Predicting Counseling Students’ Intention to Seek Counseling

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Abstract
Although the benefits of personal therapy for therapists, including improved emotional and mental keenness, reduced burnout, enhanced interpersonal and therapeutic skills, improved client empathy, and increased confidence in therapy, have been well documented, few studies have investigated the variables that predict help-seeking intention by therapists in training. The current study examined if a model integrating the Theory of Reasoned Action (TRA) and Cramer’s (1999) model (i.e., adding subjective norm to the Cramer model) better predicted help-seeking intention by counselors in training than either of the two models independently. Participants consisted of 459 masters-level graduate students from various counseling programs across the United States. Structural equation modeling was employed to estimate pathways within the three proposed models. Additionally, the Akaike Information Criterion (AIC) was utilized to determine which model provided the best fit to the data. Although the TRA model was not estimated due to convergence issues, the two remaining models were analyzed. Contrary to what was hypothesized, Cramer’s (1999) model proved a better fit to the data than the integrated model. Two new previously untested pathways yielded significant results; both of which highlighted subjective norm as a salient variable (among others) in predicting intention to seek counseling for masters-level counselors in training.

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PREDICTING COUNSELING STUDENTS' INTENTION TO SEEK COUNSELING

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OF

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Abstract

Although the benefits of personal therapy for therapists, including improved emotional and mental keenness, reduced burnout, enhanced interpersonal and therapeutic skills, improved client empathy, and increased confidence in therapy, have been well documented, few studies have investigated the variables that predict help-seeking intention by therapists in training. The current study examined if a model integrating the Theory of Reasoned Action (TRA) and Cramer’s (1999) model (i.e., adding subjective norm to the Cramer model) better predicted help-seeking intention by counselors in training than either of the two models independently. Participants consisted of 459 masters-level graduate students from various counseling programs across the United States. Structural equation modeling was employed to estimate pathways within the three proposed models. Additionally, the Akaike Information Criterion (AIC) was utilized to determine which model provided the best fit to the data. Although the TRA model was not estimated due to convergence issues, the two remaining models were analyzed. Contrary to what was hypothesized, Cramer’s (1999) model proved a better fit to the data than the integrated model. Two new previously untested pathways yielded significant results; both of which highlighted subjective norm as a salient variable (among others) in predicting intention to seek counseling for masters-level counselors in training.
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Introduction

The importance for counselors and therapists to enhance their self-awareness in order to deliver competent therapy services to others has been well documented (Abney, 2003; MacDougall & Arthur, 2001; Richardson & Molinaro, 1996; Sue, Arredondo, & McDavis, 1992). The Council for Accreditation of Counseling and Related Educational Programs (CACREP) established the importance of student openness to self-evaluation as one of their training standards for counseling graduate programs. Section II. B. of the 2009 standards states that accredited programs will promote “experiential learning activities designed to foster students’ understanding of self…” (CACREP, section II).

One way for counselors to enhance self-awareness is to seek personal counseling. Grimmer and Tribe (2001) conducted a literature review on the utility of personal therapy for mental health therapists and found six recurring rationales for seeking personal counseling: 1) improving emotional and mental keenness, 2) a better understanding for the interpersonal dynamics involved in the client-therapist relationship, 3) improving therapist’s effectiveness by reducing burnout, 4) enhancing therapist’s interpersonal skills, 5) providing therapists with an empathetic perspective for what it is like to be in the client role, and, 6) providing counselors with in vivo modeling of therapeutic interventions. Similarly, Risq and Target (2008) examined the attitudes of British counseling psychologists toward seeking personal therapy and found a common sentiment; that was personal therapy promotes authenticity within therapists and within their clients. Although the potential benefits therapists gain by engaging in personal therapy have been established, the predictors of willingness to seek help by this population have been largely understudied.
Cramer (1999) tested a structural equation model in which social support, self-concealment, distress and attitude predicted willingness to seek psychological help among a sample of undergraduate psychology students. Leech (2007) investigated the generalizability of Cramer’s model by using the same variables to predict help-seeking intention among a sample of graduate counseling students. Leech’s results paralleled Cramer’s original results in that social support, attitude, self-concealment, and distress significantly predicted intention to seek psychological help. In doing so, Leech was able to highlight the antecedents that predict help-seeking intention by graduate counseling students in-training. In both studies (Cramer, 1999; Leech, 2007), attitude toward counseling accounted for the most variance in the prediction of intention to seek help.

Another model which has been widely studied and used to predict various types of help seeking, including psychological help seeking, is the theory of reasoned action (TRA; Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). In the TRA model, attitude, along with subjective norm, predict intention to engage in various behaviors. Although attitude has been evidenced as the strongest predictor of help seeking within the TRA model (Bayer & Peay, 1997; Deane & Todd, 1996), subjective norm (also referred to as social influence) has significantly added to the predictive power of attitude in several studies (Christopher, Skillman, Kirkhart, & D’Souza, 2006; Codd & Cohen, 2003; Goddard, 2003).

Despite positive results for both models (Cramer and TRA), little is known about which model better predicts help-seeking intention among graduate counseling students. Furthermore, it is possible that a combination of the two models (essentially adding
subjective norm to Cramer’s model) may prove more powerful in predicting help-seeking intention than either model can independently.

Cramer’s Help-Seeking Model

Cramer (1999) tested a path analysis to predict psychological help-seeking intention of college students using the most salient variables from two previous studies on help-seeking (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995). Cramer’s reanalysis of the variables used in both studies culminated in a path model that predicted help-seeking intention through three mediating predictors and one exogenous variable. More specifically, the exogenous variable self-concealment was a negative predictor of social support and attitude toward counseling, and a positive predictor of distress. Social support was a negative predictor of distress, and both distress and attitude positively predicted help-seeking intention and acted as mediators between first order variables (social support and self-concealment) and intention to seek help.

Self-concealment

Cramer (1999) defined self-concealment as “one’s predisposed refusal to share personally distressing information with others” (p. 381). It is intuitive to infer that individuals who are more likely to reveal emotionally charged and personal information about themselves, would be more likely to seek psychological help as opposed to individuals who are aversive to self-concealment. However, it appears that self-concealment may be more of an indirect rather than a direct predictor of help-seeking. For example, Kelly and Achter (1995) found that undergraduate college students were likely to seek psychological services if they were high self-concealers, even if they evidenced an unfavorable attitude toward counseling. Kelly and Achter found support for
their hypothesis that high self-concealers would be more likely to seek psychological help when accounting for the inverse association between self-concealment and social support. As predicted, they found that social support mediated the relationship between self-concealment and help seeking.

Cepeda-Benito and Short (1998) also examined help-seeking intention of college undergraduates, and their results contradicted Kelly and Achter’s (1995) findings. Cepeda-Benito and Short discovered that college students with lower self-concealment were more likely to seek psychological help, even though they found that self-concealment positively predicted distress. More specifically, they found that high self-concealers were more likely to report a need to seek counseling, but were less likely to make the effort to get services. In analyzing the most salient predictors from both studies, Cramer (1999) found self-concealment a significant direct predictor of distress, attitude toward counseling, and social support, and only an indirect predictor of intention to seek help.

A few recent studies have also analyzed the relationship between self-concealment and help-seeking attitude, with help-seeking attitude serving as the outcome variable, which further evidences the indirect relationship between self-concealment and intention to seek help (the outcome variable in Cramer’s model). Among a sample of Japanese college students, Omori (2007) found that after controlling for anxiety, depression, and social support, self-concealment negatively predicted two facets of help-seeking attitude: interpersonal openness and stigma tolerance for psychological services. Zayco (2009) surveyed a broad demographic of Asian-American participants and identified self-concealment as a significant negative predictor of help-seeking attitude.
Other salient predictors included: collectivism, social norms, cultural values, concern for loss of face and emotional self-control. Additionally, other recent studies among Chinese (Hai & Liang, 2007) and Korean (Yoo, Goh, & Yoon, 2005) college students yielded results indicating a significant negative relationship between self-concealment and help-seeking attitude, which, again, bolster the negative relationship between self-concealment and attitude evidenced by Cramer’s (1999) model and again by Leech (2007).

