DISSERTATION

WILLINGNESS TO SEEK COUNSELING: A STRUCTURAL EQUATION MODEL FOR STUDYING COUNSELORS IN TRAINING

Submitted by

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In partial fulfillment of the requirements

For the Degree of Doctor of Philosophy

Colorado State University

Fort Collins, CO

Spring 2002

Colorado State University

March 21, 2002

WE HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER OUR SUPERVISION BY NANCY L. LEECH ENTITLED WILLINGNESS TO SEEK COUNSELING: A STRUCTURAL EQUATION MODEL FOR STUDYING COUNSELORS IN TRAINING BE ACCEPTED AS FULFILLING IN PART REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY.

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ABSTRACT OF DISSERTATION

WILLINGNESS TO SEEK COUNSELING: A STRUCTURAL EQUATION MODEL FOR STUDYING COUNSELORS IN TRAINING

This study had two main purposes. First, this study tested Cramer's (1999) model of willingness to seek counseling with the population of counselors in training. The second purpose was to test whether the model fit differently for students who attend a graduate program that required them to participate as clients in counseling than for students who attend a graduate program with no counseling requirement.

Research by Cepeda-Benito and Short (1998) and Kelly and Achter (1995) identified four predictors of willingness to seek counseling; self-concealment, distress, social support, and positive attitude toward counseling. Cramer's (1999) model utilized path analysis to assess the relationship among these five variables.

Counselors in training ($N = 513$) from 19 universities completed surveys about self-concealment, distress, social support, attitude toward counseling, and willingness to seek counseling. Three hundred and twenty-nine participants were from programs that required students to participate in their own personal counseling, and one hundred and eighty-four participants were from programs that did not required counseling.

The present study investigated Cramer's (1999) model of willingness to seek counseling through structural equation modeling. Results of the structural equation modeling indicated that the data fit Cramer's model of willingness to seek counseling well when applied to the combined samples of counselors in training. All of the path coefficients for the combined and for the larger (counseling required) samples were statistically significant. Two of the six paths for the smaller sample were not statistically

significant. However, there was not a significant difference between the structural models for students from counseling required programs and from counseling not required programs.

These findings were compared with the current literature on willingness to seek counseling and literature on benefits of counselors attending counseling. Counselors in training reported having a lower willingness to seek counseling than undergraduate psychology students in past studies. Counselors in training had lower self-concealment than undergraduate psychology students. Implications for counselor training programs and suggestions for future research are provided.

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ACKNOWLEDGEMENTS

There are many people to whom I would like to express my deep appreciation for helping me throughout my doctoral education. I have been extremely fortunate to have many supportive mentors who have guided me through the past three years.

To my advisor, Dr. Sharon Anderson, I would like to thank for her unconditional support, her helpful advice, and her understanding and outlook on life. Thanks to Dr. Nat Kees, my co-advisor, for her insightful mentoring and advising. To Dr. George Morgan for helping me be the best that I can be, for showing me opportunities to advance my career, and for his unending support, I am forever indebted. Thanks to Dr. Randy Swaim for his statistical advice and knowledge. Each of you has contributed to helping me become who I am today. I thank you all.

DEDICATION

This dissertation is dedicated to my parents, David and Patty Lou Leech, who without their loving support, their enduring belief in me, and their countless hours of playing with my son, my graduate degree would not have been possible. To my son, David, for his ability to help me always remember the important aspects of life.

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CHAPTER I

INTRODUCTION

Background

Why some people are willing to seek counseling and others are not, has been a question of interest for the last few decades. Research on willingness to seek counseling has focused on many variables including characteristic and psychological factors. The characteristic variables researched include gender, barriers, age, ethnicity, education level, socioeconomic status, and religion. The psychological factors researched include level of distress, attitudes toward mental illness, attitudes toward counseling, available social support, fear of seeking counseling, and self-concealment. The majority of the research studies on willingness to seek counseling has been done with undergraduate students.

Studies by Cepeda-Benito and Short (1998) and Kelly and Achter (1995) focus on the four main factors that have been identified to relate to willingness to seek counseling. These four factors include social support, self-concealment, attitude toward counseling and level of distress. These studies show how these variables combine to predict willingness to seek counseling.

Recently, Cramer (1999) combined data from these two studies (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995) and identified a path analysis model that explains the relationship between the variables of social support, level of distress, attitudes toward counseling, and self-concealment and willingness to seek counseling. Figure 1 shows the path analysis model. Cramer (1999) created this new method of understanding the factors that are related to willingness to seek counseling. Cramer's model has been used in a more recent study as a way of helping to identify the relationship between the predictors and willingness to seek counseling (Liao & Rounds, 2001).

For counselors in training, there has been no research on willingness to seek counseling in relation to social support, self-concealment, attitude toward counseling, and level of distress. However, studies have found that many practicing counselors are hesitant to seek personal counseling (Goldberg, 1986; Guy & Liaboe, 1986; Marmor, 1953; Prochaska & Norcross, 1983). Even though counselors report being hesitant to seek counseling, when they do seek counseling, they benefit from the experience (Ford, 1963; Garfield & Kurtz, 1976; Hart, 1982; Kaslow, 1984; Loganbill, Hardy, & Delworth, 1982; Neukrug & Williams, 1993; Norcross, Strausser-Kirtland, & Missar, 1988; Pope, 1987; Strupp, 1955; Wampler & Strupp, 1976; Watkins, 1983; Wise, Lowry, & Silverglade, 1989; Zaro, Barach, Nedelman & Dreiblatt, 1977). These positive effects include an increase in emotional health, more understanding of intra- and interpersonal functioning, increased self-awareness, a decrease in therapeutic "blind spots," an increase in the counselor's belief that counseling is beneficial, an increased respect for the client, and a decrease in counselor inappropriate behavior.

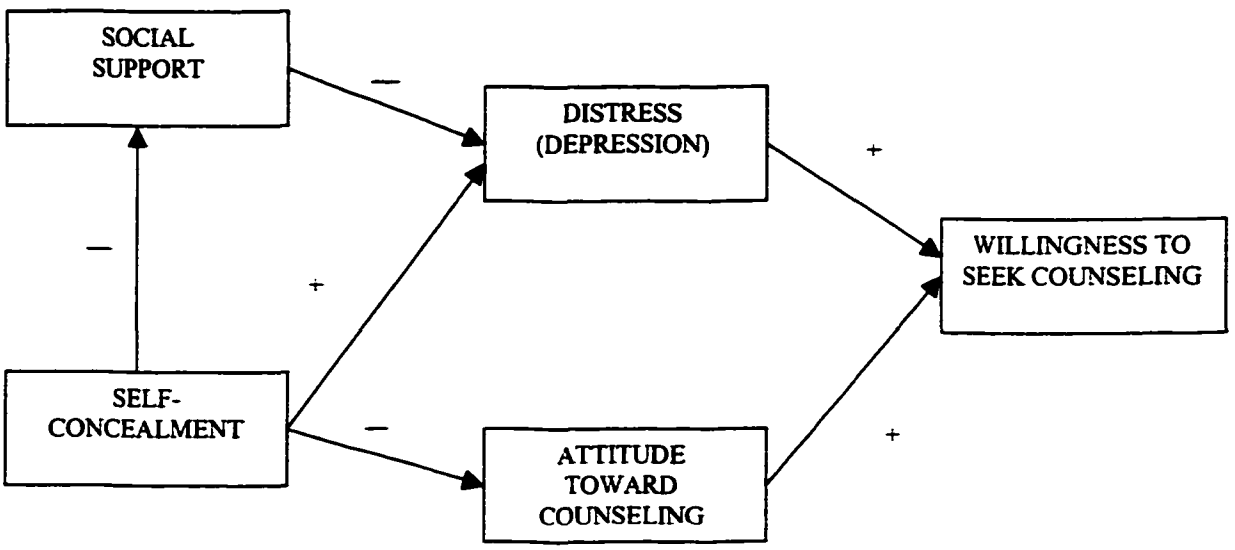

Figure 1. Cramer's (1999) path model of willingness to seek counseling.

Applying Cramer's (1999) model of willingness to seek counseling to the population of counselors in training appears to be a method for creating better understanding of both the willingness to seek counseling literature and the literature on counselors in training.

Theoretical Background

The present study used Cramer's (1999) model of willingness to seek counseling. The model is a means to better understand willingness to seek counseling. Cramer's model indicates that people who are high in self-concealment tend to be low in social support. Having low social support tends to increase the level of distress that a person experiences. Experiencing high distress tends to increase a person's willingness to seek counseling. Self-concealment is also positively related to distress; people with high self-concealment are likely to have a high level of distress. People with low self-concealment are likely to have a more positive attitude toward counseling. Having a positive attitude toward counseling tends to increase a person's willingness to seek counseling. Similar findings were expected in the present study.

Purpose of the Study

The purpose of this survey study was to test Cramer's (1999) theory of willingness to seek counseling with the population of counselors in training. Cramer's model utilizes path analysis to assess the relationship between five variables. In the present study, the same variables were utilized. These variables included self-concealment, distress, social support, attitude toward counseling, and willingness to seek counseling. The variable type of program (programs that require counseling and those that do not) was used for multiple-group comparisons.

Statement of the Problem

This study investigated the following problems: Do counselors in training from programs that require counseling differ than counselors in training from programs that do not require counseling on the factors of willingness to seek counseling, level of distress, attitude toward counseling, social support, and self-concealment? Does Cramer's (1999) model of willingness to seek counseling fit differently for counselors in training from programs which require counseling and counselors in training from programs which do not require counseling?

Research Questions

There will be eleven research questions analyzed to understand counselors' in training willingness to seek counseling. To help the reader understand the many research questions, they have been grouped into three sections.

Section 1: Research questions to investigate if there are differences between type of program on the composite scores on the subscales of the inventories.

1. Are there statistically significant differences between the two types of program (counseling required or counseling not required) on willingness to seek counseling?
2. Are there statistically significant differences between the two types of program (counseling required or counseling not required) on level of distress?
3. Are there statistically significant differences between the two types of program (counseling required or counseling not required) on attitude toward counseling?

4. Are there statistically significant differences between the two types of program (counseling required or counseling not required) on social support?
5. Are there statistically significant differences between the two types of program (counseling required or counseling not required) on self-concealment?

Section 2: Research questions to investigate the relationships between the variables.

6. Is social support significantly related to low self-concealment?
7. Is distress significantly related to self-concealment and low social support?
8. Is positive attitude toward counseling significantly related to low self-concealment?
9. Is willingness to seek counseling significantly related to distress and positive attitude toward counseling?

Section 3: Research questions to investigate how well the model fits.

10. Does Cramer's (1999) model of willingness to seek counseling fit for both types of programs (those that require counseling and those that do not require counseling)?
11. Does Cramer's (1999) model of willingness to seek counseling (implied by research questions 6-8) fit for the overall sample of counselors in training?

Need for the Study

Research has shown there are four main predictors of willingness to seek counseling. These predictors include social support, self-concealment, attitude toward counseling, and level of distress. Although many studies have investigated these

relationships in regard to undergraduate students, none have specifically analyzed this problem in relation to graduate student counselors in training.

Most studies which focus on willingness to seek counseling use multiple regression for analysis. Recently, Cramer (1999) used path-modeling analysis to assess the relationship between the four predictors and willingness to seek counseling. Figure 1 showed the model Cramer identified.

A potential implication of this current study is that the findings might help counseling programs better understand what types of students choose to attend their respective programs. Students attend master's level counseling programs for multiple reasons (e.g. location, cost, etc.). The findings might help in understanding if students who self select into programs that require counseling are more willing to seek counseling, and if those who self select into programs that do not require counseling are less willing to seek counseling.

Delimitations and Limitations of the Study

The study is delimited to the perceptions of counselors in training who are working toward a master's degree in a School of Education. This study will not include perceptions of students from other types of counseling programs. Due to the non-probability sampling technique, generalizability is limited to graduate students in such counseling programs. The data will be collected with a self-report survey, which limits the validity of the findings because self-report can affect participants' scores. Finally, the study is limited to the time during which data will be collected.

Definition of Terms

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

Going to counseling – For the present study, going to counseling will be defined as seeking help from a professional counselor, therapist, or psychologist, for at least one session.

Willingness to seek counseling – Willingness to seek counseling is defined as the perception of how willing a person is to find a counselor and attend a counseling session (Cash, Kehr, & Salzbach, 1978).

Attitude toward counseling – Fischer and Turner (1970) defined attitude toward counseling as one's tendency to seek or resist professional counseling when one perceives they are experiencing a crisis.

Social support – Defined as having someone available to talk to about personal concerns and to confide in (Cutrona & Russell, 1987).

Level of distress – In the present study, level of distress is defined as the amount of distress or personal problems one is experiencing

Self-concealment - Defined by Larson and Chastain (1990) as the "predisposition to actively conceal from others personal information that one perceives as distressing or negative" (p. 440).

Counselors in training – Defined as students in master's level programs who are working toward a master's degree in counseling in a School of Education.

Counseling required programs – In the present study, counseling required programs is defined as programs that directly state to their applicants and students that there is a minimum number of personal counseling sessions that the student must attend.

Researchers Perspective

The present study was conceived from the researcher's experience of teaching counseling practicum in a program that does not require personal individual counseling for students. Counseling practicum is the first class in which master's level students work with "real" clients. The researcher found that students who had experience participating in personal counseling tended to excel in the course. Students who had not participated personal counseling tended to struggle more with the course. Because of this observation, the researcher began to suggest personal counseling for all students enrolled in her section of practicum. Some students appeared to be very willing to seek counseling, while others tended to not be willing to seek counseling. The researcher became interested in the differences between these two groups.

The author of the current study is a Caucasian female who is a single mother. She has participated in personal counseling.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

To help the reader understand the purpose and goal of the present study, the literature related to willingness to seek counseling is reviewed. Research on willingness to seek counseling began in the early 1970's. Thus, much of the literature reviewed is from this time period. The literature review is divided into two sections. The first section focuses on willingness to seek counseling and the many variables with which it is associated. Each variable will be discussed separately in its relationship to willingness to seek counseling. The next section includes literature on counselors and the benefits of seeking counseling.

Willingness to Seek Counseling

For years, counselors, researchers, and lay people have questioned why some people are willing to seek counseling and others are not. Research in this area has grown and changed during the last few decades. During the 1970's, variables related to willingness to seek counseling that were researched centered on types of people who would be willing to seek counseling. These characteristic variables are gender, barriers

to getting counseling, age, ethnicity, education level, socioeconomic status, and religion. Later research on willingness to seek counseling focused on psychological factors associated with willingness to attend counseling. Many of these studies utilized multiple regression for analysis. The psychological factors researched included level of distress, attitudes toward mental illness, willingness to seek counseling, attitudes toward counseling, available social support, fear of seeking counseling, and self-concealment. These characteristic and psychological variables will be discussed separately.

Gender

An extensive area of research has included investigating whether there are differences between males and females in regard to willingness to seek counseling. Studies indicate females express more willingness to seek counseling then males (Brinson & Kottler, 1995; Deane & Chamberlain, 1994; Fischer, Grisso, Beck, & Winer, 1972; Fischer & Turner, 1970; Gottesfeld, 1995; Greenley & Mechanic, 1976; Kelly & Achter, 1995; Kessler, 1981; Kessler, Brown & Browman, 1981; Kligfeld & Hoffman, 1979; Leaf & Bruce, 1987; Leong & Zacher, 1999; Marcus, Seeman, & Telesky, 1984; Price & McNeill, 1992; Puig, 1979; Sanchez & Atkinson, 1983; Surgenor, 1985; Veroff, Kulka, & Douvan, 1981). These researchers mainly studied the undergraduate student population. In the conclusions of these studies, the findings were often generalized to all males and females, both older and younger.

Whether or not the gender difference in willingness to seek counseling is consistent across the life span has also been investigated. Rickwood and Braithwaite (1994) examined gender differences in willingness to seek counseling with 715 high school students. They found females were significantly more likely to seek help than

males. Husaini, Moore, and Cain (1994) studied elderly subjects between the ages of 54-70. They concluded that females in this age group were more likely to attend counseling than males. From these studies, it appears that, at least among younger and older individuals, as well as college students, women are more likely to seek counseling than men.

Rickwood and Braithwaite (1994) included a measure of distress in their study of high school students. They were interested in whether females had higher distress, and thus, were more likely to seek counseling. Their findings indicated that females who were more likely to seek counseling did not report higher distress than males. Sharpe and Heppner (1991) also examined distress in relation to gender and willingness to attend counseling. They found males less likely to seek counseling due to the perception of having a traditional role, rather than level of distress.

The finding that gender strongly influences a person's willingness to attend counseling has inspired some researchers to investigate the underlying psychology of this phenomenon. Having a traditional role has been found to affect males' willingness to seek counseling (Betz & Fitzgerald, 1993;Good, Dell, & Mintz, 1989; Good & Mintz, 1990; Good & Wood, 1995; Robertson, 1989; Watkins & Blazina, 1996; Voit, 1982). Studies have shown that males with less emotionality, more stereotypically masculine attitudes, and limited expression of affection are less likely to attend counseling (Good & Wood, 1995; Wisch, Mihalik, Hayes, & Nutt, 1995).

Good and Wood (1995) studied 397 male college students using path analysis. They found a significant path from restrictive affection and emotion to willingness to seek counseling. Having high restrictive affection and emotion predicts low willingness

to seek counseling. They identified another path from achievement predicting depression, which then predicts willingness to seek counseling. As stated in the 1993 *Annual Review of Psychology*, the "major theme in the emerging literature on the psychology of men has to do with the impact of male socialization on the psychotherapeutic encounter, particularly men's lesser willingness to participate in therapy" (Betz & Fitzgerald, 1993, p. 358). Male's socialization into a traditional role has created a barrier for them in their willingness to seek counseling.

Another area of research in relation to gender and willingness to seek counseling is ethnicity. Research has shown Anglo males are more hesitant to seek counseling than males from other cultures such as the Asian and Hispanic ethnic background (Cheatham, Shelton, & Ray, 1987; Garland & Ziegler, 1994; Rice, 1978; Sher, 1979, 1981; Wills & DePaulo, 1991). These findings might be related to the traditional roles that males are socialized into in the United States.

A few studies have not replicated the finding of females being more willing to seek counseling than males (Dadfar & Friedlander, 1982; Tihuis, Peters, & Foets, 1990; Zeldow & Greenberg, 1979). Tihuis, et al. (1990) analyzed a national survey from the Netherlands with 10,171 respondents. There was a very small difference found between males and females in willingness to seek counseling, with females reporting being more willing to seek counseling than males. This contrary finding might be related to a difference in culture since most studies on willingness to seek counseling and gender have been conducted in the United States.

Barriers to Seeking Counseling

Approximately twenty-five to thirty-six percent of people who might benefit from counseling actually seek counseling (Link & Dohrenwend, 1980; Tinsley, de St. Aubin, & Brown, 1982; Wills, 1987). Barriers have been thought to play a major role in the resistance to seeking counseling for many people. Barriers include the affordability, the perceived availability, and the stigma associated with counseling (Leaf, et al., 1987; Veroff, et al., 1981).

Affordability of counseling has been identified as one type of barrier to willingness to seek counseling (Kushner & Sher, 1991, Lorefice, Borus, & Keef, 1982; Sharfstein & Taube, 1982). In Kushner and Sher's (1991) literature review of empirical literature focusing on concerns around attending counseling, they identified the high cost of counseling as a major deterrent to people's willingness to seek counseling. People with low incomes report less positive attitudes towards seeking counseling than those with higher incomes (deBarbot, 1977; Fischer & Cohen, 1972; Leaf, Livingston, & Tischler, 1987; Surgenor, 1985; Tihuis, et al., 1990).

Another identified barrier to willingness to seek counseling is availability (Beitman, 1983; Herman, 1985). Many people perceive counseling as being inaccessible due to location (Beitman, 1983). In some instances, it is not the actual availability of services, but low awareness of the availability of counseling services (Neal, 1983; Scott, Balch, & Flynn, 1984).

The second aspect of willingness to seek counseling in relation to availability is stigma. Some people who are not willing to seek counseling view stigma as a barrier (Dadfer & Friedlander, 1982; Fischer & Turner, 1970; Stefl & Prosperi, 1985). The

stigma of being associated with the "mentally ill" causes some people to be less willing to seek counseling (Andreasen, 1984; Guze, 1992).

Education Level

Level of education in relation to willingness to seek counseling has been examined. Studies have shown higher levels of education predict more willingness to seek counseling (deBarbot, 1977; Fischer & Cohen, 1972; Leaf, et al., 1987; Link & Dohrenwend, 1980; Surgenor, 1985; Tihuis, et al., 1990; Wills, 1987). Tihuis, et al. (1990) studied this relationship with a national survey in the Netherlands. The respondents included 10,171 participants. This study found less educated people were less willing to seek counseling than more educated people.

Leaf, et al. (1987) hypothesized that subjects who believed their family might think poorly of them if they sought counseling would be less likely to seek counseling, and this finding might be related to the level of education of the subject. However, after surveying 4,838 subjects, with an age range of 18 to over 65 years in age, they found education level was not related to believing that family would think poorly of them attending counseling.

