Research

Seeking Help in a Foreign Land: International Students' Use Patterns for a U.S. University Counseling Center

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This archival study examined the use of a university counseling center's services by international students during a 5-year period. Variables analyzed included clients' presenting concerns, students' demographic characteristics, number of counseling sessions attended, and reasons for termination. Implications for counselor training, outreach activities, and counseling services on college campuses are discussed.

According to the 2003-2004 statistics on international enrollment at U.S. universities, 572,509 international students attended U.S. institutions of higher education (Chin, 2004). Given this large number, greater attention has been directed toward the psychological and cultural adjustment of students from abroad (e.g., Constantine, Anderson, Berkel, Caldwell, & Utsey, 2005; Mori, 2000; Swagler & Ellis, 2003; Yoon & Portman, 2004). Although the number of international students on campuses continues to increase, only a limited number of recently published studies have examined how international students use student services such as counseling centers or the types of mental health issues that may cause them to seek help (e.g., Nilsson, Berkel, Flores, & Lucas, 2004; Yi, Lin, & Kishimoto, 2003). The field of counseling has done tremendous work examining college students' psychological needs and has led the way in the area of multiculturalism on college campuses. However, a stronger focus on international students is still needed in the counseling literature.

Results of the studies that do exist have indicated that international students experience adjustment difficulties (i.e., change in the level of functioning) that may be academic, social, or psychological in nature (Constantine et al., 2005; Lee, Koeske, & Sales, 2004; Mallinckrodt & Leong, 1992; Parr, Bradley, & Bingi, 1992; Sandhu, 1994; Yoon & Portman, 2004). Although these difficulties are experienced by both native-born and international students, the extant research indicates that international students may tend to experience adjustment difficulties to a greater degree than do their native-born counterparts (Pedersen, 1991; Sandhu & Asrabadi, 1994; Yoon & Portman, 2004). Among the specific psychoemotional difficulties encountered by international students are clashes of cultural values (Brinson & Kottler, 1995); loss of social support systems (Lee et al., 2004); culture shock (Sandhu, 1994); feelings of inferiority (Sandhu, 1994); and loneliness, feeling different, and loss of...
identity (Brinson & Kottler, 1995; Lewthwaite, 1997). Atkinson, Morten, and Sue (1998) reported that international students, once they arrive in the United States, are under constant pressure to acculturate. This pressure can create corresponding intergenerational conflict within families of international students, such that older adults in the family may not approve of younger family members conforming to the host culture. In addition, international students may be negatively influenced by forces of racism and xenophobia (i.e., fear or hatred of foreigners), which they may encounter on college campuses with a predominantly White student population (Boyer & Sedlacek, 1989; Constantine et al., 2005). For example, events that have an international impact, such as the September 2001 terrorist attack on the United States or the U.S. involvement in foreign wars, may cause international students to deal more frequently with fears about acts of retaliation that could affect them (Bassinger, 2001; Hoofer, 2001). Although international students are most likely to seek help first from friends, academic advisers, medical health care professionals, or faculty (Aubrey, 1991), the extent of the difficulties experienced by international students may at some time result in their self-referral or referral by others to counseling centers. Mental health services that are both sufficient and readily accessible to international students are a significant factor in helping them adjust (Mori, 2000; Yoon & Portman, 2004).

Previous research that focused specifically on international students and their need for, use of, and experiences with counseling services has been limited. Some of the available studies have examined international students’ attitudes toward counseling and have provided tentative theories regarding their use of campus mental health services (Dadfar & Friedlander, 1982; Mori, 2000; Nilsson et al., 2004; Pedersen, 1991). Specifically, scholars have emphasized that although students tended to underuse mental health treatments, such help could facilitate their adjustment. For example, a study examining the presenting concerns of international students over a 1-year period at a university-affiliated counseling center found that students sought help for a range of concerns, including academic functioning, depression, anxiety, and adjustment (Anderson & Myer, 1985). Boyer and Sedlacek (1989) investigated cognitive predictors of counseling center use by international students, and they provided empirical support suggesting that seeking counseling center services was “an indication of and a contribution toward” (p. 405) a positive integration of an international student’s academic and social functioning on a college campus.

