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Counseling and Mental Health Awareness in Higher Education Institutions: A
Phenomenological Exploration of Mental Health and How It Affects Degree Completion
among Black Undergraduate College Women

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Abstract

The purpose of this qualitative study was to explore Black undergraduate women's lived experiences with mental health management and pursuance of degree completion. This study used a phenomenological approach, guided by the following research questions: 1) What barriers are Black undergraduate college women facing regarding their accessibility to counseling services on their campus? and 2) How do Black undergraduate college women with mental health issues effectively manage stressful situations while pursuing and completing a college degree? The current literature that examined Black women's utilization of counseling is limited, especially among Black women enrolled in college. This study aimed to fill this gap in research and add to the current body of literature. The analysis of this data was used to explore, interpret, and describe the lived experiences of 10 Black women who were in pursuit of their undergraduate degree and their mental health quest. Further, the results of the analysis commentated six major themes regarding the participants' experiences: 1) unfamiliar territory, 2) self-discovery, 3) the miseducation of therapy, 4) mental health maintenance, 5) God and therapy, and 6) more Black women therapists. There were also three sub themes that materialized: 1) time and life balance, 2) coping strategies, and 3) awareness and utilization of counseling support services. Thus, the results of this study were disseminated to other practitioners in the field of counseling and Kindergarten through 12th grade education and included recommendations for the future.

Keywords: black american, counseling, degree completion, mental health, student support services, therapy

Dedications

I want to dedicate this dissertation to my sister, Dominique White, who is the inspiration for my interest in counseling services on college campuses. Her college experience coupled with her mental health showed me firsthand that college students need mental support in every way. Through her perseverance, she completed her degree despite her many challenges with coursework, program requirements, and advising and departmental relationships. She knows, understands, and appreciates the benefit of therapeutic work; she knows the importance of mental health and what it means to me and for that I am grateful. I will always be her support and confidant when she needs it in any aspect of her life.

I want to also dedicate this to the 10 Black undergraduate women who said yes and willingly participated in this study. I appreciated the relief and comfort they experienced while they spoke to Black women about their collegiate, cultural, and personal experiences. Unbeknownst to them, they ignited a confidence in me as a new researcher and forever student to immerse myself to seek stories. All 10 of their stories are important and I am grateful we were able to create a space for those young women to share their experiences and discuss mental health.

This dissertation is dedicated to my family who stood by me through all of my storms and encouraged me to never give up on my dreams or goals. More specifically I dedicate this work to my son Steven C. Bailey, he always sees the best in me even in my lowest moments. My goal as his mother is to build a legacy for him and teach him how to triumph through the most difficult circumstances. I want him to know that no matter where life takes him, that there is greatness on the inside of him that the world needs to

see. I pray that one day he, too, will research a problem and create a solution to fill the gap, thus building a legacy for his future children.

I also dedicate this research to the 10 wonderful Black women who unapologetically shared their stories. They openly discussed their transitions, fears, and victories. These 10 women allowed me as a researcher a deeper exploration into an uncharted territory. They provided answers that will lend in future research and improve mental health for all Black women who will attend college in the years to come. I personally say thank you for being courageous, bold, and true to your journey.

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Thank you for your accountability, the random drop-bys, your unwavering support, the space to vent and pour out my worries, and the constant reminder to ‘See It Through.’

A terminal degree is the highest degree one can accomplish; in my career field the highest degree is a doctoral degree in education. On this journey you need guidance, support, and reassurance. I could not have completed this degree without a few individuals that I must recognize. I would first like to thank God, my Lord Jesus Christ because with God all things are possible (Matthew 19:26). I would like to extend a special thank you to my department chair Dr. Shawn Woodhouse for feedback, counsel, and always being available. Additionally, I would like to extend a heartfelt thank you to my mentor and committee member Dr. Kenton Mershon for spending countless hours giving advice, direction, motivation, and reinforcement. Finally, I want to acknowledge and thank my dissertation teammate ShaQuina White, no long explanation. We put in the time and dedication and now we celebrate the fruit of our work.

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Chapter 1

Introduction

According to the Center for Collegiate Mental Health 2021 Annual Report (2022), anxiety was trending as the primary concern among college students, followed by depression and stress. On college campuses, certain departments serve as a core landmark for students. Students are more knowledgeable of certain core office landmarks such as the office of admissions, student financial services, which houses financial aid and cashier's offices, and housing/residential life. These offices provide four vital functions: how to seek admission to college or a university, where and how to request funding to meet financial educational goals, where to make payments, and how to identify campus housing. These departments are the most visible, as they are the marketing focal point of a university and the initial point of reference for all students who embark upon their collegiate experience. These offices are an arm of the student support services division and are accessible through degree completion as students consistently interact with representatives every semester. Counseling services are also a part of student support services and they have been on college campuses since the early 1900s (Kraft, 2011), but they are underutilized in comparison to the remaining core offices mentioned, especially among Black students (Center for Collegiate Mental Health, 2022).

Background

The American Counseling Association (2022) defines counseling as professional empowerment and collaboration to help achieve mental health and wellness, and it is an unbiased conversation and connection between the therapist and the client (2022).

Counseling terminology emerged in print for the first time in 1931; however, ancient Greece and Rome introduced a form of counseling that leveraged healing techniques and formed helping relationships (Jackson, 1999, p.4). It would be centuries before counseling became a nationwide practice and many years later before college counseling was established.

Amherst College was the first institution of higher learning to develop a college health program plan that addressed the emotional problems of students. The college health program was created in early 1861. The programs addressed physical exercise as an essential component to combat emotional problems. The students only received general support from faculty and clergy (Kraft, 2011). Most colleges were religiously affiliated, therefore students sought counsel from clerical professionals (Lloyd-Jones & Smith, 1938 & Hodges et al., 2017). It was initially suggested at most universities that educators and faculty were qualified to counsel students while also teaching courses. Faculty could support students in academics and provide personal advising assistance (Patterson, 1928 & Hodges et al., 2017). Contrarily, others thought faculty should receive general training to address normal development and academic challenges while trained mental health professionals were better equipped to handle students' psychological issues (Lloyd-Jones & Smith, 1938 & Hodges et al., 2017). Princeton University determined that as the years progressed, students needed counseling support that emphasized mental challenges.

In 1910, psychiatrist Stewart Paton, MD established the first mental health service at Princeton University. He observed that some students enrolled at Princeton left due to distress and self-discovery issues, which caused them to cease coursework completion

(Kraft, 2011). To address this issue, Paton developed the first student service department that targeted the areas of mental health, temperament, and character building (Kraft, 2011). Students achieved a high academic status as a result, and an immediate plan of action was implemented in order to resolve any mental health issues (2011). During this time, additional schools established similar services when they attended college mental health conferences. It was almost 50 years before college counseling support was completely developed (Kraft, 2011). In 2008, admissions data regarding college students who enrolled in higher education institutions indicated that enrollment increased from 3.6 million to 18.2 million students, which also increased the need for mental health support (Kraft, 2011). Princeton University could not have predicted such a huge increase in counseling services during their first meeting in the 19th century (Kraft, 2011).

Mental hygiene was discussed at the first American College Health Association, formally known as the American Student Health Association annual meeting, in 1920. Clinicians observed that mental hygiene was critical for college students to accomplish degree completion and become productive citizens in society. During the meeting, Frankwood Williams, MD outlined four components to develop a mental health program in a student services department. The components were (1) to provide support in the area of students' intellectual capability and retention; (2) to be proactive helpers for students with nervous and mental diseases; (3) to minimize partial failure later in life such as mediocrity, inadequacy, and unhappiness, and (4) to allow space for students to expand their mindset and social interaction. These ideas presented were used to support the structure of counseling during the next decade (Kraft, 2011).

Contributions of Black Women in the Psychology Field

The practice of counseling or psychology was heavily dominated by White males with no contributions from African Americans until after the beginning of the 20th century (Meyers, 2017). Dr. Inez Beverly Prosser was the first Black woman to make strides in the field of counseling. In 1933, Dr. Prosser is documented as the first Black woman to receive a doctoral degree in psychology, which marked the beginning of Black women who entered the field of counseling, psychology, or psychiatry (Benjamin et al., 2005). She received her doctorate from the University of Cincinnati while teaching at Tougaloo College in Mississippi and also working as a high school principal (Benjamin et al., 2005). Dr. Prosser's work is credited for its use in the major Supreme Court decision of *Brown v. Board of Education*, which struck down the separate but equal ideology. Her doctoral work showed the psychological effects of racism on Black children in the education system and the difference between Black students who attended segregated schools as opposed to integrated schools (Benjamin et al. 2005).

Dr. Mamie Phipps Clark's work in psychology also contributed to the *Brown v. Board of Education* Supreme Court case. Her research examined the psychology and self-identity of Black children with the creation of the Doll Test (Gibbons & Van Nort, 2009). Dr. Mamie Phipps Clark was the first Black woman, along with her husband, to receive a doctoral degree in psychology from Columbia University in 1943 (American Psychological Association, 2012). She received her degree 10 years after Prosser in the same field. The Doll Test, or Doll Study, was an expansion of her master's thesis, and it was designed as a study to measure the psychological effects of racism on Black children (Gibbons & Van Nort, 2009). Four dolls were used to assist with self-identity. Two of

the dolls were black with brown hair, two dolls were white with yellow hair, and the children were asked a series of questions related to doll preference (Gibbons & Van Nort, 2009). It was concluded that racism caused Black children to develop low self-esteem and lack of confidence, as the children would prefer the white doll over the black doll regarding their identity (Gibbons & Van Nort, 2009). Dr. Clark worked on the Doll Study while completing her doctorate at Columbia University. This research sparked her interest in clinical child psychology. In 1946, she and her husband founded the Northside Center for Child Development in Harlem (Gibbons & Van Nort, 2009). The center was deemed a community staple for behavioral, educational, and mental health services (Boyd, 2016), and these services provided resources for children and families (Gibbons & Van Nort, 2009). The Northside Center is still flourishing today serving over 2000 families and children and providing mental health resources for the Harlem community (Gibbons & Van Nort, 2009).

After World War II, the GI Bill provided funding for veterans and baby boomers who desired to attend college. This phenomenon placed a demand on mental health professionals within colleges and universities to meet the needs for college mental health and counseling services due to the new population of college students (Kraft, 2011). The GI Bill was pivotal in the shift of counseling services on college campuses, which contributed to the increased awareness of training that professionals would need in order to provide services (Hodges et al., 2017). The recognition of specialized training for college counselors expanded to include other components such as vocational, academic, and mental issues. College counseling as a profession was increasingly growing due to

the rise in the mental health crisis. This birthed an idea for campuses to separate counseling services from student affairs departments and programs (Hodges et al., 2017).

Many accomplishments abounded in mental and psychological counseling services, but counseling services were not an imperative service on college campuses for 40 years when they were recognized during the American College Health Association's annual meeting (Kraft, 2011). The number of mental health professionals in the United States increased through the mid-20th century. This increase is credited to the President John F. Kennedy administration, which distributed funding for Community Mental Health Centers in 1963. Mental health services in schools were underdeveloped and continued to struggle; they relied heavily on physical health services due to fewer trained professionals in the college mental health environment (Kraft, 2011).

Dr. Beverly Daniel Tatum, a Black woman and baby boomer, understood the challenges with counseling support on college campuses. She entered college when the GI Bill was established. Dr. Tatum began her educational career at Wesleyan University and earned a bachelor's degree in psychology in 1975 (Pounds, 2006). She earned a master's degree in 1976 and a doctorate in clinical psychology from the University of Michigan, Ann Arbor in 1984 (Pounds, 2006). Dr. Tatum began to have an impact as an academic in 1980 when she became a lecturer in the Department of Black Studies; she was young when she was recruited for this role, as she wanted to help college students of all backgrounds (Pounds, 2006). Dr. Tatum wanted her students to understand the importance of dialogue regarding the discussion of racial issues (O'Hara, 2018). She used her experiences as a clinical psychologist and the development of therapeutic groups to establish a class environment for students to discuss the difficult topic of racism with

each other. During the early 1980s, discussions regarding racism and racial interaction were rare (O'Hara, 2018). Dr. Tatum believed that community spaces were a powerful tool. Though other professors did not agree with Tatum's methods of exploration, she believed that it was a transformational experience for her students (O'Hara, 2018).

Dr. Tatum would continue her contribution to psychology as she conducted research related to race and higher education. In 1997, one of those publications was a book entitled "*Why Are All the Black Kids Sitting Together in the Cafeteria?*" This book provided insight into the psychology of racial and ethnic identity and it gained the attention of many (O'Hara, 2018). Based on Dr. Tatum's experience and observation, she understood that the psychological perspective of race had a major impact on college campuses (O'Hara, 2018). Dr. Tatum served as a Dean and President of several colleges, most notably Spelman College in 2002, and she understood that there was a gap among college students' understanding of psychology and race. She also understood the importance of further research to close the gap (O'Hara, 2018).

In 2017, during the 20th anniversary of the book's release, Tatum included more recent psychological research and added a new epilogue that specifically addressed the current political climate (O'Hara, 2018). Dr. Tatum noted that currently, colleges across the United States have struggled to increase diversified groups of students and understood that the process to create these spaces was not an easy task (O'Hara, 2018). Princeton University could not have predicted such a huge increase in counseling services during their first meeting in the 19th century, nor could they predict that the contributions of Black women in the field would impact psychological findings related to Black students in higher education. Dishearteningly, the numbers of Black students who utilize

counseling services do not reflect the cumulative progress that the profession has contributed to the field of mental health (Kraft, 2011).

Current Structure of School Counseling

Throughout the K-12 education curriculum, students are automatically assigned to a school counselor by grade level, last name, or using an organized procedure that is based on their school or district. These services are a part of the Missouri School Counseling Comprehensive Program. Missouri's comprehensive components for K-12 counseling include social-emotional development, academic development, and career development (Department of Elementary and Secondary Education, 2022). Counselors teach classroom curriculum, provide therapeutic interventions based on need, and refer students to outside partnerships and counseling centers (2022). Outside partnerships complement the effort to increase mental awareness, improve interpersonal relationships, and provide referrals to therapeutic intervention beyond school grounds. Once students graduate from high school, they make the decision to attend college or follow a different path. When they transition from high school, the K-12 school counseling services end and do not follow them as they progress to the next level of their education or life choice. In this sense, after K-12 students graduate, they should have continuous mental health education incorporated with daily and holistic living. The practice for treating mental health shifts from the use of a school curriculum to the application of counseling, therapeutic interventions, and mental health wellness as students transition from K-12 to higher education.

Underrepresented College Population

The methods that are used to address the mental health needs of underrepresented students and the effort that is required to provide mental health support have historically been underdeveloped compared to other support services (Frost et al., 2020). The data does not represent the percentage of Black college women who attend counseling services (Center for Collegiate Mental Health, 2022). There is no specific data that demonstrated that they utilized counseling services on campus because Black college women are grouped with women of other races. The transformation of college counseling services throughout the 20th century does not explain the lack of specific data for Black college women or the reason why data for this group is not available. College and university counseling departments should use a system that will produce statistical data that captures the use of therapeutic services and resources.

Candidate Perspectives

Both candidates provided perspectives from their past and current professional experiences. One of the researchers of this study who currently works in higher education noticed that not many students utilized counseling services until they encountered a mental health challenge. The process of academic advising consists of one-on-one interactions with students and the design of an academic plan that details the academic coursework that they must successfully complete in order to earn their degrees. During an advising appointment, the researcher observed that most students expressed concerns regarding family, health, workload, and financial insecurities. Students were unaware of resources and in most cases, their advisor was their first point of contact. The

researcher noticed that most students are intimidated by their professors or faculty members, as they are not sure how to communicate any problems that may arise.

Students have typically waited until a situation is beyond their control to finally seek assistance. It is perceived that students who attend college are not aware of counseling services and are nervous to seek specific resources due to their experiences on a college campus.

The second researcher's perspective is derived from the experiences within the K-12 sector, specifically at the secondary level. It is important to provide students with the necessary tools that will ensure a healthy and successful transition from high school to college. The researcher explained that it is necessary to provide students with the mental health strategies that will empower them to identify and use the student support centers on their college campus; they will also be empowered to advocate for the assistance they need without the fear of shame and doubt. This should be incorporated during the same time that students complete college applications during their senior year of high school. The researcher's experience with mental health interventions as a high school counselor did not occur until after the students graduated. The students transitioned to college and were not confident of their next steps during their collegiate experience. Several students were characterized as first-generation and when they were overwhelmed by the college process, they emailed or called to seek assistance. In most cases, their parents could not help them because they had not experienced the college process.

Problem Statement

Since the 1990s, the concern with an increase in depression and anxiety in addition to alcohol usage, mass shootings, and completed suicides at distinguished institutions raised the immediate need to take action and recognize these issues (Kirsch et al., 2015). Issues concerning depression, anxiety, suicidal thoughts, and other mental health difficulties have always existed as depression and anxiety in college students have stabilized but remained within the top three concerns on college campuses (Center for Collegiate Mental Health, 2022). Constant stress and emotional suppression among Black college women can be disguised as one of the three most common concerns, specifically anxiety or depression (Mathews et al., 2021). Most data regarding demographics is not exclusive to the intersectionality of race and gender (Jones & Sam, 2018). This has culminated in limited research related to cultural subgroups and counseling participation numbers for Black college women. Consequently, college counseling centers will be ill-equipped to better serve Black women (Busby et al., 2021).