Age

People of all ages have life stresses and problems they need to work through (Dohrenwend & Dohrenwend, 1974). Whether or not age is related to choosing to seek counseling or choosing to confide in someone else has been explored. There have been two major themes regarding age and willingness to seek counseling: people's overall attitude towards counseling and people's willingness to seek counseling.

Link and Dohrenwend (1980) examined subjects' attitudes toward seeking counseling. Subjects who were younger than twenty-five years of age had significantly less positive attitudes toward seeking counseling than older subjects. Other studies have replicated this finding (Kahn & Nauta, 1997; Surgenor, 1985; Wills, 1987). These findings indicate older people (over the age of twenty-five) have more positive attitudes towards counseling. Yet, it appears there might be a decline for elderly people in their attitude towards counseling. Elderly people, defined as being over the age of sixty, tend to have negative attitudes towards counselors (Knight, 1979) and tend to have overall misconceptions about what counselors do (Feigenbaum, 1973). This could be a cohort effect, and not true with other generations.

Willingness towards seeking counseling appears to be related to attitude towards counseling in regard to age (Surgenor, 1985). People who are less than twenty-five years old have been found to be less willing to seek counseling than older people (Deane & Chamberlain, 1994; Leaf, et al., 1987; Priddy, Tipton, & Prochaska, 1982; Rickwood & Braithwaite, 1994; Tihuis, et al., 1990). Age has been found to significantly predict utilization rates of counseling services during the undergraduate college years (Gourash, 1978; Snowdon, Collinge, & Runkle, 1982). Younger people tend to not seek counseling even under extremely difficult situations. Furney (1987) found approximately two thirds of the three million seriously disturbed youth in America do not seek counseling.

Whereas younger people tend to be less willing to seek counseling than older people, the elderly tend to be less willing to seek counseling than less elderly people. The same decline has been seen here as with attitude towards seeking counseling. Priddy, et al. (1982) found older respondents were less aware of counseling services that

were available to them. Hence, a very low proportion of elderly people utilize counseling services (Gurin, Verloff, & Feld, 1960; Knight & Hoffman, 1979; Kramer, Taube, & Redick, 1973). Upon further investigation, Gurin, et al. (1960) found in their national survey that senior people tend to believe in "working it out yourself." Many elderly people do not see a reason for consulting anyone and thus are less willing to seek counseling.

Ethnicity

Ethnicity plays a part in whether a person chooses to seek counseling. Many studies have shown students of color (including African Americans, Latino American, and Native Americans) do not tend to seek counseling at university counseling centers (Atkinson, Morten, & Sue, 1989; Parker & McDavis, 1983; Pomales, Claiborn, & LaFromboise, 1986; Sanchez & King, 1986; Terrell & Terrell, 1984; Trimble, 1981; Webster & Fretz, 1978). These studies utilized usage rates from counseling centers and compared the rates to the number of students of color at the university.

Students of color have not utilized counseling centers for various reasons. Research has shown students of color under utilization rates have been due to the lack of ethnically similar counselors, treatment not being perceived as culturally sensitive, and the counselors' lack of familiarity with cultural differences (Atkinson, 1983; Cimbolic, 1978; Locke, 1992; Trimble, 1981; Vontress, 1981). People of color not only under-utilized university counseling centers, they also have been found to under-utilize community counseling centers (Caton, 1981).

Low willingness to seek counseling is another reason for the under-utilization of counseling centers by people of color (Dadfar & Friedlander, 1982; Liao & Rounds,

2001). Dadfar and Friedlander (1982) found students of color from other countries were less willing to seek counseling than students from the United States. Students of color tend to have different expectations of counseling (Acosta, Yamamoto, Evans, & Skilbeck, 1983; Locke, 1992). This might effect their willingness to seek counseling.

Religion

Religion plays an important role in many people's lives. For many people, religion increases quality of life. Being highly involved in religious activities has been found to increase overall reported life happiness (McClure & Loden, 1982). Ness and Wintrob (1980) reported that people who are more active in religious activities report fewer emotional and mental problems. Because religious people reported having fewer emotional and mental health problems, the question of whether they were willing to seek counseling has been of interest to researchers (Guinee & Tracey, 1997).

Researchers have investigated willingness to seek counseling in relation to level of religiousness. Level of religiousness has been defined as being affiliated with an organized religion. Extremely religious people have been found to under utilize mental health services (Larson, Donahue, Lyons, & Benson, 1989; Worthington, 1988). One reason for this finding might be that highly religious people believe counselors are not religious, and thus will not be helpful to them (Colins, 1988; Houts & Graham, 1986; Lovinger, 1984; Worthington, 1986).

Contrary to these studies, Bergin (1991) and Richards and Potts (1995) found that many people believe that counselors respect their clients' religious beliefs and the function of religion in their lives. In a similar study Guinee & Tracey (1997) investigated the relationship between level of religiousness and willingness to seek counseling. They

surveyed 210 undergraduate students, 139 from psychology courses and 71 from campus religious organizations. They found that highly religious students were more likely to report high willingness to seek counseling than less religious students. Highly religious students who reported being willing to seek counseling did not report they would prefer a religious counselor. From this literature it is difficult to ascertain the overall effect of religion on willingness to seek counseling.

Attitude Toward "Mental Illness"

People's attitudes toward counseling is an important factor in their willingness to attend counseling themselves, and influences their level of support for others to attend counseling. Many people believe counseling is for "sick" or "mentally ill" people. It is generally thought that if a person is functioning at a high level, then counseling would not be helpful. Furthermore, if a person did attend counseling, it would be evidence of having a mental illness. Leong & Zachar (1999) stated the connection between the concept of attitude toward counseling and attitude toward mental illness as, "If people believe that counseling or psychotherapy is something people do when they have a mental illness, attitudes about mental illness would logically have an important influence on people's attitudes toward counseling itself" (p. 125).

Researchers have analyzed attitudes of the public toward mental illness (Rabkin, 1974) and toward mental health professionals and their treatment methods (Furnham & Wardley, 1990; Nunnally, 1961). It was identified that many people who would benefit from counseling were not getting help because they were avoiding counseling services (Gurin, et al., 1960; Kadushin, 1969; Langner & Michael, 1963). Researchers have identified three reasons why people have negative attitudes toward counseling and tend to

not seek counseling, including not wanting to associate with mentally ill people, prejudice toward the mentally ill, and the stigma associated with the mentally ill.

One reason people tend to not seek counseling is from not wanting to associate with the mentally ill. Researchers theorized that negative attitudes toward mentally ill people were in part responsible for people not getting help (Gurin, et al., 1960; Kadushin, 1969; Langner & Michael, 1963). Research has shown that people have negative attitudes toward mentally ill people and thus, people tend to not want to be associated with them (Gurin, et al., 1960).

At times, this negative attitude has been found to become a prejudice toward mentally ill people. This prejudice has been found to hinder people's willingness to seek counseling (Andreasen, 1984; Grencavage & Norcross, 1990; Guze, 1992; Stiles, Shapire, & Elliot, 1986). The prejudice toward mentally ill people becomes a barrier to seeking counseling.

The third reason people tend to not seek counseling is from the stigma associated with the mentally ill. Research has shown that there is a stigma associated with mental illness (Cumming & Cumming, 1957; Leong and Zachar, 1999; Philips, 1963). This stigma includes the negative thoughts and irrational beliefs about people who have been diagnosed with a mental illness. The stigma of mental illness has been found to be associated with multiple demographic variables (Cumming & Cumming, 1957). The act of seeking counseling then becomes associated with the stigma of mental illness (Philips, 1963). Worries of being stigmatized as being "mentally ill" keeps many people from being willing to seek counseling (Clausen & Huffine, 1975; Farina, 1982, Farina & Felner, 1973; Glasser, Duggan, & Hoffman, 1975).

There has been recent interest in stigma related to mental illness and being a client in therapy, and the effects on willingness to seek counseling. Deane and Chamberlain (1994) examined the relationship between stigma and willingness to seek counseling. They used a modified version of Kushner and Sher's (1989) Thoughts About Psychotherapy Survey (TAPS). They modified the survey by adding the variable of willingness to seek counseling and by creating a measure of "stigma concern." This measure is similar to Fischer and Turner's (1970) factor of "stigma tolerance" included in the Attitude Toward Seeking Professional Psychological Help (ATSPPH). Stigma concern assesses people's fear of what others might think of their choice to attend counseling. Two hundred and sixty three university students participated in the study (Fischer & Turner, 1970). The study found that stigma concern significantly affects a person's willingness to seek counseling.

In a recent study, Leong and Zachar (1999) investigated the relationship between attitudes toward seeking professional psychological help and opinions about mental illness, mediating for gender. The hypothesis was, that after controlling for gender differences, students with a more positive attitude toward mental illness would be more willing to attend counseling. Participants included 290 undergraduate students. The ATSPPH was the principal inventory utilized to assess subjects' attitude and Cohen and Struening's (1962) Opinions about Mental Illness (OMI) inventory was used to assess subjects' opinions about mental illness. Gender was significantly correlated with the ATSPPH, with women being more likely to attend counseling. Negative attitudes toward mental illness were correlated with negative attitudes toward help seeking.

Attitude Toward Counseling

A person's attitude toward counseling has been an important aspect of research. Many researchers have focused on attitude toward counseling and related variables (Calhoun, Peirce, Walters, & Dawes, 1974; Cash, Kehr, & Salzbach, 1978; Cepeda-Benito and Short, 1998; Fischer & Cohen, 1972; Fischer & Turner, 1970; Greenley & Mechanic, 1976; Indrisano, 1978; Liao & Rounds, 2001; Sanchez & Atkinson, 1983; Voit, 1982). Multiple variables have been found to be related to attitude towards counseling.

Gender has been found to affect a person's attitude towards counseling. Females and males have been found to differ significantly in their attitudes toward counseling (Cash, Kehr, & Salzbach, 1978; Fischer & Turner, 1970; Greenley & Mechanic, 1976; Indrisano, 1978; Sanchez & Atkinson, 1983; Voit, 1982). Females reported more positive attitude towards counseling than men. Other variables that have been found to be significantly related to attitude towards counseling include religion (Fischer & Cohen, 1972), being from an Asian culture (Sanchez & Atkinson, 1983; Liao & Rounds, 2001) and having an internal locus of control (Calhoun, et al., 1974).

The relationship between attitude toward counseling and willingness to seek counseling has been investigated. Cepeda-Benito and Short (1998) examined the relationship between attitude towards counseling and willingness to attend counseling. Participants included 732 university students. The results of the study indicated a strong relationship between a person's attitude towards counseling and their willingness to attend counseling, regardless of the reasons for seeking counseling. A positive attitude

towards counseling increases the likelihood of seeking counseling (Leaf, Livingston, Tischler, Weissman, Holzer, & Myers, 1985).

People's attitude toward counseling not only affects willingness to attend counseling, but attitude also affects perceived helpfulness of counseling. Cash, Kehr, and Slazbach (1978) found subjects with relatively positive attitudes were more optimistic regarding potential counselors' helpfulness and perceived a higher likelihood of a positive outcome through counseling.

Fischer and Turner (1970) began researching willingness toward seeking counseling and trying to identify characteristics and behaviors related to attitude toward counseling. They expected attitudes toward seeking counseling would be related to personality variables. Through their early research, Fischer and Turner demonstrated that positive attitude toward seeking counseling is related to a high internal locus of control.

Fischer and Turner (1970) developed the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH). The advantage of this scale is that it assesses a subject's attitude toward seeking counseling using twenty-nine questions instead of just asking if the subject is willing to attend counseling or not. This scale consists of twenty-nine items arranged on a four point Likert scale (0,1,2,or 3). The summated scores range from zero to 87. A higher score indicates a more positive attitude. To increase validity of the scale, 11 of the items were reversed.

Initially, the ATSPPH appeared through factor analysis to measure four components of attitude: recognition of need for psychotherapeutic help, stigma tolerance, interpersonal openness, and confidence in mental health practitioners. Fischer and Turner (1970) suggested using the total score and not analyzing separate factors.

Later researchers have tried to find subscales of the ATSPPH. Dadfer and Friedlander (1982) found that the underlying four factors lacked internal consistency when using different populations. In Dadfer and Friedlander's study, only three factors were identified, confidence/appropriateness, stigma/privacy, and coping alone. Other studies have also found different factorial dimensions (deBarot, 1977; Fischer, Grisso, Beck, & Winer, 1972; Morgan, 1992; Surgenor, 1985).

In 1995, Fischer and Farina developed a ten-item version of the original ATSPPH that was highly correlated with the original twenty-nine-item inventory. In later research the revised version of the ATSPPH has been more widely used because it is shorter and thus easier to administer.

The ATSPPH has been used extensively, along with other inventories, in subsequent research on willingness to attend counseling. Most of the studies using the ATSPPH utilized undergraduate student populations (Cash, Kehr, & Slazbach, 1978; Sanchez & Atkinson, 1983; Zeldow & Greenberg, 1979). A few studies have found the ATSPPH to be valid with populations other than undergraduate students including radio call-in participants and medical students (Kligfeld & Hoffman, 1979; Raviv, Raviv, & Yunovitz, 1989).

There have been a few negative reports of the usefulness of the ATSPPH. Zeldow and Greenberg (1979) proposed that the scale was not useful in determining actual help seeking behavior. They suggested their Attitude Toward Women Inventory is more effective at assessing willingness to seek counseling, yet this latter inventory has not been validated. Indrisano (1978) found the ATSPPH to be less reliable than had been previously reported (Fischer & Turner, 1970). Recent literature does not suggest that

these studies have changed the amount of use of the ATSPPH or how researchers view the inventory (Cepeda-Benito & Short, 1998; Cramer, 1999; Kelly & Achter, 1995).

Willingness Toward Seeking Counseling

Willingness to seek counseling is a variable that has been included in many research studies (deBarbot, 1977; Cash, Begley, McCown, & Weise, 1975; Cash, et al., 1978; Cepeda-Benito & Short, 1998; Clary & Fristad, 1987; Dadfar & Friedlander, 1982; Fischer & Turner, 1970; Fisher, et al., 1972; Kelly & Achter, 1995; Kligfeld, 1979; Robbins & Greenely, 1983, Surgenor, 1985; Tijhuis, et al., 1990). How willing someone is to seek counseling has been of interest to researchers as well as practitioners. The methods of using this variable in research have changed over the years. The majority of the literature using this variable utilizes a dichotomous question similar to, "Would you be willing to seek counseling?" The subject would then answer "yes" or "no."

In order to move away from the dichotomous answer and to find out more information on people's willingness to seek counseling, Cash, et al. (1975) created the Intentions to Seek Counseling Inventory (ISCI). The scale consists of seventeen problems for which college students might go to counseling. Initially, the ISCI was used to assess a person's views of attractive and unattractive counselors. Later research has used the ISCI to assess overall willingness to seek counseling (Cepeda-Benito & Short, 1998; Cramer, 1999; Kelly & Achter, 1995). Participants are asked to rate, with a six point Likert scale ranging from (1) very unlikely to (6) very likely, how likely they would be to seek counseling at the university counseling center if they were experiencing the same problem. Scores range from 17 to 102, with a higher score indicating a higher likelihood of seeking counseling.

The following items are included in the ISCI scale: choosing a major, weight control, relationship difficulties, self-confidence problems, over-use of alcohol, personal worries, difficulty in sleeping, concerns about sexuality, procrastination with schoolwork, difficulty concentrating, depression, fear of failure, improvement of self-understanding, relaxation training, test anxiety, loneliness, and drug problems (see Robertson & Fitzgerald, 1992). Cronbach's alpha for the 17 items has been computed to be from .84 to .89 (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995), which shows that the items are approximately measuring the same concept.

Research has found that people are more willing to seek counseling if they have had previous counseling experience (Clary & Fristad, 1987; Robbins & Greenley, 1983). Previous counseling experience is also related to more positive attitudes toward seeking help (deBarbot, 1977; Cash, et al., 1978; Dadfar & Friedlander, 1982; Fischer & Turner, 1970; Kligfeld, 1979; Surgenor, 1985; Tijhuis, et al., 1990).

Social Support

Social support is an important factor for people who are experiencing distress. Following a stressful life event, having someone available to confide in has been found to facilitate better health and coping (Brown, Bhrolchain, & Harris, 1975; Lowenthal & Haven, 1968; Miller & Ingham, 1976). The importance of talking about problems has long been known. Yet, whom people choose to confide in has not been clear.

To assess level of social support, Cohen and Hoberman (1983) created the Interpersonal Support Evaluation List (ISEL). The ISEL consists of 48 items that asks for the participants' perceptions of available social support. To factor out social desirability in the participants' responses, half of the questions are reversed. Participants

respond to each statement with either "probably true" or "probably false." Four separate factors have been identified in the ISEL, each with 12 items (Cohen & McKay, 1984). Intercorrelations of the ISEL subscales range from .19 to .56. Cronbach's alpha for the subscales range from .60 to .77, with .77 for the total scale.

The Social Provisions Scale (SPS) is another inventory used to assess social support developed by Cutrona and Russell (1987). The SPS assesses perceptions of the strength of one's social support. The scale consists of 24 items. The participants are asked to rate each item from strongly disagree (1) to strongly agree (4). Interitem correlation coefficients for the SPS range from .85 to .92, and the test-retest reliability estimates have ranged from .84 to .92. Cutrona and Russell found the SPS to significantly correlate with actual behavior and other self-report measures of social support. The SPS has six subscales each measuring a different aspect of social support. A strong second factor has been identified. Thus, Cutrona and Russell (1991) suggest using a summed overall score for the SPS.

People are most likely to seek help from close friends and family before seeking help from a counselor (Christenson & Magoon, 1974; Kramer, Berger, & Miller, 1974; Snyder, Hill, & Derksen, 1972; Tinsley, et al., 1982). Having high social support seems to indicate that people do not need to seek counseling. However, studies have found that level of social support does not significantly predict willingness to attend counseling (Barker, Pistrang, Shapiro, & Shaw, 1990; Cunningham, Sobell, Sobell, & Gaskin, 1994; Deane & Chamberlain, 1994; Deane & Todd, 1996; Kelly & Achter, 1995; Rickwood & Braithwaite, 1994; Tijuis, et al., 1990; Ying, 1990). These studies show that there is no direct relationship between the number of close social contacts and one's willingness to

seek help. In these studies, it is thought that there is another factor, not social support, which mediates a person's willingness to attend counseling. Cramer (1999) identified through path analysis that distress (which will be discussed in more depth in the next section) mediates the relationship between social support and willingness to seek counseling.

Distress

Utilizing the variable of level of distress in relation to willingness to seek counseling has produced varied results. Many researchers have included level of distress when investigating willingness to seek counseling since it has been generally thought that more distressed people would be more willing to seek counseling (Monroe, Simons, & Thase, 1991; Rickwood & Braithwaite, 1994). Yet, most people suffering from psychological distress do not seek counseling (Ingham & Miller, 1982; Mechanic & Greenley, 1976; Tuckett, 1976). Two inventories have been utilized to assess the relationship between distress and willingness to seek counseling, the Personal Problems Inventory (Cash, et al., 1975) and the Hopkins Symptom Checklist – 21 (Green, Walkey, McCormick, & Taylor, 1988; Parloff, Kelman, & Frank, 1958).

To better understand distress and the relationship between distress and counselor attractiveness, Cash, et al. (1975) created the Personal Problems Inventory (PPI). The PPI consists of 15 problems that are common for undergraduate students. These problems include general anxiety or nervousness, alcohol problems, shyness, problems with sexual functioning, depression, conflicts with parents, anxiety speaking in front of a group, difficulties in dating, choosing a career, having trouble sleeping, drug addictions, feeling of inferiority, anxiety about taking tests, difficulties making friends, and trouble

studying. Participants were asked to rate on a six point Likert scale how confident they were in a counselor's ability to help them with the specific type of distress.

The PPI has been used in numerous studies, including studies that hope to evaluate willingness to seek counseling. Gim, Atkinson, and Whiteley (1990) modified the PPI by adding the question of how likely the subject would be to seek counseling for each specific problem. Most studies since 1990 have used this format (Liao & Rounds, 2001; Solberg, Ritsma, Davis, Tata, & Jolly, 1994).

Originally, the PPI was thought not to have sub-scales (Cash, et al., 1975). However, Gim et al., (1990) identified three sub-scales of the PPI through principal-components analysis: academic concerns, interpersonal concerns, and health or substance abuse concerns. Five items did not load very high on any of the three factors, and were thus considered to be separate. Alpha coefficients of the sub-scales in relation to the willingness to seek counseling variables have been reported as follows: academic concerns had an alpha of .89, interpersonal concerns alpha was .94, and substance abuse concerns was .55. The overall alpha for all of the willingness to seek counseling sub-scales was .94 (Solberg, et al., 1994).

The Hopkins Symptom Checklist (HSCL) is another widely used inventory for assessing distress in relation to willingness to seek help (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974; Green, et al., 1988; Parloff, et al., 1958). Parloff et al. (1958) created the original HSCL as a means of assessing clinical change in psychotherapy. There has since been many versions of the HSCL, with the most widely used being the revised 90-item version (Derogatis, 1977). The most recently used version, and the version discussed below, is the HSCL – 21 (Green, et al., 1988).