Social Support

In Cramer’s (1999) model social support negatively predicts distress for college students, and this relationship has been well documented among numerous populations, including: caregivers for stroke providers (Cumming, Cadilhac, Rubin, Crafti, & Pearce, 2008), Hispanic elders living in the U.S. (Cruza-Guet, Spokane, Caskie, Brown, & Szapocznik, 2008), older residents of urban public housing (Gonyea & Bachman, 2008), and low-income women (Durden, Hill, & Angel, 2007). In addition to predicting distress in college students, as noted above, social support is also negatively prediced by self-concealment (Cepeda-Benito & Short, 1998; Cramer, 1999; Leech, 2007). It also appears that the relationship between social support and help-seeking intention is mediated by distress (Cramer, 1999; Leech, 2007), therefore, social support has only an indirect effect on help-seeking intention.

Psychological Distress

As discussed earlier, Leech (2007) found that distress served as a significant factor for predicting help-seeking intention by graduate counseling students and as part of an equation model including other predictive factors, which duplicated the results of Cramer’s (1999) model that was applied to college undergraduates. More specifically,
both authors found that distress directly and positively predicted intention to seek professional psychological help and distress acted as a mediator between self-concealment and intention and between social support and intention to seek help.

Although the antecedents of help-seeking intention of counseling students have been understudied, psychological distress has long been examined as a predictor of help seeking, providing strong evidence for the positive relationship between distress and help-seeking behavior or help-seeking intention (Abe-Kim, Wei-Chin, & Takeuchi, 2002; Cepeda-Benito & Short, 1998; Gould, Velting, Kleinman, Lucas, Thomas, & Chung, 2004; Halgin et al., 1987; Kelly & Achter, 1995; Rickwood & Braithwaite, 1994; Vogel & Wei, 2005). Halter (2004) examined the stigma associated with help seeking for depression in nursing students. In this correlational study, feeling less control over depression was positively related to help-seeking intention for depression along with other factors such as gender, age, religion, and the participant’s year in their nursing program.

In a study examining the antecedents of psychological help-seeking for Black and Latino college students (Constantine, Wilton, & Caldwell, 2003), distress was identified as a significant predictor for both groups, which was mediated by low social support only for the Black participants. Abe-Kim, Wei-Chin, and Takeuchi (2002) collected data from a sample of over 1,500 Chinese-Americans to determine the pertinent variables that predict psychological help seeking for this group. Using hierarchical logistical regression, the researchers found that higher distress, along with negative life events, family conflict, and insurance benefits, significantly predicted mental healthcare use.

In a sample of over 6,000 Australian adults, Jorm, Christensen, Parslow, and
Rogers (2004), measured how levels of psychological distress were related to levels of actions taken to cope with distress. Their investigation yielded interesting results related to the motivating power of distress. Intensification of everyday strategies peaked with mild distress, self-help strategies (i.e. non-prescription drugs, massage, and meditation) peaked with moderate levels of distress, and seeking professional help peaked with severe psychological distress.

Vogel and Wei (2005) used structural equation modeling to identify the variables that mediated attachment and help-seeking intention for undergraduate college students. The results highlighted distress as a positive predictor of help-seeking intention. Additionally, social support was revealed as a negative predictor of distress, which is consistent with Leech’s (2007) results for counseling graduate students. Ultimately, attachment anxiety and attachment avoidance, along with social support and distress, accounted for 17% of the variance related to intention to seek help. Overall, distress appears to serve as a consistently significant positive predictor of help seeking in studies aimed at identifying the antecedents of help seeking.

**Attitude**

Attitude toward seeking help accounted for the most variance in predicting intention to seek help in both Cramer’s (1999) and Leech’s (2007) studies. Interestingly, Leech found an even stronger relationship between these two variables for counselors in training than Cramer did for college undergraduates. In both studies, attitude mediated the relationship between self-concealment and help-seeking intention (i.e., self-concealment negatively predicted attitude and attitude positively predicted intention to seek help).
A number of other studies have also found attitude to be a direct positive predictor of intention to seek help (Cepeda-Benito & Short, 1998; Deane & Chamberlain, 1994; Deane & Todd, 1996; Fisher & Turner, 1970; Kelly & Achter, 1995; Leaf & Bruce, 1987; Rickwood & Brathwaite, 1994; Goddard, 2003; Codd & Cohen, 2003; Christopher, 2005). Similarly, Dearing, Maddux, and Tangney (2005), found that attitudes about therapy, confidentiality issues and views on professional development significantly predicted participant’s willingness to seek psychological help.

Troff (2007) investigated attitude as an outcome variable for counselors in training, with the assumption that attitude and help-seeking behavior are isomorphic. Belief in the value of counseling and counseling stigma, were identified as the two most salient predictors of positive help-seeking attitude as measured by the Attitude Towards Seeking Professional Psychological Help Scale-Shortened Version (ATSPPH-S; Fischer & Farina, 1995). Furthermore, Kahn and Williams (2003) utilized Cramer’s model to identify the salient variables that predict intention to seek help by comparing college students that had and had not sought out counseling previously. Although self-concealment, distress, social support, and attitude all predicted intention to seek help for students who had and had not been to counseling previously, attitude was the only salient predictor of actual utilization of campus counseling services across both groups.

Attitude has also been evidenced as a significant predictor of help-seeking intention within a widely used prediction model that predates Cramer’s model: The Theory of Reasoned Action (TRA) (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975).
Theory of Reasoned Action and Help Seeking

TRA is comprised of two variables (attitude and subjective norm) that predict intention to perform any given behavior, and intention is predictive of actual behavior. According to Ajzen and Fishbein (1980), attitude is a function of the beliefs surrounding the consequences of performing a particular behavior and the evaluation a person assigns to those consequences. Subjective norm can be defined as “a person’s perceptions of social pressures put on him/her by important others – it is a function of beliefs that individuals think he/she should not perform a behavior and how motivated a person is to comply with these beliefs” (Christopher, 2005, p. 3). Intention to perform various behaviors have been predicted using attitude and subjective norm, including: condom usage by English adolescents and young adults (Sutton, McVey, & Glanz, 1999), use of performance enhancing drugs by adolescent athletes (Dodge & Jacard, 2008), information seeking among men about prostate cancer (Ross, Kohler, Grimley & Anderson-Lewis, 2007), and recycling (Park, Levine, & Sharkly, 1998).

Although the variables of TRA (attitude, subjective norm, and intention) have been used to predict numerous types of behaviors, TRA has served as a popular choice for researchers interested in examining the antecedents of psychological help seeking. In most of these studies, subjective norm and attitude were significant predictors of help seeking. For example, Van Voorhees, Fogel, Houston, Cooper, Wang and Ford (2006) found that even after accounting for levels of distress, attitudes, subjective norm (listed as social norm), and past treatment experiences predicted perceived need for depression treatment. In a study using TRA to predict the help-seeking intentions of graduate and undergraduate college students, Goddard (2003) discovered that when examined together,
attitude and subjective norm successfully predicted 39% of the variance for the undergraduate group and 63% of the variance for the graduate group regarding intention to seek psychological help. Codd and Cohen (2003) examined the ability of TRA to predict the intentions of college students to pursue psychological services for alcohol abuse. The results bolstered attitude and subjective norm as significant predictors of help-seeking intention with attitude emerging as the more salient predictor in that particular model. Christopher, Skillman, Kirkhart, and D’Souza (2006) revealed both attitude and subjective norm as significant predictors of help-seeking intention by Thai and American college students. Although attitude was the stronger of the two TRA predictors, subjective norm did add to the power of their prediction model.

Similar to previous studies on the predictive power of attitude and subjective norm on help-seeking intention (e.g., Deane & Todd, 1996; Bayer & Peay, 1997), recent research has found that attitude is a stronger predictor than subjective norm (i.e, Codd & Cohen, 2003; Christopher, Skillman, Kirkhart, and D’Souza, 2006). However, the same studies also demonstrate that subjective norm does add to the predictive power of attitude. Therefore, subjective norm may enhance the prediction of help-seeking intention in Cramer’s model (which includes attitude as a predictor variable), and the amalgamation of TRA and Cramer’s model may create a better model fit and account for more of the variance in intention to seek help than either of the models independently.

