THESIS

THE EXPERIENCES OF COLLEGE STUDENTS IN COUNSELING DURING THE COVID-19 PANDEMIC

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ABSTRACT

THE EXPERIENCES OF COLLEGE STUDENTS IN COUNSELING DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic had significant impacts on communities around the globe. This created additional stressors on college students, a population known to already have significant stressors and mental health concerns. This qualitative study uses semi-structured interviews and arts-based submissions to explore the mental health counseling experiences of college students during the COVID-19 pandemic. Six participants volunteered via responses to fliers posted throughout the Colorado State University main campus. Several themes emerged following transcription and explorative-reflexive thematic analysis. Participants endorsed feelings of isolation, loss, and fear related to the pandemic. Participants also endorsed that trauma- or stressor-related concerns as well as anxiety and depression as primary reasons for seeking mental health counseling. Participants found talk therapy and aspects of the therapeutic relationship to be helpful components in their experience. Participants also stated that tangible items such as skills, frameworks, and diagnoses as important components to their experience. Participants generally had a negative view of telehealth due to feelings of disconnectedness and a lack of privacy. Overall, participants viewed mental health counseling as helpful even if some of their experiences were negative. Some implications for the counseling field and counselors include directly and clearly communicating needs and plans, incorporating activities and frameworks as a means of understanding, utilizing arts-based communication, viewing the pandemic as a clinician may view past trauma, and implementing psychoeducation and psychodrama as possible treatment methods.

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Chapter 1: Summary

Background

The COVID-19 pandemic began in December of 2019 in Wuhan, China (Carvalho et. al., 2021). This pandemic would eventually spread across the globe and receive its official declaration on March 11th, 2020 (Carvalho et. al., 2021). Emerging medical information about the pandemic necessitated a shutdown of various in-person services which included mental health services (Carvalho et. al., 2021). The pandemic resulted in the death of nearly seven million individuals worldwide and well over 700 million confirmed cases (World Health Organization, 2023). This impacted college students significantly as many institutions shifted to virtual and hybrid model instruction (Son et. al., 2020). On top of this, college students expressed increased stress, anxiety, and depressive thoughts during the pandemic (Son et. al., 2020; Wang et. al., 2020). This is congruent with the general population with more than 70% of individuals aged 18 to 24 noted the uncertainty of the pandemic and fear of contracting COVID-19 were at least minor stressors (AP-NORC, 2021).

More specifically, the pandemic also impacted college students' mental health. Farris et. al. (2021) notes that college students experienced existential issues such as having their futures taken away from them and a dissatisfaction with how the pandemic was handled both from a government and individual perspective. The modifications to how physical interactions could safely happen also impacted students with fewer opportunities to socialize and limited access to resources impacting students at institutions with virtual or hybrid model instruction (Smalley, 2021). Between the fall semester of 2019 and the spring semester of 2021, feelings of hopelessness and psychological distress increased among college students (ACHA, 2021b; ACHA 2021c). The increase in stressors created a complex challenge as pandemic impacts also affected mental health counseling services.

As the world moved to virtual and hybrid model interactions, so too did mental health counseling. Services included telephone and online psychological interviews, telephone-based listening activities, online psychoeducational groups, skill building workshops, and mobile applications (Hersch et. al., 2022, Savarese et. al., 2020, Supriyanto et. al., 2020). These methods were found to be helpful in building resilience and maintaining service continuity for individuals already receiving counseling services (Savarese et. al., 2020, Supriyanto et. al., 2020). It was also noted that this shift could place increased burdens on both clients and counselors with financial strain and ethical and legal risks being the most prevalent issues (Naidoo & Cartwright, 2020). Hersch et. al. (2022) notes several additional challenges including participants' feelings of isolation, physical discomfort, and trouble balancing home life. The ability to build a therapeutic relationship in a virtual environment was shown to be like that of in-person environments (Hersch et. al., 2022).

Gaps in Current Literature

The current literature addresses material and psychological concerns regarding college students and the COVID-19 pandemic and historic literature illuminates some of the experiences of college students in counseling. Some literature published in 2020 and 2021 begin to explore some of the experience of students at the beginning of the COVID-19 pandemic. This literature focuses more on quantitative methodologies rather than qualitative approaches for students. Mental health counseling during COVID-19 related qualitative literature focuses on the provider perspective rather than the client perspective. Additionally, the pandemic has continued for more than a year following currently published literature. This leaves a gap in understanding the qualitative experiences of undergraduate students in mental health counseling services during the extended timeframe of the COVID-19 pandemic.

Theoretical Approach

This study uses the phenomenological approach as described by Creswell (2013). This study will include a transcendental description of textural and structural experiences of undergraduate college students, the group, in mental health counseling during a global pandemic, the phenomenon.

Purpose of this Study

The purpose of this study is to examine the experiences of traditional-aged college students who attended mental health counseling services during the COVID-19 pandemic to better understand the needs and values of students in times of extended crisis, as well as the strengths and areas of improvement for current counseling services from the perspective of the client.

Contributions

This study may provide a better understanding of the needs and values of students during times of extended crisis and builds upon previous literature from early in the COVID-19 pandemic. The study will do this through adding a client-based perspective, as well as providing literature continuity for studies involving college student experiences in mental health counseling before and after the pandemic. This study will also contribute to literature on the recommendations for shifts in practices by looking at the experiences of clients who utilized services after the publication of these new practices.

Research Question(s)

What are the experiences of college students who have received mental health counseling during the height of the COVID-19 pandemic?

Positionality

A qualitative study by Shaw et. al. (2019) conducted on research positionality notes that positionality has implications for the topics a researcher chooses, the way they conduct research, how they interact with their research participants, how the resulting data is analyzed, and how the findings of the student end up being presented. This disclosure is intended to allow the reader to have a more informed judgement concerning the influence of the researcher on the process and data presented (Holmes, 2020). Holmes (2020) states that a strong positionality statement should include a description of the researcher's lenses, potential influences on the study, the researcher's chosen position about the participants in the study, the context of the project, and a description of how these might have influenced the study.

The principal researcher of this project identifies as a white, cis-gendered male who is 34 years of age. These identities are historically powerful in social and political settings (Bazana & Mogotsi, 2017; Fine et. al., 2004). This could influence participant agency during the interview process due to the possibility of perceived authority of the interviewer. To mitigate this, at the beginning and end of any interaction, the interviewer will re-state that participation in any part of the study is voluntary and would not affect compensation as recommended by Mack et. al. (2005). The researcher will approach this project as an outsider in the context of the participants and counseling. While the researcher is a counselor-in-training and a master's student, the researcher's previous clients were excluded from the study. This may limit the information participants choose to share with the interviewer. To mitigate this, the researcher will use rapport building skills and techniques as described by Zakaria and Musta'amal (2014). These include presenting in an open-minded, genuine, and warm posture, using respectful and empathetic dialogue, and using nonjudgmental phrases and plain, non-clinical language. The researcher also

has a positive perspective on the use of psychotherapy and counseling as a tool for managing mental health. This could influence both participants during interviews and subsequent data analysis to describe occurrences in a more positive perspective than other researchers. To reduce the impact of this bias, the researcher will use negative case analysis as described by Creswell (2013) to find themes that contradict discovered themes during analysis.

The researcher has experience in quantitative research as well as successful completion of several graduate level research courses. The researcher sought guidance from more experienced researchers on ethics and practices involved within the study. The researcher also kept detailed journals that were shared with the same more experienced researchers to mitigate the possible influences of unrecognized positionality. Despite these limitations, the researcher focused on adding information to current literature, informing future counseling practices, and ensuring the beneficence of the study.

Chapter Summary

This chapter discussed the background and previous literature of the study topic. Additionally, this chapter presents the theoretical framework, purpose, and research questions of the study. The chapter closes by exploring the positionality of the researcher conducting this study.

Chapter 2: Literature Review

Introduction

The modern college population has become more diverse over time, leading to a variety of individuals from different social and cultural backgrounds to engage with the college experience. The college experience can include both positive and negative events and stressors which, alongside pre-college experiences, can lead to mental health challenges in many students. College stressors can range from academic issues, relationship difficulties, and problematic internal dialogues as well as many others (Acharya et. al., 2018; Hurst et. al., 2012). Addressing these stressors can be a challenge due to barriers such as social and self-stigma, location, knowledge of resources, and cultural influences among many others. Students that attend mental health counseling have reported a variety of experiences. These experiences range from improved psychological distress and feeling they were heard, to feeling dismissed and not having enough time or access to fully engage with the process.

In the spring of 2020, a worldwide pandemic took hold, Coronavirus Disease 2019 or COVID-19, which impacted most people in some way. College students experienced changes in teaching locations, access to resources, fluctuating workloads, and isolation from their social support systems. Students who attended college during the height of the COVID-19 pandemic may have attended counseling to cope with the previously mentioned stressors, however, there is little research exploring their experiences while receiving counseling (Hersch et. al., 2022, Naidoo & Cartwright, 2020, Savarese et. al., 2020, Supriyanto et. al., 2020). The purpose of this study is to explore the experiences of traditional-aged college students who attended mental health counseling services during the COVID-19 pandemic to better understand the needs and

values of students in times of extended crisis. Moreover, as well as to explore the strengths and areas of improvement of current counseling practices from the perspective of the client.

United States College Population Demographics

Someone walking around a U.S. college campus in 2019 may have been under the impression that campuses were at an all-time high of student enrollment. However, the number of students enrolled in U.S. colleges has steadily decreased over the last 10 years after several decades of rapid increase (Hanson, 2021). The United States Census Bureau's (USCB) most recently available aggregated data tables on U.S. college student demographics were released to the public in October of 2020. Their data states that about 17.7 million people were enrolled in college at least part-time (USCB, 2020). Of these 17.7 million people, 70.7% identified as White, 14.7% identified as Black, and 10% identified as Asian within the confines of the choices presented by the USCB (2020). Additionally, 20.1% identified as Hispanic which may include overlap in the three previously mentioned categories (USCB, 2020). The USCB data shows that there was a higher prevalence of female enrollment at 57.1% compared to male enrollment at 42.9% at the time of data collection (2020).

A more diverse and recent set of demographics was obtained from a survey by the National Center for Education Statistics released in early 2022. This report shows the total college enrollment at 19.4 million students as of the fall semester of 2020 (NCES, 2022a). Of these students, 48.9% identified as White, 18.7% identified as Hispanic or Latino, 12.1% identified as Black or African American, 6.7% identified as Asian, 0.2% identified as Native Hawaiian or Other Pacific Islander, 0.6% identified as American Indian or Alaska native, and 3.8% identified as two or more races (NCES, 2022a). The NCES (2022a) data showed a similar female to male ratio as the USCB data with female enrollment making up 58.6% of students and

male enrollment making up 41.4%. The NCES (2022a) also noted that 4.4% of college students in the U.S. are considered nonresident students, but the data table does not qualify the specific definition of nonresident student in this context.

The USCB and the NCES lack information on sexual orientation or gender non-conforming student populations in their demographics. Information on these demographics was obtained from the Postsecondary National Policy Institute who aggregated data from 2018. They found that 17% of college students surveyed identified as gay, lesbian, bisexual, asexual, queer, or questioning and 1.7% identified as trans, nonbinary, or questioning (PNPI, 2020). This is a higher prevalence compared to information from the University of California Los Angeles Williams Institute on U.S. population as a whole which notes that only 4.5% of survey respondents identified as gay, lesbian, bisexual, or transgender (Williams Institute, 2019).

The racial, ethnic, and gender make up of U.S. colleges as noted by the NCES (2022) was not completely representative of the entire U.S. population. Jones et. al. (2021) aggregated the 2020 decennial U.S. census and found that 61.6% of the total population identify as White, 18.7% identified as Hispanic, 12.4% identify as Black or African American, 6.0% identify as Asian, 1.1% identify as American Indian or Alaska Native, 0.2% identify as Native Hawaiian or Other Pacific Islander, and 10.2% identify as two or more races. Additionally, the U.S. Census Bureau reported that 50.8% of the population identifies as female and 49.2% identify as male. Comparing number of students presented by the NCES (2022b) and overall U.S. population presented by Jones et. al. (2021) for the same year, rates of individuals enrolled were similar for White, Black or African American, and American Indian or Alaska native identifying students at 3-6% of their representative U.S. population. Students that identify as Asian or Native Hawaiian and Other Pacific Islander had an overall enrollment of roughly 7% of their representative

population. Individuals who identified as two or more races only had just over 2% of their total population represented in colleges in 2020 (Jones et. al., 2021; NCES, 2022b). These college-level representations of the larger diverse groups may provide insight into the experiences of the U.S. population during the COVID-19 pandemic.