The HSCL - 21 asks participants to rate how they have been feeling the past seven days using a four point Likert scale (1 = not at all, 4 = extremely). Scores range from 21 to 84. The HSCL – 21 includes a three-factor structure, each with seven items. The factors include general feelings of distress, somatic distress, and performance difficulty. Alpha coefficients range from .75 to .88 for the three sub-scales and .90 for the total scale (Cepeda-Benito & Short, 1998; Green et al., 1988).

Research on the relationship between willingness to seek counseling and distress has been inconsistent. Many studies have shown that level of distress does not significantly predict willingness to attend counseling (Barker, et al., 1990; Cunningham, et al., 1994; Deane & Chamberlain, 1994; Deane & Todd, 1996; Kelly & Achter, 1995; Rickwood & Braithwaite, 1994, Ying, 1990). Yet, other studies have found a significant relationship between level of distress and willingness to seek counseling (Hinson & Swanson, 1993; O'Neil, Lancee, & Freeman, 1984; Rickwood & Braithwaite, 1994; Robbins & Greenley, 1983). It is difficult to assess the true relationship between level of distress and willingness to seek counseling from these contradictory findings.

Combining level of distress with other variables has led some researchers to believe they understand the relationship between distress and willingness to seek counseling. In a recent study, Cepeda-Benito and Short (1998) investigated the predictors of willingness to attend counseling. They hypothesized that distress, attitudes toward psychotherapy, fears of psychotherapy, self-concealment, social support and the interaction between self-concealment and social support, would significantly predict willingness to attend counseling, with distress being the best predictor. The Hopkins Symptom Checklist – 21 was used to assess distress. Results from this study show that

distress significantly predicted willingness to attend counseling when the reason for attending counseling coincided with the type of distress. Three different types of distress were analyzed. These included the subscales of general feelings of distress, performance difficulties, and somatic distress. Each subscale was found to be a significant predictor of willingness to seek counseling.

Self-concealment

The concept of self-concealment has been found to be important for understanding a person's willingness to attend counseling. Self-concealment is a fundamental concept for counselors since, through the process of counseling, it is imperative for the client to be willing to not self-conceal information. Studies have found self-concealment can hinder psychological adjustment, physical health, and the healing process (Berger & Kelly, 1986; Evans, 1976; Ichiyama, Colbert, Laramore, Heim, Carone, & Schmidt, 1993; Ichiyama, Colbert, Laramore, Heim, Carone, & Schmidt, 1992; Pennebaker, 1985, 1988, 1989; Pennebaker, Barger, & Tiebout, 1989; Pennebaker & Beall, 1986; Pennebaker, Hughes, & O'Heeron, 1987; Pennebaker, Kiecolt-Glaser, & Glaser, 1988, Pennebaker & O'Heeron, 1984; Pennebaker & Susman, 1988).

Early research on self-concealment focused on the construct of self-disclosure (Goodstein & Reinecker, 1974; Jourard, 1959, 1971; Jourard & Lasakow, 1958). Jourard (1964) was one of the first researchers to identify self-disclosure as an important aspect of willingness to attend counseling. Subjects who rated low on self-disclosure had a higher probability of being willing to seek help (Jourard & Lasakow, 1958). Jourard (1959, 1971) found negative health consequences of not self-disclosing. The more one did not self-disclose personal information, the more likely they would report having

health problems. In a similar study, positive health factors were associated with low self-concealment and high disclosing of information (Goodstein & Reinecker, 1974).

Later, researchers identified self-concealment as a distinct construct, yet related to self-disclosure (Larson & Chastain, 1990). To measure self-concealment, Larson and Chastain developed the Self-Concealment Scale (SCS) to measure the "predisposition to actively conceal from others personal information that one perceives as distressing or negative" (p. 440). Items were answered on a Likert scale ranging from (1) strongly agree to (5) strongly disagree. Total scores ranged from 10 to 50, with a greater score indicating a higher level of self-concealment. The SCS reliability coefficients have ranged from .83 (Larson & Chastain, 1990) to .88 (Cepeda-Benito & Short, 1998). Test re-test (re-test at 4 weeks) reliability was found to be .81(Larson & Chastain, 1990). Larson and Chastain found the SCS to significantly predict anxiety, depression, and somatic complaints. The SCS is inversely related to trauma disclosure and self-disclosure.

Kelly and Achter (1995) recently modified Larson and Chastain's (1990) definition of self-concealment and defined it as a predisposition to hide personal information that is perceived to possibly be distressing and/or potentially embarrassing. In their 1995 study, Kelly and Achter found significant, yet somewhat contrary findings. The results indicated that high levels of self-concealment predicted negative attitudes toward psychotherapy. Somewhat contrary to this was their finding that high positive attitudes toward psychotherapy coupled with high levels of self-concealment significantly predicted a higher willingness to attend counseling. One major conclusion of the study is that self-concealment is a better predictor of willingness to attend counseling than is

distress. Surprisingly, subjects who indicated having higher self-concealment were more likely to have had prior counseling than subjects with lower self-concealment. Kelly and Achter hypothesized that self-concealers had less positive attitudes toward counseling because of fear of having to self-disclose and reveal information to a counselor. This finding has been replicated (Cepeda-Benito & Short, 1998).

Even though subjects with high self-concealment were more likely to have sought counseling in the past, this does not mean that they would be willing to currently seek counseling. Cepeda-Benito and Short (1998) found that subjects high in self-concealment were less willing to attend counseling than subjects with low self-concealment. They also found subjects with high self-concealment and low levels of social support were even less likely to be willing to attend counseling. This study did not replicate the Kelly and Achter's (1995) finding that self-concealment is a better predictor of willingness to attend counseling than distress. Instead, the data showed that the three different types of distress, general feelings of distress, somatic distress, and performance difficulties, selectively predicted willingness to attend counseling better than self-concealment.

The level of distress one is experiencing is positively related with self-concealment. Self-concealment has been found to be positively correlated with symptoms of depression (Kelly & Achter, 1995). Similarly, Cepeda-Benito and Short (1998) found a positive association between self-concealment and distress.

Fear of Seeking Counseling

Fear of counseiing can keep people from ever seeking counseling. Kushner and Sher (1989) found that people who fear counseling the most are those who felt they

needed counseling in the past, but never actively sought help. Fear of counseling has been found to be associated with both avoidance of psychological services (Leaf & Bruce, 1987) and unwillingness to seek help (Deane & Chamberlain, 1994; Deane & Todd, 1996).

Kushner and Sher (1991) identified many potential sources of treatment fears. These include fear of embarrassment, fear of change, fears involving treatment stereotypes, fears associated with past counseling experiences, fear of stigma, and fear of the counseling treatment. Fear of treatment spans multiple demographic sectors, including minority populations, gender, and age. Kushner and Sher (1991) concluded that willingness to attend counseling incorporates both external and psychological issues and that these issues need to be considered independently.

A New Way of Looking at the Problem – Using Path Analysis Instead of Regression

Cramer (1999) identified four factors that he termed, "psychological antecedents" to willingness to attend counseling (p. 381). These factors include level of distress, attitudes toward professional psychological counseling, available social support, and self-concealment. Cramer identified these variables through reanalyzing data from two recent studies (Cepeda-Benito & Short, 1998; Kelly and Achter, 1995).

Researchers have consistently reported finding similar relationships between these variables (Cramer, 1999). A moderate inverse relationship has been identified between social support and distress, (Berkman & Syme, 1979; Cepeda-Benito & Short, 1998; Cohen & Wills, 1985; Fischer & Turner, 1970; House, Robbins, & Metzner, 1982; Kelly & Achter, 1995; Rickwood & Braithwaite, 1994). A positive relation between self-concealment and distress has been found (Cepeda-Benito & Short, 1998; Evans &

Katona, 1995; Ichiyama, et al., 1993; Kelly & Achter, 1995; King, Emmons, & Woodley, 1992; Larson & Chastain, 1990; Rickwood & Braithwaite, 1994; Ritz & Dahme, 1996). The variables of self-concealment and social support have been found to be negatively related (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995; Larson & Chastain, 1990; Rickwood & Braithwaite, 1994). Studies have shown high self-concealment is related to negative attitudes toward counselors and the counseling process (Cepeda-Benito & Short, 1998; Fischer & Turner, 1970; Kelly & Achter, 1995; Rickwood & Braithwaite, 1994). Cramer (1999) reports that there are no studies that establish a relationship between attitudes toward counseling and social support or distress.

From Cramer's (1999) analysis of these variables he proposes a new way of analyzing the variables using path analysis. The path model was shown in Figure 1 (see chapter 1). Results of Cramer's (1999) study indicated individuals were more likely to be willing to attend counseling when distress was high and attitudes toward counseling was positive. When social support is low, distress is more likely to be high. Distress is more likely to be high when self-concealment is high. Finally, Cramer identified that when self-concealment is high, attitude toward counseling is low and subjects have low social support. Liao & Rounds (2001) replicated these findings.

Willingness to seek counseling has been researched for many years. These studies have identified multiple factors that are related to a person's level of willingness to seek counseling. Current research is focusing on the four predictors; i.e. social support, self-concealment, attitude toward counseling, and level of distress (Cepeda-Benito & Short, 1998; Cramer, 1999; Kelly & Achter, 1995; Liao & Rounds, 2001).

Counselors Seeking Their own Counseling

Freud (1937/1943) stated in "Analysis Terminable and Interminable," "But where and how is the poor wretch to acquire the ideal qualifications which he will need in this profession? The answer is in an analysis of himself, with which his preparation for his future activity begins" (p.246). As Freud so aptly stated, many believe participating in personal counseling is a necessary component of training for counselors (Baum, 1977; Brown & Robinson, 1993; Corey, Corey, and Callanan, 1993; Freud, 1937/1964; Loganbill, et al., 1982; Norcross, 1990; O'Donnell, 1988; Ralph, 1980).

Corey, Corey, and Callanan (1993) stress the need for counselors in training and experienced counselors to participate in counseling in order to tend to unfinished business in an ongoing process. They believe personal counseling helps counselors to become more self-aware and to help them to understand their own needs apart from their clients' needs. They believe it can be considered unethical to not attend to these issues. They recommend personal therapy, ideally combined with group counseling. In order for the reader to better understand the theoretical and empirical work in this area, a review of the significant articles is presented. The information is divided into five sections, including mental health of counselors, student counselors in training, counselor's willingness to seek counseling, and counselors who seek counseling.

Mental Health of Counselors

Psychological health for counselors has been conceptualized as being on a continuum (Frame & Stevens-Smith, 1995). One end of the continuum is mental health and the other end is impairment. Mental health is considered to be at the positive end of the continuum of psychological health (Frame & Stevens-Smith, 1995). Mental health

has been defined as "a state of mind characterized by emotional well-being, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stress of life" (Goldenson, 1984, p. 451).

In the middle of the psychological health continuum is emotional distress. Nathan (1986) describes emotional distress as "a distressed professional is someone who...experiences the subjective sense that something is wrong – whether or not that feeling is associated with actual impairment in any area of life functioning including the professional" (p.27).

At the other end of the continuum of psychological health for counselors is impairment. Counselor impairment has been described by Lamb, Presser, Pfost, and Baum (1987), as:

> Interference in professional functioning that is reflected in one or more of the following ways a) inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior, b) an inability to acquire professional skills in order to reach an acceptable level of competency, c) an inability to control personal stress, psychological dysfunction, or excessive emotional reaction that interfere with the professional's functioning. (p. 598)

It is difficult to research counselor impairment because many counselors tend to not admit they are having problems or difficulties (Deutsch, 1984; Goldberg, 1986; Guy & Liaboe, 1986; Marmor, 1953; Maslach, 1982; Morrissette, 1996; Sarason, 1977; Warnath,

1979). Thus, literature on impaired counselors in training is scarce (White & Franzoni, 1990).

It is important for counselors to be aware of their level of psychological health. They need to know whether they are mentally healthy, experiencing emotional distress, or impaired. Counselors have the responsibility to be aware of their psychological health (O'Donnell, 1988). Brown & Robinson (1993) state it is the ethical responsibility of each counselor to be as psychologically healthy as possible. The Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (APA, 1992) states:

> Psychologists recognize that their personal problems and conflicts may interfere with their effectiveness. Accordingly, they refrain from undertaking an activity when they know or should know that their personal problems are likely to lead to harm a patient, client, colleague, student, research participant, or other person to whom they may owe a professional or scientific obligation. (section 1.13)

It is the counselor's responsibility to understand where they fall on the continuum of psychological health.

Since it is ethically responsible to be aware of one's own level of psychological health, many research studies have focused in this area. The level of psychological health has been investigated for psychiatrists (Bermak, 1977; Ford, 1963; Looney, Harding, Blotcky, & Barnhart, 1980) psychologists (Mausner & Steppacher, 1973; Thoreson, Budd, & Krauskopf, 1986) and psychotherapists (Deutsch, 1985; Henry, Sims, & Spray, 1971, 1973; Maeder, 1989). Research has found that psychiatrists, psychologists, and psychotherapists in general have significantly higher levels of depression, intense

anxiety, and higher rates of relationship problems than the general population (Bermak, 1977; Deutsch, 1985; Ford, 1963; Looney, et al., 1980, Henry, et al., 1971, 1973; Maeder, 1989; Mausner & Steppacher, 1973; Thoreson, et al., 1986). These findings indicate that it is not unusual for counselors to experience emotional distress.

Emotional distress also affects counselor's in training. White and Franzoni (1990) found 180 beginning counselors in training had higher levels of psychological distress than the general population. This finding replicates results of previous studies (Deutsch, 1985; Looney, et al., 1980).

Research has shown that beginning counselors often experience anxiety (Ronnestad & Skovholt, 1993; Sipps, Sugden, & Faiver, 1988). The anxiety experienced by beginning counselors has been identified as possibly creating a barrier for learning (Ho, Hosford, & Johnson, 1985) and performance (Friedlander, Keller, Peca-Baker, & Old, 1986; Kelly, Hall, & Miller, 1989). Hiebert, Ublemann, Marshall, & Lee (1998) found that high levels of anxiety were positively correlated with high levels of negative self-talk. Anxiety for beginning counselors creates psychological distress and hampers their ability to counsel effectively.

Anxiety for beginning counselors extends beyond the counseling program. Most counselors in training are graduate students and thus face the problems and difficulties of being a student. It has been found that students in graduate school experience mental and emotional distress (Goplerud, 1980; Hodgson & Simoni, 1995). However, there is very little empirical literature on graduate students' level of distress (Hodgson & Simoni, 1995). Goplerud (1980) studied graduate students in different fields. Results showed many students reported high levels of anxiety, depression, and sleep problems. In a

related study, Hodgson and Simoni (1995) found students with less satisfaction with graduate school, less perceived academic success, less graduate social support, and more financial problems reported greater psychological distress. Thus, counselors in training tend to not only experience emotional distress from learning to become a counselor but also from being a graduate student.

Students as Counselors in Training

It is important for graduate student counselors in training to work on their mental and emotional issues. Garfield & Kurtz (1976) state that the "prevailing view" of most counselors is that counseling should be a prerequisite for all counselors in training. The American Counseling Association's ethical guidelines suggest that students, before admission into a counseling program, need orientation to the training components that encourage self-growth and self-disclosure (ACA, 1995, F.2.a). This guideline suggests that students need to be open to working on issues, possibly through personal counseling. The Council for Accreditation of Counseling and Related Programs (CACREP) requires that "programs' admissions criteria as well as selection and retention procedures are distributed to prospective students. The criteria and procedures include consideration of ... (5) each applicant's openness to self-examination and personal and professional development" (CACREP, 1994, p. 59). These statements emphasize the importance that counselors in training be aware of the importance of working towards psychological health and be willing to seek counseling.

Counselor's Willingness to Seek Counseling

One way of working toward psychological health is to attend personal counseling. Many counselors seem to be unwilling to seek counseling (Deutsch, 1984; Goldberg,

1986; Guy & Liaboe, 1986; Marmor, 1953; Maslach, 1982; Morrissette, 1996; Sarason, 1977; Warnath, 1979). Prochaska and Norcross (1983) found experienced counselors are likely to be hesitant to seek counseling. They state this resistance might come from feelings of embarrassment from being in the client role, a sense of being too dependent, and having only colleagues or friends to go to for counseling.

Another problem which hinders counselors from seeking counseling might be that counselors feel a sense of superiority which makes it difficult for them to look at their own personal problems as possibly being good reasons to seek counseling (Goldberg, 1986; Guy & Liaboe, 1986; Marmor, 1953). Many counselors believe they are above having problems which counseling might help and are unwilling to discuss personal problems or admit to other life stressors (Deutsch, 1984; Maslach, 1982; Morrissette, 1996; Sarason, 1977; Warnath, 1979). No empirical studies were found that specifically analyzed willingness to seek counseling with counselors or counselors in training as subjects.

Counselors who Seek Counseling

Even though psychologists and counselors report being hesitant to seek counseling (Goldberg, 1986; Guy & Liaboe, 1986; Marmor, 1953; Prochaska & Norcross, 1983) many psychologists and counselors report currently, or in the past, participating in personal counseling.

Studies of psychologists have found 45-80% have participated in counseling at some time during their life (Deutsch, 1984; Garfield & Kurtz, 1976; Guy, Stark, & Poelstra, 1988; Norcross, Strausser, & Faltus, 1988; Prochaska & Norcross, 1983). In one study conducted by Deutsch (1985), 82% of psychologists reported they experienced

relationship difficulties and over half had sought therapy at some time for these problems. It appears many psychologists report seeking counseling.

Counselors seeking their own personal counseling is similar to the research on psychologists seeking counseling. Counselors report seeking counseling more than lay people (Norcross and Prochaska, 1986). Norcross and Prochaska sampled female counselors, female psychologists, and female laypersons who had been under stress within the previous three years. They found 85% of the psychologists and 71% of the counselors had participated in counseling. Only 40% of the lay people had attended counseling. Female counselors were more likely to seek counseling than male counselors (Deutsch, 1985; Garfield & Kurtz, 1976; Neukrug & Williams, 1993; Norcross, Strausser-Kirtland, & Missar, 1988; Prochaska & Norcross, 1983). This finding of female counselors being more willing to seek counseling is consistent with the willingness to seek counseling literature (Brinson & Kottler, 1995; Deane & Chamberlain, 1994; Fischer, et al., 1972; Fischer & Turner, 1970; Gottesfeld, 1995; Greenley & Mechanic, 1976; Kelly & Achter, 1995; Kessler, 1981; Kessler, et al., 1981; Kligfeld & Hoffman, 1979; Leaf & Bruce, 1987; Leong & Zacher, 1999; Marcus, et al., 1984; Price & McNeill, 1992; Puig, 1979; Sanchez & Atkinson, 1983; Surgenor, 1985; Veroff, et al., 1981). In a similar study, Neukrug & Williams (1993) surveyed 739 members of the American Counseling Association and found 80% percent reporting having participated in counseling.

Benefits of Counselors Participating in Personal Counseling

There are many positive effects of counselors participating in personal counseling (Ford, 1963; Garfield & Kurtz, 1976; Hart, 1982; Kaslow, 1984; Loganbill et al., 1982;

Neukrug & Williams, 1993; Norcross, et al., 1988; Pope, 1987; Strupp, 1955; Wampler & Strupp, 1976; Watkins, 1983; Wise, et al., 1989; Zaro et al., 1977). These positive effects include an increase in emotional health, more understanding of intra- and interpersonal functioning, increased self-awareness, a decrease in therapeutic "blind spots," an increase in the counselor's belief that counseling actually is beneficial, an increased respect for the client, and a decrease in counselor inappropriate behavior.

One major benefit of a counselor participating in personal counseling is that the level of emotional health of the counselor affects the treatment that the counselor is able to give to a client. It is generally agreed that the counselor's level of mental health has a direct impact on the effectiveness of the treatment and well-being of the client (Bergin & Jasper, 1969; Deutsch, 1985; Freud, 1937/1964; Garfield and Bergin, 1971; Mahoney, 1991; Parloff, Waskow, & Wolfe, 1978; Robinson, 1988; Stadler & Willing, 1988). The counselor's mental health is said to be the foundation of the counseling relationship (Cassimatis, 1979; Freud, 1937/1964; Orr, 1954; Rogers, 1957; Sandler, Holder, & Dare, 1970; Strupp, 1958; Whitfield, 1980). The client is impacted when a counselor is struggling with a mental or emotional issue. When the counselor is struggling with mental or emotional issues, they may, at times, become "absent" from the counseling relationship and thus become less effective (Bergin, 1966; Bergin & Jasper, 1969; Garfield & Bergin, 1971; Knutsen, 1977; Parloff, et al., 1978). The psychological and emotional health of a counselor is directly related to the outcomes of therapy (Mahoney, 1991; Robinson, 1988; Stadler & Willing, 1988).

Counselors who are experiencing emotional distress and do not seek counseling hinder the counseling process and negatively impact the counselor as a helper. Guy &

Liaboe (1986) stated counselors need their own counseling since many counselors are negatively affected by the process of being a counselor. Identified negative aspects of being a counselor included physical and psychic isolation, repeated feelings of loss and abandonment as a result of termination, and increased interpersonal distance from friends and family. They recommend periodic or on-going counseling for counselors.

