THESIS

A COMPARATIVE ANALYSIS OF WILLINGNESS TO SEEK PERSONAL THERAPY BETWEEN BEGINNING AND ADVANCED COUNSELING GRADUATE STUDENTS

Submitted by

Nicole Landwehr

School of Education

In partial fulfillment of the requirements

For the Degree of Master of Education

Colorado State University

Fort Collins, Colorado

Spring 2012

Master's Committee:

Advisor: Nathalie Kees

Laurie Carlson
Silvia Canetto

ABSTRACT

A COMPARATIVE ANALYSIS OF WILLINGNESS TO SEEK PERSONAL THERAPY BETWEEN BEGINNING AND ADVANCED COUNSELING GRADUATE STUDENTS

The purpose of this study was to examine counseling graduate students' willingness to seek counseling. Ægisdóttir and Gerstein (2009) determined three components of willingness to seek counseling: stigma tolerance, intent, and expertness. These three constructs, along with overall willingness, were assessed utilizing the Beliefs About Psychological Services (BAPS) scale, developed by Ægisdóttir and Gerstein. The independent variables of beginning and advanced counseling students were created based on research that demonstrated differences between entry-level students and doctoral students (Skovholt & Ronnestad, 1992) and research that examined three levels of beginning versus advanced counseling graduate students (Roach & Young, 2007). Master's level counseling students (N = 37) from four universities completed the BAPS scale on willingness to seek counseling and a demographic questionnaire.

No statistically significant results were found between beginning and advanced counseling graduate students on the dependent variables of overall willingness, stigma tolerance, intent, and expertness utilizing four independent sample *t*-tests. Past literature was examined in accordance with the current findings. Participants reported similar levels

of current use of counseling and past use of counseling as in previous research. Limitations are explored, as well as implications for counseling graduate programs and future research.

TABLE OF CONTENTS

INTRODUCTION……..……1

LITERATURE REVIEW…….……...…..13
Personal Therapy for Counseling Graduate Students….……..…13
Prevalence of …….……...13
Effects of Personal Therapy for Therapists (Benefits/Non-benefits) …...18
Reasons for Seeking Therapy……...23
Current Personal Therapy Requirements……...26
Differences between Beginning and Advanced Counseling Students…...29
Willingness to Seek Counseling……...…….....33
Overall Willingness……...33
Stigma Tolerance……...42
Intent……..……...…….…44
Expertness……..……...……46
Conclusion……48

METHODS……50

RESULTS……..59

DISCUSSION……68

REFERENCES……..84

APPENDICES……..….90
A: Application to the Institutional Review Board…….……....……...……90
B: Beliefs About Psychological Services scale…….…...…….93
C: BAPS-Adapted for Present Study ……..……...……95
D: BAPS Sub-Scale Items ……...….……97
E: Demographic Questionnaire…….……...….…….99
F: Anonymous Comments from Open-Ended Question…….…….……...101
G: Consent/ Cover Letter……...…...……..103
H: Debriefing Message……...……...…..……105

CHAPTER 1: INTRODUCTION

Background

Irvin Yalom (2007), in his book The Gift of Therapy, reasoned,

> Though there are many phrases for the therapeutic relationship… [I] think of my patients and myself as *fellow travelers*, a term that abolishes distinctions between "them" (the afflicted) and "us" (the healers). During my training I was often exposed to the idea of the fully analyzed therapist, but as I have progressed through life…I have come to realize the mythic nature of this idea. We are all in this together and there is no therapist and no person immune to the inherent tragedies of existence (p. 7).

Professional debates often occur regarding therapists as clients in therapy. As Yalom (2007) discussed in his book, there is often a clear distinction made between those treating mental health and those receiving mental health services. Many professionals are arguing against this socially accepted separation so that professional therapists become willing to utilize mental health services. The mental health profession challenges and necessitates continuous development of the individual, both personally and professionally. Treating clients is an inherent cause of anxiety and disturbance and can intensify a practitioner's psychological issues (Norcross & Prochaska, 1986). This is especially important in cases where therapists are themselves suffering from some sort of psychological disturbance. Some studies have found that individuals in mental health professions suffer from psychological disturbances at higher rates than the clients they were treating (Guy & Liaboe, 1986; White & Franzoni, 1990). While this may be an issue of who is selecting to enter the mental health profession, it is additional evidence for mental health practitioners to manage their self-care and be cautious about the potential

for personal impairment. However, studies have shown that many counselors have practiced when they were impaired (Lawson, 2007; Pope, Tabachnick, & Keith-Spiegel, 1987). Pope, Tabachnick, and Keith-Spiegel found that 60% of their therapist respondents counseled clients when they were too distressed to be effective. While supervision in counseling aims to prevent impaired counselors from working with clients, the role of a supervisor should not be to help their supervisees work through that impairment. This highlights the importance of a unique and confidential relationship, such as personal therapy, where impaired counselors can work through their issues.

In addition to the risk of personal and professional impairment, Deutsch (1984) noted in her study on self-reported stress of psychotherapists in the Midwest, that many psychotherapists experienced extremely stressful client situations at least once a week. Many psychotherapists attribute a need to live up to high expectations of being a psychotherapist and feel personally inadequate if those expectations are not met (Deutsch). It is understandable that stressful client situations could lead to increased stress in the therapist; however, it is imperative to be working through those feelings and beliefs continuously to remain mentally sane and an effective counselor. Personal therapy is a reasonable outlet to work through those struggles and maintain awareness of when working with clients can affect counselors' personal lives.

While there are multiple studies that cite inherent benefits of personal counseling for mental health practitioners, (Bermak, 1977; Macran, Smith, & Stiles, 1999; McNamara, 1986; Norcross, 2010; Norcross & Porchaska, 1986; Wampler & Strupp, 1976) there are still those who argue personal therapy has the potential for no benefits or even negative effects (Greenberg, 1981; Macaskill, 1988). Some of the negative effects

included a concern that if inexperienced counselors are practicing and experiencing therapy at the same time, empathy and client outcomes may be diminished (Greenberg). Many of the studies that found negative effects did not control for personal impairment in counselors, leading to a questionable relationship (Wampler & Strupp). Other studies argue that a lack of evidence of positive effects is important to note when considering personal therapy for therapists (Macaskill). While there are no ethical codes or laws that directly require practicing mental health practitioners to seek out personal therapy, many argue that it is the role of graduate programs to encourage or require their students to engage in personal therapy (Bermak; Guy & Liaboe, 1986; Norcross).

Norcross (2010) highlights the need for counseling graduate programs to advocate for trainees' personal therapy. She even goes on to say, "without personal therapy, I believe beginner counselors are handicapped [sic]- counseling others without knowing the potential impact and resource of their own psyches and applying knowledge without having experienced its truth from the inside out" (Norcross, p. 42). As graduate programs are responsible for training future mental health professionals, it becomes their role to watch for counselor trainee impairment, incorporate wellness into the curriculum, and encourage personal and professional development, which many argue must include personal therapy for students (Myers, Mobley, & Booth, 2003).

Other researchers have argued that there is no need for personal therapy unless there is a personal issue that needs to be addressed (Macaskill, 1988). Macaskill (1999) argues that there is no documented significance that the skills learned as a client contribute to being an effective therapist. Her research examines the proof of a therapist's personal therapy being linked to more positive client outcomes and argues that there are,

"other less expensive and demonstrably more effective ways of developing these skills" (Macaskill, 1999, p. 151).

However, Norcross (2010) listed specific benefits for graduate students, even if students are experiencing no symptoms of pathology. These included increased empathy, increase patience, tolerance of uncertainty, facilitating therapy, preventing client harm, and decreasing the stigma of psychotherapy (Norcross). Macran, Smith, and Stiles (1999) conducted an in-depth interview with 7 practicing psychotherapists and discussed even further benefits including the engagement of a different, more tacit or procedural learning style for therapists to learn from. While there are mixed beliefs, the benefits of general counseling have vast findings as providing a positive impact on most individuals. Norcross advocated that counseling for therapists should not be a reactive measure to symptoms experienced, but as an active endeavor to advocate for a profession of support versus treatments.

Many counselor trainees are hesitant to participate in personal therapy even with the stress of working with clients (Guy & Liaboe, 1986). The percentage of therapists who actually seek counseling ranges between 53% (Deutsch, 1985) and 84% (Bike, Norcross, & Schatz, 2009). While these findings do show fairly high numbers, it is important to examine what encourages therapists to seek counseling. Guy, Stark, and Poelstra (1988) surveyed psychotherapists to determine their use of personal therapy and supervision, as well as their recent history of personal distress. Results included that psychotherapists were more likely to seek counseling again in the future if they had received treatment before graduation from their graduate program (Guy et al.). This emphasizes how crucial the time in graduate school is for counselor trainees to learn the

value of personal therapy. Prochaska and Norcross (1983) found that therapists generally assume they are healthier than their clients and that they may need different treatments than their clients. Perhaps psychotherapists simply perceive themselves as being healthier than their clients, but this casts a sense of power and superiority over clients. In addition, there is varying proof on whether therapists are actually more mentally stable than their clients (Prochaska & Norcross).

Research that has examined counseling graduate students' willingness to seek out counseling is limited. Most of the research looking at willingness to seek counseling utilized undergraduate psychology students for the population sample and compared the differences in results between men and women (Ægisdóttir & Gerstein, 2009; Fischer, 1995; Vogel & Armstrong, 2010; Vogel, Wade, & Hackler, 2007). Leech (2002) examined counselors in graduate programs that did require and did not require personal therapy for their students, in conjunction with looking at willingness to seek counseling. However, she did not find that the graduate program counseling requirement had a significant effect on willingness to seek counseling. Also, it was found that counselors in training were less willing to seek counseling than undergraduate psychology students (Leech). While this study looked at willingness to seek counseling, most other research focuses on what percent of counseling graduate students are willing to seek counseling for a specific issue (Leech). For example, Fouad, Hains, and Davis (1990) found that 56% of students had issues to discuss, but only 44% were willing to enter counseling. Similarly, Farber (1999) demonstrated that the most common psychological problem reported was anxiety at 65%, yet only 18% of students sought help.

Examining one's willingness to seek therapy provides important information as to whether one will actually seek therapy. We know this because of a study done by Dearing (2001) that looked solely at psychology graduate students and their predictors of help-seeking and found that general help-seeking attitudes were linked to help-seeking behavior. Therefore, if one is more willing to seek counseling, then there is an increased likelihood of actually participating in counseling when the need arises. Ægisdóttir and Gerstein (2009) examined willingness to seek counseling further as they determined three primary constructs of willingness to seek counseling: stigma tolerance, intent, and expertness. They conducted three studies that examined these three sub-scales and created a highly reliable and valid assessment, the Belief About Psychological Services scale (Ægisdóttir & Gerstein). Each of these constructs provides an important piece of information as to the reasoning behind what makes one more or less willing to seek out counseling.

Statement of the Problem

Willingness to seek counseling with counselor trainees is not a topic that has been sufficiently researched. Most of the research began in the 1990s and comes from dissertation research and smaller-scale studies with limitations. While previous studies often have looked at age and wellness levels with counselor trainees, no studies found have looked at if graduate students become more willing to seek counseling as they progress through their graduate program. Most of the research in examining progression through a graduate program has focused on wellness, with some finding significant differences (Myers, Mobley, & Booth, 2003), and other studies finding no significant differences (Roach, 2005; Roach & Young, 2007). Leech (2002) in her dissertation on

willingness to seek counseling with counseling graduate students reported that her study fits the overall population of counselors in training, with no differentiation between students within the graduate program. However, Leech's study focused primarily on comparing different counseling graduate programs, in comparison to within group characteristics.

Purpose of the Study

The purpose of this study is to examine willingness to seek counseling with beginning and advanced counselor trainees in master's level graduate programs. The variables utilized were (1) overall willingness to receive mental health counseling, (2) stigma tolerance, (3) intent, and (4) expertness. According to the most recent research, these are the components that measure attitudes towards seeking counseling, which is why they will be utilized in the present study (Ægisdóttir & Gerstein, 2009). Multiple-group comparisons were used for the groups of beginning counseling graduate students and advanced counseling students.

Research Questions

The following four items were the research questions that the present study sought to answer. Other variables were sex, age, ethnicity, past and present counseling experience, credits earned in counseling graduate school, and requirements for counseling in their graduate programs.

1. Are there statistically significant differences between beginning and advanced counseling graduate students on willingness to seek counseling, as measured by the Beliefs About Psychological Services assessment?

2. Are there statistically significant differences between beginning and advanced counseling graduate students on the sub-scale of stigma tolerance, as measured by the Beliefs About Psychological Services stigma tolerance sub-scale?
3. Are there statistically significant differences between beginning and advanced counseling graduate students on the sub-scale of intent, as measured by the Beliefs About Psychological Services intent sub-scale?
4. Are there statistically significant differences between beginning and advanced counseling graduate students on the sub-scale of expertness as measured by the Beliefs About Psychological Services expertness sub-scale?

Need for the Study

Few studies have been done specifically with counselor trainees and those that have been done often used an older assessment tool, the Attitudes Towards Seeking Professional Psychological Help (ATSPPH) scale. In addition, none have examined the progression of students as they move through graduate school. This study uses an updated, empirically sound tool, Beliefs About Psychological Services (BAPS), which has improved upon the ATSPPH, in order to re-evaluate counselor trainees' responses, including the identified sub-scales of stigma tolerance, intent, and expertness. Results are based on differences in beginning and advanced counseling graduate students' overall willingness to seek psychological services, as well as on three sub-scales of stigma tolerance, intent, and expertness. The BAPS includes these sub-scales within the inventory, so the need for multiple assessments as in Leech (2002) and Vogel, Wade, and Hackler (2007) is diminished. The BAPS used Cronbach's alpha to demonstrate high

reliability. Criterion, convergent, and divergent validity were also found and are described in furthur detail in the methods section (Ægisdóttir & Gerstein, 2009).

Delimitations and Limitations of the Study

Delimitations of this study include the sole use of perceptions of counselor trainees in graduate school working toward a master's degree in either Colleges or Schools of Education and not mental health fields from other programs. This study does not intend to compare the Attitudes Towards Seeking Professional Psychological Services scale and the Beliefs About Psychological Services scale, nor counseling graduate students between different universities.

Limitations of the study include the self-reporting of counseling graduate students on their willingness to attend personal therapy. Elliott and Guy (1993) have shown that counseling students may be less likely to admit symptoms of distress and Myers, Mobley, and Booth (2003) discussed how counselors in general may 'fake good' on wellness assessments to appear less pathological. Participants in this study may have not reported their attitudes accurately in order to appear more willing to seek counseling. Guy and Liaboe (1986) described how therapists may resist personal therapy because of an embarrassing feeling of being in a dependent situation as a client. It is significant to note that reports of participation in personal therapy are dependent on symptoms and issues, instead of measuring one's attitudes and beliefs about seeking counseling in the future should the need arise.

Definition of Terms

The following is a list of definitions of terms used in the present study:

Advanced counseling student- Defined as a student in a master's level counselor education program within a College or School of Education that has completed between 31 and 63 credit hours. The researcher utilized required credits for graduation from the five universities contacted to determine that the average amount of credit hours was 57.5, with one university transitioning to an even higher amount of credits needed for graduation. This led to the creation of the definition of advanced counseling students.

Beginning counseling student- Defined as a student in a master's level counselor education program within a College or School of Education that has completed between 1 and 30 credit hours. The researcher utilized required credits for graduation from the five universities contacted to determine that the average amount of credit hours was 57.5, with one university transitioning to an even higher amount of credits needed for graduation. Therefore, it was determined that the beginning counseling students will be defined as receiving 30 or less credit hours thus far.

Counseling graduate student- Defined as a student in a master's level counselor education program within a College or School of Education.

Counselor trainee- Defined as a counselor in training in a master's level graduate program with the intention of becoming a professional counselor.

Expertness- Defined by Ægisdóttir and Gerstein (2009) as the "persons' beliefs regarding characteristics about psychologists and their services due to their training" (p. 216).

Intent- Defined by Ægisdóttir and Gerstein (2009) as "attitudes toward the behavior, societal view of the behavior, and perceived behavioral control. It affects the probability of the behavior occurring" (p. 216).

Mental health practitioner- Defined as practicing professionals in the fields of Counseling, Psychology, or Social Work.

Stigma Tolerance- Defined by Ægisdóttir and Gerstein (2009) as the "persons' perception of perceived societal barriers and their negative view in regards to seeking counseling services" (p. 216).

Willingness to seek counseling- Defined by Ægisdóttir and Gerstein (2009) as "a measure of attitudes towards psychologists and their services" (p. 215).

Researcher's Perspective

The interest in counselor trainees' willingness to seek counseling began at the beginning of the researcher's graduate program in counseling. Counseling was recommended to all students by the faculty members. In discussion with other students, the researcher found it interesting that some students chose to seek out personal therapy and some did not, regardless of disturbance or negative symptoms in one's life. As she progressed to become a second year student, a curiosity of whether there was a correlation between length in the program, which includes increased credit hours and clinical experiences, and increased use of personal therapy existed. The researcher acknowledges that the research done in the present study can only provide correlative data. This curiosity relates to the present study in that the researcher will measure

differences between beginning and advanced counseling students on a level of overall willingness to seek counseling, as measured by the Beliefs About Psychological Services scale. The researcher is a single female of European American descent and has participated in personal counseling.

CHAPTER 2: LITERATURE REVIEW

Introduction

The literature review is organized into two main sections. First, a background on personal therapy as relative to counseling graduate programs is examined, including prevalence, benefits and non-benefits, and reasons to seek counseling for counselor trainees, in addition to looking at current association requirements, and differences between beginning and advanced counseling students. Next, willingness to seek counseling will be explored, looking at literature surrounding overall willingness, stigma tolerance, intent, and expertness.