The Center for Collegiate Mental Health 2021 Annual Report indicated that White students represented the largest number of participants who utilized counseling services (64.5%), while 8.9% of Black students utilized these services (2022). The number of women who participated totaled 67%, which was the highest number of participants based on gender. This percentage represents college women specifically from all races and ethnicities as a group. The report also demonstrated that 72% of clinical health providers on campus were women, 65.1% of providers were White, 12% were Black, and there were single-digit percentages for other ethnicities (Center for Collegiate Mental Health, 2022). It is evident that research and data do not often include

Black college women as a focus, and a distinctive percentage of these students who participate in therapy on their campuses are overlooked (Jones & Sam, 2018).

Ultimately, the oversight occurs because psychologists did not recognize that the experiences of Black women were distinct (Jones & Sam, 2018).

Students have become more aware of the importance of mental health. College campuses must distinguish the need for consistent and equitable counseling, and they must also place an emphasis on Black female students (Jones & Sam, 2018). Services should be timely, consistent, intentional, and valuable, although they do not appear to be (Glass, 2020). Black undergraduate women continue to struggle with the overall concept of counseling and how to access and utilize counseling services (Mathews et. al. 2021).

Purpose of the Study

The purpose of this study is to explore the awareness and accessibility of counseling services for Black undergraduate college women who seek to earn their undergraduate degree. This study will investigate why there is low participation among Black college women and increase student receptivity to counseling, knowledge, and awareness regarding the support that it provides. Students will also learn how to incorporate counseling and use positive mental health practices to increase their overall confidence and the ability to advocate for themselves while navigating degree completion.

Research Questions

The following research questions will be explored throughout this study:

- Q1: What are the barriers that Black undergraduate college women experience regarding accessibility to counseling services that are provided by the higher education institution that they attend?
- Q2: How do Black undergraduate college women with mental health issues effectively manage stressful situations during their pursuit and completion of a college degree?

Statement of Significance

It is important that Black adolescent females who transition to college are aware that college counseling services are available. In K-12 settings, each year students are assigned a specific counselor; however, at the collegiate level, a counselor is not routinely assigned to them. The exertion of effort to inform students about these services is not as significant as the awareness of the vital core landmarks for college admission - admissions, financial aid, cashier's, and housing. Counseling centers are available on campus for students to utilize at any time, and students should be able to locate their offices. The difference lies in the ability to make a choice; the decision of a college student to seek counseling is voluntary, and students unknowingly have the autonomy to choose a therapist (Mathews et. al. 2021).

First-time college students must adjust to their new environment on a college campus (Wyatt & Bloemker, 2013), and the thought of counseling is not a major priority. The significance of the study was to introduce them to the conversation of counseling and encourage them to discuss counseling options. This would increase their mental health awareness and provide healthy self-care activities for Black women who attend college.

Black college women will be able to carry counseling with them throughout degree completion and beyond.

Limitations

Our study focused on Black undergraduate college women's experiences with therapy in the collegiate environment. The previous research does not provide data exclusive to race and the intersectionality of Black college women. For example, Black women students represent two demographics - being Black (race) and being a woman (gender identity). Being a student can be a third intersectionality. Another limitation is how most research is outdated (Ward et al., 2009). The American Psychological Association provides resources for different demographics; however, data for African Americans was last updated in 2017, and it is also not differentiated by gender. Also, Black women are categorized with women of other races in the resources provided by the American Psychological Association.

Therefore, we conducted a phenomenological qualitative study with 10 participants from one four-year university in the Midwestern region. This provided an understanding of the lived experiences of Black college women and determined barriers to seeking counseling. It also provided insight into the expansion of college counseling and meeting the needs of underrepresented students.

Definition of Terms

For the purpose of this study the following definitions were used and created by the researchers to provide additional explanation (Dictionary.com | Meanings & Definitions of English Words, 2023b):

Bibliotherapy- A therapeutic approach using books as an essential tool coupled with other forms of traditional therapy to support an individual or group mental health.

Black American (African American)- African American is used to describe ethnicity, while Black often describes race.

Counseling- A professional and trustworthy relationship that assists in empowering individuals, families, and groups to accomplish mental health, wellness, education, and career goals (this term will be used interchangeably with therapy).

Cultural Competence- The ability to understand, appreciate and interact with people from cultures or belief systems different from one's own, while being aware of your own cultural beliefs and values and how these may be different from other cultures.

Degree Completion - The confirmation of all degree requirements being met by a student and is often symbolized by a graduation ceremony as well as a degree certificate.

Landmark - A common, visual representation that is familiar to an individual; something that is noticed consistently and provides direction.

Mental Health - Cognitive, behavioral, and emotional well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

Mental Health Equity Gap - Lacking the opportunity to access quality mental health care because of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location.

Mental Illness - Altered thinking, feeling, behavior, or mood that deeply impacts day-to-day living and may also affect the ability to relate to others. It is formally diagnosed by a

medical doctor and guided and categorized by the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders).

Safe Space - A place or environment where a person or category of people can feel comfortable and not be exposed to discrimination, criticism, harassment, judgment, or any other emotional or physical harm.

Student Support Services - Department within a university that usually includes academic advising, tutoring services, counseling services, and student affairs and is in place to assist with students' academic, social, and emotional success.

Therapist/Clinician - Trained, certified, or licensed individual who offers therapy for individuals with various mental and physical issues. These are often interchangeable.

Therapy - Process of talking to a trained counselor about emotional and mental problems and relationships to understand and improve the way you feel and behave (this term will be used interchangeably with counseling).

Organization of Study

This research study consists of four chapters, a reference list, and appendices. Chapter one is composed of a brief introduction and a literature review. The introduction covers the history of college counseling and Black women who contributed to the growth of the mental health field. The literature review provides an examination of mental health, barriers experienced by Black college women, safe spaces, college counseling for Black women, the organizational structure of counseling departments and a theoretical framework. Chapter two describes the qualitative research design that was used for the study. There is also a detailed outline of the questionnaire that will be used to collect the

data and a description of the participants and procedures that were used to conduct the research. Chapter three includes a thorough analysis of the data collected which was analyzed using a coding system. Chapter four includes a summary of the research, a discussion of the results, recommendations for future research studies, and a dissemination plan of how the research will be shared. The dissertation concludes with references and a list of appendices.

Literature Review

The Center for Collegiate Mental Health (2022) found that college students' mental health needs have increased over the past ten years. The White House has also discussed mental health and made official statements to improve the sector of mental health as a whole. The Biden-Harris Administration addressed the national mental health crisis with specific goals for expanding access in K-12 schools, colleges, and universities. The Department of Education will use relief funds to increase the number of mental health professionals in schools and aid in counselor training, recruitment, and retention. The statement addresses a cumulative plan for mental health; however, there was a brief articulation of an implementation plan for K-12 and postsecondary institutions. Black and Brown communities were also mentioned with hopes for the administration to provide equitable accessibility in communities of color (The United States Government, 2022). The statement mentioned their budget for these plans, assistance for veterans, tele-health and virtual mental care options, improved care for frontline healthcare workers, the establishment of the 988 crisis response line, and other goals for the nation. According to the White House, mental health is a national priority, but implementation is slow, and colleges and universities are not in the spotlight; funding is insufficient to resolve the national crisis.

It is clear that trends and the immediate needs for mental health services are highlighted by the Center for Collegiate Mental Health (2022) and the Biden-Harris Administration, but mental health awareness is not implemented with fidelity. There is also a significant lack of attention specifically on Black women or even Black college

women. This study aimed to gain insight into the Black undergraduate college women's experience with counseling on campus.

Barriers Experienced by Black College Women

Black college women face daily barriers and counseling is accessible on most college campuses. It should be second nature for students to seek help from an academic coach, advisor, or professor, and they should be able to refer students to counseling, but these services are underutilized whether they are referred or not. Students can experience either system-level or individual-level barriers, preventing them from seeking proper treatment (Ward et al., 2009). Ward et al. (2009) defined system-level barriers as ones created by systems specifically designed to provide counseling and mental health resources. For example, the cost of services and students' ability to pay for counseling sessions is a system-level barrier. A sliding scale is available in most circumstances, but not all students can afford sessions which causes inconsistency. Individual-level barriers are how different individuals experience their encounters or lack of encounters with counseling services (Ward et al., 2009). Black women are receiving degrees at an increasing rate compared to other individuals, and this can create the perspective that they do not experience as many barriers as people think due to their ambition (Haskins et al., 2019). These views ignore Black college women's need for mental health resources, big or small (Haskins et al., 2019). Black women's strength and tenacity often create a false perception of exemption against setbacks and it is perceived that they solve their problems without assistance from others (Apugo, 2019). It is essential to know and acknowledge how each student has different needs and understand that students can have different experiences and interests (Reavis et al., 2022). A list of the major barriers that

Black college women encounter on campuses are the imposter phenomenon, lack of representation in departments, culturally competent clinicians, intersectionality, and establishing safe spaces.

Imposter Phenomenon

The literature explores imposter syndrome (also known as imposter phenomenon) as a theoretical construct, and its effects upon degree completion and a sense of belonging (Haskins et al., 2019). It is a construct defined as an individual's internalized thought of unworthiness, making it difficult to believe in themselves (Cokley et al., 2017). Imposter phenomenon can also be identified as an individual-level barrier because students may internalize negative self-talk. Haskins et al. (2019) explores how imposter phenomenon can affect the perseverance of Black college women while they progress toward degree completion. The emotions experienced with imposter phenomena bring fear of inadequacy and negative thoughts which can manifest as oppressive internal dialogue. This may cause students to believe they do not deserve to be in a particular class or the university. The utilization of counseling can assist with exploring their well-being.

Coping strategies to combat imposter phenomena were stress management, exercise, mindfulness practices, and curriculum changes (Haskins et al., 2019); however, these suggestions are not always applicable. They are presumed to be an ongoing approach to control the negative thoughts associated with imposter phenomena, but once these coping strategies have been practiced, it only results in a temporary solution, as Black college women are still enrolled in classes and adapting to their environment on a

college campus. Coping strategies that are presented will help the students, but they are not a solution to overcome the dynamics associated with the phenomena. They also frequently feel discouraged to pursue their academic goals due to the disconnect between their goals and the institutional social norms that are represented on some college campuses (Apugo, 2019). If a student utilizes these coping mechanisms, it may not resolve the feelings of unworthiness or anxiety. Coping strategies are not universal for Black college women and most are not personally appealing, which is why most strategies are not consistently used or used at all (Apugo, 2019 & Jones, 1992). More diverse perspectives on the coping practices of Black women must be explored. Appropriate coping strategies, coupled with active participation at counseling centers, can improve mental health practices as long as they are effective, personalized, and culturally sound.

Lack of Clinician Representation and Cultural Competency

Another barrier that discourages Black college women from the pursuit of counseling services is the lack of Black women in the mental health field, as well as a lack of culturally competent clinicians who can assist Black college women to improve their mental health concerns. Apugo (2019) mentions that Black college women can experience a lack of representation of Black therapists on campus, which makes them hesitant to consider therapy.

There is a scarcity of Black clinicians on college campuses. According to the Center for Collegiate Mental Health (2022), the statistics for Black women clinicians are unknown. This is a direct reflection of representation and how it can make a difference in attendance and participation. There is a demand for an increase in Black clinicians in

counseling, as these numbers have not increased, or this profession has not been at the forefront of their interest. The statistics for White clinicians and women clinicians are high (Center for Collegiate Mental Health, 2022); however, the cultural competence of clinicians is unknown with regard to the services that they provide.

Mitchell (2020) states that Black college students do not utilize mental health services on college campuses because of their experiences with clinicians who are inconsiderate of their therapeutic journey and their inability to recognize or acknowledge their cultural differences. Also, the availability of culturally diverse clinicians and extensive waitlists discourage active participation (Frost et al., 2020). Culturally competent therapists who provide an experience that aids in the safety of the mental well-being of a student is important. Multicultural awareness is necessary for counselors to acknowledge their differences and show allyship as a therapist. Therapeutic approaches should be culturally responsive to help identify stressors that Black college women experience, show solidarity, and demonstrate how other staff can show support (Haskins et al. 2019). The Biden-Harris Administration stated that the mental health field must be expanded, diversified, and include similar professions to work collaboratively during this process (The United States Government, 2022). The need for counseling professionals to strengthen this competency provides an implication that the counseling profession is stagnant (Meyers, 2017).

Intersectionality

Intersectionality refers to interpersonal and social factors that interconnect to encompass an individual's identity (Williams & Lewis, 2021). The origin of intersectionality is documented by the experiences of women of color, specifically Black

feminists who led the way (Brinkman & Donohue, 2020), and the term was devised by Kimberlé Crenshaw in 1989 (Almeida-Junco & Guillard-Limonta, 2021; Illmonen, 2020). It was established to question the power systems of privilege and oppression and to combat them in the name of social justice (Aguayo-Romero, 2019). Some of those power systems include racism, sexism, heterosexism, and classism (Aguayo-Romero, 2019). Black women occupy two intersectional areas: being Black (racial identity) and being a woman (gender identity). Black women who occupy spaces with multiple identities which include race and gender is an experience that should always be considered. Byrd (2021) mentions that intersectionality will help education professionals to understand and recognize Black women's stories and experiences. These experiences include microaggressions, isolation, racism, and sexism, which can manifest mental health concerns such as anxiety and depression while pursuing and completing a degree (Jones & Sam, 2018). It is when clinicians identify the stressors that they suggest a need to explore the holistic collegiate experience of students (Byrd, 2021). The concept of intersectionality is to illuminate marginalized groups and center discussions around improving the power structures which affect them personally, academically, or professionally (Aguayo-Romero, 2019). Black women can experience discrimination more than other groups due to their intersectional identity (Leath & Chavous, 2018). Intersectionality is leveraged in a manner in which students can identify their own preconceived biases in order to empower their ability to dialogue and narrate their strengths and weaknesses (Illmonen, 2020).

Safe Spaces

Black college women value comradery and have the desire to associate with people with shared experiences. This is what a safe space consists of - it is an understanding of common needs and expression without judgment, and it builds a community network (Mathews et al., 2021). The term “safe” also means allowing the space for vulnerability and trust, which allows individuals to express themselves freely while operating in the space of catharsis. Safe spaces also improve the mental health of Black women according to Battle (2016); within this space, it allows them to discuss survival and resistance. There are many colleges and universities that are creating safe spaces. Colleges across the United States are attempting to develop a space for typically underrepresented students to feel accepted on campus (DeRuy, 2016). Some examples of safe spaces for college students are cultural centers, particular classes or events, and minority organizations. There are times when safe spaces are organically formed, while the previously mentioned examples of safe spaces are intentionally created (Crockett, 2016). Black women tend to confide in family, friends, and other outside mutual connections, generally forming sister circles as a way to publicize mental health awareness and resources (Pappas, 2021). New networks are created to establish a sense of belonging that develops over time as students adjust to new norms. These networks are essential during the transition process and through degree completion as students understand the issues they encounter and how to seek help. In addition, the social support and interactions between students allow them to create a personalized learning environment that establishes community and promotes self-efficacy in academics and personal growth (Shafait et al., 2021).

The literature did not explore what happened when safe spaces breach emotional safety. Safe spaces are created for community, trust, and non-judgment (Matthews et al., 2021); however, there can be instances in which trust is broken within these spaces. When there is no identified safe space, there is no community outlet for Black women, hence they do not utilize therapy. Some counseling centers are not always a safe space for Black women, as some clinicians can overlook emotional issues and needs and misinterpret Black women's strength for immunity (Pappas, 2021 & Reavis et al., 2022). Currently, individual counseling interventions seem to be reactive rather than proactive, but conversely, the participation numbers of Black college women are low for reasons not mentioned. To combat unsafe spaces, group counseling for Black women was found to be an experience that validates their exploration of issues and experiences with their intersectional identities on college campuses (Jones & Sam, 2018). Group counseling can increase professional and personal support for Black women, and they are able to develop coping skills exclusive to their identities while they connect with multiple individuals simultaneously (Jones & Sam, 2018).

Theoretical Framework

Maslow's Hierarchy of Needs. Maslow's Hierarchy of Needs is a theory that explains an individual's motivation as a driving force to fulfill basic needs before progression to the next level (Cherry, 2022). Maslow used a pyramid to display the various levels of the needs hierarchy. At the lower levels of the pyramid are the most basic needs and the more complex need classifications are positioned at the top of the hierarchy. The higher levels focus intensively on psychological and social needs. Finally,

the apex describes the need for personal esteem with feelings of accomplishment as the primary goal.

Maslow's hierarchy of needs can be delineated as two significant types: deficiency needs and growth needs (Cherry, 2022). The deficiency needs will occur if there is deprivation; those needs are physiological, security, social, and esteem needs. However, accomplishing lower-level needs is crucial to ensure that individuals avoid unpleasant feelings or consequences. The second type is growth needs, which is positioned at the top of the pyramid. These needs are derived from a desire for personal growth rather than a resource deficiency (Cherry, 2022).

Maslow's goal was to learn what makes people happy and the process they pursued in order to find happiness (Cherry, 2022). Maslow believed that self-actualization is an innate characteristic that all people possess in regard to the desire to achieve success in every way possible (Cherry, 2022). In order for people to attain this goal of success, several basic needs should be met. Those basic needs include food, safety, love, and self-esteem.

