



Using Experiential Learning to Explore Help-Seeking Attitudes in Future Helping Professionals

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Abstract

Experiential learning is the backbone to many social service collegiate programs. Furthermore, this type of learning offers students opportunities to gain insight and personal growth that cannot be achieved by didactic assignments. This study specifically examined undergraduate social work students who participated in their own personal counseling with graduate counselors-in-training (CITs). T-tests were used to assess the social work students' attitude changes towards pursuing professional help in the future. Results indicated that there was a significant increase in students' openness to seeking professional psychological help after engaging in counseling during their undergraduate program. Based on the results of this study, implications for experiential learning and cross-program collaboration are discussed.

Keywords: Experiential learning, Helping professionals, Higher education

Introduction

There is a wealth of research on the mental health needs of college students in general, although relatively few studies have explored the unique experiences of undergraduate social work students [1]. Among some of those existing studies, it has been found that social work students may face significant mental health challenges [2, 3]. Although social work students are members of a helping profession, many of them are reluctant to seek their own psychological help [4]. In fact, Ting [4] noted that one student in their study reported, "I can't be seeking counseling or admitting I need help from mental health professionals when I am trying to become one" (p. 261).

Pierceall and Keim [5] researched the help-seeking attitudes of another group of students interested in the helping profession. They found that undergraduate psychology students seek informal support from family and friends and/or engage in other maladaptive coping strategies. Furthermore, this group of undergraduate students were least likely to seek out professional help, with only 5.2% of respondents choosing to do so. Additional research identified barriers to seeking psychological help to include denying the existence of problems, perceiving problems as self-limiting, prior negative experiences of seeking help, beliefs that treatment would be unhelpful [6], stigma [4] and general attitudes towards professional help-seeking [7].

Help-Seeking

The rate of mental health problems is on the rise among the general

public [8]. In the United States, approximately half of adults will experience a mental health disorder within their lifetime and less than half of those adults receive mental health care or services [9-11]. Before one can better understand what prevents or encourages an individual to seek help, it is important to first operationally define help-seeking behaviors. Gourash [12] defined help-seeking as "any communication about a problem or troublesome event which is directed toward obtaining support, advice, or assistance in times of distress" (p. 414). By understanding the barriers that impede one's willingness to seek help, providers can work to address those factors holistically. In addition to decreasing these barriers, educators in health-related fields can prepare their students to not only refer their future clients to mental health services during times of distress, but to also utilize them personally.

Barriers to Help-Seeking

While research shows that the general public is seeking help for mental health services at a higher rate than they have historically, there remains a significant number of individuals who do not seek help for mental health problems [13, 14]. According to Choi and Gerstein [15], individuals who have negative attitudes toward seeking counseling are less likely to seek out treatment. It follows that, in avoiding seeking help, they may be putting themselves at risk of exacerbating existing problems. Some of the factors that may lead an individual to not pursue mental health services are related to the influence of society, culture, and personal upbringing [16]. Because of these influences, many individuals see counseling as a last resort, rather than a proactive resource. It is important to not only be aware of what these influencers are, but to address them as quickly as possible to improve the speed with which we can assess, treat, plan, and intervene on a prospective client's mental health needs [15].

Stigma

One of the more common factors that interferes with a person's willingness to seek mental health services is the stigma associated with receiving professional help [13, 17, 18]. There are two types of stigma that may prevent an individual from engaging in professional help: social stigma and self-stigma. Social stigma exists when society sees an individual as socially unacceptable and therefore develops less than favorable views of that individual [19]. These societal beliefs often prevent individuals from getting help, and in many cases completely eliminate it as an option for the individual. Despite efforts to eliminate social stigmas related to mental health treatment,

it is often still seen in a negative light. These beliefs result in socially and psychologically harmful responses for individuals who have mental health concerns due to stereotypes, prejudices, and discrimination [20]. Furthermore, social stigma may impede on someone's readiness to receive help during times of distress [21]. For example, psychotic disorders tend to be stigmatizing in society and those who have these disorders are more likely to be perceived as being violent or unpredictable [18], even though the opposite is most often true [22]. As a result, stigmas associated with different subgroups may also exacerbate barriers with seeking help.