A limited number of studies have focused on the use of counseling centers by international students who study in the United States. For example, Boyer and Sedlacek (1989) found that 8% of students in their sample used counseling center services for psychological testing or psychological or vocational counseling. Bradley, Parr, Lan, Bingi, and Gould (1995) similarly suggested that a low number of international students tended to use available mental health services. Examining gender, Allen and Cole (1987) and Manese, Sedlacek, and Leong (1988) found that female international students were more likely to seek services and to experience greater distress than were male international students. Anderson and Myer
(1985) also suggested that those international students who do seek out mental health services are more likely than U.S. students to terminate psychological treatment prematurely.

More recently, Yi et al. (2003) explored the use of counseling center services by international students attending a small university in Texas. Their study provided information regarding demographic characteristics of students, their referral sources, types of services sought, and self-reported presenting concerns. Yi et al. found that the presenting concerns that most frequently brought international students to the counseling center were academic difficulties, anxiety, and depression. Their study included students' use of career services in addition to counseling services related to personal and emotional issues but did not provide information about students' actual use patterns, such as the number of sessions attended and reasons for terminating treatment.

Finally, Nilsson et al. (2004) reviewed the use rates and presenting concerns of 41 international students during a single academic year at one U.S. university counseling center. The authors found that only 2% of the international students at that university sought counseling services. Those who did seek services presented with concerns about depression, assertiveness, academic major selection, and anxiety. In their sample, one third of the students dropped out of treatment after the initial session. For those who did continue in counseling, no information was provided about what factors influenced longer treatment or the reasons that students chose to terminate treatment.

S. Sue, Chun, and Gee (1995) suggested that counseling use patterns change over time and need to be constantly monitored. Thus, the purpose of this investigation was to examine and better understand the patterns and rates of counseling center use by international students. Specifically, in this study, we reviewed international students' use of mental health services at one U.S. university counseling center during a 5-year period. Through this study, we also sought to validate the results of the previous research on the presenting needs and the patterns of use that are typical for international students (e.g., Nilsson et al., 2004; Yi et al., 2003). This study had several specific purposes. We investigated information about (a) how these students learned about available counseling services, (b) students' perception of the severity of their concerns, and (c) students' reasons for ending their treatment. In addition, we sought to build on previous research by examining how individual student characteristics such as country of origin, gender, and previous experience with counseling related to the number of sessions attended by students as well as to their perception of the severity of their concerns.

Method

Description of University and Counseling Center Setting and Student Characteristics

The data were collected by reviewing client files of international students who used the counseling center during a 5-year academic period (1996-2001) at a large, public, U.S. university in the Midwest with a predominantly White student population.
Because of the archival nature of the data collection, only one university counseling center’s files were reviewed. The university counseling center where archives were analyzed has been an active counselor training site with a focus on diversity and multiculturalism and has a large, full-time staff. The majority of the members of the senior clinical staff at the center have or are pursuing doctoral degrees in psychology, and all of the graduate student counselors-in-training are supervised by the senior clinical staff. Although the center emphasizes a brief model of counseling (e.g., 10–12 sessions), students could receive longer term treatment and/or could attend individual and group counseling sessions simultaneously.

On average, 1,450 international students in a student body of approximately 23,000 were enrolled at the university for each of the 5 years of this study. Yearly reports from the counseling center during the time frame studied indicated that approximately 1,000 university students (4.4% of all students), both international and noninternational, received their services annually through individual and group counseling.

**Sample**

Of those students who sought services at the counseling center, a small proportion were international students ($n = 132$ during the 5-year period). Based on approximate numbers provided by the university and the counseling center, only 1.8% of all international students enrolled at the university during this 5-year period sought counseling services.