Maslow's hierarchy of needs contains five specific levels, and the first and lowest level examines physiological needs (Cherry, 2022). Physiological needs are vital to survival such as food, water, breathing, shelter, clothing, homeostasis, and sexual reproduction (Cherry, 2022).

The second level is security and safety. This level becomes more complicated because people seek control and order in their lives. The basic needs for the security and safety level are financial security, health and wellness, and safety against accidents and injury (Cherry, 2022). Some additional needs are to ensure that an individual can find

employment, safe neighborhoods in which to live, health care, and health insurance. Finally, the contribution of money to a savings or investment account is crucial at the second level.

The third level is social need which includes love, belonging, and acceptance (Cherry, 2022). This level focuses on emotional relationships and how it impacts human behavior. Examples of social needs are friendships, romantic attachments, family relationships, social groups, community interactions, and church and religious organizations. The social level describes the importance of avoiding loneliness, depression, and anxiety through love and acceptance from others. It is critical at this level to have a sense of community and belonging (Cherry, 2022).

The fourth level is the need for appreciation and respect. It is noted that if the needs of the former three levels have been met, the esteemed area of needs becomes more of a focal point to motivate behavior (Cherry, 2022). At the fourth level, the desire to gain respect and appreciation from others becomes vastly important. Individuals have a passion to accomplish more goals and seek recognition of their efforts. Esteem needs include self-esteem and personal worth. Additionally, people desire the need to feel accomplished and honored (Cherry, 2022). They need to feel valued by others and experience their contribution to the world. For example, participation in professional development, academic achievement, athletic or team participation, and personal hobbies are vital at this level; it brings fulfillment of esteem (Cherry, 2022). Individuals who accomplish esteem needs and nurture their self-esteem and the recognition of those around them have higher confidence in their abilities. However, if they lack self-esteem and the respect of others, they can develop a feeling of mediocrity (Cherry, 2022).

The fifth and final level is the apex of Maslow's hierarchy. The fifth level is self-actualization needs which are self-awareness, understanding personal growth, the opinions of others are less of a concern, and they are more interested in the accomplishment of their full potential. Cherry (2022) described Maslow's definition of self-actualization as using all abilities and talents to the fullest potential. People at this level are doing their best to fulfill themselves. The ultimate goal of this theory is that individuals will continue to develop to their full capacity (Cherry, 2022).

Maslow's hierarchy of needs is applicable to this study because of its relationship with the study's components of mental health, counseling, Black college women, and degree completion. Mental health and awareness would be examined at the safety and security level in the hierarchy of needs. One of the specific components of this level is health and wellness (Cherry, 2022), and mental health is included in this category. This is also the category of control in which individuals prioritize each of these components within the second level of needs for survival (Cherry, 2022). Mental health awareness is critical, and it is deemed a necessity to function according to the second level of Maslow's hierarchy of needs. The third tier would consist of counseling and the therapeutic relationship with a licensed counselor. An emotional and trustful relationship is built throughout the counseling process between a therapist and a client (American Psychological Association, 2022). Tier three explores a sense of connection and with this study, the goal is to discover if Black college women have this connection. Black college women will navigate through the third tier due to their social needs and the desire to find a sense of acceptance and belonging while they seek family relationships and friendships. This tier occurs during the transitional period of college students as they find their

identity and sense of academic and social success (Matthews et al. 2021). Black college women can also transition into tier four. This tier correlates with status and self-confidence. Degree completion correlates with tier five, which is the desire of who a person wants to become. It is the last tier, which accommodates the individual desire to achieve self-actualization and the realization of one's full potential.

Holistic Approach - H.E.R.S. Model. The H.E.R.S. model is specifically used by counselors. It is a four-step approach in which they work with African American women to assist them in learning how to define who they are. This model does not examine the socioeconomic status of individuals as a measurement of quality of life; however, the H.E.R.S. model instead focuses on the holistic needs of Black women and their unique experiences (Moore & Madison-Colmore, 2005). A few of those holistic needs are cultural history, psychological, emotional, and social. The first step is to gain an understanding of the client's cultural history/herstory. The second step in the model provides a sense of empowerment. The third step is to build rapport or develop a trustworthy relationship. The fourth and final step focuses on spirituality (Moore & Madison-Colmore, 2005).

During the first step of the model, therapists can understand their clients. It allows the client to share their cultural history or "herstory" which includes their beliefs, values, and customs. The term history or herstory is used as a symbol of the feminist perspective (Moore & Madison-Colmore, 2005). In order for therapists of other races and nationalities to do their best work, they must pursue resources and special training related to the counseling strategies that are employed to support African American women. This step also involves cultural-spiritual genograms that address the client's cultural

history/herstory and spirituality. Genograms typically include information regarding the family of origin and extended and non-related family members. Examples of the latter include sorority sisters, church members, and neighbors (Moore & Madison-Colmore, 2005).

The next step is empowerment. Aspy and Sandhu (1999) explained empowerment as a process in which individuals learn self-control and demonstrate the autonomy to make their own decisions (Moore & Madison-Colmore, 2005). Compared to White women, African American women are at a major disadvantage because of gender, ethnicity, and poverty. This creates a feeling of powerlessness for Black women in American society (Moore & Madison-Colmore, 2005). The American dream for Black women is far-fetched due to slavery, racism, discrimination, and oppression. Many African American women have been robbed of the opportunity to reach their full potential, sense of power, and control over their lives (Moore & Madison-Colmore, 2005). In order for therapy to be impactful, Black women need to be empowered to discuss and share some of the most intimate issues that affect their behavior (Moore & Madison-Colmore, 2005; Brown et al., 1995). Strategies that may assist to empower Black women during counseling are bibliotherapy, Bible stories, motivational training, and community involvement (Moore & Madison-Colmore, 2005 & Williams & Frame, 1999).

The third step is building rapport. Moore and Madison-Colmore (2005) described rapport as a relationship that is built on mutual trust or emotional partnership. Due to events and experiences in the past, most African American women do not easily trust others. Group counseling is an impactful form of counseling for Black women. It

promotes personal adjustment, especially for minority students who have challenges with the transition to college (Moore & Madison-Colmore, 2005; Rollock et al., 1992). The group setting allows the opportunity to build trusting relationships, a sense of belonging, a sense of sisterhood, a shared history, and personal growth (Moore & Madison-Colmore, 2005 & Gainer, 1992).

The fourth and final component is spirituality. In the history of African Americans, religion and spirituality have played a vital role with life difficulties and maintained a sense of purpose (Moore & Madison-Colmore, 2005 & Dunn & Dawes, 1999). However, many counselors are reluctant to discuss this, due to a fear of imposing their religious beliefs, lack of training, and lack of knowledge (Moore & Madison-Colmore, 2005 & Russo, 1984). Though this is essential for counseling many African American women, not all are spiritual (Moore & Madison-Colmore, 2005). Therefore, the spiritual component should be practiced with caution and after the first three concepts have been effectively implemented in counseling sessions (Moore & Madison-Colmore, 2005).

Advocacy for the H.E.R.S. Model as our theoretical framework is rooted in its creation by Black researchers for Black women in a therapeutic setting (Moore & Madison-Colmore, 2005). Each approach relates to a specific component of this study. For example, the phenomenological methodology used for this study supports the Herstory component. Phenomenological research seeks to identify the essence of a phenomenon based on an individual's lived experience (Merriam & Tisdell, 2016). The Empowerment component emphasizes the voice of Black women within a shared space among other Black women. The Rapport component thoroughly explains the therapeutic

relationship between a licensed therapist and a client. Similar to the connection made with Maslow's hierarchy of needs, relationship building is vital to support Black women in their pursuit to explore their emotional capacity. Finally, the Spirituality component can be a tool that Black college women use to inspire them toward degree completion, although it depends on their spiritual connection and how it influences their way of life.

Transition from High School to College: Outreach and College Counseling for Black College Women

College students who develop their emotional capacity was an important skill that was mentioned in the literature that should be incorporated into academic and student success (Wyatt & Bloemker, 2013). The transitional period from high school to college is hectic, overwhelming, and daunting for an undergraduate college student. The change of scenery for students who lived at home with their parents/guardians to the embrace of dorm life away from home was described as a new challenge to overcome (Jones & Sam, 2019). In addition, the combination of daily access to high school teachers to less access to university professors was also a needed adjustment for students (2019). College success was connected with previous academic and social experiences at the K-12 level and influenced by the exposure to community programming to help bridge the gap between the high school, college, and the educational experiences of Black women (Winkle-Wagner, 2015). Every life change or transitional period could prompt Black college women to navigate their feelings and appropriately identify unbalance.

Self-awareness is a common theme as Black college women develop personal skills that will serve them well as they transition from high school to college. Those skills are designed to strengthen ongoing personal development and are challenged

following the K-12 education transition. In adulthood, knowledge widens; Black college women experience more and can see the entire picture of their decisions and consequences. It is in this setting that the concept of mental health awareness and mindfulness can be practiced, as it assists with maintaining consciousness of individual thoughts, emotions, and surrounding environmental sensations, which can encourage a connection with self-regulation (Saraff et al., 2020). Following high school graduation, the transition period that takes place prior to the final development of university plans is crucial and initiates the tale of the beginning of the Black college student collegiate experience.

According to Grass (2020), an outreach framework can increase the number of participants who seek college counseling. Levels of college counseling outreach to college students were explained in this framework and demonstrated how services are offered and publicized on campus. The outreach framework was divided into four specific levels and delineated the goals for each one. The levels were: 1) We are here; 2) Recognize and refer, 3) Extend therapeutic impact to the campus community, and 4) Promote and support therapeutic campus initiatives. The framework was stated to be a promising guide as one level works in concert with the other (Glass, 2020).

The first level is to establish an overall presence for the counseling department at the university. At this level, the counseling department and representatives communicated their presence by distributing flyers around campus and being present to welcome activities within the first week of classes. Campus relationships were also essential to develop during this time in order to inform other departments of the services (Glass, 2020). The relationships that were established in the first level activated the

second level, recognize and refer. The components at the second level were prevention and education (Glass, 2020). Representatives were available to teach the campus community about mental health at this level along with the different signs, symptoms, and effects that may need immediate referral and attention (Glass, 2020). Both of these levels slightly contributed to the transition period in an attempt to be visible to students. Contrarily, there was no mention in the literature about the frequency of these efforts during the first two levels and if counseling departments educated faculty, staff, and students more than once a school year.

The third and fourth levels synergistically incorporated campus and community outreach and initiatives to extend to surrounding areas. The campus was viewed as a part of the community as a whole and their efforts were to make therapeutic initiatives available beyond campus (Glass, 2020). The article also stated that most counseling departments on campus need to increase their communication efforts with students, their office availability, and vocalize their services (Glass, 2020). In an effort to invest in more exposure, it did not explain the lack of awareness that students continued to have or the lack of student reception or participation.

This outreach framework was an overview of the focus on an equitable increase in the visibility of counseling services and the four core landmarks on college campuses. The literature did highlight the consistent focus on a social justice component and culturally responsive counseling interventions (Glass, 2020 & Jones & Sam, 2018). More strides must be taken to amplify efforts to address the mental health needs of Black college women, with a specific lens for understanding ethnocultural concerns (Jones & Sam, 2018). Most efforts encompass the awareness of the entire student body; however,

it is evident that a small number of Black college students are utilizing this information (Center for Collegiate Mental Health, 2022). The effort of the counseling departments that utilize this specific framework seemed routine, as there was always a defined starting point and inconsistent outreach.

Conclusion

In the literature review, it was found that the need for mental health has increased over the past ten years, gaining the attention of the Biden-Harris Administration. Further literature investigation also discovered that there was a lack of counseling resources specifically for Black college women, along with other barriers. The barriers can be characterized as either system-level or individual-level. Some sub-themes derived from those two levels were imposter phenomena, representation and cultural competency, intersectionality, and safe spaces. In organizing the research study, Maslow's hierarchy of needs and the H.E.R.S. Model were used to shape the study's theoretical framework and connected components. Both frameworks offer the opportunity to explore the momentum of Black college women's basic needs towards degree completion and to establish comfortability with counseling and building a therapeutic relationship. There is a community-based grouping when it comes to accessing counseling services, while college campuses market to the masses with what resources are offered; however, there is not a specific demographic focus. The goal was to explore the gap between Black undergraduate college women's awareness of mental health and the resources available immediately after being admitted to the university. In conclusion, the research study will assist in figuring out why Black college women are not attending counseling services on their college campuses and where they go to find solace.

Chapter 2: Methodology

Introduction

This qualitative study focused on the lack of Black undergraduate college women who attend and utilize college counseling services and the lack of inclusive, gender-specific data that demonstrate these patterns. This study will address the following research questions:

- 1.) What are the barriers that Black undergraduate college women experience regarding accessibility to counseling services that are provided by the higher education institution that they attend?
- 2.) How do Black undergraduate college women with mental health issues effectively manage stressful situations during their pursuit and completion of a college degree?

This chapter outlined and described the research method used to generate data, the sampling process, the research environment, and the coding and data analysis steps.

The percentage of students with depression, anxiety, and stress on college campuses continue to remain high and steady, according to the Center for Collegiate Mental Health 2021 Annual Report (2022). These mental health factors will continue to cause a decline in academic success and degree completion. This can also affect retention, as mental health, academic success, and degree completion have a synergistic effect. The percentages of student participation in counseling services demonstrate that a small number of Black college students utilize these services when compared to other students (Center for Collegiate Mental Health, 2022). Research also conveys that the

percentage of women who attended college counseling services was higher than other listed participants (2022). The goal of this problem of practice research is to identify the additional barriers and reservations of Black college women regarding the use of counseling services consistently at the higher education institution that they attend, and explore the mental health tools that they use to complete their degree.

Qualitative Study

A qualitative research study is a type of research that explores and provides deeper insight into real-world problems. Qualitative research gathers participant experiences, perceptions, and behavior (Merriam & Tisdell, 2016). Each individual Black college woman shared their lived experience and provided answers to interview questions. Qualitative research, at its core, applies open-ended questions whose answers are not easily put into numeral patterns; instead, it searches to find meaning (Merriam & Tisdell, 2016). Another core characteristic that all qualitative research emphasizes is constructed reality. Constructed reality creates an opportunity for the researcher to understand its interaction with the social world of the participants (Merriam & Tisdell, 2016). Constructed reality establishes meaning through activities, experiences, and phenomena. Phenomena are considered an experience, attitudes, and behavior that can be difficult to clearly capture quantitatively (Merriam & Tisdell, 2016). The qualitative approach allows participants to explain how, why, or what they think, feel, and experience at a certain time or during an event of interest.

This research design was developed with a perspective that has as a focus the knowledge that people construct in an ongoing manner. Merriam & Tisdell (2016) explained that interpretive study is one of the most basic forms of qualitative research.

The most basic form of qualitative research is a process in which the researcher wants to understand the social phenomena within their natural environment (Merriam & Tisdell, 2016). Often, qualitative research is used in applied fields such as counseling, education, health, social work, administration, and business. This research examined both the education and counseling experiences of Black college women. For this study, 10 participants were interviewed due to the achievement of saturation during this stage of the interview process. Merriam & Tisdell (2016) described saturation as redundancy in which there are not any new insights or responses. Therefore, each participant was able to answer questions and share their lived experience in relation to degree completion and counseling accessibility on their college campus.

Research Design

For this study, the researchers used the phenomenology research method. The phenomenological theory will be incorporated to explore the participants' experiences with counseling services on a college campus. Phenomenology is an investigation of an individual's social experience that is a part of their everyday life (Schram, 2003). The use of a phenomenological study allows the researcher to investigate and experience the essence of a phenomenon in order to gather rich and personal qualitative data (Merriam & Tisdell, 2016). The essence reveals the participants' lived experiences, and this approach answers the proposed research questions. Insight regarding the lived experience of an individual in relation to counseling and degree completion can reveal any barriers and personal feelings that one may experience.

The findings in a phenomenological study are what is stated by the participants and not what the researchers interpret (van Manen, 2017). It does not generalize or make

sense of what is suspected, but it speaks to exactly what is consciously experienced. van Manen (2017) states that phenomenology consists of pre-reflexive data in its purest form. This is also described as certainty and outside influences that disrupt an individual's concrete experience are ignored to capture phenomenological data (Groenewald, 2004). Researchers often use this type of study to explore the psychological health and wellness, self-development, and holistic healing experiences of participants; however, it was stated that phenomenological methods should also not be confused with therapy and psychological approaches (van Manen, 2017). This method should be considered as a tool that can manage the viewpoints of an individual's overall experience with therapy or psychology and not be used as a substitute for therapeutic intervention. The context behind the research and knowledge of all components involved is essential to contemplate while using phenomenology (Hannon et al., 2016). This can include the positionality and the background information about the researchers, the participants, and information about the university the participants attend (Hannon et al., 2016). This allows the researcher to utilize thick descriptions and paint a clear picture during and after the research process (Merriam & Tisdell, 2016). Therefore, this type of study is beneficial in order to learn about the authentic lived experiences of Black college women on college campuses, their mental health and awareness, and how they progress towards degree completion.

