

THE EFFECTIVENESS OF A RISKS AND BENEFITS  
BASED GROUP INTERVENTION TO INCREASE  
POSITIVE ATTITUDES TOWARD SEEKING COUNSELING

By

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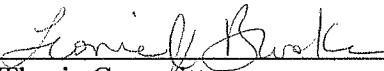
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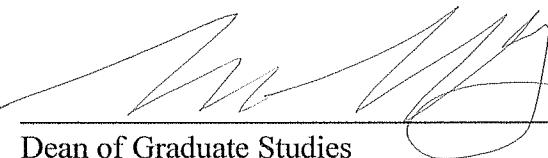
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## **ABSTRACT**

### **THE EFFECTIVENESS OF A RISKS AND BENEFITS BASED GROUP INTERVENTION TO INCREASE POSITIVE ATTITUDES TOWARD SEEKING COUNSELING**

Kristen Lapi

This study examined a one-session intervention aimed at changing attitudes toward seeking counseling and intent to seek counseling. The sample included 96 undergraduate students at a large eastern university. We used an intervention that focused on the anticipated risks and benefits of seeking counseling, using a video prompt and either an Individual Intervention or a Group Intervention. We hypothesized that the Group Intervention would increase positive attitudes toward seeking counseling and increase intent to seek professional psychological help. Results demonstrated that after exposure to both the individual and group intervention, there was an increase in anticipated benefits, positive attitudes toward seeking counseling, and intent to seek counseling. Results also indicated that the change in attitudes from pre-test to post-test accounted for 5% variance in post-test scores for perceived intention to seek help. Interestingly, Non-Caucasian participants in the group intervention showed a trend towards increased positive attitudes toward seeking counseling

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## **The Effectiveness of a Risks and Benefits Based Group Intervention to Increase Positive Attitudes toward Seeking Counseling**

A stigma may be defined as, “a mark of disgrace or infamy; a stain or reproach, as on one's reputation;” and in reference to a field of medicine may connote the definition of, “a mental or physical mark that is characteristic of a defect or disease.” It is not uncommon that a person who is suffering from a physical ailment will receive additional support from his or her family, friends, and community. Conversely, it has been shown that individuals with mental illness quite often experience loneliness and social exclusion (Elisha, Castle & Hocking, 2006). It is a frequent perception that those who suffer from mental illness and even more so, those who seek help for their mental illness are weak. This longstanding reputation of mental weakness for mental illness and help seeking behavior should be confronted with an alternative perspective.

It is testimony to the enormous courage and resilience of the mentally ill that, despite the overwhelming loneliness and painful life struggle they endure and despite the discrimination and at times overwhelming psychic estrangement they experience, somehow they manage to ‘keep on going’. (Johnstone, 2001, p. 201)

Individuals with mental illness are confronted with additional mental, emotional, and physical obstacles each day, which is a demonstration of incredible strength. A person's attitude toward seeking counseling has a significant influence on whether that person intends to seek counseling if needed (Shaffer, Vogel & Wei, 2006). It is clear that attitudes toward mental illness, as well as attitudes toward seeking help for mental illness may have grave implications for the treatment of individuals classified as having a mental disorder and should be further examined.

In 1997, the Australian National Survey of Mental Health and Well-Being surveyed 10,421 adults and it revealed some shocking results. Gavin, Henderson, and

Hall (2001) explain that the survey's results demonstrated that 23% of the adults reported having at least one disorder in the past 12 months. Out of those 23% who had experienced a disorder in the past year, only 35% of them had sought consultation for professional psychological help. Furthermore, out of the 65% of adults who did not seek consultation for professional psychological help, half of those adults believed that they did not need treatment. The National Survey of Mental Health and Wellbeing was re-administered in 2007 and similar results were found (Slade, Johnston, Browne, Andrews & Whiteford, 2009). Nearly congruent results after 10 years had passed is unacceptable and acts as a signifier for the necessity to take action and increase the accessibility of treatment for mental health related issues, as well as increase the likelihood that a person will be inclined to seek help if needed.

### **Public Stigma, Self- Stigma, and Attitudes toward Seeking Counseling**

In relation to attitudes toward seeking counseling, public stigma may be defined as the generally accepted negative stereotype attached to an individual who chooses to seek professional psychological help (Bathje & Pryor, 2011). Subsequently, self-stigma is a person's internalization of public stigma. In other words, self-stigma involves the way that a person feels about him or herself as a reaction to public stigma. It has been found that public stigma is a predictor for self-stigma, which in turn influences a person's attitudes toward seeking counseling and furthermore that person's intent to seek counseling (Vogel, Wade & Hackler, 2007). Therefore, it can be inferred that by decreasing public stigma, there would then be a decrease in self-stigma which would increase positive attitudes toward seeking counseling and the likelihood that a person would seek professional psychological help if needed. The question remains, which



methods are available for decreasing public stigma toward an individual who chooses to seek counseling in an attempt to increase the likelihood that a person will seek help if needed.

Mental health is often delegitimized due to its seeming lack of physiological evidence. A primary goal must be the growth toward awareness about the prevalence and implications of mental health challenges. Han, Chen, Hwang, and Wei (2006) examined the cross-national Global Burden of Disease study conducted by the World Health Organization and concluded that depression is one of the most debilitating health problems in the world. It was predicted that by the year 2020, depression will account for 15% of the disease burden indexed by the extent of disability measured by number of work days lost and mortality associated with non-communicable diseases (Han, Chen, Hwang & Wei, 2006). Furthermore, they asserted that the most difficult problem in the intervention of depression is that people who suffer from depression are reluctant to seek professional help (Han, Chen, Hwang & Wei, 2006).

Gulliver, Griffiths, and Christensen (2008) reviewed a series of studies that allowed adolescents and young adults to self-report their own perceptions of barriers to mental health help-seeking behavior. The most highly self-reported barriers to seeking help included stigma and embarrassment, a lack of knowledge about mental health services, and a notion that these challenges should be handled autonomously. Of marked interest, results also showed that adolescents and young adults who were more willing to seek help reported more positive past experiences with mental health services and higher perceived social support (Gulliver, Griffiths & Christensen, 2008).

## **Effect of Outcome Expectations on Attitudes: Risks and Benefits of Seeking Counseling**

It has been demonstrated that an individual's attitudes toward seeking counseling have a significant effect on whether a person intends to seek professional psychological help if needed (Shaffer, Vogel & Wei, 2006). Vogel and Wester (2003) displayed evidence that if a person views counseling as having more risk and less benefit, then the individual will have less positive attitudes toward seeking counseling and be less likely to seek counseling. Interestingly, it has been shown that individuals in greater psychological distress avoid seeking help to a greater extent (Keshner & Sher, 1989). An explanation for this phenomenon might reflect that a person who is experiencing more psychological distress is at risk for encountering more distressing feelings during therapy and therefore might avoid the likelihood of a more intense emotional experience (Kushner & Sher, 1989).

Counseling is a form of mental health therapy that relies greatly on the act of self-disclosure as a facilitating tool for treatment. Moreover, self-concealment involves a person's tendency to hide distressing and potentially embarrassing personal information (Larson & Chastain, 1990). Cepeda-Benito and Short (1998) found that high self-concealers were over three times more likely than low self-concealers to report needing but avoiding treatment. These results signify that if a person perceives counseling as risky due to the need to avoid the self-disclosure of potentially embarrassing personal information, then that person will be less likely to seek counseling.

