therapy services available on campus. Many participants stated that they were pleased to learn that there were services available to them, particularly those offered through this study. Also, I observed a lack of understanding and

acceptance of seeking out group counseling services. Many students were not familiar with counseling and reported that either they had never heard of it or had never been to counseling in their home countries. When I focused more on what expressive group counseling would entail, students appeared to exhibit more curiosity and interest. Utilizing expressive arts appeared to be less threatening and viewed as “fun.”

As noted, students were more apt to see speech therapy as acceptable. It appeared that speech therapy was perceived as a tangible service to help them with a specific difficulty, while they perceived counseling as an optional service. My experiences in recruiting international college students, especially male students, supported the suggestion in the literature that international students often hold a cultural stigma toward mental health problems and a lack of understanding about counseling. However, over the course of 10 weeks, I observed the progression of several East Asian male students from a hesitant stage to a fully unfolding stage. Utilizing expressive arts in group counseling appeared to help them gain great insight about themselves. A Japanese male student said, “I was sometimes amazed how these little whatever thingy can bring up to me.”

During group process, I observed that group members were supportive to one another, and they communicated genuine encouragement. Vicarious learning was evidenced by group members who were initially more cautious and less verbal becoming more relaxed and open as they observed other members opening up. Moreover, it was interesting to see how group members helped one another with English words when group members were not sure how to communicate their thoughts and feelings in English. They appeared to genuinely appreciate and value fellow group members’ understanding and support of their difficulties with language barriers.

## Limitations of the Study

Limitations of the study are as follows:

1. There was lack of true random assignment. Although participants for the no treatment control group (Group 4) were recruited and screened in the exact same manner and were examined for a similar heterogeneous balance of academic status, participants for Group 4 were not randomly assigned from the same pool that other three groups were drawn from. (*Note: A statistical analysis (one-way ANOVA) revealed no statistical significance between Group 4 and the other three treatment groups on pretest data.*)
2. The sample size was small (Group 1 n=14, Group 2 n=14, Group 3 n=13, and Group 4 n=13). A large sample size would increase statistical power and validate the results.
3. Selection of participants was limited to voluntary subjects from one public research university located in the Southwestern United States. Also, all participants were limited to East Asian international college students. Therefore, results cannot be generalized to other locations or other populations of international college students.
4. Participants were aware of their treatment group membership and the purpose of this research because they reviewed the informed consent for the study. The Hawthorne Effect may have affected participants' perceptions.
5. The researcher functioned as a counselor who provided expressive group counseling for participants in expressive group counseling (Group 1) and interdisciplinary counseling/speech intervention (Group 3), which may have introduced a degree of researcher bias.
6. Speech therapy was provided and supervised by speech and language pathologists. Therefore, the researcher was not able to directly control treatment integrity.

7. The instrument to measure international college students' perception on their communication competence may have not been a valid measure. The use of a measure of communication competence that involves objective expert raters would have enhanced the research design.
8. This study used a pre- and posttest research design. The use of multiple measurement points during the treatment period would provide more information about the trend or pattern of change.

#### Recommendations for Future Research

Based upon the results of this study, the following recommendations are offered:

1. Conduct a replication study using a larger sample size. A larger sample size would increase statistical power.
2. Conduct a follow-up study of the participants in this study to determine the long-term effects of the three different treatments.
3. Conduct a replication study providing an equal intervention time for each treatment. 2 hours of intensive treatment time should be adapted to each treatment group to attribute changes directly to the treatment (2 hours of expressive group counseling, 2 hours of group speech therapy, and 2 hours of interdisciplinary expressive group counseling/group speech therapy (1 hour counseling/1 hour speech therapy)).
4. Conduct a study comparing expressive group counseling with group counseling to investigate the effects of expressive group counseling.
5. Conduct a replication of this study with international college students from other areas in the United States in order to generalize results.

## Conclusion and Implication for Practice

For decades, the United States has been home to a greater number of international college students than any other country, and this trend is expected to grow. Universities in the United States have an important responsibility to promote not only academic success but also psychological well-being for international college students during their stay in the U.S. There is a great need to explore culturally sensitive treatment options for this population of students due to their unique cultural adjustment experiences in the U.S.

Meeting the special needs of current international college students on campus, along with recruiting prospective students, should be approached with thoughtful plans for a broad array of responsive services delivered in the most effective and economical format. The three treatment options investigated in this study utilized a group format and were creatively designed to expand the usual scope of practice. Offering university-based group interventions offers the advantage of a supportive group experience for international college students while also providing universities with more economical solution to meeting the needs of these students. Additionally, universities are likely to be the only setting in which international college students can have free access to services. Therefore, designing and implementing university-based services that are responsive and accessible to international college students are imperative.

The findings from the study suggest that all three interventions (expressive group counseling, group speech therapy, and interdisciplinary expressive group counseling/group speech intervention) can be considered viable treatments to address the psychological needs of international college students. Of specific note, results indicate that an interdisciplinary expressive group counseling/speech therapy intervention was particularly effective in reducing the most commonly reported mental health concerns for this population, internalizing problems.

To respond to the cry for more culturally responsive counseling services for international college students, expressive arts were utilized in this study as an innovative and creative treatment modality designed to eliminate language barriers. Counseling services available on most U.S. campuses typically rely solely on verbal communication in English. A lack of English proficiency among international college students may impede their ability to express themselves in counseling. Allowing alternative means of self-expression through expressive arts can transcend the limits of what can be communicated through words.