Of the 132 international students who sought help at this counseling center, the largest proportion of students came from Asia and the Pacific Islands (46%, $n = 60$). Students from Western or Eastern Europe, Australia, and Canada constituted the second largest group (19%, $n = 25$), whereas 14% ($n = 19$) of students came from Mexico and Central or South America; 11% ($n = 15$) were from the Middle East; and 10% ($n = 13$) came from an African country. The percentages of students from various countries who sought counseling help seemed to be representative of the international student population on campus. The sample contained slightly fewer men than women (43% and 57%, respectively). In terms of relationship status, most of the participants (63%) identified themselves as single, whereas 30% indicated that they were married or partnered, and 6% were divorced or separated (1% did not report their relationship status). Age of the clients ranged from 18 to 52 years, with a mode of 22, a median of 26, and a mean of 27.78 ($SD = 7.14$). Many students indicated that they lived with a family (36%), although it is unclear whether this category means host family or the students’ own family. Other participants indicated that they lived alone (21%), whereas 43% stated that they lived with a roommate or a friend. Of those who identified their resident status, 41% lived in a residence hall, 58% lived off campus, and 1 student lived in a sorority or fraternity. There were relatively equal numbers of undergraduate, graduate, and professional students in this sample, and no major fields of study were overrepresented. The mean grade point average (GPA) of the 52% of those who reported it was 3.2 ($SD = 0.41$) on a 4.0 scale. The counseling center files did not contain information about how recently a student had come to the United States or how long a student planned to remain (e.g., 1 year as an exchange student or 4 years as an undergraduate).
Measures and Operationalization of Variables

International students were identified during review of the counseling center archives by having a permanent address that was outside of the United States or by being described in their assessment summary by their counselor as a citizen of another country. The university counseling center's standard intake and termination forms constituted the study's primary measurement instruments. Intake records, which were completed by the students seeking services, were reviewed to obtain information about the main variables that were hypothesized to be significant factors in understanding the international students' patterns of use of the counseling center.

Among these variables were clients' country of origin, resident status, living arrangement, relationship status, age, gender, year in school, major, and GPA. Other variables of interest included information on how the client heard about the counseling center (with 18 intake categories); whether or not they were referred for treatment; previous experience with counseling; self-identified primary concern; and responses to two items on two measures assessing how this primary concern interfered with personal and academic functioning, which were ranked on a Likert-type scale that ranged from 1 (not at all) to 7 (very much). The number of individual and group counseling sessions each student attended and her or his reasons for termination were obtained from the termination form filled out by the counselor.

The variables of interest in the study were operationalized based on the data gleaned from the intake and termination forms. Students' country of origin, gender, relationship status, year in school, whether or not they were referred for treatment, and previous experience with counseling were used in analyses as categorical independent variables. The extent to which students' primary concerns interfered with personal and academic functioning and the number of individual and group counseling sessions attended by the students were analyzed as continuous dependent variables. Interference of concerns with personal and academic functioning as well as the number of individual and group counseling sessions attended by international students were treated as ordinal variables and were used in correlational and analysis of variance (ANOVA) analyses. The number of sessions was gathered from the termination report, which listed the number of sessions attended by the client. The termination report also included information regarding the reason for termination. The termination pattern was operationalized as a multiple-category descriptive variable based on the reasons cited by the counselor for treatment ending. Among the categories were (a) no-show or did not keep appointment, (b) goals met or mutual termination, (c) end of semester or end of treatment, (d) left university, and (e) referred out for treatment. Furthermore, on the basis of these aforementioned categories, a variable was created for the analyses that indicated whether or not an international student dropped out of treatment.

Additional analyses with noncategorical variables were conducted using chi-square statistics. Students' primary concerns were based on a checklist of mental health as well as social and academic concerns, which also included the “other” category filled out by a client on the intake form. We grouped these concerns together. Interference of concerns with personal and academic functioning
yielded two variables, which were derived from responses rated on a Likert-type scale that ranged from 1 (not at all) to 7 (very much). Information about the demographic characteristics of the clients and their sources of referral for services were taken from the intake checklists.

Data Collection

The data were collected using an archival research method (Tomlinson-Keasey, 1993). Tomlinson-Keasey has suggested that the use of archival materials is a valid and useful form of data collection in psychology because it may provide a less biased view of the phenomena of interest than would self-report information. The data such as the treatment concerns not listed in the checklist and reasons for termination were coded independently by the three of us, and we achieved an interrater reliability of 98% by comparing the results of the coding procedures on 10 randomly selected cases (Creswell, 2003). Thus, we had similar coding of all variables with an exception of 2% of the data. Data that did not require coding included numerical information such as the number of sessions attended and interference of concerns with personal and academic functioning. We reexamined the data that were rated differently and reached agreement on a coding procedure through discussion. Because individual students were assigned a single file over the entire course of their treatment at the counseling center (e.g., a single file existed for students who had interruptions in their counseling services or received treatment over a course of several years), no file was included in the data set more than once. Unlike the previous research conducted by Anderson and Myer (1985) but similar to recent studies by both Nilsson et al. (2004) and Yi et al. (2003), the present study did not collect comparison data from noninternational students who sought services at the counseling center.