It should be noted that the Theory of Planned Behavior (TPB) (Ajzen, 1991) was developed as an extension of TRA to include perceived behavioral control in the prediction of behavior by the original predictor variables (attitude and subjective norm). TPB has been utilized to predict various behaviors, including use of outreach programs
by homeless individuals (Christian & Abrams, 2004), detection of cancer symptoms (Nooijer, Lechner & Vries, 2003), as well as psychological help-seeking behavior (Miller, 2005; Westerhof, Maessen, de Bruijn & Smets, 2008; Smith, Tran & Thompson, 2008). However, in this study, TRA will be used for the purpose of comparison with Cramer’s model as they were both designed to predict help-seeking intention, as opposed to actual behavior, which perceived behavioral control was designed to do.

Statement of the Problem

Although the benefits of personal therapy for therapists, including improved emotional and mental keenness, reduced burnout, enhanced interpersonal and therapeutic skills, improved client empathy, and increased confidence in therapy, have been well documented (e.g., Grimmer & Tribe, 2001; Neukrug & Williams, 1993), little research has investigated the variables that predict help-seeking intention by therapists in-training. In synthesizing existing research, Cramer (1999) developed a model that successfully predicted the help-seeking intention of undergraduate college students. Leech (2007) applied Cramer’s model to graduate counseling students to determine if the model would fit for therapists in training. The results indicated that the model did indeed provide a good fit to the data and predicted intention (also referred to as willingness) to pursue counseling.

The variables comprising TRA--attitude and subjective norm--have also been used to predict psychological help-seeking intention (Codd & Cohen, 2003; Goddard, 2003; Christopher, 2005; Miller, 2005; Christopher, Skillman, Kirkhart, and D’Souza, 2006, Van Voorhees, Fogel, Houston, Cooper, Wang & Ford, 2006; Westerhof, Maessen, de Bruijn & Smets, 2008; Smith, Tran & Thompson, 2008), but to the best of my
knowledge, they have never been studied as predictors of help-seeking intention for counselor’s-in-training. Therefore, it was unknown whether TRA or Cramer’s (1999) model better predicts counseling student’s intention to seek personal therapy. Furthermore, the current study examined if merging the two models together, by essentially adding subjective norm (the other TRA predictor variable) to Cramer’s model would create a model that provided a better fit to the data than either of the models independently. In the integrated model, it was believed that subjective norm would be positively predicted by social support and negatively predicted by self-concealment. To the best of my knowledge, these relationships had not yet been tested. However, it appeared intuitive that the level of social support a person received would positively relate to how a person experienced social influences to engage in a behavior. Additionally, it was believed that a negative relationship would exist between self-concealment and subjective norm due to a likely connection between a person’s reluctance to divulge personal information and their adherence to social norms that bolster higher self-concealment. Lastly, it was examined if subjective norm would directly predict intention to seek counseling as evidenced by numerous studies discussed using the TRA model.

Statement of the Hypotheses

It was predicted that:

1. The theory of reasoned action model would provide a good fit to the data in the prediction of help-seeking intention among graduate-level counseling students (see Figure 1).
   a. Attitude would be a significant positive predictor of intention to seek help.
b. Subjective norm would be a significant positive predictor of intention to seek help.

2. Cramer’s (1999) model would provide a good fit to the data in the prediction of help-seeking intention among graduate-level counseling students (see Figure 2).
   a. Self-concealment would be a negative predictor of social support and attitude and a positive predictor of distress
   b. Social support would be a negative predictor of distress
   c. Distress would be a positive predictor of intention to seek help
   d. Attitude would be a positive predictor of intention to seek help

3. An integrated model would evidence a significantly better fit to the data in the prediction of help-seeking intention compared to either TRA or Cramer’s model (see Figure 3).
   a. Self-concealment would be a negative predictor of social support, attitude, and subjective norm and a positive predictor of distress
   b. Social support would be a negative predictor of distress and a positive predictor of subjective norm
   c. Distress would be a positive predictor of intention to seek help
   d. Attitude would be a positive predictor of intention to seek help
   e. Subjective norm would be a positive predictor of intention to seek help
Figure 1. Hypothesized latent variable pathways for the theory of reasoned action.

Positive and negative relationships are indicated by plus and minus symbols. SN = subjective norm; ATTIT = attitude; INTEN = intention to seek counseling.
Figure 2. Hypothesized latent variable pathways for Cramer’s (1999) model. Positive and negative relationships are indicated by plus and minus symbols. SS = social support; SC = self-concealment; DISTR = distress; ATITT = attitude; INTENT = intention to seek counseling.
Figure 3. Hypothesized latent variable pathways for the integrated model. Positive and negative relationships are indicated by plus and minus symbols. SS = social support; SC = self-concealment; DISTR = distress; SN = subjective norm; ATITT = attitude; INTENT = intention to seek counseling.
Method

Participants

All participants were students in terminal master’s-level graduate counseling programs that were accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Several participants identified as doctoral-level students and were therefore excluded from the study (see results section for further details).

Procedure/Data Collection

After receiving approval from Pacific University’s Human Subjects Committee, department chairs or key faculty members at approximately 150 schools from all regions of the United States were sent an email that described the study and asked for participation from their students. The department contacts were asked to forward the email to their students. A link included in the email took students directly to the web-based survey service SurveyMonkey. Once participants were linked to the surveys, they were asked to carefully read the informed consent. Only once students electronically agree to the provisions of the informed consent, were they able to access the 6 surveys and one demographic survey. Participants were informed of the voluntary nature of participation. In order to track recipient responses and still conduct an anonymous survey, internet IP addresses were not saved (a feature available on the SurveyMonkey program) and therefore participant’s email addresses could not be linked to their survey responses. Additionally, personal contact information was collected via a separate survey from the demographic and research questionnaires to ensure that participant’s personal
information could not be linked to their questionnaire responses. The questionnaires took approximately 20 minutes for participants to complete.

In order to ensure data security, all responses were saved within the password protected SurveyMonkey program. Participants were given the option to provide contact information (i.e., name, home address, and email address) to be entered into a drawing for a $50 gift certificate to Starbucks. The winner of the drawing was chosen using an electronic random number generator.

*Instruments*

The predictor variables in Cramer’s (1999) model include social support, self-concealment, level of distress, and attitude toward counseling. The predictor variables in TRA include attitude (shared with Cramer’s model) and subjective norm. Lastly, the outcome variable (intention to seek counseling) is shared by both models.

*Intention* to seek counseling was measured by the Intention to Seek Counseling Inventory (ISCI; Cash, Begley, McCown, & Weise, 1975). The ISCI consists of 17 items, each of which relates to problems common to college students who seek counseling (Cepeda-Benito & Short, 1998). For each of the 17 items, participants are asked to rate their likelihood of seeking counseling using a 6-point Likert-type scale that ranges from 1 (*very unlikely*) to 6 (*very likely*). In past studies, Cronbach’s alpha ranged form .87 to .90 (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995; Leech, 2007).

*Attitude* toward seeking counseling was measured by the Attitude Toward Seeking Professional Psychological Help (ATSPPH; Fischer & Farina, 1995), which is a shortened version of the original of the original 29-item questionnaire (Fischer & Farina, 1970). The ATSPPH is a 10-item questionnaire involving a 4-point Likert scale for each
item. Answer choices range from 1 (disagree) to 4 (agree), with higher scores indicating a more positive attitude toward counseling. Fischer and Farina found good test-retest reliability at 5 days (.86) and at 2 months (.84). Leech (1997) found a Chronbach’s alpha of .80.

Distress was measured by the Hopkins Symptom Checklist-21 (HSCL-21; Green, Walkey, McCormick, & Taylor, 1988). A 4-point Likert-type scale is used to identify the level of distress participants have experienced in the past 7 days. The rating scale ranges from 1 (not at all) to 4 (extremely). There are three separate factors: somatic distress, general feelings of distress, and performance difficulty (7 items each). Overall scores can range from 21 to 84, with higher scored indicating greater distress. Chronbach’s alphas have ranged from .87 to .90 for the total scale and .75 to .88 for the subscales (Leech, 2007; Cepeda-Benito & Short, 1998; Green et al., 1988).