Providing services that enhance international college students' adjustment to university life in the U.S. is imperative and could encourage more international college students to come to the U.S. to study, thus benefiting universities and the U.S. economy, while promoting a more globally diverse society and the personal advancement of international college students. University responsibility does not end with simply recruiting more international college students every year. Instead, it starts with a question about how creatively and proactively U.S. universities are willing to advocate for the development of international college students.



APPENDIX A  
INFORMED CONSENT FORM

# University of North Texas Institutional Review Board

## Informed Consent Form

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose and benefits of the study and how it will be conducted.

Title of Study: The Effectiveness of Interdisciplinary Group Counseling/Speech Therapy Intervention on Test Anxiety, Adaptive Functioning, and Problem Behaviors with International Students: A Pilot Study

Principal Investigator: Eunah Lee, a graduate student in the University of North Texas (UNT) Department of Counseling, Development, and Higher Education

### **Purpose of the Study:**

You are being asked to participate in a research study to compare the effects of 1) the combination of support group counseling and group speech therapy, 2) support group counseling, and 3) group speech therapy as a treatment for international students on test anxiety, general well-being, and problem behaviors.

### **Study Procedures:**

If you agree to participate in this study, you will be asked, at the beginning and end of the study, to fill out the Test Anxiety Inventory (TAI) which asks questions regarding your test anxiety and the Adult Self-Report (ASR) which asks questions regarding your stress level. The TAI takes about 5 minutes to complete, and the ASR takes about 35 minutes to complete.

In this study, you will participate in one of three groups through random drawing. The first group will begin immediately and these participants will receive support group counseling and group speech therapy for ten weeks. The group will meet weekly for two hours and thirty minutes (one hour speech therapy, fifteen minutes of refreshment, one hour and fifteen minutes of group counseling). The second group will begin immediately and these participants will receive support group counseling for ten weeks. The group will meet weekly for one hour and thirty minutes. The third group will begin in the summer semester and these participants will receive group speech therapy for ten weeks. The group will meet weekly for one hour. The purpose of the three groups is to examine the effectiveness of an interdisciplinary clinical intervention, combining support group counseling and group speech therapy, when compared to support group counseling only and speech therapy only.

### **Foreseeable Risks:**

There is no foreseeable personal risk directly involved in this study for participating to the treatment groups. Anything that is said or done during treatment is considered confidential. However, if you disclose child abuse, neglect, exploitation or intent to harm another person, the therapist is required by law to report it to the appropriate authority.

Your participation for this research study is completely voluntary. You may withdraw at any time during the course of the study.

There is no personal risk, but you might experience some discomfort, which may include one or more of the followings:

1. Because support group counseling is a counseling method, you will be expressing emotions that could be strong for you. The therapist will help you work through these emotions and will stop treatment if she notices any harmful effects upon you.
2. Because you are participating in a group format, confidentiality among group members cannot be guaranteed but will be strongly encouraged.

**Benefits to the Subjects or Others:**

The possible benefits to you can include: (1) enhanced level of self-understanding and self-healing, (2) improvements in emotional and general well-being, (3) reduced accent in speaking English, (4) improvements in overall English proficiency, and (5) improved adjustment to the UNT academic and social environment.

**Compensation for Participants:**

You will receive a \$20.00 gift card from Barnes and Noble as compensation for your participation to fill out two pre-test and two posttest instruments. The gift card will be given on the day of completing two post test instruments.

**Procedures for Maintaining Confidentiality of Research Records:**

All information will be kept confidential in a locked cabinet at Dr. Sue Bratton's office at University of North Texas. Names or other identifying information of you will not be disclosed in any publications or presentations regarding this study. Information obtained from the questionnaires will be recorded with a code number. Only the investigators will have access to the list of the participants' names.

Sessions may be videotaped. Only the investigators will see the videotapes in order to collect data such as the frequency of group interaction and group dynamic aspects. The videotapes will be kept confidential in a locked cabinet at Dr. Sue Bratton's office at UNT, and the videotapes will be destroyed upon the completion of the study.

**Questions about the Study**

If you have any questions about the study, you may contact Eunah Lee at telephone number 214-766-0661 or Dr. Sue Bratton, UNT Department of Counseling, Development, and Higher Education, at telephone number (940) 565-3864.

**Review for the Protection of Participants:**

This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

**Research Participants' Rights:**

Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- Eunah Lee has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You have been told you will receive a copy of this form.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**For the Principal Investigator or Designee:**

I certify that I have reviewed the contents of this form with the participant signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the participant understood the explanation.