Self-disclosure is the act of sharing personal information with another. Moreover, the self-disclosure of distressing personal information during counseling has been shown to decrease client reported stress and client reported symptomatology over the course of

treatment (Kahn, Achter & Shambaugh, 2001). Omarzu (2000) proposed a decision making model that demonstrated the factors involved with an individual's decision to self-disclose. It was determined that a person needs to weigh two tenets before deciding if he or she should self-disclose; the two tenets include the subjective utility of the possible reward gained from the disclosure and the subjective probability of risk for self-disclosing (Omarzu, 2000). The disclosure decision model suggests that a person may choose to self-disclose with the hope of gaining social approval, intimacy, relief of distress, social control, or identity clarification (Omarzu, 2000). The implications of the model are that a person will choose to self-disclose based on his or her expectations of the outcome of the disclosure in terms of what the individual may gain or lose from it.

Vogel and Wester (2003) examined subjective risks and subjective utility of self-disclosure in relation to one's help seeking behavior, and their results demonstrated that the anticipated risks of self-disclosure and the anticipated benefits of self-disclosure were predictive of an individual's attitudes toward seeking counseling, which predicted the individual's intent to seek counseling services. Vogel, Wester, Wei, and Boysen (2005) found that, "positive and negative outcome expectations, and in particular the anticipated outcomes of expressing emotion to a counselor, seem to be salient in one's decision to seek professional help" (Vogel, Wester, Wei & Boysen, 2005, p. 467). Ultimately, an individual who reports being less emotionally expressive will view counseling as having greater risk and fewer benefits, which will lead to less positive attitudes toward seeking counseling and less willingness to seek counseling (Vogel, Wade & Hackler, 2008). In the next section, we will consider how attachment style, and

its function of shaping perceptions of interactions with others, may influence the outcome expectations for seeking treatment.

### **An Attachment Perspective**

Bowlby's attachment theory posits that during infancy a child will exhibit different types of attachment behaviors, such as crying or smiling, in order to increase proximity to the caregiver (Cassidy, 2008). Increased proximity to the caregiver will increase the probability of survival for the infant. The infant participates in the attachment behaviors in order to elicit a response from his or her caregiver, and the way that the caregiver responds will affect the type of attachment style that the child will develop. A caregiver that is consistently cold and rejecting will likely lead to the child's development of an avoidant attachment style. An avoidant child will learn to adapt by behaving as though he or she can survive without help from the caregiver in hopes that this will keep the caregiver from moving further in proximity. A caregiver that elicits unpredictable responses to the child's attachment behavior will lead to the development of an anxious attachment style. An anxious child may cling to his or her caregiver and overcompensate in order to attempt to keep the caregiver within close proximity.

Hazan and Shaver (1987) found that there is a nearly congruent division of adults in each category of attachment as there are infants in each category, and that during adulthood, each style of attachment carries with it a unique set of attributes for an adult's emotions in relation to a romantic partner. Evidence shows that babies with avoidance that are in a stressful situation have difficulty seeking care and will suppress the urges to elicit a response from the caregiver (Cassidy, 2000). Furthermore, babies with attachment anxiety will show higher emotionality than the situation warrants in order to heighten the

chance of a response (Cassidy, 2000). Avoidant adults described feeling uncomfortable about getting close to a romantic partner and difficulty with trusting them, while anxious adults described a desire to be extremely close to romantic partners and in a way that would sometimes push the partner away (Hazan & Shaver, 1987). Adult attachment avoidance is defined as an excessive need for self-reliance and a fear of relying on others, whereas adult attachment anxiety is defined as an excessive need for approval from others and a fear of abandonment (Vogel & Wei, 2005).

Based on one's relationship with his or her caregiver, the individual develops an internal working model, which is the individual's mental representation about his or her expectation of interactions with others.

These models incorporate two discrete yet interrelated cognitive schemas: a *self model* containing basic perceptions of one's own worth, competence, and lovability and an *other model* embodying core expectations regarding the essential goodness, trustworthiness, and dependability of important others in one's social world. (Lopez, Melendez, Sauer, Berger & Wyssmann, 1998, p. 79)

An individual with attachment anxiety has a negative self model (seeing one's self as unlovable and incompetent), and a positive other model (seeing others as good and trustworthy) (Bartholomew & Horowitz, 1991). An individual with attachment avoidance will have a positive self model (seeing one's self as competent and worthy of love), and a negative other model (seeing others as unreliable and untrustworthy) (Bartholomew & Horowitz, 1991).

In summary, a person that is in a distressing situation will feel increased anxiety. A person who has attachment avoidance will suppress the urge to seek help due to the feeling that others are untrustworthy and will believe in one's own competence for handling the challenge autonomously. Conversely, the adult with attachment anxiety will

not trust one's own ability to handle the challenge alone and will over-emphasize one's own distress in order to heighten the chances of receiving help from a more competent other. Conclusively, an individual with attachment anxiety will view counseling (trusting the disclosure of one's personal information with a professional in hopes of gaining relief from one's psychological distress) as having more risk, but also as having potentially more benefit (Shaffer, Vogel & Wei, 2006). On the other hand, an individual with attachment avoidance will view counseling as having more risk and less benefit (Shaffer, Vogel & Wei, 2006). Accordingly, in terms of psychological distress, an individual with attachment anxiety is more likely to seek professional psychological help, and an individual with attachment avoidance will be less likely to seek professional help (Vogel & Wei, 2005).

### **The Current Study**

Shaffer, Vogel, and Wei (2006) examined the relationship between attachment anxiety, attachment avoidance, anticipated risk for seeking counseling, anticipated benefits of seeking counseling, attitudes toward seeking help, and intentions to seek counseling for psychological and interpersonal concerns. It was found that a person with attachment avoidance anticipated more risk and less benefit, while a person with attachment anxiety anticipated more risk, but also more benefit. Anticipated risk and benefit mediated the relationship between attachment style and attitudes toward seeking counseling, demonstrating that anticipated risk led to less positive attitudes toward seeking counseling and anticipated benefit led to more positive attitudes toward seeking counseling (Shaffer, Vogel & Wei, 2006). Furthermore, a person with attachment avoidance had less positive attitudes toward seeking help, and a person with attachment

anxiety had more positive attitudes toward seeking help. It was also found that attitudes toward seeking counseling mediated the relationship between anticipated risk and anticipated benefits of seeking counseling and intentions to seek counseling for psychological and interpersonal concerns (Shaffer, Vogel & Wei, 2006). Therefore, an individual who viewed counseling as more risky had lower intentions to seek help, and a person who viewed counseling as having more benefits had higher intentions to seek help. Ultimately, a person with attachment avoidance was less likely to seek help and a person with attachment anxiety was more likely to seek help (Shaffer, Vogel & Wei, 2006). As it was found that a person's anticipated risk and anticipated benefit of seeking counseling and intention to seek help for psychological and interpersonal concerns was fully mediated by that person's attitudes toward seeking counseling, it can be expected that by decreasing a person's anticipated risk for seeking counseling and increasing the individuals anticipated benefits for seeking counseling will increase the individuals positive attitudes toward seeking counseling and therefore increase that person's intention to seek help for psychological and interpersonal concerns.

This study focuses on the development of an intervention that will increase positive attitudes toward seeking counseling. Previous data shows that upon examining a set of fears that a person may have about seeking counseling, an individual who has had previous counseling experiences show significantly less fear toward seeking counseling (Pipes, Schwarz & Crouch, 1985). This might be indicative that a person's perceptions of the risks involved with seeking counseling may be based on distorted and unfounded thoughts about counseling driven by public stigma. Furthermore, it has been shown that an individual reports significantly less self-stigma following a single initial group

counseling session (Wade, Post, Cornish, Vogel & Tucker, 2011). It seems apparent that familiarity, knowledge, and experience with the counseling process may lead a person to perceive counseling as less risky and more beneficial.

This study introduced two different interventions that focused on the risks, benefits, and general perceptions of counseling in order to increase positive attitudes toward seeking help. The first intervention was a group intervention in which the participants watched a short video and then participated in a 30 minute group discussion focused on the risks and benefits of seeking counseling. The second intervention was an individual intervention in which the participants watched the same short video and then took 30 minutes to complete a questionnaire on their own that was focused on the risks and benefits of seeking counseling.