Social Support was measured by the Social Provisions Scale (SPS; Cutrona & Russell, 1987). A 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree) is utilized to assess social relationships. Higher scores indicate stronger social support. The 27 items are divided up into 6 subscales measuring attachment, social integration, nurturance, reassurance of self-worth, reliability of social network, and guidance. In a study with counseling graduate students, Leech (2007) found Chronbach’s alphas ranging from .68 to .76 for the 6 subscales and .91 for the overall scale.

Self-Concealment was measured by the Self-Concealment Scale (SCS; Larson & Chastain (1990). The SPS is a 10-item scale that measures a person’s tendency to conceal personal information that is either distressful or negative. Participants rate each of the 10 items on a 5-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree).
Higher scores indicate a higher level of self-concealment. Reliability coefficients have ranged from .83 to .88 (Larson & Chastain, 1990; Cepida-Benito & Short, 1998).

*Subjective norm* was measured using the four items, “If I were experiencing an emotional problem, my (parents, friends, other family members, professors) would think that, *I should* (7) to *I should not* (1), seek psychotherapy at the university mental health center” (Christopher, 2005, p. 39). Higher scores indicate a more positive perception of social norms relative to seeking counseling. An alpha of .91 for this scale was reported by Christopher (2001) using an ethnically diverse college sample.

**Design**

In order to test all three hypotheses, structural equation modeling (SEM) was utilized to analyze relationships among factors through linear structural relations (LISREL 8.51) developed by Jöreskog and Sörbom (1998). SEM allows the researcher to determine a hypothesized model fit by analyzing the weight of direct and indirect relationships among factors simultaneously. This type of analysis allows for the identification of the unique contribution of each variable based on a hypothesized model.

**Measurement Models.** An additional advantage of structural equation modeling is the ability to incorporate latent variables. A latent variable is “a variable that cannot actually be measured but can only be approximated with actual measures” (Mertler & Vannatta, 2005). For example, in this study, *social support* acts as a latent variable that consists of measurable underlying constructs (i.e., attachment, social integration, opportunity for nurturance, reassurance of worth, reliable alliance, and guidance; Cutrona & Russell, 1987) as it would prove difficult to identify a single, accurate measure for social support. Additionally, distress was measured by three underlying factors
performance, general, and somatic distress; Green, Walkey, McCormick, & Taylor, 1988). Self-concealment, attitude, and intention to seek counseling were each measured by 3 sets of parcels that were created randomly since natural factor groupings did not exist for these particular latent variables (Nasser & Wsenbaker, 2003). According to Yang, Nay, and Hoyle (2010), an advantage of parceling is that it increases the reliability of latent variables that are not comprised of meaningful factor groupings. It should be noted that although parceling is a viable means of analyzing structural models it has been criticized as it can “result in a loss of information about the relative importance of individual items” (p. 3). Finally, as mentioned previously, subjective norm was measured by 4 questions each representing a separate factor (Christopher, 2001; 2005).

By using SEM, the relationships between the underlying constructs for each parcel (or factor) can be measured in order to confirm construct validity within each latent variable (Anderson & Gerbing, 1998). This underlying construct analysis constitutes the first step in a two-step model for testing model fit – confirmatory factor analysis (CFA).

**Structural Models.** The second step involved analyzing the relationships between the latent variables. As mentioned, Leech (2007) examined if the path analysis designed by Cramer (1999) fit specifically for counselors-in-training. Leech did indeed find a good model fit for predicting intention to seek counseling for counseling graduate students. More specifically, Leech found significant path coefficients between self-concealment and social support ($\beta = -.47$), self-concealment and distress ($\beta = .47$), self-concealment and attitude ($\beta = -.18$), distress and intention to seek counseling ($\beta = .16$) and attitude and intention to seek counseling ($\beta = .58$). In this dissertation the same pathways outlined by
Cramer and Leech were examined, but with the added latent variable subjective norm, resulting in additional predicted pathways (see Figure 3).

Finally, goodness of fit was calculated to determine how well the data is explained by the proposed model. This was done by assessing the chi-square ($\chi^2$) value, comparative fit index (CFI; Bentler, 1990), the root mean square error of approximation (RMSEA; Brown & Cudeck, 1993) and the Goodness of Fit Index (GFI; Jöreskog & Sörbom, 1998).

The chi-square goodness of fit statistic measures the discrepancy between the sample and population covariance matrices (Hu & Bentler, 1999). A non-significant chi-square test denotes a good model fit, whereas a significant finding indicates a poor fit to the population covariance matrix. The CFI compares the hypothesized model to a null model in which no relationships between latent variables have been established (Bentler, 1990). According to Bentler, higher values approaching the limit (1.00) indicate a better model fit with .90 or above evidencing a good fit. The GFI theoretically ranges from 0.00 to 1.00 with values at or exceeding .90 indicating a good fit. GFI is considered a more absolute interpretation of fit compared to other goodness of fit models because it only involves the model in question (Kline, 1998). According to Hu and Bentler (1999), the standardized root mean squared residual (SRMR), is a highly sensitive measure of model fit when evaluating the validity of latent variables. It is believed that validity is evidenced when values of < .08 are achieved. Lastly, determining goodness of fit based on RMSEA relies on examining the degrees of freedom with an ideal value of .06 or less for good fit and .10 or above considered a poor fit (Lipperman-Kreda & Grube, 2009).
In order to compare model fit for the three models (Cramer’s, TRA, and the integrated model) and variance in predicting intention to seek counseling (criterion variable), the Akaike (1987) Information Criterion (AIC) was employed. The AIC allows for comparison between non-equivalent (i.e., non-nested) models by calculating a penalty for complexity (Kline, 1998). Because models that include more variables (i.e., more complex) may seem to account for more variance, it is possible for more complex models to appear more favorable when using traditional goodness of fit tests (Kline, 1998). However, the model that actually fits the data best is determined by identifying the model with the smallest AIC score.
Results

Data Screening

Prior to the structural equation modeling analyses, all hypothesized variables were examined for compliance with both univariate and multivariate assumptions using SPSS 18 (SPSS Inc., 2010). Data were screened for both univariate and multivariate outliers, as well as for univariate normality and homoscedasticity.

There were no incidences of missing data from any of the completed surveys, as participants were required to complete each question before moving on to the next, which insured that accidental omissions did not occur. Of the 519 participants who began the surveys, 34 dropped out before completing all of the surveys and were therefore deleted from the data set. An additional 16 participants who identified as doctoral students were deleted, leaving the final pre-data screening count ($N = 469$).

According to Tabachnick and Fidell (2001), univariate outliers are those scores that are greater than 3.29 SD’s from the mean. These were trimmed by changing the raw scores from those cases to “one unit larger or smaller than the next most extreme score in the distribution” (Tabachnick & Fidell, p. 71). Two cases were identified as univariate outliers for more than one question in the social support group and were therefore trimmed. A total of ten multivariate outliers were identified using Mahalanobis Distances of $p < .001$ (Tabacknick & Fidell, 2001). All multivariate outliers were deleted resulting in a final participant count of 459.

Normality of data was assessed using skewness and kurtosis values. Normal distributions are those with skewness and kurtosis values of zero (Mertler & Vannatta, 2005; Tabacknick & Fidell, 2001). According to Muthen and Kaplan (1985), scores that
fall within the -1.50 to +1.50 are still indicative of a normal distribution. In the current study, all values fell within the -1.50 to 1.50 range, denoting normality, except for the DISTR3 factor, which had a skewness value of 1.79 and a kurtosis value of 4.26 (see Table 5). Additionally, the SN4 parcel was slightly kurtotic at 2.01 (see Table 4). According to Chow and Bentler (1995), absolute skewness values greater than 3.0 have been described as “extremely” skewed and absolute kurtosis values greater than 8.0 are considered “extremely” kurtotic. Given that the skewness and kurtosis values in the data were well below these cutoffs, the decision was made to not make any transformation to any variables.

Linearity and homoscedasticity were assessed by examining bivariate scatterplots. This somewhat subjective measure revealed a mostly linear pattern between variables as evidenced by an overall elliptical pattern (Mertler & Vannatta, 2005). Likewise, the scatterplots evidenced homoscedasticity as the band-width between variables remained mostly even across the horizontal plane (Tabacknick & Fidell, 2001).