Results

Descriptive analyses indicated that international students tended to use counseling services for very brief periods. Approximately 60% of international students came in for 5 or fewer individual counseling sessions. More specifically, 36% of international students attended only 1 individual counseling session, which was the mode, with a mean of 6.8 (SD = 7.7) individual counseling sessions. An examination of group counseling sessions indicated that only 10% of international students participated in group counseling sessions, with attendance ranging between 2 and 22 sessions.

The most common termination pattern was a no-show for an appointment (29%, n = 39). Seventy percent of those who were no-shows did so after a single counseling session. The termination files also revealed that 21% of international students ended therapy because they and their counselor agreed that the goals of treatment were met. Eighteen percent of the sample were student clients who decided to terminate services and discussed this choice with their counselor. Thus, students discussed their desire to terminate treatment with their counselor rather than not showing for the appointment. Given that treatment was provided within an academic setting, it is not surprising that 17% of the international student cases were closed because the end of the semester was reached. In addition, the counseling
center termination summaries suggested that approximately 4% of the student clients concluded their treatment because they left the United States. In the remaining 11% of the cases, the reason for termination was not reported.

Among the primary concerns that were written by the student clients themselves or by the intake counselor, relationship issues (i.e., difficulties with family, friends, or partners) were the most prevalent (22.0%), followed by depression (15.2%). Other common presenting concerns included isolation or loneliness, anxiety, self-esteem issues, academic issues, career issues, stress, adjustment to the U.S. culture, and eating and body image issues (ranging from 4.6% to 6.9% each). Concerns with deciding to return to one's home country, dealing with trauma (e.g., “flashbacks from political clashes”), substance abuse, current partner violence, rape or sexual assault, sexual identity issues, and suicidal ideations each accounted for approximately 2% or less (see Table 1):

Descriptive information further revealed that the two most common sources of information about counseling center services were a friend (33%) and a student health center practitioner or physician (18%). Academic advisers (11%) and a counseling center brochure (11%) were also common sources of information. International students in our sample were either referred or not referred to the counseling center in approximately equal numbers (47% were referred to the counseling center).

Several exploratory independent-samples t tests were conducted to explore the relationship between the number of individual and group counseling sessions students attended and how their concerns interfered with their personal and academic functioning and students’ gender, previous experience with counseling, and whether or not they were referred for treatment. If one assumes a medium population effect size, powers for the present study were .81 with an alpha level of .05, .60 with an alpha level of .01, and .32 with an alpha level of .001, respectively. Thus, a Bonferroni correction was not used because to do so would greatly reduce the power of the study, increasing the chance of making a Type II error. Because multiple analyses were conducted, the alpha level was set at a moderately conservative .01 level.

**TABLE 1**

<table>
<thead>
<tr>
<th>International Students' 12 Most Common Self-Reported Presenting Concerns</th>
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<tbody>
<tr>
<td>Concern</td>
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<tr>
<td>Relationship issues</td>
</tr>
<tr>
<td>Depression</td>
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<tr>
<td>Isolation or loneliness</td>
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<tr>
<td>Anxiety</td>
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<tr>
<td>Self-esteem issues</td>
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<tr>
<td>Academic issues</td>
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<tr>
<td>Career issues</td>
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<tr>
<td>Stress</td>
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<tr>
<td>Adjustment to the U.S. culture</td>
</tr>
<tr>
<td>Eating and body image issues</td>
</tr>
<tr>
<td>Decisions about returning to home country</td>
</tr>
<tr>
<td>Trauma/PTSD/war trauma</td>
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</tbody>
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*Note. Concerns are listed from most common to least common. PTSD = posttraumatic stress disorder.*
Number of individual counseling sessions attended was significantly related to students' previous experience with counseling, \( t(1, 123) = 6.40, p < .01 \). Follow-up analyses indicated that students who had previous counseling stayed in treatment for significantly shorter periods (\( M = 4.9, SD = 4.2 \)) than did those who had no previous experience with counseling (\( M = 8.5, SD = 9.5 \)). The eta-squared index indicated that 5% of the variance in students' individual counseling session attendance was explained by their previous experience with counseling. In addition, students who were referred for treatment had fewer individual counseling sessions (\( M = 0.1, SD = 0.1 \)) than did those who were not referred (\( M = 1.0, SD = 3.5 \)), \( t(1, 116) = 6.80, p < .01 \). The number of individual counseling sessions attended was not related to students' gender, \( t(1, 123) = 0.20, p > .80 \).

