Help-seeking among male mental health graduate students: an application of the theory of planned behavior

Brooke A. Corneli

Pacific University

Recommended Citation

This Dissertation is brought to you for free and open access by the College of Health Professions at CommonKnowledge. It has been accepted for inclusion in School of Graduate Psychology by an authorized administrator of CommonKnowledge. For more information, please contact CommonKnowledge@pacificu.edu.
Help-seeking among male mental health graduate students: an application of the theory of planned behavior

Abstract
Mental health professionals experience numerous benefits from engaging in personal therapy. These benefits, including promotion of healthy functioning, increased relational understanding, enhanced empathy, and stress reduction, may be especially salient for counselors and therapists in training as they develop professional identities. However, research has shown that engagement in personal therapy is relatively low among graduate students in the mental health field. Additionally, the presence of men graduating with degrees in a mental health discipline is decreasing. Drawing on previous findings regarding help-seeking patterns among mental health trainees and among those adhering to traditional masculinity ideology, the current study explored predictors of help-seeking intentions among male mental health graduate students. A model based on Ajzen’s Theory of Planned Behavior (TPB) was tested via structural equation modeling. Results indicated that the Theory of Reasoned Action (TRA) may be better suited than TPB in clarifying the relationship between traditional masculinity ideology and help-seeking intentions among male mental health trainees.

Degree Type
Dissertation

Degree Name
Doctor of Psychology (PsyD)

Committee Chair
Michael Christopher, PhD

Second Advisor
Cathy Moonshine, PhD

Third Advisor
Christiane Brems, PhD, ABPP

Subject Categories
Psychiatry and Psychology

Comments
Library Use: LIH

This dissertation is available at CommonKnowledge: https://commons.pacificu.edu/spp/1125
# Table of Contents

ABSTRACT...........................................................................................................................iv  
ACKNOWLEDGMENTS ........................................................................................................v  
LIST OF TABLES ..................................................................................................................vi  
LIST OF FIGURES ...............................................................................................................vii  
INTRODUCTION ..................................................................................................................1  
  Theories of Reasoned Action and Planned Behavior .........................................................3  
  Gender and Help-Seeking Patterns ....................................................................................5  
STATEMENT OF THE HYPOTHESES .............................................................................10  
METHOD ....................................................................................................................12  
  Participants .......................................................................................................................12  
  Procedure ........................................................................................................................13  
  Instruments ......................................................................................................................13  
  Traditional Masculinity Ideology ....................................................................................13  
  Attitudes Toward Help-Seeking ......................................................................................14  
  Subjective Norm .............................................................................................................14  
  Perceived Behavioral Control .........................................................................................15  
  Intentions to Seek Help ...................................................................................................15  
Statistical Techniques .........................................................................................................15  
RESULTS ..............................................................................................................................18  
  Data Screening .................................................................................................................18
Abstract

Mental health professionals experience numerous benefits from engaging in personal therapy. These benefits, including promotion of healthy functioning, increased relational understanding, enhanced empathy, and stress reduction, may be especially salient for counselors and therapists in training as they develop professional identities. However, research has shown that engagement in personal therapy is relatively low among graduate students in the mental health field. Additionally, the presence of men graduating with degrees in a mental health discipline is decreasing. Drawing on previous findings regarding help-seeking patterns among mental health trainees and among those adhering to traditional masculinity ideology, the current study explored predictors of help-seeking intentions among male mental health graduate students. A model based on Ajzen’s Theory of Planned Behavior (TPB) was tested via structural equation modeling. Results indicated that the Theory of Reasoned Action (TRA) may be better suited than TPB in clarifying the relationship between traditional masculinity ideology and help-seeking intentions among male mental health trainees.
Acknowledgements

I would like to express my sincere appreciation for all those involved, directly and indirectly, in the preparation and execution of this project. Thank you to Dr. Michael Christopher, my committee chair, for encouraging me to step outside of my statistical comfort zone and providing guidance and support in uncharted territory. To Dr. Cathy Moonshine for her encouragement in this and many other endeavors of my graduate career. Finally, an especially big thank you to my loving family. To my sister for inspiring my lifelong curiosity, my dad for teaching me not to work hard, but to work smart, my mom for never allowing me to sacrifice my health or happiness for the sake of a grade, and to my partner for his patience, love, and laughter.
List of Tables

Table 1: Traditional Masculinity Ideology Means, Standard Deviations, Reliabilities, Skewness, and Kurtosis .................................................................20

Table 2: Attitude Means, Standard Deviations, Reliabilities, Skewness, and Kurtosis .................................................................21

Table 3: Subjective Norm Means, Standard Deviations, Reliabilities, Skewness, and Kurtosis .................................................................22

Table 4: Perceived Behavioral Control Means, Standard Deviations, Reliabilities, Skewness, and Kurtosis .................................................................23

Table 5: Intention to Seek Help Means, Standard Deviations, Reliabilities, Skewness, and Kurtosis .................................................................24

Table 6: Confirmatory Factor Analysis Goodness of Fit Statistics ..................27

Table 7: Confirmatory Factor Analysis Standardized Factor Loadings ................28

Table 8: Path Analysis Goodness of Fit Statistics ........................................29
List of Figures

Figure 1: Hypothesized Latent Variable Pathways........................................11

Figure 2: Latent Variable Path Analysis.........................................................30
Many researchers and clinicians alike advocate for mental health providers themselves to seek personal therapy as it may offer unique benefits both personally and professionally (Daw & Joseph, 2007; Norcross, 1990; Yalom, 2005). In reviewing the literature on the perceived benefits of personal therapy among mental health providers, Grimmer and Tribe (2001) identified six major reasons therapists may choose to seek therapy: 1) to promote healthy emotional and mental functioning in themselves, 2) to deepen understanding of relational dynamics, 3) to address and manage career-related stress, 4) to become socialized or inducted to the world of therapy, 5) to enhance empathy for clients, and 6) to observe and gain skill in clinical methods. For early career clinicians and those in training, these benefits may be especially salient in terms of both personal and professional development.

Balancing the academic, research and clinical training demands of a graduate program can cause a unique strain on students’ well-being. Nelson, Dell’Oliver, Koch, and Buckler (2001) found that among clinical psychology graduate students, academic success was associated with significant increases in stress level and that higher psychological distress was associated with decreased support from peers, mentors, and faculty. Among a sample of graduate students in various health professions, Stecker (2004) found rates of reported depression between 25-35%, with 9-10% of respondents reporting thoughts of suicide. Additionally, 19-25% reported use of illegal drugs as a coping mechanism. Stecker also asked respondents about their attitudes toward seeking help at their student health center and found that despite the relative ease of doing so, many students expressed concerns about confidentiality and negative appraisal by faculty or peers.
Another study, by Dearing, Maddux, and Tangney (2005), found that only 47% of the psychology graduate students they surveyed had engaged in personal therapy during graduate school. In looking at predictors of help-seeking among these students, they found that some factors that influence help-seeking among the general public, such as personal attitudes toward help seeking and concerns about cost, were also significant predictors for students and that some additional variables played an important role, including concerns about confidentiality and perceived faculty attitude toward students in therapy. Thus, despite the potential benefits of seeking help, many mental health graduate students may not be taking advantage of the therapy services available to them. Such findings signal the need not only for resources to support student well-being, but also for and increased understanding and enhancement of help-seeking among mental health graduate students.

