Policy capturing analyses of factors influencing decisions to seek professional counseling

Deborah Jean Bushway
Iowa State University

Follow this and additional works at: https://lib.dr.iastate.edu/rtd

Part of the Clinical Psychology Commons

Recommended Citation
Retrospective Theses and Dissertations. 12049.
https://lib.dr.iastate.edu/rtd/12049
INFORMATION TO USERS

This reproduction was made from a copy of a document sent to us for microfilming. While the most advanced technology has been used to photograph and reproduce this document, the quality of the reproduction is heavily dependent upon the quality of the material submitted.

The following explanation of techniques is provided to help clarify markings or notations which may appear on this reproduction.

1. The sign or "target" for pages apparently lacking from the document photographed is "Missing Page(s)". If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting through an image and duplicating adjacent pages to assure complete continuity.

2. When an image on the film is obliterated with a round black mark, it is an indication of either blurred copy because of movement during exposure, duplicate copy, or copyrighted materials that should not have been filmed. For blurred pages, a good image of the page can be found in the adjacent frame. If copyrighted materials were deleted, a target note will appear listing the pages in the adjacent frame.

3. When a map, drawing or chart, etc., is part of the material being photographed, a definite method of "sectioning" the material has been followed. It is customary to begin filming at the upper left hand corner of a large sheet and to continue from left to right in equal sections with small overlaps. If necessary, sectioning is continued again—beginning below the first row and continuing on until complete.

4. For illustrations that cannot be satisfactorily reproduced by xerographic means, photographic prints can be purchased at additional cost and inserted into your xerographic copy. These prints are available upon request from the Dissertations Customer Services Department.

5. Some pages in any document may have indistinct print. In all cases the best available copy has been filmed.

University Microfilms International
300 N. Zeeb Road
Ann Arbor, MI 48106
Bushway, Deborah Jean

POLICY CAPTURING ANALYSES OF FACTORS INFLUENCING DECISIONS TO SEEK PROFESSIONAL COUNSELING

Iowa State University

University Microfilms International

300 N. Zeeb Road, Ann Arbor, MI 48106
PLEASE NOTE:

In all cases this material has been filmed in the best possible way from the available copy. Problems encountered with this document have been identified here with a check mark √.

1. Glossy photographs or pages
2. Colored illustrations, paper or print
3. Photographs with dark background
4. Illustrations are poor copy
5. Pages with black marks, not original copy
6. Print shows through as there is text on both sides of page
7. Indistinct, broken or small print on several pages
8. Print exceeds margin requirements
9. Tightly bound copy with print lost in spine
10. Computer printout pages with indistinct print
11. Page(s) lacking when material received, and not available from school or author.
12. Page(s) seem to be missing in numbering only as text follows.
13. Two pages numbered. Text follows.
14. Curling and wrinkled pages
15. Dissertation contains pages with print at a slant, filmed as received
16. Other

University
Microfilms
International
Policy capturing analyses of factors influencing decisions to seek professional counseling

by

Deborah Jean Bushway

A Dissertation Submitted to the Graduate Faculty in Partial Fulfillment of the Requirements for the Degree of DOCTOR OF PHILOSOPHY

Major: Psychology

Approved:

Signature was redacted for privacy.

In Charge of Major Work

Signature was redacted for privacy.

For the Major Department

Signature was redacted for privacy.

For the Graduate College

Iowa State University
Ames, Iowa

1985
TABLE OF CONTENTS

INTRODUCTION AND LITERATURE REVIEW

Counseling/Mental Health 2
Social Psychology 10
An Integration 14
Decision Making 18

METHOD

Subjects 24
Instruments 26
Procedure 31
Statistical Analyses 35

RESULTS

Manipulation Check 41
Policy Capturing Analyses 44
Cluster Analysis 51
Analyses of Variance 66

DISCUSSION

Manipulation Check 67
Policy Capturing Results 68
Cluster Analyses 78
Analyses of Variance 84

CONCLUSIONS

Introduction 87

REFERENCES 94
iii

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>103</td>
</tr>
<tr>
<td>APPENDIX A</td>
<td>105</td>
</tr>
<tr>
<td>APPENDIX B</td>
<td>107</td>
</tr>
<tr>
<td>APPENDIX C</td>
<td>108</td>
</tr>
<tr>
<td>APPENDIX D</td>
<td>141</td>
</tr>
</tbody>
</table>
iv

LIST OF TABLES

Table 1. Order and level of variables within each vignette ................................................. 28

Table 2. Hometown geographical location and size breakdowns used in coding ......................... 34

Table 3. Average ratings and t-tests for manipulation check of four independent variables ........ 43

Table 4. Median standardized beta weights for all four factors ............................................. 49

Table 5. Semipartial $R^2$s ........................................................................................................ 54

Table 6. Cluster membership for total sample cluster analysis ................................................. 56

Table 7. Summary of policy capturing results ............................................................................ 142
<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Median beta weights for total and partial samples</td>
<td>47</td>
</tr>
<tr>
<td>2</td>
<td>Scree slope for total sample cluster solution</td>
<td>55</td>
</tr>
<tr>
<td>3</td>
<td>Median help seeking policies for total sample cluster analysis</td>
<td>60</td>
</tr>
<tr>
<td>4</td>
<td>Median help seeking policies for significant policies</td>
<td>64</td>
</tr>
</tbody>
</table>
INTRODUCTION AND LITERATURE REVIEW

There exists an extensive body of literature in which the therapeutic process and those variables that are thought to influence the process are investigated. The applications of various theoretical approaches to specific presenting problems have also been analyzed (Bergin & Garfield, 1978; Walker, 1983). These are, of course, important questions for the practicing psychologist, but there is a problem. This line of research begins with the client already at the counselor's office, ignoring those factors which interacted to bring the client into the office. We know very little about the forces which interact in the environment and within the person to influence a decision about seeking professional counseling.

Most adults, including college students, are occasionally confronted with some problem that leaves them feeling overwhelmed. How do people who find themselves in such a situation make choices about where to turn?

Reviews of research in this area have suggested that most people, given a choice, will choose an informal help provider rather than a professional helper (Booth & Babchuck, 1972; Croog, Lipson & Levine, 1972; Litman, 1974). The importance of such informal support systems have long been acknowledged by both practitioners and potential clients (Quarantelli, 1960; Brown, 1978; Corrigan, 1978; Martín, Bonasera & Deni, 1982).

On the other hand, Veroff, Kulka and Douvan (1981) recently found
an increase of 86% nationally from 1956 to 1976 in the number of people seeking professional counseling help. Like other mental health agencies, university counseling centers have experienced similar increases in utilization (Gonzalez, 1985; Trimble, 1984).

Do these increases reflect changing influences on the decision making process of an individual deciding about counseling? If so, what are these influences, and how do they operate? What is important to a student considering a visit to the university counseling center, and how do such factors impact his/her decision? It appears that these influences and their roles in the decision of whether or not to seek counseling can be empirically identified and delineated. This study represents one attempt at such a delineation.

In order to anchor this question empirically, the help seeking research in two broad areas (counseling/mental health and social psychology) is briefly reviewed. Following this review, the results of a previous study identifying important influences in mental health help seeking are presented. Finally, the work attempting to quantify the human decision-making process is reviewed and discussed in terms of this specific problem.

Counseling/Mental Health

Hollingshead and Redlich, in 1958, published a landmark study in the area of mental health help seeking. Their research emphasized demographic descriptors of the help seeking population as compared to
a nonhelp seeking population. This study began a trend, both in terms of populations and variables addressed in the research, which has continued with a few attempts at integration. This line of research is addressed specifically in the following review. The information available regarding use of university counseling centers is integrated into the review of general mental health help seeking.

Demographics

Gender is one of the demographic variables which appears to be consistently related to help seeking. Females utilize mental health professionals much more often than do males (Chesler, 1972; Gurin, Veroff & Feld, 1960; Gove & Tudor, 1973; Kadushin, 1969; Lattell, 1981; Mark, 1981; Martin, Bonasera & Deni, 1982; Russo & Sobel, 1981). Several researchers have tied this pattern to differences in socialization for males and females, citing the tendency for men to be taught to control and conceal their feelings (Cooperstock, 1971; Cozby, 1973; Phillips & Segal, 1969; Wallston, 1976). In other words, it may be that since counseling often involves expression of feeling, males might find the process less appealing in light of their previous training.

Age is another consistent variable in the help seeking literature. Gurin et al. (1960) reported that as age increased beyond "middle age", there was a decline in use of mental health professionals. Whether this represents an actual age difference or a change in values over generations is unclear since Gurin et al. used a cross-sectional rather than a longitudinal research design. This finding has, however, been
replicated in several more recent studies which suggest that younger people are more likely to seek professional help (Brown, 1978; Farmer, 1981; Martin et al., 1982; Veroff, 1981). This would suggest that age itself is actually a useful variable in predicting help seeking. Traditional college aged students would fall into the group more likely to seek help.

Both socioeconomic status (SES) and education have proven over time to be reliable predictors of help seeking (Asser, 1978; Farmer, 1981; Fisher & Cohen, 1972; Gurin et al., 1960; Hollingshead & Redlich, 1958; Kadushin, 1969; Veroff et al., 1981). Kadushin (1969) has suggested that people with more education tend to know more about counseling and its benefits, thus they are more likely to seek counseling at appropriate times in their lives. Similarly, Kadushin has suggested that people of higher SES are more likely to know others who have benefited from counseling, and therefore feel more hopeful about the result of their help seeking. This increased information about counseling and its processes appears to increase the probability of help seeking. Conversely, people of lower SES might hold negative views of the mental health profession based on either negative experiences and/or media stereotypes. These negative views may function to inhibit voluntary help seeking.

Race, though confounded with education and SES, has been considered as a separate variable. Brown (1978) and Mahon (1981) have both concluded that blacks are more reluctant to seek professional counsel-
ing than whites. Clinton (1981), however, has suggested that not only race, but ethnicity plays an important role in help seeking. She interpreted her results as reflective of the values held by those sub­cultures in her research. She suggested that members of ethnic sub­groups which highly value independence are less likely to seek pro­fessional counseling than are people belonging to subcultures without that norm.

Some other demographic variables have been identified with help seeking: low religiosity, urban or suburban residency, fathers in high status occupations (Greenely & Mechanic, 1976), and identification with the Jewish culture (Henry, Sims & Spray, 1973).

In summary, the "typical" mental health client emerges as a young, white, well-educated middle to upper class female with either Jewish or low religious affiliation (Henry, Sims & Spray, 1973; Greenely & Mechanic, 1976). This description is interesting, even intriguing, but its utility is clearly limited. Lacking a cohesive theoretical or empirical conceptualization of the issue, we can only hypothesize about the "reasons" for these disparities between help seekers and non-help seekers.

**Internal characteristics**

Help seeking has also been linked with a number of internal character­istics. Among these are willingness to self-disclose (Mark, 1981), general verbal facility (Kadushin, 1969), and a well-developed vocabu­lary for expressing distress (Bart, 1968). Obviously affecting expres­
sion of distress is experience of distress. Lieberman and Mullen (1978) reported that perceptions of distress level varied more between people than between events. In other words, the same event may greatly distress one person while another person takes the event in stride. Interestingly, as perceived distress level increased, so did help seeking. This finding also has high intuitive appeal. Consistent with this, Gurin et al., in their 1960 survey, found that the elderly, as a group, not only reported being less worried, but also tended to utilize fewer mental health services than other comparable groups.

This relationship of both the experience and the expression of distress to actual help seeking has also been corroborated by others (Farmer, 1981; Brown, 1978).

People also appear to vary on the types of attributions they make about their distress. Women tend to make psychological attributions about their discomfort more often than do men (Mechanic, 1969). Horowitz (1977) and Schreiber and Glidewell (1978) have also suggested that males and females may interpret problems differently, and thus report them to different help sources. Males tend to make medical attributions about their difficulties, thus seeking medical rather than psychological assistance. One now begins to wonder if the gender difference in help seeking noted earlier is more reflective of differences in problem attribution and/or interpretation rather than of gender per se.

Locus-of-control has also been found to affect help seeking.
Veroff (1981) reported that people who attribute their problems externally are more able to seek professional counseling help. Since mental health concerns tend to be attributed internally, it may be that they contain an inherent inhibition for help seeking. It may be that this inhibition decreases if one can attribute problems to other people in one's life or to external circumstances. This would suggest that the external locus-of-control often seen in clients just beginning counseling might actually serve to facilitate help seeking.

Clearly, the research is suggesting that problem definition affects help seeking in general. More specifically, college students' use of counseling centers appears to vary with problem type. Rust and Davis (1961), Snyder, Hill and Derksen (1972) and Warman (1960) all found that students tend to define problems as either appropriate or inappropriate for counseling, and that this definition appears to influence their use of the student counseling center. Strikingly, the potential clients' definitions of appropriate problems sometimes differed from those of the practitioners (Warman, 1960). One variable which may be affecting classification of a problem as either appropriate or inappropriate for counseling is distress level. Tinsley, de St. Aubin and Brown (1982) found that for college students, a close friend was the preferred helper for a "personal" problem unless distress level was extremely high.

This need for an extremely high distress level before seeking professional counseling might lead us to question the stereotypes and
other information held by potential clients regarding the counseling process. Students appear to have ideas about counseling which impact their categorization of problems as appropriate or not for the campus counseling center.

A number of studies have directly investigated the relationship between information about counseling and help seeking. Gelso and McKenzie (1973), for example, found that the more information students had about the counseling service, the more likely they were to seek professional help from the service. This finding supports earlier work reporting that lack of information inhibited use of campus counseling centers (Rust & Davie, 1961; Warman, 1960, 1961). Snyder et al. (1972) also suggested that the type of information gained by a potential help seeker is critical. If the information were favorable with a positive outcome, help seeking would likely be facilitated, but if the reverse were true, it would likely be inhibited. Most professionals in the field have likely had opportunity to observe the effects of a similar information network.

External variables

Clearly, not all young, white, informed, educated, etc. women actually utilize campus counseling centers. It appears that there may be some external variables which also influence these decisions. While this has intuitive appeal, there has been little systematic research around this question. Money is one traditional "folklore" influence on help seeking, and both Veroff (1981) and Farmer (1981) reported that
lack of money was positively correlated with help seeking. This correlation may seem contradictory to "common sense", but perhaps it is interpretable in light of findings by Booth and Babchuck (1972), Parham and Tinsley (1980) and Quarantelli (1960). These researchers have suggested that people seek professional help only after exhausting all other environmental and personal resources. In other words, it may be that lack of money (or exhaustion of other resources, for that matter) adds to the perceived severity of the problem, thus increasing the likelihood of seeking help.

Helper characteristics and availability of services have both been suggested as other influences on help seeking (Corrigan, 1978; Gelso, Brooks & Karl, 1975; Jacobson, Reigier & Burns, 1978). Corrigan (1978) found that increased levels of both expertness and trustworthiness of a professional helper related positively to help seeking. Professional titles also appear to be a characteristic with which potential help seekers are concerned. Specifically, Getsinger and Garfield (1976) found that on a college campus, "counselors" and "guidance counselors" were more likely to be seen for occupational concerns than were "counseling psychologists", but the relationship was reversed for eight other problem areas. It also appears that availability of services has an initial effect on help seeking, but that this effect levels off relatively soon (Jacobson, Reigier & Burns, 1978).

Summary

In reviewing the literature thus far, the reliance on person descriptors to explain help seeking is striking. There appears to be a
search for a type of person who seeks a certain type of help rather than for forces or processes which affect people's decisions to seek help. Historically, such typological searches have often failed to provide the anticipated insights and are often remnants of stereotypes in the field. Unfortunately, there is often an inherent "uniformity myth" operating in such searches. We, as scientists, must also take care that we are not merely creating a help seeking "type" which fits with our own biases about clients.

In any case, demographics have limited explanatory or heuristic power. There is often more variability on a given characteristic within a defined group than between such groups. With this in mind, the research exploring the effects of external variables represents a tentative step toward the systematic investigation for potential underlying processes in the decision to seek professional help. This line of investigation may prove more fruitful, as speculations about the variables which might underlie demographic differences are tested. Other steps in this direction have been made by social psychologists.

Social Psychology

Social psychologists have treated help seeking and help giving as an interpersonal process and have conducted a quantity of research from this perspective. The vast majority of this research was done in the laboratory, and little of it has directly addressed mental health help seeking. Still, this research has relevance to the questions of inter-
est in the current investigation. The research is easily divided into two broad categories: 1) investigations of internal characteristics of help seekers, and 2) studies of the environmental influences on help seeking.

**Intrapersonal variables**

Embarrassment has been found to inhibit help seeking (Fisher, Nadler & Whitcher-Alagna, 1982). This embarrassment is connected with reported feelings of inferiority and lowered self-esteem following a request for help. Their subjects also appear to be more likely to request help when they can do so privately than when it must be done publicly (Lattell, 1981; Tessler & Schwartz, 1972; Wallston, 1976). Perhaps private requests for help reduce feelings of embarrassment.

Self-esteem and ego involvement have been found to interact in influencing help seeking (DePaulo & Fisher, 1980; Morris & Rosen, 1973; Tessler & Schwartz, 1972). If a task was highly ego involving for the potential help seeker, people with high self-esteem were less likely to ask for help. However, when the task was trivial (or had low ego-involvement), those with high self-esteem were more likely to ask for help. It seems that asking for help implies a lack of ability on the part of the asker. With that implication in mind, asking for help on a task which is central to one's self-image of competency becomes highly unlikely. Logically, this could imply that the very people who most value psychological growth would find it the most difficult to request psychological assistance. This hypothesis remains to be
tested.

Along these same lines, Tessler and Schwartz (1972) concluded that achievement motivation produced the largest and most consistent effect on help seeking of the four personality variables included in their research. It appears that since help seeking is seen as emphasizing failures, inferiorities, and incompetencies (DePaulo & Fisher, 1980), it is very difficult for people with high achievement motivation to ask for help.

Environmental variables

Task difficulty and attribution for failure were manipulated by Tessler and Schwartz (1972) so that failure on difficult tasks could be attributed externally and failure on easy tasks was internally attributed. Their subjects sought help more often when responsibility could be attributed to some external source. Generally, as task difficulty increases, people are increasingly able to blame their "failure" (need for assistance) on an external source (task difficulty), and therefore more able to ask for help (Feather, 1967; Weiner & Kulka, 1970). However, there have been some inconsistencies in the effects of task characteristics on help seeking, and Williams (1981) has suggested that these are due to interactions with other factors. Specifically, she suggests that social (interpersonal) variables, which have been the focus of extended theorizing and investigation by social psychologists, appear to influence the potential help seeker.
Interpersonal variables

Along these lines, several studies have examined the impact of interpersonal indebtedness on a potential help seeker. Although there are various ways to talk about it, a standard postulate in social psychology is that people operate with a norm of reciprocity, and that indebtedness is therefore an aversive psychological state. Greenberg and Shapiro (1971), Schreiber and Glidewell (1978) and Castro (1974) all reported decreased help seeking as expectation of ability and opportunity to reciprocate decreased. DePaulo and Fisher's (1980) work also suggested that potential help seekers assess costs both to themselves and to the helper, and that as helper cost increased, likelihood of help seeking decreased. In other words, it appears that as probable indebtedness increases, propensity for help seeking decreases.

Adams (1963) and Thibaut and Kelley (1959) have both addressed the aversiveness of the feeling of indebtedness in their respective theories (equity and exchange theories). According to these theories, the threat of indebtedness may be enough to inhibit help seeking. Both reactance theory (Brehm & Cole, 1966) and Latane's social impact theory (Williams & Williams, 1983) have been applied to the problem of help seeking, and both have included the concept of "cost" in their analysis.

Summary

In summary, the attempts by social psychology to understand help seeking suggest that it may be the result of an interplay between intrapersonal, environmental and interpersonal variables, at least in the
laboratory setting. Interestingly, DePaulo and Fisher (1980) have proposed a third type of variable, that of "cost", as a moderating factor. Cost, they suggest, can include both internal and environmental variables. This type of synthesis is vital, both empirically and theoretically, for progress with this question.

There are some problems, however, in the application of social psychology to the actual help seeking situation with which this review is concerned. One problem is clearly the nature of the analog research summarized. The question of counseling is never directly addressed. Thus, this research provides direction and insight, but extrapolations to specific situations must be approached cautiously. Another issue is the reminder that correlation does not signify causation. Particularly in the studies concerned with internal variables, most of the results are correlations of two operationally defined concepts. A final concern is the failure of social psychologists to address a motive or "drive" in the direction of help seeking. Why would a person risk indebtedness, loss of self-esteem and embarrassment in order to request help? The mental health literature may have provided us with better answers for that side of the coin.

An Integration

In reviewing the help seeking literature in social psychology and mental health, one is able to glean a number of potential influences on the potential help seeker. Both facilitative and inhibitory factors are revealed.
The mental health literature provides us with two main motivators for help seeking: 1) nature and severity of problems in living, and 2) peer group support for help seeking.

In reviewing the first motivator, we find that if problems are perceived as severe enough, help will be sought. Many of the studies presented correlated reports of problem severity with various demographic variables (i.e., SES, gender). These correlations appear, however, to be indicators of an underlying process: perception (or experience of) distress. In other words, the confirmed differences in help seeking between men and women (for example) might be traced to differences in perception and/or experience of distress between the genders rather than some inherent trait difference for help seeking. The relationship between the experience of distress and the act of seeking counseling remains an empirical question at this point.

Secondly, if there is peer group acceptance and encouragement of counseling, a potential client is more likely to actually seek professional counseling. Thus, the differences in help seeking for different levels of SES (for example), may reflect different levels of exposure to (and therefore knowledge about) counseling. Other factors may also influence both the amount and type of information about counseling affecting any individual.

Much of the research done by social psychologists emphasizes the impact of a "cost" variable on help seeking. Many of the inhibiting factors revealed by research in the mental health literature would also
fit under the rubric of cost. Conceptualizations such as this (DePaulo & Fisher, 1980) will provide the necessary framework for continued synthesis in this field of research.

A previous empirical attempt at integration

It was with the need for this framework in mind that Bushway (1983) attempted to identify a taxonomy for the influences in a person's decision to seek professional counseling. In this attempt to simplify and organize the numerous hypothesized influences on help seeking, a factor analysis was used.

232 undergraduates were given the Help Seeking Inventory (HSI) developed by Bushway (1983). The HSI consisted of 81 statements derived from the review of the help seeking literature and two informal surveys. These statements were rated by the subject for impact on a decision of whether or not to seek professional counseling. Ratings ranged from one (no impact at all) to 99 (extremely impactful).

The data were analyzed in three steps: 1) a probit transformation, 2) an exploratory, iterative principal axis factor analysis followed by Scree tests and Varimax rotations, and 3) the computation of factor reliability coefficients. These three steps were applied to three data sets: the entire sample, the males in the sample, and the females in the sample.

The iterative principal axis factor analysis of the entire sample extracted nine factors with eigenvalues greater than one. Factor solutions ranging from nine to two factors were then rotated. Examinations
of the Scree tests and the item loadings on the rotated factor solutions indicated that the four-factor solution was most efficient and meaningful. Items with an absolute factor loading of .40 or better were included in the factor for interpretation. Each of the emergent factors is briefly described and summarized below.

**Factor 1 - severity of threat.** This factor was largely comprised of items which referred to the severity level of the problem in question. Severity might be reflected by one's own behavior (withdrawing from others), by others' perceptions of the problem (referral from a significant other to a counselor), or by the exhaustion of other resources for coping. The factor consisted of 25 items, and its internal consistency was .92, computed using alpha coefficients.

**Factor 2 - external stigma.** The majority of the items loading on this factor concerned the reactions of others to the fact that one is seeking help. All items clearly reflected a concern about one's image as a help seeker in the eyes of others. There were 10 items which loaded on this factor. Its internal consistency estimate was .80.

**Factor 3 - knowledge about/expectations for counseling.** These items reflected important characteristics of and expectations for the counseling experience that influence a person trying to make a decision about counseling. There were nine items included in this factor, and its internal consistency estimate was .84.

**Factor 4 - self-reliance.** Many of the items on factor 4 referred to difficulties both in acknowledging a problem and in requesting help.
There were 14 items included in this final factor, and the reliability estimate was .83.

In summary, these analyses supported the hypothesis that there is a meaningful factor structure that subsumes and organizes the numerous variables influencing a decision about seeking counseling. The emergent factor structure remained largely constant across gender, and the emergent factors included most of the variables previously identified in the literature review. It is likely that the four factors interact to produce a final decision regarding help seeking. How this process occurs is not yet clear. There is a need to understand more about how factors interact.

The problem now becomes one of design and technology. Generally, we must first ask how the decision-making process can be studied. Secondly, we must search for tools which can be applied to the decision process of a person considering counseling. In order to respond to this challenge, a brief summary of the decision-making literature is appropriate.