Epoché and Bracketing. Epoché is a practice that researchers use to revisit personal experiences, notice key components, and become aware of personal assumptions (Merriam & Tisdell, 2016). In phenomenology, researchers operate in the practice of Epoché to suspend preconceived notions and welcome particular phenomena and their

meanings. Bracketing is a strategy that researchers use to temporarily compartmentalize personal bias and the researcher's positionality to complete data collection and examine consciousness (Merriam & Tisdell, 2016; Hannon et al., 2016). This is the first step that must be considered before interviews are conducted for data collection. Researchers must know their beliefs about the particular phenomenon under study and be consciously aware of their feelings to effectively capture the phenomenon's essence (Merriam & Tisdell, 2016). The main priority of phenomenological research is the essence of the perceived phenomenon, as it is the primary meaning and characteristic of what is experienced (Patton, 2015, pp 116-117). In this case, the phenomenological reduction will often occur to acknowledge and revisit the essence of the participants' experience which allows it to be at the forefront (Merriam & Tisdell, 2016).

Summary of Theoretical Framework

Maslow's hierarchy of needs and the therapeutic model H.E.R.S. will guide this research. Maslow explained the needs at different levels (Cherry, 2022). At the lower levels are the most basic needs, and at the top levels are the more complex needs. Cherry (2022) explained the higher levels emphasize the importance of psychological and social needs. Maslow's hierarchy of needs can be defined into two significant types: deficiency needs and growth needs (Cherry, 2022). The deficiency needs will occur if there is deprivation; those needs are physiological, security, social, and esteem needs. The lower-level needs are crucial in helping individuals avoid unpleasant feelings or consequences. The second type is growth needs and these needs occur from a desire to grow as a person (Cherry, 2022).

The H.E.R.S model is specifically used as a four-step approach to working with African American women. The H.E.R.S. model focuses on the holistic needs of Black women and their unique experiences (Moore & Madison-Colmore, 2005). Cultural history, psychological, emotional, and social needs are some holistic needs. In the first step, the client will share their cultural history/herstory. The second step allows an opportunity for the client to feel empowered. The third step is building a rapport to consist of a trustworthy relationship. The final step focuses on spirituality (Moore & Madison-Colmore, 2005).

The decision to utilize Maslow's hierarchy of needs in this study was the motivational theory which focuses on what humans need to be successful. The decision to use the H.E.R.S. model in this research was the emphasis on Black women in a therapeutic setting (Moore & Madison-Colmore, 2005). Thus, this allows Black women to share their Herstory, which is the core of a phenomenological research study. Both frameworks assisted with the phenomenological research design as they both can work to explore a particular group of individuals and their experiences with counseling or mental health needs and degree completion.

Sampling Procedures

Purposeful sampling was used to select participants in this research study. The individuals were selected from a group of Black undergraduate college women. A purposeful sample worked best for this research design because the researchers wanted to investigate, discover, understand, and receive insight from participants (Merriam & Tisdell, 2016). Qualitative purposeful sampling leads to the development of information-rich cases. Information-rich cases provide knowledge about issues and give impactful

information for the purpose of what is being studied (Patton, 2015). During the first step of purposeful sampling, the researcher must determine selection criteria; this is pivotal to have qualified participants to study (Merriam & Tisdell, 2016). Criterion-based selection for this research design was:

1. Undergraduate students enrolled in college
2. Black women
3. Students currently attending a four-year university.

More specifically, a typical sample was used to recruit participants.

Typical sampling is vital in the conduct of research because it examines the ordinary person, situation, or instance of the phenomenon of interest (Merriam & Tisdell, 2016). Typical sampling is often used to eliminate the risk of misinformation that may alter research findings (Nel, 2020). Typical-case samples are helpful with large communities such as a university, in the instance of this research design. Nel (2020) also stated that typical sampling offers researchers a different perspective of the environment and the participants in a condensed time frame. It also addresses complex problems like mental health issues and therapeutic access that will be observed during the research process (Nel, 2020).

Settings and Procedures

The Institutional Review Board at the University of Missouri - St. Louis granted approval for the recruitment and data collection process. The researchers used flyers to recruit participants within the university community, and interested participants were encouraged to contact the researchers' using the provided email addresses. To extend

recruitment efforts, a digital copy of the flyer was emailed through a mass communication within the university. The researchers contacted specific departments and received permission prior to sending mass communication emails. Those departments and organizations included the following:

- Interim Vice Provost for Student Affairs: assisted with campus wide communication.
- Assistant Provost for Access and Academic Support in the Academic Affairs department: assisted with mass communication in specific department branches such as Multicultural Student Services, Student Outreach and Support, and Student Academic Support Services, and Women's Empowerment Network.
- Academic Advising: assisted with communication to students by college and major.

The flyer stated the dissertation title with a description of criteria and directed participants to complete a pre-screening questionnaire using a quick response code (Q.R. code) to determine who met the researchers' qualifications for participation. Some examples of the prescreening questions were the following:

1. "What is your classification? For example: Junior, Senior, etc."
2. "Did you start at a college the fall semester directly after high school graduation?"
3. "Are you a transfer student?"
4. "Are you comfortable with discussing mental health?"
5. "Are you okay with being audio recorded?"

This ensured the participants aligned with the research study in order to exercise the phenomenological research method correctly and achieve saturation.

The researchers contacted the qualified participants after the pre-screening questionnaire was completed. Participants were subsequently scheduled for an interview and received an electronic copy of the informed consent. The informed consent outlined the details of the research study. The researchers provided each participant with a copy of the consent form for review prior to the beginning of the interview, and the researchers were granted permission to audio record interview sessions. Participants could take as much time as needed to ask questions about the study for clarification and understanding prior to final consent. On the day of the interview, participants were provided with another opportunity to review the informed consent form. The researchers retained a copy for their records.

The use of a voice recorder for the interviews benefited the researchers during coding, categorizing, and theme development for the purposes of data analysis. All voice recordings were secured and locked on password protected devices to ensure confidentiality. Participation in the study was voluntary, and participants could withdraw at any time before or during the data collection process. The participants were individually interviewed using an interview protocol, and interviews took place in an office setting in order to ensure confidentiality and conceal the identity of the participants. The participants were asked 13 general questions related to mental health and their experiences with college counseling services; they were interviewed for one day. Interviews were scheduled based on the participant's availability, and all follow-up correspondence was sent through email. The IRB approval, flyer, interview protocol,

pre-screening questions, and informed consent form were added as appendices after the study.

Participants

The participants in this study were Black undergraduate college women who were seeking a bachelor's degree at a four-year university in the midwestern region. The participants selected for this study attended college the immediate fall semester after graduation from high school. In this research study, a total of 10 participants were interviewed. Two of the participants were used to pilot the interview questions. Interview protocol changes were not required following the first two interviews, and interviews proceeded. With the use of 10 participants in a phenomenology research design, it provided a significant amount of data before saturation was accomplished. Saturation occurs when responses are repeated, and the same behaviors are displayed during the interview process. Therefore, the researcher is unable to extract any new information or data from the participants (Merriam & Tisdell, 2016). Patton (2015) further explained that it was important to have a specific minimum sampling amount in order to ensure reasonable coverage of the phenomenon under study.

Data Collection and Instrumentation

For this study, a phenomenological interview was the general form of data collection using semi-structured interview questions (Merriam & Tisdall, 2016). Semi-structured questions offer flexibility and the freedom for participants to answer questions comfortably while the researcher can exhibit control of the questioning techniques based on the phenomenological method (Padilla-Díaz, 2015). This also enabled the researchers

to fully express the phenomenon under study while providing the space for participants to be as detailed as possible (Padilla-Díaz, 2015). The phenomenological interview should be conversational in order to encourage the participant to elaborate on their experiences relating to the phenomenon.

The bracketing process was completed first with both researchers before the interview. As mentioned, bracketing is essential to recognize and suspend personal bias throughout the data collection process for the essence or core of the phenomenon to be identified (Merriam & Tisdell, 2016; van Manen, 2017). Both researchers met to discuss personal experiences or biases regarding the study, which continued throughout the data analysis.

The interviews were conducted with Black undergraduate college women. Two participants were used as a part of a pilot study to ensure the feasibility of the interview questions. Pilot studies are used as a research instrument within a research design to ensure the strength of the questions. The use of pilot studies often assists to examine potential issues with the research procedures and to vet the questions (Majid, et al., 2017). Pilot interviews are helpful to design the interview questions and provide data that will allow the researcher to adjust questions. The aim of the pilot study was to help the two researchers develop interview questions that aligned with the goal of the research study (Majid, et al., 2017). The two researchers also examined the appropriateness of the questions and discussed suggestions to improve the questions to ensure validity. During the pilot study, the two researchers gained experience in conducting in-depth, semi-structured interviews and built rapport with the participants (Majid, et al., 2017). Finally,

the pilot study assisted researchers to learn the interview skills and the flow of conversation.

The researchers interviewed the participants together; one conducted the interview while the other researcher took notes of non-verbal cues. The researchers completed student interviews in three weeks based on the participants' availability. An interview protocol was created to help guide the interview sessions between the researcher and participants. Some examples of the interview protocol questions included the following:

1. "Tell me about yourself as a Black woman attending college for the first time?"
2. "What does mental health mean to you?"
3. "What ways do you cope with stressful situations or events?"
4. "Do you believe stress affects your academic performance or degree completion? Why or why not?"
5. "As a Black woman, what barriers have you experienced with accessing counseling?"

Data Analysis

After the interviews, the two researchers replayed the audio recordings and began transcriptions. The unique characteristic of a qualitative study is that both data collection and data analysis happen simultaneously; it is important to start the analysis process as soon as possible (Merriam and Tisdell, 2016). Any delay would risk the loss of important non-verbal data that is observed beyond the transcription activity that can also

be incorporated into analysis (2016). Bracketing continued to be exercised throughout this process to manage blind spots and personal bias. Once the transcription was completed, the researchers read the transcripts and conducted descriptive coding for the first cycle. Next, the data was mapped out with codes, and a second cycle with analytical coding took place to understand and interpret the meaning which was collected from the interviews (Richards, 2015).

Horizontalization was a process used to list all descriptive codes and deem them all equally important (Merriam & Tisdell, 2016; Padilla-Díaz, 2015; Creswell, 2013). Each code was examined and grouped with similar components and qualities, which created themes that developed from the two coding cycles. Research designs in a qualitative study guide the researchers to a phenom that may answer or address the research questions. The researchers understood that limitations can impact any research design.

Research Design Limitations

In a phenomenological study some limitations can impact the researcher and the participant. Limitations from the researchers can include biases, beliefs, and values when the researcher does not practice bracketing (Janesick, 2011). However, as Creswell (2014) explained, bracketing can be time-consuming and intensive for the researcher. Finally, the questions about credibility and reliability create limitations within a phenomenological study, and there is no candid way to assess reliability and validity (Patton, 2002). Researchers must focus on the interview phase, present the data, and communicate what is revealed through the study's data collection (Patton, 2002).

Interviews provided significant amounts of data. The data required analysis, which was time-consuming (Creswell, 2014). Another limitation with interviewers was the influence of triangulation and biases that must be managed. Triangulation is the process to corroborate evidence from different individuals (Creswell, 2014). The purpose of triangulation is not necessarily to cross-validate data, but to capture different aspects of the same phenomenon. Triangulation solves the problems by helping the researchers avoid claims, biases, and the researcher perspective itself (Creswell, 2014). Finally, participants had the right to stop or opt out of the study at any time; this can leave the researchers with the task to seek additional participants late in the study (Patton, 2002).

Chapter 3: Actionable Knowledge

Introduction

This research was developed to study the lack of Black undergraduate college women who attend and utilize college counseling services and the lack of inclusive, gender-specific data that convey these patterns. For instance, Black students attended college counseling services at a lower rate when compared to White students (8.9%), and women specifically attended at a higher rate at 67% (Center for Collegiate Mental Health, 2022). These two percentages are not specific to the intersectionality of race and gender, and Black college women are not a frequently represented group. Evidently, there was not any data available for Black college women specifically, and these numbers are unknown, which results in limited research and little exposure (Busby et al., 2021; Jones & Sam, 2018). Black college women have struggled with the concept of counseling and the consistency of seeing a therapist on their campus (Mathews et al., 2021).

Research Questions

This study centered around two research questions. The first was, “What are the barriers that Black undergraduate college women experience regarding accessibility to counseling services that are provided by the higher education institution that they attend?” The second was, “How do Black undergraduate college women with mental health issues effectively manage stressful situations during their pursuit and completion of a college degree?”

Summary of Participants

The participants of this study represented three student classifications. There were no sophomore students represented in the data and the participant majors were also diverse. Three students declared a degree in Education, two students were Psychology majors, and there was one student represented for each of the following majors: Accounting, Business Administration, Nursing, Political Science, and Social Work. The participants consisted of six traditional students and four transfer students (see Table 1 for demographic characteristics).

Table 1

Participant demographics

Participant	Classification	Major	Traditional/Transfer
1	Freshman	Secondary Education Social Studies	Traditional
2	Freshman	Accounting	Traditional
3	Senior	Social Work	Transfer
4	Junior	Secondary Education Social Studies	Traditional
5	Senior	Political Science	Transfer
6	Junior	Nursing	Traditional
7	Junior	Business Administration	Traditional
8	Senior	Elementary Education	Transfer
9	Freshman	Psychology	Traditional
10	Senior	Psychology	Transfer

Review of Data Collection and Analysis Process

In this research study, a phenomenological research design that contained a semi-structured interview protocol was used (Merriam & Tisdall, 2016). To encourage participants to answer questions freely and comfortably, the researchers read a statement at the beginning of each interview which reiterated that participation in this study is voluntary and they have the option to opt-out at any time. The participants also had the opportunity to decline to answer any questions. The researchers were also able to maintain control of the interview in a conversational setting through the use of a phenomenological method (Padilla-Díaz, 2015). Participants selected for the interview were 10 Black undergraduate women who attended a university in the Midwestern region of the United States. The researchers started with the goal to recruit 12 participants for this study. However, 10 participants qualified and corresponded with their interest. An IRB amendment was completed and approved by the Institutional Review Board. This document is included as an appendix. Two of the 10 participants were used as a part of a pilot study to vet the interview questions. The objective of the pilot study was to measure the validity and reliability of the interview protocol. This process also supported the alignment of the interview questions with the research study (Majid, et al., 2017).

Epoché and bracketing were used before the interviews were conducted. Epoché is a process that researchers who use a phenomenological research design can leverage in order to navigate through presumptions. Bracketing allowed the researchers to examine and separate personal bias (Merriam & Tisdell, 2016; Hannon et al., 2016). It was significant that the researchers were aware of their beliefs about the phenomenon under study as well as their feelings in order to effectively capture the phenomenon. The

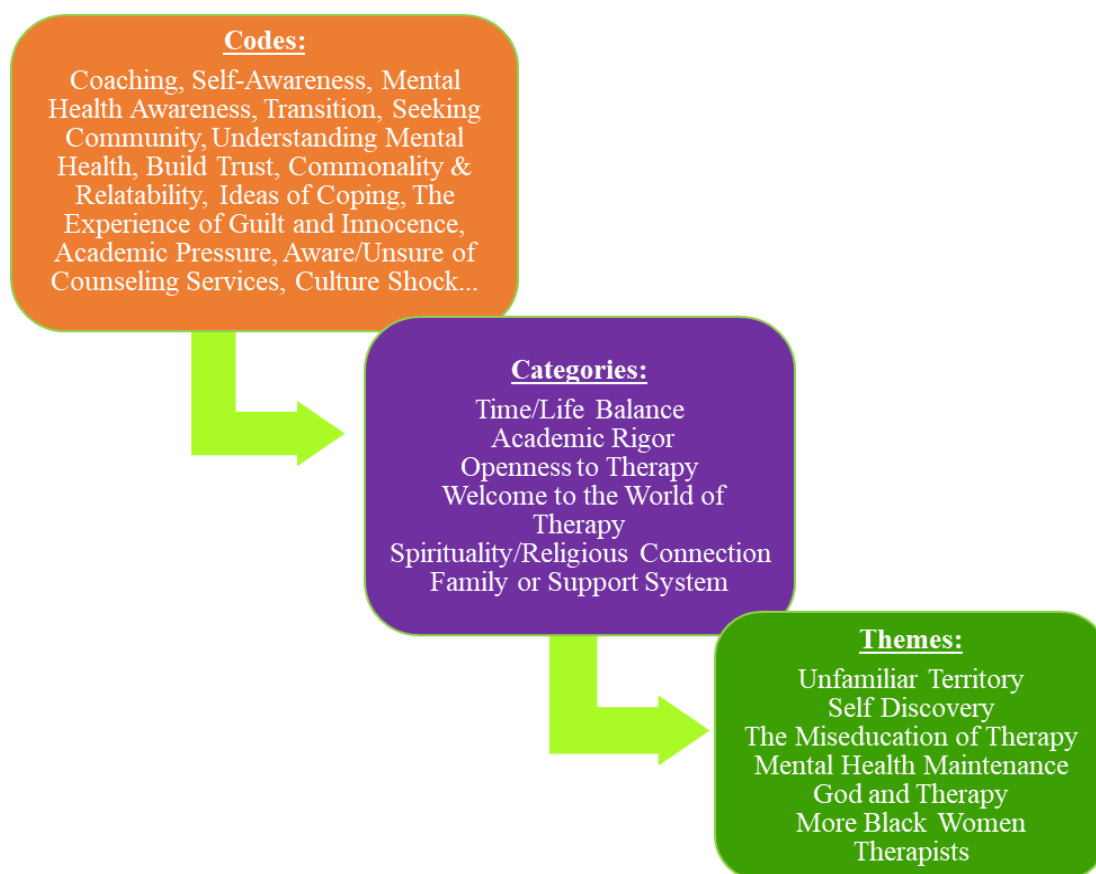
researchers understood that the goal of the phenomenological research design was to gather the essence of the phenomenon because it showed characteristics of what the participants experienced (Patton, 2015). The researchers continuously acknowledged bias before each interview and debriefed at the end of each interview. The researchers performed this task to ensure the essence of the participants' experience was at the focal point (Merriam & Tisdell, 2016).