Replicating Shaffer et al's (2006) research, the first hypothesis is that attachment style will act as a predictor for anticipated risk and anticipated benefit toward seeking counseling. Individuals who have attachment anxiety will view counseling as having more risk, but also more benefit, and individuals who have attachment avoidance will view counseling as having more risk and less benefit. The next set of hypotheses focus on the effects of the intervention. It is hypothesized that the individuals who participate in the group intervention will have greater increases in positive attitudes toward seeking counseling when compared with individuals in the individual intervention. We further hypothesized that change in anticipated risk over time and change in anticipated benefit over time will predict changes in attitudes toward seeking counseling. An increase in anticipated risk from Time 1 to Time 2 will lower positive attitudes toward seeking counseling, and an increase in anticipated benefit from Time 1 to Time 2 will increase



positive attitudes toward seeking counseling. Similarly, we hypothesized that change in anticipated risk over time, change in anticipated benefit over time, and change in attitudes over time will predict perceived intent to seek counseling. An increase in anticipated risk from Time 1 to Time 2 will lower perceived intent to seek counseling, an increase in anticipated benefit from Time 1 to Time 2 will increase perceived intent to seek counseling, and an increase in positive attitudes toward seeking counseling from Time 1 to Time 2 will increase perceived intent to seek counseling.

## Method

### Participants

This study collected data from 96 undergraduate students at a large eastern university. The participants were 74% female ( $n = 71$ ) and 26% male ( $n = 25$ ). About 72% of the sample self identified as Caucasian ( $n = 69$ ), with the remaining participants self identifying as 19% African-American ( $n = 18$ ), 5% Asian or Pacific Islander ( $n = 5$ ), 3% mixed or bi-racial ( $n = 3$ ), and 1% Hispanic or Latino/a ( $n = 1$ ). Participants were able to sign up for this study through a research pool as a function of an introductory psychology course. As a result, 53% of the participants identified as Freshman ( $n = 50$ ), 21% identified as Sophomore ( $n = 20$ ), 14% as a Junior ( $n = 13$ ), and 12% as a Senior ( $n = 12$ ).

### Measures

**Demographic information.** The demographic information that was collected during this study included: age, ethnic/ racial identity, year in school (freshman, sophomore, junior, senior), major/s at school, sex, and religion.

**Attachment.** Brennan, Clark, and Shaver (1998) developed the Experiences in Close Relationships scale (ECR), which was created by collecting and analyzing a comprehensive list of 323 items that have been previously used to assess the constructs of attachment in adolescents and adults. The original list of 323 items was later reassessed by Fraley, Waller, and Brennan (2000) to create more accurate measurement of attachment. The revised scale, the Experiences in Close Relationships Questionnaire—Revised (ECR-R), was used in this current study (Fraley, Waller & Brennan, 2000). The ECR-R focuses on an individual's level of anxiety experienced during interactions with

others, and more specifically a person's attitudes toward being in an intimate relationship. The ECR-R is a 36-item self-report measure with 2 subscales, attachment anxiety and attachment avoidance, each containing 18 items. Each item is measured on a 7-point Likert scale, with 1 representing "strongly disagree" and 7 representing "strongly agree." An example of a question on the anxiety subscale is, "I often worry that my partner will not stay with me" (Fraley, Waller & Brennan, 2000). An example of an item on the avoidance subscale is, "I prefer not to show a partner how I feel deep down" (Fraley, Waller & Brennan, 2000). High internal reliability has been found for the attachment anxiety subscale ( $\alpha = .95$ ), as well as for the attachment avoidance subscale ( $\alpha = .93$ ) (Sibley & Liu, 2004). Picardi, Carropo, Toni, Bitetti, and Di Maria (2005) investigated the validity of the ECR-R. They examined attachment anxiety and attachment avoidance in relation to traits that can be found on a series of personality trait inventories in which each trait was previously shown to be associated with various attachment related traits. Attachment anxiety correlated with harm avoidance, reward dependence, low novelty seeking, low self-directedness, low cooperativeness, low energy, low extraversion, and low emotional stability, while attachment avoidance correlated with low reward dependence and low self-directedness. The correlations indicated significant construct validity (Picardi, Carropo, Toni, Bitetti & Di Maria, 2005). In the current study, alpha reliabilities for the attachment anxiety ( $\alpha = .93$ ) and attachment avoidances ( $\alpha = .87$ ) were also very high.

**Anticipated risk and anticipated benefit.** The Disclosure Expectations Scale (DES) was used in this study to measure a person's expectations for the outcome of disclosing personal information to a counselor (Vogel & Wester, 2003). More

specifically, it was designed to assess 2 constructs: anticipated risk of self-disclosing personal information to a counselor and anticipated benefit of self-disclosing personal information to a counselor. The DES is an 8-item measure with 2 subscales, anticipated risk and anticipated benefit, each containing 4 items. Each item is measured on a 5-point Likert scale, with 1 representing “not at all” and 5 representing “very.” An example of an item that measures anticipated risk is, “How difficult would it be for you to disclose personal information to a counselor?” (Vogel & Wester, 2003). An example of an item that measures anticipated benefit is, “How likely would you get a useful response if you disclosed an emotional problem you were struggling with to a counselor?” (Vogel & Wester, 2003). Vogel and Wester (2003) found a Cronbach’s alpha of .74 for the anticipated risk subscale and .83 for the anticipated benefit subscale. Shaffer et al. (2006) have shown that a person’s outcome expectations (using the DES) are associated with that person’s attitudes toward seeking counseling. Higher perceived risk is associated with less positive attitudes toward seeking counseling and higher perceived benefit is associated with more positive attitudes toward seeking counseling (Shaffer, Vogel & Wei, 2006). Alphas for the anticipated risks and benefits subscales were .73 and .84, respectively, in the current study.

**Attitudes toward seeking professional psychological help.** The Attitudes toward Seeking Professional Psychological Help Scale (ATSPPHS) was originally created by Fischer and Turner (1970) and consisted of 29-items. The ATSPPHS was later shortened to 10-items by Fischer and Farina (1995) and is the version that was used to assess attitudes toward seeking counseling in this current study; higher scores indicate more positive attitudes toward seeking counseling. Each item is measured on a 5-point

Likert scale, with 1 representing “very unlikely” and 5 representing “very likely.” An example of an item that is on the ATSPPHS is, “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.” (Fischer & Farina, 1995). Shaffer, Vogel, and Wei (2006) found a Cronbach’s alpha of .81 for the ATSPPHS. The shortened form of the ATSPPHS correlated .81 with the original 29-item measure (Fischer & Farina, 1995). Alpha reliability for the ATSPPHS in the current study was .82.

**Intentions to seek counseling.** Intention to seek professional psychological help was measured by the Intention to Seek Counseling Inventory (ISCI) (Cash, Begley, McCown & Weise, 1975). The ISCI contains 16-items that are designed to assess a person’s perceived likelihood of seeking professional psychological help for a variety of needs; higher scores indicate more perceived likelihood that the individual will seek counseling in the event that it may be needed. The ISCI focuses on three situations in which the person may seek counseling, in the event of psychological and interpersonal concerns, academic concerns, and drug use concerns (Cash, Begley, McCown & Weise, 1975). In this study, the individual’s overall score was used to assess perceived intention to seek counseling. Participants were instructed to “Rate how likely you would be to seek counseling if you were experiencing each of these problems.” Each item on the ISCI is scored on a 4-point Likert scale with 1 representing “very unlikely” and 4 representing “very likely.” An example of an item that is on the ISCI is, “I was feeling anxious most of the time,” and another example is “I was experiencing conflicts with my parents.” (Cash, Begley, McCown & Weise, 1975). Cepeda-Benito and Short (1998) found a Cronbach’s alpha of .89 for this measure. There were 10-items developed to assess intent

to seek help for psychological and interpersonal concerns ( $\alpha = .90$ ), 4 items for academic concerns ( $\alpha = .71$ ), and 2 items for drug use concerns ( $\alpha = .86$ ) (Cepeda-Benito & Short, 1998). In the current study, a total score across all items was used to assess intentions to seek help, as participants scores across the three subscales were highly intercorrelated. Regarding validity of the measure, it was found that an increased desire to conceal distressing personal information correlated with a decrease in perceived likelihood to seek counseling (Cepeda-Benito & Short, 1998). Alpha reliability for the ISCI in the current study was .89.