Decision Making

The topics of decision making and judgment have an interesting history within the field of psychology. Such diverse subfields as cognition, perception, industrial/organizational and counseling/clinical have tackled the question of decision making. A recent review of the topic by Pitz and Sachs (1984) has suggested that the models (which
have emerged from all of the various subfields) for decision making can be viewed as either prescriptive or descriptive. Although a comprehensive review of the decision making literature is actually beyond the scope and purpose of this paper, the division suggested by Pitz and Sachs (1984) will prove useful.

**Prescriptive models**

According to Pitz and Sachs (1984), prescriptive theories of decision making have traditionally provided a set of rules for combining beliefs and preferences in order to select an option. Usually, these models operate from the assumption that there exists a "best" option to be chosen, and then compare subjects' decisions to that "best" choice. The stated purpose of these models has been to provide information and structure to people (especially various types of managers) in positions of making decisions which have long-term consequences.

One example of this type of model is SMART, developed by Gardiner and Edwards (1975) and based on Bayes' theorem. Bayes' theorem approaches decisions in terms of events and the probabilities associated with those events as well as providing a means of integrating new information with a previous decision (Hakel & Hakel, 1984). SMART relies on a process which identifies issues, evaluates outcomes, identifies relevant dimensions, ranks these dimensions, assigns weights, measures outcomes on each dimension, and calculates the utilities for each dimension in a step-wise manner. Once the data have been generated, one simply selects the option with the highest utility rating.
While this type of model (often referred to as an expected utility model) has an elegance which enhances its appeal, it remains difficult to apply in the real world. One difficulty is the isolation of the decision from the continuity of "real life" (Hogarth, 1981). Berkeley and Humphreys (1982) have also argued that a decision usually involves a number of sources of uncertainty, and that the most important sources are often not addressed by the traditional predictive models.

These limitations have led Lopes (1981) and Pitz and Sachs (1984), among others to suggest that a multiattribute perspective be adopted to the study of decision making. This extension of traditional predictive models would make the distinction between prescriptive and descriptive models less important, according to Pitz and Sachs (1984).

Descriptive models

One extension of expected utility models has been the use of multiattribute utility (MAU) models. These models still require the construction of a value structure, but it is often possible to resolve apparent inconsistencies by adding new attributes to the structure. However, in this process of fitting the model to a specific problem, the prescriptive value decreases and MAU theory thus becomes more descriptive.

One long-standing model for both descriptive and prescriptive purposes is based on the work of Egon Brunswik (1956). Brunswik's "lens model" began as an analogy for the way in which people experience their physical and social worlds. Light is bent as it passes through an optical lens, changing its impact; similarly, people "bend"
environmental cues in the process of experiencing them. Two multiple linear regression equations are traditionally applied using this model. One captures the predictability of the criterion (or judgment), and the second is said to "capture the policy" of the decision maker. Thus, the second equation is more descriptive, while the first can be viewed as the prescriptive (or optimal choice) model. The lens model is often used to diagnose "faults" in the decision maker's policy (Hakel & Hakel, 1984).

Interestingly, K. R. Hammond and others have developed Brunswik's model into social judgment theory (SJT). SJT has emerged as a descriptive, socially applicable model (Stein & Muchinsky, 1984) for the study of decision making. The model breaks a decision (or judgment) into those constituents which greatly impact the final policy (or judgment). One variant of SJT has simply been called "policy capturing" (Stein & Muchinsky, 1984), as it reflects the "policy" (or the relative importance of various constituents of a decision) employed by each individual decision maker.

Pitz and Sachs (1984) have noted that the use of multiattribute utility theory for decision analyses leads to a more descriptive than prescriptive focus. This certainly seems to be the case with the application of Brunswik's lens model to real world decisions (ala Hammond).

Summary

Historically, there have been two types of approaches to the study of human decision making. The first type is one which strives to aid
humans to make "better" decisions: a prescriptive model. The second approach has been to study the process through which most humans progress when faced with an actual decision: a descriptive model. Both clearly have their strengths in application.

It appears that for the question at hand (help seeking decisions), a descriptive approach would be the model of choice. At this point in time, we have no way of identifying a "correct" decision regarding help seeking, and we are more interested in the process (or the "policy" used).

Policy capturing, then, emerges as the best fit for the problem with which this study is concerned: How do the four previously identified factors (stigma, self-reliance, problem severity and knowledge about counseling) interact in a decision about seeking professional counseling? Einhorn, Kleinmuntz and Kleinmuntz (1979) have agreed that policy capturing is particularly helpful in determining the relative importance of given cues in affecting a decision.

Although policy capturing will be discussed more in depth in the Methods section of this paper, a brief summary is in order here. Policy capturing utilizes a multiple linear regression analysis to determine the relative weighting of certain variables in a given decision. This linear model is generally very successful in predicting decisions (Dawes & Corrigan, 1974), and therefore has been referred to as a "paramorphic representation" of the human decision making process (Hoffman, 1960). This description acknowledges the fact that the procedure is not iso-
morphically mapping the processes of decision in the brain, but seeking to represent it in a useful manner. Policy capturing has been applied to such problems as discrimination in graduate school applications (Mainiscalco, Doherty & Ullman, 1980), evaluation of services for handicapped (Stein & Muchinsky, 1984), and clinical assessment and diagnosis (Goldberg, 1968).

In this instance, it is hoped that policy capturing will offer insight into the interaction of the four factors emerging from Study I (stigma, self-reliance, problem severity, and knowledge about counseling). The relative importance of each of these four factors and their respective impacts on a decision to see a professional counselor should become more clear as a result of the analysis.
Students enrolled in undergraduate psychology courses at Iowa State University participated as subjects in this study. Student participation in such research is entirely voluntary, and no restrictions regarding race, gender or nationality were placed on involvement in the study. Students generally received one extra credit point in their respective courses per hour of research involvement.

This subject pool is appropriate for this research for two reasons. First, this is the same population from which the subjects for Study I were drawn. The common subject population will allow for inferences and conclusions regarding the robustness of the four factors which might otherwise be questionable. Secondly, this student population represents an actual pool of potential help seekers, as described earlier. While certain types of diversity are clearly lacking in the sample (i.e., ethnic and religious variety), the population is representative of a large midwestern university's campus community.

There were 267 subjects in the final study. This was determined to be a sufficient number to insure adequate representation as well as to provide the desirable stability for the clustering procedures.

The sample was very evenly split along gender lines: 133 (49.8%) were male, and 134 (50.2%) were female. While ages ranged from age 17 to age 36, the vast majority (92.1%) of the sample fell within the 18
to 22 years of age range, which is typical of college populations. The sample was also predominantly (92%) white, reflecting the lack of ethnic diversity sometimes found in midwestern universities. The majority of the sample reported a religious orientation of either Protestant (n = 127; 47.7%) or Catholic (n = 103, 39.7%). One person reported being Jewish, and 35 (13.2%) reported having "other" views. It is suspected that the "other" category is inflated due to a lack of understanding of all that the category of "Protestant" included. This is an unfortunate indication of the need for increased specificity in the survey. The vast majority of the sample were single (n = 256; 95.8%); however, six (2.3%) subjects reported being married, 2 (.8%) were divorced, and 3 (1.1%) reported living with a significant other.

Of the total 267 students, 36 (13.5%) had personally experienced professional counseling. Interestingly, 86 (32.3%) reported having a close friend who had sought professional help, and 73 (27.3%) have had a family member who has been in professional counseling.

The Midwest was the most common (n = 237; 90.5%) location of the town in which subjects spent the most time growing up. The most common (n = 47; 18.2%) population size of hometown was in the 25,000 to 50,000 range with a rural upbringing following relatively closely (n = 37; 14.3%).

Parental socioeconomic status (SES) indicators varied greatly (from scores of 16 to scores of 82). The method used to rank parental SES is explained thoroughly in a later section (titled "scoring the
Although the range of SES scores was great, the majority of the scores fell in the mid-range. Both father's and mother's SES were ranked separately. The most common (n = 48; 19.4%) father SES rank was 41 (the rank given to farming), and the most common (n = 70; 33.8%) mother SES rank was 25 (housewife).

Instruments

Demographics

A brief questionnaire asked the participants to indicate their age, gender, race, religious orientation, mother's occupation, father's occupation, marital status, and major area of study. They were also asked about their own, their families' and their friends' experiences with professional counseling. They were also asked to indicate the town in which they spent the most time while growing up. A copy of the questionnaire is presented in Appendix A.

Self-esteem

The Self-Esteem Scale (Rosenberg, 1965) is a ten-item scale which assesses general self-esteem in a developing young adult. The scale was physically a part of the Information Sheet, as is apparent in Appendix A. Participants were asked to respond to the ten items by indicating their level of agreement or disagreement with each statement on a four-point scale. The scale is scored following a Guttman-type procedure, and possible scores ranged from 0 to 6.

This scale has been found to be highly reliable (with a 92% re-
producibility rate). A significant association between low scores on this scale and depression, psychosomatic symptoms, and peers' evaluations (among other measures) has also been shown to exist (Rosenberg, 1965). In summary, the scale appears to be a good, brief measure of overall belief in self-worth.

Vignettes

Each participant was asked to read and respond to 32 separate vignettes. The statistical analysis used for this study (policy capturing) necessitated the relatively high number of stimuli for each subject. Policy capturing, as well as the criteria for determining the number of vignettes needed, will be explained in greater depth in the statistical analysis section.

In order to maximize the effects of the four factors presented in the introduction within the vignettes, two levels (high salience and low salience) of each factor were presented. If all possible combinations of the four factors and two levels are considered, 16 distinct vignettes become possible. In other words, one vignette might present a situation which is high in threat severity, low in self-reliance, low in stigma, and low in counseling knowledge, while a second vignette would present a situation with low threat severity, high self-reliance, low stigma and low counseling knowledge, etc. Table 1 summarizes the order and level of variables presented in each vignette. In an attempt to balance any order effects, the order of presentation of variables followed a Latin-square design.
Table 1.
Order and level of variables within each vignette

<table>
<thead>
<tr>
<th>Vignette number</th>
<th>First</th>
<th>Second</th>
<th>Third</th>
<th>Fourth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>low TS(^a)</td>
<td>low CE(^b)</td>
<td>low SR(^c)</td>
<td>low ES(^d)</td>
</tr>
<tr>
<td>2</td>
<td>high CE</td>
<td>low ES</td>
<td>low TS</td>
<td>low SR</td>
</tr>
<tr>
<td>3</td>
<td>low SR</td>
<td>high TS</td>
<td>low ES</td>
<td>low CE</td>
</tr>
<tr>
<td>4</td>
<td>low ES</td>
<td>high SR</td>
<td>low CE</td>
<td>low TS</td>
</tr>
<tr>
<td>5</td>
<td>low TS</td>
<td>low CE</td>
<td>low SR</td>
<td>high ES</td>
</tr>
<tr>
<td>6</td>
<td>high CE</td>
<td>low ES</td>
<td>high TS</td>
<td>low SR</td>
</tr>
<tr>
<td>7</td>
<td>high SR</td>
<td>high TS</td>
<td>low ES</td>
<td>low CE</td>
</tr>
<tr>
<td>8</td>
<td>high ES</td>
<td>low SR</td>
<td>low CE</td>
<td>high TS</td>
</tr>
<tr>
<td>9</td>
<td>low TS</td>
<td>high CE</td>
<td>high SR</td>
<td>low ES</td>
</tr>
<tr>
<td>10</td>
<td>high CE</td>
<td>high ES</td>
<td>low TS</td>
<td>low SR</td>
</tr>
<tr>
<td>11</td>
<td>high SR</td>
<td>low TS</td>
<td>high ES</td>
<td>low CE</td>
</tr>
<tr>
<td>12</td>
<td>low ES</td>
<td>high SR</td>
<td>high CE</td>
<td>high TS</td>
</tr>
<tr>
<td>13</td>
<td>high TS</td>
<td>high CE</td>
<td>low SR</td>
<td>high ES</td>
</tr>
<tr>
<td>14</td>
<td>high CE</td>
<td>high ES</td>
<td>low TS</td>
<td>high SR</td>
</tr>
</tbody>
</table>

\(^a\)Threat severity.
\(^b\)Counseling expectations.
\(^c\)Self-reliance.
\(^d\)External stigma.
<table>
<thead>
<tr>
<th>Vignette number</th>
<th>Order of presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First</td>
</tr>
<tr>
<td>15</td>
<td>high SR</td>
</tr>
<tr>
<td>16</td>
<td>high ES</td>
</tr>
<tr>
<td>17</td>
<td>low TS</td>
</tr>
<tr>
<td>18</td>
<td>low CE</td>
</tr>
<tr>
<td>19</td>
<td>high SR</td>
</tr>
<tr>
<td>20</td>
<td>high ES</td>
</tr>
<tr>
<td>21</td>
<td>high TS</td>
</tr>
<tr>
<td>22</td>
<td>low CE</td>
</tr>
<tr>
<td>23</td>
<td>low SR</td>
</tr>
<tr>
<td>24</td>
<td>low ES</td>
</tr>
<tr>
<td>25</td>
<td>low TS</td>
</tr>
<tr>
<td>26</td>
<td>low CE</td>
</tr>
<tr>
<td>27</td>
<td>high SR</td>
</tr>
<tr>
<td>28</td>
<td>high ES</td>
</tr>
<tr>
<td>29</td>
<td>low TS</td>
</tr>
<tr>
<td>30</td>
<td>low CE</td>
</tr>
<tr>
<td>31</td>
<td>high SR</td>
</tr>
<tr>
<td>32</td>
<td>low ES</td>
</tr>
</tbody>
</table>
The results of the factor analysis in Study I were used in developing the vignettes. The HSI served as an item pool. Items which had high loadings on one factor and low loadings on the other three factors were selected to represent that one factor. Within the vignettes, high factor salience was defined as the presence of eight items representing that factor. Conversely, low factor salience was defined by the presence of two representative HSI items.

A potential confound with vignette length and factor level was noted at this phase of the vignette construction. Attempts were made to "pad" the vignettes with inactive material in order to eliminate this problem, but these attempts proved fruitless. The "padding" either appeared nonsensical and distracting or appeared to influence one of the four factor levels.

Manipulation check. One assumption in the construction of the vignettes was that subjects would be able to perceive the different levels of the factors in each vignette. Because this assumption is crucial to the interpretation of the rest of the project, a pilot study was run to ensure the effectiveness of the manipulation of the factor levels. Subjects were asked to read each of the vignettes and then to rate, on a seven-point scale, the level of each factor perceived in that scene. A copy of the questions and the response scales is presented in Appendix B.

Vignette packets. Following the manipulation check, adjustments in the vignettes were made as needed; these adjustments are explained
fully in the Results section of this paper. The final series of vignette was then numbered 1 through 32. The versions of the vignettes and the response scale actually presented to the participants in the final phase of this study are presented in Appendix C.

Examination of the data resulting from the manipulation check revealed a possibility of a practice effect on the rating task presented to the participants. In other words, it appeared that subjects changed their assessment of the vignettes with increasing exposure to them. In an attempt to balance any error introduced into the analysis by this practice effect, packets containing the 32 vignettes were developed following a Latin-square design. In practice, this meant that there were 32 different vignette packets. Each packet presented the vignettes in a different order, and this order was determined by the Latin square.

**Procedure**

The data were gathered through a series of group administrations of the instruments. Upon being seated in the room, participants were given two separate packets. One packet was the vignette packet, as described earlier. This packet began with an instruction sheet (which can be found in Appendix C), and each packet was numbered. The second packet included a consent form, an answer sheet and the information sheet. The information sheet consolidated the demographic questionnaire and the Self-Esteem Scale. Participants were then asked to indicate the number of their vignette packet on the information sheet.
They were asked to read and sign the consent form, and then to remove it from the rest of the packet in order to separate any identifying data from their responses.

Participants were then asked to read the instructions on the vignette packet. They were also reminded verbally to read each vignette, and asked to attend to the differences in each. The tedious nature of their task was acknowledged, and the importance of their sustained attention was stressed. They were given permission to take a break if desired. They were reminded that they could withdraw from the study at any point without penalty. They were also encouraged to withdraw rather than responding randomly to the vignettes if they became fatigued.

Participants then completed the answer sheet and the information sheet and returned them. As can be seen in Appendix C, participants responded to the vignettes by rating the likelihood that they would seek professional counseling given the information in that vignette. They used a scale ranging from 1 (definitely would not seek help) to 7 (definitely would seek help) in their responses. Most people were able to complete the task within 70 minutes.

Scoring the data

Because the subjects were each given the vignettes in a different order (following the Latin-square design explained earlier), the first task was to re-order each subject's responses. In other words, even though each subject did not actually respond to Vignette One first,
the likelihood of seeking help in Vignette One was the first response entered into the computer for all subjects. Following the reordering of the data, the subjects' ratings of the likelihood of seeking help were entered directly into the computer to be used in the policy capturing analysis. This analysis will be discussed in more depth in the following section.

Age, gender, race, religious orientation, and counseling history were also used without further coding. Academic major was coded using Holland codes for academic majors.

Father's and mother's occupations were coded for socio-economic status using the prestige ratings for occupations developed and revised for the census bureau by Siegel (1971) and reported by Davis, Smith and Stephenson (1978). Essentially, this system has assigned a number to each occupation reflecting its relatively prestige in our culture. The possible prestige scores range from 3 to 82. The range in this study was discussed in the description of the subjects earlier.

The individual's home town was rated on two dimensions: rough geographical location and size. Table 2 summarizes the breakdowns for both of these dimensions.

The Self-Esteem Scale was scored following Rosenberg's procedures:

1. If the respondent answered at least 2 of the first three items positively, s/he received one point.

2. If at least one of the next two items (items 4 and 5)
Table 2.
Hometown geographical location and size breakdowns used in coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Town size</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Under 1,000</td>
<td>Northwest</td>
</tr>
<tr>
<td>2</td>
<td>1,000-4,999</td>
<td>Southwest</td>
</tr>
<tr>
<td>3</td>
<td>5,000-9,999</td>
<td>North midwest</td>
</tr>
<tr>
<td>4</td>
<td>10,000-24,999</td>
<td>South midwest</td>
</tr>
<tr>
<td>5</td>
<td>25,000-49,999</td>
<td>Northeast</td>
</tr>
<tr>
<td>6</td>
<td>50,000-99,999</td>
<td>Southeast</td>
</tr>
<tr>
<td>7</td>
<td>100,000-299,999</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>300,000 and over</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Rural</td>
<td></td>
</tr>
</tbody>
</table>

were answered positively, the respondent again received one point.

3. The respondent received one point for each positive response to the next three items (numbers 6, 7, and 8).

4. If at least one of the final two responses was positive, the respondent received another point. Total scores then could range from 0 to 6.
Statistical Analyses

Research Questions

Although this study is largely exploratory, two hypotheses were addressed by the analyses used:

Research question 1. It was predicted that the four factors which had emerged from Study I would contribute significantly to the prediction of self-reported likelihood to seek professional help. Policy capturing and, more specifically, its resultant $R^2$ were used to test this hypothesis. Policy capturing is further explained in a subsequent section.

Research question 2. It appeared possible that different types of people would weight the four factors differently. This was examined through a cluster analysis. The variables used to cluster the subjects were the beta weights which emerged for each subject from the policy capturing analysis. This clustering procedure is explained more fully in a later section as well.

Policy capturing

As discussed in the introduction, policy capturing is a statistical attempt to delineate the processes through which judgments or decisions are made. Studies using the procedure are based on the assumption that people perceive distinct factors or cues in a situation to be differently important, and thus do not weight them equally in a decision. Policy capturing procedures result in equations which represent each individual's weighting "policy" and, thus, their decision-making
This study can be conceptualized as a $2 \times 2 \times 2 \times 2$ orthogonal design. There are two levels (high and low) of four factors (threat severity, stigma, self reliance, and expectations for counseling). In this instance, orthogonality is defined by design, not by possible relationships in the "real world." Since factor levels can be either high or low in each vignette, regardless of the levels of the other factors in that vignette, the design is orthogonal.

Generally, when designing a study, one must decide how many subjects to involve in order to achieve sufficient statistical stability. In the case of policy capturing, however, this question becomes irrelevant. Statistical stability in this case is achieved through attention to the number of vignettes presented to each person. This can be best understood through closer examination of the procedure.

Multiple regression is the basis of policy capturing. Generally, multiple regression collapses across subjects within a block of interest to the researcher. In contrast, policy capturing operates from repeated measures, within subject's design, and collapses across measures within a subject. In other words, each subject in this study rated the likelihood of his or her seeking help in each of a series of vignettes, and the regression analysis was run collapsing across vignettes within a subject.

Essentially, a regression equation was computed for each subject utilizing their responses to the 32 vignettes. The dependent variable
in the regression equation was the rating of help seeking likelihood. The independent variables \( (x_1, x_2, x_3, x_4) \) were the four factors thought to influence help seeking. The multiple regression analysis derived weights \( (b_1, b_2, b_3, b_4) \) for the four factors. The resultant weighted composite should be highly correlated with the dependent variable. This correlation is quantified in \( R \). Finally, then, \( R^2 \) represents the amount of total variance in the dependent variable accounted for by the four manipulated factors. In summary, the regression equation reflects both the total and the relative contributions of each of the four manipulated factors to a decision regarding help seeking.

A rule of thumb used to achieve statistical stability in traditional regression analyses is a ten-to-one ratio of subjects to variables. In this study, the ratio of concern is the proportion of vignettes to variables. The eight-to-one ratio achieved with 32 vignettes and four variables is sufficiently powerful to provide stability of the regression equations.

In summary, the equation resulting from the analysis describes each subject's "policy" for combining and weighting the information presented in the vignettes. Given the orthogonality defined earlier, the beta weights in this study can be used to infer the relative importance of the independent variables in each subject's decision (Darlington, 1968). Finally, the \( R^2 \) indicates how well the policy model is able to account for decisions about seeking help in the vignettes presented. Significance levels (f values) are traditionally reported in policy capturing studies despite some concerns about the validity
of this approach for within subjects designs.

Cluster analysis

Because this is an exploratory study, a cluster analysis was performed in an attempt to cluster people with similar decision-making styles together. A cluster analysis is the method of choice because it makes no a-priori assumptions about the number of groups or the group structure. According to Borgen and Weiss (1971), one of the unique applications of clustering procedures is to develop a taxonomy for the variables. The taxonomy is developed by grouping the set of variables (or people, in this instance) on the basis of similarities or distances (dissimilarities) (Johnson & Wichern, 1982). The procedure is clearly helpful in reducing the complexity of large data sets.

This task is accomplished by minimizing differences within a group or cluster over some given multivariate space. There are numerous actual methods of clustering, but all require both a multivariate data set which is appropriate for the grouping problem and a measure of profile similarity.

Clustering procedures can be either hierarchical or nonhierarchical. Within each of these major subdivisions, there are a number of methods (algorithms) available. The method used in this study is the Ward's method, one of the hierarchical techniques.

Ward's was the method of choice for a number of reasons. Borgen and Weiss (1971) suggested three evaluative criteria to consider when choosing a clustering technique: availability, discriminability and replicability. Ward's method performs better than, or at least as well
as, other methods reviewed in all three categories. Borgen and Weiss's findings have recently been corroborated by Milligan (1980), among others. An additional reason to choose this method is its relative simplicity, which adds clarity and intuitive appeal to both interpretation and comprehension of the results. A closer look at the method itself is warranted.

Ward's method is one of the available agglomerative hierarchical methods. These methods start with the individual objects to be clustered, in other words, there are initially as many clusters as there are objects. The most similar objects are first grouped, and then the most similar groups are merged and so on. Specifically, with Ward's method, the two most similar groups are merged at each step until finally only one all inclusive group remains.

Ward's method forms groups having maximum between group variation and minimum within group variation at each step of the process. Sum of squares is used to measure variation both between and within groups. This method tends to merge clusters with a small number of observations, and is biased toward producing clusters with roughly the same number of members (SAS Institute, Inc., 1982).

Borgen and Weiss (1971) state two cautions about Ward's method which will need to be kept in mind. The method is noniterative, and therefore, once a pairing or grouping is made, it is not changed in subsequent stages. This makes groupings more susceptible to random error in the data. The second caution is that the method forces all
objects to be clustered, thus potentially lowering the homogeneity of clusters more than if deviant cases were excluded from the clusters. With these two cautions in mind, however, the strengths of the method fit with the demands of the current problem.

A potential problem area in cluster analysis is the choice of similarity measure. Simply, what variables will be important to include in the cluster analysis so that the clusters are meaningful and useful? There is potential for a great deal of subjectivity to be involved when considering both the subject matter to be included and the measurement scales and units to be used.

With this study, however, the problem is reduced by the question being asked: Can people be grouped according to their "policy" for help seeking? Clearly, the appropriate variables for inclusion are those reflecting people's help seeking policy. The variable to be used in this cluster analysis then will be the beta weights derived from the policy capturing analysis described earlier.