Counseling Graduate Programs and Students' Personal Therapy

Prevalence

While there is not an immense amount of research on what percentage of graduate students in helping professions attend personal therapy, we can look at the few studies available in addition to cited research on psychotherapists. The discussion will begin with more general studies with psychotherapists and students in APA clinical psychology programs and move to more specific studies with counselors and counseling graduate students.

Garfield and Kurtz (1976) conducted multiple studies with clinical psychologists and re-evaluated results from a study one year prior. The majority, 63%, of their sample

of 855 clinical psychologists had undergone personal therapy previously. Interestingly, 65% of those who had personal therapy recommmended it for all clinical psychologists; however, a much lower percentage, 45% of the total group, would recommend personal therapy for all clinical psychologists (Garfield & Kurtz). Therefore, psychologists who had undergone personal therapy were more likely to recommend it than those who had not gone to personal therapy.

Another study that looked at psychology programs was conducted by Holzman, Searight, and Hughes (1996). They examined clinical psychology programs as part of an exploratory study on personal psychotherapy. In addition to measuring students' stated theoretical orientations, they found that 74% of the 1,047 participants reported having been in personal therapy in graduate school. Another finding regarding the prevalence of personal therapy was that 53% were in personal therapy for more than one period of their life (Holzman et al.). This indicates that, even with an extensive sample size, a strong portion of psychology students were attending individual counseling, and most had been in counseling more than once in the past.

Dearing (2001) examined predictors of help-seeking with clinical and counseling psychology graduate students. As discussed in the introduction, Dearing evaluated if help-seeking attitudes reflected help-seeking behaviors and actions. Of the 262 graduate students studied, 54% of them engaged in personal therapy in graduate school and 73.8% had been in therapy at some point in their lives (Dearing). These findings are comparable to other studies with similar populations, such as the study previously mentioned by Holzman, Searight, and Hughes (1996).

Norcross and Prochaska (1986) conducted a comprehensive study that examined counselors, psychologists, and laypersons. The researchers surveyed them about their most significant period of distress within the last three years. They found that, for this specific episode of distress, 43% of laypersons and 28% of psychotherapists received professional treatment (Norcross & Prochaska). This finding is much lower than any of the other studies, which may relate to it focusing only on the last three years in comparison to therapy received in one's lifetime. While measuring periods of specific distress may provide indicative information regarding willingness to seek counseling, much of the other research does not focus on distress within a time period. For that reason, the statistic of 28% of psychotherapists who had received professional treatment will be considered an outlier.

Deutsch (1985) used a general population of therapists and studied what personal problems therapists experience and how they choose to treat those issues. The researcher found that 54% of participants had experienced some form of therapy as a client. In addition, for a particular issue, relationship difficulties, which 82% of the sample experienced, only about half of the therapists sought therapy for this particular issue (Deutsch). This could demonstrate that when looking at the percentages of therapists actually seeking out personal therapy, there could be a lot more issues going on that they are not seeking out therapy for. Linley and Joseph (2007) used a general population of therapists and studied therapists' positive and negative well-being. Of the 156 participants in their study, 78% had received personal therapy in the past, but 77% were not engaged in personal therapy currently (Linley & Joseph). As we conclude with research conducted on psychologists and general therapists, it is important to note that the

majority of research has shown that most pracitioners have experienced personal therapy at one time, but are not currently seeing a personal therapist, even despite noted distress.

Moving into studies that involve counselors, Bike, Norcross, and Schatz (2009) replicated a national survey of psychotherapists from 1997. They looked at psychologists, social workers, and counselors and found that 84% of their study with 736 participants had attended personal therapy at least once. An additional study with counselors was done by Lawson (2007). This was also a national study, evaluating wellness and impairment levels of counselors from the American Counseling Association. As part of an assessment of percieved personal and professional support, the occurrence of personal therapy was measured, with 83% of the 501 participants having participated in personal counseling (Lawson). This was a larger percentage than their report of only 53% who had participated in counseling while in graduate school (Lawson). This may provide indication that as professionals become more involved in the counseling field, they become more accepting of utilizing mental health services for themselves.

Three studies specifically examined master's level counseling students and reported the prevalence of personal therapy attended. First, Downs (2000) conducted a qualitative study on outcomes of required counseling using interviews with students from universities accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Thirteen graduates were interviewed, only 4 of which had never participated in personal counseling (Downs). This is equivalent to a rate of 69%, which even with the small sample and qualitative nature, is similar to the majority of studies discussed. The second study looking specifically at the master's level counseling students was Fouad, Hains, and Davis' (1990) examination of students'

endorsement of required counseling in counseling graduate programs with 106 master's students from the Midwest. Participants took multiple assessments, including the Survey of Attitudes Regarding Counseling. Just over half, 56%, of the participants reported having issues they would enter counseling for, although only 44% stated being willing to enter counseling currently (Fouad et al.). Students that had engaged in counseling in the past were more likely to recommend required counseling as part of the graduation requirements. The third study looked at 97 master's level students in counseling education and examined perceived wellness in comparison to psychological well-being (Harris, 2010). Sixty-seven of the 97 participants, or 69% of the sample, had received personal counseling at some point in their life. A large majority, 83.6%, of the students who had ever participated in personal therapy found it to be personally beneficial. Harris specifically notes the important fact that 32% of her sample had not participated in personal therapy, a significant point to mention.

While the above mentioned studies show that the majority (from 53% to 84%, with one outlier of 28%) of counselors and psychotherapists have participated in counseling (Bike, Norcross, & Schatz, 2009; Deutsch, 1985; Norcross & Prochaska, 1986), one study highlights a reality of this phenomenon: there is still a significant portion of counselors and psychotherapists not seeking personal therapy. Guy, Stark, and Poelstra (1988) mentioned that while the majority of their sample of psychotherapists had experienced personal therapy, 18% have never attended personal therapy. In addition, 22.9% had not experienced individual therapy, but had attended other forms of counseling. Seeing as how their study looked at personal therapy for psychotherapists

both before and after they had entered their professional practice, this is important to signify.

It is also important to note that a lower prevalence among graduate student populations in comparison to the practicing psychotherapists in therapy could be an awareness of the realities of the profession. Corey, Corey, and Callanan (2007) discussed how therapists often go into the profession with a motivation to 'help people' and are not often told of the difficulties and struggles that counselors face. Perhaps a better understanding of the realities of the profession and the counseling journey should be better communicated between training programs and their trainees. Therefore, we move to the benefits and non-benefits of personal therapy for the helping professions in general and why graduate programs are an imperative place to make the benefits known among students.

Effects of Personal Therapy for Therapists (Benefits/Non-benefits)

In a discussion of willingness to engage in counseling, it is necessary to point out the specific benefits or non-benefits counselor trainees could experience. Much of the literature on personal therapy begins with Freud and his psychoanalytic preachings from the early 1900s regarding long-term psychotherapy. However, this discussion will focus on cited benefits and non-benefits for those in the mental health professions and counseling graduate programs specifically.

Graham (2005) completed a qualitative study with clinical psychology graduate students to examine how personal therapy affects clinical development and practice with clients. In exploring how personal therapy affected the graduate students' clinical work,

the findings overwhelmingly suggested that student-therapists benefited from personal therapy. The three fundamental benefits that were found were: better understanding of the therapeutic relationship, therapeutic role model, and support for stresses (Graham). These three basic benefits will outline the discussion of the following studies.

The first benefit cited by Graham (2005) was creating a better understanding of the therapeutic relationship. Graham further elaborated on this by discussing how personal therapy can enable a counselor trainee to truly empathize with their clients. This finding was supported by Norcross (2010) who advocated that personal therapy would increase empathy, increase patience, and create tolerance for uncertainty, even if students were experiencing no form of pathology. This is significant because it shows how, regardless of having personal issues, personal therapy can be a helpful professional tool to become skilled in the profession. Understanding the therapeutic relationship was also a supported benefit by Wiseman and Shefler (2001) in their qualitative study interviewing experienced Israeli psychotherapists. They determined that personal therapy aids in increased empathy and ability to tune into clients' experiences. Downs (2000) also supported this, advocating personal therapy as a way to truly empathize with the client experience.

While Corey, Corey, and Callanan (2007) take a different stance, their findings still support the importance of understanding the therapeutic relationship. Their study discussed counselor impairment and how it negatively affects clients' experience in therapy, finding that counselors with low empathy were more likely to be impaired (Corey et al.). Therefore, it demonstrates not only a benefit, but a cost if personal therapy is not considered as a helpful training tool. Lastly, Bermak (1977) argued that to truly

understand the therapeutic relationship, one must experience a decreased separation of the helper and the helped. Therefore, if the mental health profession is going to conduct therapy, then therapy should be advocated for all (Bermak). This is a stance similar to the opening quotation from Yalom's (2007) book, The Gift of Therapy, where he suggests that we are all fellow travelers in life and will all need the assistance of therapeutic services throughout our lives.

Second, Graham (2005) discussed the important benefits of a therapeutic role model. As discussed in the introduction, Norcross (2010) listed specific benefits for graduate students that include facilitating therapy, preventing client harm, and decreasing the stigma of psychotherapy. Understanding how an experienced psychotherapist interacts with a real client can facilitate the important benefit of a therapeutic role model. Wiseman and Shefler (2001) also found that experienced psychotherapists viewed the experiential learning process of personal therapy a necessary way to make counseling theories meaningful. It can be difficult to put theories into practice unless you can see how a psychotherapist integrates and utilizes models with real issues in an impactful way. An additional qualitative study by Downs (2000) found this same result, with comments about gaining increased counseling skills because of personal therapy. Within learning to be a counselor, participants listed group skills, boundaries, objectivity, and ability to gain insight as important benefits received from having a therapeutic role model (Downs). Macran, Stiles, and Smith (1999) completed a study with the specific goal of examining the impact of personal therapy and therapists and found the importance of both positive and negative role models. This is a strong point because therapy should be a place for one to evaluate what feels good for a client and what does not, engaging the critical

awareness of what it means to be a counselor that meets clients' needs. Negative role models may appear to be a non-benefit of personal therapy; however the research conducted by Macran, Stiles, and Smith show that it should not be an overall reason to avoid pursuing personal therapy.

Third, personal therapy as a significant support for stresses was mentioned as a distinct benefit by Graham (2005). Linley and Joseph (2007) used a general population of therapists and studied therapists' positive and negative well-being. They found that therapists that had engaged in personal therapy, either currently or in the past, were found to have less burnout and a more positive well-being (Linley & Joseph). This is definitely an illustration of the personal support for stress that Graham mentions. Another study done by Buckley, Karasu, and Charles (1981) looked at effects of long-term psychotherapy with a group of 71 practicing psychotherapists. Cited benefits included improved self-esteem, interpersonal relations, work function, character change, and even a slight alleviation of symptoms (Buckley et al.). Even though these five benefits were mentioned, they all relate to a more personal level of benefits. Corey, Corey, and Callanan (2007) in their book, *Issues and Ethics in the Helping Professions,* discussed therapy as a useful resource and safe place to work through some of the painful issues brought up in counseling and graduate school. They recommended personal therapy to address existing issues in impaired counselors, which include low self-esteem, isolation, substance abuse, and lack of intimacy in personal life (Corey et al.). Macran, Stiles, and Smith (1999) discussed improvement of emotional and mental stability for participants who engaged in personal therapy, critical for counselor trainees. Lastly, Downs (2000) supported the discussed findings, advocating that personal therapy can be of great benefit

for life stressors. During a period of intense self-reflection and challenges, it is obvious that personal therapy has distinct benefits for the personal and professional lives of counselor trainees in graduate programs.

Some researchers focus more on the professional benefits of personal therapy for therapists, while others focus on the personal benefits, and others advocate the need for a comprehensive appreciation of personal therapy for therapists. An additional, unique benefit described by Macran, Stiles, and Smith (1999) was the importance of different learning styles and how engaging in personal therapy can be an additional method to engage a tacit or procedural knowledge base. It is also important to note that by engaging in more self reflection, one might find issues to work on; additionally, knowing and working through those issues can prevent counter-transference (Macran et al.). Bermak (1977) believes that therapy should be considered part of training and treatment for all mental health professionals. He describes the hypocrisy of how therapy is advocated for clients when they suffer anxieties and therefore counselors should seek therapy for anxieties as well. Two participants in a qualitative study done by Macran, Stiles, and Smith discussed a belief that one could only truly learn how to be a therapist by being in therapy as a client.

It is important to note that required personal therapy does not necessarily lead to positive effects for all counselor trainees. Roach (2005) discussed how in her dissertation study, a requirement for personal counseling was not found to significantly impact the wellness of the students. Required personal therapy does not solve all impairment issues or increase the wellness of all students. Other alternatives, such as a wellness course as part of one program in Roach's study, can be very impactful on the wellness of students.

While it is undeniable that counseling has the potential to be useful for people who are struggling, it is argued that there are other options to be explored as well.

Other studies discussed negative effects of counselors who participated as clients in therapy (Greenberg, 1981; Macaskill, 1988). One concern was found in a study where inexperienced counselors were balancing the two roles of being a practicing therapist, as well as a client in therapy. In this study by Greenberg, lower levels of empathy and weakened client outcomes were found. While these could be issues with any inexperienced counselors, some researchers have argued that you must control for counselor impairment in studies such as this in order to avoid skewed results (Wampler & Strupp, 1976). An additional concern voiced is that sometimes a lack of positive effects of therapists in therapy as clients is a significant point to mention (Macaskill). Although there is not much research on non-benefits of personal therapy for therapists, it can be assumed that most clients not experiencing benefits of therapy would discontinue therapy with that therapist. The benefits appear to widely outweigh the non-benefits, especially if there are particular issues one is seeking therapy for.

Reasons for Seeking Therapy

While it is common for research in counseling and psychology to list stressors and difficulties the mental health professionals face, few studies cite specific reasons why they seek therapy. It is important to keep these reasons in mind as the present study is examining willingness of counseling students to seek therapy. Some of the studies list multiple factors, while others list only one or two.

Liaboe, Guy, Wong, and Deahnert (1989) looked at psychotherapists from the American Psychological Association and used the Friedman test to evaluate existing research findings on "reasons for which psychotherapists choose to enter personal therapy" (p. 119). The four primary reasons were: (1) stress due to practicing, (2) stress due to interpersonal conflicts, (3) personal growth issues, and (4) issues of personal distress (Liaboe et al.). Each of these four reasons will be explored, in consideration with other research, to better understand evidence of why therapists have sought out personal therapy in their lives.

The first reason listed in Liaboe, Guy, Wong, and Deahnert's (1989) study was stress due to practicing as a psychotherapist. This finding was supported by Witmer and Young (1996), who looked at counselor impairment and the role that graduate programs have in their students' levels of wellness. They recommended that participation in therapy outside of the workplace can help therapists' cope with how stressful their work can be. Impairment and stress to be a competent therapist are certainly issues for which many counselors seek to personal therapy over.

Stress due to interpersonal conflicts was re-iterated in Deutsch's (1985) study, discussed earlier, where she reported that 82% of therapists in their study had experienced relationship difficulties, yet only about half had sought therapy for the issue. In addition, Bike, Norcross, and Schatz (2009) cited marital-couple distress as a top reason for seeking therapy in a national survey of psychotherapists from 1997 that looked at 736 psychologists, social workers, and counselors. It can be assumed that all people will experience stress due to interpersonal conflicts throughout their lifetime, even within the therapist population.

Personal growth issues discussed in Liaboe, Guy, Wong, and Deahnert (1989) were also shown in another study with clinical psychology programs (Holzman, Searight, & Hughes, 1996). Participants overwhelmingly listed personal growth as the number one reason that students sought out therapy. Finding similar results, other researchers listed the need for self understanding to be an important reason in seeking out personal therapy (Bike, Norcross, & Schatz, 2009). These studies demonstrate the helpfulness of personal therapy in working on personal growth issues and it is cited as a primary reason for therapists to seek their own assistance in therapy to work through personal growth issues.

Issues of personal distress discussed have been mentioned in multiple studies. Some research has discussed both adjustment issues and depression in top reasons to seek out therapy (Holzman, Searight, & Hughes, 1996; Liaboe, Guy, Wong, & Deahnert, 1989). In fact, in their study with clinical psychology programs, 38% of the participants had reported seeking out therapy because of depression (Holzman, Searight, & Hughes, 1996). This is a significantly high number for such a serious issue. An additional study had similar findings, with depression and anxiety-stress both being top reasons for seeking therapy in a study that included psychologists, social workers, and counselors (Bike, Norcross, & Schatz, 2009). Issues such as depression and anxiety can be strenuous to one's personal and professional life, so it is important to note that personal distress is a common reason for therapists' to seek out their own personal therapy.

It is obvious to see that there are serious and important reasons for which mental health students and professionals decide to seek out counseling. Examining current personal therapy requirements and messages from graduate programs and national associations will depict the next step in understanding personal therapy for therapists.

Current Personal Therapy Requirements

As this study focuses on master's level counseling graduate students, the following appropriate organizations discuss requirements and recommendations regarding personal therapy: the American Psychological Association (APA), the American Counseling Association (ACA), and the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

The American Psychological Association (APA) regularly publishes an ethical code of conduct for psychologists. While students in counseling programs often follow the American Counseling Association (ACA), the APA ethical code is a bit more extensive and is still utilized as a valuable resource. APA publishes the following regarding personal therapy for psychologists:

> 7.05 Mandatory Individual or Group Therapy:
> (a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program.
> [See also Standard 7.02 Descriptions of Education and Training Programs: Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.]
> (b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy
> (American Psychological Association, 2010).