Other research has shown that consequences of counselors not working through their problems include stress (Sears & Navin, 1983), burnout (Moracco, 1981; Tiedeman, 1979; Warnath, 1979; Warnath & Shelton, 1976), fatigue (Vestermark & Johnson, 1970), critical incident stress (Figley, 1994), and post-traumatic stress and compassion fatigue (Figley, 1993, 1994). Farber (1983) suggests that student counselors' stress can produce secondary symptoms (e.g., insomnia, fatigue, indecision, and inability to concentrate, general irritability) and can increase aggressive behavior towards clients.

In summary, it is important for counselors to be aware of their emotional and psychological issues. Many counselors have found counseling to be personally beneficial and to be helpful in their counseling ability. Even though there are multiple benefits to participating in counseling for counselors, most are unwilling to seek help.

Summary

There has been much research conducted on the predictors of willingness to seek counseling. Most of this research has been done with undergraduate samples. Thus, there are generalizability issues with these studies. Evidence exists that willingness to seek counseling is best predicted in a path analysis that includes the variables of social support, self-concealment, level of distress, and attitude toward counseling (Cramer, 1999).

There has been no empirical research on counselors' in training willingness to seek counseling. Counselors tend to be hesitant to seek counseling, yet, there is strong evidence that personal counseling for counselors has multiple benefits for both the counselor and their clients. This study investigated counselors' in training willingness to seek counseling using Cramer's (1999) path analysis model.

CHAPTER III

METHOD

Research Design

The present study used the quantitative paradigm for several reasons. One reason is that the majority of past research in the area of willingness to seek counseling has been conducted in the quantitative paradigm. In the present study, there were five inventories utilized to measure the five constructs of social support, self-concealment, level of distress, attitude toward counseling, and willingness to seek counseling. In the past, these inventories have been used to research willingness to seek counseling and were measured quantitatively. Thus, it was appropriate for this study to be conducted in the quantitative paradigm.

Participants

Participants were from nineteen graduate counseling programs from across the nation that agreed to participate in the study. All participants were masters' level graduate students in schools of education. A total of 638 surveys were sent to the programs. A copy of the human subjects committee's letter of approval is in Appendix

A. There were 519 surveys returned. This represents an 81% return rate. There were a total of 40 parameters estimated, therefore this large number of participants was needed.

Two types of programs were utilized: those that require counseling during the students' course of study, and those that do not require counseling. Subjects formed a stratified convenience sample (Gliner & Morgan, 2000).

Table 1

Number of Surveys Sent and Returned from Counseling Required and Counseling Not Required Programs

	Counseling Required			Counseling Not Required		
University	Sent	Returned	%	Sent	Returned	%
A	20	11	55%			
B	30	28	93%			
C	30	20	67%			
D	30	20	67%			
E	30	20	67%			
F	30	27	90%			
G	28	21	75%	20	11	55%
H	65	54	83%			
I	70	65	93%			
J	19	16	84%			
K	53	47	89%			
L				12	11	92%
M				20	15	75%
N				26	21	81%
O				30	22	73%
P				40	32	80%
Q				30	27	90%
R				15	12	80%
S				40	39	98%
Total	405	329	81%	233	190	82%

Instruments

A self-report questionnaire was constructed by combining five pre-existing inventories. The questionnaire consisted of the five inventories plus a questionnaire regarding information about the demographics of the participants. The inventories selected had been used in recent research on willingness to seek counseling (Cepeda-Benito & Short, 1998; Cramer, 1999; Kelly & Achter, 1995). The inventories included the *Self-Concealment Scale* (SCS), the *Social Provisions Scale* (SPS), the *Hopkins Symptom Checklist – 21* (HSCL-21), the *Attitudes Toward Seeking Professional Psychological Help Scale* (ATSPPH), and the *Intentions to Seek Counseling Inventory* (ISCI).

Because the questionnaire had not been used in past research studies with graduate students, pilot testing was performed on the questionnaire to assess appropriateness of the wording. This lead to a few minor changes in the wording of two questions and reformatting of the demographic section.

Intentions to Seek Counseling Inventory (ISCI)

The ISCI scale consists of seventeen problems for which college students might go to counseling (Cash, Kehr, & Salzbach, 1978). Initially, the ISCI was used to assess a person's views of attractive and unattractive counselors. Later research used the ISCI to assess overall willingness to seek counseling (Cepeda-Benito & Short, 1998; Cramer, 1999; Kelly and Achter, 1995). The ISCI asks participants to rate, on a four point Likert scale ranging from (1) very unlikely to (4) very likely, how likely they would be to seek counseling at the university counseling center if they were experiencing the same

problem. Scores range from 17 to 68, with a higher score indicating a higher likelihood of seeking counseling.

The following items are included in the ISCI scale: choosing a major, weight control, relationship difficulties, self-confidence problems, over-use of alcohol, personal worries, difficulty in sleeping, concerns about sexuality, procrastination with schoolwork, difficulty concentrating, depression, fear of failure, improvement of self-understanding, relaxation training, test anxiety, loneliness, and drug problems (see Robertson & Fitzgerald, 1992). The ISCI questionnaire is listed in Appendix B. Past studies found Cronbach's alpha for the 17 items to range from .84 to .89 (Cepeda-Benito & Short, 1998; Kelly and Achter, 1995). As shown in Table 2, the present study found a Cronbach's alpha of .90 for the ISCI. The subscale alphas are listed in Table 2.

The Hopkins Symptom Checklist – 21 (HSCL-21)

The Hopkins Symptom Checklist (HSCL) is a widely used inventory for assessing distress in relation to willingness to seek help (Derogatis, et al., 1974; Green, et al., 1988; Parloff, et al., 1958). Parloff, et al., (1958) created the original HSCL as a means of assessing clinical change in psychotherapy. There has since been many versions of the HSCL, with the most widely used being the revised 90-item version (Derogatis, 1977). The most recently used version, the HSCL – 21, was utilized in the present study (Green, et al., 1988).

The HSCL-21 asks participants to rate how they have been feeling the past seven days using a four point Likert scale (1 = not at all, 4 = extremely). The complete questionnaire is listed in Appendix B. Scores on the HSCL-21 range from 21 to 84. The HSCL – 21 has been found to include a three-factor structure, each with seven items.

Table 2

Number of Items and Alphas for Factors and Subscales

Scale and Subscales	Number of items	Alpha
Willing to seek counseling[a]	17	.90
School issues[a]	4	.76
Relationship issues[a]	4	.77
Emotional issues[a]	4	.79
Physical issues[a]	5	.69
Level of distress[b]	21	.87
Performance difficulty[b]	7	.76
Somatic distress[b]	7	.80
General feeling[b]	7	.83
Attitude toward counseling[c]	10	.80
Personal need[c]	6	.71
Confidence in counselor[c]	4	.66
Social support[d]	24	.91
Guidance[d]	4	.81
Reassurance of worth[d]	4	.71
Integration[d]	4	.75
Attachment[d]	4	.74
Nurturance[d]	4	.66
Reliable alliance[d]	4	.70
Self-concealment[e]	10	.88
Apprehension[e]	3	.72
Possession of a secret[e]	4	.76
Keep things to self[e]	3	.68

The factors include *general feelings of distress, somatic distress,* and *performance difficulty*. Alpha coefficients have been reported ranging from .75 to .88 for the three sub-scales and .90 for the total scale (Cepeda-Benito & Short, 1998; Green et al., 1988). As shown in Table 2, the present study found a Cronbach's alpha of .87 for the overall scale. The alphas of the three subscales ranged from .76 to .83.

Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH)

Fischer and Turner (1970) developed the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH). In 1995, Fischer and Farina developed a ten-item version of the original ATSPPH that was correlated with the original twenty-nine-item inventory. This revised version of the ATSPPH consists of ten items arranged on a four point Likert scale (1, 2, 3, or 4). Scores for the ATSPPH range from 10 to 40. A higher score indicates a more positive attitude. To increase validity of the scale, four of the items are reversed. In later research this revised version of the ATSPPH has been used since it is shorter and thus easier to administer.

Examples of items on the ATSPPH include, "If I believed I was having a mental breakdown, my first inclination would be to get professional attention," and "I might want to have psychological counseling in the future." The complete questionnaire is listed in Appendix B. Test-retest reliability has been found to be .86 (over five days) and .84 (over two months). Internal consistency estimates range from .83 to .86. As shown in Table 2, the present study found Cronbach's alpha for the ATSPPH to be .80. The subscale alphas are listed in Table 2.

Initially, the ATSPPH appeared through factor analysis to measure four components of attitude: (1) recognition of need for psychotherapeutic help, (2) stigma tolerance, (3) interpersonal openness, and (4) confidence in mental health practitioners. Dadfer & Friedlander (1982) found that the underlying four factors lacked internal consistency when using different populations. In Dadfer and Friedlander's study, only three factors were identified: (1) confidence/appropriateness, (2) stigma/privacy, and (3) coping alone. Other studies have also found different factorial dimensions (deBarot,

1977; Morgan, 1992; Surgenor, 1985). Because of this issue, Fischer and Turner (1970) suggested using the total score and not analyzing separate factors.

The ATSPPH has been extensively used, along with other inventories, in subsequent research on willingness to attend counseling. Most of the studies using the ATSPPH utilized undergraduate student populations (Cash, et al., 1978; Sanchez & Atkinson, 1983; Zeldow & Greenberg, 1979). A few studies have found the ATSPPH to be valid with populations other than undergraduate students including radio call-in participants and medical students (Kligfeld & Hoffman, 1979; Raviv, et al., 1989).

The Social Provisions Scale (SPS)

Cutrona and Russell (1987) developed the Social Provisions Scale to assess social support. The SPS assesses perceptions of the strength of one's social support. The scale consists of twenty-four items. The participant is asked to rate each item from strongly disagree (1) to strongly agree (4).

The twenty-four items on the SPS are short statements that assess one's social support. The items are combined to create six subscales (Cutrona & Russell, 1991). An example of a question for the *guidance subscale* would be, "There is someone I could talk to about important decisions in my life." An example of a question for the *reassurance of worth subscale* would be, "I have relationships where my competence and skill are recognized." The *social integration subscale* consists of questions such as, "There is no one who shares my interests and concerns." An example of an item from the *attachment subscale* is, "I have close relationships that provide me with a sense of emotional security and well-being." The *nurturance subscale* consists of questions such as, "There are people who depend on me for help." The final subscale of *reliable*

alliance includes questions such as, "There are people I can depend on to help me if I really need it." The SPS is a copyrighted instrument. The letter of permission from the authors for use of the SPS in the present study can be found in Appendix B.

Interitem correlation coefficients for the SPS of alphas range from .85 to .92, and the test-retest reliability estimates have ranged from .84 to .92. As shown in Table 2, the present study found Cronbach's alphas of .91 for the overall scale. Cutrona and Russell (1991) found the SPS to significantly correlate with actual behavior and other self-report measures of social support. A strong second factor has been identified. Thus, Cutrona and Russell (1991) suggest using a summed overall score for the SPS. The present study assessed the six subscales and also utilized the summed overall score. The present study found alphas ranging from .66 to .81 for the six subscales.

The Self-Concealment Scale (SCS)

This scale was developed by Larson and Chastain (1990) to measure the "predisposition to actively conceal from others personal information that one perceives as distressing or negative" (p. 440). Ten items were answered on a Likert scale ranging from (1) strongly agree to (5) strongly disagree. Thus, total scores on the questionnaire range from 10 to 50, with a greater score indicating a higher level of self-concealment.

The SCS includes questions that focus on not sharing information, keeping secrets, and not wanting to disclose information. Items from the SCS consist of questions such as, "Telling a secret often backfires and I wish I hadn't told it" and "There are lots of things about me that I keep to myself" (Larson & Chastain, 1990). Appendix B lists the questions from the SCS.

The SCS alpha reliability coefficients have ranged from .83 (Larson & Chastain, 1990) to .88 (Cepeda-Benito & Short, 1998). Test re-test (re-test at 4 weeks) reliability was found to be .81 (Larson & Chastain, 1990). Studies have used the SCS to assess self-concealment (Cepeda-Benita & Short, 1998; Kelly & Achter, 1995). As shown in Table 2, the present study found Cronbach's alpha for the scale to be .88. The subscales' alphas ranged from .68 to .76.

Procedure

A counseling professor from each university was contacted at the beginning of the fall semester. Each professor was asked to have all students in their counseling program complete the questionnaire. The questionnaires were mailed to the professor at each of the chosen universities. Each professor was asked to sign a letter of agreement. A sample copy of the letter is in Appendix C.

All subjects were asked to voluntarily complete the questionnaire. Appendix D includes the script each professor was given to read to their students. If the subject chose to fill out the questionnaire it was assumed consent was given. Once the questionnaires were completed and sealed in an envelope, they were collected by the professor and mailed to the researcher. No identifying information was included on the questionnaire. After completing the survey, each subject was given a debriefing sheet to help them understand their experience within the context of the current literature. The debriefing sheet is in Appendix E.

Data Analysis

Eleven research questions were analyzed. For each question, the method of analysis is provided. The computer programs EQS and SPSS were used to carry out the analyses. The research questions are grouped by type of analysis computed.

Research Questions 1-5: Are there statistically significant differences between the two types of program (counseling required or counseling not required) on a) willingness to seek counseling, b) distress, c) social support, d) attitude toward counseling, and e) self-concealment? Initially, exploratory data analysis was conducted to a) assess the normality of willingness to seek counseling for counseling required programs and counseling not required programs, b) to ensure that the variances of both groups are approximately equal. Exploratory data analysis indicated that the assumptions were not markedly violated. Then five multivariate analyses of variance (MANOVA's) were computed to determine if there was a statistically significant difference between the two groups on the linear composites of each subscale. Effect sizes were computed for the statistically significant findings.

Research Questions 6-9: Is social support significantly related to self-concealment? Is distress significantly related to self-concealment and social support? Is attitude toward counseling significantly related to self-concealment? Is willingness to seek counseling significantly related to distress and from attitude toward counseling? For each pair of variables, exploratory data analysis was conducted to assess if scores on one variable were normally distributed for each value of the other variable and vice versa, and to assess if the two variables were linearly related. Exploratory data analysis indicated that these assumptions were not markedly violated, Pearson *r* correlations were

then computed to assess if the variables were statistically significantly correlated with one another. Effect sizes were computed and interpreted.

Research Questions 10-11: Does Cramer's (1999) model of willingness to seek counseling fit for both types of programs (those that require counseling and those who do not require counseling)? Does Cramer's (1999) model of willingness to seek counseling fit for (implied by research questions 6-9) the overall population of counselors in training? The structural model, as shown in Figure 2, was analyzed. Exploratory data analysis was conducted to check for distribution properties, because structural equation modeling requires multivariate normal distributions. Confirmatory factor analysis was conducted to assess if the subscales accurately measure each construct.

The model was then tested with structural equation modeling (SEM). First, the data were analyzed to assess if the model fit for each of the two types of programs (counseling required and counseling not required). Then, the fit was compared to see if the fit was similar for the two groups. Finally, the data were analyzed to see if the model fit for the overall sample of counselors in training.

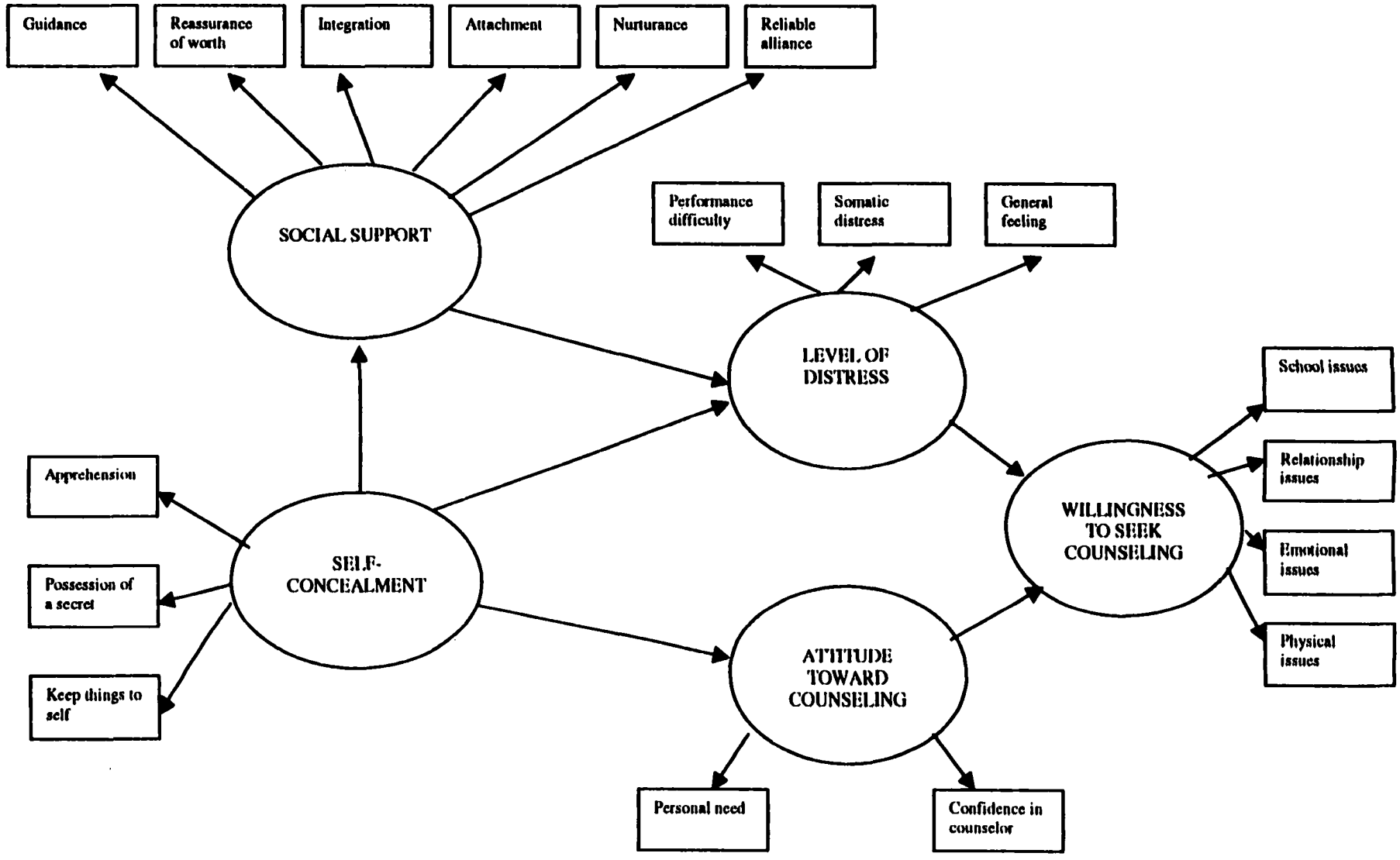

Figure 2. Structural equation model to be analyzed.

CHAPTER IV

RESULTS

There are several sections in this chapter. The first section includes a description of the programs and respondents. The exploratory data analysis that was completed is discussed in the second section. In the third section each set of research questions is addressed: research questions 1-5, research questions 6-9, and research questions 10-11. For each set of research questions there is a description of the type of statistical analysis used and the assumptions for each of the statistics. How the assumptions were met for each type of statistic is discussed. Finally, for each research question in a set, the results are presented.

Characteristics of Programs and Respondents

Five hundred and nineteen surveys were returned from 19 universities. From the 19 universities, 65% of the respondents were from counseling programs that were CACREP accredited. Table 3 shows key information about the programs and the respondents.

As Table 3 indicates, there were 427 female and 86 male respondents. More than 64% of the respondents were from programs that require counseling. Most of the respondents, 84%, were not currently thinking about seeing a counselor. Yet, 25%

reported currently participating in counseling. Only 37% of the respondents were closer to the end of their program.

Table 3

Characteristics of Participants and Counseling Programs

Characteristic	Required counseling (n = 329)		Not required counseling (n = 184)		Total (n = 513)	
	n	%	n	%	n	%
Gender						
Male	62	19%	24	13%	86	17%
Female	267	81%	160	87%	427	83%
Program CACREP approved						
Yes	205	62%	131	71%	336	65%
No	125	38%	53	29%	178	35%
Where student is in program						
Nearer to beginning	198	61%	125	68%	323	63%
Nearer to end	129	39%	59	32%	188	37%
Program attending first choice						
Yes	266	81%	157	86%	423	83%
No	63	19%	26	14%	89	17%
Have ever seen a counselor						
Yes	183	56%	94	51%	277	54%
No	146	44%	90	49%	236	46%

Exploratory Data Analysis

Exploratory data analysis (EDA) was performed for all subscales and for the summated variables. Aspects of the data that were examined through EDA included checking for outliers, missing data, and whether or not the variables were normally

distributed. These were examined through numerical and visual estimates. Outliers were assessed with box plots. Missing data were verified through rechecking the raw data and then utilizing listwise deletion for all analyses. Normal distributions were examined through measures of skewness and through QQ plots.