Number of group counseling sessions attended was related to whether or not a student was referred for treatment, with larger numbers of sessions attended by those who were referred, \( t(1, 116) = 6.90, p < .01 \). The eta-squared index indicated that 5% of the variance in students' group counseling session attendance was explained by whether or not they were referred for treatment. The number of group counseling sessions attended was not related to students' previous experience with counseling or their gender.

Descriptive analyses indicated that among the international students who sought mental health services, students reported that their concerns interfered both with their personal functioning (\( M = 5.50, SD = 1.56 \)) and with their academic functioning (\( M = 5.00, SD = 1.69 \)). Further \( t \)-test analysis showed no gender differences for how students' concerns interfered with their academic, \( t(1, 115) = 0.11, p > .87 \), or personal functioning, \( t(1, 116) = 0.00, p > .99 \).

Last, several analyses were conducted to examine the differences in use patterns based on students' country of origin. The results of the ANOVA analyses showed that the number of individual counseling sessions attended differed for students from different countries, \( F(4, 122) = 3.31, p < .02 \). Bonferroni analyses showed that students from Mexico and Central or South America tended to attend a greater number of individual counseling sessions than did students from all other countries. The number of group counseling sessions attended and the interference of concerns with academic or personal functioning did not differ for students by their country of origin. The chi-square analyses indicated that for those who reported this information, referral to counseling center services was not equally distributed among clients from various countries, \( \chi^2(4, N = 122) = 13.54, p = .009 \). Students from Asia and Africa reported being referred to the counseling center in a greater proportion than did students from other countries, whereas students from Mexico and Central or South America were least likely to be referred (for frequency statistics, see Table 2). Chi-square analyses were not significant for gender or for whether or not students from various countries had previous counseling.

**Discussion**

**Overview of the Findings**

This study aimed to increase knowledge regarding aspects of international students' mental health needs and their use of on-campus counseling services.
The results of this study provide contemporary information about the use patterns of counseling center services by international students and may be useful for counseling centers as well as faculty and administrators who serve international students on U.S. campuses. Specifically, our data indicated that, in this study, only a relatively small number of international students used counseling center resources. These results lend additional support to Mori’s (2000) and Pedersen’s (1991) assertions that international students tend to underuse such services on U.S. campuses. The results further confirm a single-year study by Nilsson et al. (2004), who found that in their sample only 2% of international students used counseling services.

Moreover, our results provide further information about the patterns of counseling service use by this student group. International students in our sample tended to have few (e.g., fewer than five) individual counseling sessions. Moreover, our results indicated that 70% of those who were no-shows for their counseling appointment did so after a single session. These findings support previous reports that more than two thirds of those international students who came in for a single session terminated their treatment by not showing for their next scheduled appointment (Anderson & Myer, 1985). This number is also greater than the finding reported by Nilsson et al. (2004), who found that one third of international students in their sample dropped out of treatment after the initial sessions.

Our results also indicated that when international students sought counseling center services, they presented with a wide variety of concerns. Relationship issues and depression were the most common concerns for which international students sought help. However, international students also presented with population-specific concerns, such as adjustment to the U.S. culture, decisions about returning to their home country, and reactions to war trauma. These findings were congruent with those of previous studies, which indicated that international students may experience a variety of adjustment difficulties (Mallinckrodt & Leong, 1992; Nilsson et al., 2004; Parr et al., 1992; Sandhu, 1994; Yi et al., 2003).