Mental Health in College Students

College students' mental health with varying identities seemed to have been impacted by the COVID-19 pandemic. The American College Health Association (ACHA) issue surveys each academic semester known as the National College Health Assessment III (NCHA III) which includes responses on current mental health. For the Fall 2020 report the ACHA surveyed 13,373 students across 22 institutions and for the Spring 2021 report they surveyed 96,489 students across 137 institutions (ACHA, 2021b; ACHA 2021c). Survey respondents reported mental health symptoms on a Likert scale ranging from "0-None of the time" to "4-All of the time" relating to questions about feelings in the last 30 days. Feelings of hopelessness rose with 36.8% of Fall 2020 respondents and 40.7% of Spring 2021 respondents reported feeling hopeless at least some of the time, an overall increase of 3.9% (ACHA, 2021b; ACHA 2021c). Hopelessness is noteworthy as it is an indicator for depressive disorders (American Psychiatric Association, 2013). This is not the only portion of the NCHA III that could indicate increasing mental health concerns in college students.

The NCHA III includes questions from the Kessler Psychological Distress Scale-6 (K-6), an assessment which has been validated on more than 50,000 adult participants for quantifying moderate, but still clinically relevant mental distress (Prochaska et. al., 2012). These distress scale questions also rose with 28% of Fall 2020 respondents and 31.2% of Spring 2021 respondents reported feeling that nothing could cheer them up at least some of the time, up by

3.2% from Fall 2020 (ACHA, 2021b; ACHA 2021c). When asked if they felt everything was an effort, 48.5% of Fall 2020 respondents and 52.5% of Spring 2021 respondents reported experiencing this at least some of the time (ACHA, 2021b; ACHA 2021c). Respondents of the first NCHA III in Fall 2019, which surveyed 58 institutions and 38,679 students, responded at least some of the time to the same questions at a rate of 32.5%, 26.1%, and 44% respectively (ACHA 2021a). Increases of at least 5.1% and as much as 8.5% are seen between Fall 2019 and Spring 2021. Earlier editions of the survey, the National College Health Assessment I and II are not directly comparable as these questions were added in the third edition. It is also worth noting that when asked to what extent the health of someone close to respondents has caused them distress, responses of at least moderate distress increased from 64.5% in Fall 2019 to 69.5% in Spring 2021 and ratings of overall stress being at moderate or higher were at 75.9% in Fall 2019 and 80.8% in Spring 2021, an increase of only 5% and 4.9% respectively (ACHA, 2021a; ACHA 2021c). These recurring surveys show a progressive increase in stressors and mental health symptoms over the short two-year window that the NCHA III has been implemented.

Along with increasing symptoms of poor mental health, clinical mental health diagnoses have also increased over time. A quantitative study conducted by Oswalt et. al. in 2020 showed an increase in anxiety, depression, panic attacks, attention deficit/hyperactivity disorder (ADHD), insomnia, and obsessive-compulsive disorder (OCD) diagnoses in college students between 2009 and 2015. The study also notes that diagnoses for bipolar, phobia disorder, bulimia, and schizophrenia were stable over this period and substance abuse diagnoses have decreased (Oswalt et. al., 2020). Similarly, another study found disorder prevalence in college students at 11.7-14.7%, 6.0-9.9%, 2.8-5.3%, 9.0-11.1% and 4.5-7.7% for anxiety, mood disorders, behavioral disorders, phobias, and major depressive disorder respectively (Auerbach

et. al., 2016). Auerbach et. al. (2016) notes that these rates of diagnoses are not statistically different from individuals of the same age that did not attend college. Mental health and diagnosable disorders may be associated with increased stress and sources of stressors, and this makes it imperative to view the sources of stress for college students when viewing through a mental health lens.

Common Mental Health Stressors of College Students

Understanding the stressors of college students can help to illuminate their mental health. Negative mental health symptoms have been associated with stressors in what is known as the stressor-strain relationship (Fox et. al., 2001). The relationship between stressors and depressive symptoms was studied by Acharya et. al. in 2018 across 631 undergraduate students. They found that stressors related to social, academic, and sleep were all significantly associated with depressive symptoms, with "change in social activities" being a primary driver (Acharya et. al., 2018). These stressors are not all rooted in the college experience itself.

Another study conducted in 2017 by Corona et. al. found a strong relationship between cultural stressors and mental health symptoms in Latinx students. Depressive symptoms and anxiety symptoms were strongly correlated with stress, 0.77 and 0.71 respectively (Corona et. al., 2017). The authors go on to discuss that cultural support structures such as familismo were a likely cause of the disconnect between discrimination and stress correlation (Corona et. al., 2017). Stress and mental health have long been tied together with clinical lectures noting, regarding mental symptoms, that "…a good deal depends upon the position of the sufferer," (Browne, 1871).

Knowing each individual stressor a college student experiences would be an ever-evolving list. A more manageable approach would be to categorize these stressors as can be seen

in a 2012 meta-analysis that contained 40 qualitative articles conducted by Hurst et. al. Hurst et. al. (2012) looked at stressors in college students. Eight meta-themes were found as overarching sources of stress: Relationships, Lack of Resources, Expectations, Academics, Environment, Diversity, Transitions, and Other (Hurst et. al., 2012). These stressors and their prevalence are echoed in a study conducted by Karyotaki et. al. (2020) where sources of stress were examined from the World Health Organization World Mental Health Surveys International College Student Initiative (WMH-ICS). This study found 68.6% of respondents experienced at least mild stress from their financial situations, 64.3% from one's own health, 66.8% from their love life, 56.7% from relationships with family, 52.9% from relationships with school or work, and 74.8% from problems of loved ones (Karyotaki et. al., 2020). Karyotaki et. al. (2020) also found a higher prevalence of clinically diagnosed mental health disorders in students that experienced more areas of stress rather than higher stress in a single area. Additionally, Scales et. al. (2016) notes that the developmental transition to young adulthood is taking place during this time frame for traditional-aged students. This can be a strong stressor in-and-of itself and plays a vital role in the long-term future of the individual (Scales et. al., 2016) The array of stressors that may be present within the span of college students' tenure necessitates examining potential barriers in accessing those mitigating resources.

Barriers in College Student Mental Health Resources

The effects of stressors on college students can be exacerbated due to the influence of barriers in help-seeking behavior. Help-seeking behavior is defined as searching for or requesting help from others via formal or informal mechanisms by the American Psychological Association (n.d.). Barriers can vary within populations and even between similar individuals, as such, it can be valuable to utilize a well-studied model to examine these barriers. In 1991, Ajzen

published their model of barriers to mental health resources, the Theory of Planned Behavior model. This model is based on the internal versus external concept with four distinct categories: attitude, subjective norm of social stigma, perceived behavioral control, and mental health help-seeking intention (Ajzen, 1991). Nearly 30 years later, the Theory of Planned Behavior model was expanded upon by Shea et. al. (2019) with the development of the Barriers to Seeking Mental Health Counseling (BMHC) scale. This BMHC scale has six categories of barriers: Negative Perceived Value, Discomfort with Emotions, Ingroup Stigma, Lack of Knowledge, Lack of Access, and Cultural Barriers (Shea et. al., 2019). Viewing barriers through the lens of the expanded Theory of Planned Behavior model presented by Shea et. al. (2019) can simplify the process of understanding the barriers present for college students.

Negative perceived value and discomfort with emotions fall into the internal barriers mentioned by Ajzen (1991). This negative perceived value toward seeking professional help can be seen in a study conducted by Glickman et. al. (2021) using a survey of 347 students from a predominately minority college. Glickman et. al. (2021) found that 48% of respondents indicated they would be unlikely to seek help for a personal or emotional problem and 44% indicated they would be unlikely to seek help for suicidal thoughts at all. Across all respondents, they would be more likely to seek help from intimate partners, friends, parents, other family members, and medical doctors before seeking help from community mental health professionals or college counseling centers (Glickman et. al., 2021). In a similar vein, a study on 575 male undergraduates found that attitudes towards seeking counseling had a significant positive relationship with willingness to seek counseling (Pederson & Vogel, 2007). This same study found that the tendency to disclose distressing information, a trait which could be representative the opposite of discomfort with externally disclosing emotions described by Shea et. al. (2019),

had a significant positive relationship with attitudes towards seeking counseling (Pederson & Vogel, 2007). These internal help-seeking barriers may play a significant role in when and why a college student seeks out mental health resources.

Help-seeking barriers were described as either internal or external by Azjen (1991) and the following paragraphs will discuss this external facet. Ingroup stigma is the disapproval of a group with a shared identity to a specific action (Rudman & McLean, 2015). This can take many forms with Rudman & McLean (2015) referencing a group of Black-identifying Americans, the ingroup in this instance, negatively viewing the use of skin whitener, the stigmatized action. Rudman & McLean (2015) notes that in a different group of Black-identifying Americans, there was no ingroup stigma to using similar products implying the presence of ingroup stigma can exist in smaller groups. Ingroup stigma in a counseling context was well represented in the study conducted by Pederson & Vogel (2007) where they found that the respondents' gender role had a significant negative relationship with their ability to disclose distressing information and a significant positive relationship with their self-stigma. This gender role conflict is echoed by Bird et. al. (2020) where male respondents were more likely than female respondents to place lower value on and higher negative perception of both face-to-face and online mental health counseling. This ingroup stigma is also present in an international study of 14, 371 students in eight countries where 32.2% responded that being too embarrassed to seek help was the most important barrier in seeking mental health resources (Ebert et. al., 2019). With nearly one third of individuals stating the primary reason they would not seek help due to feeling socially embarrassed, ingroup stigma plays a strong role in help-seeking behaviors.

Lack of resources, including lack of access and lack of knowledge, can present powerful barriers for individuals. Lack of resources was noted by Ebert et. al. (2019), with 24.1% of

respondents anticipating problems with time, transportation, or scheduling as the more important barrier. Shea et. al. (2019) notes that lack of resources can also include financial, geographical, or other time constraints such as long waiting lists. Shea et. al. (2019) also expands on lack of knowledge containing both not understanding one's own disorder or maladaptive behavior as well as not knowing about available resources. These barriers were heightened during the COVID-19 pandemic due to facility closures, loss of employment, and social distancing reducing interpersonal interactions. Not all barriers were influenced by the pandemic, however. Cultural barriers are an endemic barrier in mental health counseling.

In the context of the BMHC scale, cultural barriers refer to representation of the help-seeking individuals' cultural identities in the counseling professionals they have access to. Shea et. al. (2019) notes that most college counselors identify as White, heterosexual, or cisgender in reference to 2015 data. The 2019 Association for University and College Counseling Center Directors Annual Survey corroborates this with 70% of counseling center staff identifying as White, 85.5% identifying as heterosexual, and 98.7% identifying as either cis-female or cis-male (LeViness et. al., 2020). The same report notes that 58.8% of counseling center clients identify as White, 72.9% identify as heterosexual, and 96.9% identify as cis-female or cis-male (LeViness et. al., 2020). This disparity was found to decrease the likelihood of seeking mental health services by members of the LGBTQ+ community (Stonick, 2013). Mismatched racial identities can also present as a significant barrier to entering mental health counseling (Chang & Yoon, 2011). Chang & Yoon (2011) also note that matched racial identities can present as a barrier for individuals who are seeking counseling for topics that are against their respective cultural norms. With COVID-19 reducing available resources, cultural barriers could present a larger challenge than they previously had.

Current Literature on College Students' Counseling Experiences

The value of mental health counseling to college students experiencing psychological distress has been well documented. Researchers have found that students who attend mental health counseling to address psychological distress have higher grade point averages and are more likely to graduate than those with psychological distress who do not attend counseling or only attend one session (Schwitzer et. al., 2018; Kivlighan et. al., 2020). It was also found that decreasing psychological distress had a greater impact on improving grade point average than decreasing academic distress (Schwitzer et. al., 2018; Kivlighan et. al., 2020). When compared to a waitlist-based control, 80% of students who attend two or more session were more likely to experience improvements (Minami et. al., 2009). This evidence of this association can be seen as far back as 1962 in a study by Spielberger et. al. that showed students who regularly attended counseling had grade point averages 0.40 points higher than their comparable peers.