Subscale Variables

Subscale variables were computed by from the scores of the survey items. Each subscale variable was composed of 3 – 7 items. Several subscale variables were created from each section of the survey. The means and standard deviations of the subscales are listed in Table 4.

There appeared to be no extreme outliers in the 18 subscale variables. Most of the subscale variables were approximately normally distributed. The subscale of somatic distress for the distress factor (summated variable) was the most skewed (skewness = 1.651). The skewness of the other subscales ranged from .001 to 1.192.

For the structural equation model analyses each subscale variable was used as an indicator variable of its respective latent construct.

Summated Factors

For the correlations analyzed, each section of the survey was summated to compute overall measures of the factors. For example, the 21 questions from the distress section of the survey were summated to create an overall factor of distress. The five summated factors included distress, willingness to seek counseling, attitude toward counseling, social support, and self-concealment. The means and standard deviations of the summated factors are listed in Table 4.

For each factor, there were a small percentage of outliers, yet no extreme scores in the distributions of these variables emerged. All of the summated variables were approximately normally distributed. Figure 3 shows boxplots for each summated variable. The boxplots are divided into programs with counseling required and those with counseling not required. All had measures of skewness ranging from .025 to 1.028.

Research Questions 1-5

Research Questions 1-5: Are there statistically significant differences between the two types of program (counseling required or counseling not required) on a) willingness to seek counseling, b) distress, c) attitude toward counseling, d) social support, and e) self-concealment?

Why use MANOVA?

Five one-way multivariate analyses of variance (MANOVAs) were utilized to answer these research questions. MANOVA is an appropriate statistic for these analyses because of the scale of measurement of the variables considered. The MANOVA statistic is used when there are multiple dependent variables, each with many ordered levels, and one (or more) independent variable(s) with two or more levels. There are many different multivariate test statistics that can be reported for MANOVA, Wilk's lambda is the most common when there are more than two levels of the independent variable. Hotelling's Trace is the statistic that will be reported for this study, because there are only two levels of the independent variable, counseling required and counseling not required.

To understand whether there is a difference between the levels of the independent variables, analysis using a linear composite of the subscales of each dependent variable is appropriate. A linear composite is an equation of the dependent variables that maximizes

Table 4

Means and Standard Deviations for Summated Factors and the Subscales

	Counselors in training (n = 519)		Counseling required (n = 297)		Counseling not required (n = 175)	
Source	*M*	*SD*	*M*	*SD*	*M*	*SD*
Willing to seek counseling[a]	40.36	9.61	40.25	9.96	40.31	8.76
School issues[a]	8.14	2.72	8.05	2.75	8.23	2.60
Relationship issues[a]	9.81	2.66	9.80	2.80	9.79	2.43
Emotional issues[a]	11.07	2.89	11.09	2.95	10.97	2.78
Physical issues[a]	11.32	3.28	11.31	3.31	11.33	3.20
Level of distress[b]	33.86	8.14	33.15	7.81	35.14	8.92
Performance difficulty[b]	12.07	3.34	11.83	3.16	12.50	3.71
Somatic distress[b]	10.12	3.34	9.78	3.19	10.76	3.68
General feeling[b]	11.65	3.60	11.54	3.61	11.89	3.73
Attitude toward counseling[c]	32.59	4.73	32.40	5.05	32.82	4.31
Personal need[c]	19.38	3.23	19.29	3.42	19.53	2.95
Confidence in counselor[c]	13.24	2.02	13.11	2.14	13.29	1.90
Social support[d]	84.31	8.43	84.96	7.94	83.31	8.95
Guidance[d]	14.65	1.80	14.79	1.66	14.40	1.98
Reassurance of worth[d]	13.81	1.76	13.80	1.74	13.86	1.76
Integration[d]	14.10	1.80	14.23	1.77	13.87	1.86
Attachment[d]	14.21	1.91	14.36	1.80	13.91	2.07
Nurturance[d]	12.88	2.11	12.90	2.07	12.75	2.11
Reliable alliance[d]	14.73	1.62	14.88	1.49	14.51	1.71
Self-concealment[e]	24.49	8.04	24.30	7.98	24.74	8.11
Apprehension[e]	7.02	2.58	6.97	2.60	7.10	2.54
Possession of a secret[e]	9.93	3.89	9.89	3.82	10.05	4.00
Keep things to self[e]	7.52	2.54	7.44	2.59	7.60	2.53

[a]Answers measured on a scale from 1 – 4, with 1 being "very unlikely" and 4 being "very likely"
[b]Answers measured on a scale from 1 – 4, with 1 being "not at all" and 4 being "extremely"
[c]Answers measured on a scale from 1 – 4, with 1 being "disagree" and 4 being "agree"
[d]Answers measured on a scale from 1 – 4, with 1 being "strongly agree" and 4 being "strongly agree"
[e]Answers measured on a scale from 1 – 5, with 1 being "strongly disagree" and 5 being "strongly agree"

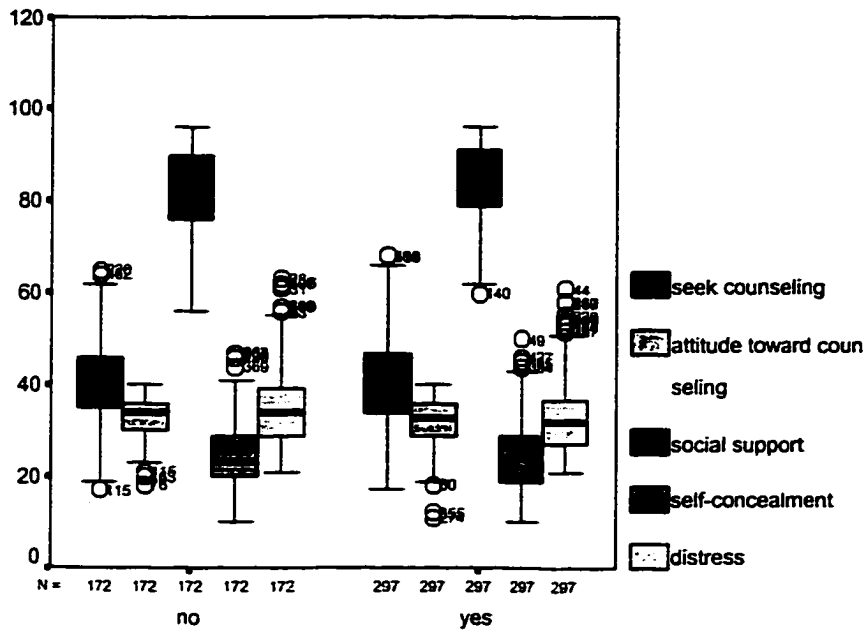

Figure 3. Boxplots of summated factors by whether or not the program requires counseling.

the separation between the levels of the independent variable (Weinfurt, 1995). For example, the variable of willingness to seek counseling has four subscales. These subscales include willingness to seek counseling in relation to school issues, relationship issues, emotional issues, and physical issues. The MANOVA statistic analyzes whether there is a difference between programs that require counseling and programs that do not require counseling for the linear composite of the four subscales.

There are two main results of the MANOVA statistic. The first result (the multivariate *F*) is an overall finding of whether or not there is a difference between the

two levels of the independent variable (counseling required and counseling not required) for a linear composite of the subscales (e.g., school issues, relationship issues, emotional issues, and physical issues). The second result is univariate *F*'s, one for each subscale. The univariate F indicates whether there is a difference between the levels of the independent variable on each subscale alone. If the first overall *F* is not significant, the univariate *F* is not examined.

There is controversy over whether or not it is appropriate to report the univariate *F* even after a significant multivariate *F* has been found (Thompson, 1999). Traditionally, univariate F's have been analyzed to understand where the differences are when there is a significant multivariate *F*. Hummel and Sligo (1971) found in a simulation study that utilizing univariate ANOVAs kept experimentwise error rate lower than other techniques. The argument against reporting the univariate *F* is that the univariate *F* misses the multivariate relationships and has been found in some studies to be incorrect (Thompson, 1999). In the current study, univariate *F*'s for significant multivariate *F*'s were examined.

Assumptions of MANOVA and How the Data Met the Assumptions

The MANOVA statistic is considered to be a fairly robust statistic. This means that some of the assumptions can be violated and the results will still be fairly accurate. There are three basic assumptions of MANOVA; 1) multivariate normality, 2) homogeneity of covariance, and 3) independence of observations (Weinfurt, 1995).

The first assumption of multivariate normality is difficult to test, therefore it was analyzed through multiple assessments. These assessments included analyzing the skewness of each variable and analyzing the bivariate scatterplots for the combination of

all variables (Stevens, 1996). All variables were approximately normally distributed. The bivariate scatterplots were approximately elliptical and it appeared that there was a linear relationship between all pairs of variables.

To test the second assumption of homogeneity of covariance, Box's Test for Equality of Covariance Matrices was analyzed for each MANOVA test. All of the Box's tests were not significant, indicating that the covariance matrices were approximately equal across groups.

Independence of observations was assessed by the data collection method. Each participant's scores were independent and not affected by any other participant's scores.

Research Question 1

The first research question asked whether there was a statistically significant difference between type of program (counseling required or counseling not required) on willingness to seek counseling scores. A one-way multivariate analysis of variance (MANOVA) was conducted to determine if there were differences between the two levels of type of program (required and not required) on the overall composite of the subscales of willingness to seek counseling. The linear composite scores of the subscales were calculated from the four subscales of willingness to seek counseling scores, which included school issues, relationship issues, emotional issues, and physical issues. MANOVA results indicated no significant differences between programs with counseling required and counseling not required on the composites of the subscales, Hotelling's Trace = .003, $F(4, 495) = .320$, $p = .865$, multivariate $\eta^2 = .003$. This finding indicates that students in programs with counseling required and students in programs with

counseling not required do not differ on the linear composites of the subscales of willingness to seek counseling.

Research Question 2

The second research question asked whether there was a statistically significant difference between type of program on distress. A one-way multivariate analysis of variance (MANOVA) was conducted to determine if there were differences between the two levels of type of program on the composite scores of distress. The linear composite scores for the subscales for distress included three subscales, performance difficulty, somatic distress, and general feelings of distress. MANOVA results indicated significant differences between programs with counseling required and programs with counseling not required on the linear composite scores for distress, Hotelling's Trace = .019, $F(3, 501) = 3.211$, $p = .022$, multivariate $\eta^2 = .019$. This finding indicates that students in programs with required counseling and student in programs with counseling not required differ on the composite score for levels of distress.

As a follow-up test to the MANOVA, analysis of variance (ANOVA) was conducted on each dependent variable to assess if there were differences between the two levels of the independent variable for each subscale. Two significant univariate ANOVAs were found. Type of program differences were significant for the subscale of performance difficulty, $F(1, 503) = 4.285$, $p = .039$, $\eta^2 = .008$. Analysis of the means for performance difficulty indicate that students in programs that do not require counseling have significantly higher performance difficulty distress ($M = 12.48$) than students in programs that require counseling ($M = 11.84$). A more conservative approach is to use the Bonferroni correction (p/number of comparisons). This technique takes into

consideration the number of comparisons and lessens the chance of a Type I error. Using the Bonferroni correction, $p = .05/3 = .017$. Utilizing the new p value of .017, this univariate ANOVA is not significant.

Type of program differences were also significant for the subscale of somatic distress, $F(1, 503) = 9.133, p = .003, \eta^2 = .018$. Students in programs that do not require counseling report having higher somatic distress ($M = 10.72$) than students in programs that require counseling ($M = 9.79$). Utilizing the Bonferroni correction, this result remains significant. There is a small effect, according to Cohen (1988), $d = .28$.

Research Question 3

The third research question asked whether there was a statistically significant difference between type of program on attitude toward counseling. A one-way multivariate analysis of variance (MANOVA) was conducted to determine if there were differences between the two levels of type of program on the linear composite scores for the subscales for attitude toward counseling. The linear composite scores included the two subscales for attitude toward counseling, which included recognition of personal need and confidence in the counselor. MANOVA results indicated no significant differences between programs with counseling required and programs with counseling not required on the linear composite scores for the subscales of attitude toward counseling, Hotelling's Trace = .002, $F(2, 495) = .566, p = .568$, multivariate $\eta^2 = .002$. This finding indicates that students in programs with counseling required and students in programs with counseling not required do not differ on the composite scores for attitude toward counseling.

Research Question 4

The fourth research question asked whether there was a statistically significant difference between type of program on social support. A one-way multivariate analysis of variance (MANOVA) was conducted to determine if there were differences between the two levels of type of program on the linear composite scores for the subscales for social support. The linear composite scores were calculated from the six subscales of social support. The subscales included guidance, reassurance of worth, integration, attachment, nurturance, and reliable alliance. MANOVA results indicated significant differences between programs with counseling required and programs with counseling not required, Hotelling's Trace = .028, $F(6, 500) = 2.309$, $p = .033$, multivariate $\eta^2 = .027$. This finding indicates that students in programs with counseling required and students in programs with counseling not required differ on the composite scores for levels of social support.

As a follow-up test to the MANOVA, analysis of variance (ANOVA) was conducted on each dependent variable to assess if there were differences between the two levels of the independent variable for each subscale. Two significant univariate ANOVAs were found for the subscales of guidance and attachment. Type of program differences were significant for the subscale of guidance, $F(1, 505) = 4.506$, $p = .034$, $\eta^2 = .009$. Analysis of the means for guidance indicate students in programs that require counseling have significantly more guidance type social support ($M = 14.78$) than students in programs that do not require counseling ($M = 14.42$). Using the Bonferroni correction, $p = .05/6 = .008$, this result is not significant.

Type of program differences were also significant for the subscale of attachment, $F(1, 505) = 6.068$, $p = .014$, $\eta^2 = .012$. Students in programs that require counseling report having more attachment type social support ($M = 14.36$) than students in programs that do not require counseling ($M = 13.93$). Using the Bonferroni correction, $p = .008$, this finding is not significant.

Research Question 5

The fifth research question asked whether there was a statistically significant difference between type of program (counseling required or counseling not required) on self-concealment. A one-way multivariate analysis of variance (MANOVA) was conducted to determine if there were differences between the two levels of type of program on the linear composite scores of the subscales of self-concealment. The linear composite score of the subscales for self-concealment was calculated from three subscales, which included tendency to keep things to oneself, possession of a secret that has not been shared, and apprehension about disclosure. MANOVA results indicated no significant differences between programs with counseling required and counseling not required on the linear composite scores of self-concealment, Hotelling's Trace = .001, $F(3, 503) = .18$, $p = .91$, multivariate $\eta^2 = .001$. This finding indicates that students in programs with counseling required and counseling not required do not differ on the linear composite scores for self-concealment.

Research Questions 6-9

Research Questions 6-9: Is social support significantly related to self-concealment? Is distress significantly related to self-concealment and social support? Is

attitude toward counseling significantly related to self-concealment? Is willingness to seek counseling significantly related to distress and from attitude toward counseling?

Why Use Correlation?

The Pearson correlation statistic was conducted to analyze these research questions. Correlation is the appropriate statistic to utilize for these research questions due to the type of variables being considered. Correlation is used when there are two variables that have at least interval scale of measurement. The correlation measures the amount of association between the variables.

In order to analyze these research questions, the subscales for each variable were summed together. Therefore, each variable is a summated score as contrasted to a linear composite in the MANOVA analysis just reported.

Assumptions of Correlation and How the Data Met the Assumptions

There are two basic assumptions of the Pearson correlation; 1) the scores on one variable are normally distributed for each value of the other variable, and 2) the variables are linearly related. The first assumption is difficult to test. Therefore, the normality of each variable was assessed through skewness statistics and QQ plots. All five variables had measures of skewness between .025 and 1.028. The QQ plots showed that the variables were approximately normally distributed. The second assumption was tested through bivariate scatterplots of the variables. Analysis of the scatterplots indicated that the variables were approximately linearly related.

Research Question 6

The sixth research question asked whether social support is significantly related to self-concealment. A Pearson *r* correlation was conducted to assess the amount of association

between social support and self-concealment. Figure 4 shows that there is a significant correlation between social support and self concealment, $r(470) = -.383, p < .001$. The direction of the correlation is negative. This indicates that a person with high social support scores tend to have low self-concealment scores, and vice versa. Using Cohen's guidelines, the r indicates a medium effect size. The r squared indicates that 15% of the variance in social support can be predicted from self-concealment.

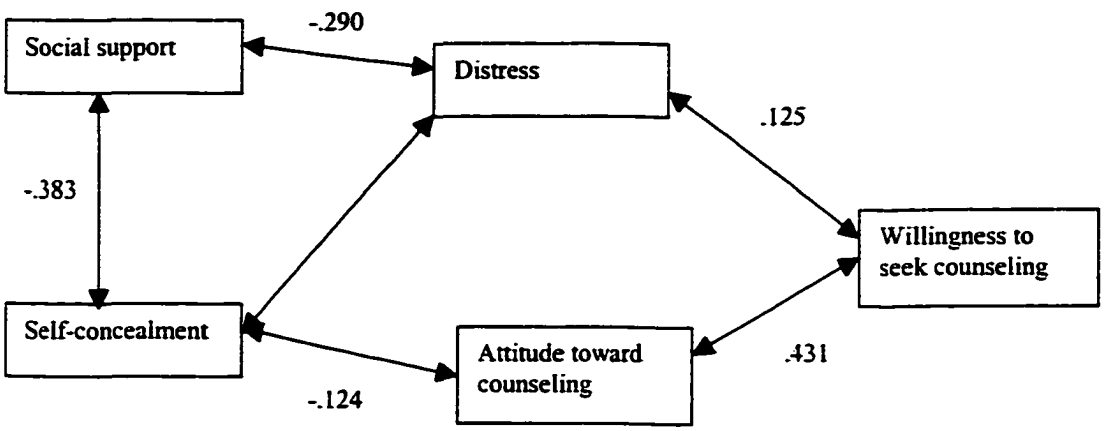

Figure 4. Significant correlations between summated variables at $p < .05$.

Research Question 7

The seventh research question asked whether distress was significantly related to self-concealment and from social support. Two Pearson r correlations were conducted to assess the amount of association between distress and self-concealment and distress and social support. There is a significant correlation between distress and self-concealment,

$r(470) = .46, p < .001$. The direction of the correlation is positive. This indicates that persons with high self-concealment scores generally report having high distress scores, and persons with low self-concealment scores report having low distress scores. Using Cohen's (1988) guidelines, the *r* indicates a large to medium effect size. The *r* squared indicates that 21% of the variance in distress can be predicted from self-concealment.

The second correlation conducted tested whether social support significantly predicted distress. There is a significant correlation between distress and social support, $r(470) = -.29, p < .001$. The direction of the correlation is negative. This indicates that persons with high social support scores have low distress scores, and vice versa. Using Cohen's guidelines, the *r* indicates a medium effect size. The *r* squared indicates that 8% of the variance in distress can be predicted from social support.

Research Question 8

The eighth research question asked whether attitude toward counseling was significantly related to self-concealment. A Pearson *r* correlation was conducted to assess the amount of association between self-concealment and attitude toward counseling. There is a significant correlation between self-concealment and attitude toward counseling, $r(470) = -.124, p = .007$. The direction of the correlation is negative. This indicates that a person with high self-concealment scores reports having low attitude toward counseling scores, and vice versa. Using Cohen's guidelines (1988), the *r* indicates a small effect size. The *r* squared indicates that 2% of the variance in attitude toward counseling can be predicted from self-concealment.

Research Question 9

The ninth research question investigated whether willingness to seek counseling was significantly related to distress and from attitude toward counseling. Two Pearson *r* correlations were conducted to assess the amount of association between willingness to seek counseling and attitude toward counseling and willingness to seek counseling and distress. There is a significant correlation between distress and willingness to seek counseling, $r(470) = .125, p = .007$. The direction of the correlation is positive. This indicates that a person with high distress scores reports high willingness to seek counseling scores, and a person with low distress scores tends to report low willingness to seek counseling scores. Using Cohen's guidelines, the *r* indicates a small effect size. The *r* squared indicates that 2% of the variance in willingness to seek counseling can be predicted from distress.

The second correlation tested whether attitude toward counseling is significantly related to willingness to seek counseling. There is a significant correlation between attitude toward counseling and willingness to seek counseling, $r(470) = .431, p < .001$. The direction of the correlation is positive. This indicates that a person with high attitude toward counseling scores tends to report high willingness to seek counseling scores, and a person with low attitude toward counseling scores tends to report low willingness to seek counseling scores. Using Cohen's guidelines, the *r* indicates a medium to large effect size. The *r* squared indicates that 19% of the variance in willingness to seek counseling can be predicted from attitude toward counseling.

Table 5 shows the complete correlation matrix, which includes all the correlations just discussed plus four others that were not predicted to be significant, and they were not found to be significant.

Table 5

Correlations of Summated Factors (listwise N = 472)

Variable	1	2	3	4	5
1. willingness to seek counseling	-	.431*	-.053	-.009	.125*
2. attitude toward counseling		-	.066	-.124*	.062
3. social support			-	-.383*	-.290*
4. self-concealment				-	.460*
5. distress					-

* $p < .05$, two-tailed.