Findings regarding international students’ sources of information about the counseling center were also revealing. Friends, campus physicians, counseling center brochures, and academic advisers seem to serve as important resources for helping international students learn about psychological services. These data may add support to several previous studies, which indicated that international students may be reluctant to seek professional counseling and might

<table>
<thead>
<tr>
<th>Country of Origin</th>
<th>Referred to the Counseling Center</th>
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<tr>
<td>Western or Eastern Europe, Australia, Canada</td>
<td>Yes: 12, No: 12</td>
</tr>
<tr>
<td>Asia, Pacific Islands</td>
<td>Yes: 29, No: 24</td>
</tr>
<tr>
<td>Mexico, Central or South America</td>
<td>Yes: 2, No: 15</td>
</tr>
<tr>
<td>Africa</td>
<td>Yes: 8, No: 5</td>
</tr>
<tr>
<td>Middle East</td>
<td>Yes: 6, No: 9</td>
</tr>
</tbody>
</table>

Note. Data reported for all participants for whom information was available.

The results of this study provide contemporary information about the use patterns of counseling center services by international students and may be useful for counseling centers as well as faculty and administrators who serve international students on U.S. campuses. Specifically, our data indicated that, in this study, only a relatively small number of international students used counseling center resources. These results lend additional support to Mori’s (2000) and Pedersen’s (1991) assertions that international students tend to underuse such services on U.S. campuses. The results further confirm a single-year study by Nilsson et al. (2004), who found that in their sample only 2% of international students used counseling services.

Moreover, our results provide further information about the patterns of counseling service use by this student group. International students in our sample tended to have few (e.g., fewer than five) individual counseling sessions. Moreover, our results indicated that 70% of those who were no-shows for their counseling appointment did so after a single session. These findings support previous reports that more than two thirds of those international students who came in for a single session terminated their treatment by not showing for their next scheduled appointment (Anderson & Myer, 1985). This number is also greater than the finding reported by Nilsson et al. (2004), who found that one third of international students in their sample dropped out of treatment after the initial sessions.

Our results also indicated that when international students sought counseling center services, they presented with a wide variety of concerns. Relationship issues and depression were the most common concerns for which international students sought help. However, international students also presented with population-specific concerns, such as adjustment to the U.S. culture, decisions about returning to their home country, and reactions to war trauma. These findings were congruent with those of previous studies, which indicated that international students may experience a variety of adjustment difficulties (Mallinckrodt & Leong, 1992; Nilsson et al., 2004; Parr et al., 1992; Sandhu, 1994; Yi et al., 2003).

Findings regarding international students’ sources of information about the counseling center were also revealing. Friends, campus physicians, counseling center brochures, and academic advisers seem to serve as important resources for helping international students learn about psychological services. These data may add support to several previous studies, which indicated that international students may be reluctant to seek professional counseling and might
first consult others about their mental health needs (Aubrey, 1991; Bradley et al., 1995). For example, international students, similar to individuals from other minority groups, may turn to other culturally accepted options, such as friends, family members, physicians, and clergy, rather than traditional mental health services when they need help (Akutsu, Snowden, & Organista, 1996; D. W. Sue & Sue, 1999; Yi et al., 2003). In addition, in support of Pedersen’s (1991) assertion that “the international students have had to rely more on one another than perhaps any other source” (p. 24), students in this study most often heard about counseling center services from a friend.

Therefore, counseling center staff and other professionals who work with international students on U.S. campuses may need to create a greater resource network for international students by training faculty, physicians, and others involved in the care of these students to recognize symptoms of psychological distress and to point them in the direction of valuable campus services. In addition, international students and their campus organizations could become involved in peer counseling programs that can serve those students who would be more likely to seek help from a friend rather than a professional. These peer counseling programs might benefit from working together with existing campus counseling services to provide information as well as support for international students needing assistance. Special attention could be paid to those groups of international students, such as the students from Latin America, who in our sample seemed to be less likely to be referred to campus services. It is possible that because the largest number of international students come from Asia (Chin, 2004), students from other countries of origin “fall through the cracks” in terms of being provided with a fair share of the resources on campuses.