### **Procedure**

Participants were able to access this study through signing up on the Towson University research pool, and received course credit for participating. Each participant was randomly assigned to either the Individual Intervention group or the Group Intervention group.

**Group intervention.** Each Group Intervention group was run with 5- 8 participants who began by meeting in a group conference room with a rectangle table in the center. The group conference room was just large enough to comfortably seat the group around the table and the rectangle table was able to seat 8- 10 people. Upon meeting, participants were oriented to the study and given a code number in order to protect anonymity. Each member of the group was then directed to a single person computer room to complete the pretest questionnaire. The pre-test questionnaire included the ECR-R, DES, ATSPPHS, and the ISCI. Individuals were given about 25 minutes to complete the pre-test questionnaire, and were then asked to return to the group conference room.

Next, the group watched an 8 minute video prompt. The video prompt was created by filming 6 volunteers with and without counseling related experience. The 6 volunteers were filmed responding to a list of interview questions (see Appendix A) that were related to counseling, anticipated risk, and anticipated benefit. After watching the video prompt, the group members were asked to participate in a 30 minute group discussion. The probes for the group discussion were based on perceptions of counseling, anticipated risk, and anticipated benefit (see Appendix B). Group members were encouraged to speak openly and honestly about both positive and negative opinions about counseling, as well as encouraged to speak directly to one another. Lastly, participants were asked to return to the single person computer rooms in order to complete the post-test questionnaire. The post-test questionnaire included the DES, ATSPPHS, and the ISCI. Participants were given 25 minutes to complete the post-test questionnaire.

**Individual intervention.** Participants who were selected for the Individual Intervention group were asked to meet in the group conference room. To begin, participants were oriented to the study and given a code number in order to protect anonymity. Each member of the group was then directed to a single person computer room to complete the pre-test questionnaire. The pre-test questionnaire included the ECR-R, DES, ATSPPHS, and the ISCI. Individuals were given 25 minutes to complete the pre-test questionnaire, and upon completion were asked to return to the group conference room where they watched the same 8 minute video prompt as the Group Intervention group. After watching the video prompt, participants were asked to return to the single person computer room and given 30 minutes to complete a series of

open-ended questions (see Appendix B) that were focused on perceptions of counseling, anticipated risk, and anticipated benefit. Finally, participants were given 25 minutes to complete the post-test questionnaire. The post-test questionnaire included the DES, ATSPPHS, and the ISCI.



## Results

We ran a series of 2x2 ANOVAs, with 1 within-group factor (time) and 1 between-group factor (intervention type) to examine the effects of our interventions on participants' attitudes towards therapy. Pre-test score will be referred to as Time 1 and post-test scores will be referred to as Time 2. It was found that there was no change in anticipated risk over time or based on intervention type (see Table 1). There was a significant increase in anticipated benefit over time, but no difference in increase based on intervention type (see Table 2). There was also a significant increase in positive attitudes toward seeking help and intent to seek help overall over time, but again intervention type had no main effects and did not interact with change over time (see Table 3 and Table 4 respectively).

Using Pearson  $r$  at Time 1, attachment anxiety and attachment avoidance were significantly correlated with perceiving counseling as more risky (see Table 5). Attachment anxiety and attachment avoidance did not significantly correlate with anticipated benefits, attitudes toward seeking counseling, or intent to seek counseling (see Table 5), and therefore no further analyses were completed for attachment anxiety or attachment avoidance.

Using Pearson  $r$  at Time 1, anticipated risk and anticipated benefit were examined as potential correlates with attitudes toward seeking counseling and perceived intent to seek counseling (see Table 5). Anticipated risk correlated negatively with attitudes toward seeking counseling, but did not correlate with perceived intent to seek counseling. Furthermore, anticipated benefit correlated positively and strongly with attitudes toward seeking counseling, as well as perceived intent to seek counseling.

Next, analyses were completed to investigate change from Time 1 to Time 2 in anticipated risk, change from Time 1 to Time 2 in anticipated benefit, and scores at Time 1 on the attitudes, in order to examine how much each variable accounted for the variance in attitude scores at Time 2. Change scores for anticipated risk and anticipated benefit were found by subtracting the mean score at Time 2 from the mean score at Time 1. Using multiple regression analyses, it was found that attitudes at Time 1 accounted for about 90% of the variance in attitudes at Time 2 (see Table 6). Furthermore, change in anticipated risk over time and change in anticipated benefit over time did not account for a significant amount of variance in the Time 2 attitudes, after controlling for attitudes at Time 1.

In addition, analyses were completed to examine change from Time 1 to Time 2 in anticipated risk, anticipated benefit, and attitudes, as predictors of change in intention to seek help over time. Interestingly, using multiple regression analyses, it was found that the change in scores from Time 1 to Time 2 in attitudes accounted for about 5% of unique variance in intention scores at time 2 (see Table 7), after controlling for intentions to seek help, anticipate risk, and benefits at Time 1.

Table 8 demonstrates that on the pre-test (baseline scores), participants who ethnically/ racially self-identified as Non-Caucasian reported initially viewing counseling as having more risk and less benefit than the Caucasian group. In addition, the Non-Caucasian group started out with less positive attitudes toward seeking counseling, as well as lower perceived intent to seek counseling (see Table 8).

As a final, exploratory analysis, we conducted a 2 x 2 x 2 ANOVA with ethnicity (given the small number of participants in each ethnic group in our study, we dichotomized ethnicity as Caucasian or Non-Caucasian) and intervention type as between-subjects variables and time as a within-subjects variable to explore the effect of the intervention and ethnicity on attitudes and intentions to seek counseling. First, replicating previous findings, there was an overall significant increase in positive attitudes from Time 1 to Time 2 ( $F = 8.88$ ;  $p = .004$ ) (see Table 9). There were no main effects for intervention type or ethnicity but the 3-way interaction effect approached significance. Figure 1 shows that the Caucasian group had an overall increase in positive attitudes toward seeking counseling from Time 1 to Time 2, irregardless of intervention type. For the Non-Caucasian group (as shown in Figure 2), those assigned to the Group Intervention group displayed an increase in positive attitudes toward seeking counseling whereas those assigned to the Individual Intervention group showed little change in positive attitudes toward seeking counseling.

## Discussion

As a brief review, we found that the Group Intervention raised positive attitudes toward seeking counseling, as well as led to an increase in perceived intent to seek counseling. However, unexpectedly, the Individual Intervention also raised positive attitudes toward seeking counseling and perceived intent to seek counseling. A person's attitudes toward seeking help at the beginning of the study almost completely predicted one's attitudes toward seeking help after being exposed to the intervention. Being that the primary goal was to increase perceived intent to seek counseling, it is exciting to note that the change in attitudes, after being exposed to the intervention, accounted for 5% of perceived intent to seek counseling after exposure to the intervention.

While the reason why participants, regardless of intervention type, had an increase in positive attitudes toward seeking counseling remains unknown, probable explanations are evident. Both intervention types began with the exhibition of the same video prompt (created with the intent to provoke reflection about the counseling process), and then participants responded to the same set of questions whether it was independently or in a group setting. Though the group counseling process is often effective, the American culture also values individualism, which might indicate that the reflection process can be effective in a group setting or individually. While we expected the Group Intervention to act as the change variable, it may have been the video prompt and the reflection process that created change in positive attitudes toward seeking counseling.