Research Questions 10-11

Research Questions 10-11: Does Cramer's (1999) model of willingness to seek counseling fit for both types of programs (those that require counseling and those that do not require counseling)? Does Cramer's (1999) model of willingness to seek counseling (implied by research questions 6-9) fit for the overall population of counselors in training?

Why Use Structural Equation Modeling (SEM)?

Previous research on willingness to seek counseling used regression for the analyses (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995). Cramer (1999) conducted analyses using path analysis. Path analysis utilizes regression coefficients to

estimate the relationship between specific factors. When using path analysis, it is assumed the factors are measured without error.

Structural Equation Modeling (SEM) was used to answer these questions. One reason SEM is appropriate is that the variables of interest are latent variables. Latent variables are variables that cannot be directly measured.

SEM is appropriate to use when a model, or specific relationships between variables, has been theoretically identified. It is important when using SEM to have a predetermined theoretical model to test the data against.

Another reason SEM is appropriate is due to the multivariate nature of the models. The proposed models indicate specific relationships between the variables (or factors). SEM can accommodate asking specific questions that include relationships between some factors but not all the factors. Figure 5 shows the relationships between the factors that have been identified through previous research (Cramer, 1999). Through SEM it is possible to analyze whether these relationships will be similar for counselors in training.

A final reason SEM is appropriate to use for these research questions is because SEM attenuates for error. The SEM statistic accounts for error in measurement and then partials out the error so that the results are more accurate.

There are two steps in SEM. The first step is confirmatory factor analysis (CFA). CFA is conducted to analyze whether the observed variables that are hypothesized to be indicators of the latent factors are reliable measures of their respective factors. Observed variables are variables that are directly measured by the researcher. Latent factors are factors that are not directly measured. In the present study, the observed variables are the

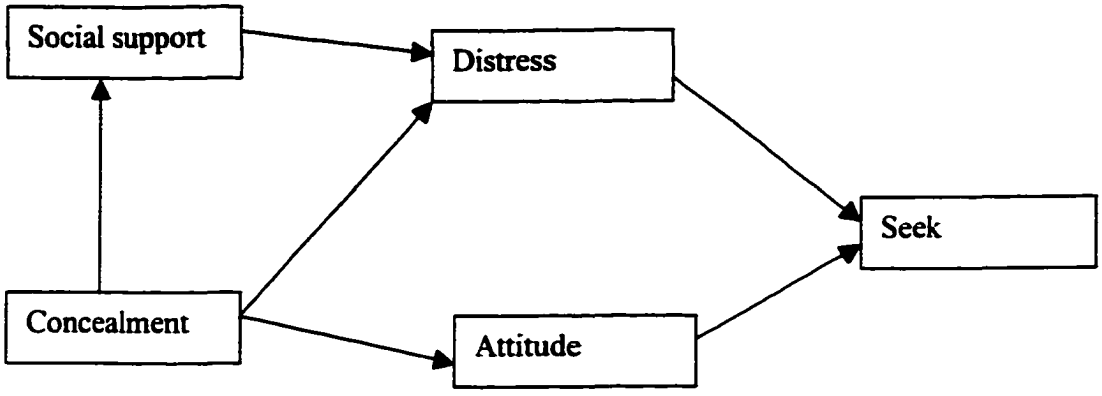

Figure 5. Cramer's path analysis model of willingness to seek counseling.

subscales that were developed by summing specific sets of questions. Figure 6 shows part of the CFA analysis. The variable "Apprehension" was created by combining three items from the survey. The variable "Apprehension," then, becomes one of three indicator (observed) variables that will be used to measure the latent (unobserved) variable, self-concealment.

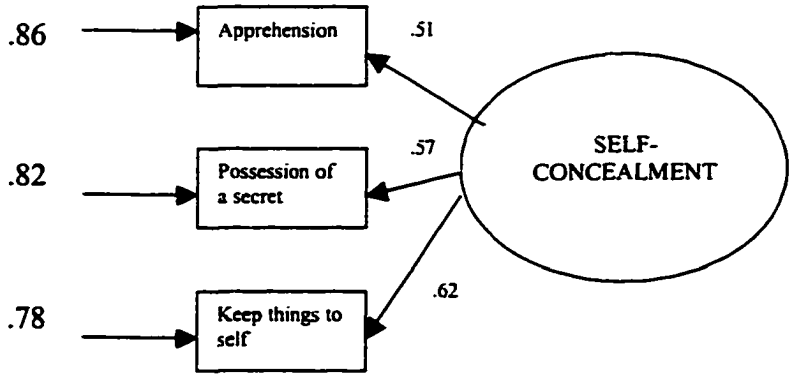

Figure 6. Example of part of the CFA model for counseling required programs.

Circles indicate latent variables in the models. All observed variables are identified in the figures with rectangles (apprehension, possession of a secret, and keep things to self). Observed variables have error, or the amount that the variable measures something other than the factor, in their measurement. The analysis accounts for the error associated with each latent factor. The amount of error for each variable is indicated to the left of the observed variables in the figure. Error values range from zero to one.

The correlation of each observed variable with its respective latent factor is indicated by the factor loading. When using SEM, the factor of "self-concealment" is not directly measured, and therefore is considered to be latent. Latent factors are identified in the figures with circles. Factor loadings are the amount that the observed variable actually is correlated with the latent factor. An example of factor loadings are shown in Figure 6 next to the arrows (.51, .57, and .62). Standardized factor loadings are reported, and range from zero to one. The CFA analysis also indicates whether the factor loadings are significant.

CFA not only estimates the factor loadings and the amount of error for each observed variable, it also determines overall fit which indicates how well the observed variables measure the latent factors. The fit indices of the CFA model and intercorrelations among the factors will be reported for each analysis. In order to understand how well the model fits the data, multiple fit indices are reported for each CFA and SEM model. The indices include chi-square, normed fit index (NFI), comparative fit index (CFI, Bentler, 1990), and the root mean squared residual (RMSR). A non-significant chi-square indicates that the model is a good fit. Since chi-squares can be inflated when the sample is large, the other fit indices are included. Models were

judged to be good fits if they had a CFI or an NFI greater than .90, an RMSR less than .05, and a chi-square/degrees of freedom ratio of less than 2.00 (Newcomb, 1990, 1994).

The second step in SEM is to analyze the proposed structural relationships between the factors. This step compares the data with the theoretical model to see how good a fit the model is to the data. Models cannot be confirmed as "the best" model, but can be found to be a good model for the data.

The relationships between the latent variables are indicated by regression paths in the structural model. These paths are indicated in the model by arrows between the latent factors. Each path has a loading, which is the number next to the arrow (e.g., see Figure 7). The path loading indicates how well the factor predicts the next factor (considering the presence of other paths in the model). Standardized loadings are reported and range from zero to one. The error in the prediction of factors, which is called the disturbance, is the error associated with the prediction. Disturbance values range from zero to one and are represented in the figures in small circles next to the factors. The same fit indices are reported for SEM as are reported for the CFA models.

Assumptions of SEM and How the Data Met the Assumptions

There are three major assumptions of SEM, 1) interval or ratio observed variables, 2) normally distributed variables, 3) correct specification of the model (Klem, 2000). The first assumption is that the observed variables have a scale of measurement of interval or ratio. This assumption was assessed by looking at each of the subscale variables to identify their scale of measurement. Each subscale was found to have an interval scale of measurement.

To test the second assumption that the observed variables are approximately normally distributed each subscale was analyzed separately. Both box plots and the skewness score was examined. All variables were approximately normally distributed.

The final assumption that the model is correctly specified is important because the parameter estimates will not be correct if this assumption is not met. To meet this assumption, care was taken to ensure that the model was correctly specified.

Research Question 10

The tenth research question asked whether or not Cramer's (1999) model of willingness to seek counseling fit for either or both types of programs (those that require counseling and those that do not require counseling).

Three types of analyses were conducted to answer the question of whether or not the model fits for both types of programs (counseling required versus counseling not required). First, confirmatory factor analysis (CFA) was conducted for each group separately to explore how well the indicator variables accurately reflect the factors. Next, the two groups' structural models were analyzed separately. Finally, a multi-group analysis was conducted to assess whether the model fits the same for both types of program.

Results of the Confirmatory Factor Analyses. Separate CFA's were run on each group with all factor variances fixed to unity, and all factors allowed to correlate freely. The summary of the fit indices for both groups is presented in Table 6. The model for counseling required programs was found to be a good fit, $\chi^2 = 302.59$ (125), $p < .001$. The NFI (.88) was close to being meeting the criterion of > .90, and the CFI (.93) met this criterion. The RMSR (.07) approached the criterion of < .05. This indicates the

measurement model was a reasonably good model, with indicator variables measuring their respective factors adequately. Factor loadings and residuals for this model are

Table 6

Summary of Model Evaluation

Type of Program	χ^2	*df*	χ^2/df	NFI	CFI	RMSR
Counseling required (n = 297)						
CFA	302.59	125	2.42	.88	.93	.07
Structural Model	310.22	129	2.40	.88	.93	
Counseling not required (n = 175)						
CFA	252.41	125	2.02	.85	.92	.08
Structural Model	262.30	129	2.03	.84	.91	

Note. NFI = normed fit index; CFI = comparative fit index; CFA = confirmatory factor analysis.

shown in the left side of Table 6. All factor loadings were found to be significant at $p <$ 001. The factor loadings for Nurturance issues (.39) and for Somatic distress (.46) were somewhat low. Factor intercorrelations are shown in Table 7.

As shown in the lower half of Table 5 the model for programs that do not require counseling was found to be a good fit, $\chi^2 = 252.41$ (125), $p < .001$. The NFI (.85) was close to the criterion, the CFI (.92) met the criterion, and the RMSR (.08) approached the

Table 7

Confirmatory Factor Analysis Standardized Factor Loadings

Indicator	Counseling required programs		Counseling not required programs	
	Factor loading	Residual	Factor loading	Residual
Willingness to seek counseling				
School issues	.63	.78	.49	.87
Relationship issues	.90	.44	.80	.60
Emotional issues	.81	.58	.84	.55
Physical issues	.78	.63	.71	.70
Attitude toward counseling				
Recognizing personal need	.82	.58	.77	.64
Confident in counselor	.78	.63	.83	.69
Social support				
Guidance issues	.84	.54	.87	.49
Reassurance of worth issues	.68	.73	.74	.67
Integration issues	.78	.62	.80	.60
Attachment issues	.79	.61	.83	.67
Nurturance issues	.39	.92	.33	.94
Reliable alliance issues	.74	.67	.84	.57
Self-concealment				
Tendency to keep things to self	.86	.51	.89	.45
Possession of secret	.82	.57	.82	.58
Apprehension about disclosure	.78	.63	.81	.59
Level of distress				
Performance difficulty distress	.66	.75	.66	.75
Somatic distress	.46	.89	.52	.85
General feelings of distress	.80	.61	.81	.59

Note. All factor loadings are significant at $p < .001$.

criterion. This indicates the model fit the data relatively well. Factor loadings and residuals for this model are shown in Table 7. All factor loadings were found to be

Table 8

Factor Intercorrelations for the Confirmatory Factor Models for Counseling Required and Counseling Not Required Programs

Factor	1	2	3	4	5
Counseling required					
1. Self concealment	-	-.44	.51	-.17	-.01
2. Social support		-	-.44	.07	-.05
3. Distress			-	.10	.27
4. Attitude toward counseling				-	.60
5. Intention to seek counseling					-
Counseling not required					
1. Self concealment	-	-.51	.68	-.23	-.09
2. Social support		-	-.43	.21	.02
3. Distress			-	.08	.09
4. Attitude toward counseling				-	.52
5. Intention to seek counseling					-

significant at $p < 001$. The factor loadings for School issues (.49) and for Nurturance issues (.33) were somewhat low. Factor intercorrelations are shown in Table 8.

Results of the Structural Equation Modeling Analyses. Separate structural models were run on each group (counseling required and counseling not required). The structural model lines in Table 6 summarize the results of the fit indices for the structural models.

For counseling required programs, the chi-square/degrees of freedom test was 2.42, the NFI was .88, and the CFI was .93. These indicate that the model is a relatively good fit. The final model is presented in Figure 7. All path coefficients were significant at $p < .05$. The paths from self-concealment to social support, self-concealment to level of distress, and attitude toward counseling to willing to seek counseling had the highest path coefficients.

For the counseling not required programs the chi-square/degrees of freedom test was 2.04, the NFI was .84, and the CFI was .91. These indicate the model fit the data relatively well. The final model is presented in Figure 8. Only four of the six path coefficients were significant, $p < .05$. The significant path coefficients included the paths from self-concealment to social support, self-concealment to attitude toward counseling, self-concealment to level of distress, and attitude toward counseling to willing to seek counseling.

Results of the multi-group analysis. Multi-group analysis was conducted for counseling required and counseling not required groups. Analysis was done on the theoretical model presented in Figure 6. A baseline test with no constraints found good fits for the model for both groups (counseling required and counseling not required).

Next, the factor loadings were constrained to be equal across groups. A difference test from the baseline model indicated the factor loadings were invariant across groups, $\chi^2(14) = 11.975, p = .61$. This means that the observed factors measured the latent factors in statistically similar ways for both groups.

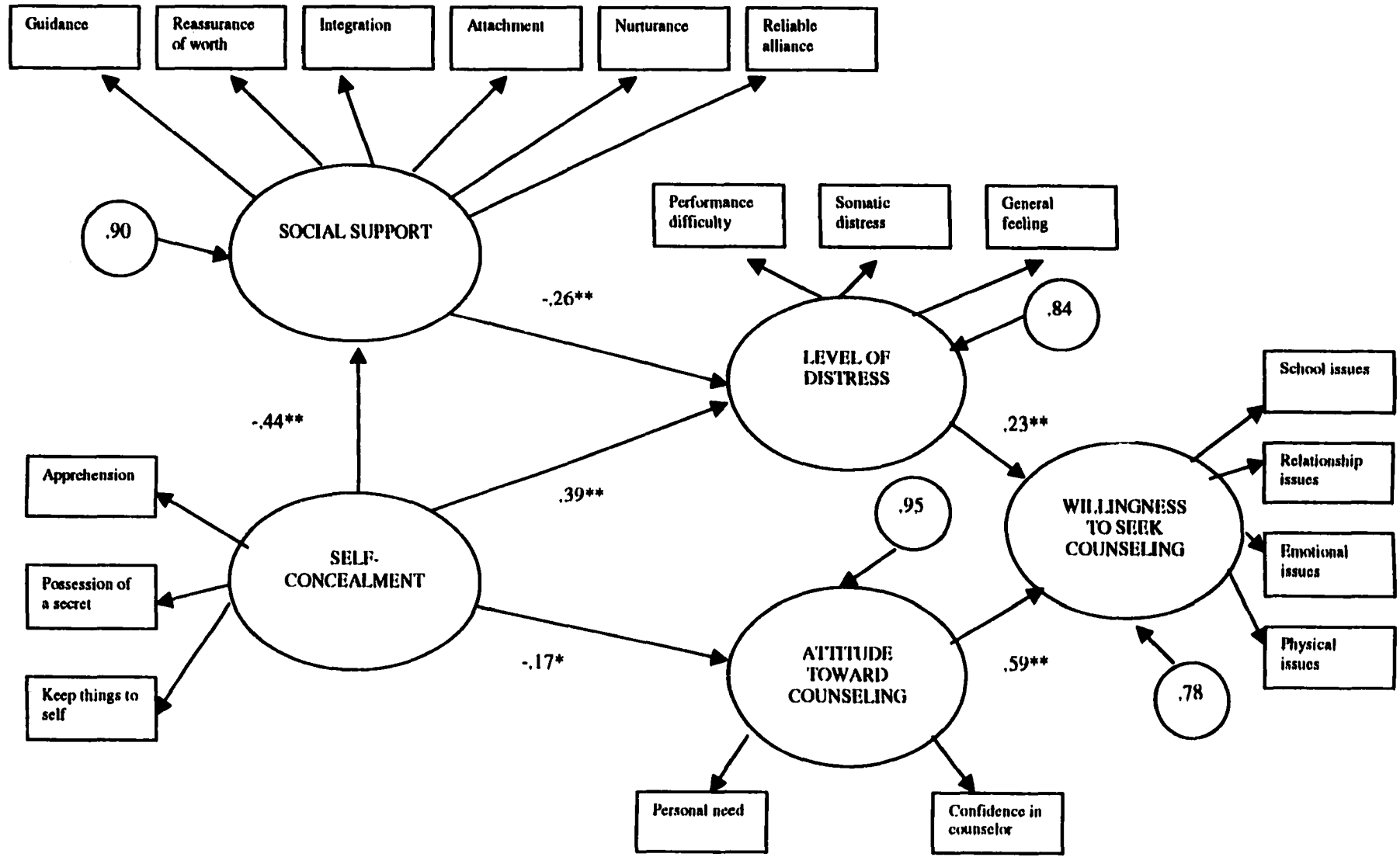

Figure 7. Structural equation model of willingness to seek counseling for counseling required programs (n = 297). ** $p < .001$, * $p < .05$

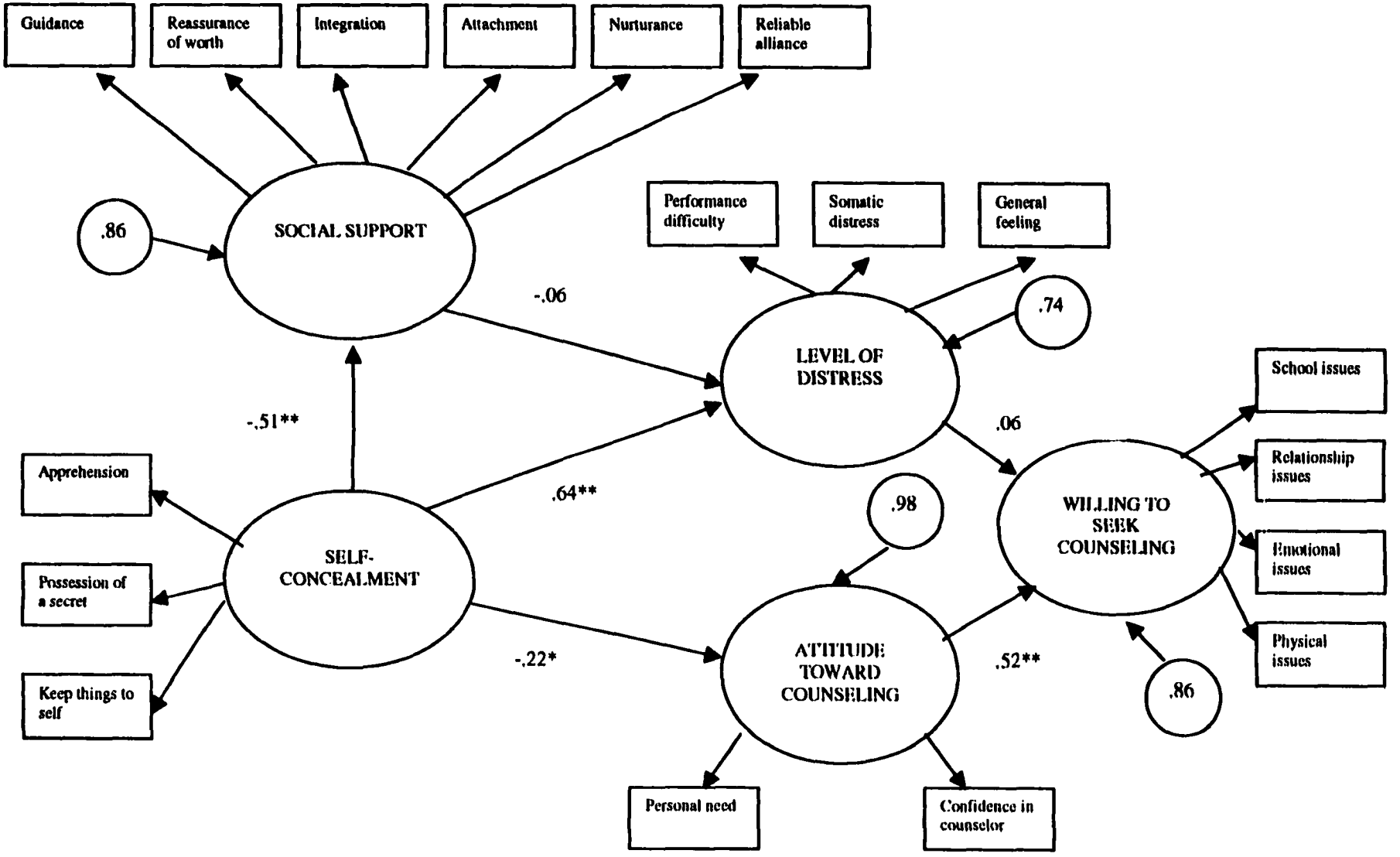

Figure 8. Structural equation model of willingness to seek counseling for counseling not required programs (n = 175). ** $p < .001$, * $p < .05$

The next test fixed all standard paths to equality. This means that the paths between the latent variables were tested to see if they were statistically equal for each group (counseling required and counseling not required). A difference test from the factor loadings being constrained to be equal indicated the structural paths were equal across groups, $\chi^2(6) = 10.888, p = .09$. The chi-square test was marginally non-significant. Therefore, the Lagrangian Multiplier tests (LMtest) were analyzed to see which paths approached significance. The LMtest indicated two paths approached significance. These paths were from social support to level of distress ($p = .068$) and level of distress to willingness to seek counseling ($p = .068$). With an increase in sample size and thus an increase in power, these paths might have been statistically significant. With an increase in power the difference between the counseling required model and the counseling not required model might be found to be statistically significant.