Both researchers were present for the entire duration of each interview. The interviews began with a review of the informed consent letter with the participants before the first interview question was asked. One of the researchers had the task to lead the interview and navigate the interview questions. The other researcher took notes and observed the participants' non-verbal cues. The researchers planned to complete one to two student interviews daily for two weeks, and additional options were contingent upon the participants' availability; however, data collection was completed after three weeks. The first week, three participants were interviewed, the second week one participant completed an interview, and the third week, the last six participants were interviewed over a span of three days. Upon completion of participant interviews, the researchers observed that there were no sophomore students represented during the interview process. Without the sophomore class represented, this could create a limitation with the data. Another limitation was the time frame for recruitment which took place during the late spring semester. This is typically finals week with only a few students remaining on campus. This led to the data and the primary themes that emerged from the audio-recorded transcriptions which were extracted during the in-person individual interviews.

The participants were allowed ample time to answer and respond to questions. After each interview, the researchers practiced, monitored, and evaluated personal bias or thoughts that may impact the transcription of the recorded interview. The researchers completed transcriptions, conducted the first cycle of descriptive coding, and a second cycle of analytical coding. Codes were reviewed and grouped into categories to create themes resulting from the two coding cycles. The participants' interview responses represented their experiences, and the researchers used the responses to support and develop themes and sub themes. The organization of how the six themes were created are described in a diagram with key words for coding and categories (see figure 1).

Figure 1

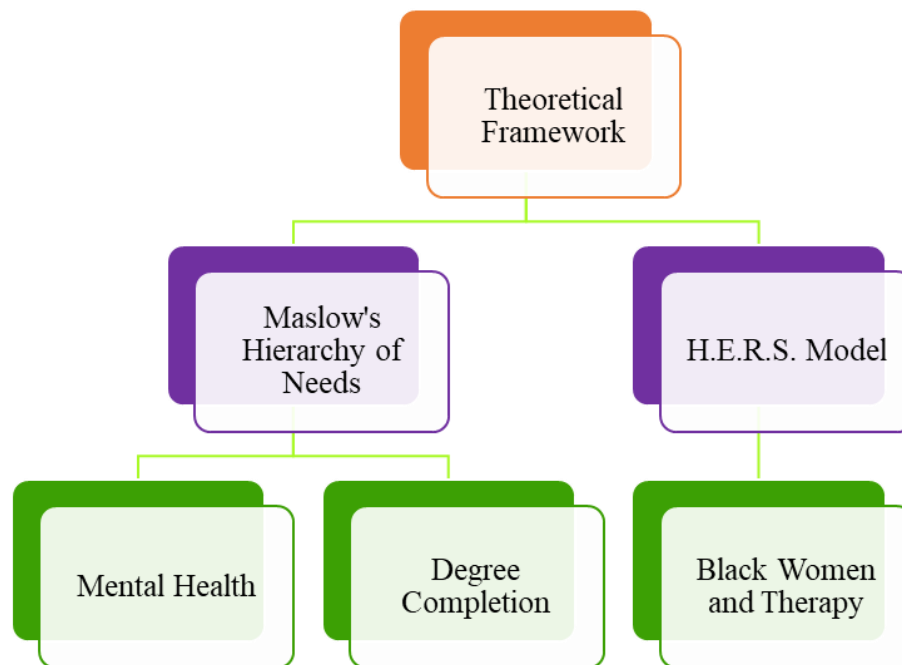
Coding and theme diagram



The themes and sub themes were guided by the two research questions, as well as the two theoretical frameworks: Maslow's hierarchy of needs and the H.E.R.S. model. The theoretical framework used to guide the interview protocol questions also assisted with the connection between the data and theme components. Maslow's hierarchy of needs was used to connect the levels of basic needs towards self-actualization and basic needs of the Black college women in their pursuit to receive a bachelor's degree. The H.E.R.S. Model connected the identity of the Black college woman and the views of therapy, spirituality, and personal experiences. The diagram of the theoretical framework components provided a visual perspective of these characteristics, which are organized to include each element (see figure 2).

Figure 2

Theoretical framework diagram



The six dominant themes that emerged from the responses of the participants are unfamiliar territory, self-discovery, the miseducation of therapy, mental health maintenance, God and therapy, and more Black women therapists. Among those six themes, three sub themes were also created to support the mental health maintenance theme, specifically. Those sub themes are coping strategies, time and life balance, and awareness and utilization of counseling support services.

Unfamiliar Territory

This theme derived from six participants who described their expectations and perceptions about their college experiences, scheduling, and course and program difficulties. Participant 1 identified with this theme as she stated the following about her current collegiate experience:

It's different. It's not what I expected. Not in a bad way; I just didn't have anybody to ask about, you know, college experience since I am the first. So it's an experience. It's definitely something that I know I'm not alone in but when it comes to like that family aspect, I don't have anyone to talk to about it.

Participant 2 compared her collegiate experience to her high school experience and stated, "I think the college experience is better than my high school experience because in the classrooms, no one really talks about race as much or I feel like they're more...honest about their experiences... I feel more welcomed in college." When discussing course difficulties, she mentioned the following:

Participation is a very big part of your grade. I would have an idea of what I wanted to say. But then the more I waited to say something I would feel like my heart rate was getting higher... I would just feel anxiety about talking.

For participant 3, she found herself juggling two realities and her response was as follows: "It's been difficult working on the undergraduate degree because I have like other obligations at home." Participant 4 described her experience with course and program difficulties along with her personal expectations. She stated the following:

I wanted to be a physical therapist and I got a really good scholarship. The only bad thing is I had to go the biology route instead of like medical science or kinesiology. Being in the biology field...it...really, really hard. Having those extremely hard classes...I'm not used to this. More online classes...10 times the work. I come to college with specific standards for myself...I was below my expectations.

She also described her collegiate experience during COVID with the following: "I graduated during COVID...but then coming into college, even during a time of COVID you just expect some things to be at a norm but it still wasn't." Later in her interview, she mentioned the following:

Um, but a lot of my stress came from the fact that we were in COVID still starting as a freshman in college, and then also having those extremely hard classes. Coming in as a freshman, I...I felt like I was a junior at that point. I was like 'oh whoa, what is this?' I'm not used to this, you know.

Participant 4 also stated that “there are more online classes which those sometimes seem easier to take. But a lot of times it’s 10 times the work because it is online and they want to make sure that you’re doing the work.”

Participant 5 spoke about her experience and interpersonal relationships stating, “It’s really hard to figure out who you want to be and how to make friends.” As far as her coursework, “they add more workload than you expect.” Participant 8 described her transition to a different university and stated, “switching to [redacted], I thought there would be the opportunity to be around more Black people and Black women in education.”

The responses from the participants explained how they navigated the differences among academic work, community, and decision making in a college setting. Participants were accustomed to a specific way of learning and living, however, some participants felt more challenged academically and interpersonally which caused difficulty with the maintenance of their personal goals of academic success or relationships.

Self-Discovery

This theme emerged when participants were asked the following question: Tell me about yourself as a Black woman attending college and working on an undergraduate degree. Five of the participants expressed their process of self-discovery during their college experience. Participant 2 stated:

Black woman attending college ...it's kind of a thing that I guess I don't think much about because technically I'm mixed. My mom is just Caucasian, my dad is

Black. So...throughout school, I just kind of felt like I wasn't really an African American person because of how other people kind of treat me. I've grown up in like African American communities where the schools are like 9% Black and it's just like.....a thing where I feel like the other students and kids didn't feel like I was completely recognized me as an African American person. So what's the question again?

Participant 5 struggled to identify where she belonged on campus. She responded,

I would say that being a Black woman attending college it's kind of hard to figure out what you want to do as in the work field because most times they just expect a lot of Black women to go into like teaching or nursing. And so for me to go into political science, everybody looked at me sideways. And it's really hard to figure out who you want to be and how to make friends. So, I'd never really made friends on um, the campus. I never talked to anybody, especially when you go to a PWI. I don't know any of these White children. I mean, I tried to get to know them, but you never really feel connected to anybody. So it was really hard. You always feel alone. At least I feel alone. So most times, I'm just coming to campus or going straight home or I only do online classes.

Participant 6 heavily sighed and explained,

Um as a Black woman in undergrad. I would say that um, I don't know. I feel normal. I think people expect it to be different because we're Black. And

sometimes it's like a surprise, you know, for us to do well and exceed but I'm right at the top with other people.

Participant 6 concluded with the explanation,

Um, and so I've been busy, but I don't....I think I like it. Because um, people are like, 'oh my God, she's a Black woman doing all these things.' And when other like Black students look up to me, then they're like, they feel like they can do it too. Or ask me how they can get involved. So I hope that answered the question. I think.

Two participants expressed the reasons they decided to attend college and how it has helped with their journey to learn more about themselves. Participant 7 answered with a slight laugh:

Oh, um I think it's been pretty, pretty interesting. Um, because I'm learning more about myself as a person even as a Black student. I think because I've been surrounded by a diverse group of people my whole life being around my culture, my people, that kind of thing has been a cultural shock to me in a way. Um, but I love it. I think it's like, I don't know. I've just learning a lot like, you, if I were to go back to freshmen year me, I wouldn't think that I'd be where I was right now. So, I think there's a lot of, there's definitely still room for improvement. I'm getting more involved in more things, um being more aware of more things. Um, so I think it's, it's fun. I mean, it's yeah, it's a learning experience. I'm not ready to graduate, but I'm ready to graduate like that's how I feel.

The second participant, Participant 10, expressed that this was a hard question. She stated,

Oh. That's a hard question. Um, okay, um, I think.....hmmm, well, I was one of the first in my immediate family to be like, now going to college, but just I guess working on graduating. My sister was the first person to graduate and she got a master's so, I don't know. I think it's like, pretty cool. Um, my parents like praise me a lot for that. So, just trying to better myself and my future.

The Miseducation of Therapy

This theme emerged from how each participant defined counseling and how few participants recognized counseling as a professional and certifiable skill. When asked "how do you define counseling?," two participants answered with the thought that counseling can come from anywhere and from anyone.

Participant 1 responded with her definition of counseling as the following:

I feel like counseling is talking to someone and getting feedback or just having someone who you can talk to and...they'll listen and that can be from a friend, it can be from a family member. I don't feel that it always has to be from like a professional standpoint. I feel like counseling is just anybody who's willing to listen and give you advice.

Participant 4 answered similarly with the following:

Counseling is...talking to someone that you're comfortable with um, being able to really express some of the things that you are going through that you may not feel comfortable talking um, talking about those things to someone else. It could be somebody in your family, it could be a professional, it could be a teacher, whoever.

Two participants included academic advising as a possible component of counseling. Participant 2 defined counseling as "sort of a broad thing because I consider my academic advisor, academic coach, people I go to and those sessions, I think, should be considered counseling, not just going to a certified counselor." Participant 3 defined it as "basically you meet with someone like an advisor or something like that...and you explain your situation...and they try to give you advice." Participants' reflections of their interactions with their academic advisors made them consider their advisor as a person who could provide counseling for them since they are within the school setting. Academic advising is utilized by college students often and students view their advisor as their first point of contact.

Two participants did not define counseling as a role with a professional, but as an opportunity to discuss their problems. Participant 7 defined counseling as "it's a coping mechanism, it's also an outlet for me, like, I'm talking to someone that I don't know, they don't know nothing about me and I'm just expressing how I feel...that's necessary for me personally." Participant 9 stated, "one-on-one talk, open communication...trying to talk to somebody to get help or just having that safe space to vent to someone."

Four participants specifically defined counseling as being associated with characteristics of a trained professional. Participant 5 stated her definition and included different types of counseling: “counseling is very different. You have marriage counseling, sex counseling, mental health counseling...I feel like counseling is just going to somebody...to talk to somebody about something personal.” Participant 6 clearly stated the following:

True counseling is with a professional. Um, I would say counseling is the ability to kind of talk through your emotions or your feelings or situations with someone who’s like licensed to actually give you the resources and tools that you need to kind of better yourself.

Participant 8 also defined counseling as “talking to a professional about what’s going on and working through that.” Participant 10 stated, “To me is when you have a person that can coach you through problems emotionally and mentally. They can give you the tools and the resources...if you need like medication for it, they can refer you to people who do that.”

These responses described how most of the participants recognize the act of counseling as a space to communicate and the freedom to speak to anyone regarding any difficulties they encounter. Some participants parallel the ideas of counseling with academic advising and coaching. These specific areas do not require certification and additional professional training, but they are conveniently accessible. Three of the 10 participants defined counseling with a clear distinction and awareness regarding how it should be utilized in a professional setting.

Mental Health Maintenance

This theme emerged from participant responses that regard their personal mental health experiences, how they establish or maintain healthy ways of coping, recognize a shift in their mental health, and if they are aware of counseling services locations. Each participant explained what mental health meant to them, and their dialogue explained how they recognized their own personal patterns.

For participant 1, she stated the following:

Mental health means a lot to me. I feel bad whenever I have like too many mental health days (giggles) and I realize that there's no such thing. If you're just not feeling it, if your mental is not there, then just don't do it...it's better to take that time off for my mental health than to try to push through and not be in it at all...And since I've been in college, I feel I always have to be 'go, go, go' ...and then I remember if I'm not 100%, then I can't give 100%...

Participant 6 responded similarly with the following:

I think mental health just means like a good balance of like your physical, emotional, um and mental...well, your physical, emotional, and social health. Just because if like one part of your body isn't feeling the best then the other part won't.

Participant 8 stated, "Mental health to me is like taking care of your mental state. So the same way that physical health would be eating right and exercising. It's kind of the same for your mental health." Participant 10 stated, "It is definitely something that people do

struggle with...it's like stigmatized...I think it's something that people should take more serious like a physical illness.”

For Participant 2, her statement about mental health centers around communication and expression. She responded by stating, “It's trying your best to communicate how you feel with others...ties in with having good social health and just having good relationships and people to talk to so you can openly talk about what's happening in your life.”

Participant 3 offered her response as she stated,

It all depends, like I know that mental health it doesn't have to be anything serious. Like it could be just like anxiety or depression or it could be something more serious like bipolar disorder, personality disorder, something like that. I just think that mental health is just you know, something that everyone goes through.

Participant 4 stated, “Mental health is the space that you are in personally within that moment...it varies from person to person. There are levels to it.” Participant 9 responded with, “Just a person's wellbeing overall like how they go about their day to day it depends on their mental health. Mental health is very important to just life itself.”

In contrast to the other interviewees, two participants shared intimate details about their diagnoses and associated mental health challenges. Participant 5 stated the following:

Mental health is important for me, and it means a lot because I'm somebody who's been dealing with it since like 13 and I was going untreated for a lot of

years until 2021. Or was it 2022? Yea, it was 2020 something but I was going untreated for a nice little minute and I didn't even know it until I was diagnosed with um, what did he say...major depressive disorder. And so, I'm on medicine for that.

Participant 7 also stated the following:

A lot um, I think this year, definitely this semester specifically has made me realize my mental health and where I am. Um, because I think I knew I was aware that I had mental health issues, but I kind of would just knock it off. Like, 'oh girl, you got this like you can just keep going.' But I think this semester, the middle of the semester, I had a little break and I was like, 'okay, something is really wrong' and I need to seek help. So I do take counseling classes now. So I've looked into a lot of different things that have been happening, realizing what symptoms I have when I'm about to go into an episode. Um, like just stuff like that. So I think it's really important to me now and like definitely me realizing that I'm going through things has really helped too.

Coping Strategies

Each participant also described the things that they use as coping strategies during stressful situations. Participant 1 responded with the following:

So, coping for me, it looks like a lot of different things depending on the day.

Um, if I'm just having a stressful day and I know I have to do something after like

I can't just go home, crawl up in bed and watch a movie to decompress, then that may look like calling a friend and venting, having a quick venting session and just getting everything off my chest. Um, but on days where maybe I don't have much to do, coping looks like taking a breather, watching a movie, taking a nap, you know. So whatever I can do to decompress and relax mainly movies, some Netflix - it's always a good coping mechanism for me.

Participant 2 stated, "Well, I think I have a habit of curling my hair, which makes me feel better. So I think that might be like a coping mechanism...I guess distracting myself, listening to music and then like walking back and forth in my room makes me feel better." Participant 3 responded with, "So, I'm always trying to figure out what is causing me stress like the schoolwork or something like that. And then I just fix the problem by doing whatever it is that I need to do."

For participant 4, she stated,

Um, I sleep or cry (laughs). Or um...I try to talk to like my roommates or my boyfriend, you know, get their opinion on things. I've realized that sometimes I do shut down and I just don't want to talk about certain things at all. Which is not good (laughs). But um yeah, just mainly those things I just eat, sleep, cry. Yeah.

Participant 5 stated,

Sometimes I don't really cope with them. I just let my anxiety get the best of me. So I get annoyed and I be wanting to give up. But then I eventually push myself

through to do it anyway, because I'm like, I'm already here. I'm already doing this. I might as well go ahead and finish it.