Therefore, APA does not take the stance of advocating for personal therapy, but instead allows graduate programs to determine if they would like their students to participate in therapy. It focuses more on the ethical guidelines of required therapy within graduate programs. Wampler and Strupp's (1976) study looked at APA approved clinical training

programs requirements of their students to attend personal therapy. After examining the APA ethics on personal therapy, Wampler and Strupp's study provides additional information that only 4% of programs required therapy, 67% encouraged it, and the rest were neutral regarding personal therapy for their students. Many subjects in the study questioned their own and their program's knowledge of the ethical guidelines regarding personal therapy (Wampler & Strupp). With such a sensitive topic, it is essential to examine the ethical guidelines.

The American Counseling Association (ACA) also publishes a code of ethics for counselors. These are a bit more specific to the field of counseling and were last updated in 2005. Below are related recommendations for personal therapy from ACA:

> A.4.a "Counselors act to avoid harming their clients"
> A.4.b "Counselors are aware of their own values, attitudes, beliefs and behaviors and avoid imposing values that are inconsistent with counseling goals"
> C.2.g "Counselors are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such important is likely to harm the client or others. They seek assistance for problems that reach the level of professional impairment."
> F.7.b "Self-Growth experiences: Counselor educators may require trainees to seek professional help to address any personal concerns that may be affecting their competency"
> (American Counseling Association, 2005).

Therefore, ACA advocates for counselors to seek professional help if there is an issue that is affecting their proficiency as a counselor. It appears that they are more concerned about impairment in the field and only recommend therapy once a therapist's issues will negatively affect the client. ACA specifically targets counselor educators saying that it is their responsibility to require their students to seek therapy if there is professional impairment. Norcross (2010) argues that the above counseling ethical guidelines cannot be met unless individuals are in personal therapy. In her article in *Counseling Today*, she

proposes a need for the ethical guidelines to specifically mandate personal therapy (Norcross). With personal therapy being a controversial issue, it is essential to stay up to date with professional dialogue surrounding hot topics.

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) is the organization that governs standards for graduate programs in counseling. CACREP publishes standards that programs must reach in order to have accreditation for a counseling program. Below are some key points that CACREP discusses:

> I.G. "The institution provides information to students in the program about personal counseling services provided by professionals other than program faculty and students."
> I.P "Program faculty conduct a developmental, systematic assessment of each student's progress throughout the program, including consideration of the student's academic performance, professional development, and personal development"
> II.C Students are recommended to engage in "seminars, workshops, or other activities that contribute to personal and professional growth"
> II.2.6.e "Students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term"
> (Council for Accreditation of Counseling and Related Educational Programs, 2009).

It is easily seen that the personal attributes of the counseling student are more thoroughly discussed in the CACREP standards. They advocate that graduate programs provide information about available counseling services to their students, as well as encourage personal and professional growth. If it appears a student is not developing professionally or personally, then it is the responsibility of the program faculty to assess a student's competency as a future counselor. It is important to note that CACREP does require students to engage as group members in a small group activity for ten hours. While different than individual counseling, arguments could be made about what the benefits

are for students engaging in a small group activity in graduate school. Many counseling graduate programs refer to this as a personal growth group. The CACREP standards for graduate programs support McNamara's (1986) argument that required personal therapy should be looked at as part of training which initiates students into a program and sensitizes them to the needs of their clients. While not mandated or required, it is advocated for students. McEwan and Duncan (1993) support the notion of the Section I.G. mandate, noting that therapy should be separate from academic work, perhaps finding a private practitioner in the community willing to counsel graduate students probono.

Evaluating a level of willingness is essential because it addresses many of the issues brought up in the APA, ACA, and CACREP standards. If personal therapy is recommended for a student who is already willing to seek counseling, then there is a congruent pattern of attitudes. However, if a counselor trainee reaches impairment, as most therapists suffer from issues during their professional and personal lifetime, and they are not willing to seek therapy, then there is a discrepancy between their personal and professional stance. While the APA, ACA, and CACREP standards all take slightly different stances, together they paint a picture of how the psychology and counseling professions view personal therapy for their practitioners.

Differences between Beginning and Advanced Counseling Students

Many studies discuss the extensive personal development that counseling graduate students go through during their graduate programs. Whether this is due to course content, client contact, or the graduate program in entirety, we know that there are

significant differences between beginning and advanced counseling students in many aspects (Myers, Mobley, & Booth, 2003; Norman, 1994; Skovholt & Ronnestad, 1992). Five primary studies in the counseling and psychology fields have evaluated the differences between less experienced and more experienced counselors.

First, Norman's (1994) study on help-seeking behaviors in various helping professions was examined. Norman looked at psychologists, psychotherapists, family and marriage therapists, social workers, and combination professionals in an assessment created by the researcher designed to assess help-seeking behaviors. Although this questionnaire has not been validated, it did borrow questions from a previous assessment by Deutsch (1984, 1985). Norman examined years in practice, number of client contact hours per week, and willingness to seek therapy, along with a variety of other factors. As the two factors of years in practice and weekly client contact hours increase, an increase in willingness to seek therapy was found (Norman). While this study does not directly measure graduate students or progression through a program, they are increasing in client contact hours and years of practice. Both contribute to differences between the two levels of the independent variable, beginning and advanced counseling students, in the present study.

The next studies were conducted by Roach (2005) and Roach and Young (2007) and thus will be evaluated simultaneously. The first study was initially a dissertation (Roach), which was developed for two years afterwards to create the second article (Roach & Young). The studies utilized students in CACREP master's level counseling programs to look at how the graduate programs promote wellness in their students. Students completed the five-factor wellness inventory in a cross-sectional study. The

researchers measured 204 students and separated them by beginning (0-12 credits), midpoint (18-30 credits), and end point (45-60 hours) in order to see if the levels of wellness depended on how far along students had gone in the program (Roach & Young). There were no significant trends in levels of wellness based on how many credit hours a student had earned (Roach). An open-ended question that was asked regarding personal wellness in the coursework demonstrated that only 14% of beginning students responded, in comparison to 71% of students at the midpoint, and 53% at the end, showing that there were large variations in the response rate (Roach & Young). Perhaps there were some differences that were not explained through a wellness inventory, but would have come out with a different construct. Seeing as how the study had 204 participants, examining two larger groups (beginning versus advanced students), instead of three smaller groups, may have led to more significant results in the study.

The last two studies were similar to Norman's (1994) except that graduate students were included in the comparison group with other practicing professionals. Skovholt and Ronnestad (1992) created a qualitative study looking at counselor-therapist development with 100 participants. The participants were between their first year of graduate school and up to forty years beyond graduate school. Twenty members were in each group and there were five groups total. One major theme that emerged was that beginning practitioners rely on external expertise, whereas senior practitioners rely more on internal expertise. Skovholt and Ronnestad discussed how with increased hours of client experiences, counselors create useful generalizations which leads to wisdom regarding theory and counseling. They also found that how more experienced practitioners can more easily recognize critical information from the complex stories and

language a client brings into session (Skovholt & Ronnestad). These differences between beginning practitioners and senior practitioners demonstrate significant changes in the counseling practitioner that come with increased hours of client contact.

Similar to Skovholt and Ronnestad (1992), Myers, Mobley, and Booth (2003) conducted a study with adults from the general population, entry level graduate students, and doctoral level graduate students in order to examine the differences between self-reported levels of wellness using the Wellness Evaluation of Lifestyle assessment. In all sub-scales, the counseling students reported higher levels of wellness than the general adult population, especially in the areas of sense of control and work wellness. Additionally, doctoral level students experienced higher levels of wellness than the entry level students in total wellness and some of the major life tasks (Myers et al.). Therefore, doctoral students experienced the highest levels of wellness, followed by entry level graduate students, followed by adults from the general population. This is an impactful finding on the present study because of the entry level versus doctoral level findings. According to the researchers, differences in this study can be explained because of additional coursework and continued examination of self-awareness, in comparison to a personality difference in the doctoral students versus entry level students versus adults in the general population (Myers et al.). One point of contention that the researchers made was that all of the counseling students (doctoral level and entry level) could have "faked good" in the study and may actually have lower levels of wellness (Myers et al.). However, this is a potential issue with self-reports with any population.

Overall, these five studies demonstrate the need for more research on changing characteristics of students because of their progression through a graduate program.

While not all of the studies showed significant differences, each have an important contribution to developing the present study. It is important to note that none of these studies actually measured willingness to seek counseling within counseling graduate students. Instead, many of the studies used different populations or focused on wellness (Myers, Mobley, & Booth, 2003; Roach & Young, 2007). Some research did show significant differences with professionals who have increased client contact and years of experience (Norman, 1994; Skovholt & Ronnestad, 1992). While we have seen research that demonstrated differences between doctoral level and master's level students it appears that there is a gap in the literature regarding willingness to seek counseling as students' progress through a graduate program.

Willingness to Seek Counseling

Overall Willingness

Over the past fifty years, researchers have sought to understand what motivates some individuals to seek counseling, while others do not, despite struggling with similar issues. In the 1960's, stigma and social desirability were measures examined as part of utilization of therapy, while in the 1970's researchers examined who was attending therapy by looking at gender studies and socioeconomic status. Research since then has begun to look at the unique psychological factors not easily attributed to a group of people, such as attitudes towards mental illness and therapy.

Saunders (1993) utilized the Process of Seeking Therapy Questionnaire with 315 applicants seeking personal therapy at Northwestern University. In her dissertation study, she depicts the process of attending counseling services as containing four steps:

"(1) realizing that there is a problem; (2) deciding that therapy would be an appropriate way to try to solve the problem; (3) deciding to seek therapy; and (4) making contact with the mental health professional" (Saunders, p. 556). Because measuring actual personal therapy contact is reliant, most often, on current impairment or problems, measuring a person's attitudes and beliefs about attending counseling reflect stage two and three of Saunders model. An assessment of attitudes as a predictor of actual therapy attendance has been shown by Cepeda-Benito and Short (1998) in a study with 732 university students. In the study, participants took a variety of measures, including the Intentions to Seek Counseling Inventory, Attitudes Towards Seeking Professional Psychological Help, Thoughts About Psychological Services (all three described in further detail below), and the Hopkins-Symptoms checklist, among others. While this study utilized a population of undergraduate students, it provided a seemingly reliable and valid finding that more positive attitudes towards therapy actually do increase the likelihood an individual participates in therapy, regardless of the issue at hand (Cepeda-Benito & Short, 1998). This connects assessments of attitudes with Saunders' step four, "making contact with the mental health professional" (p. 556).

Building on the research of Cepeda-Benito and Short (1998), Leech (2002) created a structural equation model on willingness to seek counseling with counseling graduate students for her dissertation study. She based her research off of Cramer's (1999) path modeling structure of willingness to seek counseling with psychology undergraduate students. Cramer's research evaluated how personal distress, attitudes towards counseling, social support, and self-concealment might affect their likelihood of seeking psychological help. The research demonstrated that students would be more

likely to seek help if the distress was high and the attitudes towards counseling were positive (Cramer). Leech utilized a population of counselor trainees with Cramer's path modeling structure and found that the same pathways were true for the new population of students. This coincides with the present research study in looking at how willing counseling graduate students would be to seek therapy, should the need arise. Assessments utilized in these studies will be discussed below.

Major assessments used in the fields of education and psychology to measure willingness to seek counseling include the Attitudes Toward Seeking Professional Psychological Help (ATSPPH) scale, Thoughts About Counseling Survey (TACS), Thoughts About Psychotherapy Survey (TAPS), Survey of Attitudes Regarding Counseling (SARC), Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS), Attitudes Toward Seeking Professional Psychological Help- Short Form (ATSPPH-SF), Beliefs and Evaluations About Counseling Scale (BEACS), and the Beliefs About Psychological Services (BAPS) scale. The Intentions to Seek Counseling Inventory (ISCI) is an additional assessment solely used to assess intent and will be examined under Intent, as a sub-scale of overall willingness. A short review of each, set up in chronological order, is essential to better understand the history of measuring willingness to seek counseling. It is important to note that one's attitudes towards psychotherapy predicted likelihood of actually seeking counseling, regardless of the reason or issue (Cepeda-Benito & Short, 1998). Therefore, the following studies are typically measuring attitudes and beliefs about counseling and therapy as a method of assessing one's willingness to actually seek counseling.

One of the most frequently used and well known assessments in willingness to seek counseling has been Fischer and Turner's (1970) Attitudes Toward Seeking Professional Psychological Help (ATSPPH) scale. The scale is a, "measure of attitudes toward seeking professional help for psychological disturbances" (Fischer & Turner, p. 79). The twenty-nine question scale uses a four point Likert Scale, with higher scores indicating more positive attitudes. Items include: "A person with a strong character can get over mental conflicts by himself, and would have little need of a psychiatrist" and "I would feel uneasy going to a psychiatrist because of what some people would think" (Fischer & Turner, p. 82). Four components of attitude were recognized as: recognition of need for psychotherapeutic help, stigma tolerance, interpersonal openness, and confidence in mental health practitioners, but did not recommend analyzing the separate factors because the inter-correlations were extremely low. Reliability for the scale was tested on $N = 212$ and found to be .86 (Fischer & Turner). Test-retest reliability was also found after a two month period. The majority of studies using the ATSPPH have used undergraduate populations (Cepeda-Benito & Short, 1998; Vogel, Wade, & Hackler, 2007), except for a few dissertation papers (Dearing, 2001; Leech, 2002). Females and those who had previously utilized psychological services scored significantly higher on the ATSPPH, indicating a higher willingness to seek counseling. Contradictory findings have been found regarding the usefulness of the ATSPPH, specifically noting the content and construct validity (Ægisdóttir & Gerstein, 2009; Choi, 2008; Fischer, 1995; Fischer & Turner). Specifically, twelve items of the twenty-nine item scale had extremely low factor loadings and perhaps should not have been retained in the scale (Ægisdóttir & Gerstein). An additional limitation noted is the instability of the four factor structure,

indicating that a different structural model for willingness to seek counseling may be a better format (Choi, Fischer).

The Thoughts About Counseling Survey (TACS) was developed in 1985 with the intention to measure level of fear related to seeking psychological help (Pipes, Schwarz, & Crouch, 1985). The fifteen item scale consisted of a five point Likert-type scale ranging from (1) *I have not been concerned about this issue* to (5) *I have been very concerned about this issue* (Pipes et al.). Two factors were found, labeled as therapist responsiveness and image concerns. Therapist responsiveness describes relationship concerns and therapist competency and image concerns represent client's concerns about how they were viewed by themselves or others. Therapist responsiveness appears to relate to the confidence in mental health practitioners and interpersonal openness factors from the ATSPPH. Image Concerns from the TACS appears to relate to stigma tolerance (Pipes et al.). Items were created by four professional, licensed psychologists. The brief report included little reliability and validity information. Because this scale focuses on only one attitude, it cannot be used to measure anything other than fear. Future use would need to overcome many limitations inherent in the TACS.

The Thoughts About Psychotherapy Survey (TAPS), created by Kushner and Sher in 1989, intends to measure level of fear about psychotherapy services. The TAPS is largely based off of the TACS, with an addition of a third factor, Coercion Concerns, and a language change to use psychotherapy instead of counseling for generalizability reasons. TAPS items are rated on a five point, Likert-type scale (1) *No Concern* to (5) *Very Concerned* reflecting the subject's level of concern for each of the 19 items. Items include: "I will be pressured to do things in therapy I don't want to do" and "I will lose

control of my emotions in therapy" (Kushner & Sher, p. 253). While this assessment looks at those who avoid personal therapy, it does not indicate that those individuals who do not avoid personal therapy are necessarily more willing to attend personal therapy (Choi, 2008). Kushner and Sher failed to report reliability, internal consistency, and test-retest reliability, which are significant limitations of the measure.

The Survey of Attitudes Regarding Counseling (SARC) was created in 1986 by Kammer and Davis (Fouad, Hains, & Davis, 1990). The original article was posted in the *Wisconsin Counselor*, and does not appear to have been used other than one 1990 study on counseling graduate students' endorsement of required personal therapy in their graduate program (Fouad et al.). The fifteen item questionnaire was used to assess student attitudes towards counseling and includes previous counseling experience and satisfaction. It appears that the questionnaire was created specifically to target the issue of required personal therapy in counseling graduate programs, instead of an overall level of willingness.

A shorter form of the Attitudes Toward Seeking Professional Psychological Help scale (ATSPPH-SF) was developed in 1995 that only consisted of ten items. The scale had a Cronbach's alpha of .84 and a correlation with the older version of the scale of .87 (N = 62) (Fischer & Farina, 1995). The scale was adapted to be a more convenient, shorter option of the original measure and has been used in many studies (Choi, 2008; Dearing, 2001; Fischer & Farina; Vogel, Wade, & Hackler, 2007).

The Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS) was developed in 2004 based on the ATSPPH, although is also strongly founded on the Theory of Planned Behavior, a social psychological theory of attitudes (Mackenzie,

Knox, Gekoski, & Macaulary, 2004). The researchers added questions from the Theory of Planned Behavior, such as assessing social norms and perceived behavioral control. The twenty-four item inventory included three factors, Psychological Openness, Help-Seeking Propensity, and Indifference to Stigma. Seventeen of the 24 items are taken directly from the ATSPPH. The inventory was utilized with 293 undergraduate students. Internal consistency was found to be .87 for the entire scale and ranged from .76 to .82 for the three-factors. Test-retest reliability results were also shown to be significant (Mackenzie et al.). The IASMHS appears to be relatively well-developed, yet has not been widely utilized.