Though a significant body of research has examined help-seeking patterns among the general population (Cepeda-Benito & Short, 1998; Miller, 2005; Vogel, Wade, & Hackler, 2008; Westerhof, Maessen, De Bruijn, & Smets, 2008) and somewhat among mental health providers themselves (Bike, Norcross, & Schatz, 2009; Daw & Joseph, 2007), there has been a limited amount of empirical inquiry into the patterns of help-seeking among mental health graduate students. Employing current understanding of help-seeking patterns among the general public and adapting existing models to student populations may highlight the unique considerations of this population in seeking personal therapy.

Multiple studies have shown that intentions are highly predictive of most behaviors (see Sheppard et al., 1988) and help-seeking behavior is no exception.
(Fishebein, Ajzen, & McArdle, 1980). Therefore, research often focuses on factors that both contribute to and detract from individuals’ intention to seek help in order to then predict help-seeking behavior. Studies indicate, for instance, that the desire to withhold personal information or information that might cause distress in others mitigates intentions to seek help, as does difficulty with or unwillingness to openly express emotions whereas emotional openness, increased psychological distress, and decreased life satisfaction have been shown to contribute to help-seeking (Cepeda-Benito & Short, 1998; Ciarrochi & Deane, 2001; Vogel et al., 2008; Westerhof et al., 2008). Researchers have also looked to general theories of human behavior that aim to decipher and predict the processes that lead to given action.

**Theories of Reasoned Action and Planned Behavior**

One such theory, the theory of reasoned action (TRA; Ajzen & Fishbein, 1980), has been applied to explain individuals’ intentions to carry out a number of behaviors. The theory emphasizes the role of personal attitudes, or “general feeling of favorableness or unfavorableness (p. 54)” toward a behavior. Ajzen and Fishbein posit that an individual’s subjective norm regarding the behavior interacts with his or her personal attitude to ultimately influence his or her intention. Subjective norm is defined as an individual’s “perception that important others desire the performance or nonperformance of a specific behavior (p. 57).” TRA has been applied to explain a variety of behavioral intentions such as condom use (Sutton, McVey, & Glanz, 1999), voting (Fishbein, Bowman, Thomas, Jaccard, & Ajzen, 1980), and recycling (Park, Levine, & Sharkly, 1998),
An extension of TRA, the theory of planned behavior (TPB; Ajzen, 1991), incorporates perceived behavioral control, along with attitude and subjective norm, as predictors of behavioral intention. Perceived behavioral control refers to an individual’s perception of both internal and external obstacles or motivators and the relative difficulty of performing a given task. In other words, TPB theorizes that personal opinion, social influence, and perceived ease of performance interact to determine a person’s intention to carry out a given task.

Similarly to TRA, TPB has been applied to explain various behavioral intentions (Miller, 2005; Sutton et al., 1999) and both models have been used to examine help-seeking patterns. In one study, Van Voorhees, Fogel, Houston, Cooper, Wang, and Ford (2006) examined perceived need for depression treatment among young adults and found that attitude and subjective norm were significant negative predictors of perceived treatment need, even after controlling for distress level. Westerhof et al. (2008) found that in addition to attitude, perceived behavioral control (also referred to as help-seeking propensity) served as a significant predictor of help-seeking intentions among older adults in the Netherlands, providing support that by incorporating this additional variable, TPB may offer broader explanation for help-seeking intention than TRA.

Goddard (2003) found that among undergraduate and graduate students, attitude and subjective norm were predictive of intentions to seek help. TRA proved especially instrumental in predicting intentions among graduate students, with 63% of the variance in help-seeking intentions being explained by the TRA model. Goddard suggests that increased social and emotional maturity among graduate students may result in more consistency between attitudes and intentions.
TRA has also been applied to examine help-seeking among mental health trainees. McGhee (2011) examined TRA as well as Cramer’s help-seeking model (Cramer, 1999) to determine if the models, either together or independently, could be used to predict intention to seek help among master’s level counseling students. The results of McGhee’s structural equation model indicated that both the Cramer model and a model that integrated TRA with the Cramer model produced a good fit for the data. Results regarding the goodness of fit for TRA model on its own were inconclusive, but two previously untested pathways indicated the importance of subjective norm in predicting intention to seek counseling. Additionally, within the model combining TRA with the Cramer model both attitude and subjective norm were significant positive predictors for intention, suggesting that TRA is an appropriate framework for understanding help-seeking among mental health trainees.

**Gender and Help-Seeking Patterns**

As the study of help-seeking patterns evolves, one pattern that stands out is the consistent gender difference. Across multiple studies, women demonstrate greater rates of help-seeking behavior, greater intentions to seek help, and more positive attitudes toward help-seeking than men (Kessler, Brown, & Boman, 1980; Nam, Chu, Lee, Lee, Kim, & Lee, 2010; Rickwood & Braithwaite, 1994). Because men and women do not appear to differ significantly in their overall psychological well-being, theorists look to aspects of socialized gender roles to help explain gender disparities in help seeking. For example, Judd, Komiti, and Jackson (2008) found that among their sample, men demonstrated decreased openness, increased stoicism, and increased personal stigma regarding mental illness. The authors concluded that these patterns were consistent with
socialized gender roles, which dictate more negative appraisals of psychological help-seeking among those who endorse traditional masculine ideals. Addis and Mahalik (2003) discuss help-seeking differences in the context of masculine gender role socialization and gender role conflict. They highlight the incompatibility of some traditional masculine ideals, such as self-reliance and emotional control, with the value system of therapy, which emphasizes emotional expression and accepting help from others.

Several studies have attempted to clarify the relationship between various aspects of masculinity and help-seeking. Robertson and Fitzgerald (1992) found that some traditional masculine values, namely success, power, and competition, were related to negative attitudes toward help-seeking, as was restricted emotional expression (sometimes referred to as alexithymia). Berger, Levant, McMillan, Kelleher, and Sellers (2005) also discovered that men who endorse stricter adherence to traditional masculine ideals demonstrate significantly more negative attitudes toward psychological help-seeking than less traditional men, but found that gender role conflict further contributed to negative help-seeking attitudes. Gender role conflict refers to the restriction or devaluation of a person based on the rigid confines of socially defined gender roles (O’Neil, 2008) and is a phenomenon that is often theorized to interact with gender ideology to impact help-seeking attitudes and behaviors (Addis & Mahalik, 2003).

Cusack, Deane, Wilson, and Ciarrochi (2006) investigated help-seeking intentions among men already seeking services in order to clarify what had influenced their decision to seek therapy as well as what might influence decisions to seek further help in the future. They found that restrictive emotionality and alexithymia were inversely
associated with perceptions of treatment helpfulness and, in turn, perceived treatment helpfulness was associated with future help-seeking intentions.

Smith, Tran, and Thompson (2008) suggested that the theory of planned behavior (TPB, Ajzen, 1991) might further clarify the relationship between traditional masculine ideology and help-seeking. They found that attitudes toward psychological help-seeking served as a significant mediator between traditional masculinity ideology and intentions to seek help, providing preliminary evidence that TPB might provide a framework with which to understand help-seeking patterns among men.

Despite decreased rates of help-seeking among men as compared to women and the various explanations regarding that discrepancy, it remains apparent that men have unique mental health needs. Addis and Cohane (2005) encourage the study of men’s issues to lend insight into the decreasing rates of high school and college graduation as well as increasing rates of unemployment among men. An especially troubling indicator of the need to address men’s mental health needs is the consistently higher suicide rate of men as compared to women (Moscicki, 1995; Moscicki, 2001). In 2009, suicide was the 7th leading cause of death among men and the 15th among women, with nearly four times more men than women completing suicide that year (Centers for Disease Control and Prevention, n.d). Evidence also suggests that men are more likely than women to engage in violent behavior, substance use, and other high-risk behaviors in response to stressors (Kramer, Krueger, & Hicks, 2008; Moore & Stuart, 2004).