Participant 6 stated,

I do a lot of different things. Um, lately I've been kind of like returning people's calls at my leisure... I like to hang out with my friends and my line sisters. Um, so that's been fun. I'll watch a TV show or something. Um, but honestly, another way is just crossing stuff off my to do list.

Participant 7 responded with the following:

When I make myself aware that I am stressed, I kind of take a step back. Um, I don't try to overstress myself now. I kind of do like meditations. Um, I walk, take walks. What do I do? I read a little, I kind of just take myself away from a screen because everything now in the world you can get influenced by so much and it's a distraction... So, I just kind of debrief. I like let my body relax, like, make it feel calm. So that way, I don't have to, I don't have a stressed or tense or like a sense of anxiety feeling anymore.

For participant 8, her response was simple, as she stated, "Mostly just by avoiding them." Participant 9 stated, "Definitely just getting some alone time with myself. Um, yeah, being alone I feel like if I'm around other people I'm around other people I'm probably just gonna be even more irritated...um, I also like to just buy things like self-care, like buy a bunch of food or whatever is gonna make me happy at that time."

Participant 10 stated, “Um I try to talk to people about it. Um, I try not to like hold it in really. Or like I don’t know probably cry about it but I’ll talk to people after I do that.”

Time and Life Balance

This subtheme was created based on the responses from seven participants that shared how they find balance academically, socially, and individually and how they navigate through stress they encountered.

Participant 1 stated the following:

I just had so much stress like these last past couple weeks because of I have class, and then I have my internship, and then I have work, and then I was working two jobs. So there was a lot of stress. I felt like there wasn’t room for me to go out and have fun with friends or sit down and take that time to have self-care days or even clean up my room because everything is so set, every week. And so, yeah. I just feel like since college started, it’s been a lot. It’s been better now because I realized I was taking on too much at one time. So, I let one of my jobs go and I have so much more free time now and time to regroup and get my brain back together.

Participant 2 stated, “I feel like the extra academics and school is harder because then you, I have to kind of plan out my own time to do all my school things and study. So academically, it’s harder like socially, I think it’s easier.” Participant 3 responded with, “I help my mom financially with the money that I make from work study and stuff. So it’s just difficult like I’m doing time management.”

Participant 5 stated:

Certain professors not understanding that we have more than one class. They say they understand but I really don't think they do because if you understood, why would you give me a homework assignment due at four in the afternoon... So that makes it stressful because you try to hurry up and rush to do they work and then they'll give you a whole bunch of modules to read back to back with all these documents and all these articles...and it's like how can I get all this done and balance my life outside of school with trying to work and then have time to myself to make sure I don't get stressed out.

Participant 6 stated, "um, I think I am often sometimes a bit more stressed than others because, like in this semester, I'm taking 19 hours in nursing and other students may only be taking you know, 15 or um, 14." She also mentioned that, "getting a nursing degree is one thing but when you add like all the extracurriculars and work and stuff, it kind of adds to it." Participant 8 stated,

I am difficult at kind of like pacing myself and motivating myself. So like, in college, I'm kind of on my own as far as like getting stuff done. So it's been kind of stressful for me to try to manage getting all my stuff turned in on time and making sure I study and just kind of that builds upon itself.

Participant 10 stated, "I'm working and going to school. So it's just the pressure of just homework and tests and also having a job."

Awareness and Utilization of Counseling Support Services

This subtheme was created based on participants' knowledge of counseling services on their campus. When asked, “Do you know where the counseling services office is on campus? If so, how often do you utilize their services?” Participant 1 stated, “Yes, I know where both of them are and I utilized it every two weeks when I did but when I came back from spring break I just haven’t made that appointment to go back.” Participant 2 stated the following:

I know it’s on campus...I have gone in the first semester a couple times, maybe five times, but I haven’t gone this semester because it’s like too much to try to plan all my meetings from my extracurricular activities and then planning a convenient time to go down there and talk to the counselor. So yeah, kinda like time management and the hassle of actually making a meeting is what keeps me from continuing using their services.

Participant 3 stated, “I think it’s the [redacted]. I don’t know if they moved or not. I know over here is the [redacted]. I don’t know about [redacted].” The second part of the question was repeated and she answered, “no, I have not recently.”

Participant 4 stated,

Um, I do not know where the counseling service center is um, and I’ve thought about it before. I just, I’ve heard it was extremely long wait times and that just kind of pushed me back from wanting to submit you know, my information and stuff.

Participant 5 stated, “I think it in the [redacted], I know that much. I don’t go at all. Never been.”

Participant 6 stated,

Um, I believe I know where it is in the [redacted]. I think. Um, I’ve never used it only because I wasn’t sure if they did like year-round, or if they do like emergency counseling. Um, or if it’s actually like long term counseling.

Participant 7 stated:

I do know where they are. I just learned that there was a counseling center here on [redacted]. So that’s currently where I go. I use the, I’ve never used the counseling services on [redacted], but I do know where they’re located. But I’ve been in the health services. I’ve been in there pretty often. So I’m pretty aware with how they do things and I’m pretty comfortable with their work I guess.

Participant 8 stated, “I do not.” Participant 9 stated, “So, I know exactly where it is but I don’t go to it because I heard that um it is a small fee and that kind of turned me off... I don’t know how it would go if I were to get counseling.” Participant 10 stated, “Oh, I don’t know where it is on campus.”

God and Therapy

The theme God and Therapy emerged from the participants' perspective on counseling, spirituality, and beliefs. All ten participants shared their unique position regarding religion and counseling. Eight participants disclosed that counseling and God

had to incorporate their beliefs in order for them to feel comfortable with counseling.

Participant 1 laughed and stated:

Hmmm...so with that, I'm still tryna figure that out too because, you know, I hear a lot of different things like, I remember one pastor preaching about like how some people are just so stubborn that they won't even seek counseling to help themselves. But then, there's this idea that you should talk to God, you know and he's all knowing, he's all powerful, he'll guide you to what you need to do if you read the bible and if you talk to him. But, then it's also like, well now I kinda feel bad because I feel like I need to talk to somebody who's gonna give me an answer right away. Then, that kinda contradicts what God says so, I'm still tryna find that balance and I haven't quite found it yet but I think ultimately, it's okay to talk to trained professionals and seek help as long as you are... finding that person who kinda...has that same belief as you...and has those same religious backgrounds as you because, I don't know. I just feel that's important. It's...it's a weird balance that I'm still tryna find but I think the counselor that I was going to, I kinda...she didn't say anything openly but you could just kinda tell you know, how...what, what religion people lean to and I feel like we had similar beliefs and views and that helps as well versus somebody who is maybe atheist and giving you advice because then they probably don't have the same morals that you have and the same beliefs that you have. So, I just feel like ...it's a...it's a...it's a struggle and I'm still tryna figure that out.

Participant 3 expressed,

I just recently became a Christian. I've been a Christian now for four months. So I'm not sure how that will like fit into counseling. I know that normally though. People try and stay away from religion when they're counseling. They just want to get, to get out like helping you. Like solve your problems. And I know that in school, they are trying to stay away from religion because, you know, it just it just it causes too many problems, especially in science class.

Participant 5 shared the sentiments,

Um, I try to make it fit. It's kind of hard talking about my therapist because you know they always want to be so I don't know, realistic or something. But how I incorporate it is by telling them that like even though you're telling me all of this and we're making like goals for like the next five years, I always say you never know what could happen. And I tell them that's why I don't like to make goals for like what could happen in the next year or two. Because I always believe that anything can happen and that everything happens for a reason. So my spirituality and my beliefs go into me believing that if it's meant for me it's meant for me. If God says so, He says so. And that things can happen at anytime and you can't do nothing about it. You can't control too much. So I don't try to control a lot of my life. And I don't try to control other people anymore either. What I do try to control though is my emotions. And um, at first I used to think that when it came

to spirituality, spiritual people when they felt angry or sad, they didn't let their emotions show. I used to think everybody used to act like Gandhi or Mother Teresa, because that's how they, they commercialized spirituality to be like this perfect practice and just nothing but peace and tranquility and it's not that. You're going to have um, emotions, you're going to be upset, you're going to cry and all this other stuff, you're going to get angry and it's okay and that's what I learned with my spirituality. It's okay to be angry. It's okay to feel your emotions just don't let your emotions control you. And so I've been putting that into therapy and expressing that to my therapist instead, and trying to use other um, methods that we've been going over because most of them, they weren't really working for me and I also didn't feel comfortable doing some of them.

Participant 6 stated,

Um, personally, if the counselor, if the counselor isn't Christian, or have isn't Christian, I just prefer not to go to them. Just because um like I don't want nobody telling me to go align with the stars and stuff. So I just, I would need somebody who can, you know, give me advice that is relatable to my walk with God so it plays a big part.

Participant 7 expressed that this question was a great question. She began with, Oooh. That's a great question. Um (laughs) I love this. Um, I think at first I was guarded because I am slowly build, building my relationship with God. And I was kind of a little bit guarded because I was like, growing up, you kind of well

growing up how I grew up, you kind of just pray about it. Like that's what I've been taught, like, everything's gonna get through, you just gotta pray about it. And so I was kind of hesitant to bring it up to my mom that I was kind of going through some things, but she was like, "Yeah, you can pray about it. But if you need help, like, go get the help that you need." So I think I'm kind of opening up to like, Yes, I can still pray about it, but I can still also seek help that I need. Um, so I think it's kind of mixing well, I think I'm still getting used to not um, only just praying about it and like saying "God got it" or that kind of thing, like realizing when I need help, I need help. Um, and so I have, even outside of counseling, I've been using more resources like going to office hours for class that I need help with or reaching out to friends who have the same class as me. So it's, it's been a work in progress, because I'm not that type of person that will ask for help. Um, I kind of will just pray about it. Or I'll just say I can figure it out on my own. But I think it's, it's, it's been going pretty smooth, if that answers the question.

Participant 9 shared their position and expressed how others may feel. She stated,

Um...I'm not sure how to answer that one. Um... because like some people, um like I have a close relationship with God. I'm not sure how other people, I'm not sure because some people will really put all of their faith into God and that's they find that's all they ever need, which is good. And then some people feel like um that's not really their thing. Spirituality, praying is not really their thing. So, I'm not sure how it ties into like counseling or anything like that. Um, because some

people just really put all their um, they really are dependent on God and then some people feel like it's just not for them. So um it really just depends on that person and how they feel, or just both combined, like counseling and also having a strong spirit, spirituality is a good thing. So.

Participant 4 laughed and said,

Hmm...um...That's a great question (laughs). I actually do not know.

Um...hmm... I think um, how does your spirituality or your beliefs fit into counseling? I feel like... that should be something that like, is brought up within counseling just so like the person gets a little bit more background information about you. Um, because it can, depending on like, your religious, your religion or whatever, you can tell a little bit about the person. I'm just not too sure how that fits into counseling. Yeah, that's all I can think of really.

Participant 10 shared a similar position as Participant 4. Participant 10 stated,

Um, I would say that they fit together like in addition with like, obviously, you will have people telling me like, “oh, pray” and that's something that I do. So, I think that makes it I guess, for me I feel a lot more secure. But also, um I feel like I want to like have a human connection, so that a person can actually like tell me, because I don't know. I guess this doesn't really...I don't know how to explain this, but like, I guess God talks through people. So, that's one thing I would say

about counseling, maybe I can hear like an answer of what I need to do through like the counselor.

Participant 2 expressed that,

I'm not really a spiritual person. So I think it affects how I don't like completely just trust in a god or something is gonna fix my problems. or ... Yeah, I guess I don't just trust in the universe as much as someone that might be more religious but because I don't have like a conflict of the religious practices and also science of what the counselor is trying to do so. Yeah, I guess I think it's better that I'm not religious, but yeah, being not religious. I guess makes it less complicated.

Participant 8 shared, "I'm not really spiritual or religious. So I don't really think that that's a consideration that I have when it comes to counseling."

More Black Women Therapists

This theme emerged due to the lack of Black women therapists who are present in the counseling field. Participants acknowledged that not being able to see a Black woman as their therapist was a barrier to counseling. One of the questions asked was: "as a Black woman, what barriers have you experienced with accessing counseling?"

Participant 6 briefly stated, "Um, another barrier was I did want a Black counselor." She provided no additional details or reason why her preference would be a Black therapist.

Participant 6 simply shared that this was one of her many barriers.

Participant 1 initially stated that she did not have any barriers however, after a short pause her response changed. Participant 1 explained,

Well, I guess one of the barriers would probably be, and I haven't really explored the different counselors. I know they pair you with somebody but I don't really know if they have African American counselors in the counseling. They may, but I haven't heard of any or saw any African American women counselors. So, that might be a barrier because I feel like speaking with somebody who looks like you and probably maybe even comes from the same background as you can be more beneficial to talk to versus talking to somebody who may not understand you as much. So, that might be a barrier um...but like I said, my counselor, she does a pretty good job but, I guess I have to kinda try both ends of the spectrum to see how that helps.

Participant 4 stated one of her barriers were, " Hmm...um... I think one barrier that I've kind of like seen, um especially when trying to figure out if I wanted to do counseling or was just finding a Black counselor in general." Participant 4 continued her explanation:

I think that was a big reason in why I did not, I decided not to go with counseling at all, but because I wanted to talk to someone that was Black, it could be male or female. It was just, it just had to be somebody that was Black because they would be able to understand some of the things like where I was coming from and yeah.

Participant 7 also shared a similar perspective as Participant 1 and Participant 4 with a desire to have a Black woman counselor. Participant 7 stated,

That's a good question. Um, I think some of my barriers were both of my counselors being a different race than I was. Um, I think sometimes obviously, as Black women you feel like you can relate to another Black woman because maybe you've been through the same situations, upbringing, that kind of thing. And so I mentioned some things personal, and they'll kind of like give that like, 'hmm, can you explain a little bit more?' Um, and it's not an issue to me, but it's just like, okay, that's one thing I realized we can't really relate on. So I kind of do sometimes question like, is this the best advice for me or should I be asking someone who is of color? Um, but other than that, I think that's the only really boundary that's been kind of like, unbalanced, I guess.

The participants were later asked a more specific question about race and ethnicity. Participants were asked: "How significant is it to seek counseling from those with a similar ethnic background?" This question allowed participants the opportunity to reflect on ethnic backgrounds and how they would interact with a therapist of the same background. One of the participants expressed that race did not have to be a primary similarity as long as they spoke English. Participant 3 expressed,

It's significant because like it might be language barriers and I don't like to like try and figure out when somebody says I want them to speak English so as long as

they like from America or can speak English to where I can understand it then that's fine. I don't really care about the race or anything like that or gender.

Participant 1 attended counseling in a therapeutic office where the clients are matched to a counselor. Participant 1 does not have the autonomy to select her counselor of preference. Participant 1 shared,

I think it's very significant. It is. And like, they do um, provide affordable counseling but like I said they match you with somebody and so I think it would probably be more beneficial if you got to pick because I'd probably pick somebody...my unconscious bias, I learned about in class, I'd probably pick somebody who likes me, who comes probably from the same background as me. So, I think it is significant because some of the problems that I have and I talked about with my counselor, she probably...she did relate to but let's say if I have a problem with "hey there's this person in class and some of the stuff they say is a little inconsiderate um...and they're not very considerate of my race and how I feel and my points of views," this is just an example. If I go to the counselor I go to now, she probably wouldn't be able to relate versus if I went to a Black woman, she would be able to relate more and probably even have her own experiences and she can provide me with how she got through her own problem and what she said to get out of the situation. So, I feel like for more real life everyday struggles that Black women go through, I feel like that is something that only an African American woman can provide.

Participant 1 and Participant 7 shared the same difficulty with being able to select their own therapist and their desire to have a therapist with a similar ethnic background.

Participant 7 stated,

Hmm. It's hard. Um, when I put in my application for counseling this time, I did ask for someone of color, um but at the time, they didn't have anyone and that almost made me make the decision like I don't want to do counseling anymore. But I was like, there's a bigger picture. There's still someone out there who can help me or try to help me at least. So I'm still gonna go put in towards my efforts. Um, but I am still interested in having a counselor of color. Like just in the future, but I, I am the type person where I, I don't want to discriminate, but it's also like, I kind of still want to have that like, deep down somewhat of a personal connection, without getting too personal. You know? So um, yeah.

Participant 2 shared,

..I guess it's low important because I think it's already feels better if you're talking to a person with like a similar ethnic background. We feel more comfortable and absolutely talking which is a big part of getting things out of the session. And they probably understand where you're coming from.

Several participants also shared the same significance as Participant 2. Participant 4 stated,

Um, very important, very important. Um, I feel like some of the things that are within our culture, somebody else is not going to understand. Um, and then you have to sit there and explain and be like, well, you know, it's just kind of like, hmm I don't think so. Like, well I don't know how to explain it so (laughs). Um, yeah, that's very important to me. Um, I think it would also help people feel comfortable, um, more comfortable opening up and talking about some of the things that they necessarily may not mention, in counseling might just like breeze over it. Um, so it's yeah...very important.

Participant 6 stated,

I think it's important um just because they'll know what you may be talking about. Um, they don't necessarily have to agree with what you're talking about. But it's hard to, if you already trying to talk about you know, things that are going on in your life. I just feel like personally, I don't want to have to explain my life to you, for you, you know, may not understand what certain terms that I use or certain words or um, phrases that I use. So I think that it's important so that the person that you are um being counseled by is relatable and understanding of kind of where you come from. Even if they don't come from the same place. But it's better than, it's better to have someone in my opinion in your, same ethnicity.