\_\_\_\_\_  
Signature of Principal Investigator or Designee

\_\_\_\_\_  
Date

APPENDIX B

A LIST OF MATERIALS FOR EXPRESSIVE ARTS

## A List of Materials for Expressive Arts

### 1. Sandtray Cart

5 round plastic sand trays

Assortment of tools for moving, shaping, and smoothing the sand (a pastry brush, wooden spatula)

Water bottle

Sandtray miniatures in plastic containers labeled by category

Categories of miniatures (Homeyer & Sweeney, 1998)

- People: Multicultural families, babies, bride & groom, occupational (police, firemen, construction workers, etc.), army, astronaut or knights
- Animals: Dinosaur, zoo animals, domestic animals, insects, spiders, snakes, sea animals
- Vegetation: Trees
- Buildings: Houses, school, lighthouse, castle, fort, or teepee
- Vehicles: Cars, trucks, airplane, boat, helicopter
- Fences & signs: Fences, traffic signs, barricades
- Natural items: Sea shells, vegetation, rocks (plain & polished), fools gold, crystals
- Fantasy: Wizard, fairy god-mother, dragons, monsters, cartoon figures, space aliens
- Spiritual/mystical items: Angels, cross, Buddha, small mirrors
- Landscaping & other accessories: Wishing well, bridge, treasure chest, treasure, cannon, flags
- Household items: Furniture, tools, beer & wine bottles, garbage can, mailbox, windmill

### 2. Expressive arts cart

Culturally different magazines (American, Japanese, Korean, and Taiwanese magazines)

Markers

Crayons

Glue sticks, glue guns, craft glues, glitter glues

Scissors

Different sizes of paper plates

A roll of butcher paper

Three-by-six-foot sheet of paper

Multi-colored tissue papers

Various colors of construction papers

White drawing paper

Finger painting paper

White poster board

Water color paints

Poster paints

Different sizes of paint brushes

3"× 5" fabric pieces

Different shapes of dried pasta noodles

Model magic

Clay  
Carving tools  
Paper towels  
Moistened towelettes  
Various types of stickers  
Assortment of beads, feathers, yarn  
Assortment of lace, ribbons  
Aluminum foil  
Polaroid camera and films  
Variety of music CD's  
Journal notes  
Pencils

Also included for week 1:

DVD player  
Movie clips (*Gung Ho*, *Spanglish*, *Mystery Train*)

APPENDIX C

10-WEEK EXPRESSIVE ARTS TREATMENT MANUAL



### 10-Week Expressive Arts Activities Protocol

The following expressive arts activities were utilized in expressive group counseling for the purpose of this dissertation study. Two portable carts, one with sandtray equipment and figures and one with a variety of expressive art materials (see APPENDIX B for a list of materials) were brought in each week.. Below is an outline of activities presented for week 1 – 10. Detailed descriptions of each expressive art activity, materials, goal/rationale, and procedure are included in the protocol.

<b>Week</b>	<b>Expressive Arts Activities</b>
<b>1</b>	Movie Clips
<b>2</b>	Sandtray
<b>3</b>	Guided Imagery and Creative Hands
<b>4</b>	Group Mural
<b>5</b>	Body Image
<b>6</b>	Finger Painting and Music
<b>7</b>	The Rosebush
<b>8</b>	Self-Collage and Creative Writing
<b>9</b>	Animal Clay Sculpture
<b>10</b>	Scrapbook

## Week One: Movie Clips

### \* Materials

Movie clips (*Spanglish*, *Gung Ho*, and *Mystery Train*), DVD player, Popcorn

### \* Goal/Rationale

The rationale of using the movie clips was to help participants open up their own personal experiences related to their language and cultural adjustment difficulties through visual image and vicarious empathy with those who exhibited similar acculturative difficulties in the movies.

### \* Procedure

DVD movie clips that exhibit foreigners' cultural adjustment difficulties were provided, and experiences with language barriers, cultural differences, and conflicts due to misunderstanding and newness of the U.S. culture were included. Three movies were viewed one at a time, and group sharing/discussion was followed by each movie. Participants were encouraged to share similar experiences or personal concerns in relation to acculturative process. Popcorn was prepared for group members to enjoy while watching the movie clips.

## Week Two: Sandtray

### \* Materials

5 round plastic sand trays, a water bottle, an assortment of tools (wooden spatula, pastry brush), a basic sandtray set (Homeyer & Sweeney, 1998: See APPENDIX B for a list of materials) in plastic containers labeled by category

### \* Goal/Rationale

Sand tray was used to help participants unfold and process their inner- and intra-personal issues by using specific sand tray materials (Homeyer & Sweeney, 1998).

### \* Procedure

Guidelines for sandtray were provided by Homeyer and Sweeney (1998), including room preparation, introduction to the client, creation of the sandtray, post-creation, and sandtray clean up and documentation, and they were modified to fit into the group format.

(1) Room preparation: A portable sandtray cart (See APPENDIX B) was brought into the group room, and various sandtray miniatures were put on a table so that participants could view and have easy access to them.

(2) Introduction to group members: Sandtray was introduced to the participants by saying, “This is sandtray where you can create your world by using any sandtray miniatures you like. As you can see, there are many sandtray miniatures. I would like you to take a few minutes to look around and choose 3 to 5 miniatures and put them on your sandtray. You may go back and choose as many miniatures as you need. Create your sandtray world. If you need any clarification or have any questions, please feel free to ask me.”

(3) Creation of the sandtray: During this phase, the process of each group member’s sand world creation was observed. The observation included what miniatures were used,

where they were placed, if any of them were relocated, if there was any significant emotional context, and how each member presented himself/herself during the creation.

(4) Post-creation: The participants were not obligated to share their sandtray world, but if they were willing, they were encouraged to talk about their creation. Some questions for further exploration and clarification were asked, including “I noticed....” “I wonder....” “Tell us about....” “How were you feeling when you were....” After processing, the participants were asked to look at their sandtray world and give it a title.