In accordance with Shaffer, Vogel, and Wei (2006), our sample demonstrated that all participants felt as though seeking counseling was a process that posed a large amount of risk, and this did not change as a function of exposure to either intervention. Just as all

participants displayed an increase in positive attitudes toward seeking, as well as increased perceived intent to seek counseling, participants also reported that after exposure to the intervention, they viewed counseling as having the potential to be more highly beneficial. While a person's perceptions about how much risk was involved in the counseling process predicted attitudes toward seeking counseling, it did not display a relationship with perceived intent to seek counseling (keeping in mind that the ultimate goal is to increase perceived intent to seek counseling). A person's perceptions of the potential benefit of seeking counseling displayed a relationship with both attitudes toward seeking counseling and perceived intent to seek counseling.

Since anticipated risk does not change and it does not affect actual perceived intent to seek help, it may be inferred that regardless of risk, a person may choose to seek counseling if that person believes that there will be a significant gain from seeking help. As a reminder, Wade, Post, Cornish, Vogel, and Tucker (2011) demonstrated that individuals reported significantly less self-stigma following a single initial group counseling session. In addition, data has also shown that upon examining a set of fears that a person may have about seeking counseling, an individual who has had previous counseling experiences show significantly less fear toward seeking counseling (Pipes, Schwarz & Crouch, 1985). This might be indicative that a person's perceptions of the risks involved with seeking counseling may be based on distorted and unfounded thoughts about counseling driven by public stigma. Also, it seems as though exposure to the counseling process significantly decreases negative attitudes toward seeking mental health services. Therefore, in terms of intervention, it may be more effective to focus on the benefits of seeking counseling, as well as increasing a person's exposure to the

counseling process, in order to facilitate an increase in positive attitudes toward seeking professional psychological help, which would in turn increase perceived intent to seek treatment.

Similar to Shaffer, Vogel, and Wei (2006), the current study found that individuals with attachment avoidance and individuals with attachment anxiety perceived the counseling process as having a greater amount of risk. Shaffer et al. (2006) found that individuals with attachment avoidance viewed counseling as less beneficial, while individuals with attachment anxiety believed that the counseling process would be substantially beneficial. The current study found a similar relationship between attachment style and anticipated benefit, but the relationship was not significant. Moreover, Shaffer et al.'s (2006) data demonstrated that a person's perceptions of counseling as risky or beneficial acted as an influence on the relationship between attachment style and attitudes toward seeking counseling. Again, the current study found a similar trend, but the relationship was not significant. In accordance, in relation to Shaffer et al.'s (2006) data, we found a similar, yet non-significant relationship between attachment style and the amount in which a person believed that they would seek counseling services for psychological and interpersonal concerns.

Finally, we found that before being exposed to the intervention, the participants who self-identified that they were part of a cultural group that was not Caucasian, reported a perception of the counseling process as having substantially more risk than was perceived by the participants who self-identified as Caucasian. Furthermore, the Non-Caucasian group started out with less positive attitudes toward seeking counseling, as well as the perception that they would be less likely to seek counseling for

psychological or interpersonal concerns. Similar to the overall results, the Caucasian group had more positive attitudes toward seeking counseling after being exposed to the intervention, but it did not matter which intervention they were selected to participate in. However, interestingly, the Non-Caucasian group that was exposed to the Group Intervention group had a substantially larger increase in positive attitudes toward seeking counseling than the Non-Caucasian group who was assigned to the Individual Intervention group; and in fact, the Non-Caucasian group that was selected for the Individual Intervention group showed little change in positive attitudes toward seeking counseling.

With a review of previous literature, there is a wide array of studies that have assessed specific cultural groups and their attitudes toward seeking counseling, oftentimes in relation to level of acculturation. However, research regarding ways to change attitudes toward seeking counseling has remained scarce. Tata and Leong (1994) found that Asian-American students who were more highly acculturated had more positive attitudes toward seeking counseling, whereas Asian-American students with lower levels of acculturation, and who identified with Asian culture and values, had less positive attitudes toward seeking counseling. During the investigation of Latino/a students, Cantazaro (2011) found that social support, social stigma, and self-stigma were negatively correlated with attitudes toward seeking counseling for social and interpersonal concerns, drug and alcohol related concerns, and academic concerns. Khan (2006) found that African-American Muslims and Arab Muslims reported positive attitudes toward seeking counseling and a high need for counseling services, and yet

results also displayed that counseling was often an unmet need and there was a predominant underuse of services.

These examples serve as an indicator for the unique ways that different cultural groups perceive counseling services and interact with help-seeking behavior. Though further exploration about unique cultural differences must be done, the results of the current study provided evidence that the Non-Caucasian group responded differently than the Caucasian group, and should be treated with uniquely affective intervention approaches. Furthermore, if a cultural group reports positive attitudes toward seeking counseling, yet also reports an underuse of mental health services, then it may be important to consider a culture specific way to intervene and increase accessibility. Moreover, for cultural groups that have low positive attitudes toward seeking counseling, research should be done to investigate the reason for such attitudes, which may dictate the direction for intervention.

### **Limitations**

While we were intrigued to learn that both intervention types generated a significant increase in positive attitudes toward seeking counseling, these results have introduced an apparent limitation to the study. Each intervention type included the video prompt, as well as the reflection questions, and we therefore remain unsure about which isolated variables created the change in positive attitudes toward seeking help. In the future, it would be beneficial to examine these four groups: the Individual Intervention group, the Group Intervention group, a group that will watch the video prompt and then do an unrelated activity for 30 minutes, and a group that will not watch the video prompt and will do an unrelated activity for 40 minutes. Using these four groups will allow



investigators to isolate the change variables, and individually investigate possible changes produced by the Individual Intervention, the Group Intervention, the video prompt, and time. Furthermore, it would be interesting to do a follow-up questionnaire, after a period of time, in order to examine the retention of changes.

Another limitation to the current study was the inability to collect data from a more culturally diverse sample. Even though the sample used was culturally representative of the population enrolled at this university (72% Caucasian, 19% African-American, 5% Asian or Pacific Islander, 3% mixed or bi-racial, and 1% Hispanic or Latino/a), it would have been beneficial to collect data from a higher number of Non-Caucasian participants. It should be noted that in order to examine ethnicity/ culture, this study grouped participants as “Caucasian” and “Non-Caucasian.” We grouped participants in this way for practical purposes, in consideration of obtaining sufficient power. While it was interesting to discover that the Group Intervention had a more significant effect than the Individual Intervention on increasing positive attitudes toward seeking counseling for the Non-Caucasian group, it is ill advised to assume that all cultures that are not Caucasian should be represented synonymously. In future research, it would be advantageous to collect data from a greater number of participants in each cultural group. The ability to investigate each cultural group separately would grant us the opportunity to learn how different groups reacted to each intervention. It is important to explore unique intervention techniques for individuals from each cultural background.

## **Clinical Implications**

There are many benefits to the creation of a group-type intervention with the intent to increase positive attitudes toward seeking counseling. The ability to intervene with a group allows professionals to reach a larger amount of people using fewer resources, which may also lead to increased practicality for application. In the current study, both the Group Intervention and the Individual Intervention were effective indicating two potentially usable and effective forms of intervention. The ability to intervene in either a group-type setting or individually is a benefit that will allow intervention to take place based on the available resources as well as the needs of the target environment. It is probable that the video prompt played a significant role in changing attitudes toward seeking counseling. The video prompt is a great resource because it provides a model for reflection, as well as primes individuals to respond to the questions by increasing the approachability of the subject with the introduction of various perspectives about the counseling process. Furthermore, the video prompt is a variable that will remain consistent and effective over time. It is also evident that the reflection process (the opportunity to consider the risks and benefits of the counseling process in relation to one's needs) was an effective way to increase positive attitudes toward seeking counseling. Reflection may take place individually or through a group discussion. Whenever possible, intervention should place emphasis on the benefits of seeking counseling in order to demonstrate the individual's potential gains from participating in the counseling process. If a person believes that there is a substantial amount of gain from seeking counseling, then the individual will have an increased belief that seeking mental health services is worth the potential risk that may be involved.