Individuals with mental health disorders not only experience social stigma, but often experience self-stigma. Corrigan [19] defined self-stigma as the result of an individual internalizing societal stigmas. In other words, the individual may apply society's stereotypes, prejudices, and discrimination on to themselves and believe them as true. For example, a person with mental health needs may hear from others that having mental health struggles is a weakness. After continuously receiving this message, the individual may internalize the stereotype that they are weak because they have a mental health disorder. Self-stigma can result in the individual's symptoms worsening or with them not receiving the help they need [19].

Personal Factors

In addition to societal influences, research indicates that several personal factors prevent people from engaging in counseling. Many people are reluctant to self-disclose personal information [23] because they feel embarrassed or ashamed [24]. In turn, this may impact their willingness to seek professional services that encourage such vulnerability. Other personal influences may include the desire to handle the problem on one's own [13, 25] or the belief that the problem will simply go away [26].

Another way to look at the influence of personal factors on the willingness to seek mental health treatment is the balance between anticipated risk and anticipated utility [23]. Anticipated utility is defined as the perceived value of disclosing personal information to a professional. Alternatively, anticipated risk is associated with the potential loss that may come with self-disclosure to a professional [23]. If the anticipated risk outweighs the anticipated utility, then a person is less likely to be willing to disclose personal information, even if there is a clear understanding that they possess a need for additional support.

Electing to deal with serious mental health problems on one's own or thinking the problem will eventually resolve without additional support by trained professionals could be dangerous. Data suggests that only about one fifth of those who die by suicide are actively receiving services from professional mental health providers [27]. Some people may choose to deal with the problem independently as a result of faulty beliefs or understanding of mental health issues. Studies support that a lack of knowledge and understanding of specific risk factors, along with the causes of mental health problems, often prevent individuals from seeking help [17]. Additionally, the literature supports that some individuals hold negative views about the effectiveness of counseling and mental health services, which results in them not accessing professional help when necessary [28].

Promoting Help-Seeking

While there are many barriers that likely influence the initial reason someone may avoid professional mental health services, there are numerous factors that increase the likelihood that a person will seek help when needed. For example, individuals who have a support system that normalizes mental health treatment and encourages one another to get professional help when needed may moderate help-seeking behaviors and increase the likelihood that an individual will pursue counseling services when needed [29]. In addition, those who have more positive attitudes towards mental health services and of

mental health providers are more likely to obtain professional help [14, 28, 30]. This suggests that those who have a better understanding of mental health are less likely to hold a stigma about it and perhaps more likely to ask for professional help. It also proposes that these individuals are more hopeful that they will get the help they need from a mental health professional.

Finally, research points to the importance of people being aware of the resources available to them. A study conducted by Thornicroft and colleagues [18] found that an understanding of mental health services predicted one's intent to seek help for a mental health disorder. This notion supports literature identifying that those with more educational experience may seek help at a higher rate [31, 32]. A community who promotes, openly educates, and addresses mental health needs will likely see a higher level of individuals receiving help.

Conceptual Underpinning

With experiential learning theory (ELT), Kolb purports that learning occurs through the process of taking in information and transforming experiences via a four-stage cycle: concrete experience, reflective observation, abstract conceptualization, and active experimentation [33]. Foundational experiences of learning provide opportunities for observation and self-reflection, leading to the creation of new ideas or modification of existing ideas [34]. Further, ideas that change can lead to new implications and invite opportunity for experimentation or exploration. The process of actively testing new ideas through experimentation can then create new experiences, outcomes, and knowledge. The current study utilized ELT as the conceptual underpinning, as social work students are incorporating new information (counseling experience) to potentially establish new knowledge that informs future behaviors (help-seeking attitudes or behaviors).

Research Question

While there is a wealth of research and literature on help-seeking attitudes from the general public, there is a paucity of literature on those individuals who are training as helping professionals. This research study sought to ask the question: Does engaging in experiential counseling services with a graduate counselor-in-training student impact undergraduate social work students' attitudes towards seeking future professional mental health support?

Material and Methods

One avenue of understanding the world is to look at how individuals interact with each other and develop relationships [35]. This symbolic interactionism takes into account how the individual perceives the interaction as well as the role of the other person in the relationship [36]. This study sought to understand symbolic interactionism as it relates to undergraduate social work students who engaged in mental health counseling services with graduate level counselors-in-training. Attitudes towards seeking professional mental health counseling were assessed prior to engaging in the counseling relationship as well as following the completion of the counseling process. In order to examine any change in the participants' attitudes, paired samples t-tests were completed on the pre- and post-surveys [37].