(5) Sandtray clean-up and documentation: After the session was over, a digital photo for each sandtray was taken. Miniatures were taken back to where they belonged and how each client described their sandtray world was documented with a picture.

### Week Three: Guided Imagery and Creative Hands

#### \* Materials

Model Magic, carving tools, Music CD

#### \* Goal/Rationale

Utilizing guided imagery with other expressive arts can make an added impact on participants and bring about resolution of their concerns more quickly (Gladding, 2005).

International college students may need help learning how to relax. Guided imagery combined with fabricating using Model Magic was utilized as a helpful tool to promote relaxation and create an opportunity for self-expression.

#### \* Procedure

(1) Breathing exercise: While classic piano music played, participants were asked to close their eyes and take a deep breath several times.

(2) Guided imagery for relaxation: With their eyes closed, participants were encouraged to relax and be sensitive to their bodies. An example of a guided imager for relaxation follows. “You may be very tired from all the classes and work you have participated in during the week. Even though you are sitting on an uncomfortable chair, try to find the most comfortable position for yourself. I would like to encourage you to honor your body for now. See if you have any specific areas that feel tense. It may be your shoulder, neck, or your feet. Give yourself a massage if you want. And imagine that you are a snowman. You can see you have a head, a body, and two arms sticking out. And you are standing on your legs. The sun is shining and you feel you are melting. You notice that your head is melting. Your body starts to melt. Your two arms are almost melted. Now your feet also begin to melt. Finally you are just a puddle lying on the ground. . . . . Now you notice that you are more relaxed. If you are ready, you can open your eyes (Adapted from Oaklander, 1988).” After this guided imagery, group members were encouraged to share their experiences.

(2) Creative hands: Different colors of Model Magic were provided, and participants were encouraged to take a small portion of each color to play and feel the texture. And, they were asked to make anything they like. The process of how participants engaged in the activity was observed. All participants had a chance to talk about their creations and personalized meanings.

## Week Four: Group Mural Depicting Their View in the U.S.

### \* Materials

Three-by-six-foot sheet of paper mounted on the wall, crayons, markers, various expressive arts materials (see APPENDIX B for a list of materials).

### \* Goal/Rationale

Group drawing can facilitate interaction, assess group dynamics, and enhance cohesiveness and socialization within the group (Bratton & Ferebee, 1999). The rationale for using this activity is to help the group members share their perceptions and experiences about their lives in the U.S. through a collaborative group project.

### \* Procedure

Group members were asked to decide how to best approach drawing a mural as a group. Group dynamics were observed, and everyone was encouraged to participate equally for group drawing. Discussion focused on the meaning of life style and coping strategies in the United States.

## Week Five: Body Image

### \* Materials

A roll of butcher paper, markers, crayons, various expressive arts materials (see APPENDIX B for a list of materials)

### \* Goal/Rationale

Body image activity was presented to help participants understand themselves in a more holistic way through expressing their physical, emotional, and spiritual images of

themselves in an artistic endeavor. Participants can reveal their concerns indirectly through this activity (Gladding, 2005).

\* Procedure

This activity was explained by saying, “I am going to ask you to lie down on this paper so that I can trace your body outline. If you feel uncomfortable, find a position that you are comfortable with. You can sit on the paper instead of lying down if you prefer. I want you to express your body image on this big paper. When I say body image, it doesn’t mean only your physical body image. It includes your emotional, physical, and spiritual image.” After drawing a body outline, participants were encouraged to decorate it the way they wanted by using any choice of expressive arts materials. Personal process with each client focused on individual concerns and self-image.

### Week Six: Finger Painting and Music

\* Materials

Finger painting papers, finger paints (red, blue, yellow, green), moistened wipes, group members’ favorite Music CD’s

\* Goal/Rationale

Due to special qualities of finger painting, including tactile and kinesthetic qualities and providing soothing experience (Oaklander, 1988), it was used to help participants feel relaxed and express themselves.

\* Procedure

Prior to this session, group members were asked to bring their favorite music CD’s to share with the group. During finger painting, participants’ favorite music CD’s were

played, and group members were encouraged to share personal meanings. Participants talked about their creation and feelings in light of their experiences during finger painting.

### Week Seven: The Rosebush

#### \* Materials

Papers, crayons, color pencils

#### \* Goal/Rationale

Guided imagery can help participants express blocked feelings, thoughts, wishes, and needs in a non-intrusive way (Oaklander, 1988).

#### \* Procedure

After a breathing exercise, group members were asked to close their eyes and imagine that they were rosebushes. The following questions were asked to facilitate their imagination as rosebushes (Oaklander, 1988). “What kind of rosebush are you?” “Are you very small?” “Are you tall?” “Do you have flowers? If so, what kind?” “What are your roots like?” “Are there other flowers or are you alone?” “What is it like to be a rosebush?” “Who takes care of you?” Participants were asked to draw their rosebushes by utilizing different expressive arts materials. When they were finished, they were asked to describe their rosebushes in the present tense as if they were the rosebush. An individual process with each member focused on their perceptions of self and others.



## Week Eight: Self-Collage and Creative Writing

### \* Materials

Paper plates, Polaroid camera/ films, culturally different magazines (e.g. Korean, Japanese, Taiwanese magazines along with American magazines), scissors, glue, various expressive arts materials (see APPENDIX B for a list of materials), journal note pad, pencils.