Three participants expressed that it was important to have a therapist with a similar ethnic background, however, their explanations were shorter than the other participants. Participant 8 stated,

I would say it's pretty significant. Um, you want the person to understand you, so they can give you advice on how to move forward. It's kind of not going to work if they can't relate or understand your problems. They probably can't give you good advice. So.

Participant 9 also stated,

So it's very important. So I feel like um, if you and your counselor have that same experience and that being able to relate to each other, it makes the other person um feel more comfortable with sharing more with you because we've been through the same thing.

Participant 10 shared,

I would say it's pretty significant. Um, you want the person to understand you, so they can give you advice on how to move forward. It's kind of not going to work if they can't relate or understand your problems. They probably can't give you good advice. So.

Conclusion

The purpose of Chapter 3 was to present the data that described how Black undergraduate women experienced and understood mental health, counseling accessibility on campus, and how to cope with stress while completing a bachelor's degree. The final thoughts from the data in this study were Black undergraduate women encountered many obstacles in their desire to obtain an undergraduate degree. For example, the transition from high school to college described in the unfamiliar territory theme showed that participants struggled with their perceptions of the collegiate experience. As stated in the literature review, this transition developed new challenges due to the change in routine from K-12 education to higher education (Jones & Sam, 2019). Some participants reflected on their schedules and course difficulties, while others reflected on their obligations in addition to degree completion, such as family, extracurricular activities, and their jobs. Those obstacles were explored more in each of the six themes.

Self-discovery is the second theme and it is a process where participants acquire new knowledge about themselves. The self-discovery theme connected participants' responses with facets of the literature review with the discussion of imposter phenomenon and intersectionality. On college campuses, the imposter phenomenon can manifest through negative inner thoughts, inadequate feelings, and a decreased sense of belonging (Cokley et al. 2017; Haskins et al. 2019). Some participants struggled to connect all aspects of who they were in a social setting as well as an academic setting. For example, one participant struggled with intersectionality being mixed and having two cultural identities. She often felt her Black identity was disregarded based on how she

was treated during adolescence. One participant experienced difficulty with her connection to other peers on campus and often felt secluded. Black college women in this study prioritized their identity during college transition. Participants wanted to understand who they were, what mattered, and how their decisions aligned with their independence.

Participants expressed that counseling does not have to come specifically from a professional, as they had people in place to discuss their issues such as their friends, family members, advisors, or coaches. In The Miseducation of Therapy theme, their responses showed that if they seek counsel from anybody in general, this would help them reflect and discuss their issues, which in turn is equivalent to a therapy session. Comfortability with others and trust were the common feelings expressed while participants explored their personal definitions of counseling. This correlates to safe spaces and how the creation of community helps Black women navigate their mental health (Pappas, 2021). It is possible that safe spaces are therapeutic and serve as a convenient outlet in times of uncertainty, confusion, and isolation.

In the Mental Health Awareness theme, Black women students understood the importance of their mental health and how to advocate for better access to mental health care. Participants connected mental health to physical health and stated that they were equally important to consider. Participants also connected mental health to social and interpersonal relationships. In one specific response, a participant believed that communicating openly about mental health can aid in effective communication skills in social relationships. Alternatively, most of the participants stated that they did not begin or continue counseling despite their expressions of the importance of mental health and

advocacy. College counseling outreach was not verbally explored, because participants knew where to locate the counseling services office. Seven participants knew where the counseling services were located and three participants were unsure. Three of the 10 participants utilized counseling services; however, of those three participants, two used services for a short period but did not continue, and one participant consistently used counseling services. Seven of the 10 participants did not utilize counseling services.

The H.E.R.S model is a four-step therapeutic approach for African American women in therapy. The fourth step is S, which examines spirituality. Historically, religion and spirituality played a significant role when Black women faced life difficulties and were challenged to maintain a sense of purpose (Moore & Madison-Colmore, 2005). The God and Therapy theme was developed based on the H.E.R.S model and participants' responses. One participant responded that both are necessary and there should be a balance between the two. She expressed no reservations with a trained professional. Another participant identified as a Christian but was unsure how her religion adapted with counseling. While another participant expressed that a Christian therapist was important to her for relatability and her assurance in God in order to utilize counseling services. Three participants explained that they incorporated God by informing the counselor of their religious stance at the beginning of therapy. Thus, the H.E.R.S model holds true to the essence of spirituality being important to Black women within a therapeutic setting.

One common similarity in the data was Black college women wanted to see themselves when they chose their therapist. Participants felt that a therapist with a similar ethnic background would benefit their therapeutic journeys. However,

participants were unable to find a Black therapist or choose a therapist on their own. This finding corroborated similar research that was discussed in the literature review which described the lack of representation and cultural competency as an individual barrier and a deterrent for these students to seek counseling services on their campus (Apugo, 2019; Ward et al., 2009). The More Black Women Therapists theme connected with the demand for the increase of Black clinicians. In addition, the Center for Collegiate Mental Health 2021 annual report for clinician percentages, stated Black therapists represented only 12% (Center for Collegiate Mental Health, 2022). This highlights the need for Black clinicians and added validity to what the participants expressed in this study.

Their participation in this study allowed the 10 Black undergraduate women to receive information on how to access counseling services that are cost friendly and flexible on their campus. Furthermore, counseling departments can create systems to monitor the demographics of students who utilize services and distinguish discrepancies in specific student populations. The counseling department can also make their departments visible to students. The goal is for colleges and universities to use this research study and data as a launching pad to promote and use funds for additional mental health support. Chapter 4 will disseminate recommendations and program structures and discuss ways to improve counseling access and awareness on campus.

Chapter 4: Dissemination For Improvement

Introduction

Black college students experience issues related to depression, anxiety, suicidal thoughts, and other mental health difficulties. However, research revealed that depression and anxiety among college students have stabilized but remained one of the top three concerns on college campuses (Center for Collegiate Mental Health, 2022). Among Black college women, stress and emotional suppression are constant and can be disguised as one of the three most common concerns, specifically anxiety or depression (Mathews et al., 2021). Data regarding demographics is not exclusive to the intersectionality of race and gender (Jones & Sam, 2018). Consequently, college counseling centers will not be equipped to serve Black women because of the limited research related to cultural subgroups and counseling participation numbers for Black college women (Busby et al., 2021). Following the data analysis for this research study, both researchers developed several recommendations based on the results. The recommendations were created around the six themes and three sub themes that were consistent throughout the study.

The six themes were unfamiliar territory, self-discovery, the miseducation of therapy, mental health maintenance, God and therapy, and more Black women therapists. The three sub themes were coping strategies, time and life balance, and awareness and utilization of counseling support service. Unfamiliar territory was defined as unawareness to a new routine and new environments. This generated responses from participants regarding the culture shock and the academic rigor that they experienced when they arrived on their college campus. Self-discovery is the process of understanding one's true self. The discovery of self includes values, needs, and wants. This cycle of self-

discovery led to consciousness of core values and beliefs that allowed the participants to understand what matters and make decisions that are better aligned with who they are. The miseducation of therapy theme provided an explanation that counseling and therapy is defined incorrectly by individuals. Participants often confused therapy and counseling with the ability to vent and speak openly to friends and family. Mental health maintenance refers to how individuals recognize and manage their personal mental health experiences. The awareness of where counseling services are located also plays a role in mental health maintenance. Coping strategies, time and life management, and awareness and utilization of counseling services support maintenance efforts, as these are areas that affect and determine how active students are in their pursuit to maintain the best mental health practices. The God and therapy theme explores the balance and conflict between religion, spirituality, and counseling and how individuals work to make sense of its connection. More Black women therapists acknowledge the lack of representation in therapeutic offices and mental health spaces. There were several participants who expressed that they would prefer a therapist of the same cultural and ethnic background. The themes informed the development of the researchers' recommendations and implementation plan.

Recommendations

The participants' responses exhibited a need for therapy education, early exposure to therapeutic practices, and continued support through the transition from high school to college. Based on the data collected, the researchers recommended a mental health education curriculum for juniors and seniors in high school. The researchers also recommended a plan of action for outreach with collegiate counseling services. The plan

or program would be used to improve visibility and overall attendance. The curriculum that is included in first year experience courses should educate students about therapy, how it is used, and where to go for assistance. Counseling sessions will be included in the first-year experience curriculum in order for students to utilize it during their first semester in the course.

Implementation and Future Programming

Program Design - High School (Bridge) Program Curriculum: The plan for a curriculum-based program for high school students would span over four years. High school girls who are enrolled in their junior year of high school would begin the program and continue throughout their first two years of college. Participants will be selected to participate based on an interview and teacher recommendation from partner schools that participate in the professional development seminars that the researchers offer. The focus of the professional development will be centered around school counselors who work with junior and senior high school students, as they have direct access to girls who are junior and senior high school students. Professional development seminars will include monthly activities for the educators in order to support student transition to college, advocate for their mental health, and access counseling beyond high school. Seminar topics can include college navigation, trauma, depression and anxiety, and how to balance life after high school. Therapy sessions for student participants will begin during their junior year with their assigned school counselor. This provides an opportunity for school counselors to utilize their certification and counseling skills to provide therapeutic interventions on a regular basis. School counselors will also benefit from this program, as the professional development seminars can serve as a resource for additional

knowledge and certification hours. Students can establish better rapport and increase the frequency of communication with their high school counselor and interact for more than course selection and graduation requirements.

During the transitional period after high school, students who opt to participate will be required to see a licensed therapist at least two times each semester (four times each year for four years). Therapy sessions for participants will consist of individual, small, and large groups and this will continue until the conclusion of the sophomore year of college for participants. This therapist can be located on their college campus or at an agency. Students can decide to continue with their sessions with a therapist independently following program completion. This will encourage students to use the knowledge they acquired throughout the program to recognize when a therapist is needed and how often to use counseling services. The researchers will provide monthly coaching and mentorship sessions in-person or through Zoom for the participants. The cohort of school counselors who participate in our professional development activities will also have an opportunity to participate in coaching and mentoring sessions. An example of the high school curriculum plan is provided.

High School Transition Curriculum Plan

Flow Chart

Activities/Lessons - provided by school counselors, completed by high school participants

Individual Therapy Sessions - provided by the researchers

Mentoring and Coaching - provided by researchers

Activities/Lessons	Individual Therapy Sessions	Mentoring and Coaching
Stigma of Mental Illnesses	Prep talk before first session	Review lesson with school counselor Check-in with girls that are participating in the program
Understanding Mental Health and Mental Illnesses	“How do you feel now?” talk after first session	Review lesson with school counselor Check-in with girls that are participating in the program
Information on Specific Mental Illnesses	Group talk after watching a movie: I Can Do Bad All By Myself	Review lesson with school counselor Check-in with girls that are participating in the program
Experiences of Mental Illnesses	Group talk after watching a movie: Brain on Fire	Review lesson with school counselor Check-in with girls that are participating in the program
How to Communicate a Mental Illness to Family	“Did you share your counseling experience with your family?” talk	Review lesson with school counselor Check-in with girls that are participating in the program
Seeking Help and Finding Support	Prep talk before second session	Review lesson with school counselor Check-in with girls that are participating in the program
Importance of Positive Mental Health	“How do you feel now?” talk after second session	Review lesson with school counselor Check-in with girls that are participating in the program

The roles and expertise of those responsible to implement the projected activities are the following: the researchers are responsible for program implementation, professional development, and mentoring and coaching of educators and participants. The therapist is trained, certified, or licensed in a specialty area that offers therapy for individuals with various mental and physical issues. The researchers would need to partner with local colleges for continuing education to stay abreast of the current best practices and new trends in relation to mental health and therapy.

The goal is for 100 girls to participate in this program with approximately 15-20 junior and senior school counselors per five schools. Another goal is to send those same 100 girls to college and help them navigate and understand their mental health experiences and the therapy process. Our outcome for school counselors would be to better prepare students who transition to college with an emphasis on their mental health. Also, this will assist school counselors with additional skills to utilize as a counselor. To gain a snapshot and be able to analyze our data, each year we will have the girls and the counselor cohort members complete an anonymous survey to measure the success through a pre and post questionnaire.

Program Design - First Year Experience College Course: The plan for the First Year Experience course is to update curriculum and syllabi to incorporate mental health education. The new curriculum will include therapy sessions as a course requirement and an additional supplemental instruction option. This course is a semester long, and first-time students will have the opportunity to participate in bibliotherapy or individual therapy sessions. The orientation course allows students to choose group bibliotherapy or individual therapy sessions once a month for the semester. The

bibliotherapy experience can be used as a Literature or Social Science elective for General Education requirements. Students will form groups based on an interest survey. The survey will have a list of personal concerns or things that may cause stress. Examples of concerns listed on the survey are anxiety, depression, friendship, transition, and faith, to list a few. A literature list will also be provided for them, and students can choose literature focused on mental health to read and discuss their progress. Students will be able to select their books after they complete the interest survey and meet with their group. The list of books will be centered around each mental health concern listed on the survey. The professor will be tasked with the responsibility to make sure the group members work collaboratively. At the end of the semester, students will complete a critique or book review, along with a self-reflection of what they learned about themselves and others as their final exam. The critique or book review can be written as a report or designed creatively as a newspaper or magazine article, PowerPoint presentation, or poster board presentation, and it should be completed as a group.

If students select individual therapy sessions, they will have the opportunity to attend therapy sessions once a month for the entire semester. First Year Experience professors would partner with faculty from the university's counseling doctoral program to organize counseling opportunities for doctoral students. This collaboration will also assist counseling doctoral students with their provisional licensure hours for certification and their degree requirements. The doctoral students will be asked to provide biographical information in order for students to learn more about who they are and prepare them to choose a therapist that suits them. Students will correspond with their therapist through their student email and collaborate on a schedule suitable to their needs.

Student email is the best way to maintain knowledge of students and ensure confidentiality. Students will document their counseling experience through a self-reflection report, submitted to their professor. Examples of the bibliotherapy and individual therapy plans are provided.

Bibliotherapy Course Component

Areas of Concerns and Interest Survey

Please select three concerns from the list below that you are personally interested in. Your selection will be kept confidential and help determine what topics this course will focus on and which books you and your groupmate will read.

- Anxiety
 Depression
 Faith
 Friendship
 Transitions

Selected Texts for Bibliotherapy Course by Topic

Anxiety:	<ul style="list-style-type: none"> ● <i>Happily Ever Afters</i> by Elise Bryant ● <i>Highly Illogical Behavior</i> by John Corey Whaley ● <i>Kind of Sort of Fine</i> by Spencer Hall
Depression:	<ul style="list-style-type: none"> ● <i>It's Kind of a Funny Story</i> by Ned Vizzini; ● <i>Home Home</i> by Lisa Allen Agostini ● <i>Who Put This Song On</i> by Morgan Parker
Faith:	<ul style="list-style-type: none"> ● <i>Fly Girls #2: Micah, the Good Girl</i> by Ashley Woodfolk ● <i>The Weight of the Sky</i> by Lisa Ann Sandell; ● <i>Blind Faith</i> by Ellen Wittlinger
Friendship:	<ul style="list-style-type: none"> ● <i>Happily Ever Afters</i> by Elise Bryant; ● <i>Highly Illogical Behavior</i> by John Corey Whaley; ● <i>Kind of Sort of Fine</i> by Spencer Hall
Transitions:	<ul style="list-style-type: none"> ● <i>Happily Ever Afters</i> by Elise Bryant; ● <i>Between You, Me, and the Honeybees</i> by Amelia Diane Coombs; ● <i>Highly Illogical Behavior</i> by John Corey Whaley

Individual Therapy Self Reflection Options

Briefly write on an index card 3-5 sentences explaining your self-reflection piece.

Select one expression per session.

Session 1	<ul style="list-style-type: none"> ● Journal Entry ● Painting/Drawing ● Song ● Video ● Build/Design - clay, legos, blocks, etc.
Session 2	<ul style="list-style-type: none"> ● Journal Entry ● Painting/Drawing ● Song ● Video ● Build/Design - clay, legos, blocks, etc.
Session 3	<ul style="list-style-type: none"> ● Journal Entry ● Painting/Drawing ● Song ● Video ● Build/Design - clay, legos, blocks, etc.
Session 4	<ul style="list-style-type: none"> ● Journal Entry ● Painting/Drawing ● Song ● Video ● Build/Design - clay, legos, blocks, etc.

At the end of the semester, students will be able to share the quality of their experience through course evaluations for the first-year experience course. This will inform the educators if the layout and curriculum of the class is effective or ineffective. The goal of the therapy sessions is to help students understand their options for additional resources and extra support through degree completion. Students will be encouraged to continue sessions as needed after their first semester.

Dissemination Campaign

The researchers shared their initial findings at the Dr. Matthew Davis Research Symposium at a local university. This symposium is a yearly gathering with past and current doctoral students, faculty, and guests who discuss current themes and research in the education field. Also, past doctoral students shared their experiences, best practices as doctoral students, and a small synopsis of their dissertation work. This event also provided the opportunity for the researchers to display and present their dissertation background, research method, research findings, and recommendations to an audience of guests and other doctoral students. In turn, the symposium allowed the researchers to view the work and research of other doctoral students.