Sample

This study utilized non-probability sampling through a voluntary method. Students were recruited from two group practice classes from a rural mid-Atlantic university's Bachelor of Science in Social Work program. Among the 31 students enrolled in the courses, 97% (N=30) students volunteered to participate. The sample identified themselves as 93% (n=28) female and 7% (n=2) male, and 100% (n=30) of the students were in their third year of their program. The participants racially identified as follows: 69% (n=21) White, 17% (n=5) African American, 10% (n=3) Hispanic, and 4% (n=1) Biracial. Participants ranged from 20 to 53 years old.

Procedures

The quantitative study underwent a full review from Lock Haven University's Institutional Review Board (IRB) for human subjects. Once approved, undergraduate social work students who were enrolled in two group practice courses were recruited. At the beginning of the fall semester, emails containing information on the study and link to the survey were sent out to participants. After reviewing a synopsis of the study, volunteers clicked on the link that took them to an informed consent. If the participant consented to participate in the study, they clicked on the word "Next" at the bottom of the informed consent. This signified that consent was implied. Participants then completed background information and a pretest (Attitudes Toward Seeking Professional Psychological Help-Short Form; ATSPPH-SF).

During the first week of September, the researchers partnered participants with a counselor-in-training graduate student from the clinical mental health counseling Master of Science program at the same university. Since the graduate students were in an online program, the counseling process occurred via Zoom. The counseling process included a formal intake, three working sessions, and a termination session (5 sessions total). With exception of the intake, which ranged from 60 to 90 minutes, the four sessions were approximately 45 minutes in length. Following the termination session, the undergraduate student participants completed the ATSPPH-SF posttest.

Instrument

The Attitudes Toward Seeking Professional Psychological Help-Short Form scale (ATSPPH-SF [38]) is a modernized short version of the Attitudes Towards Seeking Professional Psychological Help (ATSPPH [39]). The ATSPPH-SF was originally designed for college students [40] and is a 10-item assessment of help-seeking attitudes and the most commonly used measure for psychological help-seeking attitudes [15]. On the measure, participants are instructed to rate items on a Likert scale (0=disagree, 1=Partly disagree, 2=Partly agree, 3=Agree). The scale has consistently demonstrated acceptable psychometric properties, in a variety of samples [38,40,41]. Elhai et al. [40] measured psychometric properties of the ATSPPH-SF with college students and reliability was demonstrated with a coefficient alpha of 0.77.

Results

A set of paired-samples t-tests were used to investigate the participants' change in perception of seeking professional help as a result of their counseling experience. Since the G*Power for each t-test was 0.8483, the study had enough participants at N=30. The overall score from the ATSPPH-SF combining responses to each of the ten items was examined first. Initial results indicated that participants were no different after the counseling sessions ($M = 21.11$, $SD = 4.97$) than before ($M = 20.41$, $SD = 5.61$), $t(27) = -.85$, $p = .41$, $d = .16$. However, when the scale was broken down into the two factors identified by Elhai et al. [40]: 1) personal openness to seeking help and 2) perception of the value and need to seek help, a more detailed picture of change appeared. While there was no change in perceived value, $t(27) = 1.20$, $p = .24$, $d = .23$, there was a significant increase in participants' openness to seeking help after the counseling sessions ($M = 10.86$, $SD = 2.68$) compared to before the counseling sessions ($M = 9.38$, $SD = 3.00$), $t(27) = -3.69$, $p = .001$, $d = 0.70$.

Discussion

The current study supports Niegocki and Ægisdóttir's [42] results that discovered students' prior experiences in counseling services significantly impacted their openness to seek psychological services in the future. Furthermore, the experience provided the social work students a more concrete knowledge base of the counseling process and mental health field. This supports the research results that found

those with more educational experience may seek help at a higher rate [18, 31, 32]. Knowing this information could help educators increase the opportunities for students to engage in counseling services during their program, which may in turn increase the potential for them to pursue professional help in the future, should the need arise.