### \* Goal/Rationale

Collage is a relaxing and fun creative process, and it has personal appeal and meaning (Rogers, 1993). Including their pictures as a part of collage work may help participants focus more on exploring who they are. Providing multiculturally different magazines from various countries may help them feel at home.

### \* Procedure

Group members were asked to include themselves in the collage work by taking a Polaroid picture of any part of their body. Group members took turn taking one another's pictures and put the picture in the middle of a paper plate. During the collage work, participants were encouraged to make a note on anything that comes to mind on a journal note pad. After creation, group members shared their self-collage work and creative writing.

## Week Nine: Animal Clay Sculpture

### \* Materials

Potter's clay, carving tools, moistened wipes, vinyl tablecloth, music CD.

### \* Goal/Rationale

The tactile and sensual nature of the clay can provide a sensory experience that promotes awareness and expression of feelings (Bratton & Ferebee, 1999). Animal clay sculpture was utilized to facilitate the molding of self-image and exploration of personal strengths and weaknesses through the symbolic image of an animal that represents themselves.

\* Procedure

Participants were encouraged to feel the texture of a block of clay by pounding, squeezing, and manipulating it with their hands for a while. Participants were asked to think about an animal that they could identify with themselves or that best symbolizes them. After they made their own animals out of a lump of clay, an individual process with each client was followed, and facilitative questions were asked including, “Why have you chosen that animal to represent you?” “What does your animal need?” “What would be the strengths or weaknesses of that animal?” “How is your animal similar to you in its characteristic?” “What do you want to name the animal?” (Adapted from Bratton & Ferebee, 1999).

### Week Ten: Scrapbook

\* Materials

All expressive arts works and pictures for each member (from session 1 to 9), poster papers, various expressive arts materials

\* Goal/Rationale

The rationale of this activity was to integrate participants’ learning about themselves and to bring about a safe closure.

\* Procedures

(After each session (session 2 to 9), a picture of each client's creation and their actual creation piece were saved in order to use them as a structured activity for final session). All pictures and expressive arts creations were brought in, and participants were asked to reflect their inner journey by making their own scrapbook using all their accumulated creations. Participants were asked to name their final project and encouraged to share their learning that was discovered over expressive group counseling experiences.

## 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), 539-547.
- Achenbach, T. M., & Rescorla, L. A. (2003). *Manual for the ASEBA adult forms & profiles*. Burlington: University of Vermont, Research Center for Children, Youth, & Families.
- Alexander, C. M., & Sussman, L. (1995). Creative approaches to multicultural counseling. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 375-384). Thousand Oaks: Sage.
- Allan, J. (1988). *Inscapes of the child's world*. Dallas, TX: Spring.
- American Speech Language Hearing Association Joint Subcommittee of the Executive Board on English Language Proficiency. (1998). Students and professionals who speak English with accents and nonstandard dialects; Issues and recommendations. Position statement and technical report. *ASHA, 40*, 28-31.
- Apfel, J. L. (2003). Depression and its treatments: A college sample. *Journal of College Student Psychotherapy, 18*(2), 67-81.
- Appleton, V. E., & Dykeman, C. (1996). Using art in group counseling with Native American youth. *Journal for Specialists in Group Work, 21*, 224-231.
- Archer, J., & Cooper, S. (1998). *Counseling and mental health services on campus*. San Francisco: Jossey-Bass.
- Armstrong, S. S., & Henson, R. K. (2005). Statistical practices of IJPT researchers: A review from 1993-2003. *International Journal of Play Therapy, 14*(1), 7-26.
- Asner-Self, K. K., & Feyissa, A. (2002). The use of poetry in psychoeducational groups with multicultural-multilingual clients. *Journal for Specialists in Group Work, 27*(2), 136-160.

- Atkinson, D. R., Morten, G., & Sue, D. W. (1989). *Counseling American minorities: A cross-cultural perspective (3<sup>rd</sup> ed.)*. Dubuque, IA: William C. Brown.
- Aubrey, R. (1991). International students on campus: A challenge for counselors, medical providers, and clinicians. *Smith College Studies in Social Work, 62*, 20-33.
- Bendersky, N., & Felman, Y. (1984). Coping with transitions. *Journal of College Student Personnel, 25*(6), 555-556.
- Berg, R. C., Landreth, G. L., & Fall, K. A. (1998). *Group counseling: Concepts and procedures*. Philadelphia: Accelerated Development.
- Berry, J. H. W. (1980). Acculturation as varieties of adaptation. In A. M. Padilla (Ed.), *Acculturation: Theory, models, and some new findings (pp. 9-25)*. Boulder: Westview.
- Bishop, J. B., Gallagher, R. P., & Cohen, D. (2000). College students' problem: Status, trends, and research. In D. C. Davis & K. M. Humphrey (Eds.), *College counseling: Issues and strategies for a new millennium (pp. 89-110)*. Alexandria: American Counseling Association.
- Bonner, R. L., & Rich, A. R. (1988). Toward a predictive model of suicidal ideation and behavior: Some preliminary data in college students. *Suicide and Life-Threatening Behavior, 17*, 50-61.
- Bradly, L. J., Parr, G., Lan, W. Y., Bingi, R., & Gould, L. J. (1995). Counseling expectations of international students. *International Journal for the Advancement of Counseling, 18*, 21-31.
- Bratton, S. C., & Ferebee, K. W. (1999). The use of structured expressive art activities in group activity therapy with preadolescents. In D. S. Sweeney, & L. E. Homeyer (Eds.), *The*