As Mintz & O’Neil (1990) point out, therapists are influenced by gender role socialization as much as anyone else. Just as gender role conflict has been linked with lower self-esteem and increased psychological distress among the general population
(O’Neil, 2008), research has uncovered some negative implications of restricted gender roles among mental health professionals and trainees. For example, Wester, Vogel, and Archer (2004) studied male psychology graduate students in the role of supervisee and found that those who endorsed higher levels of restrictive emotionality reported more negative self-perceptions of counseling efficacy.

Gender also plays a clear role in terms of sheer numbers in mental health graduate study. According to the APA’s Center for Psychology Workforce Analysis and Research in 2009 less than a quarter of doctoral graduates in psychology were men (Michalski, Kohout, Wicherski, & Hart, 2011), leading to a concern about the implications of decreased gender diversity in the field (Cyknar, 2007). Additionally, some research suggests that men in clinical psychology programs may have lower academic performance than women (Nelson et al., 2001). Given the role that personal therapy can play in enhancing personal and professional development, understanding and enhancing help-seeking among men pursuing degrees in the mental health field may be one way to encourage gender diversity.

The purpose of this study was to further investigate the impacts of traditional masculine ideology on mental health trainees by examining help seeking patterns among male graduate students in various mental health disciplines. As mentioned above, Smith et al. (2008) found TPB to be a useful tool in exploring such a relationship. For their study, the authors surveyed a sample of 307 male undergraduate students using the Male Role Norms Inventory (MRNI; Levant et al., 1992) to measure traditional masculinity ideology, the Attitudes Toward Seeking Professional Psychological Help scale (ATSPPH; Fischer & Turner, 1970) to measure help-seeking attitudes, and the General
Help-Seeking Questionnaire (GHSQ; Wilson, Deane, Ciarrochi, & Rickwood, 2005) to measure help-seeking intentions.

Through structural equation modeling (SEM), Smith et al. (2008) discovered that attitudes toward help-seeking did indeed mediate the relationship between traditional masculine ideology and help-seeking intentions. Though they only looked at one aspect of TPB (i.e. attitude), the authors suggest that further investigation may uncover more evidence that TPB provides an explanatory framework for understanding help-seeking intentions among men. They recommend that researchers seek to extend their findings by examining the utility of the model for other groups and expanding the model to include the other aspects of TPB, namely subjective norm and perceived behavioral control.

Based on these recommendations, the current study aimed to extend Smith et al.’s (2008) findings by employing SEM to examine the utility of multiple aspects of TPB in explaining help-seeking intentions among male mental health trainees. In addition to examining attitudes toward help-seeking, the current study incorporated subjective norm and perceived behavioral control into a model that sought to clarify the relationship between traditional masculine ideology and help-seeking intentions among male mental health trainees.
Hypotheses

It was predicted that:

A model based on the theory of planned behavior (TPB) would provide a good fit to the data in explaining the relationship between traditional masculine ideology and help-seeking intention among male mental health trainees (see Figure 1).

1. Traditional masculine ideology would be a significant negative predictor of attitudes toward psychological help-seeking.

2. Traditional masculine ideology would be a significant negative predictor of subjective norm.

3. Traditional masculine ideology would be a significant negative predictor of perceived behavioral control.

4. Attitudes toward psychological help-seeking would be a significant positive predictor of psychological help-seeking intentions.

5. Subjective norm would be a significant positive predictor of psychological help-seeking intentions.

6. Perceived behavioral control would be a significant positive predictor of psychological help-seeking intentions.
Figure 1. Hypothesized latent variable pathways for the model in which the theory of planned behavior explains the relationship between traditional masculine ideology and psychological help-seeking intentions. Positive and negative relationships are indicated with corresponding symbols.
Method

Participants

Participants were male-identified graduate students in doctoral level clinical or counseling psychology programs, terminal master’s-level counseling psychology programs, and terminal master’s-level clinical social work programs.

In the final sample (\(N = 201\)), 196 participants identified as Male (97.5%), 4 identified as Transgender Female to Male (2%), and 1 identified as “Other.” Ten participants identified as African American or Black (5%), 6 as American Indian or Alaskan Native (3%), 6 as Asian or Pacific Islander (3%), 1 as Latino or Hispanic (0.5%), 168 as White or of European Origin (84.5%), and 8 participants selected “Other” (4%), and 2 declined to respond (1%). The mean age of participants was 31.27 (\(SD = 8.26\)). Eighty-six participants indicated they were pursuing a Doctoral degree in Psychology (42.8%), 66 indicated pursuing a Master’s degree in Social Work (32.8%), 40 indicated pursuing a Master’s degree in Counseling (19.9%), and the remaining 9 indicated pursuing other degrees or did not specify their degree program (4.5%). With regard to career intention, 188 participants reported intent to provide counseling or psychotherapy (94.5%), whereas 11 reported that did not intend to provide counseling or psychotherapy in the future (5.5%), and 2 declined to respond (1%). Fifteen participants indicated that their degree program required students to attend personal counseling or psychotherapy (7.5%), whereas 185 reported no such requirement (92%), and 1 participant declined to respond (0.5%). Regarding personal therapy, 150 indicated they had undergone personal counseling or psychotherapy in the past (74.6%) and 51 indicated they had not (25.4%); 54 reported currently attending therapy (26.9%), 71
reported they were considering attending therapy (35.3%), and 76 reported neither attending nor considering (37.8%).

**Procedure**

Following approval from Pacific University’s Institutional Review Board, an email describing the study was sent to department chairs or key faculty members at schools across the United States that were accredited by the American Psychological Association (APA), Council for Accreditation of Counseling and Related Educational Programs (CACREP), or Council on Social Work Education (CSWE). The department contacts were asked to forward the email on to students in clinical or counseling programs.

The emails described above contained a link for students to follow to the study materials on SurveyMonkey, an online survey distributor. Upon reviewing and completing the informed consent, participants were prompted to respond to a demographics questionnaire and if they met the inclusion criteria were prompted to complete the 5 measures, described below.

**Instruments**

The survey contained a brief demographics questionnaire that included age, gender, race, education level, program of study, and years of clinical training, as well as several questions about current and historical personal therapy (see Appendix C).

**Traditional masculinity ideology.** Traditional masculinity ideology was measured using the Male Role Norms Inventory (MRNI-R; Levant et al., 2007). The MRNI-R is a 53-item scale designed to assess an individual’s adherence to traditional male role norms. The items are statements that reflect socially defined expectations for
how boys and men should think, feel, and behave, such as “A man should always be the major provider in his family;” “Boys should play with action figures not dolls;” and “Being a little down in the dumps is not a good reason for a man to act depressed.”

Participants are asked to indicate their degree of agreement with each statement on a 7-point Likert-type scale that ranges from 1 (strongly disagree) to 7 (strongly agree). The scale is made up of seven subscales: Avoidance of Femininity, Fear and Hatred of Homosexuals, Extreme Self-Reliance, Aggression, Dominance, Non-relational Attitudes toward Sexuality, and Restrictive Emotionality. The MRNI-R scale demonstrated an alpha of .96 among undergraduate and graduate students (Levant et al., 2007).

**Attitudes toward help-seeking.** The short form of the Attitudes Toward Seeking Professional Psychological Help (ATSPPHS-S; Fischer & Farina, 1995) was used to measure attitudes toward help-seeking. The ATSPPHS-S contains 10 items that are phrased as statements reflecting personal opinions about treatment such as, “If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.” Participants are prompted to indicate their level of agreement with each statement on a Likert-type scale ranging from 1 (disagree) to 4 (agree). Good test-retest reliability was demonstrated at 2 months (.84; Fischer & Farina, 1995). The measure has demonstrated an alpha of .62 among counseling graduate students (McGhee, 2011).