Research Question 11

The eleventh research question asked whether or not Cramer's (1999) model of willingness to seek counseling fit for the overall population of counselors in training.

Three types of analyses were conducted to answer the question of whether or not the model fits for the overall population of counselors in training. First, confirmatory factor analysis (CFA) was conducted to explore how well the indicator variables accurately reflect the factors. Then the structural model was analyzed.

Results of the Confirmatory Factor Analyses. CFA was conducted with all factor variances fixed to unity and all factors allowed to correlate freely. The model for the overall population of counselors in training was found to be a good fit, $\chi^2 = 432.36$

Table 9

Confirmatory Factor Analysis Standardized Factor Loadings for Counselors in Training

Indicator	Factor loading	Residual
Willingness to seek counseling		
School issues	.59	.81
Relationship issues	.87	.50
Emotional issues	.82	.58
Physical issues	.76	.66
Attitude toward counseling		
Recognizing personal need	.81	.59
Confident in counselor	.75	.66
Social support		
Guidance issues	.86	.51
Reassurance of worth issues	.70	.72
Integration issues	.79	.62
Attachment issues	.81	.59
Nurturance issues	.36	.93
Reliable alliance issues	.79	.62
Self-concealment		
Tendency to keep things to self	.87	.49
Possession of secret	.82	.58
Apprehension about disclosure	.79	.62
Level of distress		
Performance difficulty distress	.67	.74
Somatic distress	.49	.87
General feelings of distress	.80	.61

Note. All factor loadings are significant at $p < .001$.

(125), $p < .001$. The NFI (.89) was close to meeting the criterion of > .90, the CFI (.92) met the criterion, and the RMSR (.07) approached the criterion of < .05. This indicates the model fit the data relatively well. Factor loadings and residuals for this

model are shown in Table 8. All factor loadings were found to be significant at $p < 001$. The factor loadings for Nurturance issues (.36) and for Somatic distress (.49) were somewhat low.

Table 10

Factor Intercorrelations for the Confirmatory Factor Models for Counselors in Training

Factor	1	2	3	4	5
Required counseling					
1. Self concealment	-	-.47	-.43	.11	-.02
2. Social support		-	.58	-.19	-.04
3. Distress			-	.10	.20
4. Attitude toward counseling				-	.57
5. Intention to seek counseling					-

Factor intercorrelations are shown in Table 8. These show that two pairs of factors are highly correlated. These include social support and distress (.58) and attitude toward counseling and intention to seek counseling (.57).

Results of the Structural Equation Modeling Analyses. The structural model was run for counselors in training to assess how well the data fit Cramer's (1999) model. For counselors in training, the chi-square/degrees of freedom test was 3.4, the NFI (.89) approached the criterion, and the CFI (.92) met the criterion. These indicate that the

model is a relatively good fit. The final model is presented in Figure 9. All structural paths were significant at $p < .05$.

Summary of Results

There are many findings from these analyses. One finding is students from programs with counseling required are similar to students in programs with counseling not required in a linear composite of self-concealment, willingness to seek counseling, and attitude toward counseling. This indicates that students have similar levels of these factors, whether or not they attend a program that requires counseling. The groups differ on the linear composites of the subscales of level social support and level of distress, mainly on the average subscale scores of somatic distress. This shows that students in programs that require counseling report having lower levels of somatic distress than students in programs that do not require counseling.

The second major finding indicates that the variables of self-concealment, social support, level of distress, attitude toward counseling, and willingness to seek counseling for counselors in training are associated in the same direction as Cramer's model of willingness to seek counseling (1999). This finding indicates that the five factors are related to each other in the same way that Cramer identified.

The third finding shows that Cramer's model of willingness to seek counseling fits the same for students in programs with counseling required and for students in programs with counseling not required, even though the path coefficients for counseling not required were not all statistically significant. The final finding indicates that Cramer's model of willingness to seek counseling fits well for the sample of counselors in training.

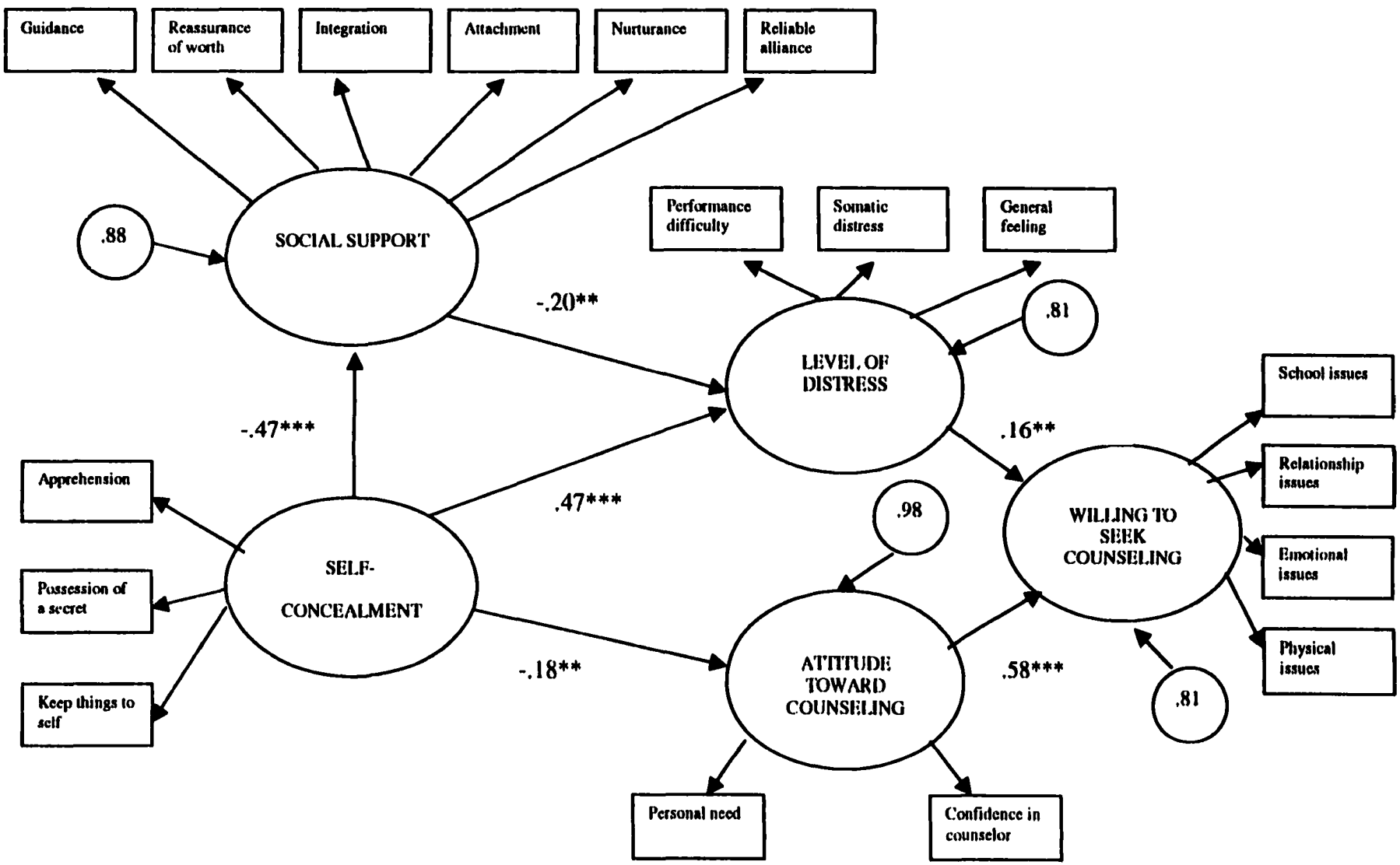

Figure 9. Structural equation model of willingness to seek counseling for counselors in training (n = 472). *** $p < .001$, ** $p < .01$, * $p < .05$.

The results of the present study show the relationship between the factors associated with willingness to seek counseling for counselors in training. These results fit well into the current literature, which will be discussed in the next chapter.

CHAPTER V

DISCUSSION

The previous chapters presented the problem, a review of the literature, description of the study, and the results of the statistical analyses. The present chapter discusses the results of the current study in relation to the existing literature. The discussion chapter is divided into five sections; a discussion of the findings, limitations of the study, implications for counselor training programs, recommendations for future research, and conclusions.

Discussion of Findings

The results from this study provide assistance for deepening the understanding of counselors' in training willingness to seek counseling. In order to understand the results of the present study in relation to the literature, the discussion of the findings section is divided into eleven sections, based on the research questions from the present study.

Research Question 1

The first research question asked whether there was a statistically significant difference between type of program (counseling required or counseling not required) on willingness to seek counseling scores. In the present study, students in counseling required programs and students in counseling not required programs did not differ

significantly on the subscales of willingness to seek counseling. This finding indicates that having the program requirement of personal counseling does not seem to affect the students' willingness to seek counseling.

Research is scarce on willingness to seek counseling for counselors in training, however, past research has found that counselors in the field tend to be hesitant to seek personal counseling (Goldberg, 1986; Guy & Liaboe, 1986; Marmor, 1953; Prochaska & Norcross, 1983). From these findings it can be extrapolated that counselors in training would more than likely be hesitant to seek personal counseling and that requiring counseling might not help.

Two recent studies by Cepeda-Benito and Short (1998) and Kelly and Achter (1995) investigated willingness to seek counseling in undergraduate psychology students. Table 11 shows the means and standard deviations for the five factors from the present study, and from these two recent studies. The subscale means were not available from the past studies, so the differences between the subscales could not be shown. Table 12 shows the effect sizes for comparisons of Cepeda-Benio and Short (1998) and Kelly and Achter (1995) with the current study. The size of the difference in willingness to seek counseling between the studies can be found by computing effect sizes. By comparing the means of willingness to seek counseling between the present study and Cepeda-Benito and Short (1998), an effect size of $d = .39$ can be computed. According to Cohen (1988) this is between a small and a medium effect. By comparing the means of the present study with Kelly and Achter (1995), an effect size of $d = .45$ is

Table 11

Means and Standard Deviations of Summated Scores Across Studies

	Counselors in training (n = 519)		Kelly and Achter (1995) (n = 256)		Cepeda-Benito and Short (1998) (n = 732)	
Source	*M*	*SD*	*M*	*SD*	*M*	*SD*
Self-concealment	24.49	8.04	26.28	8.97	27.43	8.14
Social support	84.31	8.43	83.79	9.39		
Level of distress	33.86	8.14			34.26	8.25
Attitude toward counseling	32.59	4.73				
Willing to seek counseling	40.36	9.61	46.04	17.11	45.86	16.45

Note. Blanks indicate that different versions or different instruments were used to measure these factors.

found. This would be considered almost a medium effect. Because these samples are large, these effect sizes indicate that there is a difference between the means. This shows that counselors in training report being less willing to seek counseling than undergraduate psychology students and that these differences probably have practical siginificance.

The item means for the three studies can be found in Table 13. In the current study, the item mean for willingness to seek counseling is 2.37 on a 4-point scale, with two equal to unlikely and three equal to likely. This indicates that on average counselors in training marked between unlikely and likely on willingness to seek counseling. Thus, counselors in training tend to report not being very likely to be willing to seek counseling. This contrasts to the item means for Kelly and Achter (1995) and Cepeda-Benita and Short (1999), which are 2.63 and 2.74. These item means indicate that

Table 12

Effect Size Measures Comparing the Current Study with Past Research

Source	Kelly and Achter (1995) (n = 256)	Cepeda-Benito and Short (1998) (n= 732)
Willingness to seek counseling	.45[b]	.39[b]
Level of distress		.05
Social support	.06	
Self-concealment	.21[a]	.36[b]

[a] Small effect size according to Cohen (1988)
[b] Small to medium effect size according to Cohen (1988)

undergraduate psychology students tended to mark closer to likely than unlikely, which indicates they are more likely to seek counseling than to not seek counseling.

This finding was unexpected. It is thought that counselors in training would be willing to seek counseling. At least in this sample, counselors in training are not as willing to seek counseling as the other samples of psychology undergraduate students. It is possible that the participants in the current study misread the questionnaire and did not mark the correct answers. The questionnaire asked the participants to mark how likely they would be to seek counseling *if they were experiencing a specific issue*. It is possible that the participants answered the questions based on whether they were currently experiencing the issue.

The American Counseling Association (ACA, 1995) and the Council for Accreditation of Counseling and Related Programs (CACREP, 1994) discuss the

importance of counselors in training being willing to work through their personal issues. Based on these recommendations from ACA and CACREP, many counselor training programs require personal counseling for their students in hope that this requirement will encourage students to be willing to seek counseling and to work through any personal issues they might have. Because there is so little research on willingness to seek counseling for counselors in training, it is difficult to ascertain whether requiring counseling during a student's program increases the likelihood of the student being willing to work through their issues. The results of the present study indicate that the program requirement of attending personal counseling does not increase a student's willingness to seek counseling.

Table 13

Mean Item Scores of Scales

Source	Counselors in training (n = 519)	Kelly and Achter (1995) (n = 256)	Cepeda-Benito and Short (1998) (n= 732)
Willingness to seek counseling (1 – 4)	2.37	2.71	2.70
Level of distress (1 – 4)	1.61		1.67
Attitude toward counseling (1 – 4)	3.26	2.88	2.70
Social support (1 – 4)	3.51	3.49	
Self-concealment (1 – 5)	2.45	2.63	2.74

Research Question 2

The second research question asked whether there was a statistically significant difference in the amount of distress experienced by students in the two types of program. The present study found that students in counseling required programs differ from students in counseling not required programs on the linear composite of distress and the distress subscale of somatic distress. Somatic distress includes physical pain and soreness. Students in programs that do not require counseling tend to have higher overall distress and higher somatic distress than students in programs that do require counseling.

It is important for counselors to be psychologically healthy. Past research has found that counselors who are experiencing mental or emotional distress tend to be less effective in the counseling relationship (Bergin, 1966; Bergin & Jasper, 1969; Garfield & Bergin, 1971; Knutsen, 1977; Parloff, et al., 1978). Counselors often experience anxiety, especially counselors in training and counselors who are new to the profession (Friedlander et al., 1986; Kelly, et al., 1989; Ronnestad & Skovholt, 1993; Sipps, et al., 1988). By comparing the current study's findings with past research, it is shown that counselors in training and undergraduate psychology students report similar levels of distress. As shown in Tables 12 and 13, there is a very small difference ($d = .05$) between counselors in training and undergraduate psychology students in their level of distress (Cepeda-Benito & Short, 1995).

Many counseling programs require the students to attend personal counseling, perhaps in order to help alleviate some of the distress that is usually experienced by counselors in training. The present study indicates that students in programs that require

counseling tend to report experiencing a smaller amount of distress than students in programs that do not require counseling.

Research Question 3

The third research question asked whether there was a statistically significant difference between types of program on attitude toward counseling. Results from the current study show there is no difference in attitude towards counseling for students in programs with counseling required and students in programs with counseling not required. Overall, the students in both types of programs reported having a relatively high, or positive, attitude toward counseling. This result is not surprising given that the subjects from both types of programs want to be counselors, and thus, are likely to report positive attitudes towards counseling.

It would be hoped that counselors in training would have more positive, or at least have similar levels of attitudes towards counseling as other people. The overall mean of attitude toward counseling for counselors in training ($M = 3.26$) is higher than the means from Kelly and Achter (1995) ($M = 2.88$) and Cepeda-Benito and Short (1998) ($M = 2.70$) who sampled undergraduate psychology students. Effect size cannot be computed from these studies, since the versions of the instrument used were slightly different. These findings do seem to indicate that the attitude of counselors in training toward counseling appears to be more positive than undergraduate psychology students' attitude toward counseling.

Researchers have identified three factors associated with people's negative attitudes toward counseling. These include not wanting to associate with mentally ill people, prejudice toward the mentally ill, and the stigma associated with the mentally ill

(Andreasen, 1984; Cumming & Cumming, 1957; Grencavage & Norcross, 1990; Gurin, et al., 1960; Guze, 1992; Kadushin, 1969; Langner & Michael, 1963; Leong and Zachar, 1999; Philips, 1963; Stiles, et al., 1986). The current study did not investigate these sub-categories of attitude toward counseling. Although, the concepts of these subcategories can be applied to counselors in training and their attitude toward counseling, it would be hoped that counselors in training would not be struggling with these issues. Hopefully counselors in training would feel somewhat positively towards the mentally ill and not feel that mental illness was stigmatizing. From the present study, it is not known what is affecting the attitude of counselors in training towards counseling.

Research Question 4

The fourth research question asked whether there was a statistically significant difference between type of program on social support. The current study found there is a difference in the level of social support for students in programs with counseling required and students in programs with counseling not required. This finding indicates that the requirement of personal counseling does seem to affect a student's level of social support, especially on the subscales of attachment and nurturance. Students from counseling required programs report having a higher level of social support than students from counseling not required programs.

Prior research has found that counselors tend to have a difficult time looking at their own personal problems and issues (Deutsch, 1984; Maslach, 1982; Morrissette, 1996; Sarason, 1977; Warnath, 1979). These studies did not investigate whether counselors are willing to discuss personal problems with close friends or whether the counselors felt they had support through social networks. Counselors in training and

undergraduate psychology students tend to report similar levels of social support (Kelly & Achter, 1995). An effect size of $d = .06$ was found between the current study and Kelly and Achter (1995). According to Cohen (1988) this is a very small effect size.

The present study identified that students in counseling required programs or counseling not required programs experience different levels of social support. Students who have the requirement of counseling tend to report having higher levels of social support than students who do not have the requirement of counseling.

Research Question 5

The fifth research question asked whether there was a statistically significant difference between the types of program (counseling required or counseling not required) on self-concealment. The present study found students in programs with counseling required and students in programs with counseling not required do not differ significantly on their level of self-concealment. This finding indicates the requirement of counseling does not affect students' level of self-concealment.

Past research has shown that counselors tend to not admit they are having problems or difficulties (Deutsch, 1984; Goldberg, 1986; Guy & Liaboe, 1986; Marmor, 1953; Maslach, 1982; Morrissette, 1996; Sarason, 1977; Warnath, 1979). Counselors in training report lower levels of self-concealment compared to undergraduate psychology students (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995). The means and standard deviations from the present study and these two past studies can be found in Table 11. As shown in Table 13, effect size measures were computed to better understand the relationship between the present study and these two other studies. An effect size of $d = .21$ was found between the present study and Kelly and Achter's sample. According to

Cohen (1988) this is a small effect size. Comparing the present study to Cepeda-Benito and Short (1998), an effect size of $d = .36$ was computed. This is considered a small effect. These effect sizes indicate that counselors in training report lower levels of self-concealment than undergraduate psychology students and the differences are probably practically important.

There are several possible explanations for this finding. One explanation is that counselors in training tend not to self-conceal personal information regardless of outside pressure to discuss personal issues. Therefore, the requirement of personal counseling might not decrease self-concealment. Counselors in training might be people who tend to report lower levels of self-concealment regardless of whether they are in a counseling required or counseling not required program.

Research Question 6

The sixth research question asked whether social support is significantly related to self-concealment. The current study found social support is significantly related to self-concealment. This finding indicates counselors in training who have low self-concealment tend to have high levels of social support, and vice versa.

There is little research on the relationship between social support and self-concealment. Cepeda-Benito and Short (1998) found subjects with high self-concealment and low levels of social support were more likely to be willing to seek counseling. The current study supports this finding with the inclusion of level of distress mediating the relationship between social support and willingness to seek counseling.

Research Question 7

The seventh research question asked whether distress was significantly related to self-concealment and from social support. The current study found that distress is significantly related to self-concealment and to social support. This finding indicates that if a counselor in training reports having a high level of self-concealment, they will report a high level of distress, and vice versa. Past studies have found self-concealment to be positively correlated with distress (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995). The current study supports this finding.

The finding from the second part of the research question indicates that if a counselor in training reports having a high level of social support, they tend to report having a low level of distress, and vice versa. The relationship between social support and distress has not been examined in very many articles. Prior studies have identified social support as not being a significant predictor of willingness to seek counseling, a finding confirmed in the present study (Barker, et al., 1990; Cunningham, et al., 1994; Deane & Chamberlain, 1994; Deane & Todd, 1996; Kelly & Achter, 1995; Rickwood & Braithwaite, 1994; Tijuis, et al., 1990; Ying, 1990).

Many of these articles indicate that there might be something mediating the relationship between social support and willingness to seek counseling. Cramer (1999) was the first to identify distress as being the mediating factor. This finding indicates that willingness to seek counseling cannot be predicted from knowing a student's level of social support. Instead, a student's level of willingness to seek counseling can be predicted from level of distress, which in turn can be predicted from social support. This

finding helps to explain the relationships between social support, distress, and willingness to seek counseling.