- Handbook of group play therapy: How to do it, how it works, whom it's best for.* (pp. 192-214). San Francisco: Jossey-Bass.
- Brinson, J. A., & Kottler, J. (1995). International students in counseling: Some alternative models. *Journal of College Student Psychotherapy, 9*, 57-70.
- Carr, J. L., Koyama, M., & Thiagarajan, M. (2003). A women's support group for Asian international students. *Journal of American College Health, 52*(3), 131-140.
- Centers for Disease Control and Prevention. (2003). *Information for SARS patients and their close contacts.* Retrieved May 17, 2005, from <http://www.cdc.gov/ncidod/sars/factsheetcc.htm>
- Chandler, L. A. & Gallagher, R. P. (1996). Developing a taxonomy for problems seen at a university counseling center. *Measurement and Evaluation in Counseling and Development, 29*, 4-12.
- Cheng, L. L. (1999). Moving beyond accent: Social and cultural realities of living with many tongues. *Topics in Language Disorders, 19*(4), 1-10.
- Cherian, V. (1987). Effects of brief structured group counseling and study skills training on the academic performance, study behaviors, and attitudes of foreign university students. (Doctoral dissertation, Temple University, 1987).
- Chickering, A. W., & Reisser, L. (1993). Education and identity. San Francisco: Jossey-Bass.
- Choe, K. K. (1996). Acculturative Stress among Korean Students. *Dissertation Abstracts International, Vol 57*(3-A).
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2<sup>nd</sup> ed.). New York: Academic Press.

- Comas-Diaz, L., & Greene, B. (1994). Women of color with professional status. In L. Comas-Diaz & B. Green (Eds.), *Women of color: Integrating ethnic and gender identities in psychotherapy* (pp. 347-388). New York: Guilford.
- Couroucli-Robertson, K. (2001). Brief drama therapy of an immigrant adolescent with a speech impediment. *The Arts in Psychotherapy, 28*, 289-297.
- Dadfar, S., & Friedlander, M. L. (1982). Differential attitudes of international students toward seeking professional psychological help. *Journal of Counseling Psychology, 29*, 335-338.
- Feder, E., & Feder, B. (1981). *The expressive arts therapies*. Englewood Cliffs, NJ: Prentice Hall.
- Ferrier, L. J. (1991). Pronunciation training for foreign teaching assistants. *American Speech-Language-Hearing Association, 4*(91), 65-70.
- Fleishman, B., & Fryrear, J. L. (1981). *The arts in therapy*. Chicago: Nelson-Hall.
- Furr, S., Westefeld, J., McConnell, G., & Jenkins, M. (2001). Suicide and depression among college students: A decade later. *Professional psychology: Research and practice, 32*(1) 97-100.
- Gallagher, R. P. (2004). *National survey of counseling center directors*. Alexandria, VA: International Association of Counseling Services.
- Geller, S. K., Kwapien, A., Phillips, E. L., Wiggers, T. T., Jordan, K., & Marcellino, I. (1986). "Artbreak": Innovation in student life programming. *Journal of College Student Personnel, 27*, 229-233.
- Gladding, S. T. (2005). *Counseling as an art: The creative arts in counseling*. Alexandria, VA: American Counseling Association.

- Golden, B. R., Corazzini, J. G., & Grady, P. (1993). Current practices of group therapy at university counseling centers: A national survey. *Professional Psychology: Research and Practice, 24*, 228-230.
- Haarasilta, L., Marttunen, M., Kaprio, J., & Aro, H. (2001). The 12-month prevalence and characteristics of a major depressive episode in a representative nationwide sample of adolescents and young adults. *Psychological Medicine, 31*(7), 1169-1179.
- Harrell, S. P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry, 70*(1), 42-57.
- Hayes, R. L., & Lin, H. (1994). Coming to America: Developing social support systems for international students. *Journal of Multicultural Counseling and Development, 22*(1), 7-16.
- Henderson, D. A., & Gladding, S. T. (1998). The creative arts in counseling: A multicultural perspective. *The Arts in Psychotherapy, 25*(3), 183-187.
- Hinkle, D. E., Wiersma, W., & Jurs, S. G. (2003). *Applied statistics for the behavioral sciences* (5<sup>th</sup> ed.). Boston: Houghton Mifflin Company.
- Ho, R. T. H. (2005). Effects of dance movement therapy on Chinese cancer patients: A pilot study in Hong Kong. *The Arts in Psychotherapy, 32*(5), 337-345.
- Humphrey, K. M., Kitchens, H., & Patrick, J. (2000). Trends in college counseling for the 21<sup>st</sup> century. In D. C. Davis & K. M. Humphrey (Eds.), *College counseling: Issues and strategies for a new millennium* (pp. 289-305). Alexandria: American Counseling Association.