The Beliefs and Evaluations About Counseling (BEAC) scale developed in 2008 by Choi intended to measure attitudes towards counseling. Choi (2008) was aware of the Beliefs About Psychological Services (BAPS) scale while completing his dissertation study on the development of this scale, but cited that the need for a scale measuring willingness would need to include entirely new items and not be based off of the ATSPPH. Choi created items based on the Multiattribute Model of Attitudes and the Theory of Reasoned Action. Sixty-two themes were separated into two factors of subjective attributes and normative attributes. Items include "If I went to see a counselor, I would have a better state of mind" and "If I went to see a counselor, [people close to me] would think there was something seriously wrong with me" (Choi, p. 207, 214). A high level of consistency was found at .88, with Cronbach's alphas ranging from .77 to .90 (Choi). Although the results of this scale development appear to be promising, the present author has not found any other studies that have utilized this scale to demonstrate reliability and validity with different populations.

The Beliefs About Psychological Services (BAPS) scale was created in 2009 by Ægisdóttir and Gerstein based on the original 1970 scale, Attitudes Toward Seeking Professional Psychological Services (ATSPPH). The BAPS consists of 18 items that include three sub-scales: stigma tolerance, intent, and expertness. The scale is a 6-point Likert-type scale, ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). By measuring individual's attitudes towards seeking psychological services, we are assessing their willingness to actually do so. Example items include: "I would be willing to confide my intimate concerns to a psychologist" and "Going to a psychologist means that I am a weak person" (Ægisdóttir & Gerstein, 2009, p. 205). Women are often more likely to express positive attitudes towards psychological services, as well as more likely to actually utilize psychological services. In addition, individuals who have sought out counseling previously are more likely to seek help again. Cronbach's alpha for the total scale was .88, with ranges from .72 to .82 on the three sub-scales (Ægisdóttir & Gerstein). Three preliminary studies were done, presenting evidence of discriminate validity, convergent validity, and test-retest reliability. This scale appears to be stronger in methodology and psychometrics than previously used scales. The authors utilized the Theory of Planned Behavior in order to help develop the scale and also used a large, diverse panel of experts. Some limitations of the scale are that there are additional factors that contribute to an individual's willingness to seek psychological services, such as financial cost and accessibility (Choi, 2008). In addition, it is important to note that the BAPS shares ten items with the ATSPPH, and it may be helpful to create a new scale with updated constructs and statements (Choi).

Professional counselors have a unique role in their own level of willingness, seeing as how they are treating clients themselves. Studies of counselors' willingness to attend personal therapy were not fully examined until the 1990s. Some studies have found that counselors are more likely to engage in personal therapy than the general population, while other studies have found that they are less likely to (Deutsch, 1984; Guy & Liaboe, 1986; Leech, 2002; Norcross & Prochaska, 1986). Holzman, Searight, and Hughes (1996) examined clinical psychology graduate students' reasons for seeking personal psychotherapy, citing that it would be different than looking at studies of practicing psychologists. Willingness of counseling graduate students is often dependent on specific concerns, such as confidentiality, feelings of superiority, networking, and effect on success within the program (Deutsch; Guy & Liaboe). Farber and Heifetz (1982) echo these concerns, stating that psychotherapists' need to have a place where difficulties and struggles can be expressed, without being stereotyped as an incompetent counselor. They even specifically pinpoint graduate programs as the necessary place for counselor trainees to confront the distressing aspects of their work (Farber & Heifetz).

Witmer and Young (1996) discuss that if therapists help clients recognize their responsibility for solutions to the issues they face in their lives, then counselors must also take this responsibility. The most recent and developed constructs of willingness to seek personal counseling come from Ægisdóttir and Gerstein (2009) and are stigma tolerance, intent, and expertness.

Stigma Tolerance

Stigma tolerance is defined by Ægisdóttir and Gerstein (2009) as the "persons' perception of perceived societal barriers and their negative view in regards to seeking counseling services" (p. 216). As described in the definition, this includes both the perceived stigma in society and self-stigma. Stigma tolerance was a factor in the original Fischer and Turner (1970) ATSPPH scale, indicating that stigma tolerance has been a known factor in willingness to seek counseling since research on the subject began in the 1970s.

Perceived stigma can include both others in the graduate program and larger societal implications. Dearing (2001) examined predictors of help-seeking with counseling graduate students and found that students' perceptions of faculty attitudes regarding personal therapy were significantly related to whether the student actually sought out personal therapy. This indicates that the more positively faculty verbalize personal therapy, the more willing students may be to attend personal therapy. This same finding was found by Farber (1999) with counseling psychology doctoral students. In the dissertation study, they examined perceived network norms of personal therapy and found that if students' perceptions were that their peers and faculty were seeking help, then they themselves would be more likely to seek help (Farber). This was also supported by Wampler and Strupp's (1976) examination of accredited counseling psychology programs. The study explored the program's outlook on personal therapy, such as if it was required, actively encouraged, seen as reticent helpfulness, or neglected entirely. In programs where personal therapy was looked at as either neglected or helpful only if there are student issues, a probable fear may occur in students that participating in

personal therapy would represent their current mental state, deeming them unfit as a counselor (Wampler & Strupp). There was also a fear that attendance of personal therapy could impact their academic progress in the counseling program. In addition, a study by Deutsch (1985) demonstrates the same finding with psychiatrists. Many cited fears of avoiding treatment because it would admit personal flaws, despite it being normal for most people in the population. In addition, there was a large fear of professional consequences, although specific consequences were never admitted in the participants' responses (Deutsch).

It appears that these fears stem out of some beliefs of counselor trainees that contribute to the perceived and self-stigma. Guy and Liaboe (1986) examined the usefulness and utilization of personal therapy for practicing psychotherapists. The stigmatizing findings that they discovered in a review of the literature were that by attending personal therapy, psychotherapists often feel as if they are put in a dependent position, with a decreased sense of power, leading to feelings of embarrassment (Guy & Liaboe). This is an obvious concern for psychotherapists and for the profession of therapy as an entity. If the counseling profession is advocating for people to utilize counseling services, then they must be working to decrease stigma not only for clients, but especially for themselves and their peers.

Previous to the development of the Beliefs About Psychological Services questionnaire, measures of stigma tolerance were either an individual assessment or woven into other assessments. Vogel, Wade, and Hackler (2007) utilized the Self-Stigma of Seeking Help 10-item Scale and Perceived Devaluation-Discrimination scale, in order to be able to compare stigma tolerance to attitudes towards seeking professional help and

student intention to seek counseling. Even though correlations show that self and perceived stigma is related to these two, the Beliefs About Psychological Services assessment is the first to incorporate stigma into a willingness to attend counseling assessment, as well as analyze it as its own sub-scale.

Vogel and Armstrong (2010), in their study on self-concealment and willingness to seek counseling with undergraduate students, discuss the stigma associated with mental health issues as a factor that could affect whether or not an individual seeks counseling services. They highlight the significance of the social taboo and advocate methods to decrease stigma societally and in one's own network of friends and family, such as by discussing personal issues experienced with others (Vogel & Armstrong). This appears to be an effective method for graduate programs to also work on decreasing stigma for counselor trainees.

Norcross (2010) in her article advocating for required personal therapy in counseling graduate programs argues that a policy change would aid in decreasing the stigma of psychotherapy. If graduate programs "instill therapy as an accepted mental hygiene option" it is viewed as a feasible and normal tool, without judgment of pathology or incompetence (Norcross, p. 42). Whether this is done as a policy change or faculty commitment, the need to decrease stigma of personal therapy for counseling graduate students is essential.

Intent

Intent is defined by Ægisdóttir and Gerstein (2009) as attitudes toward the behavior, societal view of the behavior, and perceived behavioral control. It "affects the

probability of the behavior occurring" (p. 216). While this is a broad construct to consider, intent can also be viewed as the aspect of being willing to actually make the decision to utilize psychological services, regardless of viewing therapists as experts or stigma tolerance. Intent was not in the original ATSPPH scale on willingness to attend counseling (Fischer & Turner, 1970), but was introduced in the Beliefs About Psychological Services scale. The BAPS contains a sub-scale of intent and includes items such as: "I would be willing to confide my intimate concerns to a psychologist" and "At some future time, I might want to see a psychologist" (Ægisdóttir & Gerstein, p. 205).

One scale was developed specifically to measure this construct. The Intentions to Seek Counseling Inventory (ISCI) was developed in 1975 by Cash, Begley, McCown, and Weise strictly for the college student population (Leech, 2002; Vogel & Armstrong, 2010). Although the original use was to measure students' views of attractive and unattractive counselors, it has been used thereafter to assess overall willingness (Cepeda-Benito & Short, 1998). The inventory uses a Likert scale format ranging from (1) *very unlikely* to (6) *very likely*, where participants are asked how likely they would be to seek counseling at the university counseling center (Cepeda-Benito & Short). Each item pertains to a specific issue such as procrastination with schoolwork and loneliness. The scores range from 17 to 102, with higher scores indicating more willingness to seek counseling. Cronbach's alpha for the 17 item scale is .89 (Cepeda-Benito & Short). While there is not much past research on intention to seek counseling, it is considered a primary component of overall willingness to seek counseling. Of the 18 item Beliefs About Psychological Services (BAPS) scale, the intent sub-scale consists of six questions.

Expertness

Expertness is defined by Ægisdóttir and Gerstein (2009) as the "persons' beliefs regarding characteristics about psychologists and their services due to their training" (p. 216). While expertness was not specifically in Fischer and Turner's (1970) ATSPPH scale, a seemingly similar, 'confidence in mental health practitioners' was a factor. This demonstrates that the concept of expertness has been known to be a basic factor in willingness to attend personal therapy for over forty years. While the general population may have varying speculations as to the expertness of psychologists, as with many helping professions, those going into the profession we would expect to be more likely to consider professionals in their own fields as experts. However, as discussed earlier, counseling graduate students may not feel the personal need for therapy, even though the majority of research supports it for individuals in the helping professions. One study by Guy and Liaboe (1986) suggested that some psychotherapists may resist entering personal therapy because they have secret doubts of its effectiveness. This is concerning seeing as how psychotherapists would be practicing unethically if they did not believe their therapy was effective for their clients. However, this finding could potentially be reflecting the own feelings of incompetence of the therapists that participated in the study (Guy & Liaboe).

Another study by Buckley, Karasu, and Charles (1981) looked at 97 psychotherapists in an open-ended questionnaire evaluating their own experiences in personal therapy. They reported that 21% of therapists said previous therapy has been hurtful to them in some way. Responses seemed to discuss various ways that the treatment negatively impacted some facet of their life and was not correlated with

therapist factors (Buckley et al.). This demonstrates the subjective nature of what constitutes a harmful effect, and in this case it appeared to be primarily counter-transference issues. It is unfortunate that negative therapy experiences may affect future willingness to seek counseling and understanding more about the construct of expertness with counseling graduate students may provide more information regarding this.

It is always essential to consider the role of culture and identity in people's viewpoints. For the construct of expertness, more so than the other sub-scales, the cultural background of individuals most certainly affects their view of a therapist as expert. *Ethnicity and Family Therapy* provides an account of the perceptions that various ethnicities and cultures have on counseling and what therapists can do to work with that perception to best help the client (McGoldrick, Giordano, & Garcia-Preto, 2005). An example of this is how many cultures are distrusting of the Western philosophy of therapy because their backgrounds have alternative views of mental health treatments. Many cultures utilize alternative methods of healing, such as a local religious practice, visiting with a community elder, or even keeping it within the family (McGoldrick et al.). If participants have come from a cultural background where other sources of support are more strongly considered, then it is likely that perception of a therapist as expert will be weak. In other cases, those from cultural backgrounds who view a therapist as being similar to a medical doctor may voice high agreement that a therapist is expert. There is no doubt that cultural background plays a component in the evaluation of expertness of mental health professionals.

Conclusion

A review of the literature provides a comprehensive depiction of what research in personal therapy for therapists and willingness to seek counseling has shown. We now know that 53% to 84%, of therapists have engaged in personal therapy in the past, with slightly higher numbers in studies looking specifically at counseling graduate students (Bike, Norcross, & Schatz, 2009; Deutsch, 1985). Therapists' cited benefits for personal therapy have typically been in three primary categories of: better understanding of the therapeutic relationship, therapeutic role model, and support for stresses (Graham, 2005). We also know that the reasons why therapists seek out personal therapy are stress due to practicing, stress due to interpersonal conflicts, personal growth issues, and issues of personal distress (Liaboe, Guy, Wong, & Deahnert, 1989). The ethical standards put forth by the American Psychological Association, American Counseling Association, and Council for Accreditation of Counseling & Related Educational Programs similarly take a position of holding graduate programs responsible for creating ethical and mentally healthy future counselors, often advocating for personal therapy without mandating it. Looking at differences between beginning and advanced counseling students, there is obviously a wide gap in the literature focused on differences in students' use of personal therapy within counseling graduate programs.

Moving into the literature on willingness to seek counseling, it was determined that one's attitudes do reflect an individual's potential to seek future counseling (Dearing, 2001). In addition, multiple instruments were reviewed that have assessed overall willingness to seek counseling over the past forty years, with the most recent and adapted being the Beliefs About Psychological Services (BAPS) scale developed by Ægisdóttir

and Gerstein (2009). Sub-scales of willingness to seek counseling were also examined, with the most recent research showing that stigma tolerance, intent, and expertness were significant parts of overall willingness. Stigma tolerance reflects both perceived societal stigma and self-stigma, intent reflects beliefs about the probability of actually participating therapy, and expertness reflects beliefs about the efficacy of psychotherapists. While willingness to seek counseling has been evaluated with counselor trainees in the past, the most recent BAPS scale and the newly evolved sub-scales have not, reflecting an additional gap in the literature.

CHAPTER 3: METHOD

Research Design

The present study used a quantitative research design to add to previous, quantitative based research on willingness to seek counseling with a sample of counseling graduate students. This study utilizes the Beliefs About Psychological Services (BAPS) scale, which determines a numerical value for participants' willingness to seek counseling. Four independent sample *t*-tests were examined with 37 master's level counseling graduate students to explore differences between beginning and advanced counseling students on overall willingness to seek counseling, stigma tolerance, intent, and expertness.

Participants

Five master's level counselor education graduate programs in Colorado and Wyoming were requested to participate in this study. One counselor education graduate program did not respond to e-mails requesting their participation. Therefore, four counseling graduate programs in Colorado and Wyoming were utilized to obtain participants. All students were volunteers and received no incentive for participating in the research study. The purpose of utilizing counselor education graduate students in master's level programs, in comparison to doctoral students, was to examine the majority of counselor trainees who are quickly moving into a practitioner role. Although most research has been done with doctoral students, the majority of counseling graduate

students complete master's level degrees. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredits 543 master's level programs, yet only 60 doctoral programs. In addition to the quantity of accredited programs, master's level programs typically admit a much larger cohort each year in comparison to doctoral programs. Therefore, the present study will measure solely master's level counselor education graduate students.

Originally, 50 participants volunteered to partake in the study out of an estimated 160 students in the four counseling graduate programs utilized in the present study. However, 13 participants were omitted from the study for various reasons. The primary reason participants were omitted was because they did not answer any questions after consenting or because they reported that they were not currently a master's level counseling graduate student. Therefore, 37 master's level counseling graduate students (men: $n = 7$; women: $n = 30$; other: $n = 0$) were participants in the study. The participants were between the ages of 23 and 57 ($M = 29.22$, $SD = 8.51$). The majority of the participants were white ($n = 31$), Asian or Asian-American ($n = 2$), Hispanic or Latino ($n = 1$), or other ethnic backgrounds ($n = 3$). The four graduate programs that invited students to participate in the present study were asked for demographic information regarding their master's level counseling graduate program. Two of the four programs responded and affirmed that the demographic backgrounds of volunteers in the present study were similar to students in their counseling graduate programs (N. Amidon, personal communication, April 26, 2011; J. Shotkoski, personal communication, April 26, 2011). Similarities included age range, ethnic backgrounds, and percentage of each gender in each program.

Information regarding participants' counseling experiences can be viewed in *Figure 1*. The majority of participants were not currently attending counseling, although they had participated in individual counseling in the past. Additionally, some students had never participated in individual counseling. The majority of graduate programs that the participants were enrolled in did not require individual counseling.

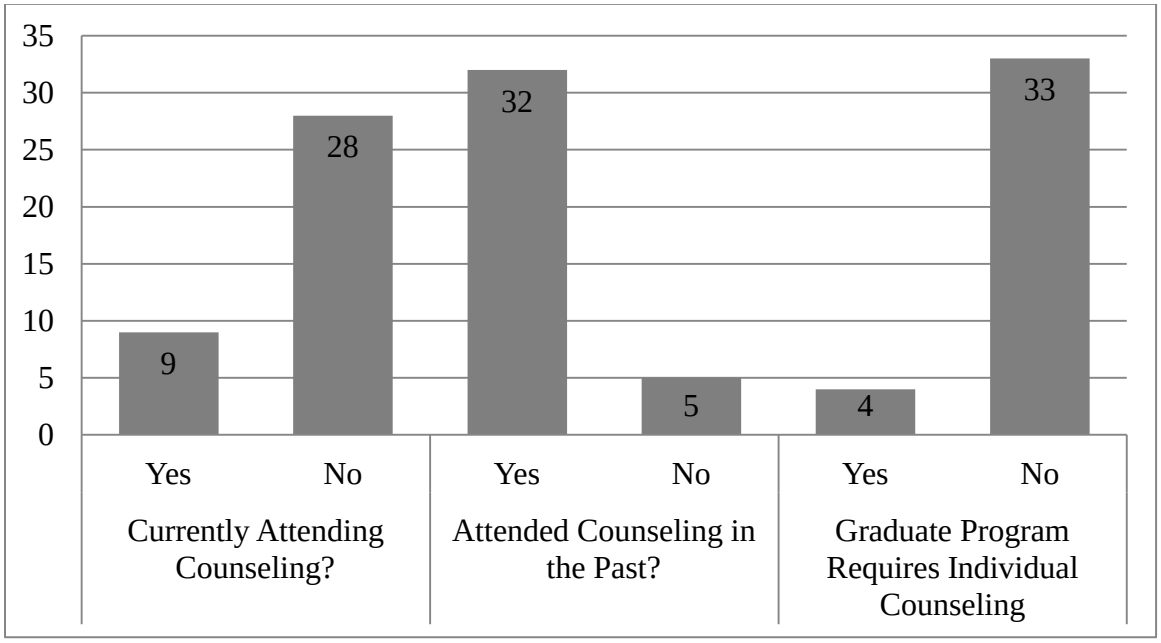

Figure 1. Counseling experiences of participants (N = 37).