**Distribution Characteristics**

Tables 1 through 6 describe the mean, standard deviation, reliability, skewness and kurtosis for all latent variables involved in the path analysis. Included are the randomized parcel or factor groups that comprise each variable.
Table 1.

Social Support 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><strong>Social Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SS1</td>
<td>13.91</td>
<td>2.10</td>
<td>0.76</td>
<td>-0.82</td>
<td>-0.15</td>
</tr>
<tr>
<td>SS2</td>
<td>13.88</td>
<td>1.81</td>
<td>0.78</td>
<td>-0.48</td>
<td>-0.75</td>
</tr>
<tr>
<td>SS3</td>
<td>13.43</td>
<td>1.96</td>
<td>0.75</td>
<td>-0.22</td>
<td>-0.75</td>
</tr>
<tr>
<td>SS4</td>
<td>14.61</td>
<td>1.71</td>
<td>0.73</td>
<td>-1.14</td>
<td>0.69</td>
</tr>
<tr>
<td>SS5</td>
<td>14.57</td>
<td>1.74</td>
<td>0.83</td>
<td>-1.02</td>
<td>0.15</td>
</tr>
<tr>
<td>SS6</td>
<td>12.81</td>
<td>2.18</td>
<td>0.76</td>
<td>-0.54</td>
<td>0.45</td>
</tr>
</tbody>
</table>

*Note.* The higher the score, the greater the feeling of social support ($N = 459$).

Attachment = SS1; Social = SS2; Worth = SS3; Alliance = SS4; Guidance = SS5; and Nurture = SS6.
Table 2

*Self-concealment Standard Deviations, Reliabilities, Skewness, and Kurtosis*

<table>
<thead>
<tr>
<th>Latent variable and Parcels</th>
<th>Cronbach’s</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>Alpha</td>
<td>Skewness</td>
</tr>
<tr>
<td>Self-concealment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC1</td>
<td>9.85</td>
<td>3.67</td>
<td>0.73</td>
<td>0.32</td>
</tr>
<tr>
<td>SC2</td>
<td>6.97</td>
<td>2.74</td>
<td>0.67</td>
<td>0.58</td>
</tr>
<tr>
<td>SC3</td>
<td>7.21</td>
<td>2.73</td>
<td>0.70</td>
<td>0.41</td>
</tr>
</tbody>
</table>

*Note.* The higher the score, the greater the self-concealment ($N = 459$).
Table 3

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

<table>
<thead>
<tr>
<th>Latent variable and Parcels</th>
<th>Cronbach’s</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>Alpha</td>
<td>Skewness</td>
</tr>
<tr>
<td>Attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTIT1</td>
<td>18.67</td>
<td>2.68</td>
<td>0.62</td>
<td>-0.46</td>
</tr>
<tr>
<td>ATTIT2</td>
<td>10.19</td>
<td>1.45</td>
<td>0.54</td>
<td>-0.83</td>
</tr>
<tr>
<td>ATTIT3</td>
<td>14.22</td>
<td>1.60</td>
<td>0.52</td>
<td>-1.00</td>
</tr>
</tbody>
</table>

*Note.* The higher the score, the more positive the attitude toward seeking help (N = 459).
Table 4

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

<table>
<thead>
<tr>
<th>Latent variable and Items</th>
<th>$M$</th>
<th>$SD$</th>
<th>Cronbach’s Alpha</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjective Norm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SN1</td>
<td>4.06</td>
<td>1.84</td>
<td>-</td>
<td>-0.23</td>
<td>-1.09</td>
</tr>
<tr>
<td>SN2</td>
<td>3.93</td>
<td>1.72</td>
<td>-</td>
<td>-0.25</td>
<td>-0.98</td>
</tr>
<tr>
<td>SN3</td>
<td>4.92</td>
<td>1.57</td>
<td>-</td>
<td>-0.80</td>
<td>0.12</td>
</tr>
<tr>
<td>SN4</td>
<td>5.90</td>
<td>1.40</td>
<td>-</td>
<td>-1.49</td>
<td>2.10</td>
</tr>
</tbody>
</table>

*Note.* The higher the score, the greater the adherence to social influence ($N = 459$). The overall Cronbach’s Alpha for the Subjective Norm measure was 0.76.
Table 5

*Distress Standard Deviations, Reliabilities, Skewness, and Kurtosis*

<table>
<thead>
<tr>
<th>Latent variable and Factors</th>
<th>Cronbach’s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
</tr>
<tr>
<td>Distress</td>
<td></td>
</tr>
<tr>
<td>DISTR1</td>
<td>11.71</td>
</tr>
<tr>
<td>DISTR2</td>
<td>12.27</td>
</tr>
<tr>
<td>DISTR3</td>
<td>10.10</td>
</tr>
</tbody>
</table>

*Note.* The higher the score, the more distress reported ($N = 459$). Performance = DISTR1; General = DISTR2; and Somatic = DISTR3.
Table 6

*Intention to Seek Counseling 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISC1</td>
<td>14.02</td>
<td>3.20</td>
<td>0.64</td>
<td>-0.01</td>
<td>-0.02</td>
</tr>
<tr>
<td>ISC2</td>
<td>16.29</td>
<td>4.00</td>
<td>0.75</td>
<td>-0.51</td>
<td>-0.18</td>
</tr>
<tr>
<td>ISC3</td>
<td>12.29</td>
<td>2.83</td>
<td>0.67</td>
<td>0.18</td>
<td>0.13</td>
</tr>
</tbody>
</table>

*Note.* The higher the score, the higher the intent to seek out counseling ($N = 459$).
**Demographic Information**

The final sample \((N = 459)\) included 20 African Americans (4.4%), 15 Asian or Pacific Islander (3.3%), 34 Latino/a (7.5%), 5 American Indian or Native Alaskan (1.2%), 377 white or European in origin (82.6%) and 8 “other” participants (1.7%). Regarding gender, 51 (11.2%) of the participants were male and 408 (88.8%) were female. The mean age of participants was 30.49 (SD = 8.74). Of the 459 participants, 376 (82%) reported engaging in personal counseling in the past, whereas, 83 (18%) had never sought out personal counseling. Regarding current contemplation for personal counseling, 257 (56%) stated they were considering seeking out personal counseling and 202 (44%) reported that they were not.

**Preliminary Statistics**

Prior to testing the hypothesized latent variable path analyses, a confirmatory factor analysis (CFA) was conducted to ensure construct validity for each latent variable (Kline, 1998). Chi-square values and goodness of fit statistics were analyzed for all 6 latent variables used in the integrated model to examine how well the factors (or parcels) represented the variables they comprised (see Table 7). Although the chi-square statistic revealed a significant result (746.96; \(p < .001\)), the CFI revealed a good model fit as the criterion of \(>.90\) was met at .92. The GFI (.87) was close to meeting the criterion of \(>.90\), and the RMSEA approached the criterion of \(< .06\) at .08. Additionally, the SRMR (.06) met the cut-off criteria of \(< .08\) (Hu & Bentler, 1999). As illustrated in Table 8, factor loadings for the measurement model were all statistically significant at \(p < .01\). Overall, the CFA model provided an adequate fit to the data (Lipperman-Kreda & Grube, 2009).
Table 7

Confirmatory Factor Analysis Goodness of Fit Statistics

<table>
<thead>
<tr>
<th>Model</th>
<th>SRMR</th>
<th>CFI</th>
<th>GFI</th>
<th>$\chi^2$</th>
<th>p</th>
<th>df</th>
<th>RMSEA</th>
<th>90% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated All Variables</td>
<td>.06</td>
<td>.92</td>
<td>.87</td>
<td>746.96</td>
<td>&lt;.001</td>
<td>194</td>
<td>.08</td>
<td>.07; .09</td>
</tr>
</tbody>
</table>

*Note.* SRMR = Standardized Root Mean Square Residual; CFI = Comparative Fit Index; GFI = Goodness of Fit Index; RMSEA = Root Mean Square Error of Approximation.
Table 8