The final solution (i.e., the number of clusters to be used and interpreted) is found through a process similar to Cattell's Scree test for determining the best factor solution in a factor analysis. Either an error term, or in this case, the semipartial $R^2$, is plotted and a relatively subjective decision is made regarding the best solution based on this plot. This procedure will be explained in more detail in the following section of this paper.
RESULTS

Manipulation Check

A major methodological concern involved the construction of the vignettes. As described in the methods section, the vignettes were constructed to portray different combinations of high and low levels in decisions about seeking professional counseling: 1) severity of the problem, 2) perceived external stigma associated with seeking professional help, 3) perceived potential for loss of self-esteem or self-reliance associated with help seeking, and 4) information about counseling and its potential utility.

The adequacy of the vignettes in communicating the intended levels (high or low) of the four variables believed to be associated with decisions to seek professional help was tested in two pilot studies. In the first pilot study, 26 subjects each rated eight of the vignettes and 35 different subjects rated another eight vignettes on the four dimensions of interest (see Appendix B for the protocol). The apparent intensity of each dimension was rated on a seven-point scale anchored by "none, or not at all" (1) and "extremely or completely" (7). The resulting data were averaged across subjects and vignettes in which the dimension of interest was intended to be at the same level (e.g., all ratings for vignettes in which problem severity was intended to be high were averaged). The resulting descriptive statistics revealed a need to change some of the vignettes in order to achieve the desired perception.
Appropriate changes were made in the original 16 vignettes and incorporated into 16 new vignettes. The resulting 32 vignettes were then piloted with another group of subjects. The first 16 vignettes reflect all possible combinations of the two levels of the four variables of interest. The second set of 16 vignettes were different from the first 16 in language but reflected the same combinations of levels and variables. Each of the first 16 vignettes was rated by 33 subjects, and each of the second 16 vignettes was rated by a second group of 68 subjects. The procedures used for the ratings were identical to those used in the first pilot study. The resulting data were averaged across the eight vignettes in which the dimension of interest was intended to be at the same level. Through the procedure, an average rating of each level (high and low) for each of the four dimensions was obtained. There were eight matched comparisons (averaging across 33 subjects each in Group 1, and averaging across 68 subjects each in Group 2) per variable, resulting in 8 degrees of freedom following Winer (1971). One-tailed t-tests for nonindependent data were performed on these scores to test for significant differences between the high and low conditions of each dimension. The resulting t-values and descriptive statistics are reported in Table 3. As indicated in Table 3, all of the t-tests were significant, and all were in the desired direction.

In reviewing Table 3, it is also important to note that although the ratings of both conditions (high and low) were significantly different, they all tended to fall in the mid-range of the scale.
Table 3.
Average ratings and t-tests for manipulation check of four independent variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Condition</th>
<th>Mean rating</th>
<th>t-value&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threat severity</td>
<td>Low</td>
<td>3.6</td>
<td>13.77***</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>4.7</td>
<td></td>
</tr>
<tr>
<td>Self-reliance</td>
<td>Low</td>
<td>2.7</td>
<td>6.22***</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>External stigma</td>
<td>Low</td>
<td>3.1</td>
<td>6.63***</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>4.1</td>
<td></td>
</tr>
<tr>
<td>Counseling exp.</td>
<td>Low</td>
<td>2.6</td>
<td>10.08***</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>Threat severity</td>
<td>Low</td>
<td>3.5</td>
<td>2.40**</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>Self-reliance</td>
<td>Low</td>
<td>3.1</td>
<td>2.50**</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>External stigma</td>
<td>Low</td>
<td>3.2</td>
<td>6.28***</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>4.1</td>
<td></td>
</tr>
<tr>
<td>Counseling exp.</td>
<td>Low</td>
<td>2.6</td>
<td>13.75***</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>3.7</td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup>df = 8, both groups.

**p < .01.

***p < .001.
Policy Capturing Analyses

The policy capturing analyses involved the computation of regression equations for each of the 267 subjects based on their responses to the vignettes. The criterion (dependent) variable was their rating of the likelihood of seeking counseling in a given vignette, and the predictor (independent) variables were the four variables manipulated in the vignettes. Table 7 (in Appendix D) summarizes these equations by listing the standardized beta weights for each of the four factors included in the vignettes, the $R^2$ for each subject's equation, and the significance level of the F-value for the regression equation for that subject (degrees of freedom = 4, 27).

In summary of Table 7, 141 (52%) of the 267 equations resulted in F-values that were significant at the .05 level or better. The range of the $R^2$s is large, from a minimum value of 0.0339 to a maximum value of 0.7522. The "grand" $R^2$, resulting from averaging $R^2$ values across subjects is 0.3137. This suggests that, on the average, the four factors included in the analysis were accounting for a significant amount of the variance in subjects' responses to the vignettes.

As explained in the preceding section, beta weights may be used to infer the relative impact of each of the variables on a decision to seek help. In order to provide some type of summary and overview of the beta weights across subjects, median beta weights were computed for each of the four independent variables. Medians have been reported in order to indicate the central tendencies for the distributions of the
beta weights for the entire sample as well as designated sub-groups. Medians were calculated rather than means because beta weights are standardized scores (within each individual in this study), and means would therefore be difficult to interpret. These central tendencies (medians) can be used cautiously to indicate relative importance on help seeking decisions across individual subjects.

Some cautions are necessary in interpreting these median weights, however. A traditional median both mixes and masks the direction of impact (positive or negative) of a given factor. For example, the median beta weight for threat severity contains both negative and positive numbers within it. In other words, two separate questions are being addressed by the medians: 1) The median "importance" (reflected in the size of the beta weight) of each independent variable, and 2) the direction (positive or negative) of that impact or importance. Therefore, it is possible that traditional medians are diluting the visible impact of the variable on a help making decision.

In an attempt to address this problem, a second median was computed for each of the factors which is based on absolute values. This second median is reported separately in the following discussion of the relative importance of the four independent variables. Another summary of this data can be found in Table 4 and is presented graphically in Figure 1.

As can be seen in Table 4 and Figure 1, the tendency across people is for threat or problem severity to strongly affect decisions about help
Figure 1. Median beta weights for total and partial samples
INDEPENDENT VARIABLES

- Problem Severity
- Counseling Expectations
- External Stigma
- Self Reliance

MEDIAN BETA WEIGHTS

- Significant policies, traditional median (N = 141)
- All policies, traditional median (N = 267)
seeking. Its associated median beta weight is notably higher than those of the remaining three factors: 0.3341. In line with the cautions mentioned earlier, it can be noted that standardized beta weights for threat severity range from -0.3669 to a positive 0.8628. The adjusted median for this factor is identical to the traditional: 0.3341.

External stigma has the next largest median beta weight: -0.1632. This factor appears to function across people as an inhibitor to help seeking. This is congruent with both intuitive and empirically based expectations. The actual standardized beta weights for external stigma range from -0.7703 to a positive 0.4145. The adjusted median is 0.1876.

Counseling expectations tend to have the next strongest impact, and it is a positive one: 0.1332. The range of standardized beta weights for this factor is from a -0.3669 to 0.8628. The adjusted median beta weight is 0.1554.

Finally, the tendency across subjects is for self-reliance to have a relatively small negative impact on help seeking: -0.1050. Its range is from -0.6298 to 0.4169. The adjusted median beta weights for self-reliance is 0.1467.

Another problem with reporting a traditional median for the beta weights is that those subjects for whom a significant amount of the variance in their decision making was accounted for by the four manipulated variables are mixed with those whose policy models resulted in non-significant F-values. Those beta weights associated with statis-
tically insignificant models may act as a type of suppressor variable in the final average, thus reducing the size and interpretable impact of that average beta weight. Therefore, both traditional and absolute value averages were computed separately for those subjects with "significant policies". (The phrase "significant policies" is used to indicate those regression equations which resulted in a significant fit of the model to the data, as reflected in the F-value.)

Table 4.

Median standardized beta weights for all four factors

<table>
<thead>
<tr>
<th>Variable</th>
<th>Entire sample</th>
<th>Significant R²'s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Traditional median</td>
<td>Median of absolute values</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severity</td>
<td>.3341</td>
<td>.3341</td>
</tr>
<tr>
<td>External stigma</td>
<td>-.1632</td>
<td>.1876</td>
</tr>
<tr>
<td>Counseling expectations</td>
<td>.1332</td>
<td>.1554</td>
</tr>
<tr>
<td>Self-reliance</td>
<td>-.1050</td>
<td>.1467</td>
</tr>
</tbody>
</table>

Examination of Table 4 suggests that nonsignificant equations may indeed have been suppressing the size of the median standardized beta weights. It is interesting to note that the order of "importance", as indicated by the amount of impact of each independent variable on the
dependent variable, of the four variables changed only slightly in this separate analysis, although the median standardized beta weights increased notably. Because this supports the possibility that nonsignificant policies may be introducing noise or error into the analyses, all of the ensuing analyses were computed with both the entire sample and a partial sample consisting only of significant policies. This approach allows closer examination of the data and its sources of variation.

Summary

The results of the policy capturing analysis tend to support Research Question 1. The four factors of interest in this study did, on the average, have a significant impact on subjects' decisions to seek professional counseling. Those factors with positive valences (signs) can be interpreted as "facilitative" factors, and those with negative valences can be referred to as "inhibitory" influences on a help seeking decision. The factor with the strongest impact was the motivational influence of problem severity followed by the inhibitory influence of external stigma, the motivational influence of information/expectations about the counseling, and the inhibitory influence of perceived loss of self-reliance or self-esteem.

This profile of the decision making process is interesting and informative, but it masks the individual differences which appear to be operating in the weighting of these factors. In an attempt to identify groups or types of people who might weight these factors
similarly within groups and differently between groups, a cluster analysis was performed.

Cluster Analysis

Aldenderfer and Blashfield (1984) have offered a number of guidelines for reporting cluster analysis to the professional community. Four of these guidelines will be followed in an attempt to provide a clear summary of the results of the cluster analysis in this study.

The first suggestion offered is to clearly identify both the type and exact method of cluster analysis used. As mentioned in the methods section of this paper, the type of analysis used is a hierarchical agglomerative clustering procedure. More specifically, Ward's method is used. This method is designed to minimize variance within clusters (Ward, 1963).

The second guideline to be followed is to report the choice of similarity (or dissimilarity) measure used in the clustering procedure. According to Aldenderfer and Blashfield (1984), in Ward's method this function is also known as the within-groups sum of squares or the error sum of squares (ESS). At each generation, the ESS is minimized across all possible mergers from the previous generation. The formula for the ESS is

\[ \text{ESS} = x_i^2 - \frac{1}{n}(\sum x_i)^2 \]

where \( x_i \) is the \( i^{th} \) case. In the first step of clustering, the ESS is
0, as each case is its own cluster. The method then joins those cases (or groups of cases) which result in the minimum increase in ESS. Aldenderfer and Blashfield (1984) state that the method tends to form clusters (hyperspheres) of relatively equal size and shape.

Thirdly, the computer program used should be reported so that replication of the study is possible, if desired. This study used the SAS (SAS Institute, 1982) package's CLUSTER procedure with the option of Ward's method.

Finally, Aldenderfer and Blashfield (1984) stress the importance of specifying the procedures used to determine the number of clusters. This requires a more extensive discussion than do the previous three suggestions. As these authors point out, this important step remains the weakest link in the cluster analysis procedure. One part of the problem is the difficulty defining a null hypothesis. The concept of a data set with "no meaningful structure" is as challenging to define as the concept of cluster content and structure.

Despite these difficulties, several procedures have come to be accepted in determining the number of clusters present in a data set. One procedure is the examination of the dendogram resulting from the analysis. A different visual approach is to graph the number of clusters against the amalgamation coefficient. This approach is similar to the Scree test commonly used in factor analysis. Another way to view the same information is to examine the values of the fusion coefficients for a significant jump in their values. According to Alden-
derfer and Blashfield (1984), such a jump implies that two dissimilar clusters have been merged, and suggests that the number of clusters prior to the jump is the most probable solution. Some more formal tests for significance of this "jump" are being developed, but for the most part are still poorly understood. The second and third procedures were used in the present study. One difficulty with the SAS clustering program is that it fails to report the amalgamation coefficient described above. The program utilizes this same similarity measure in the actual clustering procedure, yet reports a different error term. However, the semipartial $R^2$ can be used since it reflects the decrease in overall $R^2$ caused by joining the clusters. In this case, examination of the progression of the semipartial $R^2$s for "jumps" serves the same function as Aldenderfer and Blashfield's (1984) suggested examination of the error term.

**Cluster solution**

For reasons mentioned earlier, two cluster analyses were run. The first analysis utilized data from the entire sample, and the second analysis included only data from those subjects in which the four predictor (independent) variables were accounting for a significant amount of the variance in their decision making policies.

**Entire sample.** In the first cluster analysis, the standardized beta weights for the entire sample were included. For the reasons outlined above, the number of clusters was plotted against the semipartial $R^2$. These data are presented graphically in Figure 2 and nu-
numerically in Table 5. As indicated there, a jump in $R^2$ occurs between the three- and four-cluster solutions, suggesting a four-cluster solution.

The members of these four clusters appear in Table 6. Given that the four-cluster solution appears to be the best fit, each cluster can be examined more closely to learn more about its characteristics. A brief description of each of the four clusters is presented in the following section.

Table 5. Semipartial $R^2$'s

<table>
<thead>
<tr>
<th>Number of clusters</th>
<th>Semipartial $R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>.018866</td>
</tr>
<tr>
<td>9</td>
<td>.019052</td>
</tr>
<tr>
<td>8</td>
<td>.028629</td>
</tr>
<tr>
<td>7</td>
<td>.032736</td>
</tr>
<tr>
<td>6</td>
<td>.040912</td>
</tr>
<tr>
<td>5</td>
<td>.050072</td>
</tr>
<tr>
<td>4</td>
<td>.051679</td>
</tr>
<tr>
<td>3</td>
<td>.083695</td>
</tr>
<tr>
<td>2</td>
<td>.168943</td>
</tr>
<tr>
<td>1</td>
<td>.208423</td>
</tr>
</tbody>
</table>
Figure 2. Scree slope for total sample cluster solution
Table 6.
Cluster membership for total sample cluster analysis

<table>
<thead>
<tr>
<th>Cluster number</th>
<th>N</th>
<th>Subject identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>52</td>
<td>9, 10, 11, 14, 24, 33, 34, 37, 40, 41, 45, 66, 67, 68, 69, 71, 72, 80, 94, 114, 116, 120, 121, 130, 132, 133, 136, 137, 154, 156, 159, 167, 169, 174, 179, 185, 186, 192, 195, 197, 207, 210, 212, 222, 227, 232, 243, 245, 256, 258, 259, 267</td>
</tr>
</tbody>
</table>
Cluster 1. This is the largest cluster, with 116 members. It is an interesting mix of policies which initially appeared difficult to understand. A large number (95) of the study's insignificant policy capturing models appear within this cluster. In other words, a significant amount of the variance in subjects' decision making policies was captured in only 21 (18%) of this cluster's members. Looking more closely, the low impact of the four independent variables within this cluster is reflected in the size of the members' beta weights. Only 16 (14%) of the policy capturing equations in this group contained raw Bs over with an absolute value over 1.5. This was unusual in comparison with the other clusters.

In summary, this cluster appears to be characterized largely by a low level of impact from the four independent variables on the decision of whether or not to seek professional counseling. The overall mean tendency for members of this cluster to seek help (on the nine-point scale described earlier) was 4.36.

Cluster 2. This cluster was both smaller in size and more clearly interpretable. There were 68 subjects whose policies regarding help seeking fell into this group. Virtually all of these policies drew heavily from the four factors of concern, as they had either significant or very nearly significant regression models.

In addition, a consistent pattern emerged upon examination of the beta weights. In all but four of the equations, two factors had negative beta weights: self-reliance and external stigma. Also, in all
but six of the policies captured within this cluster, one of the two "motivational" factors (either threat severity or counseling expectations) had the largest beta weight of the four factors.

In summary of Cluster 2, these subjects tended to perceive threat severity or counseling expectations as factors motivating them to seek counseling while external stigma and self-reliance were seen as inhibitory influences. One of the motivational factors usually had the greatest relative impact on the decision, however. The mean tendency to seek help for members of this cluster was 4.21.

Cluster 3. There were 51 members in the third cluster. The pattern of decision making is not as clear in this cluster as in the previous one. The policy capturing models appear to be fairly evenly split between significance and nonsignificance. There also appears to be two types of patterns in the group.

In 35 of the 51 cases (67%), the largest beta weight was inhibitory (negative). The factor which carries this negative weight varied, and the number of negative factors in the equation also varied.

In the remaining third of the policies within this cluster, counseling expectations had a positive beta weight, and was the most impactful factor. At least one of the other factors was negative in all of these cases, and usually two or more were negative. Figure 3 blends these two groups in its summary. This summary reveals the overall importance of the two inhibitory factors as well as the low motivational impact of problem severity for members of this cluster. Interestingly,
Figure 3. Median help seeking policies for total sample cluster analysis
the mean tendency to seek help varied little from that of the previous two clusters: 4.29.

Cluster 4. This is the smallest cluster, with 30 similar policies. The four independent variables accounted for a significant amount of the variance in the majority of these decisions. Upon closer examination of these equations, a consistent pattern of impact for these factors emerges: the beta weights for threat severity are generally very much higher than the beta weights for the other three factors, and it is always positive. Figure 3 also indicates that the two inhibitory factors had relatively less importance in this cluster. The average tendency to seek help within this cluster is the highest yet: 4.63.

Summary. As can be seen in Figure 3, the four clusters do appear to reflect markedly different approaches to a decision about seeking professional counseling. These differences become most clear when one compares across clusters. Members of Cluster 2 clearly approach the decision differently than do members of Cluster 3, for example. The existence of four separate clusters appears to be supported upon closer perusal of the cluster membership. Further interpretation of each of these four clusters will be offered in the discussion section.

Partial sample analysis. In order to examine the possible clustering procedure, a second cluster analysis was run. This analysis used only subjects whose $R^2$'s were greater than .30 ($n=134$), and resulted in a three-cluster solution. The clearest difference between the two solutions was the lack of a "Cluster 1" type of cluster in the second analy-
sis. Eighty-six percent of the policy capturing equations of the membership of Cluster 1 in the analysis of the entire sample were non-significant. Essentially, by removing these from the analysis, one of the clusters was removed. In actuality, only 16 members of Cluster 1 were included in the second analysis. It appears that these 16 were grouped with other similar policies in the second analysis rather than forming an independent cluster. The next section will briefly summarize and describe the three clusters emerging from this second analysis.

Cluster 1. This is the smallest cluster in this analysis with 26 members. The policies appear to be characterized by a very high problem or threat severity beta weight, and much lower (and relatively equal) beta weights for the other three variables. This is visually portrayed in Figure 4, along with the other two clusters from this analysis. Interestingly, the two factors which usually function as inhibitors to help seeking (self-reliance and external stigma) have positive (motivational) impacts in this cluster. The mean tendency to seek help for members of this cluster was 4.53, and is the highest of this analysis.

Cluster 2. This cluster is larger, with 52 members. Once again, threat or problem severity has the strongest impact on policies in this cluster. However, the difference between it and the other three variables is not as large in this cluster as it is in Cluster 1. External stigma (in the form of an inhibitor) emerged as the second
Figure 4. Median help seeking policies for significant policies
Cluster 1 (N=26)
Cluster 2 (N=52)
Cluster 3 (N=56)

MEDIAN BETA WEIGHTS

Problem Severity Counseling Expectations External Stigma Self Reliance

INDEPENDENT VARIABLES
most impactful variable in 63% of this cluster's policies. As displayed in Figure 4, the main difference between Cluster 1 and Cluster 2 appears to be the relatively strong negative impact of external stigma and self-reliance. The mean tendency for help seeking for this cluster was 4.26, somewhat lower than that of Cluster 1.

Cluster 3. With 56 members, this is the largest cluster. It is unique in that the effect of problem or threat severity is relatively low. Both external stigma and self-reliance are negative in 97% of the policies. In 62% of the policies, one of these negative beta weights was the largest of the four. In 80% of the cases when the largest beta weight was not a negative, it was the positive beta weight of counseling expectations. Taken together, these results create a unique configuration, as Figure 4 demonstrates. The mean tendency to seek help for subjects in Cluster 3 was 4.27.

Summary. Referring once again to Figure 4, it is clear that the three clusters are reflecting different decision making styles. While individual median beta weights do not always appear to vary greatly from cluster to cluster, the "Gestalten" of each cluster's beta weights (particularly when presented graphically) are distinctive.

Given support for the idea that people utilize different strategies to decide about help seeking, the next empirical question was whether the members of different clusters would differ from each other in terms of any of the traditional descriptive variables. In order to explore this question, analyses of variance (ANOVAs) were performed.
Analyses of Variance

**Entire sample**

ANOVA were run to check for differences between the clusters on the demographic and self-esteem information gathered. Only one variable, that of age, varied significantly between the four clusters. A Duncan's multiple range test revealed that this difference lay between Cluster 3 (with a mean age of 20.58) and Cluster 2 (with a mean age of 19.59).

**Partial sample**

ANOVA were also run to check for differences between clusters in the partial sample cluster analysis. Again, only one variable varied significantly between the three clusters. In this case, a Duncan's multiple range test revealed that family counseling experience differed significantly between Cluster 1 and Cluster 2. Members of Cluster 1 have, on the average, been to counseling with their families more often than those subjects belonging to Cluster 2.

**Summary**

The ANOVA failed for the most part to indicate significant differences between the clusters in both partial and total sample analyses. However, one significant difference was revealed by the analyses in each sample. Possible reasons and interpretations both for the differences revealed and the lack of other findings will be considered in the discussion section.
DISCUSSION

There were two main issues of concern in the formulation of this research project: 1) the impact of the four previously identified variables on an actual decision about help seeking likelihood in a structured situation, and 2) the identification of "types" of people who might weight these four factors differently in such a decision.

In order to answer these questions, a series of analyses was performed. The policy capturing procedure was employed to address the first question, and served as the first step in the procedure. Two other procedures guided the exploration for different types of decision makers: 1) the cluster analysis identified groupings of help seekers from the data, and 2) the analyses of variance attempted to describe the members of the emergent clusters.

Each of the procedures in this sequence and its implications are discussed separately in this section. General conclusions and implications for future research are covered in the following section.

Manipulation Check

The procedures used in testing the adequacy of the manipulations of the independent variables were covered in the previous section of this paper.

As summarized in Table 3 in the results section, the vignettes were generally effective in communicating the manipulated level of the four independent variables. This was important to establish before continu-
ing with the policy capturing analyses.

One difficulty with this procedure is that subjects were directly asked to rate the salience of the four manipulated variables within each vignettes. Their ability to make these distinctions is clear, but care must be taken in the interpretation of these findings. This procedure is unable to indicate whether or not subjects would necessarily "see" or experience the four variables imbedded within each vignettes without this prompting. It is clear that the salience (high or low) of the variables is distinctive, given prompting. It remains unclear whether the four variables within each vignettes would be identified correctly by subjects not given this type of structure.

A second problem with these data was mentioned earlier. As can be seen in Table 3, even with the prompting just discussed, average ratings tended to hover around the midpoint of the scale. This restriction of the range of scores calls into question the subjects' ability to make consistent distinctions between high and low conditions of the four variables, particularly in the absence of this type of structure.

These two difficulties become important when interpreting some of the policy capturing results.

Policy Capturing Results

Hypothesis 1

The hypothesis that the four manipulated variables would contribute significantly to a decision of self-reported likelihood to seek pro-
fessional help was supported. As summarized in the results section, 141 (52%) of the total sample's policy capturing analyses resulted in significant ($p < 0.05$, $df = 4, 27$) F-values, indicating a "good fit" of the model.

Another way of discussing the impact of the four variables on a decision to seek help is to use the $R^2$ statistic. The $R$ correlates the weighted composite from the regression analysis with the dependent variable, and $R^2$ then serves to represent the amount of total variance in the dependent variable which is accounted for by the four independent variables. Therefore, in addition to reporting the significance of the equations, the $R^2$s can be examined for variability across samples. In this study, the range of $R^2$s is large. One potential explanation for this large range is that important individual differences are operating which are not accounted for by the four independent variables. The nature and impact of those potential individual differences are still unknown. This point is discussed in more detail when considering implications for future research.

Achen (1982) cautions, however, that $R^2$ reflects the shape of the regression points, and this shape is not necessarily indicative either of the strength of the relationship of the variables or the "goodness of fit" of the model. It may simply reflect a large variance in the independent variables. He argues that slopes are the best measure of the strength of causal relationships, rather than $R^2$. Lewis-Beck (1980), however, disagrees and continues to value the information of-
ferred by the $R^2$ statistic. For the purpose of this study, the $R^2$ can be seen as reflecting the proportion of variation in a decision to seek help that is accounted for by the four independent variables.

Relative importance of the variables

An important aspect of policy capturing is the information the procedure offers regarding relative impact (importance) of the independent variables on the dependent variables. This can be gleaned from the slopes of the independent variables in the regression equations. In this instance, we have converted the information to standardized beta weights. Achen (1982) cautions against theoretical interpretations from such data. Therefore, a conclusion that perceived severity of the problem generally has a given impact on decisions about seeking counseling would be unwarranted. It is important not to over-generalize from the descriptive data in drawing conclusions and making interpretations.