The split between beginning and advanced counseling graduate students was evenly split at 48.6% in both the beginning (n = 18) and advanced (n = 18) groups, with one participant not responding to that question (n =1). Therefore, while the present study included 37 participants, only 36 participants were included in the statistical analysis of willingness to seek counseling. Participants formed a convenience sample. A copy of the approval for human research is available in Appendix A.

Instruments

Participants completed a self-report questionnaire consisting of one existing inventory, as well as a questionnaire regarding personal demographics. The inventory selected was the Beliefs About Psychological Services, which has been used in recent research on willingness to seek counseling (Ægisdóttir & Gerstein, 2009; Choi, 2008; N. Seyala, personal communication, October 13, 2010).

Beliefs About Psychological Services (BAPS)

The BAPS is a relatively new inventory, created in 2009 by Ægisdóttir and Gerstein at Ball State University in the United States. The purpose of the scale is to assess attitudes towards psychologists and their services, creating an assessment of overall willingness to seek psychological services. It was created based on the Attitudes Towards Seeking Professional Psychological Help (ATSPPH) scale by Fischer and Turner in 1970, as well as the ATSPPH short version. The BAPS includes some of the original ATSPPH items, but addressed the limitations that the ATSPPH faced. One such limitation was that some items did not appear to be related to counseling, but more to a person's strength of character. Another limitation in the ATSPPH was that twelve of the twenty-nine items should not have been retained in the construction of the scale based on their level of variance.

The development of the BAPS inventory was based on three studies with undergraduate students to test the inventory, make revisions, and assess the psychometric properties (Ægisdóttir & Gerstein, 2009). An additional study has since used the BAPS for faculty and staff members within the university setting and was able to confirm

similar reliability coefficients reported by Ægisdóttir and Gerstein, although the manuscript has not yet published these coefficients (N. Seyala, personal communication, October 13, 2010). The BAPS inventory is listed in Appendix B. Approval for use was granted by the scale developers, Stefania Ægisdóttir and Lawrence Gerstein (S. Ægisdóttir, personal communication, October 6, 2010).

Ægisdóttir and Gerstein (2009) evaluated the factor structure for the initial BAPS, which included twenty-nine questions. To reduce instability of the scale because of cross-loading items, ten items were removed and factor analysis was completed again. One additional item was deleted and the eighteen item scale was then evaluated for reliability and validity.

The BAPS inventory consists of eighteen statements for which participants are asked to rate, on a six point Likert scale ranging from (1) *strongly disagree* to (6) *strongly agree*, to which level of agreement reflects their attitudes and beliefs about seeking psychological services. Due to a scaling default with the Qualtrics tool, which was utilized to administer the scales electronically, a five point scale was utilized in the present study. Therefore, a five point scale ranging from (1) *strongly disagree* to (5) *strongly agree* assessed participants' responses on the BAPS inventory. The adapted version of the BAPS in the present study can be found in Appendix C. This was found to not have affected the reliability of the overall measure, although it did slightly decrease the reliability of the three sub-scales and will be discussed in the limitations section. Considering the high reliability of the overall assessment, it was not considered to be in the participants best interest to re-distribute the assessment.

The BAPS has three sub-scales: stigma tolerance (8 questions), intent (6 questions), and expertness (4 questions). To view which questions relate to which sub-scale, see Appendix D. The scores on the original six point BAPS range from 18 to 108, with higher scores reflecting greater willingness to seek help if in need. Some of the items are reverse-scored and need to be adjusted before analysis. Ægisdóttir and Gerstein (2009) found in their study with undergraduate college students mean scores from 2.73 (*SD* = 1.39) to 5.40 (*SD* = 0.86), with higher scores indicating more positive attitudes. The item to total scale correlation in evaluating item analysis was found to range from 0.29 to 0.69 (Ægisdóttir & Gerstein). For each sub-scale, the item to factor correlation ranged from 0.44 to 0.52 (Stigma Tolerance), 0.49 to 0.69 (Intent), and 0.38 to 0.58 (Expertness). Cronbach's alpha coefficients range from 0.72 to 0.82 for the three sub-scales and 0.88 for the total scale (Ægisdóttir & Gerstein).

Known-groups criterion validity was examined using a 2 (sex; men & women) x 2 (prior counseling experience; yes & no) between subjects ANOVA. Ægisdóttir and Gerstein (2009) discussed the rationalization for using these groups because an extensive amount of previous research had shown that women and people who have had previous counseling experience are more likely to seek out counseling. The BAPS was able to discriminate between men and women and persons with and without previous counseling experience, demonstrating known-groups criterion validity in the BAPS (Ægisdóttir & Gerstein).

A second study was done by Ægisdóttir and Gerstein (2009) in order to evaluate the convergent and divergent validity in the BAPS. Convergent validity was found to be highly correlated at 0.83 with the original ATSPPH and 0.71 with the ATSPPH shorter

version. The BAPS shared 69% of the variance with the original ATSPPH and 50% of the variance with the ATSPPH shorter version. Discriminant validity was evaluated using the Marlowe-Crowne Social Desirability Scale to determine if participants were answering in a socially desirable direction (Ægisdóttir & Gerstein). A low correlation of the BAPS and the Marlowe-Crowne Social Desirability Scale demonstrated two separate and distinct constructs.

A third study by Ægisdóttir and Gerstein (2009) examined test-retest reliability, which was found to be 0.87, over two weeks. Each sub-scale score was also examined and found to be 0.79 for Stigma Tolerance, 0.88 for Intent, and 0.75 for Expertness. The high levels of correlations after a two week re-testing period provides strong evidence regarding test-retest reliability.

It is important to note that the BAPS uses the terms 'psychologist' and 'psychotherapy' in measuring willingness to seek psychological services. As the present study aims to use counseling education graduate students, it would be more appropriate to substitute 'mental health counselor' and 'mental health counseling.' The researcher received permission to make this language substitution because a manuscript is currently being reviewed that demonstrates the retained validity and reliability of the scale, despite the language change (S. Ægisdóttir, personal communication, November 13, 2010).

Demographic Questionnaire

The demographic questionnaire (see Appendix E) was constructed by the researcher and included questions regarding age, sex, ethnicity, number of credits earned as a graduate student, prior counseling experience as a client, and current counseling

involvement as a client. An open-ended question asking for additional thoughts or comments was included to allow participants an opportunity to voice additional feedback (see Appendix F for open-ended responses).

Procedure

One counseling professor from each of the five universities was contacted with the request of forwarding an e-mail to all students in their master's level counseling programs. One university was contacted but did not affirm that they forwarded the e-mail onto their students. Four universities confirmed that they forwarded the e-mail onto their students. The e-mail contained a short description of the study and a link to Qualtrics, a survey software tool that participants used to take the assessment. Both the BAPS and the demographic questionnaire were given electronically and concurrently. Approval was granted to use the BAPS electronically (S. Ægisdóttir, personal communication, November 13, 2010).

All of the students were asked to voluntarily participate in the study. In order to take the assessment, students read a paragraph on consent and risks of the study (see Appendix G). The questionnaires contained no identifying information and a debriefing message appeared at the end of the survey (see Appendix H).

Multiple strategies were employed to recruit a high number of respondents. First, by having the assessments electronic and easily accessible, it was more convenient for students to participate. Second, the e-mail discussed the expected length that the survey would take so that students were aware of their commitment. Lastly, one reminder e-mail to take the assessment was sent out one week after the initial survey invitation. Students

were asked in the second e-mail to not take the survey again if they have already submitted it.

Data Analysis

Four research questions were analyzed in the computer program SPSS based on the provided data from the BAPS and demographic questionnaire. The four questions were:

1. Are there statistically significant differences between beginning and advanced counseling graduate students on willingness to seek counseling, as measured by the Beliefs About Psychological Services scale?
2. Are there statistically significant differences between beginning and advanced counseling graduate students on the sub-scale of stigma tolerance, as measured by the sub-scale of stigma tolerance from the Beliefs About Psychological Services scale?
3. Are there statistically significant differences between beginning and advanced counseling graduate students on the sub-scale of intent, as measured by the sub-scale of intent from the Beliefs About Psychological Services scale?
4. Are there statistically significant differences between beginning and advanced counseling graduate students on the sub-scale of expertness as measured by the sub-scale of expertness from the Beliefs About Psychological Services scale?

Descriptive statistics were utilized to determine if independent *t*-tests were appropriate for the sample. Mean, skew, and kurtosis were also examined to test for a normal distribution because of the Likert-type scale. Homogeneity of variance was measured utilizing Levene's Test for Equality of Variances and the Kolmogorov–Smirnov test. The data appeared relatively normal; therefore, four independent sample *t*-tests were conducted, one for each research question.

CHAPTER 4: RESULTS

In this study, the Beliefs About Psychological Services (BAPS) scale consisted of 18 items ($\alpha = .80$) and three sub-scales: stigma tolerance ($\alpha = .62$), intent ($\alpha = .74$), and expertness ($\alpha = .55$) using a 5 point scale ranging from (1) *strongly agree* to (5) *strongly agree.* Traditionally, the BAPS utilizes a 6 point scale, without a neutral point, ranging from (1) *strongly disagree* to (6) *strongly agree*, to which level of agreement reflects attitudes and beliefs about seeking psychological services. Cronbach's alpha coefficients have shown to range from 0.72 to 0.82 for the three sub-scales and 0.88 for the total scale (Ægisdóttir & Gerstein, 2009). This difference in alpha coefficients is likely due to the changes in scale, but also influenced by sampling and sample size. The item to total scale correlation in this study was measured by the Pearson product-moment correlation coefficient and found to range from 0.14 to 0.77, a greater range than the item analysis evaluated by Ægisdóttir and Gerstein, who found a range from 0.29 to 0.69. Additionally, the item to factor correlation, also measured by the Pearson product-moment correlation coefficient, for the sub-scale of stigma tolerance was 0.20 to 0.69, intent was 0.57 to 0.84, and 0.62 to 0.70 for expertness. These look only slightly different than the findings by Ægisdóttir and Gerstein, with no specific patterns visible.

Tests for assumptions were computed to confirm that independent sample *t*-tests would be appropriate for the data. First, mean, skew, and kurtosis were examined to

determine a normal distribution of data. Overall willingness had a skew of -.75 (*SE* = .39) and a kurtosis of 1.41 (*SE* = .77). This represents an overall normal distribution of scores for skewness and the kurtosis score reveals a narrow peak of scores, as compared to a normal distribution. Expertness had a skewness of -.20 (*SE* = .39) and a kurtosis of .83 (*SE* = .76), while intent had a skewness of -.20 (*SE* = .39) and a kurtosis of -.88 (*SE* = .76). Both expertness and intent show a normal distribution of scores without strong deviations. Stigma tolerance had a skewness of -1.09 (*SE* = .39) and a kurtosis of 1.34 (*SE* = .77), both of which are outside of the normal range of skewness and kurtosis; as each level of skew and kurtosis were still fairly close to -1, the distribution is not considered non-normal (Faherty, 2008).

Additionally, the Levene's Test for Equality of Variances and the Kolmogorov–Smirnov test were conducted to determine homogeneity of variance and how the distributions deviate from normal scores. Levene's test was not significant, indicating equal variances between the two groups. Levene's test demonstrated that the variances are not significantly different, $F = 3.37$, $p = .08$ for stigma tolerance, $F = .00$, $p = 1.0$ for intent, $F = .47$, $p = .50$ for expertness, and $F = .28$, $p = .6$ for overall willingness. Therefore, we can assume that the variances are roughly equal between the two groups of beginning and advanced counselors.

The Kolmogorov–Smirnov test indicated that two constructs have distributions that are significantly different from a normal distribution and two constructs are not significantly different from a normal distribution. Intent, $D(36) = .12$, $p = .2$, and overall willingness $D(36) = .12$, $p = .2$ were non-significant, indicating the likelihood that the

sample is statistically similar to a normal distribution of the larger population of graduate students. Differently, expertness, D(36) = .18, p = .01, and stigma tolerance, D(36) = .16, p = .03, were significantly non-normal, indicating the likelihood that their distributions did not reflect the likelihood that the samples came from a normal distribution of a larger population of graduate students. The Kolmogorov–Smirnov test was further explored by examining the groups of beginning and advanced counseling students to better understand the significant results for the expertness and stigma tolerance constructs. Expertness for beginning counseling students, D(17) = .21, p = .05, and intent for beginning counseling students, D(17) = .21, p = .04, were the only significantly non-normal findings. This indicates that the population of beginning counseling students may not meet a normal distribution. It is important to note that with the Kolmogorov–Smirnov test, small samples often do not look normal, even if they come from normal populations. Therefore, because the power of this test is lowered, the results should be considered cautiously.

The four research questions will be independently discussed. See *Figure 2* for a comparison of the results data for the four research questions.

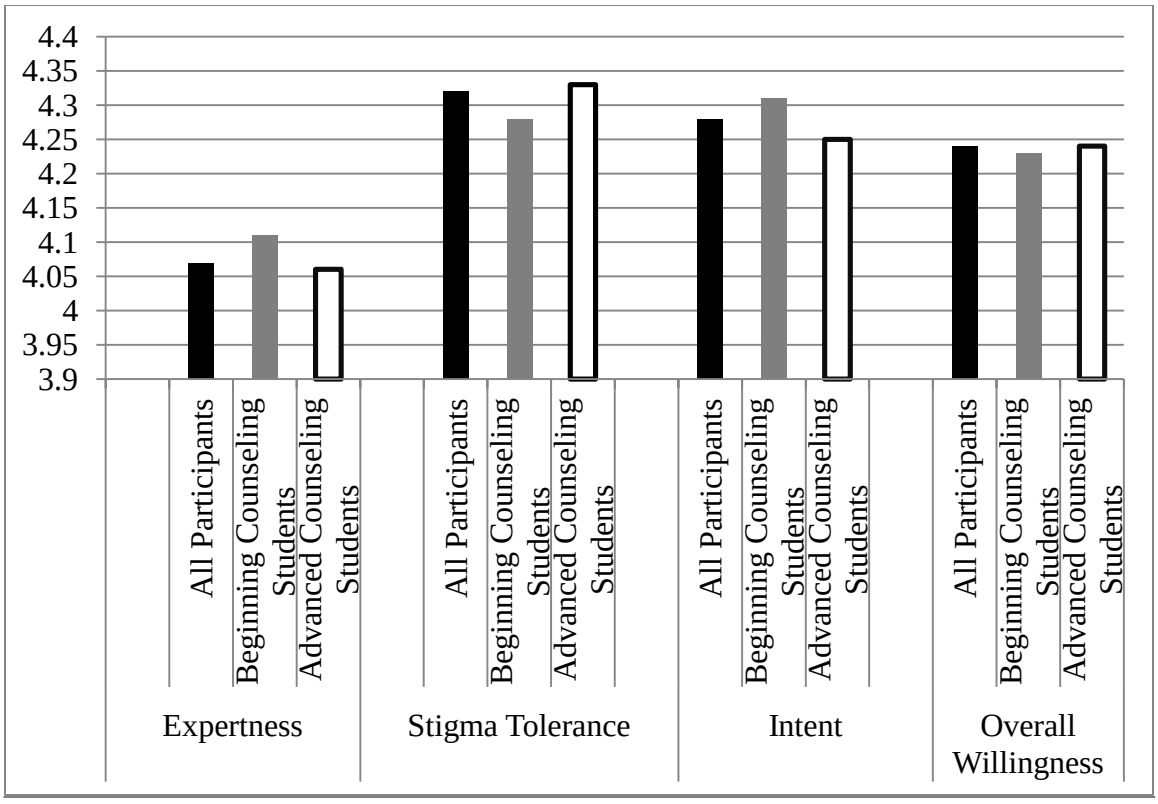

Figure 2. Difference in means for all participants (*N* = 36), beginning counseling students (*n* = 18), and advanced counseling students (*n* = 18) on the constructs of expertness, stigma tolerance, intent, and overall willingness to seek counseling.

1. Are there statistically significant differences between beginning and advanced counseling graduate students on willingness to seek counseling, as measured by the Beliefs About Psychological Services scale?

An independent-samples *t*-test was conducted to compare overall willingness to seek counseling in the beginning and advanced counseling student conditions. For research question 1, there was not a statistically significant difference between beginning and advanced counseling graduate students, $t(33) = -.16$, $p = .88$. Inspection of the two group means indicates that advanced counseling graduate students scored slightly higher ($M = 4.24$, $SD = .30$) than beginning counseling students ($M = 4.23$, $SD = .38$) on overall willingness to seek counseling. It may be important to note that when considering the

degrees of freedom, one participant's responses were omitted through list-wise deletion as they failed to answer all of the questions on the sub-scale of stigma tolerance, which is factored into overall willingness to seek counseling. The null hypothesis for this research question has not been rejected as there are no statistically significant differences between beginning and advanced counseling students on overall willingness to seek counseling. There is a possibility that a Type II error occurred, which would mean that while this study failed to reject the null, in reality, there could be a true difference between the populations. The overall group of respondents on willingness to seek counseling averaged between (4) *agree* and (5) *strongly agree*, $M = 4.24$, $SD = .33$.