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>Social Support</td>
<td>SS1</td>
<td>0.84</td>
</tr>
<tr>
<td>Social Support</td>
<td>SS2</td>
<td>0.78</td>
</tr>
<tr>
<td>Social Support</td>
<td>SS3</td>
<td>0.67</td>
</tr>
<tr>
<td>Social Support</td>
<td>SS4</td>
<td>0.88</td>
</tr>
<tr>
<td>Social Support</td>
<td>SS5</td>
<td>0.90</td>
</tr>
<tr>
<td>Social Support</td>
<td>SS6</td>
<td>0.34</td>
</tr>
<tr>
<td>Intention</td>
<td>ISC1</td>
<td>0.86</td>
</tr>
<tr>
<td>Intention</td>
<td>ISC2</td>
<td>0.91</td>
</tr>
<tr>
<td>Intention</td>
<td>ISC3</td>
<td>0.90</td>
</tr>
<tr>
<td>Distress</td>
<td>SS1</td>
<td>0.67</td>
</tr>
<tr>
<td>Distress</td>
<td>SS2</td>
<td>0.72</td>
</tr>
<tr>
<td>Distress</td>
<td>SS3</td>
<td>0.54</td>
</tr>
<tr>
<td>Self-concealment</td>
<td>SC1</td>
<td>0.86</td>
</tr>
<tr>
<td>Self-concealment</td>
<td>SC2</td>
<td>0.91</td>
</tr>
<tr>
<td>Self-concealment</td>
<td>SC3</td>
<td>0.90</td>
</tr>
<tr>
<td>Subjective Norm</td>
<td>SN1</td>
<td>0.86</td>
</tr>
<tr>
<td>Subjective Norm</td>
<td>SN2</td>
<td>0.91</td>
</tr>
<tr>
<td>Subjective Norm</td>
<td>SN3</td>
<td>0.59</td>
</tr>
<tr>
<td>Subjective Norm</td>
<td>SN4</td>
<td>0.37</td>
</tr>
<tr>
<td>Attitude</td>
<td>ATTIT1</td>
<td>0.86</td>
</tr>
<tr>
<td>Attitude</td>
<td>ATTIT2</td>
<td>0.69</td>
</tr>
<tr>
<td>Attitude</td>
<td>ATTIT3</td>
<td>0.71</td>
</tr>
</tbody>
</table>

Note: All factor loadings were significant at $p < .01$
Main Analysis

In hypothesis 1, it was predicted that the TRA model would provide a good fit to the data and all latent variable paths would be statistically significant. However, analysis of the TRA model resulted in a non-positive definite covariance matrix. This suggests that the model was not reproducible with the current data set. However, the variables that comprise the TRA model (attitude and subjective norm) functioned normally in both the integrated model and Cramer’s (1999) model. As such, hypotheses were tested for the two remaining models, leaving the TRA model untested.

In hypothesis 2, it was predicted that Cramer’s (1999) model would provide a good fit to the data and all latent variable paths would be statistically significant. Consistent with prediction, although the $\chi^2$ value was statistically significant (505.79; $p < .001$), the SRMR (.06), CFI (.93), GFI (.89), and RMSEA (.08) all indicated a relatively good model fit for the Cramer’s (1999) model (see Table 9). The standardized regression path coefficients for Cramer’s (1999) model are illustrated in Figure 4. Cohen (1988) offers a set of guidelines (cutoffs) when interpreting the strength of standardized path coefficients. Values less than .10, close to .30, and .50 or more can be considered small, medium, and large effects respectively. Partially consistent with prediction, all hypothesized paths (with the exception of self-concealment $\rightarrow$ attitude) were statistically significant.

In hypothesis 3, it was asserted that an integrated model, in which subjective norm is added to Cramer’s (1999) model, would provide a good model fit and evidence all statistically significant latent variable pathways. Consistent with prediction, although the $\chi^2$ value was statistically significant (611.31; $p < .001$) the SRMR (.07), CFI (.94),
GFI (.89), and RMSEA (.07) all indicated a relatively good model fit for the integrated model (see Table 10). By adding subjective norm to the integrated model, 3 new pathways were created (social support → subjective norm, self-concealment → subjective norm, and subjective norm → intention; see Figure 5). As predicted, the 3 new hypothesized paths were statistically significant. However, contrary to prediction, self-concealment positively predicted subjective norm, and as in the Cramer’s (1999) model, self-concealment was not a statistically significant predictor of attitude.

Although the TRA model could not be analyzed, the integrated model was compared to Cramer’s (1999) model to discern which model proved a better fit to the data. In contrast to hypothesis 3, the integrated model did not provide a better fit to the data in predicting intention to seek counseling as evidenced by a higher Akaike Information Criterion (AIC) score (721.31) compared to the Cramer model (589.79).
Table 9

*Main Analysis Goodness of Fit Statistics*

<table>
<thead>
<tr>
<th>Model</th>
<th>SRMR</th>
<th>CFI</th>
<th>GFI</th>
<th>$\chi^2$</th>
<th>$p$</th>
<th>df</th>
<th>RMSEA</th>
<th>90% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cramer’s</td>
<td>.06</td>
<td>.93</td>
<td>.89</td>
<td>505.79</td>
<td>&lt;.001</td>
<td>129</td>
<td>.08</td>
<td>.07; .09</td>
</tr>
</tbody>
</table>

*Note.* SRMR = Standardized Root Mean Square Residual; CFI = Comparative Fit Index; GFI = Goodness of Fit Index; RMSEA = Root Mean Square Error of Approximation.
Table 10

*Main Analysis Goodness of Fit Statistics*

<table>
<thead>
<tr>
<th>Model</th>
<th>SRMR</th>
<th>CFI</th>
<th>GFI</th>
<th>$\chi^2$</th>
<th>$p$</th>
<th>df</th>
<th>RMSEA</th>
<th>90% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated</td>
<td>.07</td>
<td>.94</td>
<td>.89</td>
<td>611.31</td>
<td>&lt;.001</td>
<td>198</td>
<td>.07</td>
<td>.06; .07</td>
</tr>
</tbody>
</table>

_Note._ SRMR = Standardized Root Mean Square Residual; CFI = Comparative Fit Index; GFI = Goodness of Fit Index; RMSEA = Root Mean Square Error of Approximation.
Figure 4. Latent variable path analysis for Cramer’s (1999) model. All paths represented by solid lines were significant at $p < .05$. Dashed lines represent non-significant paths. SS = social support; SC = self-concealment; DISTR = distress; ATITT = attitude; INTENT = intention to seek counseling.
Figure 5. Latent variable path analysis for the integrated model. All paths represented by solid lines were significant at \( p < .05 \). Dashed lines represent non-significant paths. SS = social support; SC = self-concealment; DISTR = distress; SN = subjective norm; ATTIT = attitude; INTENT = intention to seek counseling.
Discussion

The main purpose of this study was to determine if a model integrating the Theory of Reasoned Action (TRA) and Cramer’s (1999) model (i.e., adding subjective norm to the Cramer model) better predicted help-seeking intention by counselors-in-training than either of the two models independently. In testing these models, it was hoped that counseling faculty and students may gain better awareness of the antecedents that lead to an important variable in counseling career development: intention (willingness) to seek psychological help. Although it is not being argued that all counselors must engage in personal therapy in order to achieve therapeutic competency, the literature is clear that counselor self-awareness, which can be facilitated by personal counseling, is paramount in promoting competency factors such as strong mental keenness, maintaining a healthy therapeutic relationship, and reducing burnout (Grimmer & Tribe, 2001), as well as increasing multicultural competency (Sue, Arredondo, & McDavis, 1992).

Although TRA has been used to predict psychological help-seeking intention, as well as other types of behaviors, it was unknown how well TRA would predict help-seeking intention specifically for counselors in training. Leech (2007), found a good model fit using Cramer’s (1999) model to predict psychological help-seeking intention by masters-level counselors in training. It was hypothesized that both the TRA and Cramer’s (1999) models would provide a good model fit to the data independently based on the predictive power of each model evidenced in previous studies. However, it was also predicted that an integrated model would prove more powerful than either of the other
two models independently, due to the additional variance captured by subjective norm in past studies.