There is some controversy about the utilization of standardized beta weights. In particular, comparisons across samples may become misleading (Achen, 1982). This objection, however, appears to not be universally accepted, as the use of beta weights is the standard approach in policy capturing studies (Stein & Muchinsky, 1984; Einhorn, Kleinmuntz & Kleinmuntz, 1979). The gain from using beta weights is in increased comparability across measurement units used with the independent variables (Lewis-Beck, 1980).

The standardized partial slope estimate (or beta weight) indicates
the average standard deviation change in the dependent variable associated with a standard deviation change in a given independent variable, when the other independent variables are held constant (Lewis-Beck, 1980). In other words, one standard deviation change in likelihood to seek counseling is associated with a .32 (entire sample) standard deviation change in perceived severity of problem or threat. While it would be misleading to compare the standardized beta weights for each individual variable directly to one another, it is completely legitimate to talk about their relative associations with the dependent variable (Achen, 1982).

**Entire sample.** There are two types of medians computed for each of the four variables: a "traditional" median and a median based on absolute values. It is instructive to examine both when interpreting the impact and meaning of the variable.

The tendency across subjects was for perceived problem severity to have the largest impact, and the absolute value median was equal to the traditional median. This reflects the consistency of this variable's impact across subjects. It appears that problem severity functions consistently as a motivator for help seeking.

Potential external stigma generally had the next greatest impact on likelihood to seek counseling. The absolute value median was somewhat higher for this variable, suggesting a number of discrepancies in the direction (either facilitative or inhibitory) of the impact of external stigma. It is unclear how subjects could judge potential stig-
matization to be a motivator toward counseling, although this is implied by the apparent number of positive beta weights in the sample. Alternatively, it is possible that some of this discrepancy could be due to noise (error) introduced by the nonsignificant policies. It is also possible that some subjects failed to read carefully enough to include this variable in their decision. The difficulties with the manipulation check mentioned earlier are also brought to mind as possible explanations. These possibilities are explored again later.

The tendency across subjects was for the motivational influence of a subject's expectations about counseling to be the next most important variable in help seeking decisions. The impact of this variable also increased when the absolute value median was computed. It may, in this case, be that some people do actually have negative expectations about counseling. Even though the variable was manipulated within the vignettes to reflect a positive expectation, it may be that subjects' own idiosyncratic experiences tainted their perceptions and their ratings. It also seems possible, however, that noise was once again present and contaminating the traditional median.

Finally, there was a tendency for self-reliance to have the lowest impact on a decision to seek counseling. The difference between the traditional and absolute value medians for this variable is the largest yet. Again, it is confusing to consider how the need to be self-reliant could be a facilitative variable in help seeking, particularly when the vignettes are examined. It is possible, however,
that a person could view counseling as one way to achieve self-reliance. This possibility needs to be empirically validated before further conjecture regarding its impact.

In summary, the median beta weights of the entire sample suggest that problem severity has a strong and consistently positive impact on a decision to seek counseling. The other three variables have similar, less strong levels of impact on that decision, and also appeared to have more potential noise (as reflected in the differences between the traditional and absolute value forms of averages) included in that estimate of their impact.

**Significant policies.** This group consisted of 141 of the members of the previous group whose policies resulted in a significant F-value. Again, two types of medians were computed. These data also are summarized in Table 4 of the results section.

The relative importance of the variables were mostly consistent with the medians derived from the entire sample. In this subsample, perceived severity of the problem had the strongest impact on a decision to seek help. There was no difference between the two types of medians, indicating a stable positive impact across subjects.

The negative impact resulting from the potential for experiencing external stigma increased slightly in the computation of the absolute value median from that of the traditional median. This may be indicating that some inconsistency in the direction of the variable's impact remains in this sample of significant equations. This is still con-
fusing, as it remains difficult to understand potential stigmatization as a motivator toward counseling. It is also possible that subjects were not actually including this variable in their decisions due to faulty reading, attention or interpretation.

Thirdly, the absolute value median increased the negative impact of self-reliance moderately, suggesting that there was also a degree of inconsistency in the direction of its impact. Possible explanations for this discrepancy have already been offered.

The final influence on subjects' ratings of the likelihood for help seeking was the level of counseling expectations reflected in the vignettes. There was a slight change in the two types of medians for this variable in this sample as well as in the entire group, indicating some inconsistency in the positive influence from counseling expectations across policies in this group. It remains an empirical question whether subjects are failing to include this variable in their decision making or if they are allowing their idiosyncratic biases about counseling to influence the direction of impact for this variable.

In summary, problem or threat severity has the strongest and most consistent (utilizing either type of median) median impact on a rating of the likelihood for seeking counseling within the structured vignettes. This is followed by external stigma, counseling expectations and finally, self-reliance.

The difference between the impact of problem severity and the
other three factors is worthy of discussion. It appears that problem severity is by far the most important variable motivating a subject to increase his/her rating of the likelihood of seeking counseling in these structured situations. While counseling expectations generally appear to "facilitate" subjects toward help seeking, the impact of this variable is markedly lower. The two inhibitory variables also appear much less important in these decisions. The inconsistencies in the direction of impact of these three variables is a perplexing and potential empirical question. It should be noted, however, that the differences between the traditional and absolute value medians for most variables were small. Only in the case of the self-reliance factor was the difference large enough to be of concern.

Comparison of entire sample vs. significant policies. It is striking that similar relative positions of "importance" (importance being inferred by size of impact on the dependent variable) emerged in both groups. It is also striking that in all cases, the medians increased notably in the second group (the group based on significant policies) from those in the first group (the entire sample). This can be interpreted as supportive of the notion that there was noise (error) in the nonsignificant policies which was eliminated in the second group. Corroboration for this explanation can also be gleaned from the decrease in discrepancies between the two types of medians in the second group. The fact that the order of importance of the four variables changed only slightly may indicate homogeneity of error variance.
Figure 1 visually summarizes the similarity of the two groups and illustrates the tendency toward increased impact of each variable in the significant policies group.

However, the fact that discrepancies between the two types of medians emerged in the significant policies group as well as the entire sample makes it more difficult to interpret these discrepancies simply as noise (error). Other explanations must be entertained, and these explanations can serve as leads for further research in this area. This is particularly true for the self-reliance variable, as its discrepancies remained the largest in both samples.

Summary

The four independent variables do appear to have an important impact on subjects' indication of their propensity to seek counseling. Closer examination of the data raises some questions regarding the existence of other influences in help seeking decisions. The need for further empirical exploration of this possibility is addressed fully later. Some confusing effects and apparent inconsistencies have also been noted.

One example of a confusing effect is the sometimes positive impact of self-reliance on help seeking. It is tempting to look to the manipulation of the variable for explanation. The evidence in the manipulation check makes a straightforward explanation of this sort difficult. As alluded to previously, it is possible that some of the subjects simply failed to note, and consequently to consider, the self-
reliance variable in their decision making process. The manipulation check structured subjects' scanning of the vignettes for specified information. Without that structure, some subjects may have responded without actually considering the effect of stigma (or of self-reliance). There is no method for determining the accuracy of this hypothesis at this point. It may also be that subjects are interpreting this variable differently than intended. Perhaps some subjects view counseling as one way to be self-reliant rather than representing a loss of self-reliance. This hypothesis also needs further investigation. The need to assume that all subjects utilize all variables in all decisions appears to be one weakness in the policy capturing procedure.

There has been some criticism of the simplicity of policy capturing models and the failure to use interactions in the models. Einhorn, Kleinmuntz and Kleinmuntz (1979) remind the reader that it is erroneous to equate the mathematical form of a model with the process it is intended to represent. They disagree with the claim that linear models containing no interaction terms are too simplistic and argue that the process captured by them is already highly interactive and contingent. Goldberg (1968) and Dawes and Corrigan (1974) have argued that the addition of interaction terms into decision making models adds only very slightly to the overall $R^2$, and makes interpretation much too complex to be useful.

Essentially, this design provides 267 replications of an investigation into individual decision making policies related to seeking
counseling. Central tendencies (in the form of medians) for each variable have been reported to offer a summary across samples (individuals). In sum, the model appears to be a useful one, and the independent variables tend to contribute significantly to judgments regarding help seeking.

Cluster Analysis

Cluster analysis of the entire sample

Four clusters emerged from this analysis. Figure 3 illustrates the distinctiveness of these clusters from one another. It is interesting to note, however, that there are only slight variations in the mean tendency to seek counseling between clusters.

Cluster 1 has the third highest mean tendency to seek help in this analysis. This is intriguing, in that few policies are included which are significant, and few of the beta weights contribute very heavily to decisions being made. This cluster appears to consist largely of subjects for whom the four independent variables had little importance. Whether this reflects some individual differences left uncaptured or the attitude with which these subjects approached the experimental task is open to conjecture. The relatively high tendency to seek help may be understood in light of the minimal effects of the inhibitors for this cluster.

Cluster 2 has a "classic" profile in that it is very similar to the median policy capturing results discussed in the preceding section. These subjects appear to be utilizing the cues in the vignettes
in the predicted manner, and this results in a decrease in mean tendency to seek counseling as compared to Cluster 1. It is interesting that the variables have much more importance for these subjects than for subjects in Cluster 1, yet appear to result in a lower mean decision than Cluster 1. It may be that the joint increase in inhibitors simply outweighed the increase in the facilitative variables. This may suggest that the balance between the impacts of facilitators and inhibitors is delicate.

Cluster 3 is interesting in its uniqueness. The impact of the inhibitory variables was greatest here. This appears to have been offset to some degree by the strongly positive impact of counseling expectation. Problem severity had little relative impact for members of this group. They may be the sort of people who are willing to seek help before a problem becomes severe because they want to grow and enjoy life more. These subjects appear to be engaging in a rather straightforward cost-benefit analysis of counseling. Their approach results in mean tendency to seek counseling which falls in between those of the first two clusters.

The members of Cluster 4 are the most likely to seek counseling. They appear to be basing their decisions almost exclusively on the level of problem severity in a given situation. Stigma and self-reliance have relatively small inhibitory impacts which seem to be offset by the impact of problem severity for these subjects. It appears that if a problem is perceived as difficult, these subjects will seek help regardless of potential consequences.
Cluster analysis of partial sample

Three clusters emerged from the analysis of 134 subjects whose $R^2$s were 0.300 or greater.

Cluster 1 has the greatest mean tendency to seek counseling of the clusters in this solution: 4.53. Severity of the problem appears to be the overriding effect on decisions for members of this cluster. Interestingly, the average impact for both stigma and self-reliance is very minimal, and both are positive in this cluster. This is the only cluster with this sort of finding. It seems that subjects belonging to this cluster may have not noted, or seriously considered, the impact of the two potential inhibitors in making their ratings. The impact of problem severity is strong enough in comparison to the impact of the other variables to suggest that it alone was important in decisions for this cluster. This clearly contrasts with the decision making style of members of Cluster 3, described below.

The "classic" profile discussed in the previous section is evident in Cluster 2 in this analysis. In this instance, the mean tendency to seek help is the lowest (but only very slightly) of the analysis. This profile and its help seeking potential has been interpreted sufficiently in other sections of this report.

Cluster 3 also has a relatively low mean tendency to seek help. This may be explained in part by the strength of impact of both of the inhibitory variables in this cluster. The strikingly large positive impact of counseling expectations is probably the only reason the mean
tendency to seek counseling is not even lower. One difficulty with averaging is, of course, that it may be mixing the information of two sub-clusters. The consistent result of this cluster is the low impact of problem severity on ratings of potential help seeking. This is in sharp contrast to the other two clusters in this analysis. These subjects appear to consider the potential costs and benefits of counseling without strongly considering the severity of their problem.

Comparison of cluster analyses

The most striking difference between the analyses is the absence of a low impact cluster (ala Cluster 1 in the entire sample analysis) in the partial sample analysis (Analysis 2). The majority of these policies were excluded when those with R²'s less than .300 were dropped from the analysis.

With the removal of that cluster, the similarities between the two analyses become apparent. Cluster 2 of Analysis 1 looks very much like Cluster 2 of Analysis 2. Examination of cluster membership reveals some differences, yet over half of the members of Cluster 2 in Analysis 2 also belong to Cluster 2 in Analysis 1. Equally important, the mean tendency to seek help is very similar for these two clusters. These people appear to be attempting to weigh the impact of all four variables in their help seeking decisions.

Likewise, Cluster 4 of Analysis 1 has a profile that is very similar to Cluster 1 in Analysis 2. Although the latter has positive impacts for external stigma and self-reliance and the former has nega-
tive, the impact in all four cases are relatively low. The effect of problem severity is clearly the most important in both clusters, and both have the highest mean tendency to seek counseling in their respective analyses. The members of these clusters appear to react almost exclusively based on problem severity.

Finally, both Clusters 3 have the unique profile in which problem severity is relatively unimportant. The two inhibitory variables are strong in both, and the motivational impact of counseling expectations appears to moderate the mean tendency to seek help in both. There is also a large overlap in cluster membership for subjects in each cluster, but again it is by no means an exact match.

Some of this overlap in cluster membership can be seen as an artifact of Ward's method. As discussed previously, it is a noniterative procedure which leaves clusters intact once formed. This is discussed in the next section as well.

Summary

The two cluster analyses have resulted in distinct policy profiles. It is somewhat curious that there is not a larger spread in mean tendency to seek help between clusters, given the different levels of impact of the four variables within each cluster. This may simply be reflective of the information lost in the averaging procedure.

Alternatively, the restricted range of the mean tendency to seek counseling scores might reflect an attitude left uncaptured by the present analysis. All scores fall slightly below the midpoint of the
scale, indicating a slight reluctance to seek help. Perhaps this reluctance goes beyond those variables manipulated in this study. It may be that the reluctance was even moderated by social desirability responses in this study. In other words, perhaps completing a survey for a graduate student in psychology caused an increase in mean tendency to seek help. These hypotheses remain untested in this study, but offer an interesting challenge for future investigations.

The consistency of mean tendency to seek help scores across the two separate analyses supports the possibility that this restricted range of scores is reflecting important information. Even with significant policies, subjects are arriving at similar decisions while clearly weighting the variables differently. It may be that environmental variables are not salient enough in this study, given the analog nature of the task. Again, these questions remain open to investigation.

When comparing the two analyses, the cautions of Borgen and Weiss (1971) regarding Ward's method are called to mind. In particular, these cautions may aid in understanding membership differences in light of profile similarities. They point out that Ward's method forces all objects to be clustered, and argue that this may lower homogeneity of clusters if deviant cases are included in the analysis. It could be argued that Analysis 1 may have included more deviant cases, as it included those with insignificant policies. Ward's method is also noniterative, meaning that once a pairing or grouping is made, it re-
mains unchanged throughout the analysis. This fact, in combination
with the potential for deviant cases to have been included in Analysis
1, may account for some of the discrepancies in cluster membership.

It is noteworthy, however, that very similar profiles (with the
exception of Cluster 1 of Analysis 1) emerged in both analyses. While
some researchers have argued that such evidence of internal consistency
can be seen as validation for the existence of certain cluster, Alden­
derfer and Blashfield (1984) disagree. They suggest that the failure
to produce internal consistency would be grounds for rejecting a
cluster solution, but that successful replication cannot be seen as
validation. In the present case, the argument would be even weaker
due to the overlap of subjects in both cases. Therefore, it is inter­
esting that the same cluster profiles emerged, but this cannot be over­
interpreted.

Analyses of Variance

Analyses of variance (ANOVAs) were run on the clusters to check
for differences between clusters on the demographic and self-esteem
measures gathered. Although separate analyses were run for the entire
sample and the partial sample, they will be discussed simultaneously.
This approach is sensible due to the failure to find consistent signifi­
cant differences between the clusters. A slight age difference was re­
vealed in the entire sample, yet this was not apparent in the partial
sample analysis. It may be that this difference was, in fact, due to
error which was removed in Analysis 2. A slight difference in family
counseling experience between two of the clusters emerged in Analysis 2. It could be argued that this difference was masked by the error in Analysis 1. In any case, for the most part, few conclusions can be drawn about the "type" of people whose policies were clustered together in either analysis.

The failure to find certain significant differences may indicate that simple divisions of gender, for example, are not meaningful in understanding help seeking. This would be congruent with the findings of Study 1, which were summarized in the introduction.

The failure to find differences in self-esteem, however, appears to be a result of the failure to get adequate discriminative power from the self-esteem measure used. Perusal of the data for this measure supports this conclusion: 76.3% of the subjects scored either a "6" or a "4" on the measure.

The homogeneity of the sample may underlie the failure to find significant age, ethnicity, hometown size and location, counseling experience and parental SES differences between clusters.

While information regarding religious orientation was gathered, there was no measure of "religiosity" or level of affiliation with one's religious orientation. This may be an important uncaptured individual difference in this study. This suggestion developed through examination of numerous unsolicited written comments on the response sheets of the subjects.

In summary, the ANOVAs failed to provide stable descriptive in-
formation about the members of the clusters in either analysis. This appears to be due to a mixture of methodological difficulties, sampling restrictions and actual lack of significant differences.
CONCLUSIONS

Introduction

The previous research concerning mental health help seeking has been largely descriptive. In addition, these descriptions have focused on the help seeker and/or the type of help sought. This project sought to validate previous research regarding the existence of four variables which influence a decision to seek counseling: 1) threat or problem severity, 2) perceived potential for loss of self-reliance, 3) perceived external stigma, and 4) information and expectations about counseling.

The results of this study corroborate the evidence in Study 1 that these four factors are influential in the decision making process regarding seeking counseling. The results also support Research Question 1 in that these four variables have a significant impact on subjects' ratings of the likelihood of their seeking help in a given situation. It is also clear that Research Question 2 was supported in that subjects utilized different approaches to combining information about these variables in reaching a decision. What remains unclear is how these subjects might differ from one another and how these subjects and their differences could be described.

Although the ANOVAs failed, for the most part, to discriminate between the clusters, they did not fail to give us important information. It appears that traditional delineations and descriptors (e.g., gender, age, parental SES) for help seekers lacked utility. One example of this was discussed earlier: the fact that subjects using
different decision making strategies did not clearly differ along gender lines.

Limitations

The most important limitation of this project is its subject pool. This is limiting in two important ways. The first limitation is that these are not actual clients, but rather potential clients. The analog nature of the study is appropriate for the current exploratory level of investigation, but limits the conclusions and implications which can be drawn from the data. In line with this limitation is the reminder provided by Hogarth (1981) that the artificial structure imposed in the paradigm impacts the salience for the variables in a manner that may not be reflective of the "real world". For these reasons as well as the statistical reasons outlined previously, the conclusions of this research cannot be widely generalized.

These findings do remain useful, however, in validating the results of previous research suggesting the importance of these four variables (at least for this population), and in suggesting some potential relationships between a decision to seek counseling and four influential variables. They are also helpful in clarifying future research needs in this area.

The second limitation imposed by the subject pool is its homogeneity. There is little variance in age, ethnicity, religious orientation or family background, which limits the generalizability of the findings. The homogeneity may also have affected the ability of the
ANOVAs to differentiate between and describe the different clusters. The wide range in $R^2$s found in the data is another limitation. The range limits the confidence we can have in the results of the project. As discussed earlier, this range might suggest that there are important individual differences operating which remain uncaptured in the present model. This possibility deserves empirical attention.

Another limitation in the impact of this research is the inability of the ANOVAs to describe the members of the clusters in ways other than their decision making style. This inability is most likely due to a combination of the limited sample and the failure of some of the measures to discriminate adequately between subjects. One example of that failure in discrimination was mentioned earlier: the Self-Esteem measure.

**Implications for further research**

There are a number of directions which future research could follow. Perhaps the most crucial at this point is the increased diversity of the subject pool. The entire project, beginning with Study 1 needs to be replicated with an ethnically diverse sample. Such an endeavor needs to attend to degree of acculturation as well as ethnicity of the sample.

In addition to ethnic diversity, diversity of age, SES, family background and geographical location all need to be included. Age differences would be of particular interest to counseling center staffs, given the trend toward a higher average age on college campuses.
Also important to address are differences in "religiosity" in combination with religious orientation. Religiosity, in this sense, would measure degree of affiliation with, or level of importance of, religion beliefs for that subject. This appears to be one of the possible individual differences which was excluded from the present study.

Another approach to exploration of the potential individual differences left "uncaptured" by the present model would be to ask open questions at the end of any future research. These questions would offer an opportunity for subjects to inform the researchers of any factors contributing to their decision and left unaddressed by the research being conducted. Such questions may also lead to insights which could help resolve the confusing effects of external stigma and self-reliance in the present study.

The tendency for mean likelihood to seek help to hover somewhat below the midpoint of the scale provides another empirical question. There may exist a response set to counseling which is not easily permeated by information for some subjects. It may also be important to address social desirability responses in future analyses.

Another very important task for this program of research is to provide some validation of these analog results. A longitudinal study would be ideal for providing validation. Alternatively, concurrent groups of help seekers could be compared with nonhelp seekers along the variables included in this research. This step is very important when considering potential practical applications of the results.
Potential practical applications

Given support for the idea that the process of deciding to seek counseling is amenable to research and study, a number of potential applications come to mind. One very important application would be to offer information to professionals involved in outreach and education/prevention. Counseling centers across the nation have become increasingly involved in outreach, yet little assessment of its impact is done. Often, such outreach programs have dual goals: prevention of mental health difficulties, and promotion of appropriate self-referral to counseling services. With refinement and validation, the information from a program of study along the lines of the present project could offer a means of tailoring such outreach to the population of interest, as well as a tool for assessing its utility.

Another important application is the explication of the different use patterns of counseling services for ethnic groups and other subcultures. Information could be gleaned from this research to aid both in actual cross cultural counseling and in outreach programming.

Finally, it may behoove clinicians and counselors to increase their awareness of the process which brings a client to their office. An increased sensitivity to the decision making process may imply some issues which could be addressed in the early stages of contact with a client. Premature self-terminations of counseling may even be impacted by these variables.
Summary

In addition to addressing the two general research questions, this study has demonstrated that the decision making process leading a client to seek professional counseling can be investigated. There is support for the first research question: the four independent variables in this study impact help seeking decisions. Secondly, it appears that different people have different ways (policies) of combining these variables to make a decision.

Interestingly, although different people appear to weight the variables differently, there is not much variability in the actual decisions made. Therefore, while it is clear that there exist different policies for seeking help, these policies appear to lead to very similar decisions. Also, little is known about the members of the different clusters aside from their help seeking policy.

Although there remains work to be done before clear, generalizable conclusions can be drawn, the knowledge gained from this work can be used cautiously. For example, it appears that, on the average, as perceived problem severity increases, likelihood of seeking counseling also increases. This may suggest that educational programs aimed at informing potential clients about "signs" of problem severity would aid in appropriate self-referral. It does not appear, from this data that stigma or self-reliance have large overall impacts on help seeking decisions. This might suggest that not much energy needs to be directed toward reduction of these concerns for this population. The variations
on this theme are numerous.

In closing, although this research needs further validation and exploration, it can be viewed as an important and informative contribution to understanding of the process of seeking counseling.
REFERENCES


ACKNOWLEDGMENTS

I would like to thank the members of my committee: Drs. Fred Borgen, Douglas Epperson, Dan Robinson, Robert Strahan, and Roy Warman (in alphabetical order). Many of them have been with me the entire five years of my stay at ISU, and have supported me in a variety of ways during that time. I would like to particularly thank Dr. Epperson for serving as my major professor, and for his guidance, help, challenge and support during those years. Many, many times his contributions were much above and beyond the "call of duty". Dr. Borgen also deserves a warm, special acknowledgment for his time and energies spent with this project as well as with my general professional development. Dr. Borgen also served as the chair of the Counseling Program for my first four years at ISU. I would like to thank him warmly for his support and guidance from that position as well. A final professional thank you is due to Dr. Paul Muchinsky who took time from his busy schedule to assist me in planning, designing and implementing this project.

Because graduate school training can be a personally trying experience, I would also like to thank those people who fostered my personal development and growth during this training. First and foremost are my parents: Thank you for always believing in me and accepting my choices in life. Thank you for your love, understanding and encouragement. I am proud to be your daughter! Next, I'd like to thank all of my special friends at ISU and at the counseling center at the University
of California at Irvine for their patience, understanding and love. Special thanks to Wayne for taking time out from his fields to help with data management. Thanks also to Betsy, for her consistent confidence during a trying year!