**Subjective norm.** Subjective norm was measured using four items designed to elicit participants’ perceptions of whether or not important others (i.e., parents, friends, other family members, and professors) would encourage seeking psychotherapy. This
brief questionnaire has demonstrated an alpha of .91 among undergraduate students (Christopher, 2001).

Perceived behavioral control. A questionnaire adapted from Sparks, Guthrie, and Shepherd (1997) was used to measure perceived behavioral control. Using a 7-point Likert-type scale, the questions refer to the perceived ease of performing a given behavior (e.g., “If I want to I will easily be able to seek therapy or counseling”) the sense of control a participant feels toward seeking help (e.g., “How much control do you think you have over your ability to seek therapy or counseling?”). The original questionnaire, used to measure dietary intentions, demonstrated an alpha of .80 among a general adult sample (Sparks, Guthrie, & Shepherd, 1997).

Intentions to seek help. Help-seeking intentions were measured using the Intention to Seek Counseling Inventory (ISCI; Cash, Begley, McCown, & Weise, 1975). Using a 6-point Likert-type scale ranging from 1 (very unlikely) to 6 (very likely), participants indicate the likelihood that they will seek counseling for various problems common among student populations. An alpha of .89 among undergraduates was demonstrated by Cepeda-Benito and Short (1998).

Statistical Techniques

In order to test the hypothesis that the theory of planned behavior (TPB) explains the relationship between masculine ideology and intention to seek help, the current study employed structural equation modeling (SEM) to analyze the relationships among masculine ideology, help-seeking intentions, and the components of TPB (i.e., attitudes toward help-seeking, subjective norm, and perceived behavioral control). SEM refers to a family of statistical techniques that can be used to analyze relationships among multiple
variables and identify the contribution of each of those variables based on a hypothesized model (Kline, 2011). The benefits of SEM over other modeling strategies, such as path analysis, include the ability to incorporate latent variables in the analysis and the provision of an overall identification of fit for the model (Mertler & Vannatta, 2001). For this study, data was analyzed using the statistical software program, Linear Structural Relations (LISREL 8.51, Jöreskog & Sörbom, 1998).

**Measurement Model.** SEM allows examination of both manifest and latent variables. Latent variables can be defined as “explanatory variables presumed to reflect a continuum that is not directly observable (Kline, 2011, p. 9).” Manifest variables are those that are measurable and act as underlying factors for latent variables. For example, in this study, traditional masculine ideology was considered a latent variable and the manifest variables that comprise it were the seven factors of the MRNI-R: Avoidance of Femininity, Fear and Hatred of Homosexuals, Extreme Self-Reliance, Aggression, Dominance, Non-relational Attitudes toward Sexuality, and Restrictive Emotionality. Another latent variable, perceived behavioral control, comprises two factors: perceived ease and sense of control. Each of the four items on the subjective norm scale was considered a separate manifest variable, representing different sources of social influence. Natural groupings were not apparent for attitudes toward help-seeking or for intent so the items of the ATSPPH-S and the ISCS were randomly divided into three parcels each according to the recommendations of Little, Cunningham, Shahar, and Widaman (2002). The first step for testing model fit was to employ confirmatory factor analysis (CFA) to evaluate the appropriateness of these factors and parcels and confirm the construct validity of the latent variables (Mertler & Vannatta, 2001).
**Structural Model.** The second step for testing model fit was analyzing the relationships among the latent variables (Kline, 2011). The hypothesized pathways depicted in Figure 1 were evaluated by assessing the following goodness of fit statistics: 1) normal theory weighted least squares (WLS) chi-square ($\chi^2$) value, 2) Root Mean Square Error of Approximation index (RMSEA; Steiger, 1990), 3) Comparative Fit Index (CFI; Bentler, 1990), 4) Goodness of Fit Index (GFI; Jöreskog & Sörbom, 1982), and 5) Standardized Root Mean Square Residual (SRMR).

The chi-square statistic is a *badness-of-fit* statistic that is used to detect model-data discrepancies such that a non-significant finding denotes a good model fit, whereas a significant finding indicates a poor fit to the population covariance matrix (Kline, 2011). Similar to $\chi^2$, RMSEA is a badness-of-fit statistic for which lower values indicate better model fit. Browne and Cudeck (1993) suggest a value less than or equal to .05 indicates a good fit whereas a value of .10 or greater indicates a poor fit. Both the Jöreskog-Sörbom GFI and the Bentler CFI provide approximate fit indices ranging from 0-1.0, where 1.0 indicates the best fit. The GFI conceptually estimates improvement of fit for the hypothesized model compared to no model, whereas the CFI estimates improvement of fit for the hypothesized model compared to a null or baseline model (Kline, 2011). The SRMR estimates model fit by evaluating the validity of latent variables with a value < .08 indicating good model fit (Hu & Bentler, 1999).
Results

Data Screening

Prior to conducting the main analysis, univariate and multivariate assumptions were tested using SPSS version 20 (IBM Corporation, 2011). Specifically, data were screened for missing data, univariate and multivariate outliers, collinearity, and univariate normality and homoscedasticity. Of the 286 individuals who began the survey, 55 identified as female and were exited from the survey. An additional 30 participants either dropped out prior to completion or did not complete one or more full measures within the survey and were therefore excluded from the data set. Four instances of a single missing score were found and mean substitution was employed to replace missing scores.

Per Tabachnick and Fidell’s (2001) recommendations, univariate outliers were defined as scores greater than 3.29 SDs from the mean. Ten such scores were identified within the data set and were transformed through winsorization. Normality for each variable was determined by examining the skewness and kurtosis of the variable distributions. Due to the relative robustness of SEM, Kline (2011) recommends that variables with skewness values exceeding ±3.0 should be considered extremely skewed and kurtosis values exceeding ±10.0 should be considered extremely kurtotic. Though some variables demonstrated moderate levels of skewness or kurtosis (see Tables 1-5), none exceeded Kline’s recommended cut-off values and thus the decision was made not to apply further transformations to normalize the data. Examination of bivariate scatterplots indicated that linear relations and homoscedasticity were within acceptable limits. Extreme collinearity and variable redundancy were preliminarily ruled out based on the calculation of squared multiple correlations among variables.
Distribution Characteristics

Tables 1 through 5 contain the distribution characteristics, including mean, standard deviation, reliability, skewness, and kurtosis of each of the latent variables. The manifest variables, either from factor groupings or randomized parcels, are included within each latent variable.
Table 1.

*Traditional Masculinity Ideology Means, Standard Deviations, Reliabilities, Skewness, and Kurtosis*

<table>
<thead>
<tr>
<th>Latent variable and Factors</th>
<th>M</th>
<th>SD</th>
<th>Alpha</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Masculinity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AOF</td>
<td>2.12</td>
<td>1.07</td>
<td>0.89</td>
<td>0.79</td>
<td>-0.27</td>
</tr>
<tr>
<td>FHH</td>
<td>1.43</td>
<td>0.68</td>
<td>0.89</td>
<td>1.85</td>
<td>2.56</td>
</tr>
<tr>
<td>ESR</td>
<td>3.10</td>
<td>1.29</td>
<td>0.86</td>
<td>-0.19</td>
<td>-1.12</td>
</tr>
<tr>
<td>AGG</td>
<td>2.97</td>
<td>1.18</td>
<td>0.83</td>
<td>-0.03</td>
<td>-0.90</td>
</tr>
<tr>
<td>DOM</td>
<td>1.68</td>
<td>0.81</td>
<td>0.86</td>
<td>1.29</td>
<td>1.11</td>
</tr>
<tr>
<td>NAS</td>
<td>1.82</td>
<td>0.69</td>
<td>0.80</td>
<td>0.97</td>
<td>0.19</td>
</tr>
<tr>
<td>REM</td>
<td>1.70</td>
<td>0.72</td>
<td>0.82</td>
<td>0.90</td>
<td>-0.10</td>
</tr>
<tr>
<td>Total</td>
<td>2.08</td>
<td>0.76</td>
<td>0.96</td>
<td>0.40</td>
<td>-0.77</td>
</tr>
</tbody>
</table>

*Note.* Higher scores indicate stronger adherence to traditional masculinity ideology (*N* = 201). AOF = Avoidance of Femininity; FHH = Fear and Hatred of Homosexuals; ESR = Extreme Self-Reliance; AGG = Aggression; DOM = Dominance; NAS = Non-relational Attitudes toward Sex; REM = Restricted Emotionality
Table 2.