Academic performance improvement is a relatively straightforward, and valuable, approach to assessing the experiences of mental health counseling in college students and it also does not fully represent the depth of the experience. An important contributor to the overall experience is stigma (Garriott et. al., 2017; Bird et. al., 2020; Shaler et. al., 2020). Both self-stigma and public stigma can present a barrier for entering counseling at all (Bird et. al., 2020; Shaler et. al., 2020). Self-stigma was found to be a significant predictor of attitudes for students in counseling with first-generation students and male-identifying students having a stronger link between higher self-stigma and more discomfort and a more negative attitude toward and during counseling (Garriott et. al., 2017; Bird et. al., 2020).

Qualitative research has also illuminated some positive and negative concepts within the experience of college students in counseling. McCarthy et. al. (2008) notes that young adults

endorsed talking to a counselor as helpful in treating mental health concerns. Some students also note that counseling was a positive experience; while not fixing some initial concerns, provided them resources to navigate those challenges on their own (Buizza et. al., 2019). Students also commented on the positive influence of feeling welcomed and listened to (Buizza et. al., 2019). This mirrors other comments of students who expressed they were not listened to, often reporting that they were referred to medication resources before they presented their issues to the counselor (Shaler et. al., 2020). This feeling of being unheard also came from counselors unfamiliar with the current academic environment the students were experiencing (Buizza et. al., 2019). Similar concerns were found to lead to client-initiated terminations by Olivera et. Al. (2017) and Lee et. Al. (2021). Buizza et. Al. (2019) does note that, of 32 college counseling center dropouts interviewed, 29 would still recommend the counseling center to their friends. Shaler et. al. (2020) reports a similar phenomenon with the majority of eight interviewees that had negative experiences with counseling still being open to future counseling.

Surprisingly, counseling experiences reported by students didn't only contain responses directly involving the counseling centers or counseling staff. Among 27 participants, Woof et. al. (2021) found that the inconsistent support of academic staff and exposure to triggering course content could negatively impact counseling experiences. Some students found that while taking courses in psychology, they would have reactions to their own mental health challenges as they were discussed in class (Woof et. al., 2021). The experiences outside of the counseling centers were not universally negative with a study by Hjeltnes et. al. (2015) finding that some students experienced a shift from fear to curiosity about schoolwork and finding it easier to stay focused in learning situations.

With the COVID-19 pandemic removing many in-person events, it is also important to look at experiences of tele-health counseling. Technical difficulties and computer literacy can be major negative influences in tele-health experiences (Fang et. al., 2018). Fang et. al. (2018) also notes that tele-health improves the sense of security for the client, with participants reporting this allowed them to overcome personal discomfort quickly. In text-based tele-health counseling, participants reported a significant value in being able to re-read previous sessions and the ability of counselors to instantly provide resources via links (Fang et. al., 2018). Bird et. al. (2020) notes that the relationship between public stigma, self-stigma, value, discomfort, and intentions were not different between in-person and tele-health counseling modalities, commenting that finding value in counseling is the most important aspect of both services. Barnett et. al. (2007) did find that counselor delivered interventions were equally as effective as computer-delivered interventions in mandated counseling outcome measures. However, it was also noted that help-seeking behavior and use of protective skills were higher in counselor-driven programs indicating that computer-delivered interventions were not a solution for all students (Barnett et. al., 2007). To better understand the context in which traditional and telehealth practices were used during the pandemic, it is important to understand the pandemic itself.

COVID-19

A new coronavirus was discovered in Wuhan, China in December of 2019 (Carvalho et. al., 2021). International efforts to identify this disease began in early 2020 and it was found to cause severe acute respiratory syndrome not unlike the SARS-CoV (SARS) epidemic that occurred during 2002-2003 in 29 countries (Carvalho et. al., 2021). Whereas the 2002-2003 virus went by SARS-CoV in medical and scientific communities, this novel coronavirus became known as SARS-CoV-2 (Carvalho et. al., 2021). SARS-CoV-2 became commonly known as

coronavirus disease 2019 or COVID-19. Initially many comparisons were made between COVID-19 and SARS, the later accounting for 9,000 confirmed cases and about 800 deaths worldwide (Carvalho et. al., 2021). Coronaviruses aren't completely unusual throughout the world, but COVID-19 has some unusual characteristics.

There are seven known coronaviruses that affect humans, four of which only induce mild, common cold type symptoms (Zheng, 2020). The remaining three can cause significant symptoms and include the previously mentioned SARS, the 2012 Middle East respiratory syndrome (MERS-CoV), and COVID-19 (Zheng, 2020). These three coronaviruses typically present with a fever and cough (Zheng, 2020). This escalated into acute respiratory infection symptoms that rapidly evolved into acute respiratory failure (Zheng, 2020). COVID-19 has an estimated fatality rate of only 2.3% while SARS is around 15% and MERS-CoV is upwards of 43% (Al Hajjar et. al., 2013; Zheng, 2020). This may raise the question of why COVID-19 has had a wider impact than its predecessors and this is due to its rate of transmission. The most fatal coronavirus, MERS-CoV, has a reproduction number of 0.69, meaning a person infected with MERS-CoV will likely only infect 0.69 other people (Al Hajjar et. al., 2013). SARS was found to have a reproduction number of three before any preventative measures were taken, but both are dwarfed by the estimated reproduction number of COVID-19 at 6.6 (Zheng, 2020). This was likely a major factor in the explosive growth and consequences of COVID-19.

On March 11th, 2020, the World Health Organization declared COVID-19 a pandemic (Carvalho et. al., 2021). At this point there were approximately 332,000 confirmed cases, a weekly increase in cases of just less than 170,000, and almost 14,000 deaths (World Health Organization, 2022). One year later, the global number of confirmed cases were over 122.7 million and the total number of deaths was nearly three million individuals (World Health

Organization, 2022). At the time of writing, there have been more than 756 million confirmed cases and almost seven million deaths due to COVID-19 (World Health Organization, 2023). The COVID-19 pandemic had exceeded raw number impacts of SARS within less than four weeks of its discovery (World Health Organization, 2022). Unfortunately, the health impacts were not limited to only case numbers and deaths.

Shortly after COVID-19 was declared a pandemic, many other symptoms and medical impacts emerged. The first to appear was the loss of taste and smell, followed by cytokine release syndrome, and vascular complications (Carvalho et. al., 2021). Surviving an active infection of COVID-19 did not mean the possibility of new or lasting symptoms wasn't there. A list of symptoms known as Post-COVID Conditions by the U.S. Center for Disease Control (2021), or colloquially as "long COVID", notes that fatigue, difficulty thinking or concentrating, difficulty breathing, mood changes among other symptoms can persist for weeks or months after even a mild infection.

Local COVID-19 Impacts

Colorado experienced its first confirmed case of COVID-19 on March 5th of 2020, prior to the declaration of a pandemic (CDPHE & CSEOC, 2020). Since then, Colorado has experienced 1,754,698 positive cases, 75,657 of which required hospitalization (CDPHE, 2023). Of the roughly 1.7 million cases, 14,954 resulted in death (CDPHE, 2023). Colorado also experienced a wide array of impacts outside of direct health effects. The 2021 Colorado Health Access Survey found that 38.3% of Coloradans experienced a decline in mental health, 29.3% experienced a reduction in income, 17.4% had physical health declines, 17.2% had difficulties paying for basic necessities, and 11.9% lost their job (CHI, 2021).

Impacts on College Students

The health impacts of COVID-19 are a clear stressor that influenced all corners of the United States and research about these impacts is still emerging. Students attending college during this time reported increased stress, anxiety, and depressive thoughts during the pandemic (Son et. al., 2020). Son et. al. (2020) found that, in interview surveys of 195 public university students, 91% reported negative impacts due to health concerns, 89% reported difficulty concentrating, 86% had disruptions to their sleeping patterns, 86% had reduced social interactions, and 82% were concerned about their academic performance. Other issues found during the interviews were changes in eating patterns (70%), changes in living environment (67%), financial difficulties (59%), changes in class workload (54%), depressive thoughts (44%), and suicidal thoughts (8%) (Son et. al., 2020). Students' ability to cope with increasing or even stable stressors were also impacted by the pandemic.

The COVID-19 pandemic also impacted students' ability to cope with the increasing stressors. A study by Wang et. al. (2020) used the Patient Health Questionnaire-9 and the General Anxiety Disorder-7 instruments in an online survey of 2031 students at Texas A&M University. The found that 81% had some level of depression and more than 48% had moderate-to-severe depression (Wang et. al., 2020). Slightly under 72% of students had some level of anxiety and greater than 38% had moderate-to-severe anxiety (Wang et. al., 2020). Wang et. al. (2020) notes that, while previous studies found that 3-7% of college student populations had suicidal thoughts before the pandemic, their study found 18% of respondents had some level of suicidal thoughts. Over 71% reported these symptoms had increased during the pandemic and only around 43% reporting being able to adequately cope with the current stressors and just under 16% reported not being able to cope at all (Wang et. al., 2020). These results are similar to

a survey conducted by the Associated Press and the National Opinion Research Center at the University of Chicago in 2021. This survey looked at 2,683 member of Gen Z, the main generational component of college students topping out at age 24 (AP-NORC, 2021). They found that 79% of respondents and 71% of respondents noted the uncertainty of the pandemic and the fear of getting COVID-19 were at least a minor sources of stress respectively (AP-NORC, 2021). These outranked environmental issues at 70%, social media at 60%, and discrimination at 53% (AP-NORC, 2021). The survey also found the 65% of Gen Z ranked education as very or extremely important to their identity and that the pandemic was negatively affecting their education and career goals (AP-NORC, 2021).

Qualitative research on the challenges facing college students during the COVID-19 pandemic help uncover some additional sources of stress. A thematic analysis on 50 self-written narratives of college students found nine themes, three of which were not discussed in the previously mentioned studies (Farris et. al., 2021). These three novel stressors were: Hopelessness and Foreshortened Future, Dissatisfaction with Public Response, and Viral Infection Experience (Farris et. al., 2021). Hopelessness was previously noted was often in the context as a psychological distress measure. In Farris et. al.'s (2021) study, participants were quoted as saying, "what if this is the end?" (p.466) and "…life will never be normal again," (p.465). These indicate the second portion of theme, a foreshortened future. Farris et. al. (2021) refers to this as "worries about apocalyptic consequences" (p.465). The theme of dissatisfaction with public response refers to encountering other individuals who were not adhering to safety recommendations or regulations and by leaders and institutions they felt were mismanaging the pandemic (Farris et. al., 2021). The third novel theme, viral infection experience, were often associated with the distress of the symptoms as well as the fear of the unknown for those that

were infected early in the pandemic (Farris et. al., 2021). These additional sources of potential stress are important to note as they could be potential sources of significant distress that were overlooked in other studies. The overall weight of the pandemic appears to have a role in increasing stress and there were additional side effects focused more on the social changes that occurred.

During the COVID-19 pandemic many facets of socializing changed. These social changes impacted the way colleges and college students interacted. This included campus closures in the spring of 2020 where 1,300 institutions across all 50 states in the U.S. canceled in-person courses or moved to online instruction (Smalley, 2021). This disruption continued into the fall of 2020 with 44% of institutions using primarily online instruction, 21% using a hybrid instruction model, and 27% providing primarily in-person instruction (Smalley, 2021). Technology issues, such as internet access and effective technology, impacted 20% of students during this shift to online learning (Smalley, 2021). This shift also impacted access to resources and support services with new limitations on accessibility and increased individual financial burdens for students (Smalley, 2021). These changes may be the drivers of the negative impacts on education as found by AP-NORC (2021). Support from institutions became less available at a time where it might have been most valuable as the rates of violent crime also increased with the pandemic.