Final thanks are due to both Maggie (my typist) and Bonnie (my dear friend) for their patience, flexibility and hours of labor. Without them, the completion of this project from such a distance would have been impossible!
APPENDIX A

Information Sheet

1. Your gender: A. Female  B. Male

2. Your age: 

3. Your race: A. Caucasian  B. Black  C. Oriental  D. Latino  E. other

4. Your religious orientation: A. Protestant  B. Catholic  C. Jewish  D. Other

5. Have you ever sought professional counseling: A. Yes  B. No

6. Have any of your close friends sought professional counseling that you know of? A. Yes  B. No

7. Has anyone in your family sought professional counseling that you know of? A. Yes  B. No

8. What is your major? 

9. What is your father's occupation? 

10. What is your mother's occupation? 

11. Where have you spent most of your life? (city and state, please)

12. Your marital status: A. Single  B. Married  C. Divorced  D. Widowed  E. Living with someone

Please respond to the following questions by circling the number which best describes your feeling about that statement:

1. I feel that I'm a person of worth, at least on an equal plane with others.
   1- strongly disagree  2- disagree  3- agree  4- strongly agree

2. I feel that I have a number of good qualities.
   1- strongly disagree  2- disagree  3- agree  4- strongly agree

3. All in all, I am inclined to feel that I am a failure.
   1- strongly disagree  2- disagree  3- agree  4- strongly agree

4. I am able to do things as well as most other people.
   1- strongly disagree  2- disagree  3- agree  4- strongly agree
5. I feel I do not have much to be proud of.
   1-strongly disagree  2-disagree  3-agree  4-strongly agree

6. I take a positive attitude toward myself.
   1-strongly disagree  2-disagree  3-agree  4-strongly agree

7. On the whole, I am satisfied with myself.
   1-strongly disagree  2-disagree  3-agree  4-strongly agree

8. I wish I could have more respect for myself.
   1-strongly disagree  2-disagree  3-agree  4-strongly agree

9. I certainly feel useless at times.
   1-strongly disagree  2-disagree  3-agree  4-strongly agree

10. At times I think I am no good.
    1-strongly disagree  2-disagree  3-agree  4-strongly agree
APPENDIX B

Now, please answer each of the following questions based on information presented in this vignette:

1. How serious is the problem?
   (a = not serious at all; b = not very serious; c = somewhat serious; d = something to be concerned about; e = fairly serious; f = very serious; and g = extremely serious)

2. How concerned are you (in this scene) that others will look down on you and that counseling will end up being a "hassle"?
   (a = not at all; b = a little concerned; c = somewhat concerned; d = concerned; e = quite concerned; f = very concerned; and g = extremely concerned)

3. In this scene, regardless of what others might think about you, to what extent would seeing a counselor make you lose respect for yourself and/or feel weak and unable to take care of yourself?
   (a = not at all; b = a little; c = somewhat; d = probably would lose self-respect/feel weak; e = quite a bit; f = very likely; and g = extremely likely)

4. How much information about counseling or its potential usefulness for you is available in this scene?
   (a = none; b = a little; c = some; d = information is available; e = quite a bit; f = a lot; and g = all necessary information)
APPENDIX C

Instructions

Please read each of the following scenes and imagine yourself in that situation. Following each scene, you will be asked to respond based on the information presented in that vignette. You will respond using a nine-point scale.

The difference between the scenes is sometimes subtle, which makes the task seem somewhat repetitive. You may find yourself tempted to skim the scenes rather than reading each one carefully, but it is important that you look for the differences in each scene, and respond to that information.

Remember, you are to read the scene, imagine yourself in that situation, and decide how likely you would be to seek help in that situation.

Please be sure that you correctly match the item number with the number on the answer sheet.

THANKS!
You've been feeling down lately, and it's hard for you to discuss the problem with your friends.

You think that counseling would offer you the chance to "let off some steam", and this would really be helpful for you. You also know that anything that you would say to the counselor would be confidential.

However, you think that a person only changes when and if s/he really wants to. In other words, you think that it's really up to you to take care of the situation. This whole thing is beginning to embarrass you anyway.

When you think about going to see a counselor, you're not sure how it would fit into your schedule. You also wonder what you would tell your friends about where you are going, and are worried that they would figure out that you're seeing a counselor.

1) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat</td>
<td>moderately</td>
<td>very</td>
<td>extremely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You know that counselors are available and are very open-minded and very helpful. You know where you could go for counseling, and know that these services are completely confidential. You think that counseling might be good for you since you've been feeling so confused about the situation, and counseling would likely offer you an objective opinion. You also think that counseling would offer you the chance to "let off some steam" in a productive way. It seems to you that the counselors would be able to suggest better ways to deal with this kind of situation in the future.

When you think about going to see a counselor, you're not sure how it would fit into your schedule. You also wonder what you would tell your friends about where you are going, and are worried that they would figure out that you're seeing a counselor.

You've been feeling down lately, and it's hard for you to discuss the problem with your friends.

However, you think that a person only changes when and if s/he really wants to. In other words, you think that it's really up to you to take care of the situation. This whole thing is beginning to embarrass you anyway.

2) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Blank line]
You think that a person only changes when and if s/he really wants to. In other words, you think that it's really up to you to take care of the situation. This whole thing is beginning to embarrass you anyway.

The thing is that you've really been depressed lately, and it's hard for you to talk to your friends about the problem. Actually, you have talked to a couple of your friends about the situation, and they seem to be tired of hearing about it. Your parents have suggested that you see a counselor, and so has your physician. You would like to deal with this problem once and for all because it's really been getting to you. Sometimes, things get so bad that you even think about suicide.

When you think about going to see a counselor, you're not sure how it would fit into your schedule. You also wonder what you would tell your friends about where you are going, and are worried that they would figure out that you're seeing a counselor.

You think that counseling would offer you the chance to "let off some steam", and this would really be helpful for you. You also know that anything that you would say to the counselor would be confidential.

3) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When you think about going to see a counselor, you're not sure how it would fit into your schedule. You also wonder what you would tell your friends about where you are going, and are worried that they would figure out that you're seeing a counselor.

But, you also think that there are some things which a person should keep to him/herself and the situation troubling you seems like something that you are supposed to be able to handle yourself. You think that a person only changes when and if s/he wants to. In other words, you think that it's really up to you to take care of this situation. With this in mind, you would probably feel "weak" if you were to go to a counselor. It's always hard for you to ask for help and to admit that you can't figure out an answer on your own. This whole situation has become embarrassing to you, particularly since the most available counselors know your family. You believe that if you were really "together" and "grown-up", you wouldn't need to talk to a psychologist, and you are really uncomfortable talking about yourself anyway.

You do think that counseling would offer you the chance to "let off some steam", and this would really be helpful for you. You also know that anything that you would say to the counselor would be confidential.

The thing is that you've been feeling down lately, and it's hard for you to discuss the problem with your friends.

4) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You've been feeling down lately, and it's hard for you to discuss the problem with your friends.

You think that counseling would offer you the chance to "let off some steam", and this would really be helpful for you. You also know that anything that you would say to the counselor would be confidential.

However, you think that a person only changes when and if s/he really wants to. In other words, you think that it's really up to you to take care of the situation. This whole thing is beginning to embarrass you anyway.

You also believe that people who go to a counselor must have serious problems, and you think that most people would agree with you about that. This makes it hard for you to think about going to see a counselor, since it would seem like admitting that you have a serious problem. People may even see you going into the counselor's office, and wonder if you were "crazy" or something. You are concerned that people might begin to avoid you or lose respect for you if they found out. You are especially concerned about what to tell your friends about where you're going, and are worried that they would figure out that you're seeing a counselor. Also, when you think about going for help, you're not real sure how well it would fit into your schedule.

5) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You know that counselors are available and are very open-minded and very helpful. You know where you could go for counseling, and know that these services are completely confidential. You think that counseling might be good for you since you've been feeling so confused about the situation, and counseling would likely offer you an objective opinion. You also think that counseling would offer you the chance to "let off some steam" in a productive way. It seems to you that the counselors would be able to suggest better ways to deal with this kind of situation in the future.

But, when you think about going to see a counselor, you're not sure how it would fit into your schedule. You also wonder what you would tell your friends about where you are going, and are worried that they would figure out that you're seeing a counselor.

The thing is that you've really been depressed lately, and it's hard for you to talk to your friends about the problem. Actually, you have talked to a couple of your friends about the situation, and they seem to be tired of hearing about it. Your parents have suggested that you see a counselor, and so has your physician. You would like to deal with this problem once and for all because it's really been getting to you. Sometimes, things get so bad that you even think about suicide.

However, you think that a person only changes when and if s/he really wants to. In other words, you think that it's really up to you to take care of the situation. This whole thing is beginning to embarrass you anyway.

6) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat</td>
<td>moderately</td>
<td>very</td>
<td>extremely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You think that there are some things which a person should keep to him/herself and the situation troubling you seems like something that you are supposed to be able to handle yourself. You think that a person only changes when and if s/he wants to. In other words, you think that it's really up to you to take care of this situation. With this in mind, you would probably feel "weak" if you were to go to a counselor. It's always hard for you to ask for help and to admit that you can't figure out an answer on your own. This whole situation has become embarrassing to you, particularly since the most available counselors know your family. You believe that if you were really "together" and "grown-up", you wouldn't need to talk to a psychologist, and you are really uncomfortable talking about yourself anyway.

The thing is that you've really been depressed lately, and it's hard for you to talk to your friends about the problem. Actually, you have talked to a couple of your friends about the situation, and they seem to be tired of hearing about it. Your parents have suggested that you see a counselor, and so has your physician. You would like to deal with this problem once and for all because it's really been getting to you. Sometimes, things get so bad that you even think about suicide.

But, when you think about going to see a counselor, you're not sure how it would fit into your schedule. You also wonder what you would tell your friends about where you are going, and are worried that they would figure out that you're seeing a counselor.

You do think that counseling would offer you the chance to "let off some steam", and this would really be helpful for you. You also know that anything that you would say to the counselor would be confidential.

7) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

115
You believe that people who go to a counselor must have serious problems, and you think that most people would agree with you about that. This makes it hard for you to think about going to see a counselor, since it would seem like admitting that you have a serious problem. People may even see you going into the counselor's office, and wonder if you were "crazy" or something. You are concerned that people might begin to avoid you or lose respect for you if they found out. You are especially concerned about what to tell your friends about where you're going, and are worried that they would figure out that you're seeing a counselor. Also, when you think about going for help, you're not real sure how well it would fit into your schedule.

You also think that a person only changes when and if s/he really wants to. In other words, you think that it's really up to you to take care of the situation. This whole thing is beginning to embarrass you anyway.

You do think that counseling would offer you the chance to "let off some steam", and this would really be helpful for you. You also know that anything that you would say to the counselor would be confidential.

The thing is that you've really been depressed lately, and it's hard for you to talk to your friends about the problem. Actually, you have talked to a couple of your friends about the situation, and they seem to be tired of hearing about it. Your parents have suggested that you see a counselor, and so has your physician. You would like to deal with this problem once and for all because it's really been getting to you. Sometimes, things get so bad that you even think about suicide.

8) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat</td>
<td>moderately</td>
<td>very</td>
<td>extremely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You've been feeling down lately, and it's hard for you to discuss the problem with your friends.

You know that counselors are available and are very open-minded and very helpful. You know where you could go for counseling, and know that these services are completely confidential. You think that counseling might be good for you since you've been feeling so confused about the situation, and counseling would likely offer you an objective opinion. You also think that counseling would offer you the chance to "let off some steam" in a productive way. It seems to you that the counselors would be able to suggest better ways to deal with this kind of situation in the future.

However, you think that there are some things which a person should keep to him/herself and the situation troubling you seems like something that you are supposed to be able to handle yourself. You think that a person only changes when and if s/he wants to. In other words, you think that it's really up to you to take care of this situation. With this in mind, you would probably feel "weak" if you were to go to a counselor. It's always hard for you to ask for help and to admit that you can't figure out an answer on your own. This whole situation has become embarrassing to you, particularly since the most available counselors know your family. You believe that if you were really "together" and "grown-up", you wouldn't need to talk to a psychologist, and you are really uncomfortable talking about yourself anyway.

Also, when you think about going to see a counselor, you're not sure how it would fit into your schedule. You also wonder what you would tell your friends about where you are going, and are worried that they would figure out that you're seeing a counselor.

9) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat</td>
<td>moderately</td>
<td>very</td>
<td>extremely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You know that counselors are available and are very open-minded and very helpful. You know where you could go for counseling, and know that these services are completely confidential. You think that counseling might be good for you since you've been feeling so confused about the situation, and counseling would likely offer you an objective opinion. You also think that counseling would offer you the chance to "let off some steam" in a productive way. It seems to you that the counselors would be able to suggest better ways to deal with this kind of situation in the future.

But, you also believe that people who go to a counselor must have serious problems, and you think that most people would agree with you about that. This makes it hard for you to think about going to see a counselor, since it would seem like admitting that you have a serious problem. People may even see you going into the counselor's office, and wonder if you were "crazy" or something. You are concerned that people might begin to avoid you or lose respect for you if they found out. You are especially concerned about what to tell your friends about where you're going, and are worried that they would figure out that you're seeing a counselor. Also, when you think about going for help, you're not real sure how well it would fit into your schedule.

The thing is that you've been feeling down lately, and it's hard for you to discuss the problem with your friends.

You also think that a person only changes when and if s/he really wants to. In other words, you think that it's really up to you to take care of the situation. This whole thing is beginning to embarrass you anyway.

10) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat</td>
<td>moderately</td>
<td>very</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You think that there are some things which a person should keep to him/herself and the situation troubling you seems like something that you are supposed to be able to handle yourself. You think that a person only changes when and if s/he wants to. In other words, you think that it's really up to you to take care of this situation. With this in mind, you would probably feel "weak" if you were to go to a counselor. It's always hard for you to ask for help and to admit that you can't figure out an answer on your own. This whole situation has become embarrassing to you, particularly since the most available counselors know your family. You believe that if you were really "together" and "grown-up", you wouldn't need to talk to a psychologist, and you are really uncomfortable talking about yourself anyway.

The thing is that you've been feeling down lately, and it's hard for you to discuss the problem with your friends.

But, you also believe that people who go to a counselor must have serious problems, and you think that most people would agree with you about that. This makes it hard for you to think about going to see a counselor, since it would seem like admitting that you have a serious problem. People may even see you are going into the counselor's office, and wonder if you were "crazy" or something. You are concerned that people might begin to avoid you or lose respect for you if they found out. You are especially concerned about what to tell your friends about where you're going, and are worried that they would figure out that you're seeing a counselor. Also, when you think about going for help, you're not real sure how well it would fit into your schedule.

You do think that counseling would offer you the chance to "let off some steam", and this would really be helpful for you. You also know that anything that you would say to the counselor would be confidential.

11) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>not at all</th>
<th>somewhat</th>
<th>moderately</th>
<th>very</th>
<th>extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
When you think about going to see a counselor, you're not sure how it would fit into your schedule. You also wonder what you would tell your friends about where you are going, and are worried that they would figure out that you're seeing a counselor.

You also think that there are some things which a person should keep to him/herself and the situation troubling you seems like something that you are supposed to be able to handle yourself. You think that a person only changes when and if s/he wants to. In other words, you think that it's really up to you to take care of this situation. With this in mind, you would probably feel "weak" if you were to go to a counselor. It's always hard for you to ask for help and to admit that you can't figure out an answer on your own. This whole situation has become embarrassing to you, particularly since the most available counselors know your family. You believe that if you were really "together" and "grown-up", you wouldn't need to talk to a psychologist, and you are really uncomfortable talking about yourself anyway.

You know that counselors are available and are very open-minded and very helpful. You know where you could go for counseling, and know that these services are completely confidential. You think that counseling might be good for you since you've been feeling so confused about the situation, and counseling would likely offer you an objective opinion. You also think that counseling would offer you the chance to "let off some steam" in a productive way. It seems to you that the counselors would be able to suggest better ways to deal with this kind of situation in the future.

The thing is that you've really been depressed lately, and it's hard for you to talk to your friends about the problem. Actually, you have talked to a couple of your friends about the situation, and they seem to be tired of hearing about it. Your parents have suggested that you see a counselor, and so has your physician. You would like to deal with this problem once and for all because it's really been getting to you. Sometimes, things get so bad that you even think about suicide.

12) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You've really been depressed lately, and it's hard for you to talk to your friends about the problem. Actually, you have talked to a couple of your friends about the situation, and they seem to be tired of hearing about it. Your parents have suggested that you see a counselor, and so has your physician. You would like to deal with this problem once and for all because it's really been getting to you. Sometimes, things get so bad that you even think about suicide.

You do know that counselors are available and are very open-minded and very helpful. You know where you could go for counseling, and know that these services are completely confidential. You think that counseling might be good for you since you've been feeling so confused about the situation, and counseling would likely offer you an objective opinion. You also think that counseling would offer you the chance to "let off some steam" in a productive way. It seems to you that the counselors would be able to suggest better ways to deal with this kind of situation in the future.

However, you also think that a person only changes when and if s/he really wants to. In other words, you think that it's really up to you to take care of the situation. This whole thing is beginning to embarrass you anyway.

You also believe that people who go to a counselor must have serious problems, and you think that most people would agree with you about that. This makes it hard for you to think about going to see a counselor, since it would seem like admitting that you have a serious problem. People may even see you going into the counselor's office, and wonder if you were "crazy" or something. You are concerned that people might begin to avoid you or lose respect for you if they found out. You are especially concerned about what to tell your friends about where you're going, and are worried that they would figure out that you're seeing a counselor. Also, when you think about going for help, you're not real sure how well it would fit into your schedule.

13) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

121
You know that counselors are available and are very open-minded and very helpful. You know where you could go for counseling, and know that these services are completely confidential. You think that counseling might be good for you since you've been feeling so confused about the situation, and counseling would likely offer you an objective opinion. You also think that counseling would offer you the chance to "let off some steam" in a productive way. It seems to you that the counselors would be able to suggest better ways to deal with this kind of situation in the future.

But, you also believe that people who go to a counselor must have serious problems, and you think that most people would agree with you about that. This makes it hard for you to think about going to see a counselor, since it would seem like admitting that you have a serious problem. People may even see you going into the counselor's office, and wonder if you were "crazy" or something. You are concerned that people might begin to avoid you or lose respect for you if they found out. You are especially concerned about what to tell your friends about where you're going, and are worried that they would figure out that you're seeing a counselor. Also, when you think about going for help, you're not real sure how well it would fit into your schedule.

The thing is that you've been feeling down lately, and it's hard for you to discuss the problem with your friends.

You also think that there are some things which a person should keep to him/herself and the situation troubling you seems like something that you are supposed to be able to handle yourself. You think that a person only changes when and if s/he wants to. In other words, you think that it's really up to you to take care of this situation. With this in mind, you would probably feel "weak" if you were to go to a counselor. It's always hard for you to ask for help and to admit that you can't figure out an answer on your own. This whole situation has become embarrassing to you, particularly since the most available counselors know your family. You believe that if you were really "together" and "grown-up", you wouldn't need to talk to a psychologist, and you are really uncomfortable talking about yourself anyway.

14) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You think that there are some things which a person should keep to him/herself and the situation troubling you seems like something that you are supposed to be able to handle yourself. You think that a person only changes when and if s/he wants to. In other words, you think that it's really up to you to take care of this situation. With this in mind, you would probably feel "weak" if you were to go to a counselor. It's always hard for you to ask for help and to admit that you can't figure out an answer on your own. This whole situation has become embarrassing to you, particularly since the most available counselors know your family. You believe that if you were really "together" and "grown-up", you wouldn't need to talk to a psychologist, and you are really uncomfortable talking about yourself anyway.

The problem is that you've really been depressed lately, and it's hard for you to talk to your friends about the problem. Actually, you have talked to a couple of your friends about the situation, and they seem to be tired of hearing about it. Your parents have suggested that you see a counselor, and so has your physician. You would like to deal with this problem once and for all because it's really been getting to you. Sometimes, things get so bad that you even think about suicide.

But, you also believe that people who go to a counselor must have serious problems, and you think that most people would agree with you about that. This makes it hard for you to think about going to see a counselor, since it would seem like admitting that you have a serious problem. People may even see you going into the counselor's office, and wonder if you were "crazy" or something. You are concerned that people might begin to avoid you or lose respect for you if they found out. You are especially concerned about what to tell your friends about where you're going, and are worried that they would figure out that you're seeing a counselor. Also, when you think about going for help, you're not real sure how well it would fit into your schedule.

You do think that counseling would offer you the chance to "let off some steam", and this would really be helpful for you. You also know that anything that you would say to the counselor would be confidential.

15) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You believe that people who go to a counselor must have serious problems, and you think that most people would agree with you about that. This makes it hard for you to think about going to see a counselor, since it would seem like admitting that you have a serious problem. People may even see you going into the counselor's office, and wonder if you were "crazy" or something. You are concerned that people might begin to avoid you or lose respect for you if they found out. You are especially concerned about what to tell your friends about where you're going, and are worried that they would figure out that you're seeing a counselor. Also, when you think about going for help, you're not really sure how well it would fit into your schedule.

The thing is that you've really been depressed lately, and it's hard for you to talk to your friends about the problem. Actually, you have talked to a couple of your friends about the situation, and they seem to be tired of hearing about it. Your parents have suggested that you see a counselor, and so has your physician. You would like to deal with this problem once and for all because it's really been getting to you. Sometimes, things get so bad that you even think about suicide.

You do know that counselors are available and are very open-minded and very helpful. You know where you could go for counseling, and know that these services are completely confidential. You think that counseling might be good for you since you've been feeling so confused about the situation, and counseling would likely offer you an objective opinion. You also think that counseling would offer you the chance to "let off some steam" in a productive way. It seems to you that the counselors would be able to suggest better ways to deal with this kind of situation in the future.

But, you think that there are some things which a person should keep to him/herself and the situation troubling you seems like something that you are supposed to be able to handle yourself. You think that a person only changes when and if s/he wants to. In other words, you think that it's really up to you to take care of this situation. With this in mind, you would probably feel "weak" if you were to go to a counselor. It's always hard for you to ask for help and to admit that you can't figure out an answer on your own. This whole situation has become embarrassing to you, particularly since the most available counselors know your family. You believe that if you were really "together" and "grown-up", you wouldn't need to talk to a psychologist, and you are really uncomfortable talking about yourself anyway.

16) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You and your best friend have been "on the outs" for quite a while now, and it's starting to get to you.

You know that counseling services are available near you, and that these services are completely confidential. You also know that the counselors who work there are completely confidential. You also know that the counselors who work there are very capable and open-minded, and they appear very "together" to you. You realize that you haven't been acting like yourself at all lately, and you find yourself feeling very confused about the situation at hand. You've been thinking that you'd like an objective opinion about the problem, and think that a counselor would be a good person to ask about it.

However, you also know what a hard time you have admitting that you have a problem, and how hard it is for you to trust other people.

You also wonder how your friends and peers would react if you were to go to a counselor. You even have a few concerns about the counselor's reaction to your situation.

17) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You know that counseling services are available near you, and that these services are completely confidential.

But, you wonder how your friends and peers would react if you were to go to a counselor. You even have a few concerns about the counselor's reaction to your situation.

The thing is that you and your spouse have been on the outs for quite a while now, and it's really been bothering you a lot. Your schoolwork and social life are being disrupted, and you are beginning to withdraw from your family and other friends. You've had this same problem before and just can't seem to resolve it this time like you could before. Friends have even complained that your mood is really bothering them, yet you feel too lost and overwhelmed with the situation to even begin to change. Sometimes you even feel violent about the whole thing, and have thrown things across the room.

However, you also know what a hard time you have admitting that you have a problem, and how hard it is for you to trust other people.

18) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat</td>
<td>moderately</td>
<td>very</td>
<td>extremely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td>likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You have a hard time admitting it when you have a problem, and you really tend not to trust other people. You are generally so uncomfortable talking about yourself, and you find this problem particularly embarrassing to discuss. Talking to someone else about the problem seems like a sign of weakness on your part. Besides, you tend to think that people can only blame themselves when they get into a problematic situation. Since you can only blame yourself, you also believe that you are the only person who should really help or change you or the situation. As a matter of fact, you've always thought that a person ought to be able to "snap out of" mad moods or problems rather than seeking psychological help.

However, you and your best friend have been "on the outs" for quite a while now, and it's starting to get to you.

But, you also wonder how your friends and peers would react if you were to go to a counselor. You even have a few concerns about the counselor's reaction to your situation.

You do know that counseling services are available near you, and that these services are completely confidential.

19) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You think that your friends would probably find out if you went to a counselor and are concerned that they will begin to wonder if you're "crazy". You are also concerned about your future, since you think that people might hold it against you in the future if they learn that you've seen a counselor. In addition, you wonder what your instructors would think about you if they were to learn about it. It seems like it would be disruptive to your schedule to go to counseling and you're not really sure how to go about asking for help anyway. You also have some concerns about the counselor's possible reaction to your problem, and would feel like you owed the counselor something if you did go.

You also know what a hard time you have admitting that you have a problem, and how hard it is for you to trust other people.

You do know that counseling services are available near you, and that these services are completely confidential.

However, you and your best friend have been "on the outs" for quite a while now, and it's starting to get to you.

20) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You and your spouse have been on the outs for quite a while now, and it's really been bothering you a lot. Your schoolwork and social life are being disrupted, and you are beginning to withdraw from your family and other friends. You've had this same problem before and just can't seem to resolve it this time like you could before. Friends have even complained that your mood is really bothering them, yet you feel too lost and overwhelmed with the situation to even begin to change. Sometimes you even feel violent about the whole thing, and have thrown things across the room.

You do know that counseling services are available near you, and that these services are completely confidential. You also know that the counselors who work there are very capable and open-minded, and they appear very "together" to you. You realize that you haven't been acting like yourself at all lately, and you find yourself feeling very confused about the situation at hand. You've been thinking that you'd like an objective opinion about the problem, and think that a counselor would be a good person to ask about it.

However, you also know what a hard time you have admitting that you have a problem, and how hard it is for you to trust other people.

You also wonder how your friends and peers would react if you were to go to a counselor. You even have a few concerns about the counselor's reaction to your situation.

21) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


You know that counseling services are available near you, and that these services are completely confidential.

However, you wonder how your friends and peers would react if you were to go to a counselor. You even have a few concerns about the counselor's reaction to your situation.

The thing is that you and your spouse have been on the outs for quite a while now, and it's really been bothering you a lot. Your schoolwork and social life are being disrupted, and you are beginning to withdraw from your family and other friends. You've had this same problem before and just can't seem to resolve it this time like you could before. Friends have even complained that your mood is really bothering them, yet you feel too lost and overwhelmed with the situation to even begin to change. Sometimes you even feel violent about the whole thing, and have thrown things across the room.

However, you have a hard time admitting it when you have a problem, and you really tend not to trust people. You are generally so uncomfortable talking about yourself, and you find this problem particularly embarrassing to discuss. Talking to someone else about the problem seems like a sign of weakness on your part. Besides, you tend to think that people can only blame themselves when they get into a problematic situation. Since you can only blame yourself, you also believe that you are the only person who should really help or change you or the situation. As a matter of fact, you've always thought that a person ought to be able to "snap out of" mad moods or problems rather than seeking psychological help.

22) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

likely
You know what a hard time you have admitting that you have a problem, and how hard it is for you to trust other people.

The thing is that you and your spouse have been on the outs for quite a while now, and it's really been bothering you a lot. Your schoolwork and social life are being disrupted, and you are beginning to withdraw from your family and other friends. You've had this same problem before and just can't seem to resolve it this time like you could before. Friends have even complained that your mood is really bothering them, yet you feel too lost and overwhelmed with the situation to even begin to change. Sometimes you even feel violent about the whole thing, and have thrown things across the room.

However, you think that your friends would probably find out if you went to a counselor and are concerned that they will begin to wonder if you're "crazy". You are also concerned about your future, since you think that people might hold it against you in the future if they learn that you've seen a counselor. In addition, you wonder what your instructors would think about you if they were to learn about it. It seems like it would be disruptive to your schedule to go to counseling and you're not really sure how to go about asking for help anyway. You also have some concerns about the counselor's possible reaction to your problem, and would feel like you owed the counselor something if you did go.

You do know that counseling services are available near you, and that these services are completely confidential.

23) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


You wonder how your friends and peers would react if you were to go to a counselor. You even have a few concerns about the counselor's reaction to your situation.

You also have a hard time admitting it when you have a problem, and you really tend not to trust other people. You are generally so uncomfortable talking about yourself, and you find this problem particularly embarrassing to discuss. Talking to someone else about the problem seems like a sign of weakness on your part. Besides, you tend to think that people can only blame themselves when they get into a problematic situation. Since you can only blame yourself, you also believe that you are the only person who should really help or change you or the situation. As a matter of fact, you've always thought that a person ought to be able to "snap out of" mad moods or problems rather than seeking psychological help.

However, you do know that counseling services are available near you, and that these services are completely confidential. You also know that the counselors who work there are very capable and open-minded, and they appear very "together" to you. You realize that you haven't been acting like yourself at all lately, and you find yourself feeling very confused about the situation at hand. You've been thinking that you'd like an objective opinion about the problem, and think that a counselor would be a good person to ask about it.

But still, you and your best friend have been "on the outs" for quite a while now, and it's starting to get to you.

24) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You and your best friend have been "on the outs" for quite a while now, and it's starting to get to you.

You do know that counseling services are available near you, and that these services are completely confidential. You also know that the counselors who work there are very capable and open-minded, and they appear very "together" to you. You realize that you haven't been acting like yourself at all lately, and you find yourself feeling very confused about the situation at hand. You've been thinking that you'd like an objective opinion about the problem, and think that a counselor would be a good person to ask about it.

But, you know what a hard time you have admitting that you have a problem, and how hard it is for you to trust other people.

You also think that your friends would probably find out if you went to a counselor and are concerned that they will begin to wonder if you're "crazy". You are also concerned about your future, since you think that people might hold it against you in the future if they learn that you've seen a counselor. In addition, you wonder what your instructors would think about you if they were to learn about it. It seems like it would be disruptive to your schedule to go to counseling, and you're not really sure how to go about asking for help anyway. You also have some concerns about the counselor's possible reaction to your problem, and would feel like you owed the counselor something if you did go.

25) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You know that counseling services are available near you, and that these services are completely confidential.

However, you think that your friends would probably find out if you went to a counselor and are concerned that they will begin to wonder if you're "crazy". You are also concerned about your future, since you think that people might hold it against you in the future if they learn that you've seen a counselor. In addition, you wonder what your instructors would think about you if they were to learn about it. It seems like it would be disruptive to your schedule to go to counseling and you're not really sure how to go about asking for help anyway. You also have some concerns about the counselor's possible reaction to your problem, and would feel like you owed the counselor something if you did go.

The only thing is that you and your best friend have been "on the outs" for quite a while now, and it's starting to get to you.

But, you know that you have a hard time admitting it when you have a problem, and you really tend not to trust other people. You are generally so uncomfortable talking about yourself, and you find this problem particularly embarrassing to discuss. Talking to someone else about the problem seems like a sign of weakness on your part. Besides, you tend to think that people can only blame themselves when they get into a problematic situation. Since you can only blame yourself, you also believe that you are the only person who should really help or change you or the situation. As a matter of fact, you've always thought that a person ought to be able to "snap out of" mad moods or problems rather than seeking psychological help.

26) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You have a hard time admitting it when you have a problem, and you really tend not to trust other people. You are generally so uncomfortable talking about yourself, and you find this problem particularly embarrassing to discuss. Talking to someone else about the problem seems like a sign of weakness on your part. Besides, you tend to think that people can only blame themselves when they get into a problematic situation. Since you can only blame yourself, you also believe that you are the only person who should really help or change you or the situation. As a matter of fact, you've always thought that a person ought to be able to "snap out of" mad moods or problems rather than seeking psychological help.

The thing is that you and your spouse have been on the outs for quite a while now, and it's really been bothering you a lot. Your schoolwork and social life are being disrupted, and you are beginning to withdraw from your family and other friends. You've had this same problem before and just can't seem to resolve it this time like you could before. Friends have even complained that your mood is really bothering them, yet you feel too lost and overwhelmed with the situation to even begin to change. Sometimes you even feel violent about the whole thing, and have thrown things across the room.

However, you wonder how your friends and peers would react if you were to go to a counselor. You even have a few concerns about the counselor's reaction to your situation.

You do know that counseling services are available near you, and that these services are completely confidential. You also know that the counselors who work there are very capable and open-minded, and they appear very "together" to you. You realize that you haven't been acting like yourself at all lately, and you find yourself feeling very confused about the situation at hand. You've been thinking that you'd like an objective opinion about the problem, and think that a counselor would be a good person to ask about it.

27) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You think that your friends would probably find out if you went to a counselor and are concerned that they will begin to wonder if you're "crazy". You are also concerned about your future, since you think that people might hold it against you in the future if they learn that you've seen a counselor. In addition, you wonder what your instructors would think about you if they were to learn about it. It seems like it would be disruptive to your schedule to go to counseling and you're not really sure how to go about asking for help anyway. You also have some concerns about the counselor's possible reaction to your problem, and would feel like you owed the counselor something if you did go.

You know what a hard time you have admitting that you have a problem, and how hard it is for you to trust other people.

You do know that counseling services are available near you, and that these services are completely confidential. You also know that the counselors who work there are very capable and open-minded, and they appear very "together" to you. You realize that you haven't been acting like yourself at all lately, and you find yourself feeling very confused about the situation at hand, you've been thinking that you'd like an objective opinion about the problem, and think that a counselor would be a good person to ask about it.

The thing is that you and your spouse have been on the outs for quite a while now, and it's really been bothering you a lot. Your schoolwork and social life are being disrupted, and you are beginning to withdraw from your family and other friends. You've had this same problem before and just can't seem to resolve it this time like you could before. Friends have even complained that your mood is really bothering them, yet you feel too lost and overwhelmed with the situation to even begin to change. Sometimes you even feel violent about the whole thing, and have thrown things across the room.

28) Based on the information in this scene, how likely would you be to seek professional counseling?

- not at all
- somewhat likely
- moderately likely
- very likely
- extremely likely

2 4 6 8 9
You and your best friend have been "on the outs" for quite a while now, and it's starting to get to you.

You know that counseling services are available near you, and that these services are completely confidential. You also know that the counselors who work there are very capable and open-minded, and they appear very "together" to you. You realize that you haven't been acting like yourself at all lately, and you find yourself feeling very confused about the situation at hand. You've been thinking that you'd like an objective opinion about the problem, and think that a counselor would be a good person to ask about it.

However, you have a hard time admitting it when you have a problem, and you really tend not to trust other people. You are generally so uncomfortable talking about yourself, and you find this problem embarrassing to discuss. Talking to someone else about the problem seems like a sign of weakness on your part. Besides, you tend to think that people can only blame themselves when they get into a problematic situation. Since you can only blame yourself, you also believe that you are the only person who should really help or change you or the situation. As a matter of fact, you've always thought that a person ought to be able to "snap out of" mad moods or problems rather than seeking psychological help.

You also think that your friends would probably find out if you went to a counselor and are concerned that they will begin to wonder if you're "crazy". You are also concerned about your future, since you think that people might hold it against you in the future if they learn that you've seen a counselor. In addition, you wonder what your instructors would think about you if they were to learn about it. It seems like it would be disruptive to your schedule to go to counseling and you're not really sure how to go about asking for help anyway. You also have some concerns about the counselor's possible reaction to your problem, and would feel like you owed the counselor something if you did go.

29) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>not at all</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

137
You know that counseling services are available near you, and that these services are completely confidential.

However, you know that you have a hard time admitting it when you have a problem, and you really tend not to trust other people. You are generally so uncomfortable talking about yourself, and you find this problem particularly embarrassing to discuss. Talking to someone else about the problem seems like a sign of weakness on your part. Besides, you tend to think that people can only blame themselves when they get into a problematic situation. Since you can only blame yourself, you also believe that you are the only person who should really help or change you or the situation. As a matter of fact, you've always thought that a person ought to be able to "snap out of" mad moods or problems rather than seeking psychological help.

The thing is that you and your spouse have been on the outs for quite a while now, and it's really been bothering you a lot. Your schoolwork and social life are being disrupted, and you are beginning to withdraw from your family and other friends. You've had this same problem before and just can't seem to resolve it this time like you could before. Friends have even complained that your mood is really bothering them, yet you feel too lost and overwhelmed with the situation to even begin to change. Sometimes you even feel violent about the whole thing, and have thrown things across the room.

But, you also think that your friends would probably find out if you went to a counselor and are concerned that they will begin to wonder if you're "crazy". You are also concerned about your future, since you think that people might hold it against you in the future if they learn that you've seen a counselor. In addition, you wonder what your instructors would think about you if they were to learn about it. It seems like it would be disruptive to your schedule to go to counseling and you're not really sure how to go about asking for help anyway. You also have some concerns about the counselor's possible reaction to your problem, and would feel like you owed the counselor something if you did go.

30) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You know that you have a hard time admitting it when you have a problem, and you really tend not to trust other people. You are generally so uncomfortable talking about yourself, and you find this problem particularly embarrassing to discuss. Talking to someone else about the problem seems like a sign of weakness on your part. Besides, you tend to think that people can only blame themselves when they get into a problematic situation. Since you can only blame yourself, you also believe that you are the only person who should really help or change you or the situation. As a matter of fact, you've always thought that a person ought to be able to "snap out of" mad moods or problems rather than seeking psychological help.

The thing is that you and your spouse have been on the outs for quite a while now, and it's really been bothering you a lot. Your schoolwork and social life are being disrupted, and you are beginning to withdraw from your family and other friends. You've had this same problem before and just can't seem to resolve it this time like you could before. Friends have even complained that your mood is really bothering them, yet you feel too lost and overwhelmed with the situation to even begin to change. Sometimes you even feel violent about the whole thing, and have thrown things across the room.

But, you also think that your friends would probably find out if you went to a counselor and are concerned that they will begin to wonder if you're "crazy". You are also concerned about your future, since you think that people might hold it against you in the future if they learn that you've seen a counselor. In addition, you wonder what your instructors would think about you if they were to learn about it. It seems like it would be disruptive to your schedule to go to counseling and you're not really sure how to go about asking for help anyway. You also have some concerns about the counselors possible reaction to your problem, and would feel like you owed the counselor something if you did go.

You do also know that counseling services are available near you, and that these services are completely confidential. You also know that the counselors who work there are very capable and open-minded, and they appear very "together" to you. You realize that you haven't been acting like yourself at all lately, and you find yourself feeling very confused about the situation at hand. You've been thinking that you'd like an objective opinion about the problem, and think that a counselor would be a good person to ask about it.

31) Based on the information in this scene, how likely would you be to seek professional counseling?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>somewhat likely</td>
<td>moderately likely</td>
<td>very likely</td>
<td>extremely likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You wonder how your friends and peers would react if you were to go to a counselor. You even have a few concerns about the counselor's reaction to your situation.

You also know what a hard time you have admitting that you have a problem, and how hard it is for you to trust other people.

You are aware that counseling services are available near you, and that these services are completely confidential.

But still, you and your best friend have been "on the outs" for quite a while now, and it's starting to get to you.

37) Based on the information in this scene, how likely would you be to seek professional counseling?

1  2  3  4  5  6  7  8  9
not at all  somewhat likely  moderately likely  very likely  extremely likely
### Table 7.

Summary of policy capturing results

<table>
<thead>
<tr>
<th>Subject</th>
<th>$R^2$</th>
<th>Raw intercept</th>
<th>Severity expectations</th>
<th>Stigma reliance</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.4469</td>
<td>-0.07936</td>
<td>0.53333</td>
<td>0.38039</td>
<td>0.11668</td>
</tr>
<tr>
<td>2</td>
<td>0.5054</td>
<td>6.01587</td>
<td>0.20352</td>
<td>-0.3991</td>
<td>-0.41834</td>
</tr>
<tr>
<td>3</td>
<td>0.5460</td>
<td>4.44246</td>
<td>0.63629</td>
<td>-0.11589</td>
<td>-0.30926</td>
</tr>
<tr>
<td>4</td>
<td>0.1066</td>
<td>3.80357</td>
<td>0.19483</td>
<td>-0.22480</td>
<td>-0.00833</td>
</tr>
<tr>
<td>5</td>
<td>0.2285</td>
<td>4.48809</td>
<td>0.37588</td>
<td>0.14229</td>
<td>-0.25908</td>
</tr>
<tr>
<td>6</td>
<td>0.1313</td>
<td>5.38889</td>
<td>0.18495</td>
<td>0.06278</td>
<td>-0.30712</td>
</tr>
<tr>
<td>7</td>
<td>0.2588</td>
<td>2.90675</td>
<td>0.42354</td>
<td>0.11664</td>
<td>-0.18484</td>
</tr>
<tr>
<td>8</td>
<td>0.4790</td>
<td>2.69246</td>
<td>0.13536</td>
<td>0.58550</td>
<td>-0.33542</td>
</tr>
<tr>
<td>9</td>
<td>0.0766</td>
<td>4.54960</td>
<td>-0.03256</td>
<td>0.04203</td>
<td>-0.26579</td>
</tr>
<tr>
<td>10</td>
<td>0.3168</td>
<td>6.89484</td>
<td>0.18318</td>
<td>0.15303</td>
<td>-0.15303</td>
</tr>
<tr>
<td>11</td>
<td>0.6232</td>
<td>2.78175</td>
<td>-0.12463</td>
<td>0.72159</td>
<td>-0.29848</td>
</tr>
<tr>
<td>12</td>
<td>0.5208</td>
<td>2.79762</td>
<td>0.38008</td>
<td>0.59328</td>
<td>-0.16688</td>
</tr>
<tr>
<td>13</td>
<td>0.1367</td>
<td>5.75198</td>
<td>0.09746</td>
<td>-0.10286</td>
<td>-0.21765</td>
</tr>
<tr>
<td>14</td>
<td>0.3191</td>
<td>6.70833</td>
<td>-0.00313</td>
<td>0.33469</td>
<td>-0.40977</td>
</tr>
<tr>
<td>15</td>
<td>0.3158</td>
<td>5.33135</td>
<td>0.51051</td>
<td>-0.12140</td>
<td>-0.17597</td>
</tr>
<tr>
<td>16</td>
<td>0.4515</td>
<td>1.12698</td>
<td>0.58224</td>
<td>0.23838</td>
<td>-0.16961</td>
</tr>
</tbody>
</table>

Note. While significance levels are reported, it is important to remember the cautions regarding within subjects significance testing mentioned earlier.

*p < .05, df(total) = 31.

**p < .01, df(total) = 31.

***p < .001, df(total) = 31.
Table 7. continued

<table>
<thead>
<tr>
<th>Subject</th>
<th>$R^2$</th>
<th>Raw intercept</th>
<th>Severity</th>
<th>Counseling expectations</th>
<th>Stigma</th>
<th>Self-reliance</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>0.2622</td>
<td>4.63889</td>
<td>0.32288</td>
<td>0.17892</td>
<td>-0.25135</td>
<td>-0.30143</td>
<td>.0749</td>
</tr>
<tr>
<td>18</td>
<td>0.6328</td>
<td>6.69444</td>
<td>0.42599</td>
<td>-0.06531</td>
<td>-0.67164</td>
<td>-0.07783</td>
<td>.0001***</td>
</tr>
<tr>
<td>19</td>
<td>0.2641</td>
<td>4.96230</td>
<td>0.20294</td>
<td>0.31300</td>
<td>-0.23963</td>
<td>-0.31152</td>
<td>.0727</td>
</tr>
<tr>
<td>20</td>
<td>0.3332</td>
<td>3.30159</td>
<td>0.41023</td>
<td>0.14402</td>
<td>-0.36586</td>
<td>-0.17431</td>
<td>.0231*</td>
</tr>
<tr>
<td>21</td>
<td>0.0435</td>
<td>3.04960</td>
<td>-0.08744</td>
<td>0.04976</td>
<td>0.16976</td>
<td>0.08173</td>
<td>.8708</td>
</tr>
<tr>
<td>22</td>
<td>0.0543</td>
<td>3.24603</td>
<td>-0.17441</td>
<td>0.04955</td>
<td>0.11842</td>
<td>0.10289</td>
<td>.8153</td>
</tr>
<tr>
<td>23</td>
<td>0.1192</td>
<td>2.60119</td>
<td>0.25100</td>
<td>0.09528</td>
<td>-0.21986</td>
<td>-0.02960</td>
<td>.4703</td>
</tr>
<tr>
<td>24</td>
<td>0.4636</td>
<td>6.03175</td>
<td>0.20519</td>
<td>0.09339</td>
<td>-0.31700</td>
<td>-0.59866</td>
<td>.0016**</td>
</tr>
<tr>
<td>25</td>
<td>0.4950</td>
<td>1.60913</td>
<td>0.60323</td>
<td>0.22602</td>
<td>-0.28406</td>
<td>-0.13422</td>
<td>.0008***</td>
</tr>
<tr>
<td>26</td>
<td>0.3597</td>
<td>3.41667</td>
<td>0.54482</td>
<td>0.09969</td>
<td>-0.09969</td>
<td>-0.25915</td>
<td>.0142**</td>
</tr>
<tr>
<td>27</td>
<td>0.2449</td>
<td>0.90675</td>
<td>0.48769</td>
<td>0.06079</td>
<td>-0.01056</td>
<td>0.03183</td>
<td>.0971</td>
</tr>
<tr>
<td>28</td>
<td>0.4005</td>
<td>3.54960</td>
<td>0.62455</td>
<td>-0.01872</td>
<td>-0.10943</td>
<td>-0.04348</td>
<td>.0006***</td>
</tr>
<tr>
<td>29</td>
<td>0.4764</td>
<td>1.85119</td>
<td>0.47747</td>
<td>0.44019</td>
<td>-0.21655</td>
<td>-0.18423</td>
<td>.0012***</td>
</tr>
<tr>
<td>30</td>
<td>0.3929</td>
<td>1.52976</td>
<td>0.53969</td>
<td>0.28336</td>
<td>-0.13688</td>
<td>-0.13923</td>
<td>.0075**</td>
</tr>
<tr>
<td>31</td>
<td>0.4721</td>
<td>5.04563</td>
<td>0.08611</td>
<td>0.43865</td>
<td>-0.36031</td>
<td>-0.43686</td>
<td>.0013***</td>
</tr>
<tr>
<td>32</td>
<td>0.1010</td>
<td>3.63095</td>
<td>0.17104</td>
<td>0.25556</td>
<td>-0.08653</td>
<td>-0.03213</td>
<td>.5613</td>
</tr>
<tr>
<td>33</td>
<td>0.6210</td>
<td>6.16071</td>
<td>0.06081</td>
<td>0.01351</td>
<td>-0.77029</td>
<td>-0.21580</td>
<td>.0001***</td>
</tr>
<tr>
<td>34</td>
<td>0.7522</td>
<td>2.87500</td>
<td>0.13455</td>
<td>0.73606</td>
<td>-0.32450</td>
<td>-0.37916</td>
<td>.0001***</td>
</tr>
<tr>
<td>35</td>
<td>0.3127</td>
<td>2.41667</td>
<td>0.47831</td>
<td>0.15585</td>
<td>-0.22034</td>
<td>-0.17164</td>
<td>.0331*</td>
</tr>
<tr>
<td>36</td>
<td>0.1915</td>
<td>0.85516</td>
<td>0.26545</td>
<td>0.30677</td>
<td>0.14773</td>
<td>0.04975</td>
<td>.2033</td>
</tr>
<tr>
<td>37</td>
<td>0.2247</td>
<td>9.13690</td>
<td>-0.05564</td>
<td>0.07346</td>
<td>-0.33166</td>
<td>-0.34850</td>
<td>.1299</td>
</tr>
<tr>
<td>38</td>
<td>0.3106</td>
<td>0.52381</td>
<td>0.44567</td>
<td>0.11919</td>
<td>-0.06478</td>
<td>0.26895</td>
<td>.0343*</td>
</tr>
<tr>
<td>39</td>
<td>0.3388</td>
<td>3.41667</td>
<td>0.32685</td>
<td>0.32685</td>
<td>-0.26202</td>
<td>-0.30194</td>
<td>.0209*</td>
</tr>
<tr>
<td>40</td>
<td>0.3758</td>
<td>4.55159</td>
<td>0.00733</td>
<td>0.48420</td>
<td>-0.21596</td>
<td>-0.35506</td>
<td>.0105**</td>
</tr>
<tr>
<td>41</td>
<td>0.5399</td>
<td>7.78175</td>
<td>0.05140</td>
<td>0.26851</td>
<td>-0.48562</td>
<td>-0.53196</td>
<td>.0002***</td>
</tr>
<tr>
<td>42</td>
<td>0.2261</td>
<td>3.34921</td>
<td>0.30528</td>
<td>0.19677</td>
<td>0.29150</td>
<td>-0.11001</td>
<td>.1274</td>
</tr>
<tr>
<td>Subject</td>
<td>$R^2$</td>
<td>Raw Counseling Self-reliance</td>
<td>Counselor expectations</td>
<td>Stigma reliance</td>
<td>Self-reliance</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
<td>-----------------------------</td>
<td>------------------------</td>
<td>-----------------</td>
<td>--------------</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>0.2063</td>
<td>2.01786</td>
<td>0.33803</td>
<td>0.23287</td>
<td>-0.19781</td>
<td>-0.07997</td>
<td>.1672</td>
</tr>
<tr>
<td>44</td>
<td>0.1645</td>
<td>2.35516</td>
<td>0.39475</td>
<td>0.02257</td>
<td>0.03059</td>
<td>0.06401</td>
<td>.2847</td>
</tr>
<tr>
<td>45</td>
<td>0.4805</td>
<td>6.08333</td>
<td>0.43123</td>
<td>0.06900</td>
<td>-0.32773</td>
<td>-0.48203</td>
<td>.0011***</td>
</tr>
<tr>
<td>46</td>
<td>0.5878</td>
<td>3.37897</td>
<td>0.57748</td>
<td>0.14584</td>
<td>-0.39249</td>
<td>-0.35948</td>
<td>.0001***</td>
</tr>
<tr>
<td>47</td>
<td>0.5509</td>
<td>6.34524</td>
<td>0.20668</td>
<td>0.42484</td>
<td>-0.38353</td>
<td>-0.47629</td>
<td>.002***</td>
</tr>
<tr>
<td>48</td>
<td>0.6007</td>
<td>3.69246</td>
<td>0.34410</td>
<td>0.45255</td>
<td>-0.44525</td>
<td>-0.38029</td>
<td>.001***</td>
</tr>
<tr>
<td>49</td>
<td>0.3269</td>
<td>1.40476</td>
<td>0.54877</td>
<td>0.07970</td>
<td>-0.14366</td>
<td>-0.08106</td>
<td>.0259*</td>
</tr>
<tr>
<td>50</td>
<td>0.0360</td>
<td>4.86111</td>
<td>0.13540</td>
<td>0.06265</td>
<td>0.01010</td>
<td>-0.12908</td>
<td>.9059</td>
</tr>
<tr>
<td>51</td>
<td>0.4366</td>
<td>3.31151</td>
<td>0.63532</td>
<td>0.12171</td>
<td>-0.04833</td>
<td>-0.18598</td>
<td>.0030**</td>
</tr>
<tr>
<td>52</td>
<td>0.4096</td>
<td>0.42857</td>
<td>0.60585</td>
<td>0.16293</td>
<td>0.10282</td>
<td>-0.12630</td>
<td>.0053**</td>
</tr>
<tr>
<td>53</td>
<td>0.5501</td>
<td>3.27976</td>
<td>0.68186</td>
<td>0.38105</td>
<td>-0.09992</td>
<td>-0.31302</td>
<td>.002***</td>
</tr>
<tr>
<td>54</td>
<td>0.3457</td>
<td>4.59325</td>
<td>0.43624</td>
<td>0.38225</td>
<td>-0.11227</td>
<td>-0.06843</td>
<td>.0185*</td>
</tr>
<tr>
<td>55</td>
<td>0.2726</td>
<td>3.64881</td>
<td>0.42660</td>
<td>-0.11337</td>
<td>-0.08298</td>
<td>0.24263</td>
<td>.0637</td>
</tr>
<tr>
<td>56</td>
<td>0.6604</td>
<td>2.85119</td>
<td>0.30916</td>
<td>0.60523</td>
<td>-0.43605</td>
<td>-0.20905</td>
<td>.0001***</td>
</tr>
<tr>
<td>57</td>
<td>0.0339</td>
<td>4.88010</td>
<td>0.10673</td>
<td>-0.14464</td>
<td>0.01895</td>
<td>-0.03186</td>
<td>.9150</td>
</tr>
<tr>
<td>58</td>
<td>0.3178</td>
<td>3.6567</td>
<td>0.432956</td>
<td>0.11924</td>
<td>-0.29352</td>
<td>-0.23414</td>
<td>.0303*</td>
</tr>
<tr>
<td>59</td>
<td>0.4276</td>
<td>3.9742</td>
<td>0.416484</td>
<td>0.35529</td>
<td>-0.26010</td>
<td>-0.35101</td>
<td>.0036**</td>
</tr>
<tr>
<td>60</td>
<td>0.1279</td>
<td>4.7837</td>
<td>0.264320</td>
<td>0.15387</td>
<td>-0.21417</td>
<td>-0.04968</td>
<td>.4298</td>
</tr>
<tr>
<td>61</td>
<td>0.4477</td>
<td>1.9821</td>
<td>0.607748</td>
<td>0.12959</td>
<td>-0.12959</td>
<td>-0.27270</td>
<td>.0023**</td>
</tr>
<tr>
<td>62</td>
<td>0.4906</td>
<td>-0.5020</td>
<td>0.690872</td>
<td>0.13042</td>
<td>-0.06316</td>
<td>-0.11365</td>
<td>.0007***</td>
</tr>
<tr>
<td>63</td>
<td>0.4114</td>
<td>2.2758</td>
<td>0.251815</td>
<td>0.51796</td>
<td>-0.28984</td>
<td>-0.07469</td>
<td>.0051**</td>
</tr>
<tr>
<td>64</td>
<td>0.1768</td>
<td>0.0893</td>
<td>0.352319</td>
<td>0.21961</td>
<td>-0.04266</td>
<td>0.02523</td>
<td>.2451</td>
</tr>
<tr>
<td>65</td>
<td>0.4406</td>
<td>0.6448</td>
<td>0.632091</td>
<td>0.09008</td>
<td>-0.15385</td>
<td>-0.16567</td>
<td>.0027**</td>
</tr>
<tr>
<td>66</td>
<td>0.1932</td>
<td>4.9980</td>
<td>0.081627</td>
<td>0.30307</td>
<td>-0.10623</td>
<td>-0.32119</td>
<td>1.1989</td>
</tr>
<tr>
<td>67</td>
<td>0.6297</td>
<td>7.3056</td>
<td>0.341139</td>
<td>0.12817</td>
<td>-0.41213</td>
<td>-0.62977</td>
<td>.0001***</td>
</tr>
<tr>
<td>68</td>
<td>0.1574</td>
<td>4.3810</td>
<td>0.060997</td>
<td>0.29748</td>
<td>-0.25806</td>
<td>-0.02997</td>
<td>.3096</td>
</tr>
</tbody>
</table>
Table 7. continued