Schoolhouse Podcast is an educational media outlet, and its mission is to provide professional support for education professionals. The researchers had the opportunity to be interviewed as guests to discuss the research process and findings. Additionally, the researchers defined a dissertation and the steps to conduct research. One of the topics that were discussed was the results from the research as well as barriers, lack of Black therapists, cost of therapeutic services, and college mental health. Another topic the researchers shared was the rigor of certification and licensure testing to become a therapist. The interview concluded with the researchers sharing their final thoughts about mental health. The researchers also provided Apple and Spotify links to the podcast episode for the doctoral cohort students, mentor teams, and dissertation committee members.

The research team continued their dissemination with an in-person presentation to a Professional Learning Committee for a neighboring public school district. A PowerPoint presentation accompanied the researchers as they presented their findings. The presentation included tables and figures of data and a summary of how data were garnered and finalized. The audience was secondary school counselors who worked with 9th through 12th-grade students. The researchers discussed their findings and ways to help high school seniors transition to college, emphasized mental health, and how to access counseling. The secondary counselors also shared their needs to better service their students. The presentation concluded with the completion of a survey questionnaire which allowed the counselors to provide feedback to the researchers.

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Appendix A

IRB Approval Letter



June 30, 2023

Principal Investigator: ShaQuina Danae White
Department: COE Advising and Prof Exp

Your Exempt Amendment Form to project entitled Counseling and Mental Health Awareness in Higher Education Institutions: A Phenomenological Exploration of Mental Health and How it Affects Degree Completion among Black Undergraduate College Women was reviewed and approved by the UMSL Institutional Review Board according to the terms and conditions described below:

IRB Project Number	2095504
IRB Review Number	394732
Initial Application Approval Date	March 31, 2023
Approval Date of this Review	June 30, 2023
IRB Expiration Date	March 31, 2024
Level of Review	Exempt
Project Status	Active - Exempt
Risk Level	Minimal Risk

The principal investigator (PI) is responsible for all aspects and conduct of this study. The PI must comply with the following conditions of the approval:

1. Enrollment and study related procedures must remain in compliance with the University of Missouri regulations related to interaction with human participants at https://www.umsystem.edu/ums/rules/collected_rules/research/ch410/410.010_research_involving_humans_in_experiments.
2. No subjects may be involved in any study procedure prior to the IRB approval date or after the expiration date.
3. All changes must be IRB approved prior to implementation utilizing the Exempt Amendment Form.
4. The Annual Exempt Form must be submitted to the IRB for review and approval at least 30 days prior to the project expiration date to keep the study active or to close it.
5. Maintain all research records for a period of seven years from the project completion date.

If you are offering subject payments and would like more information about research participant payments, please click here to view the UM Policy: https://www.umsystem.edu/ums/policies/finance/payments_to_research_study_participants

If you have any questions or concerns, please contact the UMSL IRB Office at 314-516-5972 or email to irb@umsl.edu.

Thank you,
UMSL Institutional Review Board

Appendix B

Recruitment Letter

White, ShaQuina

From: White, ShaQuina
Sent: Monday, March 20, 2023 6:35 PM
To: Small, Natissia
Cc: Williams, Desirae (UMSL-Student); Woodhouse, Shawn; Mershon, Kenton
Subject: Assistance with Recruitment for Research Study

Importance: High

Hi Dr. Small,

My name is ShaQuina White and I am currently enrolled in the Educational Practice doctoral program in the College of Education. My dissertation partner, Desirae Williams, and I are currently seeking assistance with recruitment for our research study. The title of our dissertation is called: Counseling and Mental Health in Higher Education Institutions: A Phenomenological Exploration of Mental Health and How It Affects Degree Completion Among Black Undergraduate College Women.

The purpose of our qualitative study is to examine the effect of counseling on Black undergraduate college women and how it can aid in improved quality of life on a college campus. This study will also gain insight into low participation numbers and seek to find ways for these students to be receptive to counseling and more knowledgeable about the support it provides. Students will also learn how to incorporate counseling and use positive mental health practices to increase their overall confidence and the ability to advocate for themselves while navigating degree completion.

Once approval is received from the Institutional Review Board, may we send our recruitment flyer to you and will you be able to assist us with recruiting Black undergraduate college women within the Multicultural Student Services department?

We appreciate any assistance you can provide.

Warmly,

ShaQuina White, M.Ed.

Senior Academic Advisor – Undergraduate Teacher Certification and Sport Management Programs
 Doctoral Candidate | Educational Practice
 College of Education | University of Missouri-St. Louis
 314-516-4329 | shaquinawhite@umsl.edu
 Website: <https://coe.umsl.edu/advising/1contact-an-advisor/index.html>
 Pronouns: She, Her, Hers

Admitted and Current Students: to schedule an advising appointment please click here: [ShaQuina's Calendar](#)

UMSL Education
 University of Missouri–St. Louis

Appendix C
Recruitment Flyer



Participants Needed

We are currently looking for individuals to participate in an interview on mental health, counseling accessibility, and degree completion.

Who do we need

- Black/African American Women
- Currently enrolled as an Undergraduate student
- Enrolled in college the Fall semester after graduating high school

Umsl IRB Approval
Date of Approval: 3/31/23
Date of Expiration: 3/31/24



If you're interested scan the QR code to complete a questionnaire

Contact Researchers:
ShaQuina White
shaquinawhite@umsl.edu
314-516-4329
Desirae Williams
dnw3n7@mail.umsl.edu
314-710-4060



Appendix D

Pre-Screening Questionnaire

We are looking for participants who are Black undergraduate college women completing a bachelor's degree to participate in an interview. Please fill out the pre-screening questionnaire below to determine if you meet the researchers' qualifications for participation. If selected, you will be notified, and the interviews are expected to last 30-60 minutes with additional time if needed. The participation in this study is voluntary and you have the option to opt-out at any time.

First and Last Name*

Email*

Telephone Number

What is your classification? For example: Junior, Senior, etc.*

Did you start college the fall semester after you graduated high school?*

Are you a transfer student?*

Are you comfortable with discussing mental health?*

Are you okay with being audio recorded?*

Appendix E

Informed Consent Form



College of Education
 University of Missouri–St. Louis
 1 University Boulevard
 St. Louis, MO 63121-4400

University of Missouri–St. Louis Informed Consent for Participation in Research Activities

Project Title: Counseling and Mental Health in Higher Education Institutions: A Phenomenological Exploration of Mental Health and How It Affects Degree Completion Among Black Undergraduate College Women

Co-Investigator: ShaQuina White

Co-Investigator: Desirae Williams

Department Name: College of Education

Faculty Advisor: Dr. Shawn Woodhouse and Dr. Kenton Mershon

IRB Project Number: 2095504

Date: March 7, 2023

1. You are invited to participate in a research study. The purpose of this research is to examine the effect of counseling on Black undergraduate college women and how it can aid in improved quality of life on a college campus. This study will also gain insight into low participation numbers with counseling services and seek to find ways for these students to be receptive to counseling and more knowledgeable about the support it provides. Participants will also learn how to incorporate counseling and use positive mental health practices to increase their overall confidence and the ability to advocate for themselves while navigating degree completion.
2. Your participation will involve a 30-60 minute interview with additional time if needed. The participants will be Black undergraduate college women. Participants would have enrolled in college the fall semester following graduation from high school. Participants will answer questions about mental health and their experience with counseling. Participants will also be notified that the interview will be audio recorded.
3. There is a loss of confidentiality risk associated with this research. This will be minimized by securing all audio recordings and transcriptions with password protected devices. The nature of interview questions regarding mental health may create a slight risk however, the questions are generic, and they are provided as a guide for participants to share their stories and experience. Also, participants can choose not to answer a question or opt-out at any time during the interview.
4. There are no direct benefits and possible benefits may include learning how and when to access counseling services on your college campus. Also, you will establish or strengthen self-advocacy and awareness while navigating degree completion.
5. Your participation is voluntary, and you may choose not to participate in this research study or withdraw your consent at any time. You will NOT be penalized in any way should you choose not to participate or withdraw.
6. We will do everything we can to protect your privacy. As part of this effort, your identity will not be revealed in any publication that may result from this study. In rare instances, a researcher's study must undergo an audit or program evaluation by an oversight agency (such as the Office for Human Research Protection) that would lead to disclosure of your data as well as any other information collected by the researcher.

Version Date 9/2022



College of Education
University of Missouri-St. Louis
1 University Boulevard
St. Louis, MO 63121-4400

7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Co-Investigators, ShaQuina White at 314-516-4329 or Desirae Williams at 314-710-4060. You may also ask questions or state concerns regarding your rights as a research participant to the University of Missouri-St. Louis Office of Research Compliance, at 314-516-5972 or irb@umsl.edu.

Appendix F

Interview Protocol

Counseling and Mental Health Awareness in Higher Education Institutions: A Phenomenological Exploration of Mental Health and How it Affects Degree Completion among Black Undergraduate College Women

Interviews are expected to last 30-60 minutes with additional time if needed. Interview times will be spread out and each teammate will complete two interviews each day for a week. There will be 12 participants for the purposes of data collection. 10 participants will be a part of the research study. Two participants will be a part of a pilot study to test reliability and validity. Participants will be selected by using typical sampling. The participants will be Black undergraduate college women currently attending college at a four-year university. All interviews will be transcribed as a part of the data collection process.

I appreciate you taking the time to participate in this interview. As a reminder, your participation in this study is voluntary and you have the option to opt-out at any time. You also have the option to decline to answer any questions. Would it be okay if I audio record our conversation today? (YES/NO)

Due to the nature of this study, we will exercise confidentiality and conceal your identity by using password protected recording devices. However, if you express harm to yourself, others, or if someone is harming you, then we will need to report such actions to the appropriate authorities.

1. Tell me about yourself as a Black woman attending college and working on an undergraduate degree?
2. What does mental health mean to you?
3. How do you define counseling?
4. Describe your experience and relationship with your high school counselor?
5. What ways do you cope with stressful situations or events?
6. Have you experienced an increased amount of stress since starting college? If so, explain.
7. Do you believe stress affects your academic performance or degree completion? Why or why not?
8. What is your experience with professional counseling?
9. As a Black woman, what barriers have you experienced with accessing counseling?
10. How significant is it to seek counseling from those with a similar ethnic background?
11. What does the level of importance in building a relationship with a licensed counselor mean to you?
12. Do you know where the counseling services office is on campus? If so, how often do you utilize their services?

13. How does your spirituality or beliefs fit into counseling?

Appendix G

IRB Amendment Letter



June 30, 2023

Principal Investigator: ShaQuina Danae White
Department: COE Advising and Prof Exp

Your Exempt Amendment Form to project entitled Counseling and Mental Health Awareness in Higher Education Institutions: A Phenomenological Exploration of Mental Health and How it Affects Degree Completion among Black Undergraduate College Women was reviewed and approved by the UMSL Institutional Review Board according to the terms and conditions described below:

IRB Project Number	2095504
IRB Review Number	394732
Initial Application Approval Date	March 31, 2023
Approval Date of this Review	June 30, 2023
IRB Expiration Date	March 31, 2024
Level of Review	Exempt
Project Status	Active - Exempt
Risk Level	Minimal Risk

The principal investigator (PI) is responsible for all aspects and conduct of this study. The PI must comply with the following conditions of the approval:

1. Enrollment and study related procedures must remain in compliance with the University of Missouri regulations related to interaction with human participants at https://www.umsystem.edu/ums/rules/collected_rules/research/ch410/410.010_research_involving_humans_in_experiments.
2. No subjects may be involved in any study procedure prior to the IRB approval date or after the expiration date.
3. All changes must be IRB approved prior to implementation utilizing the Exempt Amendment Form.
4. The Annual Exempt Form must be submitted to the IRB for review and approval at least 30 days prior to the project expiration date to keep the study active or to close it.
5. Maintain all research records for a period of seven years from the project completion date.

If you are offering subject payments and would like more information about research participant payments, please click here to view the UM Policy: https://www.umsystem.edu/ums/policies/finance/payments_to_research_study_participants

If you have any questions or concerns, please contact the UMSL IRB Office at 314-516-5972 or email to irb@umsl.edu.

Appendix H

Professional Development Presentation Survey Responses

Survey Question 1: What did you enjoy most about this presentation?
<ol style="list-style-type: none"> 1. Yes 2. I enjoyed the themes and information provided. 3. Student not knowing about counseling services 4. Very Knowledgeable 5. Explaining the themes and gave examples. 6. The data!!! Loved hearing what's really going on behind the scenes 7. How knowledgeable they were on the topic 8. I enjoyed the very detail break down of information regarding mental health 9. The experiences of the students and hearing what keeps them from accessing counseling services 10. The entire presentation 11. The topic itself was interesting and appealing. The presenters were knowledgeable and appeared confident in their presentation. 12. I loved how you guys gave detailed information including data, numbers, and references. 13. That both of you were on point about your research 14. The information that was shared was very informative 15. This is the most information I've learned about this topic for any group of students. 16. The totality of the message 17. The focus itself, the mental health of black women
Survey Question 2: What, if anything, did you not enjoy?
<ol style="list-style-type: none"> 1. Data 2. N/A 3. No 4. The topic 5. N/A 6. N/A 7. Enjoyed it 8. N/A 9. N/A – enjoyed the information 10. N/A 11. N/A 12. N/A 13. I enjoyed your presentation but you want to expand on how the counseling services did help the people who used the services 14. I would have liked a deeper conversation about the results shared. Maybe ask the the audience what their takeaway is or how they can use the information shared to apply to the work they do with students 15. N/A

16. N/A
17. Would have like to

Survey Question 3: Was the length of the presentation too long, too short, or just right?

1. Just right
2. Just right, kept my attention
3. Just right
4. Just right
5. Just Right
6. Just right
7. I think it was just right
8. It was just right
9. Just right
10. Just right not too overwhelming. Enough time for questions and comments
11. Just right
12. Just right!
13. The presentation was just right. If you could add more that wouldn't hurt.
14. It was a comfortable time frame
15. Just right
16. Just right
17. The length was suffice

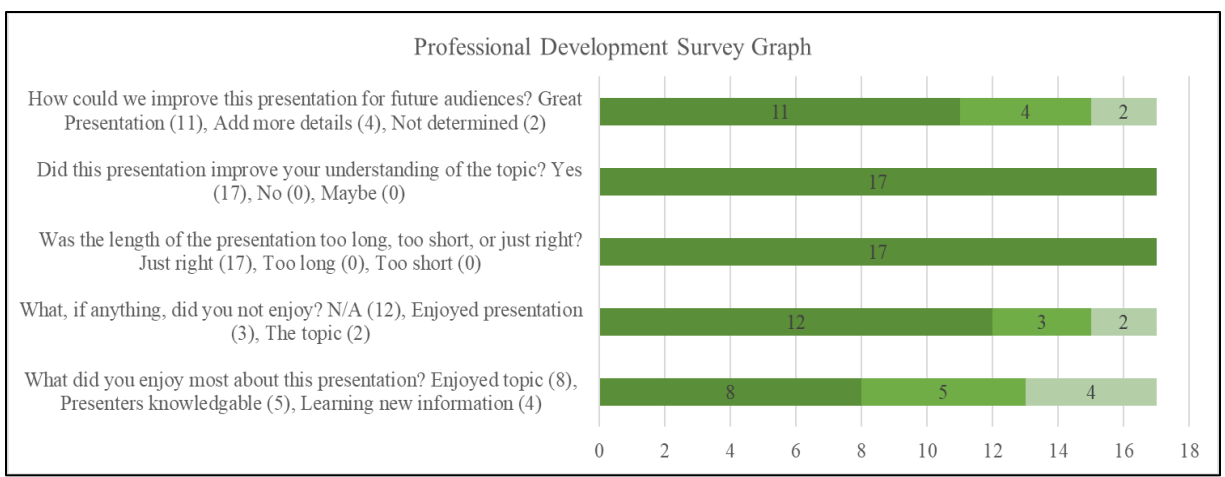
Survey Question 4: Did the presentation improve your understanding of the topic?

1. Yes
2. Yes
3. Yes
4. Yes
5. Yes
6. Most definitely
7. Yes
8. Now, I have a better understand talking with students and encouraging them about therapy.
9. Yes, it allows me to understand that I need to reinforce with my hs students that mental health services are also available at the college level
10. A little
11. Yes
12. Definitely. This was a topic that so often goes unnoticed. Once being a college student myself, reflecting now, I can honestly say I have never been nor did I know where to locate counseling services on any of the campuses I have ever attended. To date I have attended 4 universities.
13. Yes, however, as a counselor I've always given information to my students about counseling services.
14. A little bit
15. Yes!
16. Statistically yes
17. Yes, the data shared was insightful

Survey Question 5: How could we improve this presentation for future audiences?

1. Excellent

2. N/a
3. The presentation was great
4. It was just fine
5. I thought it was very informative and easily understood.
6. The more detailed the better! Amazing topic that needs to be talked about
7. Maybe adding a video clip of a student to hear them speaking of the lack of resources
8. I would love to see the outcome
9. I liked your opening with the “get to know you” activity
10. Great to have information the black male population attending college.
11. N/A
12. You guys did an amazing job!
13. I thought you both did well.
14. Nothing more to add
15. The length was great, and it makes me want to learn more. I know you pointed to the lack of information for black women, but if there is anywhere I could go learn more, that would be helpful to include.
16. Your presentation was great
17. Very informative, it was simple and structured.



Appendix I

Podcast Links

Apple Podcasts: <https://podcasts.apple.com/us/podcast/the-schoolhouse-podcast/id1616381610?i=1000643552409>

Spotify:

<https://open.spotify.com/episode/5m44fdfmIWtNgKNhw4OFDM?si=7debc4a9505a4d3c>