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## Examining Mental Health Differences Among Transfer University Students Seeking Counseling Services

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### ABSTRACT

This brief report was designed as a follow-up to a study that found that compared to nontransfer students that presented to the counseling center, transfer students who presented to the counseling center endorsed higher levels of symptoms of depression and social anxiety, as well as more academic and family problems. The current study investigated mental health differences within the transfer student population based on when (i.e., this semester; last semester; last year; 2 years ago; more than 2 years ago) and from where (i.e., community college vs. 4-year institution) students transferred. There were no significant differences based on when and from where students transferred. However, these findings still may be clinically meaningful and implications are presented.

### KEYWORDS

College counseling; mental health; transfer students

Transfer students are a large subgroup within the college student population, with estimates that almost 60% of college students attend more than one university (Adelman, 2006; Peter & Forrest Cataldi, 2005), and one third of students who started at 2-year public institutions and 13% of students who started at 4-year public institutions finished at institutions other than the one where they first enrolled (Shapiro, Dundar, Wakhungu, Yuan, & Harrell, 2015). Students may transfer for a variety of reasons, including changes in financial situation, new academic or career aspirations, adjustment difficulties at initial institution, family or personal problems, or natural trajectory following community college. Yet, they are also an understudied population (Wawrzynski & Sedlacek, 2003), with the majority of research (e.g., Glass & Harrington, 2002; Porter, 2003; Townsend, 2008) focused on academic performance and retention rates. This research tends to be grounded in the construct of “transfer shock” (Hills, 1965), which is the drop in grade point average (GPA) in the first semester at a new university. Another relevant construct is “campus culture shock” which refers to the challenge of adjusting to a new university environment while encountering less support and resources (Davies & Casey, 1999; Wawrzynski & Sedlacek, 2003), feeling invisible on campus (Kodama, 2002), struggling to make friends when social groups have already been established (Townsend &

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Wilson, 2006), and being less aware of and able to participate in campus activities due to greater work and family commitments (Wang, 2009). These adjustment issues can generate or amplify psychological distress such as anxiety, depression, low self-esteem, and somatic distress (Duggan & Pickering, 2007–2008; Ishitani, 2008; Rhine, Milligan, & Nelson, 2000; Sherer, 1985; Vredenburg, O'Brien, & Kramer, 1988).

Given that the transfer adjustment process may contribute to psychological distress, we conducted a recent study (Mehr & Daltry, 2016) that found that compared to nontransfer students that presented to the counseling center, transfer students who presented to the counseling center endorsed higher levels of symptoms of depression (e.g., hopelessness, social isolation, sadness, crying) and social anxiety (e.g., discomfort around people, feeling judged or disliked interpersonally), as well as greater academic and family problems, as demonstrated on the subscales of the Counseling Center Assessment of Psychological Symptoms-62 (CCAPS-62; Locke et al., 2011). We postulated that one possible explanation for these differences could be a result of experiencing campus culture shock, where transfer students experience significant difficulty initially as they learn to adjust to a new campus culture. Another possible explanation for this difference is that transfer students arrive at their new institution with more existing mental health concerns than nontransfer students. A third potential explanation is that transfer students may hesitate more than nontransfer students prior to seeking help and thus present as more distressed on their intake paperwork.

Our study considered transfer students as compared to nontransfer students rather than focusing solely on the transfer student population. Therefore, the current study was designed as a follow-up to investigate mental health differences within the transfer student population based on when (i.e., this semester; last semester; last year; 2 years ago; more than 2 years ago) and from where (i.e., community college vs. 4-year institution) they transferred. It has been found that the longer that a student remains at the new university, the fewer academic performance differences exist between transfer and nontransfer students (Glass & Harrington, 2002). Thus, we hypothesized that there may be similar differences in mental health distress based on length of time the student has been at the university. We also hypothesized that community college transfers would demonstrate higher levels of distress than transfer students from 4-year institutions because community college transfers tend to experience more of an environmental and culture change when transferring to a 4-year institution (Townsend & Wilson, 2006).

## Method

### Participants

Participants were 116 undergraduate students who identified as transfer students and attended an intake appointment at a counseling center at a public university in the northeastern United States. Women represented 59.5% of the sample ( $n = 69$ ), men 38.8% ( $n = 45$ ), and 2 participants (1.7%) did not identify within these gender categories. In terms of ethnicity, 96 (82.6%) identified as Caucasian, 12 (10.3%) as African American, 4 (3.4%) as Hispanic/Latino(a), 2 (1.7%) as Asian American, and 2 (1.7%) as Multiracial. Five participants (4.3%) classified themselves as first year students, 31 (26.7%) as sophomores, 41 (35.3%) as juniors, and 39 (33.6%) as seniors. Sixty-nine students transferred from community colleges and 47 transferred from other 4-year institutions. Forty-four students transferred in the semester in which the data were collected, 12 students transferred the previous semester, 25 transferred the previous year, 19 transferred 2 years prior, and 16 transferred more than 2 years prior.