In general, research has shown a substantial amount of public-stigma toward seeking counseling which has been related to self-stigma and embarrassment, a lack of knowledge about mental health services, and a notion that mental health challenges should be handled autonomously. In one way, this study is focused on the individual in hopes of increasing the probability that the individual will seek counseling under necessary circumstances. Knowing that self-stigma is a barrier to seeking help, as well as a product of public-stigma, decreasing public stigma would increase accessibility of mental health services. The construction of an effective group intervention that will increase positive attitudes toward seeking counseling is necessary in order to begin psycho-education about counseling and other mental health services. Psycho-education about counseling services is a promising vessel for decreasing public-stigma. With the application of the intervention in various settings such as schools and work environments, we can begin to develop more accurate perceptions about the counseling process. Overtime, continued advocacy will lead to the increased approachability and accessibility of mental health services. All individuals deserve the opportunity to understand treatment options, and should have the knowledge and ability to seek help if needed.

## **Conclusion**

It is stridently clear that increasing positive attitudes toward seeking counseling is a necessity. It will facilitate the decrease in self-stigma and public stigma, as well as increase the accessibility of counseling services, which will help to ensure that those in need of help will also have the tools to seek it. A promising way to reach more people using fewer resources would be a group type intervention. Optimizing intervention to increase positive attitudes toward seeking counseling would include psycho-education about mental health services, an emphasis on the benefits of seeking counseling, and lastly, exposure to the counseling process.

APPENDIX

## Appendix A

### Video Prompt Interview Questions

1. If you could describe counseling in one word, what would it be?
2. What does counseling mean to you?
3. What is your opinion about a person who uses counseling services?
4. If you were to consider seeking counseling, what would make you uncomfortable about it?
5. If you were to consider seeking counseling, how do you think it could help?

## Appendix B

### Group Intervention Probes/ Individual Intervention Open-Ended Questions

1. If you could describe counseling in one word, what would it be?
2. From your perspective, what is counseling?
3. Is there any specific person from the video that you may have identified the most with? What about that person's thoughts or feelings did you relate to?
4. Have you ever experienced any type of counseling or therapy? If you have, would you feel comfortable discussing your experiences? Not the details, but more about what you liked and didn't like about it.
5. What are some negative ideas that you might have about going to counseling?
6. What is your opinion about a person who uses counseling services?
7. If you were to consider seeking counseling, what would make you uncomfortable about it?
8. If you were to consider seeking counseling, how do you think it could help?

### Appendix C



**APPROVAL NUMBER: 11-A042**

To: Kristen Lapi  
 210 B Donnybrook Lane  
 Towson MD 21286

From: Institutional Review Board for the Protection of Human Subjects, Marcie Weinstein, Member

Date: Wednesday, December 15, 2010

RE: Application for Approval of Research Involving the Use of Human Participants



Office of University  
 Research Services

Towson University  
 8000 York Road  
 Towson, MD 21252-0001

t. 410 704-2236  
 f. 410 704-4494

Thank you for submitting an Application for Approval of Research Involving the Use of Human Participants to the Institutional Review Board for the Protection of Human Participants (IRB) at Towson University. The IRB hereby approves your proposal titled:

*The effectiveness of a risks and benefits based group intervention on attitudes toward seeking counseling: An attachment perspective*

If you should encounter any new risks, reactions, or injuries while conducting your research, please notify the IRB. Should your research extend beyond one year in duration, or should there be substantive changes in your research protocol, you will need to submit another application for approval at that time.

We wish you every success in your research project. If you have any questions, please call me at (410) 704-2236.

CC: J. Mattanah

File

The IRB hereby approves your research project for the protection of human participants (IRB) at Towson University. We wish you every success in your research project. If you have any questions, please call me at (410) 704-2236.



## **Appendix D**

### **Informed Consent**

This study is being conducted in order to examine various attitudes toward using counseling services. Your role in this project is to complete a set of questionnaires and watch a short video about counseling, and complete some additional questions about that video. The total study should take about 90 minutes to complete.

During the session, you will be focusing on the concept of counseling and what counseling means to you. To begin, you will be given about 25 minutes to complete a questionnaire on the computer. Upon completion, you will be lead to a group conference room. In the group conference room, you will first watch an 8 minute video and then you will be asked to reflect upon your feelings toward counseling for about 30 minutes. While responding to the open-ended questions, we hope that you will feel comfortable discussing any opinions that you may have toward counseling. Lastly, you will then have 25 minutes in order to complete an additional questionnaire. You are not required to answer every question on the questionnaires. Due to the nature of this study, as you explore your opinion about counseling services, it is possible that you may experience feelings of discomfort. In the event of an unpleasant experience, please feel compelled to notify the group leader, Kristen Lapi, either during the experience or upon completion of the study.

Participation in this study is voluntary. You must be 18-years of age or older in order to participate in this study. All information will remain strictly confidential. Although the descriptions and finding may be published, at no time will your name be used. You are at liberty to withdraw your consent to the experiment and discontinue participation at any time without prejudice. This study is being completed by Kristen Lapi as a part of her master's degree program. If you have any questions after today, please feel free to call Kristen Lapi, the primary investigator of this project at (908) 489-1355, Dr. Mattanah, her thesis advisor at (410) 704-3208, or Dr. Debi Gartland, Chairperson of the Institutional Review Board for the Protection of Human Participants at Towson University at (410) 704-2236.

Table 1

*Anticipated Risk from Pre-Test (time 1) to Post-Test (time 2)*

Time	Group Intervention M (SD)	Individual Intervention M (SD)	F	P
Time 1	2.65 (.84)	2.61 (.76)	1.813 <sup>A</sup>	.181
Time 2	2.68 (.89)	2.76 (.86)	.016 <sup>B</sup>	.901
			.878 <sup>C</sup>	.351

*Note.* A = F-value for within-group effect of time

B = F-value for between-group effect (group intervention vs. individual intervention)

C = Interaction between time and group

Table 2

*Anticipated Benefit from Pre-Test (time 1) to Post-Test (time 2)*

Time	Group Intervention M (SD)	Individual Intervention M (SD)	F	P
Time 1	3.46 (1.11)	3.54 (.80)	21.968 <sup>A</sup>	.001
Time 2	3.82 (.98)	3.78 (.77)	.015 <sup>B</sup>	.904
			.901 <sup>C</sup>	.345

*Note.* A = F-value for within-group effect of time

B = F-value for between-group effect (group intervention vs. individual intervention)

C = Interaction between time and group

Table 3

*Attitudes from Pre-Test (time 1) to Post-Test (time 2)*

Time	Group Intervention M (SD)	Individual Intervention M (SD)	F	P
Time 1	2.88 (.60)	2.92 (.49)	9.276 <sup>A</sup>	.003
Time 2	3.00 (.60)	2.97 (.52)	.013 <sup>B</sup>	.909
			1.693 <sup>C</sup>	.196

*Note.* A = F-value for within-group effect of time

B = F-value for between-group effect (group intervention vs. individual intervention)

C = Interaction between time and group

Table 4

*Intention to Seek Help from Pre-Test (time 1) to Post-Test (time 2)*

Time	Group Intervention M (SD)	Individual Intervention M (SD)	F	P
Time 1	2.43 (.60)	2.57 (.48)	27.766 <sup>A</sup>	.001
Time 2	2.64 (.67)	2.69 (.51)	.778 <sup>B</sup>	.380
			1.742 <sup>C</sup>	.190