- Jacob, E. (2001). Using counselor training and collaborative programming strategies in working with international students. *Journal of Multicultural Counseling and Development, 29*, 73-88.
- Jacobs, E. E., Harville, R. L., & Masson, R. L. (1988). *Group counseling: Strategies and skills*. Pacific Grove: Brooks Cole.
- Jenkins, Y. M. (1999). Diversity in college settings: The challenge for helping professionals. In Y. M. Jenkins (Ed.), *Diversity in college settings: Directives for helping professionals* (pp. 5-20). New York: Routledge.
- Jones, C., Baker, F., & Day, T. (2004). From healing rituals to music therapy: Bridging the cultural divide between therapist and young Sudanese refugees. *The Arts in Psychotherapy, 31*(2), 89-100.
- Kazdin, A. E. (1999). The meanings and measurement of clinical significance. *Journal of Consulting and Clinical Psychology, 67*, 332-339.
- Khoo, P. L. S., Abu-Rasain, M. H., & Hornby, G. (1994). Counseling foreign students: A review of strategies. *Counseling Psychology Quarterly, 7*, 117-131.
- Kincade, E. A., & Kalodner, C. R. (2004). The use of groups in college and university counseling centers. In J. L. DeLucia-Waack, D. A. Gerrity, C. R. Kalodner, & M. T. Riva (Eds.), *Handbook of group counseling and psychotherapy* (pp. 366-377). Thousand Oaks: Sage.
- Komiya, N., & Eells, G. T. (2001). Predictors of attitudes toward seeking counseling among international students. *Journal of College Counseling, 4*(2), 153-161
- Langdon, H. W. (1999). Foreign accent: Implications for delivery of speech and language services. *Topics in Language Disorders, 19*(4), 49- 65.

- Lawrence, M. (1981). *Group counseling: Its effects on the perception of self and others and on the adjustment of students from India*. Unpublished doctoral dissertation, The University of Michigan.
- Lee, R. M., & Robbins, S. B. (1998). The relationship between social connectedness and anxiety, self-esteem, and social identity. *Journal of Counseling Psychology, 45*, 338-345.
- Leong, F. T. L., & Chou, E. L. (2002). Counseling international students and sojourners. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (4<sup>th</sup> ed., pp. 185-207). Thousand Oaks: Sage.
- Liebmann, M. (2004). *Art therapy for groups: A handbook of themes and exercises*. New York: Brunner-Routledge.
- Lin, G., & Yi, J. K. (1997). Asian international students' adjustment: Issues and program suggestions. *College Student Journal, 31*, 473-479.
- Lin, J. G. (1996). Counseling college students from Taiwan. In P. D. Pedersen & D. Locke (Eds.), *Cultural and diversity issues in counseling* (pp. 51-53). Greensboro, NC: ERIC Counseling and Student Service Clearinghouse.
- Lin, J. G. (2000). College counseling and international students. In D. C. Davis & K. M. Humphrey (Eds.), *College counseling: Issues and strategies for a new millennium* (pp. 169-183). Alexandria: American Counseling Association
- Linden, S. (1997). Aiko: Drama therapy in the recovery process of a Japanese/Korean-American woman. *The Arts in Psychotherapy, 24*(2), 193-203.
- Logan, J. P. (1995). *Psychological changes in community college students associated with guided imagery combined with music*. Unpublished doctoral dissertation, Wyoming University.

- Malchiodi, C. A. (2005). *Expressive therapies*. New York: The Guilford.
- Maxwell, S. E., & Delaney, H. D. (2004). *Designing experiments and analyzing data: A model comparison perspective (2<sup>nd</sup> ed.)*. Mahwah, NJ: Lawrence Erlbaum.
- McNiff, S. (1981). *The arts and psychotherapy*. Springfield, IL: Thomas.
- McNiff, S. (1992). *Art and medicine*. Boston: Shambhala.
- Montgomery, J. K. (1999). Accents and dialects: Creating a national professional statement. *Topics in Language Disorders, 19*(4), 78-86.
- Mori, S. (2000). Addressing the mental health concerns of international students. *Journal of Counseling and Development, 78*, 137-144.
- Neiman, G. S., & Rubin, R. B. (1991). Changes in communication apprehension, satisfaction, and competence in foreign dialect and stuttering clients. *Journal of Communication Disorder, 24*, 353-366.
- Oaklander, V. (1988). *Windows to our children*. New York: The Gestalt Journal Press.
- Oberg, K. (1960). Culture shock: Adjustments to new cultural environments. *Practical Anthropology, 4*, 177-182.
- Office of International Student & Scholar Services, Division of Student Affairs. (2005). *Don't place your immigration status at risk: Some consequences of illegal employment*. Retrieved July 20, 2005, from <http://iss.binghamton.edu/emp/conseqillegalemp.htm>.
- Omizo, M. M., & Omizo, S. A. (1989). Art activities to improve self-esteem among native Hawaiian children. *Journal of Humanistic Education and Development, 27*(3), 167-176.
- Open Doors. (2002). *International student enrollment in the U.S.* Institute of International Education. Retrieved November 22, 2005, from <http://opendoors.iienetwork.org>.