### Measures

#### *Standardized data set (SDS)*

The SDS (Center for Collegiate Mental Health, 2012) is a standardized set of demographic and mental health history questions. Demographic information, including race/ethnicity, gender, class standing, GPA, perceived social support, perceived family support, and involvement in sports, work, and club activities, was collected using this form.

#### *Counseling Center Assessment of Psychological Symptoms-62 (CCAPS-62)*

The CCAPS-62 (Locke et al., 2011) is a 62-item standardized measure designed to assess mental health distress in a clinical college student population on a variety of psychological symptoms. It consists of eight subscales: Depression, Generalized Anxiety, Social Anxiety, Eating Concerns, Substance Use, Hostility, Academic Distress, and Family Distress, as well as an overall Distress Index. Subjects respond based on their experience over the previous 2 weeks, with each item rated on a 5-point Likert-type scale anchored at 0 (*not at all like me*) and 4 (*extremely like me*). The subscale scores are calculated by summing item scores such that higher scores indicate more distress. The subscale scores have demonstrated acceptable internal consistency and test-retest reliability estimates, as well as initial evidence of convergent validity in a largely nonclinical college population (Locke et al., 2011).

### Procedure

Data for this study were collected from students attending an intake appointment for counseling services at a counseling center at a public university in

the northeastern United States which had contributed data to the Center of Collegiate Mental Health (CCMH), a nationwide practice research network, during the 2015 fall semester. Students presenting to this counseling center provided demographics and a mental health history by completing the SDS and CCAPS-62 at intake.

## Results

A one-way multivariate analysis of variance (MANOVA) was conducted to assess whether there were differences in the subscales of the CCAPS-62 based on when students transferred. There was no significant difference found on a combination of the nine dependent variables,  $F(9, 103) = .679, p = .922$ , Wilks'  $\lambda = .795$ . A one-way MANOVA was conducted to assess whether there were differences in the subscales of the CCAPS-62 based on from where students transferred. There was a significant multivariate difference found on a combination of the nine dependent variables,  $F(9, 106) = 2.243, p = .025$ , Wilks'  $\lambda = .840$ . Given the significance of the overall test, the univariate effects were examined, using the Bonferroni correction to set the significance level to  $p < .0056$  to account for multiple ANOVAs. None of the univariate effects were significant.

## Discussion

The results did not support our hypothesis and indicated that there is not a significant difference in mental health distress based on length of time the student has been at the university nor is there a significant difference in mental health distress between community college transfers and those from 4-year institutions. Although our findings were not statistically significant, we believe that they are important and may be clinically meaningful to clinicians. Given the transfer shock literature (Davies & Casey, 1999; Townsend & Wilson, 2006; Wawrzynski & Sedlacek, 2003), it seems that people often assume that transfer students experience an initial period of difficulty at their new institution but then adjust and begin to present and look like nontransfer students. Thus, often much focus is given to transfer students when they first arrive at a new institution through transfer orientation and programs aimed to educate them on the resources available on campus and ways to connect with other students.

However, according to our results, there were no differences in distress of students presenting to the counseling center based on length of time at the university, which suggests that the unique identity status and adjustment process of transfer students may remain salient for semesters beyond the initial transition. Given this, it is recommended that college counselors remain attentive to the influence of transferring on the current distress of students, regardless of when or from where they transferred. This could involve asking each transfer student client about when and from where

they transferred, reasons for transferring, initial adjustment challenges, and to what degree the transfer still impacts their lives. For instance, some credits of transfer students may not be accepted at their new universities, thus possibly leading to heavy course loads or graduation delays, which could certainly impact stress levels for semesters beyond the initial transfer. Additionally, transfer students could continue to experience challenges with social integration into the campus for semesters beyond the initial transition.

In terms of from where students transferred, we hypothesized community college transfers would have greater distress than transfer students from 4-year institutions due to a more challenging adjustment process (e.g., Townsend & Wilson, 2006). However, our results did not find any significant differences. One possible explanation may be that while community college transfers face more adjustment challenges, they follow a more typical trajectory to the new institution. Essentially, these students likely always planned to attend multiple institutions in order to obtain the higher degree, and thus may have been more prepared to experience adjustment difficulties as part of their overall college experience. In comparison, 4-year transfers may never have planned to attend another institution and thus may also be experiencing distress as a result of this change. Therefore, while the reasons for their current difficulty may be different, they could present as equally distressed.

It should be noted that our study focused on students presenting to the counseling center, and thus already experiencing some level of distress. It is possible that there would be differences in distress within the more general transfer student population based on when and from where they transferred. It would be important for future research to continue examining these differences among transfer students and between transfer students and non-transfer students to further our understanding of this unique population. For instance, future studies could explore the various reasons for transferring and their impact on the adjustment process. It would also be useful for future research to examine differences with regard to transfer students among the general student population and not just those who are presenting for counseling services at the counseling center.

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