*Note.* A = F-value for within-group effect of time

B = F-value for between-group effect (group intervention vs. individual intervention)

C = Interaction between time and group

Table 5

*Correlations at Pre-Test (Time 1)*

	Anticipated Risk R ( <i>p-values</i> )	Anticipated Benefit R ( <i>p-values</i> )	Attitudes R ( <i>p-values</i> )	Intent R ( <i>p-values</i> )
Attachment Anxiety	.33 (.001)	.16 (.115)	.01 (.909)	.05 (.600)
Attachment Avoidance	.22 (.035)	-.14 (.186)	-.16 (.124)	-.13 (.205)
Anticipated Risk			-.24 (.020)	-.11 (.267)
Anticipated Benefit			.67 (.001)	.61 (.001)

Table 6

*Predicting Attitudes at Time 2 from Attitudes at Time 1 and Change in Perception of Risk and Benefit*

	R <sup>2</sup>	R <sup>2</sup> Change	B	t-value	P
<hr/>					
1					
Score for ATSPPHS on Pre-Test	.877 <sup>1</sup>	.770 <sup>1</sup>	.891	17.72	.001
<hr/>					
2					
Score for ATSPPHS on Pre-Test	.780 <sup>2</sup>	.010 <sup>2</sup>	.896	17.99	.001
Change in Risk			-.052	- 1.29	.202
Change in Benefit			.061	1.39	.168
<hr/>					

*Note.* 1 = Predictors: Score ATSPPHS AT Time 1

2 = Predictors: Score ATSPPHS on Pre-Test, Change in Risk from Time 1 to Time 2, and Change in Benefit from Time 1 to Time 2

Table 7

*Predicting Intent at Time 2 from Intent at Time 1 and Change in Perception of Risk, Benefit, and Attitudes*

	R <sup>2</sup>	R <sup>2</sup> Change	B	t-value	P
1					
Score for ISCI on Pre-Test	.733 <sup>1</sup>	.733 <sup>1</sup>	.930	16.06	.001
2					
Score for ISCI on Pre-Test	.795 <sup>2</sup>	.062 <sup>2</sup>	.943	18.21	.001
Change in Risk			-.003	-.08	.936
Change in Benefit			.063	1.36	.177
Change in Score for ATSPPHS			.497	4.71	.001

*Note.* 1 = Predictors: Intention to Seek Help at Time 1

2 = Predictors: Score for Intent, Change in Risk from Time1 to Time 2, Change in Benefit from Time1 to Time 2, Change in attitudes from Time 1 to Time 2



Table 8

*Baseline Scores for Caucasian Group and Non-Caucasian Group*

	Ethnic Grouping	N	M (SD)	t-test	P
Anticipated <sup>1</sup> Risk	Caucasian	69	2.57 (.77)	-1.19 <sup>1</sup>	.236 <sup>1</sup>
	Non-Caucasian	27	2.78 (.85)		
Anticipated <sup>2</sup> Benefit	Caucasian	69	3.57 (.93)	1.10 <sup>2</sup>	.276 <sup>2</sup>
	Non-Caucasian	27	3.33 (1.03)		
Intent <sup>3</sup>	Caucasian	69	2.52 (.54)	.48 <sup>3</sup>	.634 <sup>3</sup>
	Non-Caucasian	27	2.46 (.55)		
Attitudes <sup>4</sup>	Caucasian	69	2.98 (.53)	2.35 <sup>4</sup>	.021 <sup>4</sup>
	Non-Caucasian	27	2.69 (.53)		

*Note.* 1 = Anticipated Risk at Time 1  
 2 = Anticipated Benefit at Time 1  
 3 = Intent at Time 1  
 4 = Attitudes at Time 1

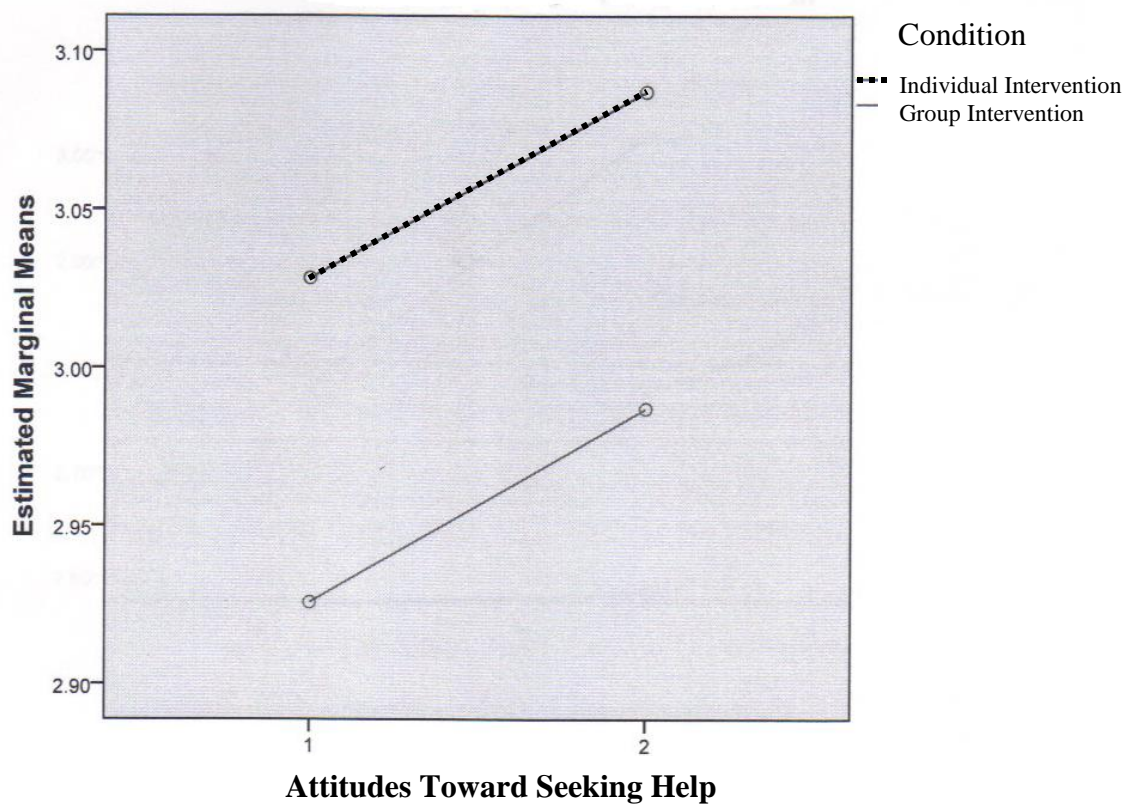
Table 9

*Effects of Intervention Type and Ethnic Grouping on Attitudes from Time 1 to Time 2*

	F-value	P
Attitudes Time 1 x Time 2	8.88	.004
Attitudes Time 1 x Time 2 and Individual Intervention x Group Intervention	3.34	.071
Attitudes Time 1 x Time 2 and Caucasian x Non-Caucasian	1.06	.306
Attitudes Time 1 x Time 2 and Individual Intervention x Group Intervention and Caucasian x Non-Caucasian	3.19	.077