Research Question 8

The eighth research question asked whether attitude toward counseling was significantly related to self-concealment. The current study found self-concealment is significantly related to attitude toward counseling. This finding indicates that counselors in training with high levels of self-concealment tend to have low attitudes towards counseling, and vice versa.

There is little research on the relationship between self-concealment and attitude toward counseling for counselors in training. Past research has shown counselors tend to be unwilling to discuss personal problems or to admit to other life stressors (Deutsch, 1984; Maslach, 1982; Morrissette, 1996; Sarason, 1977; Warnath, 1979). These studies did not look specifically at the construct of self-concealment, but did identify two aspects of self-concealment. The present study identifies the relationship between self-concealment and attitude toward counseling for counselors in training.

Research Question 9

The ninth research question investigated whether willingness to seek counseling was significantly related to distress and if willingness to seek counseling was significantly related to attitude toward counseling. The present study found willingness to seek counseling was significantly related to distress and to attitude toward counseling. This finding indicates that if a counselor in training has a high level of distress they will have a high level of willingness to seek counseling, and if a student has a positive attitude

toward counseling they tend to have a high willingness to seek counseling, and vice versa.

Past research on the relationship between distress and willingness to seek counseling has been contradictory. Multiple studies have found level of distress does not significantly predict willingness to seek counseling (Barker, et al., 1990; Cunningham, et al., 1994; Deane & Chamberlain, 1994; Deane & Todd, 1996; Kelly & Achter, 1995; Rickwood & Braithwaite, 1994, Ying, 1990). Other research has shown level of distress does significantly predict willingness to seek counseling (Hinson & Swanson, 1993; O'Neil, et al., 1984; Rickwood & Braithwaite, 1994; Robbins & Greenley, 1983). The present study's findings support studies that indicate level of distress significantly predicts willingness to seek counseling.

The present study's finding that attitude toward counseling significantly predicts willingness to seek counseling replicates findings from Cepeda-Benito and Short's study (1998). Their findings indicated that attitude toward counseling significantly predicted willingness to seek counseling. The present study's results supports this finding.

Research Question 10

The tenth research question asked whether or not Cramer's (1999) model of willingness to seek counseling fit for either or both types of programs (those that require counseling and those who do not require counseling). The present study found Cramer's (1999) model of willingness to seek counseling fits for programs with counseling required and for programs with counseling not required. There were no significant differences between the two groups' path loadings in the models. This signifies that there is no difference between the groups in how the model fits. These findings indicate that

students from programs with counseling required and students from programs with counseling not required are similar in how they approach willingness to seek counseling. For example, if a student has high self-concealment, they will tend to report high distress, and high willingness to seek counseling, regardless of whether they are from a counseling required program or from a counseling not required program.

Research Question 11

The eleventh research question asked whether or not Cramer's (1999) model of willingness to seek counseling fit for the overall population of counselors in training. The present study found Cramer's (1999) model of willingness to seek counseling does fit for the overall population of counselors in training. This finding indicates that willingness to seek counseling for counselors in training can be explained by Cramer's model.

Prior literature has found Cramer's model of willingness to seek counseling fits for the populations of undergraduate psychology students (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995) and Asian students (Liao & Rounds, 2001). The present study adds to this literature by showing that the model of willingness to seek counseling fits for another population, counselors in training. Figure 10 shows the path coefficients from the present study, Cepeda-Benito and Short (1998) and Kelly and Achter (1995). Overall, the path coefficients are somewhat similar, except for the path from attitude toward counseling to willingness to seek counseling. This path appears to be stronger for counselors in training.

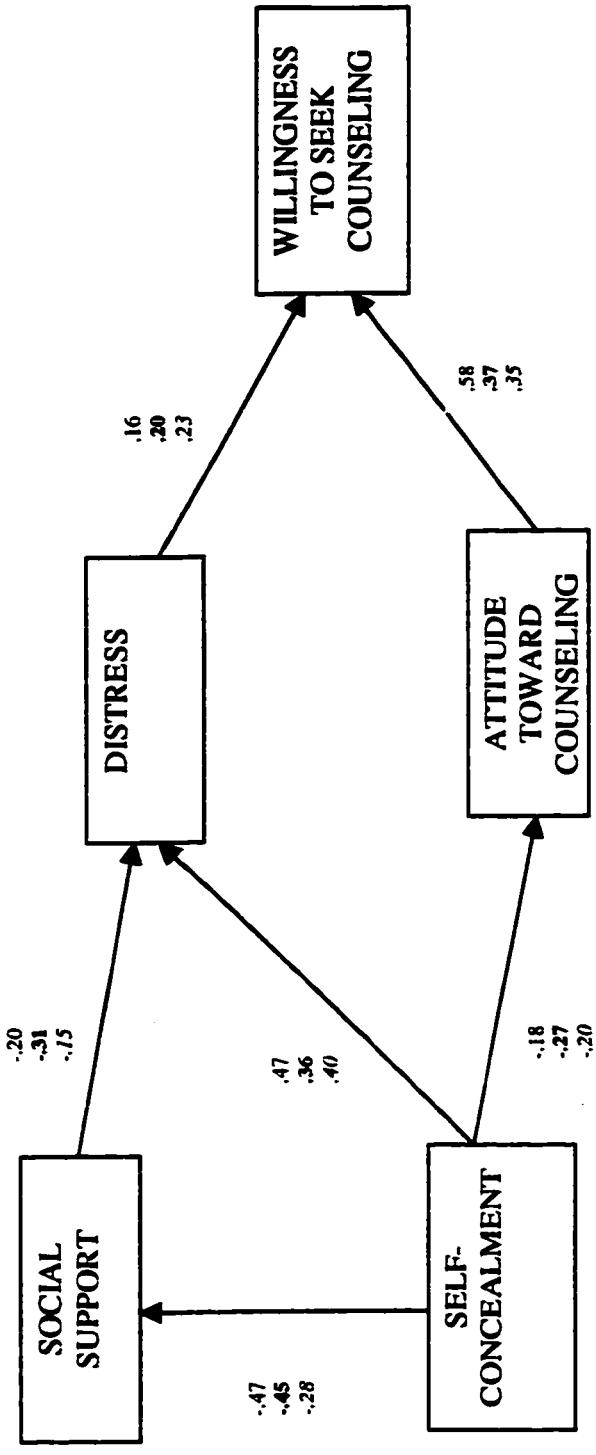

Figure 10. Path coefficients identified in regular type from the present sample, in bold from Kelly and Achter (1995) sample, and in italics from Cepeda-Benito and Short (1998) sample.

Limitations of the Study

There is no prior research on counselors' in training willingness to seek counseling. This study can provide a beginning understanding of the factors to be considered in regard to counselors' in training willingness to seek counseling. In doing so, it is important to take into account the limitations of the present study. There are three major methodological limitations to this study; the sampling method, use of self-report, and the number of participants.

The sampling method is one limitation of the study. The universities and the participants were selected based on a convenience sample. Thus, the subjects were not randomly selected. This decreases the ability to generalize the findings. However, a broad spectrum of universities were selected for the present study. The universities were from across the country with some very small programs and some very large programs represented. Therefore, the sample might be similar to the population of counselors in training.

The second limitation is the use of self-report. Since the data were collected through self-report the scores might be influenced by the participants having knowledge of being in the study. The participant might want to answer the "right" way. Another problem with self-report is the participant may not want to disclose the truth about themselves or may not know the truth or understand it themselves.

The final limitation is the number of participants. The initial power analysis identified a need of 600 subjects for adequate power. If the number of participants had been higher than 519, especially if there had been more from the counseling not required

group, there might have been sufficient power to find significant differences between the groups in the multi-group analysis.

Implications for Counselor Training Programs

Implications for counselor training programs can be identified from the results of the current study. These include implications such as examining the purpose of requiring personal counseling for counselors in training, creating a model for understanding willingness to seek counseling for counselors in training, and using the instrument as a potential tool for selecting potential students for counselor training programs.

The first implication for counselor training programs is examining the requirement of personal counseling. As has been stated earlier, many counselor educator programs require students to attend personal counseling. The current study indicates that requiring students to attend personal counseling does not seem to increase their willingness to seek counseling. If unwilling clients tend to not benefit as much as willing clients, it seems that many students in the counseling required programs might be attending counseling without much benefit. However, it must be noted that the students in counseling required programs report having less distress and more social support. Further studies need to be done to determine the relationship between willingness to seek counseling, amount of benefit received from counseling, and counseling ability and efficacy.

The second implication for counselor training programs from the current study is that there is now a model for understanding counselors' in training willingness to seek counseling. The finding that Cramer's (1999) model fits for the population of counselors

in training creates a method for beginning to understand what factors needed to better understand counselors' in training willingness to seek counseling.

Many counselor educator programs hope to have students who are willing to seek counseling. Cramer's model identifies the four factors that counselor educators should keep in mind when trying to understand a student's willingness to seek counseling. For example, if a student has low social support and a high level of distress, the counselor educator could estimate that the student will be willing to seek counseling. Whereas, if a student has a high level of self-concealment, and a low or negative attitude toward counseling, then the student will probably not be as willing to seek counseling. Utilizing this model will be helpful for many counselor educators when they are trying to understand a person's level of willingness to seek counseling.

The final implication for counselor training programs is the potential of using the questionnaire as a tool for assessing applicants. Whether or not a program requires counseling, it would be helpful if there were a method to assess students' willingness to work on their issues. Assessing a student's level of distress, amount of social support, tendency to self-conceal information, and attitude toward counseling, would help the faculty to better understand the students and what areas they might need to work on.

Recommendations for Future Research

Based on the present study, there are four main recommendations for future research. The first recommendation is to replicate, with a larger sample size, the present study. More participants would increase the amount of power. With more power, many of the findings that were close to being statistically significant might be significant. With more power, the differences in fit to Cramer's (1999) model, between programs that

require counseling and the programs that do not require counseling, might be found to be statistically significant.

The second recommendation for future research is to investigate other factors involved with students' choices of programs. Having more information regarding the participants would help in exploring alternative models that might fit for counselors in training. For example, collecting data on the participants' age would enable a researcher to examine whether age is contributing to the overall willingness to seek counseling.

The third recommendation for future research is to examine the relationship between willingness to seek counseling for counselors in training and the perceived satisfaction and benefit received in counseling. Just because a person is willing to seek counseling does not indicate that counseling will be helpful. It would be interesting to assess if being willing to seek counseling increases a counselor in training's perception of helpfulness of counseling.

The final recommendation for future research is to investigate the relationship between counselors' in training willingness to seek counseling and their counseling efficacy. It would be interesting to examine if high willingness to seek counseling is related to being a better counselor.

Conclusion

The purpose of this study was to determine if Cramer's (1999) model of willingness to seek counseling fit similarly for counseling required and counseling not required programs. The results indicate the model fits for the overall sample of counselors in training, with no significant differences found between types of programs.

This study is hopefully the beginning of the investigation into counselors in training and their willingness to seek counseling.

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APPENDIX A: HUMAN SUBJECT APPROVAL LETTER

COPY

Colorado State University

Office of Regulatory Compliance
Office of Vice President for Research
and Information Technology
Fort Collins, CO 80523-2046
(970) 491-1563
FAX: (970) 491-2293

MEMORANDUM

TO: Sharon Anderson, School of Education, 1588

FROM: Celia Walker, Administrator for the Human Research Committee

SUBJECT: **AMENDED PROJECT APPROVAL**
Title: Willingness to Seek Counseling: A Structural Equation Model for Studying Counselors in Training.
Protocol No.:01-217H
Funding Agency: N/A
Funding Agency Deadline: N/A

DATE: July 25, 2001

I am pleased to inform you that the above-referenced project was approved by the Human Research Committee on July 16, 2001 for the period July 16, 2001 to July 16, 2002. Because of the nature of this research, it will not be necessary to obtain a signed consent form. The requirement of a consent is waived under § __.116 (d). **Approval is for 60 CSU graduate students and 930 graduate students from other U.S. universities.**

A status report of this project will be required within a 12-month period from the date of approval. You will be sent a reminder approximately two months before the protocol expires. The Principal Investigator will report on the numbers of subjects who have participated this year and project-to-date, about problems encountered, and provide a verifying copy of the consent form or cover letter used. The necessary form (H-101) is available from the Regulatory Compliance web page (see below). Should the protocol not be renewed before expiration, all activities must cease until the protocol has been re-reviewed.

It is the responsibility of the investigator to immediately inform the Committee of any serious complications, unexpected risks, or injuries resulting from this research. It is also the investigator's responsibility to notify the Committee of any changes in experimental design, participant population, or consent procedures or documents. This can be done with a memo which completely describes the changes and their consequences (new consent form or cover letter, or altered survey instrument, for example). Students serving as Co-Principal Investigators may not alter projects without first obtaining PI approval. The PI is ultimately responsible for the conduct of the project.

This approval is issued under Colorado State University's OHRP Federal Wide Assurance 00000647 issued July 1, 2001. If approval did not accompany a proposal when it was submitted to a sponsor, it is the researcher's responsibility to provide the sponsor with the approval notice.

Please direct any questions about the Committee's action on this project to me for routing to the Committee.

Additional information is available from the Regulatory Compliance web site at www.research.colostate.edu/regulatory/

xc: Nancy Leech

APPENDIX B: QUESTIONNAIRE

Thank you for participating in this study. Please answer every question as honestly as possible. Check the box or the number of the answer(s) that apply, or fill in the blank where indicated:

1- Your gender:
- ❑ Male
- ❑ Female

2- Does the program you are now attending require (as part of your program) that you participate in personal individual counseling?
- ❑ No
- ❑ Yes

3- Are you closer to the beginning or end of your master's level studies?
- ❑ Closer to the beginning
- ❑ Closer to the end

4- Was the program you are now attending your first choice when deciding where to attend graduate school?
- ❑ this was not my first choice of schools
- ❑ this was my first choice of schools

(if you answered "this was my first choice of schools" to question number 4, go directly to question 6)

5- Did your first choice of schools require (as part of the program) students to participate in personal individual counseling?
- ❑ No
- ❑ Yes

6- Have you ever seen or are you currently seeing a counselor or psychotherapist for help regarding emotional, cognitive, relationship, or behavioral problems?
- ❑ No
- ❑ Yes

(if you answered "No" to question number 6, go directly to question 13)

7- How old were you when you first went to a therapist? _____

8- For how long did you seek, or have been seeking help from this person?_____

9- About how many times have you seen this person? _____

10- Do you know what kind of credential or training this person had (has)?

(1) Psychologist (2)Psychiatrist (3)Social Worker (4) Counselor
(5) Priest/Rabbi/Clergyperson (6)Don't know (7)Other

11- How helpful/positive was (is) your experience in therapy?
(You may mark anywhere on the line. Please choose only one.)

Very positive Somewhat positive Neither positive nor negative Somewhat negative Very negative
--------5----------4----------3----------2----------1-------

12- Are you presently seeing a therapist?
- ❑ No
- ❑ Yes

13- Are you presently thinking about seeking help from a psychotherapist?
- ❑ No
- ❑ Yes

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

	Very unlikely	Unlikely	Likely	Very likely
1. Weight control	1	2	3	4
2. Academic performance	1	2	3	4
3. Relationship difficulties	1	2	3	4
4. Concerns about sexuality	1	2	3	4
5. Depression	1	2	3	4
6. Conflicts with parents	1	2	3	4
7. Speech anxiety	1	2	3	4
8. Difficulties dating	1	2	3	4
9. Choosing a major	1	2	3	4
10. Difficulty in sleeping	1	2	3	4
11. Drug problems	1	2	3	4
12. Inferiority feelings	1	2	3	4
13. Test anxiety	1	2	3	4
14. Difficulties with friends	1	2	3	4
15. Academic work procrastination	1	2	3	4
16. Self-understanding	1	2	3	4
17. Loneliness	1	2	3	4

Cash, Kehr, & Salzbach (1978)

Below are a number of statements pertaining to psychology and mental health issues. Read each statement carefully and indicate your level of agreement. Please express your frank opinion in rating the statements. There are no wrong answers, and the only right ones are whatever you honestly feel or believe. It is important that you answer every item.

	Disagree	Partly disagree	Partly Agree	Agree
1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.	1	2	3	4
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	1	2	3	4
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.	1	2	3	4
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears *without* resorting to professional help.	1	2	3	4
5. I would want to get psychological help if I were worried or upset for a long period of time.	1	2	3	4
6. I might want to have psychological counseling in the future.	1	2	3	4
7. A person with an emotional problem is not likely to solve it alone; he or she *is* likely to solve it with professional help.	1	2	3	4
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	1	2	3	4
9. A person should work out his or her own problems; getting psychological counseling would be a last resort.	1	2	3	4
10. Personal and emotional troubles, like many things, tend to work out by themselves.	1	2	3	4

Fischer & Farina (1995)

This section of the questionnaire is The Social Provisions Scale (SPS). It is copyrighted by Daniel Russell & Carolyn Cutrona (1984). Thus, the questions are not reproduced here.

To what extent do you agree or disagree with the statements below:

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

Larson & Chastain (1990)

Instructions: How have you felt during the past seven days including today? Use the following scale to describe how distressing you have found these things over this time.

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

Green, Walkey, McCormick, & Taylor (1988)

APPENDIX C: LETTER OF AGREEMENT

Letterhead of participating university

Letter of Agreement

To Whom It May Concern,

I, _____ (name), am a professor at _____ (name of university) University.

Nancy Leech has contacted me and I have agreed to help her collect data on willingness to seek counseling some time during the Fall 2001 semester. I understand that this study is investigating the various aspects of willingness to seek counseling in counselors in training. It will take approximately 10 minutes to complete the questionnaires.

I understand that the students are under no obligation to complete the questionnaire and will not be pressured in any way to agree to fill one out. Written information will be available for students afterwards regarding the study.

I acknowledge that the information the students provide will be anonymous and individual data will be kept confidential. I also understand that the students may stop at any time while filling out the questionnaire and that there are no known risks to filling out the questionnaire.

Thank you,

_____ (name) _____ (date)

APPENDIX D: SCRIPT

Script to read to your class to introduce the questionnaire

A professor and a Ph.D. student at Colorado State University are interested in willingness to seek counseling. They would appreciate it if you would be willing to voluntarily fill out a questionnaire. It takes about 10 minutes. Your responses will be confidential. The questionnaire focuses on your willingness to seek counseling and other factors that might be related. When you are finished filling out the survey, please place it in the envelope provided. I will mail them back to the researchers.

APPENDIX E: DEBRIEFING SHEET

WILLINGNESS TO SEEK COUNSELING: A MODEL FOR COUNSELORS IN TRAINING

Nancy L. Leech

Why some people are willing to seek counseling and others are not, has been a question of interest for the last few decades. Research on willingness to seek counseling has focused on multiple variables including demographic and psychological factors. The demographic variables researched include gender, barriers, age, ethnicity, education level, socioeconomic status, and religion. The psychological factors researched include level of distress, attitudes toward mental illness, attitudes toward counseling, available social support, fear of seeking counseling, and self-concealment. The majority of the research on willingness to seek counseling has been done with undergraduate students.

Studies by Cepeda-Benito and Short (1998) and Kelly and Achter (1995) focus on the four main factors that have been identified to relate to willingness to seek counseling. These four factors include social support, self-concealment, attitude toward counseling, and level of distress. These studies show how these variables combine to predict willingness to seek counseling.

Recently, Cramer (1999) combined data from these two studies and identified a path analysis model that explains the relationship between the variables social support, level of distress, attitudes toward counseling, and self-concealment, and willingness to seek counseling (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995). Cramer (1999) has created a new method of understanding the factors that are related to willingness to seek counseling. Cramer's model has been used in a more recent study as a way of helping to identify the relationship between the predictors and willingness to seek counseling (Liao & Rounds, 2001). In the survey for the current study, each of these factors was assessed, in addition to assessing willingness to seek counseling and basic demographic information.

For counselors in training there has been no research on willingness to seek counseling in relation to social support, self-concealment, attitude toward counseling, and level of distress. Studies have found that many counselors are hesitant to seek personal counseling (Goldberg, 1986; Guy & Liaboe, 1986; Marmor, 1953; Prochaska & Norcross, 1983). Even though counselors report being hesitant to seek counseling, when they do seek counseling they benefit from the experience (Ford, 1963; Garfield & Kurtz, 1976; Hart, 1982; Kaslow, 1984; Loganbill et al., 1982; Neukrug & Williams, 1993; Norcross, Strausser-Kirtland, & Missar, 1988; Pope, 1987; Strupp, 1955; Wampler & Strupp, 1976; Watkins, 1983; Wise, Lowry, & Silverglade, 1989; Zaro, Barach, Nedelman & Dreiblatt, 1977). These positive effects include an increase in emotional health, more understanding of intra- and interpersonal functioning, increased self-awareness, a decrease in therapeutic "blind spots," an increase in the counselor's belief that counseling is beneficial, an increased respect for the client, and a decrease in counselor inappropriate behavior.

Applying Cramer's (1999) model of willingness to seek counseling to the population of counselors in training appears to be a method for creating a better understanding of both the willingness to seek counseling literature and the literature on counselors in training.