A study conducted by Daigle et. al. (2021) found that having COVID-19 or COVID-19 increases the likelihood of violent victimization, sexual victimization, stalking victimization, interpersonal violence victimization, and polyvictimization using information from the ACHA-NCHA III. This increase in polyvictimization occurred for all combinations of the four primary victimization categories (Daigle et. al., 2021). This increase was most notable in sexual

victimization, interpersonal violence victimization, and polyvictimization for those that had a positive COVID-19 test and in all categories for those who experienced symptoms of COVID-19 (Daigle et. al., 2021). Daigle et. al. (2021) notes that this is consistent with increases in crime, domestic violence, and homicide during the pandemic. Decreasing access to resources, increasing sources of stress, and increasing crime has created an ecosystem that would likely benefit from impactful mental health counseling services.

Current Literature on COVID-19, Counseling, and College Students

Many institutions of higher education moved to an online-only format in the initial phase of the COVID-19 pandemic. With this, college counseling centers also moved away from in-person counseling. These methods of engagement included telephone and online psychological interviews, telephone-based listening activities, online psychoeducational groups, skill building workshops, and mobile applications (Hersch et. al., 2022, Savarese et. al., 2020, Supriyanto et. al., 2020). Many of these methods were not novel to the COVID-19 pandemic with a review of the efficacy of "telephone therapy" for highly anxious individuals having been published nearly 40 years earlier by Grumet (1979). These synchronous and asynchronous intervention techniques were found to be helpful in building resilience and ensuring the continuation of services during the initial gap created by the shift away from in-person services (Savarese et. al., 2020, Supriyanto et. al., 2020). Online-only formats began to switch to a hybrid model by Fall 2020, which would present its own challenges.

As the pandemic progressed, college counseling centers moved to a blended or hybrid model of providing services. This included traditional services such as one-on-one, in-person counseling and group sessions as well as technology-based services such as mobile applications and self-paced skill building experiences (Naidoo & Cartwright, 2020). Naidoo & Cartwright

(2020) note that, in their study in South African colleges, this blended model is a "double-edged sword" (p. 8) due to the increased financial burden and increased potential ethical, legal, and therapeutic risks related to third-party interception. Naidoo & Cartwright (2020) note the importance of this consideration in the historically racially and socioeconomically segregated country. Potential issues with hybrid or blended delivery methods were not isolated to South African colleges.

These concerns were echoed in a mixed-methods study conducted with clinicians at Northwestern University in the United States by Hersch et. al. (2022). This study notes that the clinicians were initially concerned about being able to form an effective therapeutic alliance with clients and, after some time of providing telehealth services, 77% of the participants stated that their ability to form a therapeutic alliance was unchanged (Hersch et. al., 2022). Challenges noted by Hersch et. al.'s (2022) participants were feelings of isolation, physical discomfort, and trouble balancing home life. These challenges are important to note as they could impact the efficiency of services provided by clinicians during the pandemic (Decker & Borgen, 1993).

Gaps in Current Literature

The current literature addresses material and psychological concerns regarding college students and the COVID-19 pandemic and historic literature illuminates some of the experiences of college students in counseling. Some literature published in 2020 and 2021 begin to explain some of the experience of students at the beginning of the COVID-19 pandemic. This literature focuses more on quantitative methodologies rather than qualitative for students. COVID-19 related qualitative literature focuses on the provider perspective rather than the client perspective. It is important to note that the pandemic would continue for at least another two years. The continued pressure of the pandemic could influence the long-term experiences

students have in mental health counseling as well as the shifting priorities that large-scale death and disease can instigate. This leaves a gap in understanding the qualitative experiences of undergraduate students in mental health counseling services during the extended timeframe of the COVID-19 pandemic.

Theoretical Approach

This study uses the phenomenological approach as described by Creswell (2013). This approach searches for a common meaning, the resulting themes of this study, across several individuals' lived experiences (Creswell, 2013). Creswell (2013) states that this approach focuses on two points: a phenomenon and a group of individuals. The phenomenon being explored in this study is mental health counseling during the time of a global pandemic and the group of individuals through which this phenomenon was experienced is traditional-aged undergraduate students at Colorado State University. This study utilized transcendental description, meaning that both the textural and structural experiences were described, of the group's experiences during the phenomenon (Creswell, 2013).

Purpose of this Study

The purpose of this study is to examine the experiences of traditional-aged college students who attended mental health counseling services during the COVID-19 pandemic to better understand the needs and values of students in times of extended crisis. Moreover, to explore the strengths and areas of improvement for current counseling services from the perspective of the client.

Chapter 3: Methods

Introduction

Chapter Three contains information about the design and methodology of this qualitative study. Initially, the research design is discussed followed by ethical considerations and Institutional Review Board approval information. Recruitment processes are then described as well as inclusion and exclusion criteria. This leads to participant information and the methods that were used for interviews and follow-up interviews. Finally, this chapter finishes with information about data analysis and steps taken to ensure the trustworthiness of this study.

Research Question

What are the experiences of college students who received mental health counseling during the height of the COVID-19 pandemic?

Research Design

This study was done using a phenomenological qualitative research methodology. This method was selected as qualitative research empowers the individual participants to share their experiences and it also allows researchers to uncover broad trends and understandings of those experiences (Creswell, 2013). Interviews, arts-based research, and researcher notes were selected for data collection. Interviews were selected as they allow individual participants to use their own voice when describing and explaining their experiences (Creswell, 2013). Arts-based research was selected both to provide an opportunity for participants to further express emotions, thoughts, and feelings surrounding the central phenomenon as well as diversifying the perspective from which the phenomenon is viewed (Wang et. al., 2017). Lastly, researcher notes and journals were selected as it is a vital piece of qualitative research to understand the positionality and influences of the researcher (Mack et. al., 2019).

Ethical Approval/IRB

Ethical considerations for this study include the discussion of sensitive topics, the inclusion of sensitive populations, and the confidentiality of participants. This study only includes participants that are between 18 and 24 years old as this is the typical age range of undergraduate college students (Hanson, 2022). This age bracket also mitigated the chance of interviewing minors. The discussion of counseling topics could create activating events for participants. Participants who experience activating events, defined as an event that triggers irrational beliefs or disruptive emotions by the American Psychological Association (n.d.) may wish to seek additional counseling to help process these experiences. Due to all study participants being full-time or part-time students at Colorado State University or CSU Online, they have access to the on-campus counseling and have up to five counseling sessions included in their general fees per semester if desired (Colorado State University Health Network, 2022). Group services are also available through the on-campus counseling center at no additional cost if the participant prefers this service. Further counseling referrals were available to participants upon request.

This study also includes working with potentially sensitive populations. Sensitivity and vulnerability are dynamic properties of individuals rather than binary traits (Leavy, 2019). Leavy (2019) emphasizes the need for three specific ethical principles to be addressed to ensure ethical scholarship with people on this dynamic spectrum: Justice, Beneficence, and Respect for the Individual. In terms of justice, Leavy (2019) states that assessing who is burdened and who is benefiting can help illuminate ethical needs. The individuals who benefit from this study include Colorado State University, the researcher, and the counseling community as this study could illuminate important themes within the mental health counseling experience that may inform the

publications and counseling services provided by the research. The individuals burdened by this study include the participants, the researcher, and the researcher's committee members as these individuals providing the associated experience, labor, and knowledge to accomplish this study. Participants could benefit from this study by discovering a greater understanding of their counseling experience, having the opportunity to speak their story, and being a part of a process to improve mental health services. These are strong benefits and the material burden to the participants could still potentially be unbalanced. To balance this potential burden placed on participants, compensation of $20.00 gift card was offered for participation in interviews. Participants were free to decline compensation.

Leavy (2019) also describes beneficence as an important consideration, with the balance between benefit and cost requiring the most scrutiny. This study was intended to expand the researcher's knowledge of the scientific process and potentially provide some insight to the experiences of college students in counseling during the COVID-19 pandemic. The purpose of this study does not expose participants to any legal or ethical ramifications. Participants were informed of the limitations of confidentiality regarding court orders for information prior to interviews. Interviews conducted in this study do not qualify as privileged communications under Courts and Court Procedure (2017a) as the interviewer and the interviewee are not in a counselor-client relationship. The interviewer is also not held responsible for the Duty to Warn per Courts and Court Procedure (2017b), but the interviewer opted to follow the procedures outlined in 13 C.R.S. 21-117 if an interviewee posed a threat to themselves, others, or national security.

The final category mentioned by Leavy (2019) coincided with the need for participant confidentiality and is described as respect for the individual. Participants were given copies of

the informed consent form with the opportunity to ask any questions directly to the researcher prior to joining the study. This informed consent was provided via Qualtrics where participants could choose to download a signed copy of their consent in the days prior to the interview. Informed consent was discussed verbally before all interviews as well as prior to member checking information. Participants were free to ask questions about the scope of the informed consent or rescind their consent at any time throughout the research process. Copies of the informed consent and all recordings are kept in a cloud-based storage service and backed up on a secure server in the Education building on campus.

Recruitment

Participants for this study were recruited through flier advertisements placed throughout the Colorado State University main campus, once permission is received from the appropriate entities. These fliers were designed in conjunction with the best practices outlined by the University of Florida Clinical and Translational Science Institute (2022), Oregon State University Human Research Protection Program (2018), and Colorado State University Research Integrity & Compliance Review Office (2021). Fliers were posted in the Behavioral Sciences, Education, Smith Natural Resources, Forestry, Education, and Engineering buildings located on Colorado State University's main campus. These fliers were posted within the regulations provided by Colorado State University's (2019) Signs, Posters, Banners and Flyers policy. Responses to these advertisements were contacted and screened. Of the total responses, six were selected for participation in the study.

Snowball sampling was an alternative collection method included in the application for ethical approval with the IRB and prepared for this study. Snowball sampling is a process through which participants of the study refer other known individuals who meet the inclusion

criteria to become participants in said study (Biernacki & Waldorf, 1981). Handcock and Gile (2011) note that snowball sampling can have two distinct procedures: to obtain access to rare populations or for the purposes of estimating social structures. This study would have used the former with the intention of accessing the hidden population of individuals who have sought counseling. This procedure was selected because approximately 75% of individuals with a mental health illness communicate that with others (Corrigan et. al., 2016). The American Psychological Association (2018) found that 37% of 3,458 individuals born between 1997 and 2003, a portion of the Gen Z population, had sought mental health treatment. Synthesized, this could mean that individuals who meet the study criteria have knowledge of other individuals who would also meet that criteria within the target population. In addition to this, the use of snowball sampling is common amongst other peer-reviewed works (Corona et. al., 2017; Gibbons et. al., 2019). Use of the alternative snowball sampling method was not necessary as all six participants were found using the aforementioned fliers.

Inclusion/Exclusion Requirements

Potential participants were screened to ensure they meet the study criteria. This includes, 1) currently being a college student at Colorado State University, 2) currently over the age of 18 and under the age of 25 by the completion of the interview, 3) attended a minimum of three counseling or psychotherapy sessions with a licensed professional counselor, licensed professional counselor candidate, licensed marriage and family therapist, marriage and family therapist candidate, licensed clinical social worker, licensed social worker, licensed psychologist, or psychologist candidate during the COVID-19 pandemic, and 4) are no longer in counseling for the topic or topics discussed during these designated sessions. Participants also needed the availability for a minimum of a one-hour interview and at least one member checking session.

Participants

Six participants were recruited through the flier system. This was done to ensure broad themes are likely to become apparent during data analysis (Fugard & Potts, 2015; Guest et. al., 2006). These participants were between the ages of 18 to 24 and currently attending Colorado State University as undergraduate students. Each participant had attended at least three sessions of psychotherapy beyond an initial intake session as this is the time where the therapeutic alliance forms (Eaton et. al., 1988) and is the common cut-off point for qualitative research on counseling experiences (Pugach & Goodman, 2015; Seow et. al., 2021). These sessions must have been with either a candidate for license or fully licensed mental health professional. Purposeful sampling will be used to select individuals who understand the central phenomena behind the experience of receiving counselling during the COVID-19 pandemic.

Additionally, demographic and socioeconomic data was not collected for participants to improve feelings of anonymity. Panadero & Alqassab (2019) found that anonymity improves the critical lens through which adolescents will report their experiences. Moreover, Luarn & Hsieh (2014) found that anonymity increases the likelihood that participants will voice opinions counter to commonly held beliefs. Finally, Merino-Soto et. al. (2022) speaks to a lack of difference in assessment of anonymous versus identifiable individuals. These studies synthesized imply that experiences proclaimed from individuals who feel anonymous will be more veracious and not have an impact on the assessment of those individuals.