*Attitude Means, Standard Deviations, Reliabilities, Skewness, and Kurtosis*

<table>
<thead>
<tr>
<th>Latent variable and Parcels</th>
<th>Cronbach’s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
</tr>
<tr>
<td>Attitude</td>
<td></td>
</tr>
<tr>
<td>AT1</td>
<td>3.34</td>
</tr>
<tr>
<td>AT2</td>
<td>3.31</td>
</tr>
<tr>
<td>AT3</td>
<td>3.33</td>
</tr>
<tr>
<td>Total</td>
<td>3.33</td>
</tr>
</tbody>
</table>

*Note.* Higher scores indicate more positive attitudes toward seeking help ($N = 201$).
Table 3.

*Subjective Norm Means, Standard Deviations, Reliabilities, Skewness, and Kurtosis*

<table>
<thead>
<tr>
<th>Latent variable and Items</th>
<th>Cronbach’s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
</tr>
<tr>
<td>Subjective Norm</td>
<td></td>
</tr>
<tr>
<td>SN1</td>
<td>3.58</td>
</tr>
<tr>
<td>SN2</td>
<td>3.73</td>
</tr>
<tr>
<td>SN3</td>
<td>3.06</td>
</tr>
<tr>
<td>SN4</td>
<td>2.15</td>
</tr>
<tr>
<td>Total</td>
<td>3.13</td>
</tr>
</tbody>
</table>

*Note.* Higher scores indicate stronger influence of perceived social norms ($N = 201$).
Table 4.

*Perceived Behavioral Control Means, Standard Deviations, Reliabilities, Skewness, and Kurtosis*

<table>
<thead>
<tr>
<th>Latent variable and Factors</th>
<th>Cronbach’s M</th>
<th>SD</th>
<th>Alpha</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Behavioral Control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOC</td>
<td>8.92</td>
<td>4.09</td>
<td>0.13</td>
<td>1.38</td>
<td>2.02</td>
</tr>
<tr>
<td>PEA</td>
<td>6.23</td>
<td>3.21</td>
<td>0.77</td>
<td>1.34</td>
<td>1.95</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>0.38</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note.* Higher scores indicate decreased sense of behavioral control (*N* = 201). SOC = Sense of Control; PEA = Perceived Ease.
Table 5. 

*Intention to Seek Help Means, Standard Deviations, Reliabilities, Skewness, and Kurtosis*

<table>
<thead>
<tr>
<th>Latent variable and Parcels</th>
<th>$M$</th>
<th>$SD$</th>
<th>Alpha</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intention to Seek Counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISC1</td>
<td>2.43</td>
<td>0.69</td>
<td>0.78</td>
<td>0.04</td>
<td>-0.53</td>
</tr>
<tr>
<td>ISC2</td>
<td>2.44</td>
<td>0.71</td>
<td>0.83</td>
<td>-0.02</td>
<td>-0.49</td>
</tr>
<tr>
<td>ISC3</td>
<td>2.71</td>
<td>0.72</td>
<td>0.78</td>
<td>-0.35</td>
<td>-0.52</td>
</tr>
<tr>
<td>Total</td>
<td>2.52</td>
<td>0.64</td>
<td>0.92</td>
<td>0.02</td>
<td>-0.61</td>
</tr>
</tbody>
</table>

*Note.* Higher scores indicate greater intent to seek counseling ($N = 201$).
Preliminary Analyses

A confirmatory factor analysis (CFA) was conducted in order to ensure construct validity prior to running the path analysis. Initially, CFA results indicated a poor fit of the hypothesized model to the data. Despite the earlier tests, using squared multiple correlations, evaluation of the covariance matrix revealed a negative eigenvalue for the PBC variables resulting in a non-positive definite covariance matrix. Brown (2006) states, this finding often results when variables are too highly correlated. CFA of a re-specified model that excluded PBC yielded good model fit (see table 6). Though the significance of the $\chi^2$ value (254.16, $p < 0.05$) suggested poor fit, all other fit indices, RMSEA (0.08), GFI (0.87), CFI (0.94), and SRMR (0.08), indicated relatively good model fit. Factor loadings for this measurement model also supported adequate fit as they were all statistically significant at $p < .05$ (See table 7).

Primary Analyses

It was originally hypothesized that a model based on TPB would provide a good fit to the data in explaining the relationship between traditional masculine ideology and help-seeking intention among male mental health trainees. However, the analysis of this model resulted in a non-positive definite covariance matrix, providing inconclusive results regarding the appropriateness of TPB in clarifying help-seeking intentions in this sample. The main analysis was instead run using a re-specified model that reflected TRA. Thus, the hypotheses 1, 2, 4, and 5 regarding the relationships among traditional masculine ideology, attitudes, subjective norm, and intent were still tested, but hypotheses 3 and 6 regarding perceived behavioral control were not tested in the main analysis.
Consistent with hypothesis 1, as shown in Figure 1, results indicated that traditional masculine ideology was a significant negative predictor of attitudes toward psychological help-seeking ($\beta = -0.32, p < .05$). With regard to hypothesis 2, traditional masculine ideology was not significantly related to subjective norm ($\beta = 0.00, p > .05$). On the other hand, the attitude toward psychological help-seeking (hypothesis 4) was a significant positive predictor of psychological help-seeking intention ($\beta = 0.33, p < .05$). Contrary to hypothesis 5, subjective norm was negatively related to psychological help-seeking intentions; however, it was not statistically significant ($\beta = -0.11, p > .05$).

As hypothesized, examination of fit indices generally indicated that data provided a good fit to the model (see Table 8). Though the significance of the $\chi^2$ value (254.49, $p < 0.05$) suggested poor fit, all other fit indices, RMSEA (0.08), GFI (0.87), CFI (0.94), and SRMR (0.08), indicated relatively good model fit.
Table 6

*Confirmatory Factor Analysis Goodness of Fit Statistics*

<table>
<thead>
<tr>
<th>SRMR</th>
<th>CFI</th>
<th>GFI</th>
<th>( \chi^2 )</th>
<th>( p )</th>
<th>df</th>
<th>RMSEA</th>
<th>RMSEA 90% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>.08</td>
<td>.94</td>
<td>.87</td>
<td>254.16</td>
<td>&lt; .001</td>
<td>113</td>
<td>.08</td>
<td>0.07 - 0.09</td>
</tr>
</tbody>
</table>

*Note.* Reported statistics are with Perceived Behavioral Control factor removed. SRMR = Standardized Root Mean Square Residual; CFI = Comparative Fit Index; GFI = Goodness of Fit Index; RMSEA = Root Mean Square Error of Approximation.
Table 7
Confirmatory Factor Analysis Standardized Factor Loadings