The current study also reiterates the importance of experiential learning opportunities in social work and counselor education programs. Morris [43] posited that the experience needs to follow specific confounds in order for it to be influential. Through a systematic literature review, Morris [43] believed that learners need to be active in a new experience that involves some risk. Furthermore, the experience must be relevant to real-world issues and offer an opportunity for critical reflection. This revision to Kolb's initial model of experiential learning directly correlates to the participants' experience in this study. They were able to genuinely experience being a client and the risks that are involved. During the counseling process, they shared their own concerns or issues with a counselor-in-training and worked towards goals that improved their own wellness. Finally, following the experience, the social work students were able to reflect on their experiences via the ATSPPH-SF scale and how it may impact them moving forward.

Implications

The need for mental health services is growing at significant rates across the United States but only half of those people are actually seeking help [11]. While it is important to prepare students with the competencies necessary to be skilled helping professionals, programs also need to prepare students to be aware of their own mental health needs and seek help when necessary. Self-care and wellness are buzz words that have emerged especially during the past few years, as first responders tirelessly work to fight the COVID-19 world-wide pandemic. While practitioners can be extremely influential in the therapeutic process [45], they are also extremely vulnerable to stress [45] and burnout [46]. In turn, these issues can have negative impacts for clients [47].

As programs continue to evolve and identify strategies to further support the personal and professional development of their students, it would behoove faculty to engage students in more experiential learning opportunities that target students' own wellness. If programs could facilitate more collaborative opportunities that intentionally promote participation in the student's own counseling, more students may be open to seeking professional help in the future. The idea of being aware of one's own needs and then following through with attaining professional help is not only important for the students' wellness but it is also an ethical responsibility for those in helping professions [48,49]. Educators must continue the conversation as to how to best address the mental health needs of students.

Limitations

There are a few limitations to this study. The first limitation focuses on the study's generalizability and reliability. The participants were from a small rural university with limited diversity in the student population; the majority of the participants identified as White women. In addition, the participants represented only 28% of the university's social work program. Including the entire social work program and/or students with more diversity in geographical locations, race, ethnicity, or gender may have impacted the results of the study, offering more generalizability. Finally, intrasession history may be a limit to the internal validity as irrelevant events may happen in the groups that may impact the outcome of the experiment [50].

A second limitation of this study focuses on the modality of the counseling process. Since the counseling sessions took place over a synchronous platform (Zoom), this may impact how the participants experienced the sessions as well as the relationship with their counselor-in-training. While technology provides an opportunity

to provide counseling services to individuals separated by physical distance, it may still be a challenge to mirror the in-person experience of sitting in the same room with a person. The online counseling platform may either hinder or bolster the therapeutic experience, depending on the participants' comfort levels with technology [51].

The third limitation of this study is that the individuals providing the counseling services were students themselves. This could impact the undergraduate students' beliefs about the overall effectiveness of the counseling sessions. On the other hand, partnering the undergraduate students with counselors-in-training could positively impact the results because both were students. This could strengthen the counselor-client relationship and working alliance, creating more positive outcomes [52]. Since this was a learning opportunity for both the undergraduate and graduate students, it may be less intimidating for the undergraduate student. They may be more willing to be vulnerable with someone who is also a student thus decreasing the potential personal barrier related to a fear of self-disclosure [23]. Perhaps by engaging in a positive experience in this format, it may decrease the potential barrier of a social stigma towards pursuing mental health services [21] and actually increase someone's desire to seek professional support in the future.

Lastly, while the instrument used to assess counseling attitudes possesses appropriate psychometric properties, a more current instrument may have yielded different results. While the ATSPPH-SF has made significant contributions to psychological help-seeking research, limitations have been noted such as questionable content validity and outdated language [38, 53, 54]. For future research, this study might benefit from using a more current instrument such as the Beliefs and Evaluations About Counseling Services (BEACS) [15].

Conclusion

Even though students may be attracted to helping professions due to a desire to support others, they may be more reluctant to engage in counseling themselves [4, 6, 7]. While students may recognize the importance of taking care of their own mental health needs [55], the action step of seeking out professional help may be more challenging to do. As social service and mental health training programs continue to support the holistic development of their students, the topic of actively participating in one's own counseling may need to be further explored [1]. Educators could increase students' openness to engage in future professional counseling services by creatively fostering experiential learning opportunities (i.e.; participation in counseling sessions with graduate counselors-in-training) while the students are enrolled in their training program. These learning experiences may be crucial to decreasing the stigma that is often a barrier to engaging in professional mental health services.

Declarations of interest: none.

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