- Open Doors. (2004). *International student enrollments declined by 2.4% in 2003/04*. Institute of International Education. Retrieved July 20, 2005, from <http://opendoors.iienetwork.org>.
- Open Doors. (2005). *International student in the U.S.* Institute of International Education. Retrieved November 22, 2005, from <http://opendoors.iienetwork.org>.
- Pai, H. (1998). Reentry difficulty, life satisfaction, and psychological well-being of Taiwanese students who have returned from the United States. *Dissertation Abstracts International*, 58(7-A).
- Paladino, D. A. (2004). *The effects of cultural congruity, university alienation, and self-concept upon multiracial students' adjustment to college*. Unpublished doctoral dissertation, University of Arkansas.
- Palmer, C. J. & Shuford, B. C. (1996). Multicultural affairs. In A. L. Rentz & Associates (Ed.), *Student affairs practice in higher education (pp. 214-237)*. Springfield, IL: Charles C Thomas.
- Parr, G., Bradley, L. J., & Bingi, R. (1992). Concerns and feelings of international students. *Journal of College Student Development*, 33(1), 20-25.
- Pedersen, P. B. (1991). Counseling international students. *Counseling Psychologist*, 19, 10-58.
- Poyrazli, S., Kavanaugh, P. R., Baker, A., & Al-Timimi, N. (2004). Social support and demographic correlates of acculturative stress in international students. *Journal of College Counseling*, 7, 73-82.
- Riley, S. (2001). *Group process made visible*. New York: Brunner-Routledge.
- Rogers, N. (1993). *The creative connection: Expressive arts as healing*. Palo Alto, CA: Science & Behavior Books.

- Rousseau, C., Gauthier, M-F., Lacroix, L., Alain, N., Benoit, M., Moran, A., Rojas, M. V., & Bourassa, D. (2005). Playing with identities and transforming shared realities: Drama therapy workshops for adolescent immigrants and refugees. *The Arts in Psychotherapy*, 32(1), 13-27.
- Rubin, R. B. (1985). The validity of the Communication Competency Assessment Instrument. *Communication Monographs*, 52, 173-185.
- Sandhu, D. S. (1994). An examination of the psychological needs of international students: Implications for counseling and psychotherapy. *International Journal for the Advancement of Counseling*, 17, 229-239.
- Sandhu, D. S., & Asrabadi, B. R. (1994). Development of an acculturative stress scale for international students: Preliminary findings. *Psychological Reports*, 75, 435-448.
- Seferoglu, G. (2005). Improving students' pronunciation through accent reduction software. *British Journal of Educational Technology*, 36, 2, 303-316.
- Sikorski, L. D. (2005). Foreign accents: Suggested competencies for improving communicative pronunciation. *Seminars in Speech and Language*, 26(2), 126-130.
- Snider, P. D. (2001). Counseling for international students in Western universities: A cross-cultural examination of counseling expectations and services. *International Education Journal*, 2(5), 61-85.
- Sodowsky, G. R. (1991). Effects of culturally consistent counseling tasks on American and international student observers' perception of counselor credibility: A preliminary investigation. *Journal of Counseling and Development*, 69, 253-256.
- Sue, D. W. & Sue, D. (1999). *Counseling the culturally different: theory and practice*. New York: John Wiley & Sons.

- Thomas, K., & Althen, G. (1989). Counseling foreign students. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (3<sup>th</sup> ed., pp. 205-241). Honolulu: University of Hawaii Press.
- Trombetti, I.A. (1986). Helping students with limited English proficiency realize the American dream. *Journal of College Student Personnel*, 27(4), 367-368.
- Trusty, J., Thompson, B., & Petrocelli, J. (2004). Practical guide for reporting effect size in quantitative research in the *Journal of Counseling & Development*. *Journal of Counseling and Development*, 82(1), 107-110.
- Uba, L. (1994). *Asian Americans: Personality patterns, identity, and mental health*. New York: Guilford.
- Weiner, D. J. (1999). *Beyond talk therapy: Using movement and expressive techniques in clinical practice*. Washington, D.C: American Psychology Association.
- Westwood, M. J., & Barker, M. (1990). Academic achievement and social adaptation among international students: A comparison groups study of the peer-paring program. *International Journal of Intercultural Relations*, 14, 251-263.
- Winkelman, M. (1994). Cultural shock and adaptation. *Journal of Counseling and Development*, 73(2), 121-127.
- Wright, D. J. (2000). College counseling and the needs of multicultural students. In D. C. Davis & K. M. Humphrey (Eds.), *College counseling: Issues and strategies for a new millennium* (pp. 153-168). Alexandria: American Counseling Association.
- Wortham, F. B. (1986). A group for teaching job interview skills to international students. *Journal of College Student Personnel*, 27(2), 179-181.
- Yalom, I. D. (1995). *The theory and practice of group psychotherapy*. New York: BasicBooks.

- Yarris, E. (1996). Counseling. In A. L. Rentz & Associates (Ed.), *Student affairs practice in higher education* (pp. 143-174). Springfield, IL: Thomas.
- Yeh, C. J., & Inose, M. (2003). International students' reported English fluency, social support satisfaction, and social connectedness as predictors of acculturative stress. *Counseling Psychology Quarterly*, *16*(1), 15-28.
- Yi, J. K., Lin, J. G., & Kishimoto, Y. (2003). Utilization of counseling services by international students. *Journal of Instructional Psychology*, *30*(4), 333-343.
- Zhai, L. (2002). Studying international students: Adjustment issues and social support. *ERIC Document Reproduction Service*.
- Zhang, N., & Dixon, D. N. (2001). Multicultural responsive counseling: Effects on Asian students' ratings of counselors. *Journal of Multicultural Counseling and Development*, *29*(4), 253-262.
- 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.