Data Collection

This study used in-depth, one-on-one semi-structured interviews as the primary tool for data collection. In-depth interviews are useful in collecting information on individual experiences, opinions, and feelings as well as providing privacy on sensitive topics (Mack et. al.,

2005). Semi-structured interviews were conducted using the questions listed in the interview guide in Appendix A. Interviews were conducted in quiet room away from others (Creswell, 2012, 2013). Participants were encouraged to select a suitable interview location of their choosing and a small, secure counseling room on campus was selected as the standard interview space if participants did not have a preference (Mack et. al., 2005). Individuals were sent the informed consent at least three days prior to their interview date. In addition, informed consent was discussed with the participant at the interview before the interview begins (Creswell, 2012, 2013). Tele-interviews, using the Zoom platform, were also offered as an option for participant accessibility. Interviews lasted between one and two hours which is in line with guidance from Mack et. al. 2005). Interviews were recorded using a tablet with video recording software and a smartphone with an application-based voice recorder or via built-in video conferencing software record functions, and notes were collected throughout each interview to track behavioral and contextual information as guided by Mack et. al. (2005) and Creswell (2012, 2013). Probes and follow-up questions were used during interviews to expand on participant responses to open-ended questions (Creswell, 2012, 2013).

Interviewer notes were expanded within 24 hours of conducting the interview (Mack et. al., 2005). This expansion included changing shorthand notes into sentences and constructing an interview narrative as suggested by Mack et. al. (2005). Expanded notes were typed and saved to the same secure locations with their respective transcriptions. Areas for further expansion were also documented during this process for potential follow-up interviews as described by Mack et. al. (2005). These needs could have included clarification on statements made in initial interviews, exploring emerging themes, and looking for cases contrary to emerging themes. Follow-up interviews would have been scheduled in the same manner as primary interviews.

None of the participants required a follow-up interview due to either clarification during the initial interview or due to the consensus across participants of similar experiences.

Arts-based data was collected as a secondary source of input from participants. Participants were asked to submit an arts-based piece, either in-person or digitally, they felt represented their experiences in mental health counseling during COVID-19. This could have included visual media such as paintings, drawings, and photographs or lyrical media such as poetry, music, or narratives (Knowles & Cole, 2008). Recorded performance-based media could have been submitted in conjunction with other forms of media. This paired submission is required due to removal from the collective experience of live performances having been shown to alter the experience and interpretation (Ardizzi et. al., 2020; Shrader, 2015). The arts-based data was stored in the same location as interview and transcript data. Of the six total participants, three opted to submit an arts-based piece for the study.

Analysis

Data was collected using digital voice and video recorders and then secured in an encrypted cloud storage space and backed up on a secure server in the Education building. Interview audio and video were transcribed and incorporated with interview notes in NVIVO. Transcription was completed in plain text and included references to important physical or auditory occurrences that weren't verbalized. These transcripts and notes were then analyzed using thematic analysis through an explorative-reflexive lens (Binder et. al., 2012).

Binder et. al.'s (2012) explorative-reflexive thematic analysis prescribes a series of research steps by which a researcher can maintain an awareness of their own influences in the research process. The first of these steps occurs during the interview process with the researcher taking note of their feelings, impressions, and responses after they have completed the interview.

Once all the data is collected and transcribed, Binder et. al. (2012) suggest that all researchers read all the transcripts to ensure everyone has a general sense of the interviews while also allowing space for the recognition and annotation of researcher preconceptions. This is followed by the dividing of content into units for analysis where they go on to be coded. These codes are then interpreted and summarized. These summaries are then audited by an outside researcher and adjusted, as necessary. Binder et. al. (2012) states that only after this process can themes be formed and finally agreed upon by the research team. The central steps of this explorative-reflexive process should be repeated several times (Binder. et. al., 2012). Guidance on determining themes was also taken from Creswell (2012, 2013).

Arts-based submissions were also analyzed for themes using a similar explorative-reflexive lens. Additional guidance on interpreting arts-based themes was acquired from arts-based research textbooks such as *Handbook of the Arts in Qualitative Research* by Knowles and Cole (2008) and *Method Meets Art* by Leavy (2020), from committee members, and from other knowledgeable arts-based researchers. The utilization of researchers outside of the committee was limited to only pieces that do not contain identifiable information such as images or videos of the participant or art pieces that are publicly known to be by the participant. Following guidance from Leavy (2020), arts-based pieces were discussed with the submitter at the time they were given to the researcher. Following this, the research wrote a detailed description of the entire piece. These descriptions were analyzed alongside the piece to uncover themes. These themes were then individually member checked with the submitter to ensure they reflected the submitter's experience. The arts-based submissions and the interviews were analyzed separately so data triangulation could be used to improve reliability.

Codes and themes distilled from interviews, notes, and arts-based submissions were then reviewed through the transcendental-phenomenological reductive lens as described by Schmitt (1959). This lens is intended to discover the source of the meaning found within the experienced world through intentionality or interconnectedness (Schmitt, 1959). Schmitt (1959) describes this process more within the realm of reflecting, a focus on what is outside of the mind of the researcher, rather than thinking, a focus on what is inside of the mind of the researcher. This is congruent with the explorative-reflexive thematic analysis approach used to code the interviews and could help to reduce the influences of the research on the overall findings of this study.

Trustworthiness

Trustworthiness is an important pillar in qualitative research. Connelly (2016) describes trustworthiness has having four important categories to address: credibility, dependability, confirmability, and transferability. To address credibility, member checking was conducted, and a researcher reflective journal was kept (Connelly, 2016; Levitt et. al., 2017). Additionally, reflective journal entries were made shortly before conducting interviews as recommended by Mack et. al. (2005). These journal entries included the general emotional and mental state of the interviewer at time of entry, potential preconceptions about the interviewee held by the interviewer, any local or broader current events that may be impactful on mental state such as significant weather events or political turmoil, and other potentially relevant thoughts presented by the interviewer. All interviews were conducted within two calendar months to improve the dependability between interviewees (Connelly, 2016). Data triangulation and investigator triangulation was used to ensure codes and themes were consistent with data collected. Data triangulation was conducted between interview-based data and arts-based data while investigator triangulation was conducted between the researcher and committee members. Detailed notes about decisions in the process of this study were kept in a log and decisions were discussed with

appropriate authorities prior to execution to improve dependability and confirmability (Connelly, 2016). Transferability of this study is limited to the participant pool and number of participants.

Chapter 4: Findings

This section will discuss the findings of the explorative-reflexive thematic analysis of the six semi-structured interviews and the three arts-based submissions. In total, 16 themes were uncovered within seven areas with one theme, talk therapy, having seven subthemes. These seven areas were the emotional impacts of the COVID-19 pandemic, reasons for seeking counseling, the process of accessing mental health services, perspectives on counseling experiences, perspectives on telehealth services, termination experiences, and counseling results. Details on theme and subtheme frequency can be found on Table 1 in Appendix B. The findings are ordered in a manner to flow with the experiences of participants, beginning with the emotional impacts of the COVID-19.

Emotional Impacts of the COVID-19 Pandemic

Participants endorsed several life-altering impacts caused by the COVID-19 pandemic. These included feelings of novel isolation, feeling of or actual loss, and fear of the COVID-19 virus. Most participants noted that, if it weren't for the pandemic, they would likely not have sought counseling when they did. One participant, TG, highlighted a positive impact alongside the more often observed pandemic impacts:

> [Sophomore year] was kind of my COVID year, where everything was online, and it was almost like a skewed reality…because of quarantine there were a lot of things that were put on the back bo-burner that I didn't have to take responsibilities for… A lot of things were affected but … a lot of it was in good ways, which sounds strange enough and I'm lucky enough for that… because of COVID, I was able to spend more time going to doctor's appointments and figure [my health issue] out.

While TG experience did have a silver-lining, they as well as other participants were impacted by the top emotional impact, isolation.

Isolation

All participants commented on at least some degree of feelings of isolation directly related to the pandemic. JT stated, “I’ve moved around a bunch, so I’m used to loneliness and being on my own, but this just felt entirely different, and it didn’t sit well with me.” Some participants experienced this isolation but were able to recognize that some of their peers were less fortunate. LW commented that, “We were so bored and it’s like, especially once it started snowing, it’s like you can’t even, like, go outside.” Shortly after that statement, LW would follow up saying:

> So I think I got lucky ‘cause I know there were some kids who were like, ‘I never talked to anyone on my floor and I hated my roommate,’ and I think that would have been, like, unbearable…if I had, like, no one to actually hang out with.

This novel isolation was found to directly influence participants mental health with KPH commenting that, “I didn’t have the same support network, necessarily, as before, so it kind of got out of control…” and LW mentioning, “If nothing else, I think my judgement, then, was, like, clouded by what I thought was, like, the only thing going on in my life.” Isolation was often paired with feelings of loss as many participants were in a transitional period of life. JT expressed feelings of isolation in their arts-based piece that could be seen in lines two and three of their poem, “If I cant keep up, Ill just be left behind”.

Loss

Five of the six participants experienced an impactful form of loss due to the pandemic. Often, these were tied to social events or developmental milestones. Travel restrictions posed a

significant problem with MR frustratedly expressing, “I was stuck at the border a few times because I- I’ve either had a test that was minutes too late within their cutoff time or- or whatnot and so that was a- that was a really big challenge.” Similarly, KPH, a musician, spoke to their loss of an important social system:

> [Orchestra] was a big social network for me that was just kind of, like, shut off all of a sudden and some of those programs tried to do, like, virtual options but doing, like, playing music virtually with other people is hard and doesn’t work super well…having something that was so reliant on, like, in-person interaction that just suddenly disappeared was hard.

Most participants had also graduated from high school during the pandemic and felt that they had missed out on important developmental experiences. PD commented, “I got just, like, a taste of what it’s like to be a teenager and then that was it,” and LW similarly remarked, “We were supposed to have, like, the end of the year in the summer and so it was kind of just, like, a weird, like, cut-off end to high school.” The loss of these milestones was often said with a noticeable sadness in the participants’ voice. Isolation and loss were the most common emotional experience and a smaller subset of participants also spoke to a third emotion, fear.

Fear

Feelings of fear brought on by COVID-19 were often centered around the well-being of people close to the participants and were endorsed by one-third of participants. MR, a frontline worker during the pandemic who noted they had tested positive for COVID-19 seven times, commented that they were, “terrified to come home to someone… of being able to come home and not potentially kill someone I love.” LW experienced this at the beginning of the pandemic explaining, “I, like, got bronchitis and my mom thought it was COVID and it was, like, half-an-

hour after my sister had called her and told her that she actually had COVID." These three emotions acted as distress amplifiers rather than sole reasons for seeking counseling as will be seen in the following section.

Reasons for Seeking Counseling

Participants endorsed a variety of reasons for seeking counseling including trauma- or stressor- related issues, anxiety, and depression. While all participants noted that they likely wouldn't have sought counseling services without the pandemic, none of the reasons for seeking counseling were directly related to COVID-19. Rather, the reasons for seeking counseling centered around preexisting points of distress that were intensified by the pandemic or concerns that emerged during the pandemic.

Trauma- or Stressor- Related Issues

All participants endorsed trauma- or stressor- related issues as one of the reasons they sought counseling. These ranged from interpersonal issues to physical violence to feelings of being overwhelmed. LW, who would later receive a post-traumatic stress disorder diagnosis, spoke to their pre-counseling experiences:

> I felt like I was kind of, like, spinning out and was, like, not really in control, making a lot of, like, impulsive, not great decisions and it was like, I didn't want to do that…I think, actually, what got me to start going to counseling was I kind of, like, spun out, freaked out, and I cut my arms.

Reaching such a breaking point was a feeling shared by other participants with MR explaining, "I think the trauma was just the- the trigger point for me to be like, 'Alright, cool, like, let's get some help,'" and TG stating in a similar vein, "It was kind of this, like, tumble of things collecting and then, finally, a friend suggested I go s-see a therapist…" and JT also remarking,

"…my breaking point was when I realized I am not so sure that I do this on my own anymore." Other participants noted that bullying, familial issues, and the weight of the unknown were trauma- or stressor- related concerns that brought them to counseling. Along with trauma- or stressor- related concerns, participants also endorsed anxiety and depression as co-occurring issues that brought them to counseling.