Figure 1

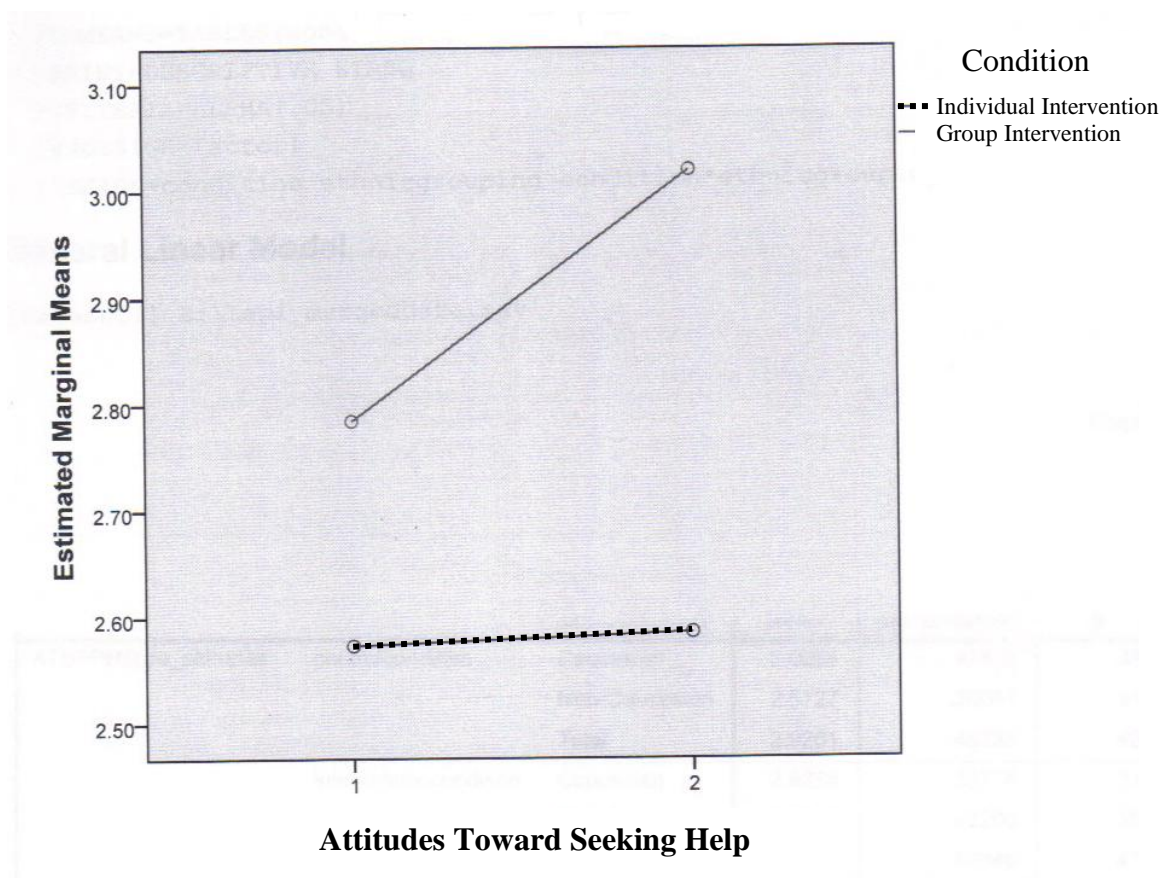
*Effect of Intervention Group on Caucasian Participants from Time 1 to Time 2*



*Note.* The chart demonstrates that the participants who self-identified as Caucasian demonstrated a similar increase in positive attitudes toward seeking counseling regardless of the intervention type.

Figure 2

*Effect of Intervention Group on Non-Caucasian Participants from Time 1 to Time 2*



*Note.* The chart demonstrates that the participants who self-identified as Non-Caucasian demonstrated significantly more increase in positive attitudes toward seeking counseling if the participant was in the Group Intervention group.

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# Kristen Lapi

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## EDUCATION

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***Master of Arts in Counseling Psychology; Research Track*** December 2011  
Towson University, Towson, MD  
Thesis: Increasing Positive Attitudes toward Seeking Counseling: An Attachment Perspective

***Bachelor of Arts Degree in Psychology and Deaf Studies*** May 2009  
Towson University, Towson, MD

## RESEARCH EXPERIENCE

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***Thesis: Increasing Positive Attitudes toward Seeking Counseling*** January 2010- present

- My study examined the potential increase of positive attitudes toward seeking counseling as a function of 2 different intervention groups. The group intervention group participated in the discussion of the risks and benefits of seeking counseling, while the individual intervention group independently filled out an open-ended questionnaire based on the risks and benefits of seeking counseling. Furthermore, this study investigated attachment anxiety as a moderator, as well the perceived likelihood that the participant would seek help for emotional and interpersonal concerns.
- Conceptualize the thesis
- Execute the development and construction of the intervention
- Collect and analyze the data
- Author the thesis paper

***Research Assistant*** February 2009- May 2009  
***Research in Social Perceptions and Perspective Taking***

- Carried out data collection
- Performed data entry
- Examined data analysis

## RELATED EXPERIENCE

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***Sheppard Pratt Health System*** July 2010- Present  
Mental Health Worker  
Towson, MD

- Trained to work on all 13 inpatient units
- Developed skills for working with any diagnosis and any age group
- Lead therapeutic groups and participated in community treatment planning
- Responsible for patient care and assessing vitals
- Provide a safe and therapeutic milieu



***Mental Health Association of Frederick County: Counseling Services*** August 2010- June 2011

Counseling Intern

Frederick, MD

- Received individual and group supervision for counseling
- Managed 10- 12 clients and co-lead group for 10- 14 homeless women with children
- Completed initial evaluation, progress notes, treatment plan, and discharge summary for clients
- Executed administrative duties

***Columbia Maryland School for the Deaf***

January 2009- May 2009

Intern

Columbia, MD

- Communicated using American Sign Language only
- Facilitated and supervised daily activities for a 3<sup>rd</sup> grade class of 6 students
- Assisted with teaching students one-on-one and in a group setting
- Intervened with children from diverse backgrounds, who may have been facing a new hearing loss, additional physical disabilities, and/ or mental challenges

***Villa Maria School at St. Vincent***

August 2008- December 2008

Intern

Timonium, MD

- Worked with elementary school children in a classroom setting
- Intervened with children experiencing various emotional and behavioral challenges
- Assisted with teaching students one-on-one and in a group setting
- Provided a therapeutic learning environment
- Implemented relaxation techniques, a token economy, and limit setting

***Maxim Healthcare Services***

May 2008- August 2008

Intern

Brick, NJ

- Engaged in treatment for children and adolescents with personal, behavioral, and family challenges
- Participated with team to provide in-home mental health care for the family system
- Acted as mentor for assigned adolescents
- Practiced collection and completion of initial intakes
- Managed clerical duties

**ACHIEVEMENTS AND MEMBERSHIPS**

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***American Counseling Association***

August 2010- present

***Psi Chi: The National Honors Society for Psychology***

September 2007- present

***Alpha Phi Omega: The National Community Service Fraternity***

November 2007- present

- Certified in Launch Leadership Program

**VOLUNTEER AND COMMUNITY INVOLVEMENT**

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***United States Postal Service***

September 2005- February 2007

- Collaborated to organize an event at the Annual Hot Air Balloon Festival in order to raise awareness and money for Diabetes (2005) and Domestic Violence (2006)

- Participated in the coordination of a bowling event to fundraise for Breast Cancer Awareness (2007)

***Freehold Jewish Center in New Jersey***

September 2005- July 2006

- Provided assistance with babysitting, cooking and serving food, and other needs for religious events

**LEADERSHIP AND OTHER ACTIVITIES**

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***Secretary, Towson Dodgeball Club***

September 2007- May 2010

- Attended weekly club meetings
- Facilitated weekly practice
- Coordinated biannual Dodgeball Club Tournament

***Proctored for Cognitive Psychology Course***

January 2009- May 2009

***Proctored for Basic Sign Language Course***

January 2006- May 2006

***Marching Band, Member of the Colorguard***

July 2001- May 2008

***Captain, High School Varsity Girls Swim Team***

September 2004- June 2005

**LANGUAGE SKILLS**

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American Sign Language, Intermediate Skill Level

**TECHNICAL ABILITIES**

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Proficient in SPSS/ PASW, Microsoft Word, Excel, and PowerPoint