<table>
<thead>
<tr>
<th>Subject</th>
<th>$R^2$</th>
<th>Raw intercept</th>
<th>Severity expectations</th>
<th>Stigma</th>
<th>Self-Reliance</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>69</td>
<td>0.1370</td>
<td>1.8968</td>
<td>-0.028018</td>
<td>0.25440</td>
<td>-0.11319</td>
<td>0.22191</td>
</tr>
<tr>
<td>70</td>
<td>0.6426</td>
<td>0.0505</td>
<td>0.798095</td>
<td>-0.05906</td>
<td>0.03916</td>
<td>-0.18003</td>
</tr>
<tr>
<td>71</td>
<td>0.2232</td>
<td>8.5060</td>
<td>0.063747</td>
<td>0.15714</td>
<td>-0.37507</td>
<td>-0.27225</td>
</tr>
<tr>
<td>72</td>
<td>0.3327</td>
<td>7.6508</td>
<td>0.125605</td>
<td>0.05627</td>
<td>-0.47229</td>
<td>-0.34491</td>
</tr>
<tr>
<td>73</td>
<td>0.1754</td>
<td>2.6627</td>
<td>0.408763</td>
<td>-0.03845</td>
<td>-0.07335</td>
<td>0.01889</td>
</tr>
<tr>
<td>74</td>
<td>0.1510</td>
<td>1.1389</td>
<td>0.354466</td>
<td>-0.10746</td>
<td>0.02085</td>
<td>0.10245</td>
</tr>
<tr>
<td>75</td>
<td>0.2416</td>
<td>-0.3810</td>
<td>0.410000</td>
<td>0.07194</td>
<td>0.13935</td>
<td>0.20083</td>
</tr>
<tr>
<td>76</td>
<td>0.4671</td>
<td>6.4306</td>
<td>0.479943</td>
<td>-0.18255</td>
<td>-0.45344</td>
<td>-0.04702</td>
</tr>
<tr>
<td>77</td>
<td>0.1549</td>
<td>4.4286</td>
<td>0.229045</td>
<td>0.08653</td>
<td>-0.30030</td>
<td>0.04064</td>
</tr>
<tr>
<td>78</td>
<td>0.4422</td>
<td>-0.2103</td>
<td>0.651614</td>
<td>0.13478</td>
<td>0.01289</td>
<td>-0.08889</td>
</tr>
<tr>
<td>79</td>
<td>0.1464</td>
<td>3.8591</td>
<td>0.351034</td>
<td>0.02832</td>
<td>-0.06417</td>
<td>-0.16587</td>
</tr>
<tr>
<td>80</td>
<td>0.2867</td>
<td>6.5258</td>
<td>-0.098812</td>
<td>0.34009</td>
<td>-0.31083</td>
<td>-0.29110</td>
</tr>
<tr>
<td>81</td>
<td>0.1630</td>
<td>3.6151</td>
<td>0.311555</td>
<td>0.11491</td>
<td>0.18007</td>
<td>0.12773</td>
</tr>
<tr>
<td>82</td>
<td>0.1861</td>
<td>2.9484</td>
<td>0.297144</td>
<td>0.29714</td>
<td>0.09870</td>
<td>-0.00418</td>
</tr>
<tr>
<td>83</td>
<td>0.0475</td>
<td>2.5496</td>
<td>0.113276</td>
<td>-0.01083</td>
<td>-0.03881</td>
<td>0.17302</td>
</tr>
<tr>
<td>84</td>
<td>0.4006</td>
<td>0.3512</td>
<td>0.543666</td>
<td>0.24819</td>
<td>-0.21536</td>
<td>-0.03121</td>
</tr>
<tr>
<td>85</td>
<td>0.1003</td>
<td>2.0079</td>
<td>0.229497</td>
<td>0.15274</td>
<td>-0.15274</td>
<td>0.01216</td>
</tr>
<tr>
<td>86</td>
<td>0.3688</td>
<td>3.5456</td>
<td>0.361714</td>
<td>0.20374</td>
<td>-0.07736</td>
<td>-0.47851</td>
</tr>
<tr>
<td>87</td>
<td>0.2716</td>
<td>3.6131</td>
<td>0.467786</td>
<td>0.21230</td>
<td>-0.05901</td>
<td>-0.12628</td>
</tr>
<tr>
<td>88</td>
<td>0.6303</td>
<td>0.9028</td>
<td>0.706896</td>
<td>0.24699</td>
<td>-0.18567</td>
<td>-0.27201</td>
</tr>
<tr>
<td>89</td>
<td>0.3799</td>
<td>3.6766</td>
<td>0.682089</td>
<td>-0.04636</td>
<td>-0.17545</td>
<td>-0.14524</td>
</tr>
<tr>
<td>90</td>
<td>0.3571</td>
<td>-1.7619</td>
<td>0.677280</td>
<td>0.0365</td>
<td>0.13801</td>
<td>0.03751</td>
</tr>
<tr>
<td>91</td>
<td>0.6604</td>
<td>-3.6171</td>
<td>0.793379</td>
<td>0.14386</td>
<td>0.09670</td>
<td>0.00762</td>
</tr>
<tr>
<td>92</td>
<td>0.1305</td>
<td>4.1052</td>
<td>0.197376</td>
<td>-0.22604</td>
<td>0.20113</td>
<td>0.02999</td>
</tr>
<tr>
<td>93</td>
<td>0.4185</td>
<td>2.5317</td>
<td>0.499914</td>
<td>0.11300</td>
<td>-0.38384</td>
<td>0.04904</td>
</tr>
<tr>
<td>94</td>
<td>0.1962</td>
<td>4.1587</td>
<td>0.352029</td>
<td>-0.03902</td>
<td>-0.26823</td>
<td>-0.04602</td>
</tr>
</tbody>
</table>
Table 7. continued

<table>
<thead>
<tr>
<th>Subject</th>
<th>$R^2$</th>
<th>Raw intercept</th>
<th>Severity</th>
<th>Counseling expectations</th>
<th>Stigma</th>
<th>Self-reliance</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>0.3161</td>
<td>6.0119</td>
<td>0.373897</td>
<td>0.02034</td>
<td>-0.31497</td>
<td>-0.32486</td>
<td>.0132*</td>
</tr>
<tr>
<td>96</td>
<td>0.5751</td>
<td>-0.3889</td>
<td>0.748929</td>
<td>0.09133</td>
<td>-0.00913</td>
<td>-0.14585</td>
<td>.0001***</td>
</tr>
<tr>
<td>97</td>
<td>0.1245</td>
<td>1.8730</td>
<td>0.338197</td>
<td>0.02240</td>
<td>0.09062</td>
<td>0.04252</td>
<td>.4454</td>
</tr>
<tr>
<td>98</td>
<td>0.2690</td>
<td>4.0972</td>
<td>0.350555</td>
<td>0.13135</td>
<td>-0.19398</td>
<td>-0.34726</td>
<td>.0074</td>
</tr>
<tr>
<td>99</td>
<td>0.0398</td>
<td>4.1984</td>
<td>0.154059</td>
<td>0.03091</td>
<td>-0.12327</td>
<td>-0.00195</td>
<td>.8884</td>
</tr>
<tr>
<td>100</td>
<td>0.2541</td>
<td>3.0417</td>
<td>0.185033</td>
<td>0.23035</td>
<td>-0.41160</td>
<td>-0.06030</td>
<td>.0846</td>
</tr>
<tr>
<td>101</td>
<td>0.0737</td>
<td>7.9226</td>
<td>0.115509</td>
<td>-0.19207</td>
<td>-0.14347</td>
<td>-0.05847</td>
<td>.7095</td>
</tr>
<tr>
<td>102</td>
<td>0.2838</td>
<td>-0.0536</td>
<td>0.517121</td>
<td>0.04376</td>
<td>0.12331</td>
<td>-0.03176</td>
<td>.0533*</td>
</tr>
<tr>
<td>103</td>
<td>0.3858</td>
<td>4.7937</td>
<td>0.408473</td>
<td>0.17941</td>
<td>-0.32257</td>
<td>-0.35018</td>
<td>.0086**</td>
</tr>
<tr>
<td>104</td>
<td>0.1709</td>
<td>3.6548</td>
<td>0.353229</td>
<td>-0.20022</td>
<td>-0.07650</td>
<td>0.00584</td>
<td>.2634</td>
</tr>
<tr>
<td>105</td>
<td>0.1367</td>
<td>5.3532</td>
<td>0.182931</td>
<td>-0.24830</td>
<td>0.11893</td>
<td>0.17762</td>
<td>.3911</td>
</tr>
<tr>
<td>106</td>
<td>0.3162</td>
<td>2.1032</td>
<td>0.450826</td>
<td>0.28295</td>
<td>-0.15705</td>
<td>-0.16223</td>
<td>.0311*</td>
</tr>
<tr>
<td>107</td>
<td>0.2254</td>
<td>1.4286</td>
<td>0.409240</td>
<td>0.13423</td>
<td>-0.18007</td>
<td>0.05228</td>
<td>1.286</td>
</tr>
<tr>
<td>108</td>
<td>0.4214</td>
<td>0.9385</td>
<td>0.626888</td>
<td>0.08977</td>
<td>-0.08977</td>
<td>-0.17218</td>
<td>.0041**</td>
</tr>
<tr>
<td>109</td>
<td>0.5826</td>
<td>3.0774</td>
<td>0.336774</td>
<td>0.45399</td>
<td>-0.41492</td>
<td>-0.38625</td>
<td>.0001</td>
</tr>
<tr>
<td>110</td>
<td>0.0478</td>
<td>4.5238</td>
<td>0.131951</td>
<td>-0.06422</td>
<td>0.06422</td>
<td>-0.14917</td>
<td>8.491</td>
</tr>
<tr>
<td>111</td>
<td>0.5076</td>
<td>3.6647</td>
<td>0.298283</td>
<td>0.38866</td>
<td>-0.50917</td>
<td>-0.19282</td>
<td>.0006***</td>
</tr>
<tr>
<td>112</td>
<td>0.4797</td>
<td>1.0734</td>
<td>0.434989</td>
<td>0.46398</td>
<td>-0.23205</td>
<td>-0.23332</td>
<td>.0011***</td>
</tr>
<tr>
<td>113</td>
<td>0.5593</td>
<td>2.8571</td>
<td>0.67722</td>
<td>0.13155</td>
<td>-0.26796</td>
<td>-0.19450</td>
<td>.0001***</td>
</tr>
<tr>
<td>114</td>
<td>0.3454</td>
<td>8.3115</td>
<td>0.15974</td>
<td>-0.03231</td>
<td>-0.42863</td>
<td>-0.40406</td>
<td>.0186*</td>
</tr>
<tr>
<td>115</td>
<td>0.4845</td>
<td>1.3254</td>
<td>0.61063</td>
<td>0.09411</td>
<td>0.20719</td>
<td>0.21548</td>
<td>.0010***</td>
</tr>
<tr>
<td>116</td>
<td>0.4203</td>
<td>5.1726</td>
<td>-0.15179</td>
<td>0.43668</td>
<td>-0.27975</td>
<td>-0.39527</td>
<td>.0042**</td>
</tr>
<tr>
<td>117</td>
<td>0.0539</td>
<td>2.5774</td>
<td>0.21646</td>
<td>-0.00413</td>
<td>0.03564</td>
<td>0.06590</td>
<td>.8175</td>
</tr>
<tr>
<td>118</td>
<td>0.3564</td>
<td>5.3571</td>
<td>0.15013</td>
<td>0.28047</td>
<td>-0.50858</td>
<td>-0.05575</td>
<td>.0152*</td>
</tr>
<tr>
<td>119</td>
<td>0.5234</td>
<td>0.9008</td>
<td>0.70786</td>
<td>-0.05321</td>
<td>-0.14825</td>
<td>-0.04397</td>
<td>.0004***</td>
</tr>
<tr>
<td>120</td>
<td>0.1015</td>
<td>4.8433</td>
<td>-0.03074</td>
<td>0.19844</td>
<td>-0.10677</td>
<td>-0.24107</td>
<td>5.586</td>
</tr>
</tbody>
</table>
Table 7. continued

<table>
<thead>
<tr>
<th>Subject</th>
<th>$R^2$</th>
<th>Raw intercept</th>
<th>Severity</th>
<th>Counseling expectations</th>
<th>Stigma</th>
<th>Self-reliance</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>121</td>
<td>0.1690</td>
<td>3.6825</td>
<td>0.05036</td>
<td>0.28396</td>
<td>-0.24503</td>
<td>0.12829</td>
<td>.2697</td>
</tr>
<tr>
<td>122</td>
<td>0.4862</td>
<td>0.2839</td>
<td>0.45809</td>
<td>0.45809</td>
<td>-0.16428</td>
<td>-0.27757</td>
<td>.0009***</td>
</tr>
<tr>
<td>123</td>
<td>0.3452</td>
<td>3.6867</td>
<td>0.30455</td>
<td>0.40467</td>
<td>-0.30455</td>
<td>-0.06662</td>
<td>.0186*</td>
</tr>
<tr>
<td>124</td>
<td>0.2107</td>
<td>0.8929</td>
<td>0.40810</td>
<td>0.14741</td>
<td>-0.10396</td>
<td>0.07434</td>
<td>.157</td>
</tr>
<tr>
<td>125</td>
<td>0.5288</td>
<td>3.4901</td>
<td>0.50996</td>
<td>0.31878</td>
<td>-0.39526</td>
<td>-0.20595</td>
<td>.0003***</td>
</tr>
<tr>
<td>126</td>
<td>0.4398</td>
<td>-1.2004</td>
<td>0.62290</td>
<td>0.03260</td>
<td>-0.11239</td>
<td>-0.15472</td>
<td>.0028***</td>
</tr>
<tr>
<td>127</td>
<td>0.1347</td>
<td>2.5635</td>
<td>0.19258</td>
<td>0.19258</td>
<td>-0.24621</td>
<td>-0.07816</td>
<td>.3996**</td>
</tr>
<tr>
<td>128</td>
<td>0.7013</td>
<td>-1.0595</td>
<td>0.83725</td>
<td>0.03023</td>
<td>-0.00650</td>
<td>-0.10378</td>
<td>.0001***</td>
</tr>
<tr>
<td>129</td>
<td>0.1801</td>
<td>1.7718</td>
<td>0.38426</td>
<td>-0.17873</td>
<td>0.02518</td>
<td>-0.00649</td>
<td>.2350***</td>
</tr>
<tr>
<td>130</td>
<td>0.4767</td>
<td>7.8472</td>
<td>0.14463</td>
<td>0.18130</td>
<td>-0.62132</td>
<td>-0.26024</td>
<td>.0012***</td>
</tr>
<tr>
<td>131</td>
<td>0.2030</td>
<td>1.9841</td>
<td>0.41065</td>
<td>0.05701</td>
<td>-0.01280</td>
<td>0.14846</td>
<td>.1748</td>
</tr>
<tr>
<td>132</td>
<td>0.3068</td>
<td>4.6746</td>
<td>0.32203</td>
<td>0.10848</td>
<td>-0.35203</td>
<td>-0.27393</td>
<td>.0365*</td>
</tr>
<tr>
<td>133</td>
<td>0.1901</td>
<td>6.3036</td>
<td>0.11517</td>
<td>0.07893</td>
<td>-0.18763</td>
<td>-0.39261</td>
<td>.2071</td>
</tr>
<tr>
<td>134</td>
<td>0.1670</td>
<td>6.4048</td>
<td>0.26397</td>
<td>0.08272</td>
<td>-0.29418</td>
<td>-0.11486</td>
<td>.2760</td>
</tr>
<tr>
<td>135</td>
<td>0.2410</td>
<td>2.8651</td>
<td>0.42026</td>
<td>-0.09870</td>
<td>0.19785</td>
<td>0.09631</td>
<td>.1027</td>
</tr>
<tr>
<td>136</td>
<td>0.3725</td>
<td>5.4683</td>
<td>0.17742</td>
<td>0.17742</td>
<td>-0.37569</td>
<td>-0.45859</td>
<td>.0112**</td>
</tr>
<tr>
<td>137</td>
<td>0.1184</td>
<td>5.0456</td>
<td>-0.02401</td>
<td>0.21484</td>
<td>-0.13522</td>
<td>-0.25226</td>
<td>.4743</td>
</tr>
<tr>
<td>138</td>
<td>0.5614</td>
<td>-1.7460</td>
<td>0.62404</td>
<td>0.18971</td>
<td>0.36871</td>
<td>0.05701</td>
<td>.0001***</td>
</tr>
<tr>
<td>139</td>
<td>0.2008</td>
<td>4.8687</td>
<td>0.31042</td>
<td>-0.25183</td>
<td>0.07213</td>
<td>-0.19558</td>
<td>.1959</td>
</tr>
<tr>
<td>140</td>
<td>0.3532</td>
<td>2.7659</td>
<td>0.45712</td>
<td>0.16363</td>
<td>-0.27369</td>
<td>-0.26967</td>
<td>.0161*</td>
</tr>
<tr>
<td>141</td>
<td>0.7235</td>
<td>0.6627</td>
<td>0.83145</td>
<td>0.13766</td>
<td>-0.10297</td>
<td>0.01759</td>
<td>.0001***</td>
</tr>
<tr>
<td>142</td>
<td>0.1254</td>
<td>2.2897</td>
<td>0.19615</td>
<td>0.25299</td>
<td>0.00282</td>
<td>-0.18192</td>
<td>.4412</td>
</tr>
<tr>
<td>143</td>
<td>0.5234</td>
<td>2.7976</td>
<td>0.66312</td>
<td>0.12899</td>
<td>-0.20530</td>
<td>-0.23209</td>
<td>.0004***</td>
</tr>
<tr>
<td>144</td>
<td>0.1190</td>
<td>2.5179</td>
<td>0.11562</td>
<td>0.29888</td>
<td>0.00654</td>
<td>0.10451</td>
<td>.4712</td>
</tr>
<tr>
<td>145</td>
<td>0.3567</td>
<td>5.2917</td>
<td>0.27665</td>
<td>0.31087</td>
<td>-0.34509</td>
<td>-0.31880</td>
<td>.0151*</td>
</tr>
<tr>
<td>146</td>
<td>0.0834</td>
<td>7.1746</td>
<td>0.13817</td>
<td>-0.15169</td>
<td>-0.10194</td>
<td>-0.18138</td>
<td>.6562</td>
</tr>
</tbody>
</table>
**Table 7. continued**