Regarding the TRA model, a non-positive definite covariance matrix resulted in an inability to reproduce the model with the data in this study. According to Brown (2006), input errors and variables that are too highly correlated have contributed to this finding in previous studies. However, in this dissertation, the predictor variables comprising TRA (attitude and subjective norm) functioned normally in both the integrative model and Cramer’s (1999) model, leaving the exact reason for a non-positive definite finding unknown. Although the TRA model was left untested in this study, the remaining two hypotheses were tested.

In support of hypothesis 2, Cramer’s (1999) model was generally replicated. Self-concealment negatively predicted social support and positively predicted distress; social support negatively predicted distress; and distress and attitude positively predicted intention to seek help. Although self-concealment was a negative predictor of attitude as hypothesized, the relationship between the variables was not significant at $p < .05$. This non-significant pathway differed from the finding by Leech (2007), who also predicted intention to seek psychological help by masters-level counselors in training and others who examined intention to seek help by undergraduates (e.g., Cepeda-Benito & Short, 1998; Kelly & Achter, 1995).

In partial support of hypothesis 3, elements of the integrated model were substantiated. Self-concealment was a significant negative predictor of social support and attitude, and a significant positive predictor of distress. However, contrary to what was hypothesized, self-concealment positively predicted subjective norm, which to the best of
my knowledge, is a relationship that has not been tested previously. Additionally, as predicted, social support was a significant negative predictor of distress and a significant positive predictor of subjective norm. Distress, attitude, and subjective norm were all significant positive predictors of intention to seek help. As hypothesized, and consistent with the results yielded from Cramer’s (1999) model, self-concealment negatively predicted attitude; however, the relationship between the two variables was not significant at $p < .05$.

By integrating the two models, two previously untested pathways were created (i.e., self-concealment $\rightarrow$ subjective norm and social support $\rightarrow$ subjective norm). As mentioned and contrary to what was hypothesized, self-concealment was a positive predictor of subjective norm. A negative relationship was anticipated due to the likelihood that a person who engages in higher levels of self-concealment (i.e., they are more reluctant to disclose personally distressful information with others) may be more likely to adhere to social pressure not to engage in a particular behavior, thus exhibiting lower-levels of subjective norm (i.e., seeking counseling is perceived negatively). Further examination is warranted to discern the etiology of the positive relationship between self-concealment and subjective norm. The other previously untested pathway (social support $\rightarrow$ subjective norm) did evidence a significant positive relationship as predicted. It seemed intuitive that as a person received more social support for personal issues, they were more likely to perceive seeking help for personal issues as more normative or acceptable.

Subjective norm has been shown to be a significant predictor of one’s intention to engage in various behaviors. This includes a person’s intention to seek psychological
services when coupled with an attitude measure (e.g., Bayer & Peay, 1997; Codd & Cohen, 2003; Christopher, Skillman, Kirkhart, and D’Souza, 2006; Deane & Todd, 1996; Goddard, 2003). However, to the best of my knowledge subjective norm has yet to be examined as a direct predictor of intention to seek counseling specifically for masters-level counselors in training. Subjective norm was a statistically significant positive predictor of intention to seek counseling for counselors in training.

Lastly, in hypothesis 3 it was also predicted that the integrated model would provide a statistically significantly better fit to the data than either of the other two models (i.e., TRA or Cramer’s) alone. Although the data was not examined for the TRA model due to a non-positive definite matrix, the integrated model was compared to Cramer’s (1999) model. Contrary to what was hypothesized, the Cramer model evidenced a better model fit using the Akaike (1987) Information Criterion (AIC), which calculates a penalty for complexity (i.e., for having a greater amount of predictor variables). Based on this finding, although subjective norm did evidence a significant relationship with social support and self-concealment, and directly predicted intention to seek counseling, it did not improve model fit. Thus, Cramer’s (1999) model proved a better model fit to the data than the integrated model.

Several considerations should be made regarding the findings of this dissertation. Strengths of the data collected included the relatively large sample size (N = 459) and the diversity of locations among participating counseling programs as participants from every region of the United States were surveyed. However, as a byproduct of email-based participant recruitment, only a handful of participants hailed from each school, leaving uncertainty regarding how well participants represented their entire cohorts. Second, all
variables were measured from data derived from self-report inventories. As such, it is important to consider potential ways in which participants may have responded based on knowledge of the researcher’s intent and what participants perceived was expected of counseling graduate students. Third, although demographic information was collected regarding participant’s previous experience with counseling, outcome data was not compared between groups (i.e., a comparison between the group with counseling experience and the group never having participated in counseling). It should be noted that counselors-in-training with previous counseling experience have evidenced more favorable attitudes toward seeking counseling, especially those who rated their counseling experiences more positively (Troff, 2007). Given the large discrepancy in terms of sample size between those with and without a counseling history, a comparison of these two groups within an SEM framework was not possible.

The present study helped to further previous research examining the antecedents of help-seeking behavior for counselors in training by comparing two previous models used to predict intention to seek psychological help and by comparing an integration of the two models. By integrating the two previously studied models (Cramer’s and TRA), two new significant pathways were revealed that enrich our understanding of the interplay between variables that predict counseling student’s willingness to engage in their own personal counseling. In future research, it would be interesting to further examine the positive relationship found between self-concealment and subjective norm. Additionally, receiving higher levels of social support appeared to provide counseling students with a normative experience, therefore increasing the likelihood that they would perceive help seeking in a more positive light.
As previously mentioned, subjective norm, which is the TRA factor not shared in Cramer’s (1999) model, was a positive predictor of intention to seek counseling. Considering this finding, it will be important to test the predictive power of subjective norm in future studies that examine willingness to seek counseling by masters-level counseling students. This finding further bolsters the power of social influence on intended behavior, which highlights the importance of destigmatizing the utilization of counseling services among masters-level counseling students.

Although the primary objective of this study was to compare a new model with previously studied models that examined predictor variables of help-seeking intention, it will be important in future studies to identify if intention to seek psychological help is a significant predictor of actual help seeking behavior (Christopher, 2005). Moreover, the importance of counselors-in-training seeking therapy could be established by examining the efficacy of personal therapy on counselor effectiveness (Leech, 2007).

In conclusion, by better understanding the variables that predict intention to seek counseling by masters-level counselors in training, faculty and administrators in graduate programs may better understand the salient influences on help-seeking behavior by their students, providing them with a more informed position for promoting the destigmatization of seeking counseling services by future counselors.
References


Hao, Z., Liang, B. (2007). Predictors of college students' attitudes toward seeking


Appendix A

Recruiting Email for Program Directors/Coordinators; Participant Greeting
Dear Dr. Program Director/Coordinator,

My name is Chad McGhee. I am a doctoral student in clinical psychology at Pacific University. This is an invitation for counseling students in your program to participate in my dissertation study. I am conducting a study that is examining the variables that predict willingness to seek personal counseling for graduate-level mental health practitioners in training. My dissertation committee members are Dr. Michael Christopher (chair) and Dr. Jane Tram. I am using an online data collection method (SurveyMonkey), which includes an informed consent explaining the voluntary nature of the study and a link to the surveys, which are anticipated to take students approximately 15 minutes to complete. Student names will be kept anonymous and only minimal risk to students is anticipated. I have IRB approval (I can send the approval form if you wish). Please forward or distribute the following message to your students. Thank you very much in advance.

**Greeting to be sent to students:**

Hello,

My name is Chad McGhee, I am a doctoral student in clinical psychology at Pacific University. I need your help in gathering data for my dissertation. I am writing you specifically because you are a graduate student in counseling. If you choose to participate by clicking on the link below, you will be taken to a set of online surveys that will take approximately 15 minutes to complete. I realize your time is precious and so in appreciation of your help, you will be entered into a drawing to win a $50 gift certificate to Starbucks.

This is anonymous online survey, and your contact information (optional for sending you a possible Starbucks gift card prize) will be collected independently from your responses to the online questionnaires. Your contact information will be handled confidentially and will be deleted upon completion of my study.

Please help me to 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 to the internet browser, or right-click and select open-hyperlink option.

Thank you so much for helping me complete my study.