<table>
<thead>
<tr>
<th>Latent Variable</th>
<th>Factors or Parcels</th>
<th>Factor Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Masculinity</td>
<td>AOF</td>
<td>0.88</td>
</tr>
<tr>
<td>Traditional Masculinity</td>
<td>FHH</td>
<td>0.66</td>
</tr>
<tr>
<td>Traditional Masculinity</td>
<td>ESR</td>
<td>0.77</td>
</tr>
<tr>
<td>Traditional Masculinity</td>
<td>AGG</td>
<td>0.81</td>
</tr>
<tr>
<td>Traditional Masculinity</td>
<td>DOM</td>
<td>0.77</td>
</tr>
<tr>
<td>Traditional Masculinity</td>
<td>NAS</td>
<td>0.72</td>
</tr>
<tr>
<td>Traditional Masculinity</td>
<td>REM</td>
<td>0.78</td>
</tr>
<tr>
<td>Attitude</td>
<td>ATT1</td>
<td>0.69</td>
</tr>
<tr>
<td>Attitude</td>
<td>ATT2</td>
<td>0.64</td>
</tr>
<tr>
<td>Attitude</td>
<td>ATT3</td>
<td>0.70</td>
</tr>
<tr>
<td>Subjective Norm</td>
<td>SN1</td>
<td>0.89</td>
</tr>
<tr>
<td>Subjective Norm</td>
<td>SN2</td>
<td>0.92</td>
</tr>
<tr>
<td>Subjective Norm</td>
<td>SN3</td>
<td>0.55</td>
</tr>
<tr>
<td>Subjective Norm</td>
<td>SN4</td>
<td>0.53</td>
</tr>
<tr>
<td>Intent</td>
<td>ISC1</td>
<td>0.84</td>
</tr>
<tr>
<td>Intent</td>
<td>ISC2</td>
<td>0.86</td>
</tr>
<tr>
<td>Intent</td>
<td>ISC3</td>
<td>0.66</td>
</tr>
</tbody>
</table>

*Note: All factor loadings were significant at $p < .05$*
Table 8

*Path Model Goodness of Fit Statistics*

<table>
<thead>
<tr>
<th>SRMR</th>
<th>CFI</th>
<th>GFI</th>
<th>$\chi^2$</th>
<th>p</th>
<th>df</th>
<th>RMSEA</th>
<th>RMSEA 90% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>.08</td>
<td>.94</td>
<td>.87</td>
<td>254.49</td>
<td>&lt; .001</td>
<td>114</td>
<td>.08</td>
<td>0.07 - 0.09</td>
</tr>
</tbody>
</table>

*Note.* Reported statistics are with Perceived Behavioral Control factor removed. SRMR = Standardized Root Mean Square Residual; CFI = Comparative Fit Index; GFI = Goodness of Fit Index; RMSEA = Root Mean Square Error of Approximation.
*Figure 2.* Latent variable path analysis. Paths represented as solid lines were significant at $p < .05$. Paths represented by dashed lines were non-significant.
Discussion

The aim of this study was to test whether a model based on the Theory of Planned Behavior (TPB) would provide a good fit to these data in explaining the relationship between traditional masculine ideology and help-seeking intentions among male mental health trainees. The literature has demonstrated that seeking therapy has many personal and professional benefits for mental health providers (Daw & Joseph, 2007; Grimmer & Tribe, 2001; Norcross, 1990; Yalom, 2005). Research has shown that less than half of graduate students in psychology engage in personal therapy during graduate school (Dearing, Maddux, & Tangney, 2005). If trends among graduate students are consistent with the general public, in which men are consistently less likely to seek therapy than women (Nam, Chu, Lee, Lee, Kim, & Lee, 2010), men in mental health professions may be underutilizing a resource that could increase their self-awareness and greatly affect their professional and personal functioning. A better understanding of help-seeking patterns among male mental health trainees could encourage graduate programs to promote student engagement in personal therapy.

Due to the misspecification of the model resulting from high correlations among items on the measure of PBC, the original hypothesis that TPB would provide a good fit to the data could not be examined. It is PBC that differentiates the TPB from TRA and though some research does support the appropriateness of TPB for predicting behavioral intent (Miller, 2005; Sutton, McVey, & Glanz, 1999; Westerhof Maessen, De Bruijn, & Smets, 2008), other studies indicate that the PBC variable needs to be further clarified and validated. For example, Armitage and Conner (1999a) found that PBC is inconsistent in its predictive power regarding health-related food choices. Several studies
have provided evidence that the predictive power of PBC may be improved by further clarifying the distinction between its two components (perceived ease or self-efficacy and perceived control) and separating them into individual variables (Armitage & Conner, 1999b; Trafimow, Sheeran, Conner, & Finlay, 2002). The apparent redundancy among items used to measure PBC in the current study provides further rationale for clarification and validation of the PBC construct.

Eliminating PBC resulted in a model used in the path analysis that reflected the TRA model as opposed to the TPB model. Therefore, the path analysis evaluated a model in which traditional masculine ideology had an indirect effect on help-seeking intentions via attitude and subjective norm. As hypothesized, the path analysis results indicated that higher adherence to traditional masculinity ideology was significantly predictive of more negative attitudes toward help-seeking and that negative attitudes, in turn, were predictive of decreased intent to seek help.

The findings of this study are consistent with previous research that has demonstrated negative appraisals of psychological help-seeking among those who endorse traditional masculine ideals (Berger et al., 2005; Robertson & Fitzgerald, 1992). It also supports the theoretical literature that highlights the incompatibility of traditional masculine values, such as independence and emotional control, with therapeutic values that include emotional expression and reliance on others for support (Addis & Mahalik, 2003).

Findings are also consistent with the large body of literature that shows attitudes being predictive of a variety of behavioral intentions (e.g., Sutton et al., 1999; Fishbein et al., 1980; Park et al., 1998) as well as with studies that examine help-seeking intentions
specifically (e.g., Goddard, 2003; McGhee, 2011; Van Voorhees et al., 2006; Westerhof et al., 2008).

Given that subjective norm was not found to contribute significant predictive power of psychological help-seeking intentions in the model, the current study replicated but did not extend the findings of Smith et al. (2008). Armitage and Connor (1999a) propose that subjective norm may only provide a partial representation of the varied aspects of social pressure and behavior, though Goddard (2003), McGhee (2011), and Van Voorhees et al. (2006) all suggested that subjective norm was predictive of help-seeking intentions. Each of those studies, however, examined both male and female participants, whereas the current study was focused on male-identified participants. In examining gender differences in drinking behaviors, Hassan and Shiu (2006) found that the impact of subjective norm was more significant among women than men. Therefore, it may be important for future studies to examine how subjective norm may operate differently depending on gender identity. Indeed SN and other aspects of the TPB and TRA models have been shown to operate differently depending on gender (Kernsmith, 2005; Zimmermann & Sieverding, 2010).

On a conceptual level, this study is limited in that it employs a dichotomous gender model, which reflects a somewhat restricted view of what is actually a complex construct. It should be noted that although “gender” and “sex” are often used interchangeably within the literature, they refer to different constructs. Sex is a biological term that refers to the reproductive organs an individual is born with (e.g., male, female, or intersex) whereas, gender is a socially constructed term. Brooks (2010) argues that the term gender is generally preferable in psychological literature because it conveys the
greater weight of sociocultural over physiological factors in influencing behaviors. That said, traditional gender categories (i.e., man or woman) are limiting in that they do not account for the many individuals who do not identify according to those categories. In order to be inclusive of both cisgender (i.e., sex-gender congruent) and transgender men, the options for gender identity on the demographics questionnaire for this study included “Male” and “Transgender Female to Male.”