Anxiety and Depression

Half of the participants also spoke to anxiety as a reason for seeking counseling and one-third remarked that depression was a presenting concern for them. Those that endorsed anxiety commented on regular and persistent panic attacks and that their previous coping skills were no longer effective. JT explained this as:

> The methods that I was using to try and deal with being overly anxious, having panic attacks, and not sleeping well, feeling utterly hopeless, it all just, sort of, piled on itself and that was kind of the point, right? There's nothing I could do, so I needed to change something.

Participants indicated that the feelings of anxiety felt related to topics not directly related to the pandemic, but which they felt were amplified by the pandemic. This was also true for those endorsing depression with PD stating, "[My] self-esteem dropped significantly…the issues slowly started building up with the body dysmorphia and the eating disorder and the self-harm." While PD stated these were not a result of the pandemic, the social limitations caused by the pandemic enhanced PD's symptoms. Accessing mental health services was the next step following identifying distressing symptoms and, as such, it is important to understand how those services were accessed. Depression was also represented in some of the arts-based pieces with

TG showing a lack of positivity and JT expressing emptiness and somatic pain, symptoms described by the APA (2013) as contributing to depression.

Process of Accessing Mental Health Services

Half of the participants endorsed at least one of their qualifying mental health counseling experiences from the Colorado State University Health Network Counseling Center. All of the participants who sought services at the Counseling Center found the process to be easy. TG noted, "In terms of, like, the signups and accessibility, I felt like it was a pretty easy process," and LW stated, "Honestly, it was not terribly hard…I just called the CSU Health Network and I was like, 'I need a therapy appointment,' and they're like, 'OK, we'll make you one,'"

When participants sought counseling services from an off-campus resource, they often had assistance from family members or through their place of employment. JT spoke to their experience with their family's help:

> My mom actually helped me find the place. So she was definitely- she helped me out a lot my freshman year when I was feeling a lot of this same stuff, but super intense, and so she really encouraged me to go seek out another spot. So that's, kind of, what I did but it was a team effort between my mom and I.

MR provided a glimpse into their experience through their employer:

> There's just the- the business card sitting right on the desk, so I called… I kind of explained to- I explained to them, kind of my situation, what happened, and I'm pretty sure either the [manager] that was on shift or the [manager] that talked to me… called [the counseling agency] and said, 'Alright, this is the deal with- if this guy calls.' So I think they kind of knew, but they said, 'Alright, we think that [counselor] would be a really good fit for you.'

Occurrences of seeking counseling services other than at the on-campus counseling center, through employers, or with the help of family members was with a provider the participant had seen prior to the start of the pandemic. All participants endorsed the process of finding mental health assistance to be simple or straightforward, irrespective of the pathway used. While this process was universally easy for participants, each had a unique combination of experiences and views of those experiences in session.

Perspectives on Counseling Experiences

Experiences in mental health counseling varied significantly across all participants. All participants did participate in some form of talk therapy and noted traits they felt were positive and negative. In addition to talk therapy, participants spoke to tangible engagement, including practical applications or engaging therapeutic techniques, as an important part of their experience. A subset of the participants also highly valued receiving a diagnosis as part of their therapeutic experience. This section begins with the most common experience, talk therapy.

Talk Therapy

Participants positive and negative experiences with talk therapy were distilled down to three negative and four positive categories of behavior. The categories viewed as negative included the mental health professional being too cold or clinical, feeling they were being overlooked or ignored, and that the purpose of the sessions was unclear. The categories viewed as positive included feeling the mental health professional was warm and welcoming, feeling they were listened to or understood, the mental health professional being able to offer a thoughtful new perspective, and the mental health professional being viewed as honest and transparent. Talk therapy is a clinical tool and, as some participants noted, it can become too clinical.

Negative Trait: Cold/Clinical. Half of the participants endorsed a mental health professional being too cold or clinical as problematic to their counseling experience. PD spoke to this as, "[The mental health professional] didn't really allow me to talk that much. She more talked at me," and MR discussed this as, "I had a really bad experience. [They] just had questions that made me feel like they were implying things or stuff like that." While being too clinical was off-putting for some participants, others felt that their concerns weren't being heard.

Negative Trait: Overlooked/Ignored. Half of the participants felt they were not being heard by their counselor and this negative impacted both their experience and their ability to connect with the counselor. KPH described this as, "I would never really feel comfortable completely opening up because, it's like, it just almost feels dismissive." And LW similarly said, "…[the counselor] was very nice, so it's like, we got along but it always felt kind of like he wasn't, like, entirely hearing what I was saying so it was kind of hard for me to be like, 'Oh yeah, I trust him,' like, 'he gets it.'" Later in the interview, when LW was asked what they found least helpful, they commented, "…definitely feeling like my CSU counselor, like, wasn't really listening." The confusion created by being unheard also occurred for individuals who felt their counseling experiences were unclear or directionless.

Negative Trait: Unclear. One-third of participants commented on a lack of clarity in session purpose or overall goals as being significant barriers in their counseling experience. KPH spoke to this as:

> I was just venting to her rather than getting, like, long-term solutions… It was kind of just, like, having a conversation for the sake of me talking about things and, like, getting it off my chest. Which is fine and I think there's a place for that, but I started to just want more, like, results.

LW found a lack of clarity in session in a different manner they described as:

> The therapist I saw in-person this year had a very bad habit of telling me about his life and, it was like, I would let him talk but, it was like, at a certain point I don't care about your yard and your neighbor drama and that's not what we're here for.

Many of these negative traits are directly opposed to important positive traits noted by participants.

Positive Trait: Warm/Welcoming. Two-thirds of participants positively described their mental health professionals as approachable, relatable, or genuinely interested in helping them. JT described this as, "[The mental health professional] was, honestly, she was just easy to connect with… She put so much effort into who I was and wanted me to grow out of it." PD, who described previous negative experiences in this realm, spoke about their counselor, "I feel like she was more open to working with me better, instead of trying to work on me." TG described their perspective of this warmth in great detail:

> [The mental health professional] was just very patient and there was no judgement, not even- I can read peoples' faces pretty well, and there was not even a hint of any judgement… there's no emotion, negative emotion, and rarely too much, like, happy emotion, it's more just like this steady flow which it kind of felt like I was able to, just open up more…

Participants feeling welcome in the counseling space opened up the opportunity for mental health professionals to exercise the powerful trait of listening and understanding.

Positive Trait: Listening/Understanding. Two-thirds of participants endorsed being understood, listened to, or validated as having a positive impact on their therapeutic experience. At times this took a more overt appearance like JT describes, "[The mental health professional]

was a really, really good listener and she could pick certain things out about what I was saying or my, like my mood or the way I would say thing." In other instances, this took the form of the counselor acknowledging unsaid things as described by TG:

> There's a couple times where [the mental health professional] was like, 'I know you're withholding a few things from me and I don't need to know, but I want you to… feel comfortable sharing them with yourself and they're okay to talk about, but it's okay if you don't want to talk about it with me,'…It's almost a relief to have that validation, that it's not something that's embarrassing or something that like- that you should be ashamed of or upset to talk about.

For MR being heard took on another form, having their boundaries respected. MR's counselor brought up the topic of religion, MR described the interaction:

> [The mental health professional] kind of brought [religion] up when he was introducing himself to me. [He said] 'I believe in this,' whatever, whatever. I think, I like first [said] 'Yep, I'm not interested,' [and] he goes, 'Great,' and that's- that's all we've ever talked about religion, which was really awesome because I didn't ever feel pressured.

With listening and understanding comes the ability to provide new insight which participants also noted as a strong positive trait.

Positive Trait: New Perspective. Again, two-thirds of participants endorsed the addition of a new perspective as a positive impact on their therapeutic experience. This was described as either challenging statements made by the participant or providing an environment for exploring new viewpoints. KPH described this as, "I think the sessions were most helpful for me to just brainstorm, talk to someone else who could look at it from an outside perspective." JT described

an experience with a confrontational New Perspective that still stood out as a turning point of their therapeutic experience:

> There's one point that [the mental health professional] called me out. She was like, 'I'm going to stop you right there. I have a feeling that you're not being authentic with me." She wasn't called me out for lying, she wasn't saying, like, 'Oh, stop tooting your own horn,' or whatever. She said, "I feel like you're not being authentic with me,' and that struck a chord in my heart, or whatever, that I have never felt before in my life…I still think about that sometimes, like, that one moment in the conversation where I stopped dead in my tracks and just felt that.

Part of providing a new perspective may depend on the ability of the mental health professional to utilize the next positive trait, honesty and transparency.

Positive Trait: Honest/Transparent. Half of the participants spoke to the fidelity and transparency of their counselor as being an important part of their therapeutic experience. This was often established in the first session with discussions of expectations and how the process would work but also pertained to general interactions throughout the therapy sessions. JT spoke to honesty as playing an important role in their experience, "[The mental health professional] clearly knew how to sort of help me in the right direction and be honest with me." KPH also spoke to this positive trait when speaking about a counselor who they were otherwise not satisfied with:

> [The mental health professional] was well into her career and she kind of started with that… she was like, 'I've been doing this for so long, so I found the practices that work well for me, and this is how I like to handle clients, but if it's not what works for you, it's probably better for you to just find another person because I'm established. I know what I

like to do, like I have the methods that work for me as a counselor.' Which I liked, kind of that transparency going into it, of just like this is what she can offer… I was like, 'Oh, great!' but I didn't really know what I needed from a counselor at the time. So then, as we continued, I think it was kind of revealed that it wasn't maybe as good of a fit as I thought.

While talk therapy is the most ubiquitous practice, participants also noted that tangible skills and concepts played a major role in their experience.

Tangible Engagement

Being able to engage with practices in a tangible or physical way was considered to be an integral part of positive therapeutic experiences for almost all of the participants. LW spoke to this outright when they stated, "[The mental health professional] did a lot of like, I don't know if activities is the right word, but, like, exercises, more than just, like, us sitting there talking… I think that honestly helped more than just, like, talking." For all participants, this included activities such as journaling with prompts, frameworks for understanding oneself, using whiteboards to explore concepts, and seeking out and processing opportunities to utilize skills in the real world. When asked what stood out to them as very helpful, TG commented:

> …[the mental health professional] brought up new techniques and…it was one of the techniques, doing some journal sessions with prompts, and I felt like that was a really feasible and applicable thing to add to my everyday life… we sat in the session and were able to do that process together and I really valued a lot of those little things where she would tell me about something and then we'd practice it and then the next session, she'd be like, 'Have you been doing that? Have you been working on that?' and so it's kind of that follow-up and that continuation of a new skill formed to help in the process.

MR expressed a similar enthusiasm for their experience with employing frameworks, specifically the Wise Mind concept found in Dialectical Behavioral Therapy, during sessions:

> I'm not a fan of [being emotional]. Very, very logical and I think thro- I think things through very logically and so, like, understanding that I can't just think through everything logically, I have to have some emotion connected to that logic and that's where it's going to bring me into wise mind and so we talked a lot about- like almost every- almost every meeting…

Utilizing whiteboards was mentioned as a powerful tool by multiple participants. KPH, the participant most adamant about wanting concrete skills and tools, spoke to the value they received from using a combination of frameworks and whiteboard work:

> I would come into a session, we'd, like, look at the whiteboard and draw things out and it would be like, 'Okay, here's-' I don't know, like '-this psychological model,' or something for thinking about relationships, 'and here's, like, the patterns we're looking at between like you and so-and-so and so-and-so,' which, that was super helpful for me. It helped me take, kind of what I'm talking about and look at it in a different way.

Opportunities to practice skills outside of the counseling office could range from internal, reflective practice to external, public practices. When asked about impactful moments that stood out to them, JT commented:

> …being able to go to work or go to church on Sunday or whatever and just meet new people and sort of practice those things that I was working on or that I had reflected upon…being able to practice that, really sort of, kind of hammer the nail in.

While the tangible engagement took different forms for different participants and different concerns, the majority of participants noted that their tangible engagement was one of the more

impactful parts of their experience. Having such a positive regard for tangibility didn't exclude the less tangible, such as a formal diagnosis, from being impactful.