<table>
<thead>
<tr>
<th>Subject</th>
<th>$R^2$</th>
<th>Raw intercept</th>
<th>Severity expectations</th>
<th>Stigma reliance</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>147</td>
<td>0.4891</td>
<td>4.3829</td>
<td>0.20910</td>
<td>-0.31857</td>
<td>-0.42547</td>
</tr>
<tr>
<td>148</td>
<td>0.1468</td>
<td>3.8909</td>
<td>0.35200</td>
<td>-0.09914</td>
<td>0.03205</td>
</tr>
<tr>
<td>149</td>
<td>0.4255</td>
<td>0.5317</td>
<td>0.64784</td>
<td>-0.08498</td>
<td>-0.07303</td>
</tr>
<tr>
<td>150</td>
<td>0.3645</td>
<td>3.2083</td>
<td>0.59114</td>
<td>0.03662</td>
<td>0.08354</td>
</tr>
<tr>
<td>151</td>
<td>0.7147</td>
<td>-2.7937</td>
<td>0.83909</td>
<td>0.00030</td>
<td>-0.14748</td>
</tr>
<tr>
<td>152</td>
<td>0.3072</td>
<td>9.5714</td>
<td>-0.36693</td>
<td>0.20311</td>
<td>0.06674</td>
</tr>
<tr>
<td>153</td>
<td>0.3181</td>
<td>0.3770</td>
<td>0.57207</td>
<td>-0.09017</td>
<td>0.03993</td>
</tr>
<tr>
<td>154</td>
<td>0.5790</td>
<td>5.3413</td>
<td>-0.01170</td>
<td>-0.48527</td>
<td>-0.34221</td>
</tr>
<tr>
<td>155</td>
<td>0.0404</td>
<td>4.2976</td>
<td>0.15717</td>
<td>-0.6105</td>
<td>0.10371</td>
</tr>
<tr>
<td>156</td>
<td>0.1911</td>
<td>4.1925</td>
<td>0.02899</td>
<td>0.23418</td>
<td>-0.35730</td>
</tr>
<tr>
<td>157</td>
<td>0.3354</td>
<td>2.5218</td>
<td>0.37380</td>
<td>-0.19822</td>
<td>0.33935</td>
</tr>
<tr>
<td>158</td>
<td>0.6569</td>
<td>1.9722</td>
<td>0.59962</td>
<td>-0.24680</td>
<td>-0.35569</td>
</tr>
<tr>
<td>159</td>
<td>0.2390</td>
<td>3.6845</td>
<td>-0.11222</td>
<td>0.37691</td>
<td>-0.28797</td>
</tr>
<tr>
<td>160</td>
<td>0.2451</td>
<td>3.4325</td>
<td>0.38715</td>
<td>0.19427</td>
<td>-0.03355</td>
</tr>
<tr>
<td>161</td>
<td>0.2387</td>
<td>0.1171</td>
<td>0.48747</td>
<td>0.04136</td>
<td>-0.00080</td>
</tr>
<tr>
<td>162</td>
<td>0.2043</td>
<td>1.4683</td>
<td>0.42482</td>
<td>0.09369</td>
<td>-0.02746</td>
</tr>
<tr>
<td>163</td>
<td>0.1488</td>
<td>4.4861</td>
<td>0.23678</td>
<td>-0.11421</td>
<td>-0.23678</td>
</tr>
<tr>
<td>164</td>
<td>0.4213</td>
<td>3.6488</td>
<td>0.50124</td>
<td>0.09101</td>
<td>-0.35207</td>
</tr>
<tr>
<td>165</td>
<td>0.4962</td>
<td>-2.8730</td>
<td>0.49314</td>
<td>0.26435</td>
<td>0.19323</td>
</tr>
<tr>
<td>166</td>
<td>0.3614</td>
<td>-0.5972</td>
<td>0.45472</td>
<td>0.29980</td>
<td>-0.14488</td>
</tr>
<tr>
<td>167</td>
<td>0.5056</td>
<td>5.2877</td>
<td>0.03129</td>
<td>0.23173</td>
<td>-0.49899</td>
</tr>
<tr>
<td>168</td>
<td>0.3706</td>
<td>2.0238</td>
<td>0.46053</td>
<td>0.32447</td>
<td>-0.22068</td>
</tr>
<tr>
<td>169</td>
<td>0.1737</td>
<td>4.5933</td>
<td>0.03485</td>
<td>0.32548</td>
<td>-0.26090</td>
</tr>
<tr>
<td>170</td>
<td>0.2273</td>
<td>-0.4524</td>
<td>0.36960</td>
<td>0.13934</td>
<td>-0.06259</td>
</tr>
<tr>
<td>171</td>
<td>0.1224</td>
<td>2.9365</td>
<td>0.31494</td>
<td>-0.11146</td>
<td>-0.04843</td>
</tr>
<tr>
<td>172</td>
<td>0.2851</td>
<td>1.6587</td>
<td>0.46475</td>
<td>0.23533</td>
<td>-0.12062</td>
</tr>
</tbody>
</table>
Standardized beta weights

<table>
<thead>
<tr>
<th>Subject</th>
<th>R²</th>
<th>Raw Counseling Self-reliance</th>
<th>Severity expectations</th>
<th>Stigma</th>
<th>Self-reliance</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>173</td>
<td>0.4962</td>
<td>-0.7401</td>
<td>0.68283</td>
<td>0.14198</td>
<td>-0.01717</td>
<td>0.05800</td>
</tr>
<tr>
<td>174</td>
<td>0.2292</td>
<td>2.2917</td>
<td>0.15457</td>
<td>0.31823</td>
<td>-0.26368</td>
<td>0.14519</td>
</tr>
<tr>
<td>175</td>
<td>0.3935</td>
<td>1.0179</td>
<td>0.60656</td>
<td>0.11885</td>
<td>-0.11885</td>
<td>-0.06545</td>
</tr>
<tr>
<td>176</td>
<td>0.5459</td>
<td>5.2242</td>
<td>0.50573</td>
<td>0.08194</td>
<td>-0.42867</td>
<td>-0.38572</td>
</tr>
<tr>
<td>177</td>
<td>0.2333</td>
<td>0.0099</td>
<td>0.33481</td>
<td>0.22724</td>
<td>0.23891</td>
<td>0.09316</td>
</tr>
<tr>
<td>178</td>
<td>0.0961</td>
<td>1.6389</td>
<td>0.09542</td>
<td>0.21186</td>
<td>0.16658</td>
<td>-0.12913</td>
</tr>
<tr>
<td>179</td>
<td>0.1207</td>
<td>5.6091</td>
<td>-0.13808</td>
<td>0.25945</td>
<td>-0.15344</td>
<td>-0.12260</td>
</tr>
<tr>
<td>180</td>
<td>0.1876</td>
<td>-0.2937</td>
<td>0.43244</td>
<td>-0.00057</td>
<td>0.00057</td>
<td>0.00915</td>
</tr>
<tr>
<td>181</td>
<td>0.5494</td>
<td>5.5476</td>
<td>0.27918</td>
<td>0.34387</td>
<td>-0.27918</td>
<td>-0.58417</td>
</tr>
<tr>
<td>182</td>
<td>0.5006</td>
<td>1.1528</td>
<td>0.45691</td>
<td>0.49125</td>
<td>-0.21653</td>
<td>-0.16756</td>
</tr>
<tr>
<td>183</td>
<td>0.1721</td>
<td>2.6012</td>
<td>0.37579</td>
<td>-0.05617</td>
<td>-0.10997</td>
<td>0.10107</td>
</tr>
<tr>
<td>184</td>
<td>0.0850</td>
<td>1.3234</td>
<td>0.25988</td>
<td>0.03523</td>
<td>-0.07032</td>
<td>-0.02222</td>
</tr>
<tr>
<td>185</td>
<td>0.1062</td>
<td>4.9167</td>
<td>0.12476</td>
<td>0.03669</td>
<td>-0.21283</td>
<td>-0.23438</td>
</tr>
<tr>
<td>186</td>
<td>0.2042</td>
<td>3.6944</td>
<td>-0.02530</td>
<td>0.39504</td>
<td>-0.18487</td>
<td>-0.15538</td>
</tr>
<tr>
<td>187</td>
<td>0.6990</td>
<td>4.9385</td>
<td>0.48606</td>
<td>0.19847</td>
<td>0.40762</td>
<td>-0.24685</td>
</tr>
<tr>
<td>188</td>
<td>0.3810</td>
<td>3.0357</td>
<td>0.55242</td>
<td>0.09844</td>
<td>-0.26058</td>
<td>-0.01849</td>
</tr>
<tr>
<td>189</td>
<td>0.2420</td>
<td>1.7282</td>
<td>1.39980</td>
<td>0.14160</td>
<td>0.06496</td>
<td>0.21270</td>
</tr>
<tr>
<td>190</td>
<td>0.0444</td>
<td>2.4464</td>
<td>0.19586</td>
<td>-0.01277</td>
<td>-0.07664</td>
<td>-0.03399</td>
</tr>
<tr>
<td>191</td>
<td>0.1395</td>
<td>3.1885</td>
<td>0.34546</td>
<td>-0.08635</td>
<td>0.00620</td>
<td>0.09904</td>
</tr>
<tr>
<td>192</td>
<td>0.5702</td>
<td>3.7817</td>
<td>0.05001</td>
<td>0.65869</td>
<td>-0.28948</td>
<td>-0.32057</td>
</tr>
<tr>
<td>193</td>
<td>0.2214</td>
<td>2.5794</td>
<td>0.38349</td>
<td>0.19975</td>
<td>-0.01400</td>
<td>0.14713</td>
</tr>
<tr>
<td>194</td>
<td>0.6420</td>
<td>-4.3135</td>
<td>0.77037</td>
<td>0.19127</td>
<td>0.09828</td>
<td>-0.12599</td>
</tr>
<tr>
<td>195</td>
<td>0.7400</td>
<td>9.6151</td>
<td>-0.21237</td>
<td>0.38375</td>
<td>-0.51622</td>
<td>-0.57502</td>
</tr>
<tr>
<td>196</td>
<td>0.4768</td>
<td>2.4881</td>
<td>0.68266</td>
<td>-0.07798</td>
<td>-0.04880</td>
<td>-0.10443</td>
</tr>
<tr>
<td>197</td>
<td>0.3504</td>
<td>5.6665</td>
<td>-0.03970</td>
<td>0.39681</td>
<td>-0.39681</td>
<td>-0.23742</td>
</tr>
<tr>
<td>198</td>
<td>0.1316</td>
<td>2.8730</td>
<td>0.29285</td>
<td>0.21545</td>
<td>0.01674</td>
<td>-0.04169</td>
</tr>
</tbody>
</table>
Table 7. continued

<table>
<thead>
<tr>
<th>Subject</th>
<th>$R^2$</th>
<th>Raw intercept</th>
<th>Counseling Severity</th>
<th>Counseling expectations</th>
<th>Stigma</th>
<th>Self-reliance</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>199</td>
<td>0.5775</td>
<td>-2.9325</td>
<td>0.69198</td>
<td>0.15879</td>
<td>0.2677</td>
<td>0.01858</td>
<td>.0001***</td>
</tr>
<tr>
<td>200</td>
<td>0.1368</td>
<td>3.2837</td>
<td>0.22691</td>
<td>0.18641</td>
<td>-0.2269</td>
<td>-0.06672</td>
<td>.3906</td>
</tr>
<tr>
<td>201</td>
<td>0.1861</td>
<td>2.6687</td>
<td>0.26810</td>
<td>-0.12568</td>
<td>-0.21185</td>
<td>0.21032</td>
<td>.2179</td>
</tr>
<tr>
<td>202</td>
<td>0.5403</td>
<td>3.2937</td>
<td>0.62394</td>
<td>0.11059</td>
<td>-0.29393</td>
<td>-0.30206</td>
<td>.0002***</td>
</tr>
<tr>
<td>203</td>
<td>0.3951</td>
<td>1.0516</td>
<td>0.55920</td>
<td>0.21494</td>
<td>0.10018</td>
<td>-0.22543</td>
<td>.0072**</td>
</tr>
<tr>
<td>204</td>
<td>0.1084</td>
<td>2.0933</td>
<td>-0.04412</td>
<td>0.06895</td>
<td>0.30794</td>
<td>0.10270</td>
<td>.5232</td>
</tr>
<tr>
<td>205</td>
<td>0.3913</td>
<td>2.6488</td>
<td>0.56536</td>
<td>-0.20519</td>
<td>0.16463</td>
<td>0.03855</td>
<td>.0077**</td>
</tr>
<tr>
<td>206</td>
<td>0.2828</td>
<td>2.9563</td>
<td>0.51547</td>
<td>-0.10359</td>
<td>-0.07697</td>
<td>0.00654</td>
<td>.0542*</td>
</tr>
<tr>
<td>207</td>
<td>0.3289</td>
<td>8.3036</td>
<td>0.25362</td>
<td>0.06020</td>
<td>-0.44704</td>
<td>-0.29941</td>
<td>.0250*</td>
</tr>
<tr>
<td>208</td>
<td>0.3503</td>
<td>3.2996</td>
<td>0.35787</td>
<td>0.39021</td>
<td>-0.13144</td>
<td>-0.29106</td>
<td>.0170*</td>
</tr>
<tr>
<td>209</td>
<td>0.1599</td>
<td>0.3968</td>
<td>0.28039</td>
<td>0.28039</td>
<td>0.05554</td>
<td>-0.00710</td>
<td>.3005</td>
</tr>
<tr>
<td>210</td>
<td>0.1925</td>
<td>6.3571</td>
<td>0.03404</td>
<td>0.15703</td>
<td>-0.31077</td>
<td>-0.29810</td>
<td>.2006</td>
</tr>
<tr>
<td>211</td>
<td>0.2803</td>
<td>3.7857</td>
<td>0.39446</td>
<td>0.29628</td>
<td>-0.19810</td>
<td>-0.02799</td>
<td>.0564</td>
</tr>
<tr>
<td>212</td>
<td>0.0473</td>
<td>7.9563</td>
<td>-0.02460</td>
<td>-0.02460</td>
<td>-0.21383</td>
<td>0.01209</td>
<td>.8517</td>
</tr>
<tr>
<td>213</td>
<td>0.1104</td>
<td>5.7599</td>
<td>0.25738</td>
<td>0.01324</td>
<td>-0.09462</td>
<td>-0.21143</td>
<td>.5133</td>
</tr>
<tr>
<td>214</td>
<td>0.2696</td>
<td>4.1706</td>
<td>0.36941</td>
<td>0.15727</td>
<td>-0.26334</td>
<td>-0.25316</td>
<td>.0668</td>
</tr>
<tr>
<td>215</td>
<td>0.1300</td>
<td>1.5516</td>
<td>0.09437</td>
<td>0.34634</td>
<td>-0.03137</td>
<td>0.00200</td>
<td>.4205</td>
</tr>
<tr>
<td>216</td>
<td>0.3485</td>
<td>3.4683</td>
<td>0.41164</td>
<td>0.30649</td>
<td>-0.20134</td>
<td>-0.27653</td>
<td>.0175*</td>
</tr>
<tr>
<td>217</td>
<td>0.1496</td>
<td>5.1587</td>
<td>0.26686</td>
<td>-0.22452</td>
<td>-0.16156</td>
<td>-0.05783</td>
<td>.3388</td>
</tr>
<tr>
<td>218</td>
<td>0.1670</td>
<td>3.7619</td>
<td>0.19412</td>
<td>-0.12639</td>
<td>-0.31431</td>
<td>0.09901</td>
<td>.2762</td>
</tr>
<tr>
<td>219</td>
<td>0.1377</td>
<td>3.2361</td>
<td>0.31771</td>
<td>-0.03005</td>
<td>-0.00859</td>
<td>0.17140</td>
<td>.3871</td>
</tr>
<tr>
<td>220</td>
<td>0.1777</td>
<td>5.2877</td>
<td>0.28622</td>
<td>0.16726</td>
<td>-0.24657</td>
<td>-0.13820</td>
<td>.2423</td>
</tr>
<tr>
<td>221</td>
<td>0.4032</td>
<td>3.2520</td>
<td>0.42410</td>
<td>0.33890</td>
<td>-0.31049</td>
<td>-0.19617</td>
<td>.0061**</td>
</tr>
<tr>
<td>222</td>
<td>0.3374</td>
<td>4.5317</td>
<td>-0.22206</td>
<td>0.27794</td>
<td>0.09706</td>
<td>-0.44622</td>
<td>.0215*</td>
</tr>
<tr>
<td>223</td>
<td>0.0900</td>
<td>6.5666</td>
<td>-0.05118</td>
<td>-0.29390</td>
<td>-0.01816</td>
<td>-0.01318</td>
<td>.6198</td>
</tr>
<tr>
<td>224</td>
<td>0.0571</td>
<td>5.8908</td>
<td>0.12349</td>
<td>-0.19148</td>
<td>-0.06049</td>
<td>0.03992</td>
<td>.8005</td>
</tr>
</tbody>
</table>
### Table 7. continued

<table>
<thead>
<tr>
<th>Subject</th>
<th>$R^2$</th>
<th>Raw intercept</th>
<th>Severity expectations</th>
<th>Stigma</th>
<th>Self-reliance</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>225</td>
<td>0.1720</td>
<td>5.1925</td>
<td>0.31536</td>
<td>0.25174</td>
<td>0.06651</td>
<td>0.04435</td>
</tr>
<tr>
<td>226</td>
<td>0.1177</td>
<td>7.2222</td>
<td>0.11021</td>
<td>-0.00911</td>
<td>-0.31902</td>
<td>-0.09263</td>
</tr>
<tr>
<td>227</td>
<td>0.1413</td>
<td>5.9802</td>
<td>0.17490</td>
<td>0.09584</td>
<td>-0.21443</td>
<td>-0.26802</td>
</tr>
<tr>
<td>228</td>
<td>0.2950</td>
<td>3.6012</td>
<td>0.38220</td>
<td>0.01618</td>
<td>-0.32992</td>
<td>0.15904</td>
</tr>
<tr>
<td>229</td>
<td>0.2293</td>
<td>3.8948</td>
<td>0.20528</td>
<td>0.23238</td>
<td>-0.36788</td>
<td>-0.03263</td>
</tr>
<tr>
<td>230</td>
<td>0.1441</td>
<td>1.7440</td>
<td>0.23217</td>
<td>0.27905</td>
<td>0.09599</td>
<td>0.03565</td>
</tr>
<tr>
<td>231</td>
<td>0.1827</td>
<td>2.6071</td>
<td>0.36601</td>
<td>0.04575</td>
<td>-0.15250</td>
<td>0.12176</td>
</tr>
<tr>
<td>232</td>
<td>0.3625</td>
<td>8.4246</td>
<td>0.17504</td>
<td>-0.10907</td>
<td>-0.42876</td>
<td>-0.06637</td>
</tr>
<tr>
<td>233</td>
<td>0.3545</td>
<td>6.5913</td>
<td>0.40045</td>
<td>-0.10907</td>
<td>-0.42876</td>
<td>-0.06637</td>
</tr>
<tr>
<td>234</td>
<td>0.2589</td>
<td>1.6131</td>
<td>0.31796</td>
<td>0.26832</td>
<td>-0.26832</td>
<td>0.07550</td>
</tr>
<tr>
<td>235</td>
<td>0.7042</td>
<td>-1.7242</td>
<td>0.83127</td>
<td>0.10696</td>
<td>0.00279</td>
<td>-0.13074</td>
</tr>
<tr>
<td>236</td>
<td>0.0920</td>
<td>2.5317</td>
<td>0.00551</td>
<td>0.00551</td>
<td>0.28497</td>
<td>-0.08794</td>
</tr>
<tr>
<td>237</td>
<td>0.5059</td>
<td>-0.0774</td>
<td>0.63474</td>
<td>0.29216</td>
<td>0.05042</td>
<td>-0.18946</td>
</tr>
<tr>
<td>238</td>
<td>0.3505</td>
<td>2.1409</td>
<td>0.42020</td>
<td>0.01696</td>
<td>0.14433</td>
<td>0.37306</td>
</tr>
<tr>
<td>239</td>
<td>0.2829</td>
<td>2.4444</td>
<td>0.24249</td>
<td>0.32485</td>
<td>-0.28367</td>
<td>-0.25572</td>
</tr>
<tr>
<td>240</td>
<td>0.5743</td>
<td>1.6786</td>
<td>0.60556</td>
<td>0.19992</td>
<td>-0.36218</td>
<td>-0.27761</td>
</tr>
<tr>
<td>241</td>
<td>0.2448</td>
<td>-0.3353</td>
<td>0.47291</td>
<td>0.09869</td>
<td>0.07142</td>
<td>0.05390</td>
</tr>
<tr>
<td>242</td>
<td>0.4433</td>
<td>1.8750</td>
<td>0.52943</td>
<td>0.22059</td>
<td>-0.17647</td>
<td>-0.35226</td>
</tr>
<tr>
<td>243</td>
<td>0.0425</td>
<td>4.7421</td>
<td>-0.07915</td>
<td>0.13474</td>
<td>-0.13474</td>
<td>-0.01694</td>
</tr>
<tr>
<td>244</td>
<td>0.1145</td>
<td>2.6429</td>
<td>0.13769</td>
<td>0.13769</td>
<td>-0.13769</td>
<td>0.21556</td>
</tr>
<tr>
<td>245</td>
<td>0.4537</td>
<td>6.3849</td>
<td>-0.04082</td>
<td>0.09819</td>
<td>-0.51522</td>
<td>-0.45805</td>
</tr>
<tr>
<td>246</td>
<td>0.1898</td>
<td>-0.5040</td>
<td>0.34433</td>
<td>0.19281</td>
<td>-0.04129</td>
<td>0.14723</td>
</tr>
<tr>
<td>247</td>
<td>0.5096</td>
<td>-1.5417</td>
<td>0.70421</td>
<td>-0.04067</td>
<td>0.09204</td>
<td>0.03418</td>
</tr>
<tr>
<td>248</td>
<td>0.0590</td>
<td>5.7381</td>
<td>0.19167</td>
<td>-0.05539</td>
<td>-0.10932</td>
<td>-0.10176</td>
</tr>
<tr>
<td>249</td>
<td>0.1854</td>
<td>5.7996</td>
<td>0.19364</td>
<td>-0.15054</td>
<td>-0.11716</td>
<td>-0.34412</td>
</tr>
<tr>
<td>250</td>
<td>0.7512</td>
<td>-1.6230</td>
<td>0.86281</td>
<td>0.00771</td>
<td>-0.07896</td>
<td>-0.12305</td>
</tr>
<tr>
<td>Subject</td>
<td>$R^2$</td>
<td>Raw intercept</td>
<td>Standardized beta weights</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>-------</td>
<td>----------------</td>
<td>--------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Counseling expectations</td>
<td>Stigma</td>
<td>Self-reliance</td>
<td>P</td>
</tr>
<tr>
<td>251</td>
<td>0.1471</td>
<td>5.1766</td>
<td>-0.23469</td>
<td>-0.12644</td>
<td>0.09035</td>
<td>0.29040</td>
</tr>
<tr>
<td>252</td>
<td>0.2181</td>
<td>2.6587</td>
<td>0.18703</td>
<td>-0.07075</td>
<td>0.41446</td>
<td>0.10073</td>
</tr>
<tr>
<td>253</td>
<td>0.2432</td>
<td>2.0714</td>
<td>0.36201</td>
<td>0.25123</td>
<td>-0.08506</td>
<td>-0.25272</td>
</tr>
<tr>
<td>254</td>
<td>0.4002</td>
<td>3.2083</td>
<td>0.45253</td>
<td>0.22491</td>
<td>-0.35498</td>
<td>-0.21636</td>
</tr>
<tr>
<td>255</td>
<td>0.3417</td>
<td>3.4683</td>
<td>0.50014</td>
<td>0.08848</td>
<td>-0.29431</td>
<td>-0.04348</td>
</tr>
<tr>
<td>256</td>
<td>0.3243</td>
<td>4.3095</td>
<td>-0.03371</td>
<td>0.48902</td>
<td>-0.27122</td>
<td>-0.15734</td>
</tr>
<tr>
<td>257</td>
<td>0.2156</td>
<td>2.9286</td>
<td>0.15665</td>
<td>-0.11749</td>
<td>0.07180</td>
<td>0.41693</td>
</tr>
<tr>
<td>258</td>
<td>0.4490</td>
<td>6.3968</td>
<td>0.35821</td>
<td>0.10366</td>
<td>-0.45366</td>
<td>-0.38510</td>
</tr>
<tr>
<td>259</td>
<td>0.1630</td>
<td>5.8710</td>
<td>0.08398</td>
<td>0.03943</td>
<td>-0.30675</td>
<td>-0.27386</td>
</tr>
<tr>
<td>260</td>
<td>0.3346</td>
<td>6.4742</td>
<td>0.18923</td>
<td>0.26619</td>
<td>-0.36879</td>
<td>-0.35923</td>
</tr>
<tr>
<td>261</td>
<td>0.4416</td>
<td>1.2560</td>
<td>0.37067</td>
<td>0.45429</td>
<td>-0.31492</td>
<td>-0.13248</td>
</tr>
<tr>
<td>262</td>
<td>0.4729</td>
<td>0.3373</td>
<td>0.65721</td>
<td>0.12233</td>
<td>-0.07371</td>
<td>-0.20645</td>
</tr>
<tr>
<td>263</td>
<td>0.1979</td>
<td>1.4524</td>
<td>0.38399</td>
<td>0.04858</td>
<td>-0.16038</td>
<td>0.11690</td>
</tr>
<tr>
<td>264</td>
<td>0.1039</td>
<td>2.8512</td>
<td>0.27611</td>
<td>-0.04209</td>
<td>0.11280</td>
<td>0.10754</td>
</tr>
<tr>
<td>265</td>
<td>0.0449</td>
<td>4.5020</td>
<td>0.15326</td>
<td>-0.08465</td>
<td>0.08465</td>
<td>0.08653</td>
</tr>
<tr>
<td>266</td>
<td>0.1131</td>
<td>4.7897</td>
<td>0.03357</td>
<td>0.13675</td>
<td>0.27596</td>
<td>-0.12422</td>
</tr>
<tr>
<td>267</td>
<td>0.3907</td>
<td>8.1369</td>
<td>-0.22505</td>
<td>0.31588</td>
<td>-0.42976</td>
<td>-0.27061</td>
</tr>
</tbody>
</table>