2. Are there statistically significant differences between beginning and advanced counseling graduate students on the sub-scale of stigma tolerance, as measured by the sub-scale of stigma tolerance from the Beliefs About Psychological Services scale?

An independent-samples *t*-test was conducted to compare stigma tolerance in the beginning and advanced counseling student conditions. For research question 2, there was not a statistically significant difference between beginning and advanced counseling graduate students, $t(33) = -.42$, $p = 68$. Inspection of the two group means indicates that advanced counseling graduate students scored slightly higher ($M = 4.33$, $SD = .29$) than beginning counseling students ($M = 4.28$, $SD = .46$) on the sub-scale of stigma tolerance. Again, when considering the degrees of freedom for research question two, one participant's responses were omitted through list-wise deletion as they failed to answer all of the questions on the sub-scale of stigma tolerance. The null hypothesis for this research question has not been rejected as there are no statistically significant differences between beginning and advanced counseling students on stigma tolerance. There is also a possibility that a Type II error occurred for research question 2. The overall group of

respondents on stigma tolerance averaged between (4) *agree* and (5) *strongly agree*, M = 4.32, SD = .38.

3. Are there statistically significant differences between beginning and advanced counseling graduate students on the sub-scale of intent, as measured by the sub-scale of intent from the Beliefs About Psychological Services scale?

An independent-samples *t*-test was conducted to compare intent in the beginning and advanced counseling student conditions. For research question 3, there was not a statistically significant difference between beginning and advanced counseling graduate students, $t(34) = .38$, $p = .71$. Inspection of the two group means indicates that beginning counseling graduate students scored slightly higher (M = 4.31, SD = .45) than advanced counseling students (M = 4.25, SD = .43) on the sub-scale of intent. The null hypothesis for this research question has not been rejected as there are no statistically significant differences between beginning and advanced counseling students on intent. There is a possibility that a Type II error occurred and there could be a true difference between the populations. The overall group of respondents on intent averaged between (4) *agree* and (5) *strongly agree*, M = 4.28, SD = .43.

4. Are there statistically significant differences between beginning and advanced counseling graduate students on the sub-scale of expertness as measured by the sub-scale of expertness from the Beliefs About Psychological Services scale?

An independent-samples *t*-test was conducted to compare expertness in the beginning and advanced counseling student conditions. For research question 3, there was not a statistically significant difference between beginning and advanced counseling graduate students, $t(34) = .36$, $p = .72$. Inspection of the two group means indicates that beginning counseling graduate students scored slightly higher (M = 4.11, SD = .53) than

advanced counseling students (M = 4.06, SD = .40) on the sub-scale of expertness. The null hypothesis for this research question has not been rejected as there are no statistically significant differences between beginning and advanced counseling students on expertness. There is a possibility that a Type II error occurred and that there could be a true difference between the populations. The overall group of respondents on expertness averaged between (4) *agree* and (5) *strongly agree*, M = 4.07, SD = .47.

A one-way multivariate analysis of variance (MANOVA) was conducted to determine if the groups of beginning and advanced counseling students had an effect on a linear combination of the dependent variables, stigma tolerance, intent, expertness, and overall willingness. This was completed in addition to the independent sample *t*-tests because occasionally with increased variables, there can be increased error with *t*-tests. No significant differences were found among the four dependent variables, Wilks's $\mathbf{\Lambda}$ = .99, $F(3,31) = .113$, $p = .95$. As the findings were non-significant, there was no need for follow-up comparisons.

As none of the independent sample *t*-tests or the one-way multivariate analysis of variance were statistically significant, an additional analysis was completed. The initial analyses separated beginning versus advanced counseling students by credit hour, yielding 18 participants in each group. After removing the middle 50% to examine findings of only the lower and upper 25%, a smaller group of beginning counseling students (n = 10) and a smaller group of advanced counseling students (n = 11) were created to test the polarized ends of the sample. Differences in mean, with the revised

groups, between the overall sample, beginning counseling students, and advanced counseling students can be viewed in *Figure 3.*

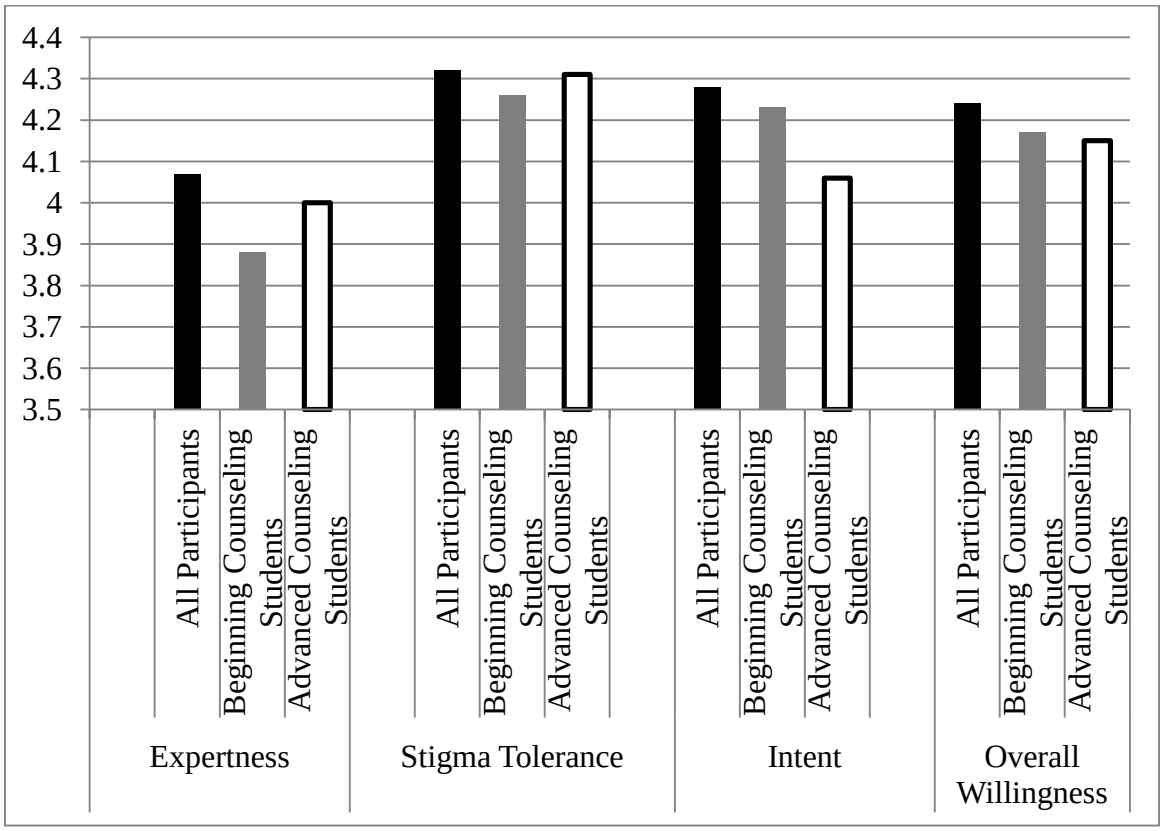

Figure 3. Difference in means utilizing polarized ends of the beginning (n = 10) and advanced student (n = 11) populations.

Four independent samples *t*-tests again failed to reveal statistically significant differences between the scores for each dependent variable. For example, the independent samples *t*-test for overall willingness failed to reveal a statistically significant difference between the scores for polarized beginning counseling students (M = 4.17, SD = .40) and polarized advanced counseling students (M = 4.19, SD = .08) conditions; $t(19) = -.14$, p = .89. This indicates that the polarized groups of beginning and advanced counseling students did not show statistically significant different results, even with the removal of

the middle 50% of the sample. Means, standard deviations, and significance levels can be viewed in *Table 1*.

Table 1. Independent T-Tests for Polarized Ends of the Beginning (n = 10) and Advanced Student (n = 11) Populations

Variable	*M*	*SD*	*t*	*df*	*p*
Expertness			-.66	17	.86
Beginning Counseling Students	3.88	.46			
Advanced Counseling Students	4.00	.35			
Stigma Tolerance			-.22	17	.83
Beginning Counseling Students	4.26	.52			
Advanced Counseling Students	4.30	.33			
Intent			1.13	17	.28
Beginning Counseling Students	4.23	.36			
Advanced Counseling Students	4.06	.32			
Overall Willingness			.08	17	.45
Beginning Counseling Students	4.17	.40			
Advanced Counseling Students	4.15	.25			

CHAPTER 5: DISCUSSION

Literature examining willingness to seek counseling with counselor trainees is limited. The present research study aimed to provide an account of willingness to seek counseling among master's level counseling graduate students. A discussion of the findings, organized by the four dependent variables will depict a better understanding of the non-significant results. The research question and relationship of findings to previous literature will be discussed within each section. Additionally, the limitations of findings and implications for counseling graduate programs and future research will be examined.

Overall Willingness to Seek Counseling

Discussion of Findings

Each of the four research questions will be discussed independently in order to best understand the results of the present study.

1. Are there statistically significant differences between beginning and advanced counseling graduate students on willingness to seek counseling, as measured by the Beliefs About Psychological Services scale?

In examining the construct of overall willingness to seek counseling, no statistical significance was found in differences between beginning and advanced counseling students. Even when examining only the most beginning and most advanced, as determined by the bottom and top 25% of credit hours completed, no significance was

found. This finding indicates that the approximate one year difference between graduate students is not strong enough to warrant an increased willingness to seek counseling, as some of the literature may suggest. Research is fairly limited on this subject, although the high levels of willingness to seek individual counseling in this study are important to note. On a scale of (1) *strongly disagree* to (5) *strongly agree*, $M = 4.24$, $SD = .33$ for the overall group of respondents on willingness to seek counseling. This represents a strong level of agreement for participants to seek out individual counseling if needed, according to results from the Beliefs About Psychological Services scale. Considering this result with information received from the demographic questionnaire, most of the individuals were not currently attending counseling ($n = 28$), but had attended individual counseling in the past ($n = 32$). As the Beliefs About Psychological Services scale aims to measure willingness to seek counseling should a problematic issue arise, the majority of current master's level counseling students, in this study, were not attending counseling. As discussed in the literature review, it is highly agreeable that the experience of being in a counseling graduate program offers many stressors. The finding that students would be willing to attend counseling in the future, had attended counseling in the past, but are not currently attending individual counseling, despite a common agreement that counseling graduate school is filled with pressures, is noteworthy. As so few participants were attending graduate programs that required personal therapy ($n = 4$), it can be assumed that this was not a factor. Recommendations for future research will be discussed further below.

Relationship of Findings to Previous Literature

Previous research has found that most counseling graduate students have experienced personal therapy in the past, but are not currently attending (Downs, 2000; Harris, 2010; Linley & Joseph, 2007). The findings from this study confirm the previous literature in recent years regarding counseling gradute students' use of personal therapy. Additionally, past research has shown that between 53% and 84% of counselors and psychotherapists have participated in counseling (Bike, Norcross, & Schatz, 2009; Deutsch, 1985; Norcross & Prochaska, 1986). The present study found that 86.5% (n = 32) of participants had previously participated in individual counseling. Even some of the benefits cited in previous literature were confirmed in the open-ended response question from this study (see Appendix F). For example, truly understanding the client experience and promoting the counseling profession were two comments relevant to Graham's (2005) research identifying three key benefits, two of which are a better understanding of the therapeutic relationship and a therapeutic role model. These findings suggest that the population of counseling graduate students from the present study have experiences regarding individual counseling that are similar to the larger population of graduate students, counselors, therapists, and psychologists.

Previous literature has also shown that increased weekly client hours and increased years of practice lead to individuals being more willing to seek out individual therapy (Norman, 1994). Skovholt and Ronnestad (1992) found differences between beginning and advanced counseling graduate students, as did Myers, Mobley, and Booth (2003) in terms of wellness levels. These findings differ from the present research study in which no statistically significant findings were found between beginning and advanced

counseling students. Even Roach (2005) and Roach and Young (2007) sought out to examine differences in counseling graduate students based on credit hours, utilizing three levels of beginning, middle, and advanced students. While there do appear to be differences as counselor trainees gain more experience, the present study, Roach, and Roach and Young have all come to a finding in which credit hour is not the determining factor for overall willingness to seek counseling. Future recommendations are reviewed below.

Stigma Tolerance

Discussion of Findings

2. Are there statistically significant differences between beginning and advanced counseling graduate students on the sub-scale of stigma tolerance, as measured by the sub-scale of stigma tolerance from the Beliefs About Psychological Services scale?

Research question two confirmed the null hypothesis that there are no statistically significant differences between beginning and advanced counseling students on the sub-scale of stigma tolerance. Stigma tolerance can be considered as including both societal stigma and perceived self-stigma for individuals. Although there were no significant differences, even when examining the polarized ends of beginning and advanced students based on credit hour, the findings were that participants were strongly tolerant of stigma in the present study. On a scale of (1) *strongly disagree* to (5) *strongly agree*, $M = 4.32$, $SD = .38$ for the overall group of respondents on stigma tolerance. One respondent even described in an open-ended question that counseling programs should require that students have sought counseling to participate in the graduate program. This relates to the wide range of research that discuss how faculty and graduate programs' expressed

opinion that personal therapy is extremely beneficial for students can help students feel less stigmatized, personally and academically, for attending counseling (Dearing, 2001; Farber, 1999). There may be the potential for the ceiling effect with counseling graduate students as, while they are not reporting feeling highly stigmatized, the majority of respondents in this study were not currently seeking individual therapy.

Relationship of Findings to Previous Literature

Research on stigma tolerance of utilizing counseling services looks very different for counselor trainees than the general population. As it is a profession that counseling graduate students are entering into, the hope would be that there are low levels of perceived stigma for themselves. While there is not much research on stigma tolerance to seek individual counseling among mental health professionals, a significant portion of previous literature on stigma tolerance is its relation, for students, to attitudes from one's graduate program and faculty. Often, when individual counseling is promoted as recommended and beneficial for all, students in the program feel less stigmatized (Dearing, 2001; Farber, 1999). This is especially true for fears that attending personal therapy will reflect the competence level of the counselor trainee (Deutsch, 1985; Norcross, 2010; Wampler & Strupp, 1976). As the present study found fairly high levels of stigma tolerance in counselor trainees, we can consider two possibilities. First, the counseling graduate students in this study do actually perceive few stigmas surrounding seeking personal counseling. Perhaps some of them have graduate programs that endorse personal therapy, they are surrounded by peers that endorse it, and have chosen to overcome societal stigma of counseling by entering into the profession. Second, counseling graduate students may actually experience stigma surrounding personal

therapy, yet choose to respond to the assessment based on their ideal sense of counseling in the world. Corey, Corey, and Callanan (2007) discuss how beginning counselors are not often aware of the true nature of the counseling profession and not conceptualizing the societal stigmas that do exist may be an example of this second possibility.

Intent

Discussion of Findings

3. Are there statistically significant differences between beginning and advanced counseling graduate students on the sub-scale of intent, as measured by the sub-scale of intent from the Beliefs About Psychological Services scale?

The present study found no statistically significant differences for beginning and advanced counseling graduate students on the sub-scale of intent. This finding indicates that the mean scores for the two groups were similar enough as to not indicate a varying perception on intent to seek counseling. Specifically, on a scale of (1) *strongly disagree* to (5) *strongly agree*, $M = 4.28$, $SD = .43$ for the overall group of respondents on intention to seek counseling if the need arises. Even when the polarized ends of beginning and advanced counseling students, in terms of credit hours, were examined no differences were found. This confirms the null hypothesis that there are no statistically significant differences between beginning and advanced counseling graduate students on intent to seek counseling.

Relationship of Findings to Previous Literature

Intent to seek counseling is a relatively new construct within willingness to seek counseling. The definition of intent, according to Ægisdóttir and Gerstein (2009), is attitudes toward the behavior, societal view of the behavior, and perceived behavioral

control. It "affects the probability of the behavior occurring" (Ægisdóttir & Gerstein, p. 216). Questions on the assessment refer to perceived future mental thoughts and behavioral actions that would 'get' an individual to a counselor's office. Cepeda-Benito and Short (1998) utilized this construct to determine if undergraduate students would actually seek counseling at a university counseling center. This is an important aspect for counseling graduate students as, while it may appear that they would have a wide knowledge of resources, the actual perceived ability for them to use those services may differ. For example, a counseling graduate student would need to avoid seeking counseling at places where they may intern or work at in the future. This may often eliminate free or cost-effective choices of counseling, further limiting them. While CACREP recommends that faculty in graduate programs help students find counseling services that are not part of the academic program or conducted by faculty members, McEwan and Duncan (1993) believe that graduate programs should create a network of independent private therapist practitioners that are willing to see counseling graduate students probono or on a sliding scale. The intent to seek counseling that counseling graduate students articulated in the present study were very high, but is no doubt affected by available resources and cost. The concern of a ceiling affect regarding this question is also worthwhile to note. Counselor trainees may have strong intentions to seek counseling if necessary, but may find themselves limited in actuality.

Expertness

Discussion of Findings

4. Are there statistically significant differences between beginning and advanced counseling graduate students on the sub-scale of expertness as measured by the sub-scale of expertness from the Beliefs About Psychological Services scale?