Diagnoses

One-third of participants stated that the most important part of their experience was receiving a specific diagnosis that helped them understand why they were feeling and acting as they were. PD recounts their experience:

> I met with [the mental health professional] online to set up the appointment to get evaluated and then went into her office and actually took the test and, surprise, surprise, I have ADHD. I knew it all along and I was just struggling for no reason…my parents didn't understand the relief and excitement of finally getting a diagnosis because they're like, 'Oh, you're the same person anyway,' but like, I'm life, 'Yeah, but I know I'm this person and I can- I know why this isn't working and I know to try this now.'

This sentiment was also reflected by LW regarding being diagnosed with post-traumatic stress disorder, "I feel like having a label and being like, 'Okay, so like, this is why your brain is reacting this way,' definitely helped me a lot." Participants who sought mental health services early in the pandemic often had to utilize telehealth-based services which added a new layer to the experience as a whole.

Perspectives on Telehealth Services

The evolving nature of the COVID-19 pandemic impacted the manner in which participants engaged with telehealth services. Participants who utilized services early on in the pandemic often used telephone-based telehealth whereas participants who utilized services later on in the pandemic used video calling software or didn't experience telehealth services at all. Participants had varying opinions on telehealth even by individual participants. It is important to

note that only five of the six participants had experienced telehealth. All participants that experienced telehealth had some negative opinions on telehealth and two of the five also had some positive opinions on telehealth. Beginning with the most agreed upon perspectives will provide insight into how telehealth experiences transpired.

Negative Telehealth Experiences

The negative opinions centered around privacy concerns and feeling connected to their counselor and positive opinions focused on the feeling of safety. LW spoke to their concerns on privacy,

> I had, like, one session where I was, like, sitting at the end of our [dorm] hallway…I'd be in my room if my roommate were gone but, like, all of our classes were pretty much online so she'd be gone, like, for a couple hours a week.

A lack of connection was especially present for participants who experienced telehealth via telephone before the widespread implementation of video calls. KPH spoke to this as, "It was hard to get the full experience or completely connect," and PD, who had started this particular round of services shortly before the pandemic began, remarked heavy-heartedly, "I felt the relationship depleting and, just, like, as- as the calls went on, it was just, it was so distant from what it was before." This concern did also occur with participants who were able to use video calls with LW commenting, "It still felt like a therapy session, I think, but I guess, just, like, it's easier to, like, not pay attention if you don't want to virtually." While negative opinions on telehealth were more common, powerful positive experiences also emerged.

Positive Telehealth Experiences

Feelings of safety were identified as an important positive piece of the telehealth experience. It is important to note that this positive experience didn't occur alongside instances

where telehealth lacked privacy. Conversely, the lack of connection was outweighed by the participants that noted the positive trait of personal safety. KPH, who had experienced intensive outpatient therapy via telehealth, noted that:

> I almost think it was a positive because for first stepping into it, stepping into counseling and really trying to solve these issues that I was kind of uncomfortable with and in a setting I was uncomfortable with, it let me be at home, be somewhere I felt safe.

Similarly, LW, who had multiple experiences with different mental health professional via telehealth said:

> Honestly, [it] would have been harder talking about it in person, like if I had to go in and, like, sit across from [the mental health professional] and tell her everything. Like, I feel like it being virtual gave me, like, a bit of, like, a sense, like, 'Oh, it's okay, like, you're here, you're alone.'

A requirement for participants in this study was to have also ended services. Mental health counseling does not often continue in perpetuity and this was clearly stated by KPH, "I don't want to go to counseling every week for the rest of my life, forever." Due to this, understanding the full experience includes understanding how that experience comes to an end.

Perspectives on Counseling Outcomes

Opinions on outcomes of mental health counseling were positive from all participants. Experiences of termination varied even among individual participants as some participants had seen multiple mental health professionals during the study window. Terminations ranged from several session of preparation to a sudden end of services. Even with varying termination experiences, participants all felt they had positive impacts from their experiences in mental

health counseling. As termination is the final piece of a therapeutic relationship, one must understand that experience before understanding how these impacts affected the participants.

Termination

The majority of participants felt they had achieved their goals and terminated services appropriately. Additionally, half of the participants experienced a sudden end to services with either the participant or the provider not scheduling another appointment due to some participants seeing multiple mental health professionals within the studied timeframe. LW spoke to the experience of sudden termination:

> [The mental health professional] sent me an email, like an hour before we were supposed to have a session, that he had gotten sick and he was taking the day off and then, like, no one from the [college counseling center] or, like, he didn't ever reach out again. So, I was just like, 'Okay, this isn't worth it to me,' to book another appointment.

On the other end of the spectrum, TG spoke to their experience of preparing for a goals-met termination:

> Around the fourth session, [the mental health professional] brought it up lightly, just at the end of it, 'Oh, just a reminder, we only have three sessions left together,'…then each session, as they got closer, we talked for- about it a little longer… [After the last session] I felt really independent and proud of myself for showing up every week and giving my all every week, so as I walked out the door I remember just, like, have a nice little pep in my step and being like, 'You're doing this, you got this!'

Generally, participants experiences with termination fell somewhere between LW's and TG's with five of the six participants having experienced and prepared for a goals-met termination.

One participant's experience was just the tapering of service frequency with no distinctive termination. When asked, MR stated they felt like the relationship had positively terminated and they explain this situation as,

> I haven't seen him in, like, months and we kind of agreed that…we were going to do, like, once-a-month and then I got hired by [redacted by participant request] and so, I got like, the [redacted] has a counselor if I need anything through them.

The act of termination is important to the overall counseling experience and to get the full view of an individual's perspective on their experience, one must also understand how each individual perceives their personal impacts.

Personal Impacts

All participants stated that they were at least satisfied with the results they received overall from counseling, even if they had poor experiences with some mental health professionals along their journey. JT spoke to this as, "[The mental health professional] more or less changed my life, in the way that I sort of interact with people and deal with my own demons." KPH enthusiastically remarked, "I was able to tackle the current issues while still having the tools I needed to, like, go forth and not continue to have the same problems, which was- that was really great for me." TG gave the most detailed account of their results:

> I was more patient, I was less irritable, I was able to feel like I needed less control of things, I had a brighter outlook on day-to-day life and my processes and, if a day wasn't going that well, I had three different tools to figure out how to work through a bad moment…I am, like I said, a year out and I- I still feel just as great as I did the week or two prior to ending.

MR had a thoughtful perspective on their experiences:

> I really appreciate what [the mental health professional] did… I got exactly what I looked for… Maybe- actually, I take that back. I didn't get what I looked for. I didn't get out what I expected at all. It was completely different. It was like I got out what I needed from it, I didn't get out what I wanted… What I wanted was to deal with the trauma that I dealt with and that's it. I didn't want anything else, but he had pulled out some other things that, like, made me feel better.

Along with their reflective view of their experiences, MR also displayed feelings of hope and self-rejuvenation in their three-dimensional arts-based submission.

Chapter 5: Discussion

This section will discuss the potential meaning, context, and implications of the themes that were uncovered during this study. Many similarities were found between pre-pandemic and early pandemic literature. In addition, novel themes were uncovered within several categories that may help illuminate the experiences of college students during the pandemic and within the counseling experience.

Reflections with Current Literature

Isolation, Loss, and Fear as emotional impacts of the pandemic were themes mentioned by studies and surveys released early in the pandemic. Similarly, Savarese et. al. (2020) spoke to feelings of loneliness and disconnectedness in the general population, and this held true as all participants of this study expressed feelings of isolation. Moreover, Naidoo & Cartwright (2020) noted that loss of someone close to them was a potential impact on college students but did not mention the feelings of loss of life milestones that emerged during this study. This is likely due to the Naidoo & Cartwright (2020) literature being published early in the pandemic before these milestones would be overtaken by the pandemic. Feelings of fear were presented by the AP-NORC (2021) survey with about one-third of their respondents endorsing fear. This study found a similar number of individuals endorsing feelings of fear, one-third, caused by the pandemic. However, the pandemic was not the primary reason for seeking professional mental health services by any respondent.

Reasons for seeking counseling fell into two categories which matched with the most prevalent mental health concerns gathered by Oswald et. al. (2020) before the pandemic and the ACHA (2021a, 2021c) during the pandemic. All of the participants of this study stated that trauma or stress were at least in part a of their reasons for seeking counseling which could be

mirrored by the increasing rates of distress and overall stress noted in the ACHA (2021a, 2021c) surveys. Additionally, one-half of respondents indicated anxiety and depression as contributing reasons for seeking counseling. This is reflected in Oswald et. al.'s 2020 study which noted that anxiety and depression were increasing in college students attending mental health counseling. Making the decision to seek out a professional for mental health services and actually receiving those services can be difficult. This was not the case for respondents of this study.

Engaging with counseling services was found to be much easier by participants than previous literature indicated. Whether respondents had assistance with accessing services or not, all stated the process of beginning services it was easy, simple, quick, or a combination of those sentiments. This is counter to Ebert et. al. (2019) and Shea et. al. (2019) as these studies indicated that roughly 25% should have had external barriers. This could be an indication that barriers such as time, transportation, and geographical-related issues as mentioned by Ebert et. al. (2019) and Shea et. al. (2019) had weaker influences during the social pause and digital push of the pandemic. Additionally, this could indicate that barriers to access services have become less prominent since these 2019 studies. Following accessing services, all of the respondents were able to engage in talk therapy and all had a spectrum of experiences.

Opinions on talk therapy were similar to previous literature. Respondents endorsed feeling welcomed and listened to as positive which is in line with Buizza et. al. (2019). Similarly, respondents endorsed feeling not listened to as negative which matches with Shaler et. al. (2020). Finding a lack of clarity as a negative trait and new perspectives and honesty as positive traits were not mentioned in previous literature. These themes were as prevalent or more prevalent than themes mentioned by Buizza et. al. (2019) and Shaler et. al. (2020). This could be an indication that the client's understanding of the therapeutic relationship is becoming more

detailed. Talk therapy wasn't the only valued service for respondents. In fact, some valued more practical pieces of the experience than the conversational.

Viewing practical applications, such as activities and cognitive frameworks, as well as receiving mental health diagnoses as positive was not thoroughly explored in previous qualitative literature. Frameworks and exercises were unexpectedly spontaneously presented by five out of six respondents indicating that they may occupy a more memorable space in the counseling experience as a whole. Two of six respondents stated that their diagnosis was both important and positive, which was not found in previous literature. Diagnoses were noted to be increasing amongst college students by Oswalt et. al. (2020) and Auerbach et. al. (2016) although neither indicated if this experience was viewed as positive, neutral, or negative. Literature more focused on the aspects that made counseling positive or negative such as Buizza et. al. (2019) and Shaler et. al. (2020) made no mention of diagnoses. It is important to note that two of six respondents indicating positive feelings associated with diagnoses may be an anomaly and not a trend. Whether study participants were looking for talk therapy or practical skills, they often found themselves utilizing telehealth as their primary mode of counseling.

Telehealth played a predominate role in mental health counseling for most participants. Previous literature on telehealth noted that more than three fourths of clinicians reported that their ability to form therapeutic relationships was unchanged from in-person sessions (Hersh et. al., 2022). This is opposed to the experiences of clients in this study where all participants that utilized telehealth felt that telehealth was negatively impacting their counseling experience and only two felt that it had positive impacts as well. Of the challenges noted by Hersh et. al. (2022), none matched the telehealth complaints of respondents in this study. This could indicate a separation in how the experience is viewed between client, a more internal and personal

experience, and clinician, a more external and professional experience. This separation of experience may have also impacted terminations.

The majority of participants experienced a mutual and planned termination which is in line with Olivera et. al. (2017) and Lee et. al. (2021). There is limited qualitative literature on the frequency and cause of sudden termination and a quantitative study by Erekson et. al. (2020) found that premature termination, therapeutic relationships terminating before the clinician and client agree that services have reached their intended goal, has remained stable in the two years preceding the pandemic and the first year within the pandemic. Erekson et. al. (2020) notes that this impacts roughly 33% of individual therapy clients which is counter to the 50% of participants in this study. This could be a result of increasing stressors on both the client and clinician as the pandemic progressed as noted by Hersch et. al. (2022), a recent study on impacts of the pandemic, and Decker & Borgen (1993), an in-depth study focusing on professional stressors and their impacts on individuals working with college students. Regardless of the number of terminations experienced by a single participant, they did eventually find mental health services that helped them meet their goals.