As with any statistical technique, there are many common mistakes one can make in analyzing and interpreting the results of SEM. Kline (2011) points out that a common pitfall of SEM is the failure to consider alternative or equivalent models that may explain patterns of covariance as well or better than the model tested. He argues that this is a form of confirmation bias and though one study cannot test all possible models, it is important for researchers to consider and speak to these alternatives. Therefore, it will be important for future research to propose and examine alternative models for explaining help-seeking intentions among male mental health graduate students. This is particularly true given the fact that the hypotheses of the current study were only partially supported.

The overall aim of this study was to gain insight into the patterns of psychological help-seeking among male mental health graduate students. The established connection between traditional masculine ideology and decreased help-seeking along with the unique needs of men and the challenges of graduate school demonstrate the importance of understanding this population and enhancing the mental health services available to them. This study highlights how adherence to traditional Western heterosexual masculine ideals may hinder a trainee’s willingness to seek personal counseling or therapy. Based on the demonstrated benefits of therapists engaging in their own therapeutic work, this may be
detrimental to the professional development of male trainees, which could have a negative impact on the field as a whole. Further examining frameworks for understanding these issues can help mental health providers, such as student counseling centers, in creating programs and services that are potentially less stigmatizing, more informal, and approachable by all students. For example, as part of the Elimination of Barriers Initiative, the Substance Abuse and Mental Health Services Administration (SAMHSA, 2006) published a guide for developing stigma-reducing initiatives that includes ideas for outreach programming, marketing materials, and collaboration. Some of the suggestions for student populations include programming at athletic events and collaboration with college radio stations to increase conversations around campus about help-seeking. Increased understanding may also encourage graduate schools and training programs to develop educational material that challenges restrictive gender-role norms; and, encourages more positive attitudes toward help-seeking.
References


psychotherapists’ personal therapy: Replication and extension 20 years later.


http://store.samhsa.gov/shin/content//SMA06-4176/SMA06-4176.pdf


Appendix A

Recruitment Email

To the Program Director/Coordinator,

My name is Brooke Corneli. I am a doctoral student in clinical psychology at Pacific University’s School of Professional Psychology. I am writing to invite the students in your program to participate in a research survey for my dissertation. The purpose of this study is to investigate the impacts of traditional masculine ideology on mental health trainees by examining help-seeking patterns among male graduate students in various mental health disciplines. My dissertation committee consists of Dr. Michael Christopher (chair) and Dr. Cathy Moonshine. The survey is expected to take students approximately 15 minutes to complete and is hosted on the site SurveyMonkey.com, a web-based data collection resource. The site also includes the informed consent, which explains the voluntary nature of the study. Student names will be kept anonymous and only minimal risk to students is anticipated. I have approval from my university’s IRB and am happy send a copy of approval form upon request. I would greatly appreciate if you would forward or distribute the following message to your students. Thank you.

Greetings to be sent to students:

My name is Brooke Corneli, I am a doctoral student in clinical psychology at Pacific University’s School of Professional Psychology. If you are a graduate student in a mental health discipline and you identify as male, I’d like to ask your help in gathering data for my dissertation. If you choose to participate, please follow the link below, which will redirect you to a set of online surveys that will take approximately 15 minutes to complete. I recognize that student life is very busy so in return for your time, you may choose to be entered in a drawing for a $50 gift certificate from Amazon upon completion of the survey.

The survey is anonymous and if you choose to enter the drawing your contact information will be collected independently from your responses to the survey. All contact information will be handled confidentially and will be deleted upon completion of my study.

Please take a few minutes to help me complete my study. You can start the online questionnaire by clicking the following link. If clicking the link does not work, you can copy & paste the link into the address line of your browser. Thank you so much in advance for helping me complete my dissertation.

Sincerely,
Brooke Corneli, M.S.
Doctoral Candidate
Pacific University School of Professional Psychology
xxxx@pacificu.edu
XXX-XXX-XXXX
Appendix B

Informed Consent

1. Study title Help-Seeking Among Male Mental Health Graduate Students: An Application of the Theory of Planned Behavior

2. Study personnel
   Investigator
   Brooke Corneli, MS
   Pacific University School of Professional Psychology
   corneli@pacificu.edu

   Faculty Advisor
   Michael Christopher, PhD
   Pacific University School of Professional Psychology
   mchristopher@pacificu.edu
   503-352-2498

3. Study invitation, purpose, location, and dates
   You are invited to participate in a study investigating the help seeking attitudes of male mental health trainees. This study is being conducted by Brooke Corneli, M.S., a student at Pacific University’s School of Professional Psychology, in order to fulfill the requirements for dissertation. Please read this form carefully and email any questions prior to beginning the questionnaire. Thank you for your participation.

4. Participant characteristics and exclusionary criteria
   Only students who are enrolled in a graduate program in clinical psychology, counseling, or clinical social work, are aged 18 years or older, and identify as male may participate in the study. Participants who do not meet these criteria will be excluded.

5. Study materials and procedures
   If you agree to participate in the study, you will be asked to complete several brief questionnaires, which should take approximately 15 minutes to complete, with the longest time anticipated at approximately 20 minutes.

6. Risks, risk reduction steps and clinical alternatives
   a. Unknown risks
      It is possible that participation in this study may expose you to currently unforeseeable risks. If risks do occur, you are encouraged to seek support from mental health resources or from a family member or friend.

   b. Anticipated risks and strategies to minimize/avoid
      This study poses minimal risk to participants because the survey is anonymous and voluntary. Though every effort will be made to protect the anonymity of the participants, security of information on the internet cannot be guaranteed.
The survey will be hosted on secure encrypted web site that will be set to not collect the IP addresses of any computer being used to complete the survey. All the data collected for this study will be downloaded and stored in a password protected Excel document, only accessible by study personnel. Therefore, it is very unlikely that the security of the information provided by participants will be compromised.

7. Adverse event handling and reporting plan
If the study personnel are made aware of any adverse effects the Pacific University IRB will be notified immediately at (503) 352-1478. In the event that there are identified breaches of privacy related to data collection, the Pacific University IRB will be notified immediately and data collection will stop while the issue is resolved.

8. Direct benefits and/or payment to participants
   a. Benefit(s)  
      There is no direct benefit to you as a study participant.

   b. Payment(s) or reward(s)  
      As a participant, you will be eligible to enter a drawing for a $50 electronic gift certificate to Amazon.com.

9. Promise of privacy
   Your survey responses will be kept anonymous. Neither your name nor any identifying information will be requested on survey responses. We will not include any information that will make it possible to identify you as an individual in any publication or presentation of the results of this study.

10. Medical care and compensation in the event of accidental injury
    During your participation in this project it is important to understand that you are not a Pacific University clinic patient or client, nor will you be receiving complete mental health care as a result of your participation in this study. If you are injured during your participation in this study and it is not due to negligence by Pacific University, the researchers, or any organization associated with the research, you should not expect to receive compensation or medical care from Pacific University, the researchers, or any organization associated with the study.

11. Voluntary nature of the study
    Your decision whether or not to participate will not affect your current or future relations with Pacific University or another institution. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences. If you choose to withdraw after beginning the study you will still remain eligible to enter the gift certificate drawing.

12. Contacts and questions
    The researcher will be happy to answer any questions you may have at any time during the course of the study. If you are not satisfied with the answers you receive, please call
Pacific University’s Institutional Review Board, at (503) 352-1478 to discuss your questions or concerns further. If you become injured in some way and feel it is related to your participation in this study, please contact the investigators and/or the IRB office. All concerns and questions will be kept in confidence.