The null hypothesis for research question four was confirmed as there were no statistically significant differences between beginning and advanced counseling students on the sub-scale of expertness. Even when accounting for only the lower and upper 25% of respondent credit hours, eliminating the middle half, did not reveal statistically significant findings. On a scale of (1) *strongly disagree* to (5) *strongly agree*, $M = 4.07$, $SD = .47$ for the overall group of respondents on the sub-scale of expertness. This finding indicates that while most participants did believe that a therapist is valued as a mental health expert, the differences between the two groups of beginning and advanced counseling students were not strong enough to be considered significant. Additionally, it is important to note that the averages for the expertness were lower than the averages for overall willingness, intent, or stigma tolerance. This signifies that the four questions aimed at evaluating expertness did not elicit as high levels of agreeableness. Two possibilities providing reasoning for this are that the expertness sub-scale had fairly low reliability ($\alpha = .55$) and was only four questions. The item to factor correlation for the sub-scale of expertness was 0.62 to 0.70. Ægisdóttir and Gerstein (2009) found in their two studies piloting the expertness sub-scale within the Beliefs About Psychological Services scale $\alpha = 0.72$ and $\alpha = 0.78$, much higher than in the present study. However, the item to factor correltaion that Ægisdóttir and Gerstein was much lower, ranging from 0.38 to 0.58. The lowered reliability was most likely the primary factor in reasoning why the level of agreeableness of therapist as expert was slightly lower than the other constructs.

Relationship of Findings to Previous Literature

Measuring expertness or confidence in mental health practitioners has been a piece of assessing willingness to seek counseling since the 1970s. However, it has not been thoroughly examined or operationally defined. Ægisdóttir and Gerstein (2009) and Fischer and Turner (1970) both utilize the construct in their assessments of willingness to seek counseling. However, other than creating the questions, it was not looked at as to why an individual would view therapists as experts more than another individual would. Guy and Liaboe (1986) discuss that feelings of a psychotherapist's own incompetence can lead to a decreased value in other therapist's effectiveness. This is obviously distressing as one would hope that counselor trainees would assume the importance of increased knowledge and practice of the profession before considering oneself to be an expert. While this may have played into the results from the present study, it is unlikely to account for a large portion of the perceptions as the level of agreeableness was still that most participants agreed that therapists can be considered mental health experts. Another impact on expertness is if one was negatively impacted by therapy in the past, as in a study conducted by Buckley, Karasu, and Charles (1981). While some of the participants may have had negative past therapeutic experiences, when examining the data from the expertness sub-scale in the current study, only four individuals answered more neutral or disagreeing responses for multiple answers. No participants' were considered outliers when compared to the entire population of 37 participants. Therefore, while a negative therapy experience could have slightly impacted participant's responses, it is more likely that the first option impacted them more so.

A last influence on the construct of expertness is varying cultural perspectives on therapeutic services. McGoldrick, Giordano, and Garcia-Preto (2005) were editors on a book titled *Ethnicity and Family Therapy* that discuss the many viewpoints that a multitude of cultures have on therapy and how therapists' can best work with members from each culture. Many of the problematic issues that arise with different cultures not viewing therapists as experts is that therapy is considered a Western society's philosophy of working with the mind, which not all cultures subscribe to. This may also have contributed to some of the lower levels of agreeableness for the construct of expertness in the present study. While the impact of one's culture on their willingness to seek counseling was not the intentional area of interest in this study, it is always important to understand the cultural background of participants so that differences in views can be affirmed and understood.

Limitations of Findings

First, there are a few limitations to the methodology of this research project. The low response rate is an area of concern. Of the initial 50 responses, 13 needed to be removed, leaving only 37 participants. When split up into the two independent groups, this leaves 16 beginning counseling students, 16 advanced counseling students, and 1 student who did not answer that identifying question, creating a group of 36 participant responses to run statistics on. As larger groups provide less room for error and more room to find significance, the small sample in the present study may have been an issue. Tests for assumptions were conducted that determined that independent sample *t*-tests were appropriate.

The largest methodological limitation was the use of a 5-point scale instead of the BAPS original 6-point scale. Due to the default in the Qualtrics tool, this change transformed the assessment to include a neutral point that participants could choose, instead of being forced to determine whether they (3) *slightly disagree* or (4) *slightly agree.* As this limitation was discovered after the study had concluded, reliability measures were first completed to ensure that the scale had maintained its high reliability. The 5-point scale did not affect the reliability of the overall BAPS scale. The sub-scale of expertness did appear to be affected and faced a much lower reliability. Results for the expertness scale should be interpreted cautiously. Because the reliability of the scale in entirety was not affected, it was determined to not be in the best interest of the participants to re-administer the assessment utilizing the BAPS original 6-point scale.

The lowered reliability of the expertness sub-scale does affect the generalizability of the study, in addition to a few other factors. Although the expertness sub-scale did pass the tests of assumptions, the internal consistency was affected by the addition of a neutral point and should not be judged determinately. Similarly, the construct of stigma tolerance was found to be between a normal and non-normal score in the tests of assumptions. This implies that participants' responses on the sub-scale of stigma tolerance may not be a normal distribution, as represented by the skew and kurtosis scores. Likewise, the two significant scores from the Kolmogorov-Smirnov test indicate that the group of beginning counseling students may not be a completely normal distribution. This is also a significant limitation to the current study.

This study utilized a convenience sampling method and respondents self-elected to take the survey with no reward for their participation. This is a limitation as it reflects

only those students who are willing to take a survey on their willingness to seek counseling and is unable to assess students who were unwilling to take the survey. Furthermore, this may have caused a ceiling effect of responses where participants were responding as was socially desirable.

Additionally, given that the polarized groups of beginning and advanced counseling students were also not significant may bear weight on whether a master's level program offers enough time to weigh differences on willingness to seek counseling. While this could have been affected by the small sample size, especially in the polarized groups' example, a limitation to this study may be that differences between beginning and advanced master's level counseling students may not actually be very different. Possibilities for future research are recommended to understand if there are statistically significant differences between beginning and advanced master's level counseling students in willingness to seek counseling.

Similarly, even if there were differences between beginning and advanced counseling graduate students it may have been difficult to find with a cross-sectional study conducted in the middle of the year. Many beginning students already had a semester of graduate school completed and advanced counseling students were simply a year ahead. This could very well have been a large confound in this experiment and the timing of the assessment is certainly a limitation.

Previous literature regarding personal therapy and willingness to seek counseling also provides inherent limitations. Many cited authors and researchers examined these concepts as a dissertation topic. Therefore, many of the cited research was not peer-

reviewed and likely has methodological limitations of their own. As more research is compiled, the literature will overcome this limitation. Suggestions for future research outline a more intentional method of assessing counseling graduate students' willingness to seek counseling.

Implications for Future Research

Future studies interested in continuing the pursuit of understanding willingness to seek counseling among counseling graduate students should consider a few recommendations. First, a replication of this study utilizing a longitudinal method would overcome a strong limitation inherent in the present study. By measuring master's level counseling graduate students at the beginning and end of their program, future research would be able to examine each individual's growth in willingness to attend counseling. Measuring the same students before any counseling coursework and training and again at graduation would provide a much more accurate account of differences. It would provide two years of time, including all coursework and client contact hours in comparison to the cross-sectional method in this study utilizing all students who participated where they were at, based on credit hour. By working more closely with faculty members from each university, it may be helpful to conduct a paper and pencil version of the BAPS and have professors give them out during course time to ensure the majority of students from each university would respond. This would, for the most part, overcome the limitation of self-selection into the study, as the majority of students from each university would be assessed. Additionally, the 6-point Beliefs About Psychological Services scale would be used to maintain the reliability and validity of the assessment, enabling more opportunities for understanding the results among broader populations of counselor

trainees. These changes to the present study would create a more methodologically sound study that would provide more understanding as to whether there truly are differences between beginning and advanced master's level counseling students on willingness to seek personal counseling.

An additional implication for future research would be to examine the construct of willingness to seek counseling utilizing a qualitative method. The present study confirmed past research that most counseling graduate students have experienced individual therapy in the past, but were not participating in it at the time of assessment. A qualitative study, which has been rarely utilized with willingness to seek counseling, might provide the best understanding of the reasoning for his concept. It may shed light on many confounds that might have affected the present study, such as the limits of understanding participant's responses to the sub-scales of stigma tolerance, intent, and expertness. Specifically, a grounded theory case design may bring a deeper understanding of factors that go into willingness to seek counseling so that future quantitative assessments are based in data from not only experts and researchers, but also populations of interest. Future research utilizing a qualitative study would need to be cautious of the self-selection limitation and perhaps find a way to meet with all students in one graduate program.

Implications for Counseling Graduate Programs

Results from the present study and a review of the literature on counselor trainees' willingness to seek counseling provide information that is useful for counseling graduate programs to consider. First, examining the expressed viewpoints that the

graduate program and faculty members depict for its students is a necessity. Research has shown how the expressed viewpoints from graduate programs to students are one of the largest known factors affecting their willingness to seek counseling. Faculty members should be collaborating to discuss the message that is being given and the impact that is has on their counselor trainees about the use of personal therapy for mental health professionals.

Counseling graduate programs may also consider utilizing the present research to examine how they are incorporating the CACREP standards into their curriculum. While the four programs examined in the present study are all CACREP accredited, the extent to which each programs exemplifies each of the standards may vary. For example, are students being assessed individually and in a way that is holistic? What are the typical steps for this assessment? Is personal therapy ever recommended or required for students with deficiencies? Exemplifying CACREP standards includes giving counselor trainees the tools to overcome limitations and find their own meaning of success. Knowing all of the benefits, professionally and personally, that personal therapy has to offer, counseling graduate programs can bring intentional conversations to their classrooms and offices regarding the use of personal therapy.

A third implication for counseling graduate programs is that they do their own appraisal of their students' willingness levels to seek counseling. Whether this is through classroom dialogue or formal assessment, it should be a way for each student to find areas of growth to focus on. This promotes the concept of transparency and the positivity of having imperfections to work on. As with most concepts in counseling, the issue of counter-transference is always abundant. By having students examine their beliefs,

assumptions, and experiences with counseling and therapy, it provides a point from which trainees can learn and grow. One way that counseling graduate programs have done this is by including a question on willingness to seek help in the interview process for prospective counseling graduate students (N. Kees, personal communication, April 22, 2011). These implications promote the reciprocal relationship of Yalom's (2007) advocacy of the counseling profession to look at the therapist and patient as fellow travelers in life, one no more hierarchical than the other.

Conclusion

The purpose of this study was to determine if there were statistically significant differences between beginning and advanced master's level counseling students on overall willingness to seek counseling, stigma tolerance, intention of participating in counseling, and view of the therapist as expert. The results indicate that there were no statistically significant differences between the two groups of students, as most students scored fairly high on agreeableness on all four constructs. Future directions for research on willingness to seek counseling could include utilizing a longitudinal methodology or a qualitative, grounded theory design to explore additional constructs within willingness to seek counseling. Additionally, this research has direct implications on counseling graduate programs and their role in facilitating the personal and professional development of counselor trainees. Assessing attitudes towards counseling services offers an increased understanding of what motivates individuals to seek help or refrain from seeking the help of personal therapy and has significant implications on counseling as a profession.

REFERENCES

Ægisdóttir, S., & Gerstein, L. H. (2009). Beliefs about psychological services: Development and psychometric properties. *Counselling Psychology Quarterly, 22*(2), 197-219. Doi: 10.1080/09515070903157347

American Counseling Association. (2005). ACA Code of Ethics. Retrieved from http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx

American Psychological Association. (2010). American Psychological Association ethical principles of psychologists and code of conduct. Retrieved from http://www.apa.org/ethics/code/index.aspx

Bermak, G. (1977). Do psychiatrists have special emotional problems? *American Journal of Psychoanalysis, 37*(2), 141-146. Doi: 10.1007/BF01254642

Bike, D.H., Norcross, J.C., & Schatz, D.M. (2009). Processes and outcomes of psychotherapists' personal therapy: Replication and extentsion 20 years later. *Psychotherapy Theory, Research, Practice, Training, 46*(1), 19-31. Doi: 10.1037/a0015139

Buckley, P., Karasu, T. B., & Charles, E. (1981). Psychotherapists view their personal therapy. *Psychotherapy: Theory, Research, and Practice, 18*(3), 299-305. Doi: 10.1037/h0088377

Council for Accreditation of Counseling and Related Educational Programs. (2009). CACREP 2009 Standards Retrieved November 7th, 2010, from http://www.cacrep.org/doc/2009%20Standards%20with%20cover.pdf

Cepeda-Benito, A., & Short, P. (1998). Self-concealment, avoidance of psychological services, and perceived likelihood of seeking professional help. *Journal of Counseling Psychology, 45*(1), 58-64. Doi: 10.1037/0022-0167.45.1.58

Choi, S. (2008). *Measurement of Attitudes Toward Counseling: Scale Development.* Available from ProQuest Dissertation and Theses data base (publication number AAT 3379097).

Corey, G., Corey, M.S., & Callanan, P. (2007). *Issues and Ethics in the Helping Professions, Belmont, CA: Thomson Brooks/Cole.*

Cramer, K.M. (1999). Psychological antecedents to help-seeking behavior: A reanalysis using path modeling structures. *Journal of Counseling Psychology, 46* (3), 381-387. Doi: 10.1037/0022-0167.46.3.381

Dearing, R. L. (2001). *Clinical and Counseling Psychology Students in Personal Psychotherapy: Predictors of Help-Seeking*. Available from ProQuest Dissertation and Theses data base (publication number AAT 3013407).

Deutsch, C. J. (1984). Self-reported sources of stress among psychotherapists. *Professional Psychology: Research and Practice, 15*(6).

Deutsch, C. J. (1985). A survey of therapists' personal problems and treatment. *Professional Psychology: Research and Practice, 16*(2), 305-315. Doi: 10.1037/0735-7028.16.2.305

Downs, L. (2000). A study of the outcomes of required counseling during counseling training at a CACREP accredited university. *Reports- Research,* 1-13 (publication number ED444078).

Elliott, D. M., & Guy, J. D. (1993). Mental health professionals versus non-mental health professionals: childhood trauma and adult functioning. *Professional Psychology: Research and Practice, 24*(1), 83-90. Doi: 10.1037/0735-7028.24.1.83

Faherty, V.E. (2008). *Compassionate statistics: Applied quantitative analysis for social services.* Thousand Oaks, CA: Sage.

Farber, B. A., & Heifetz, L. J. (1982). The process and dimensions of burnout in psychotherapists. *Professional Psychology, 13*(2), 293-301. Doi: 10.1037/0735-7028.13.2.293

Farber, N. K. (1999). *Counseling Psychology Doctoral Students' Help Seeking Behavior: Factors affecting willingness to seek help for psychological problems*. Available from ProQuest Dissertation and Theses data base (publication number AAT 9950362).

Fischer, E., & Farina, A. (1995). Attitudes towards seeking professional psychological help: a shortened form and considerations for research. *Journal of College Student Development, 36*(4), 368-373.

Fischer, E. H., & Turner, J. L. (1970). 'Orientations to Seeking Professional Help: Development and Research Utility of an Attitude Scale': Erratum. *Journal of Consulting and Clinical Psychology, 35*(3). Doi: 10.1037/h0020198

Fouad, N., Hains, A., & Davis, J. (1990). Factors in students' endorsement of counseling as a requirement for graduation from a counseling program. *Counselor Education and Supervision, 29*(4), 268-274.

Garfield, S. L., & Kurtz, R. (1976). Personal therapy for the psychotherapist: some findings and issues. *Psychotherapy: Theory, Research and Practice, 13*(2), 188-192. Doi: 10.1037/h0088336

Graham, T. (2005). *The impact of personal therapy on clinical psychology graduate students' clinical development and clinical practice.* Available from ProQuest Dissertation and Theses data base (publication number AAT 3191627).

Greenberg, R. (1981). Personal therapy for therapists. *The American Journal of Psychiatry, 138*(11), 1467-1471.

Guy, J., & Liaboe, G. P. (1986). Personal therapy for the experienced psychotherapist: A discussion of its usefulness and utilization. *The Clinical Psychologist, 39*(1).

Guy, J. D., Stark, M. J., & Poelstra, P. L. (1988). Personal therapy for psychotherapists before and after entering professional practice. *Professional Psychology: Research and Practice, 19*(4), 474-476. Doi: 10.1037/0735-7028.19.4.474

Harris, M. R. (2010). *The Relationship Between Psychological Well-being and Percieved Wellness in Graduate-Level Counseling Students.* Available from ProQuest Dissertation and Theses data base (publication number AAT 3398983).

Holzman, L. A., Searight, H. R., & Hughes, H. M. (1996). Clinical psychology graduate students and personal psychotherapy: results of an exploratory survey. *Professional Psychology: Research and Practice, 27*(1), 98-101. Doi: 10.1037/0735-7028.27.1.98

Kushner, M. G., & Sher, K. J. (1989). Fear of psychological treatment and its relation to mental health service avoidance. *Professional Psychology: Research and Practice, 20*(4), 251-257. Doi: 10.1037/0735-7028.20.4.251

Lawson, G. (2007). Counselor wellness and impairment: A national survey. *Journal of Humanistic Counseling, Education and Development, 46*, 20-34.

Leech, N. (2002). *Willingness to Seek Counseling: A Structural equation model for studying counselors in training.* Available from ProQuest Dissertation and Theses data base (publication number AAT 3053430).

Liaboe, G. P., Guy, J. D., Wong, T., & Deahnert, J. R. (1989). The use of personal therapy by psychotherapists. *Psychotherapy in Private Practice, 7*(1), 115-134.

Linley, P. A., & Joseph, S. (2007). Therapy work and therapists' positive and negative well-being. *Journal of Social and Clinical Psychology, 26*(3), 385-403. Doi: 10.1521/jscp.2007.26.3.385

Macaskill, A. (1988). Personal therapy in the training of the psychotherapist: Is it effective? *British Journal of Psychotherapy, 4*(3), 219-226. Doi: 10.1111/j.1752-0118.1988.tb01024.x

Macaskill, A. (1999). Personal therapy as a training requirement: the lack of supporting evidence. *Controversies in Psychotherapy and Counseling*. Thousand Oaks, CA: Sage.