Sincerely,

Chad McGhee, M.S.
Doctoral Candidate
School of Professional Psychology
Pacific University
XXX-XXX-XXXX
Appendix B

Internet Informed Consent
Consent Form

Investigator
Chad McGhee, M.S.
Pacific University School of Professional Psychology
mcgh2185@pacificu.edu

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

2. Invitation and Purpose:
You are invited to participate because you are enrolled in a counseling program and we are interested in examining the help seeking behaviors of potential counselors. This study is being conducted by Chad McGhee, M.S., a student at Pacific School of Professional Psychology, in order to fulfill dissertation requirements. Please read this form carefully and email any questions prior to beginning the questionnaire. Thank you for your participation.

3. Materials and Procedures:
If you agree to participate in the study, you will be asked to complete several brief questionnaires, which should take approximately 20 minutes in total, with the longest time anticipated at approximately 25 minutes.

4. Participant Characteristics and Exclusionary Criteria:
Only students who are enrolled in a master’s-level graduate program in counseling and are aged 18 years or older may participate in the study. Participants who do not meet these criteria will be excluded.

5. Anticipated Risks and Steps Taken to Avoid Them:
There is minimal risk associated with participating in the study. Although unlikely, it is possible that participants may find survey questions distressing. Should you feel distress as a result of participating in the study, please contact your campus student counseling center. Please note that study data and informed consent will be kept separate and confidential.

6. Anticipated Direct Benefits to Participants:
There are no direct benefits for participants.

7. Participant Payment:
In appreciation of your participation, you are eligible for a drawing to win a $50 gift certificate to Starbucks.
8. 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 medical
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.

9. Adverse Event Reporting Plan:
Should an unexpected and adverse reaction occur, the Institutional Review Board (503-
352-2215) and faculty advisor Dr. Michael Christopher (503-352-2498) will be notified
immediately.

10. Promise of Privacy:
Your test answers will be kept anonymous. Neither your name nor any identifying
information will be requested on survey responses. If the results of this study are to be
presented or published, we will not include any information that will make it possible to
identify you as an individual.

11. Voluntary Nature of Study:
Your decision whether or not to participate will not affect your current or future relations
with your school. If you decide to participate, you can choose to stop at anytime for any
reason. If you withdraw prior to completing the study, you will still remain eligible to
win the gift certificate drawing.

12. Contacts and Questions
The researchers will be happy to answer any questions you may have at any time during
the course of the study.
Complete contact information for the researchers is noted on the first page of this form. If
the study in question is a
student project, please contact the faculty advisor. 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. All
concerns and questions will be kept in confidence.

13. Statement of Consent:
By clicking on the “Next>>>” button below, you are agreeing that you are at least 18
years old and are agreeing to participate in this research study. Please print a copy of this
page for your records.

Contact Information:
You may voluntarily provide your contact information at the end of the survey in case
any issues arise with the study and participants need to be notified and/or you would like
to be apprised of the study results. Additionally, your contact information will be needed
if you wish to enter into the drawing for a $50 Starbuck’s gift card. Please note that your contact information will not be linked to your survey responses and therefore you will not lose your confidentiality if you volunteer your contact information.
Appendix C

Demographic Information
Demographic Questionnaire.

1. Please circle your gender.
   
   Male               Female

2. What is your current age? _____________

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

4. 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)________________________

5. Does your current program require personal counseling for completion?
   Yes      No   (Please circle one)

6. Have you ever participated in personal counseling?
   Yes      No   (Please circle one)

7. Are you currently considering attending personal counseling?
   Yes      No   (Please circle on)
Appendix D

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>
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.
   1 2 3 4

9. A person should work out his or her own problems; getting psychological counseling would be a last resort.
   1 2 3 4

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

Appendix F

Hopkins Symptoms Checklist - 21
Use the numbers below to describe how distressing you have found the statements in these 21 items to be over the past seven days including today.

4: Extremely
3: Quite a bit
2: A little
1: Not at all

1. Difficulty in speaking when you are excited  1  2  3  4
2. Trouble remembering things     1  2  3  4
3. Worried about sloppiness or carelessness  1  2  3  4
4. Blaming yourself for things     1  2  3  4
5. Pains in the lower part of your back     1  2  3  4
6. Feeling lonely  1  2  3  4
7. Feeling blue     1  2  3  4
8. Your feelings being easily hurt     1  2  3  4
9. Feeling others do not understand you or are unsympathetic     1  2  3  4
10. Feeling that people are unfriendly or dislike you     1  2  3  4
11. Having to do things very slowly in order to be sure you are doing them right     1  2  3  4
12. Feeling inferior to others     1  2  3  4
13. Soreness of your muscles     1  2  3  4
14. Having to check and double-check what you do     1  2  3  4
15. Hot or cold spells     1  2  3  4
16. Your mind going blank     1  2  3  4
17. Numbness or tingling in parts of your body     1  2  3  4
18. A lump in your throat     1  2  3  4
19. Trouble concentrating     1  2  3  4
20. Weakness in parts of your body     1  2  3  4
21. Heavy feelings in your arms and legs     1  2  3  4
Appendix G

Social Provisions Scale
Instructions: In answering the following questions, think about your current relationships with friends, family members, co-workers, community members, and so on. Please indicate to what extent each statement describes your current relationships with other people. Use the following scale to indicate your opinion:


So, for example, if you feel a statement is very true of your current relationships, you would respond with a 4 (strongly agree). If you feel a statement clearly does not describe your relationships, you would respond with a 1 (strongly disagree).

1. There are people I can depend on to help me if I really need it.
2. I feel that I do not have close personal relationships with other people.
3. There is no one I can turn to for guidance in times of stress.
4. There are people who depend on me for help.
5. There are people who enjoy the same social activities I do.
6. Other people do not view me as competent.
7. I feel personally responsible for the well-being of another person.
8. I feel part of a group of people who share my attitudes and beliefs.
9. I do not think other people respect my skills and abilities.
10. If something went wrong, no one would come to my assistance.
11. I have close relationships that provide me with a sense of emotional security and well-being.
12. There is someone I could talk to about important decisions in my life.
13. I have relationships where my competence and skill are recognized.
14. There is no one who shares my interests and concerns.
15. There is no one who really relies on me for their well-being.
16. There is a trustworthy person I could turn to for advice if I were having problems.
17. I feel a strong emotional bond with at least one other person.
18. There is no one I can depend on for aid if I really need it.
19. There is no one I feel comfortable talking about problems with.
20. There are people who admire my talents and abilities.
21. I lack a feeling of intimacy with another person.
22. There is no one who likes to do the things I do.
23. There are people I can count on in an emergency.
24. No one needs me to care for them.
Appendix H

Self-Concealment Scale
To what extent do you agree or disagree with the statements below? Please circle the number representing the appropriate response.

<table>
<thead>
<tr>
<th>1</th>
<th>Strongly Disagree</th>
<th>2</th>
<th>Disagree</th>
<th>3</th>
<th>Neutral</th>
<th>4</th>
<th>Agree</th>
<th>5</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>
1 2 3 4 5 I have an important secret that I haven't shared with anyone.
1 2 3 4 5 If I shared all my secrets with my friends, they'd like me less.
1 2 3 4 5 There are lots of things about me that I keep to myself.
1 2 3 4 5 Some of my secrets have really tormented me.
1 2 3 4 5 When something bad happens to me, I tend to keep it to myself.
1 2 3 4 5 I'm often afraid I'll reveal something I don't want to.
1 2 3 4 5 Telling a secret often backfires and I wish I hadn't told it.
1 2 3 4 5 I have a secret that is so private I would lie if anybody asked me about it.
1 2 3 4 5 My secrets are too embarrassing to share with others.
1 2 3 4 5 I have negative thoughts about myself that I never share with anyone.
Appendix I

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.

strongly somewhat slightly neither slightly somewhat strongly

2. If I were experiencing an emotional problem, my other family members (e.g., brother, aunt, grandparents, etc.) would think that I should seek psychotherapy from my university mental health center.

strongly somewhat slightly neither slightly somewhat strongly

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

strongly somewhat slightly neither slightly somewhat strongly

4. If I were experiencing an emotional problem, my professors/teachers would think that I should seek psychotherapy from my university mental health center.

strongly somewhat slightly neither slightly somewhat strongly