13. Statement of consent

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| ☐   | ☐  |  I am 18 years of age or over.  
| ☐   | ☐  |  All my questions have been answered.  
| ☐   | ☐  |  I have read and understand the description of my participation duties.  
| ☐   | ☐  |  I have been offered a copy of this form to keep for my records.  
| ☐   | ☐  |  I agree to participate in this study and understand that I may withdraw at any time without consequence.  

Appendix C

Demographics Questionnaire

1. Please indicate your gender.

Male  Female  Transgender Male to Female  Transgender Female to Male
Other (write in)_____________________

2. What is your current age? ___________

3. Which group best describes your ethnicity?
   ___ African American or Black
   ___ Asian or Pacific Islander
   ___ Latino or Hispanic
   ___ American Indian or Alaskan Native
   ___ White or of European Origin
   ___ Other (write in) ___________________

4. What degree are you currently pursuing (Example: Master of Science in Counseling)?

   ______________________________________

5. Do you intend to provide counseling or psychotherapy as part of your training/career?

   Yes    No

6. Does your current program require you seek personal counseling or psychotherapy
   prior to completion? (Please choose one)

   Yes    No

7. Have you ever participated in personal counseling or psychotherapy? (Please choose
   one)

   Yes    No

8. Are you currently attending or considering attending personal counseling or
   psychotherapy? (Please choose one)

   Attending  Considering  Not attending or considering
Appendix D

Male Role Norms Inventory-Revised (MRNI-R)

Please complete the questionnaire by circling the number that indicates your level of agreement or disagreement with each statement. Give only one answer for each statement.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>No Opinion</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

1. Homosexuals should never marry.

2. The President of the US should always be a man.

3. Men should be the leader in any group.

4. A man should be able to perform his job even if he is physically ill or hurt.

5. Men should not talk with a lisp because this is a sign of being gay.

6. Men should not wear make-up, cover-up or bronzer.

7. Men should watch football games instead of soap operas.

8. All homosexual bars should be closed down.

9. Men should not be interested in talk shows such as Oprah.

10. Men should excel at contact sports.

11. Boys should play with action figures not dolls.
12. Men should not borrow money from friends or family members.
1 2 3 4 5 6 7

13. Men should have home improvement skills.
1 2 3 4 5 6 7

14. Men should be able to fix most things around the house.
1 2 3 4 5 6 7

15. A man should prefer watching action movies to reading romantic novels.
1 2 3 4 5 6 7

16. Men should always like to have sex.
1 2 3 4 5 6 7

17. Homosexuals should not be allowed to serve in the military.
1 2 3 4 5 6 7

18. Men should never compliment or flirt with another male.
1 2 3 4 5 6 7

19. Boys should prefer to play with trucks rather than dolls.
1 2 3 4 5 6 7

20. A man should not turn down sex.
1 2 3 4 5 6 7

21. A man should always be the boss.
1 2 3 4 5 6 7

22. A man should provide the discipline in the family.
1 2 3 4 5 6 7

23. Men should never hold hands or show affection toward another.
1 2 3 4 5 6 7

24. It is ok for a man to use any and all means to “convince” a woman to have sex.
1 2 3 4 5 6 7

25. Homosexuals should never kiss in public.
1 2 3 4 5 6 7

26. A man should avoid holding his wife’s purse at all times.
1 2 3 4 5 6 7

27. A man must be able to make his own way in the world.
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Men should always take the initiative when it comes to sex.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. A man should never count on someone else to get the job done.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Boys should not throw baseballs like girls.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. A man should not react when other people cry.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. A man should not continue a friendship with another man if he finds out that the other man is homosexual.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Being a little down in the dumps is not a good reason for a man to act depressed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. If another man flirts with the women accompanying a man, this is a serious provocation and the man should respond with aggression.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Boys should be encouraged to find a means of demonstrating physical prowess.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. A man should know how to repair his car if it should break down.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Homosexuals should be barred from the teaching profession.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. A man should never admit when others hurt his feelings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. Men should get up to investigate if there is a strange noise in the house at night.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. A man shouldn’t bother with sex unless he can achieve an orgasm.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Men should be detached in emotionally charged situations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
42. It is important for a man to take risks, even if he might get hurt.
1 2 3 4 5 6 7

43. A man should always be ready for sex.
1 2 3 4 5 6 7

44. A man should always be the major provider in his family.
1 2 3 4 5 6 7

45. When the going gets tough, men should get tough.
1 2 3 4 5 6 7

46. I might find it a little silly or embarrassing if a male friend of mine cried over a sad love story.
1 2 3 4 5 6 7

47. Fathers should teach their sons to mask fear.
1 2 3 4 5 6 7

48. I think a young man should try to be physically tough, even if he’s not big.
1 2 3 4 5 6 7

49. In a group, it is up to the men to get things organized and moving ahead.
1 2 3 4 5 6 7

50. One should not be able to tell how a man is feeling by looking at his face.
1 2 3 4 5 6 7

51. Men should make the final decision involving money.
1 2 3 4 5 6 7

52. It is disappointing to learn that a famous athlete is gay.
1 2 3 4 5 6 7

53. Men should not be too quick to tell others that they care about them.
1 2 3 4 5 6 7
Appendix E

Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS-S)

Please circle the number that corresponds with the extent you agree or disagree with the statements below.

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Partly Disagree</th>
<th>Partly Agree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

1 2 3 4

2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

1 2 3 4

3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

1 2 3 4

4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.

1 2 3 4

5. I would want to get psychological help if I were worried or upset for a long period of time.

1 2 3 4

6. I might want to have psychological counseling in the future.

1 2 3 4

7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

1 2 3 4
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.

9. A person should work out his or her own problems; getting psychological counseling would be a last resort.

10. Personal and emotional troubles, like many things, tend to work out by themselves.
Appendix F

Subjective Norm Scale

1. If I were experiencing an emotional problem, my parents would think that I should seek psychotherapy from my university mental health center.

agree:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:______:_____:
Appendix G

Perceived Behavioral Control Scale

1. For me to seek therapy or counseling would be…
   
<table>
<thead>
<tr>
<th>Very easy</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

2. It is mostly up to me whether I want to seek therapy or counseling.
   
<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

3. If I wanted to, I could easily seek therapy or counseling.
   
<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

4. How much personal control do you think you have over your ability to seek therapy or counseling?
   
<table>
<thead>
<tr>
<th>Complete control</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

5. What is the likelihood that if you tried you would be able to seek therapy or counseling?
   
<table>
<thead>
<tr>
<th>Very Likely</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

6. How certain are you that you could seek therapy or counseling?
   
<table>
<thead>
<tr>
<th>Not all certain</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

7. The number of events outside my control that could prevent me from seeking therapy or counseling are…
   
<table>
<thead>
<tr>
<th>Numerous</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

8. How much control do you have over whether you do or do not seek therapy or counseling?
   
<table>
<thead>
<tr>
<th>Complete control</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

9. For me to seek therapy or counseling (to the extent that I would like to) would be…
   
<table>
<thead>
<tr>
<th>Extremely easy</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>
Appendix H
Intention to Seek Counseling Scale

Below is a list of issues people commonly bring to counseling. How likely would you be to seek counseling if you were experiencing these problems? Please circle the corresponding answer.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Very unlikely</th>
<th>Unlikely</th>
<th>Likely</th>
<th>Very likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Weight control</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Excessive alcohol use</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Relationship differences</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Concerns about sexuality</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Depression</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Conflict with parents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Speech anxiety</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Difficulties dating</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Choosing a major</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10 Difficulty in sleeping</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Drug problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Inferiority feelings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Test anxiety</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Difficulty with friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Academic work procrastination</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. Self-understanding</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. Loneliness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>