Furthermore, it seems that international students do read brochures about available services on campus. Counseling centers can focus on creating informational literature that specifically targets the needs of international students. In this way, the processes of counseling can be explained and seeking help can be normalized in a paper or Web-based brochure specifically designed for international students, a large number of whom may be initially unfamiliar with what counseling centers can offer.

Regarding our research questions about the nature of international students’ concerns and the course of treatment, we found that students who reported having previous counseling tended to stay in treatment for shorter periods than did those students who had not had prior treatment. We hypothesize that those international students who return for psychological treatment may be more interested in brief consultative counseling and may benefit from fewer sessions. However, this finding requires further empirical validation. In addition, international students reported more interference of concerns with their personal/emotional well-being than with their academic functioning. Counseling centers and those campus agencies that work with international students may be more beneficial by providing outreach services that address issues of personal adjustment to foreign campuses along with those services that address issues of academic adjustment. It seems that international students would be better served if counseling center personnel gained a better understanding of the factors influencing their use of counseling services. For
instance, it has been suggested that cultural differences concerning views of mental health and counseling may lead to premature termination of counseling among international students (Atkinson, 1983; Casas, 1985; Mori, 2000; Pedersen, 1991; Zhang & Dixon, 2003). Premature termination of counseling may indicate a lack of connection between international student needs or preferences in counseling and current counseling practices.

Finally, few differences in use of counseling services and counseling needs were found between male and female international students in this study. Our study did not support the previous theoretical and empirical assertions that female international students were more likely than male international students to seek services and to experience greater distress (Allen & Cole, 1987; Manese et al., 1988). In this study, far more female international students sought counseling services than did male international students. However, no differences were found between female and male international students in the number of sessions they attended, whether they were referred, and to what extent their concerns interfered with their personal and academic functioning. These results may indicate that the female international students have greater similarities with male international students than previously believed.

Limitations and Suggestions for Future Research

This investigation had several limitations. First, the results may not be generalizable to international students at other colleges and universities. The distinct patterns of use of counseling center services by international students in this study may be due to a variety of factors, including the individual characteristics of the students seeking services or the characteristics of the counselors and/or counseling center where services were sought. Institutions may vary in terms of their support for international students and the availability of culturally appropriate mental health services for this population. Second, we did not independently code all the data, and only 10 files were coded jointly to examine the interrater reliability. This data collection method may have limited the measurement of reliability in coding the files. Third, the presenting concerns and the patterns of use of this sample of clients may be distinct from their similar peers who did not seek counseling center services. A final limitation is the small number of clients in our sample from certain countries, such as those from the Middle East and Africa. Therefore, the distinct characteristics of each of the various cultures were not examined. Future research might focus on the specific use patterns of students from each of these unique countries. A greater understanding of counseling use patterns of students of different countries, taking into account the specific political, cultural, and economic forces that shape the lived experiences of those students in the United States and in other countries, is needed.

Conclusion

In light of this study's findings, more cooperation should be achieved between those working at counseling centers and those who work with international
students in student health facilities, advising offices, and other campus facilities. Faculty-adviser training sessions on how to refer international students to counseling centers may also help in the effort to reach more international students in need of counseling services. Counseling center brochures also seem to be a significant source of information for international students. Efforts should be made to reach out to international students of all countries and to examine the patterns regarding reasons for lower referral rates of groups such as international students from Mexico, Central or South America, and Africa. It may be important for counseling center personnel to examine their current method of disseminating counseling services information to this population.

Current counseling center staff may be more effective in addressing the needs of international students by receiving in-service training concerning the impact of acculturation on the working alliance and counseling center use by this population of students. Specifically, counselors could benefit from information about how to assess levels of acculturation in international students and include such assessments in their intake procedures. In addition, counseling center administrations might pay closer attention to the general patterns of international students' use of their services in order to evaluate the effectiveness of treatment for these students.

Finally, greater focus must be given to counselors' multicultural competency in their graduate training. Because of the large number of international students on campuses across the globe, counselor education programs should increase their focus on diversity and multiculturalism, in general, and on international students and their issues, in particular. Greater multicultural competency of future counselors may be the central factor in enhancing the services provided to international students in the future.

References