All participants endorsed mental health counseling as a positive experience which matches with similar frequency found in studies by Buizza et. al. (2019) and Shaler et. al. (2020). Similarly, to Buizza et. al. (2019), respondents did not always have their primary concerns fixed and still felt like the experience was positive. Moreover, the study participants expressed respect or appreciation for the mental health professional who help them and optimism about their presenting concerns in the future similarly to themes found in McCarthy et. al. (2008). Now that each broken down area has been reviewed, it is appropriate to view the bigger picture.

Broad Context

Combining stressors of transitioning from high school to college, from a home with family to a college dorm or new city, and from the ever-present COVID-19 pandemic created a unique environment for respondents in this study. Karyotaki et. al. (2020) took note of these first two stress sources as being present in college students and Farris et. al. (2021) noted the hopelessness and foreshorten future college students associated with the pandemic. More than this, many students and young adults missed out on important life milestones such as graduations, socializing, expeditions around the world, and self-concept exploration while the world was in a state of lockdown. As noted by Scales et. al. (2016), these transitions are important opportunities for change and play an integral part of young adult development. The population of this study experienced great stress, emotional difficulty, and lost out on these opportunities for change. This may have created an unstable vantage point from which to process the world around them.

This unstable vantage point might have led to more concrete concepts like frameworks, activities, and diagnoses to play a more important, foundational role in their mental health counseling experiences. This lack of stability combined with the previously mentioned foreshortened future may have been a driving component of both the client-initiated and counselor-initiated sudden terminations. For those that feel the future is time-limited it may be difficult to commit that time to tasks that aren't fulfilling their need. Conversely, the historic trend of the connectedness of counseling has persisted and may have reached a new prominence in populations impacted by the social disconnectedness that became a side effect of pandemic safety measures. Many of the sudden terminations, both client- and counselor-initiated, were experiencing challenges in the realm of client-counselor connectedness. Understanding how

these aspects as a counselor may help provide better impacts for future clients who shared these experiences.

Implications For Counseling

The implications of this study could help guide counselors in working with populations similar to those of the participants. This could be young adults or adolescents with similar experiences, or it may be individuals who are exhibiting similar concerns at later developmental stages. Mental health counselors should take the following section into consideration when working with these similar individuals and reflecting on these considerations from an evidence-based practice lens will also be important. Counselors wishing to include some of the more technical recommendations such as arts-based communication or psychodrama should seek out additional resources outside of this study. The first topic to consider is the therapeutic relationship.

Many helping professions place importance on the relationship between the helper and the client. This could be seen as bedside manner, the therapeutic alliance, or any one of a number of terms. The findings of this study agree to that importance, and some of the themes suggest adding more concrete pieces to that relationship could be beneficial for individuals with experiences like those of the study participants. A lack of socializing during an important developmental time may create increased sensitivity to the relationship between the client and counselor and so care should be taken to foster communication and fidelity. It may be helpful to look at relationship building as an effort to remedy this possible sensitivity.

With being listened to, feeling welcomed, providing a new perspective, and counselor honesty being valued amongst participants, these could play important roles in building that therapeutic relationship. Questions such as, “What would help you know I’m understanding

you?", "How do you know a space is welcoming?", and "What method of learning do you prefer?" may find a place in intake sessions to prepare both the client and counselor for addressing the individual needs of a client who values these traits. Inquiring whether the client is looking to process their experiences or to develop skills and frameworks of understand may prevent miscommunication about the purpose of each session. In addition to enhancing how a mental health professional initially engages with client, this study also uncovered applications for art outside of art therapy.

A portion of data collected for this study involved arts-based submissions which participants felt represented their counseling experiences. These pieces contained a great deal of information, some of which participants didn't realize they were sharing until the pieces were analyzed and member checked. A counselor may be able to use arts-based pieces as communication tools in which the counselor can reflect subsurface emotions or cognitions to the client for further discussion. Following a methodology similar to that described by Leavy (2020) for art-based research; discuss the piece, write a detailed description of the piece, and interpret through the lens of the individual who created it; could provide reflective opportunities in session. Even with tailored session experiences and arts-based communication there may be two common threads that permeate populations similar to this study's participants, trauma and uncertainty.

Trauma-informed mental health care is invaluable. With the pandemic presenting as a collective trauma fueled by uncertainty, the counselor may be able to provide a point of stability. This may even include the treasured trait of honesty wherein the counselor is forthcoming with the client and follows through with their commitments. Clients who feel this uncertainty or pandemic-related trauma strongly may rely on the counselor to be the concrete foundation until

the skills, frameworks, and processes can fill that role. Receiving trauma-informed training from professional organizations, university courses, or through trauma professional certification programs could improve interactions between the counselor and the client when addressing pandemic-related issues. In a general sense, it may benefit mental health counselors to view stress, anxiety, and depression from the pandemic in the same way they may view physical or emotional trauma, as a series of no-longer-beneficial coping strategies that take time and growth to overcome.

Finally, due to the loss of certain milestones and social development opportunities, mental health counselors may find psychoeducation and psychodrama on these topics to be useful tools in filling the gap. A meta-analysis by Brouzos et. al. (2021) shows that psychoeducation can improve clients' feelings of being prepared as well as reducing anxiety or concern centered around past traumatic experiences and Ghafoori et. al. (2016) found that psychoeducation is effective across culturally diverse, trauma-exposed populations. Moreover, psychodrama has been proven effective in treating clinically significant distress in college students as well as addressing interpersonal difficulties, unresolved emotions, and hopelessness in young adults (Biolcati et. al., 2017; Orkibi & Feniger-Schaal, 2019). Clients who hold similar experiences to the participants of this study may want assistance in understanding the impact the pandemic had on their lives and may require assistance in fulfilling those milestones in lieu of having experienced them in day-to-day life. Inquiring about pandemic experiences may prove beneficial if practitioners notice connections between current concerns and possible social development steps. Clinicians who work with populations that missed out on these developmental events should stay abreast of further research as it illuminates where some of these experiential holes might appear and how to best treat the resulting concerns.

Limitations

This study was limited to six Colorado State University undergraduate students and, as such, may not be representative of all experiences of college students in mental health counseling during the pandemic. Students at different locations across the United States or even within the same state or region could have differing experiences that were not discovered in this study. Additionally, participants were selected only from a range of 18 to 24 years of age. This excludes non-traditional aged students of 25 or older who may have differing experiences with mental health counseling during the COVID-19 pandemic. Similarly, this study could not speak to specific subpopulations, such as ethnicity or cultural background, within college students in mental health counseling as it did not collect identity-based or socioeconomic information on participants.

Due to the time cost of participating in the study, there may have been individual who were unable to participate, and their experiences may not be reflected in this study. In the same vein, all the study participants were eventually satisfied with the services they received, and this may indicate that individuals who never reached satisfaction do not have their experiences reflected in this study. Moreover, none of the participants in this study endorsed a diagnosis of a chronic mental illness such as bipolar disorder, schizophrenia, personality disorders, or similar and, as such, this study may not be indicative of the experiences of individuals with those diagnoses. The theoretical orientation of the mental health professional was not used to further screen participants. This is in line with Levitt et. al.'s (2017) meta-method study which notes that 73.4% of qualitative assessment of psychotherapy experiences do not restrict theoretical orientation. This means that the possibility of more distinct differences in experiences between theoretical approaches could be missed.

This study may also be limited in its ability to reach data saturation due to resource constraints. Data saturation using interviews as a data collection method occurs at 12 participants, double the number of participants required for broad theme emergence which this study uses (Guest et. al., 2005). Two of the types of triangulation mentioned by may be limited in their usability with this study. Method triangulation as mentioned by Carter et. al. (2014) may be limited in scope due to data sources only consisting of interviews and arts-based methods. These methodologies are directly provided by the participants and do not include participant agnostic methodologies such as observational notes or therapeutic sessions. Theory triangulation was also not usable in this study as the phenomenological approach has no anticipated outcomes or experiences. Despite these limitations, this study still contributes to contemporary literature by providing insight into some of the experiences of college students in mental health counseling during the COVID-19 pandemic as well as a jumping off point for future research to pursue more in-depth studies.

Future Research

This study was quite broad in the topic is studied. Covering experiences from before, during, and after mental health counseling creates a vast window that may not get all the details. Future research on specific portions of the process, specific theoretical orientations, and presenting concerns may further illuminate differences between pre-pandemic counseling and pandemic counseling. Additionally, homing in on specific subpopulations, such as students of color or students in lower socioeconomic strata, within college students may uncover differences between experiences. Similarly, the use of a critical lens such as Critical Race Theory or Feminist Theory may provide additional insight into counseling experiences. Future research may also benefit from longevity and alternative input rather than specificity.

Longitudinal studies focused on the impacts of the pandemic on young adult development, efficacy of mental health care, and institutional changes may find trends that this smaller study could not. Paired studies where clients and clinicians are both able to contribute to their experiences may also uncover spaces that communication is breaking down, creating the unwanted disconnectedness that can occur. This area of research would also benefit from future mixed methods studies to allow for larger portions of the population to contribute experiences and to confirm or refute emerging themes.

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Appendix A

Interview Guide

Area of Interest	Questions	Probes
		Tell me more about that. What was that like? How would you describe that experience to someone who has never been to counseling? You mentioned _____ a moment ago, can you tell me more about that? What did that feel like?
Ice Breaker	What, if any, are identities about you I should know about in relation to your experience? Could you tell me about what brought you into counseling?	Where did your sessions take place? What was your physical environment like? (Telehealth) What was it like when you were getting ready for your first session? (In-person) What was it like the first time you went in the front door?
COVID-19 Pandemic	How did the COVID-19 pandemic impact your life?	How did these impacts affect your decision to seek mental health counseling?
Initiating Counseling	What was it like accessing resources after you made the decision to seek counseling?	What feelings or thoughts stood out to you through that process? Was this the first place you looked at? If not, what were your other choices and what made you decide against them? Have you sought counseling prior to the pandemic? If so, how did it compare to this time?

Therapeutic Alliance	How did you and your counselor build your counseling relationship?	What feelings or thoughts stood out to you through that process? Looking back, how would you describe the relationship between you and your therapist? How was this relationship different than other relationships you've had? What would you have changed about that process?
In Session Experiences	Could you describe what it was like for you in a session?	Could you describe what a usual session was like for you? What parts of your sessions did you find most helpful? What parts of your sessions did you find the least helpful? What parts of your sessions did you find most difficult? Are there any sessions that stand out to you? If so, what was different? Did you attend counseling before the pandemic? If so, was your experience during the pandemic different and how so?
Out of Session Experiences	Thinking back, in what ways did you see your counseling impact time outside of sessions?	Were there times where you found yourself thinking about your previous sessions? If so, what was that experience like? Were there specific techniques your counselor taught that you used outside of sessions? Did you attend counseling before the pandemic? If so,

		was your experience during the pandemic different and how so?
Termination Experience	As your time in counseling was coming to an end, what stood out to you?	What initiated the termination? What feelings or thoughts do you feel were important to you through that process? Looking back, would there be anything you would have liked to do differently?
Closing	Thank you for taking the time to do this interview. I want to open the space to give you the opportunity to comment on things we have discussed or things we haven't in whatever way you feel is needed.	Is there anything you would like to add that I did not ask you about your counseling experience during COVID-19?

Appendix B

Table 1: Frequency of Themes and Subthemes

Table 1

Frequency of Themes and Subthemes

Theme and Subthemes	Respondents
Emotional Impacts	
Isolation	6
Loss	5
Fear	2
Reasons for Counseling	
Trauma- or Stressor-	6
Anxiety and Depression	3
Accessing Services	
College Counseling Center	3
Via Parents	3
Counseling Experiences	
Talk Therapy	
Negative: Cold/Clinical	3
Negative: Overlooked/Ignored	3
Negative: Unclear	2
Positive: Warm/Welcoming	4
Positive: Listening/Understanding	4
Positive: New Perspective	4
Positive: Honest/Transparent	3
Tangible Engagement	5
Diagnoses	2
Telehealth [a]	
Negative: Privacy/Connectedness [a]	5
Positive: Safety [a]	2
Counseling Outcomes	
Termination: Sudden	3
Termination: Planned	5
Positive Impacts	6

Note. [a] Only five participants experienced telehealth.