Mackenzie, C. S., Knox, V. J., Gekoski, W. L., & Macaulay, H. L. (2004). An adaptation and extension of the attitudes toward seeking professional psychological help Scale. *Journal of Applied Social Psychology, 34*(11), 2410-2435. Doi: 10.1111/j.1559-1816.2004.tb01984.x

Macran, S., Smith, J. A., & Stiles, W. B. (1999). How does personal therapy affect therapists' practice? *Journal of Counseling Psychology, 46*(4), 419-431. Doi: 10.1037/0022-0167.46.4.419

McEwan, J. & Duncan, P. (1993). Personal therapy in the training of psychologists. *Canadian Psychology, 34*(2), 186-197. Doi: 10.1037/h0078766

McGoldrick, M., Giordano, J., & Garcia-Preto, N. (2005). Ethnicity and Family Therapy. The Guilford Press: New York, New York.

McNamara, J. R. (1986). Personal therapy in the training of behavior therapists. *Psychotherapy 23*(3), 370-374.

Myers, J. E., Mobley, A. K., & Booth, C. S. (2003). Wellness of counseling students: practicing what we preach. *Counselor Education and Supervision, 42*(4), 264-274.

Nelson, K. W., Jackson, S. A., Nelson, D. B., & Smith, R. (2010). Students perceptions of wellness and stress, academic progress and program satisfaction on graduate counselor education. *Retrieved from http://counselingoutfitters.com/vistas/vistas10/Article_33.pdf.*

Norcross, A. E. (2010). A case for personal therapy in counselor education. *Counseling Today, August*, 40-43.

Norcross, A. E., & Poelstra, P. L. (1986). Psychotherapist heal thyself-I. The psychological distress and self-change of psychologists, counselors, and laypersons. *Psychotherapy, 23*(1), 102-114. Doi: 10.1037/h0085577

Norcross, A. E., & Prochaska, J. O. (1986). Psychotherapist heal thyself-II. The self-initiated and therapy-facilitated change of psychological distress. *Psychotherapy, 23*(3), 345-356. Doi: 10.1037/h0085622

Norman, J., & Rosvall, S.B. (1994). Help-seeking behavior among mental health practitioners. *Clinical Social Work Journal, 22*(4), 449-460. Doi: 10.1007/BF02190333

Pipes, R. B., Schwarz, R., & Crouch, P. (1985). Measuring client fears. *Journal of Consulting and Clinical Psychology, 53*(6), 933-934. Doi: 10.1037/0022-006X.53.6.933

Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987). Ethics of practice: The beliefs and behaviors of psychologists as therapists. *American Psychologist, 42*(11), 993-1006.

Prochaska, J. O., & Norcross, J. E. (1983). Psychotherapists' perspectives on treating themselves and their clients for psychic distress. *Professional Psychology: Research and Practice, 14*(5), 642-655. Doi: 10.1037/0735-7028.14.5.642

Roach, L. F. (2005). *The Influence of Counselor Education Programs on Counselor Wellness*. Available from ProQuest Dissertation and Theses data base (publication number AAT 3178963).

Roach, L. F., & Young, M. E. (2007). Do counselor education programs promote wellness in their students? *Counselor Education and Supervision, 47,* 29-45.

Sanders, P. G. (1997). *An Exploratory Study of Irrational Beliefs and Wellness Levels of Counselors-In-Training*. Available from ProQuest Dissertation and Theses data base (publication number AAT 9817891).

Saunders, S. M. (1996). Applicants' experience of social support in the process of seeking psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 33*(4), 617-627. Doi: 10.1037/0033-3204.33.4.617

Saunders, S.M. (1993). Applicants' experience of the process of seeking therapy. *Psychotherapy, 30*(4), 554-564. Doi: 10.1037/0033-3204.30.4.554

Skovholt, T. M., & Ronnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling and Development, 70(4),* 505-515.

Vogel, D. L., & Armstrong, P. I. (2010). Self-concealment and willingness to seek counseling for psychological, academic, and career issues. *Journal of Counseling and Development, 88*(4), 387-396.

Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Percieved public stigma and the willingness to seek counseling: the mediating roles of self-stigma and attitudes towards counseling. *Journal of Counseling Psychology, 54*(1), 40-50. Doi: 10.1037/0022-0167.54.1.40

Wampler, L. D., & Strupp, H. H. (1976). Personal therapy for students in clinical psychology: A matter of faith? *Professional Psychology,* 195-201. Doi: 10.1037/0735-7028.7.2.195

White, P. E., & Franzoni, J. B. (1990). A multidimensional analysis of the mental health of graduate counselors in training. *Counselor Education and Supervision, 29*(4), 258-268.

Wiseman, H. & Shefler, G. (2001). Experienced psychoanalytically oriented therapists' narrative accounts of their personal therapy: Impacts on professional and personal development. *Psychotherapy, 38*(2), 129-141.

Witmer, J. M., & Young, M. E. (1996). Preventing counselor impairment: A wellness approach. *Journal of Humanistic Education and Development, 34*(3), 141-156.

Yalom, I. (2007). *The Gift of Therapy: An Open Letter to a New Generation of Therapists and Their Patients.* New York: HarperCollins Publishers.

Appendix A

Institutional Review Board Approval Letter

Colorado State University
Knowledge to Go Places

Research Integrity & Compliance Review Office
Office of the Vice President for Research
321 General Services Building - Campus Delivery 2011
Fort Collins, CO
TEL: (970) 491-1553
FAX: (970) 491-2293

NOTICE OF APPROVAL FOR HUMAN RESEARCH

DATE:	January 25, 2011	
TO:	Carlson, Laurie, 1588 School of Education	
	Kees, Nathalie, 1588 School of Education, Landwehr, Nicole, 1588 School of Education	
FROM:	Hickey, Matthew , , CSU IRB 1	
PROTOCOL TITLE:	A Comparative Analysis of Willingness to Seek Personal Therapy Between Beginning and Advanced Counseling Graduate Students	
FUNDING SOURCE:	NONE	
PROTOCOL NUMBER:	10-2391H	
APPROVAL PERIOD:	Approval Date: January 25, 2011	Expiration Date: January 20, 2012

The CSU Institutional Review Board (IRB) for the protection of human subjects has reviewed the protocol entitled: A Comparative Analysis of Willingness to Seek Personal Therapy Between Beginning and Advanced Counseling Graduate Students. The project has been approved for the procedures and subjects described in the protocol. This protocol must be reviewed for renewal on a yearly basis for as long as the research remains active. Should the protocol not be renewed before expiration, all activities must cease until the protocol has been re-reviewed.

If approval did not accompany a proposal when it was submitted to a sponsor, it is the PI's responsibility to provide the sponsor with the approval notice.

This approval is issued under Colorado State University's Federal Wide Assurance 00000647 with the Office for Human Research Protections (OHRP). If you have any questions regarding your obligations under CSU's Assurance, please do not hesitate to contact us.

Please direct any questions about the IRB's actions on this project to:

Janell Barker, Senior IRB Coordinator - (970) 491-1655 Janell.Barker@Colostate.edu
Evelyn Swiss, IRB Coordinator - (970) 491-1381 Evelyn.Swiss@Colostate.edu

Colorado State University
Knowledge to Go Places

Research Integrity & Compliance Review Office
Office of the Vice President for Research
321 General Services Building - Campus Delivery 2011
Fort Collins, CO
TEL: (970) 491-1553
FAX: (970) 491-2293

Barker, Janell

Barker, Janell

Includes:
Approval is for a maximum of 100 participants using the approved electronic cover letter to obtain consent.
Documentation of consent is waived through 117(c)(2).

Approval Period:	January 25, 2011 through January 20, 2012
Review Type:	EXPEDITED
IRB Number:	00000202

Appendix B

Beliefs About Psychological Services scale

Instructions: Please rate the following statements using the scale provided. Place your ratings to the left of each statement by recording the number that most accurately reflects your attitudes and beliefs about seeking psychological services. There are no "wrong" answers, just rate the statements as you honestly feel or believe. It is important that you answer every item.

Strongly Disagree					Strongly
			Agree		
1	2	3	4	5	6

____ 1. If a good friend asked my advice about a serious problem, I would recommend that he/she see a psychologist.
____ 2. I would be willing to confide my intimate concerns to a psychologist.
____ 3. Seeing a psychologist is helpful when you are going through a difficult time in your life.
____ 4. At some future time, I might want to see a psychologist.
____ 5. I would feel uneasy going to a psychologist because of what some people might think.
____ 6. If I believed I were having a serious problem, my first inclination would be to see a psychologist.
____ 7. Because of their training, psychologists can help you find solutions to your problems.
____ 8. Going to a psychologist means that I am a weak person.
____ 9. Psychologists are good to talk to because they do not blame you for the mistakes you have made.
____ 10. Having received help from a psychologist stigmatizes a person's life.
____ 11. There are certain problems that should not be discussed with a stranger such as a psychologist.
____ 12. I would see a psychologist if I were worried or upset for a long period of time.
____ 13. Psychologists make people feel that they cannot deal with their problems.
____ 14. It is good to talk to someone like a psychologist because everything you say is confidential.
____ 15. Talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
____ 16. Psychologists provide valuable advice because of their knowledge about human behavior.
____ 17. It is difficult to talk about personal issues with highly educated people such as psychologists.

The scoring of the BAPS is done by first reverse scoring the negatively worded items. Then all of the item scores (which each range between 1 and 6) are added and divided by the number of items, 18. According to Ægisdóttir and Gerstein (2009), "Higher scores reflect a more positive view of psychologists and their services. That is, the higher the scores the greater the beliefs in the merits of psychological services due to psychologists' expertness, the greater the tolerance for stigma, and the greater the willingness to seek help if in need."

Appendix C

Beliefs About Psychological Services scale-Adapted

Beliefs About Psychological Services-Adapted
As was utilized in the present study:
Language Change
5-point scale

Instructions: Please rate the following statements using the scale provided. Place your rating by recording the response that most accurately reflects your attitudes and beliefs about seeking mental health counseling. There are no "wrong" answers, just rate the statements as you honestly feel or believe. It is important that you answer every item. There are 27 questions total and should take about 15 minutes to complete.

****Participants were asked to choose one response from the following for questions***

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
○	○	○	○	○

1. If a good friend asked my advice about a serious problem, I would recommend that he/she see a mental health counselor.
2. I would be willing to confide my intimate concerns to a mental health counselor.
3. Seeing a mental health counselor is helpful when you are going through a difficult time in your life.
4. At some future time, I might want to see a mental health counselor.
5. I would feel uneasy going to a mental health counselor because of what some people might think.
6. If I believed I were having a serious problem, my first inclination would be to see a mental health counselor.
7. Because of their training, mental health counselors can help you find solutions to your problems.
8. Going to a mental health counselor means that I am a weak person.
9. Mental health counselors are good to talk to because they do not blame you for the mistakes you have made.
10. Having received help from a mental health counselor stigmatizes a person's life.
11. There are certain problems that should not be discussed with a stranger such as a mental health counselor.
12. I would see a mental health counselor if I were worried or upset for a long period of time.
13. Mental health counselors make people feel that they cannot deal with their problems.
14. It is good to talk to someone like a mental health counselor because everything you say is confidential.
15. Talking about problems with a mental health counselor strikes me as a poor way to get rid of emotional conflicts.
16. Mental health counselors provide valuable advice because of their knowledge about human behavior.
17. It is difficult to talk about personal issues with highly educated people such as mental health counselors.
18. If I thought I needed psychological help, I would get this help no matter who knew I was receiving assistance.

Appendix D

Sub-Scale Items

Intent: Items 1, 2, 3, 4, 6, and 12.

____ 1. If a good friend asked my advice about a serious problem, I would recommend that he/she see a psychologist.
____ 2. I would be willing to confide my intimate concerns to a psychologist.
____ 3. Seeing a psychologist is helpful when you are going through a difficult time in your life.
____ 4. At some future time, I might want to see a psychologist.
____ 6. If I believed I were having a serious problem, my first inclination would be to see a psychologist.
____ 12. I would see a psychologist if I were worried or upset for a long period of time.

Stigma Tolerance: Items 5, 8, 10, 11, 13, 15, 17, and 18.

____ 5. I would feel uneasy going to a psychologist because of what some people might think.
____ 8. Going to a psychologist means that I am a weak person.
____ 10. Having received help from a psychologist stigmatizes a person's life.
____ 11. There are certain problems that should not be discussed with a stranger such as a psychologist.
____ 13. Psychologists make people feel that they cannot deal with their problems.
____ 15. Talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
____ 17. It is difficult to talk about personal issues with highly educated people such as psychologists.
____ 18. If I thought I needed psychological help, I would get this help no matter who knew I was receiving assistance.

Expertness: Items 7, 9, 14, and 16,

____ 7. Because of their training, psychologists can help you find solutions to your problems.
____ 9. Psychologists are good to talk to because they do not blame you for the mistakes you have made.
____ 14. It is good to talk to someone like a psychologist because everything you say is confidential.
____ 16. Psychologists provide valuable advice because of their knowledge about human behavior.

Appendix E

Demographic Questionnaire

1. What is your age? _____

2. What is your sex?
   Male
   Female
   Other

3. How do you describe yourself? (check as many options as best describe you)
   American Indian or Alaska Native
   Hawaiian or Other Pacific Islander
   Asian or Asian American
   Black or African American
   Hispanic or Latino
   Non-Hispanic White
   International
   Other, please specify _____

4. Are you currently enrolled in a master's level counseling program?
   Yes
   No

5. How many credits have you earned as a counseling graduate student? _____
   Note: This includes only courses you have completed, not courses you may currently be enrolled in.

6. Does your graduate program require individual counseling for counseling students?
   Yes
   No

7. Have you participated in individual counseling, as a client, in the past?
   Yes
   No

8. Are you currently attending individual counseling as a client?
   Yes
   No

9. Do you have any addition thoughts, comments, or feedback regarding this subject?

Appendix F

Anonymous Comments from Open-Ended Question

27. Do you have any addition thoughts, comments, or feedback regarding this subject?

Comment	Currently Attending Counseling	Past Counseling	Beginner/ Advanced Student
It should be highly encouraged (if not required, but I recognize that brings other concerns) in counseling programs for students to attend individual counseling either previously or concurrently with the program.	No	Yes	Advanced
I want to attend individual counseling, but just no time!!!	No	Yes	Beginner
I seriously question whether one can ethically practice as a counselor without ever having experienced being a client in a counseling relationship. I wish it were a requirement for those in the program who have never gone to counseling to experience it during their time as a graduate student.	Yes	Yes	Beginner
I think it's ironic if an individual is in a counseling program, but has not or will not see a counselor themselves. How can you promote yourself as a counselor if you don't see the need for counseling for yourself?	Yes	Yes	Advanced
I believe that students who are training to be counselors must participate as a client themselves. There is no sincere way to understand the narrative of client's without being one themselves. There are wise words one stated to me that only those who have been scarred understand those that come scarred.	Yes	Yes	Beginner

Appendix G

Consent/ Cover Letter

Dear Participant,

My name is Nicole Landwehr and I am from Colorado State University in the School of Education. We are conducting a research study on counseling students' attitudes towards personal therapy. The title of our project is: Counselor Trainee's Willingness to Seek Personal Therapy Throughout Graduate School. The Principal Investigators are Nicole Landwehr and Laurie Carlson.

We would like you to click on the link below to provide your responses to some questions related to your attitudes about personal therapy. Participation will take approximately 15 minutes. Your participation in this research is voluntary and you consent to participate by clicking the "I consent" button below. If you decide to participate in the study, you may withdraw your consent and stop participation at any time without penalty.

You will not be asked to enter any identifying information, such as your name or university. Therefore, your confidentiality and privacy will be maintained and only the researchers above will have access to the data. While there are no direct benefits to you, we hope to gain more knowledge on counseling students' attitudes towards personal therapy.

There are no known risks for participating in this study. It is not possible to identify all potential risks in research procedures, but the researchers have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

If you have any questions, please contact Nicole Landwehr at (970) 480-7797. If you have any questions about your rights as a volunteer in this research, contact Janell Barker, Human Research Administrator, at 970-491-1655.

Sincerely,

Nicole Landwehr	Laurie Carlson	Nathalie Kees
Co- Principal Investigator	Co-Principal Investigator	Thesis Advisor

Appendix H

Debriefing Message

Thank you so much for participating in this study. Your participation was very valuable to us.
We know you are very busy and very much appreciate the time you devoted to participating in this study.

In this study, we were interested in understanding a potential correlation between length in a counseling graduate program, based on credit hours, to willingness to seek personal therapy. Based on prior research, we are interested to see if there are statistically significant differences between beginning (1-30 credit hours) and advanced (31-63 credit hours) students' willingness to seek counseling. Three sub-scales of stigma tolerance, intent, and expertness were also evaluated.

We hope this clarifies the purpose of the research, and provided you more information about our research study. If you would like more information about this topic, you may be interested in the following:

Ægisdóttir, S., & Gerstein, L. H. (2009). Beliefs about psychological services: development and psychometric properties. *Counselling Psychology Quarterly, 22*(2), 197-219.

Norcross, A. E. (2010). A case for personal therapy in counselor education. *Counseling Today, August,* 40-43.

Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Percieved public stigma and the willingness to seek counseling: the mediating roles of self-stigma and attitudes towards counseling. *Journal of Counseling Psychology*, *54*(1), 40-50.

If you would like to receive a summary of the findings when this report is complete or have any other questions or concerns, please contact Nicole Landwehr at (970) 480-7797.

Thank you again for your participation!