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BARRY UNIVERSITY

Predicting Help-Seeking Intentions in Caribbean Students: An Application of the Theory of Planned Behavior

by

Shaun J. Ally

A THESIS

Submitted to the Faculty of
Barry University in partial fulfillment
of the requirements for the degree of
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In loving memory of

Rosalind N. Ally

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Abstract

The current study provided a model to predict help-seeking behavioral intentions among the English-speaking Caribbean population. As per Ajzen's (1991) theory of planned behavior (TPB), exploring help-seeking intentions may clarify the determinants of help-seeking behavior. Sixty-four college students (41 women) of Caribbean decent completed an anonymous survey measuring one's attitude toward seeking professional psychological help, subjective norms, and perceived behavioral control over seeking formal services. Hierarchical regression analysis revealed that the TPB variables successfully predicted one's intention to seek professional help. Interventions that target changing the negative attitudes held toward seeking professional help may result in attaining greater access to this population.

Predicting Help-Seeking Intentions in Caribbean Students: An Application of the Theory of Planned Behavior

Recent school shootings on the campuses of Virginia Polytechnic Institute and State University (Virginia Tech) and Northern Illinois University have highlighted the importance of examining mental health issues in college students. One area of research pertinent to this topic is the study of students' help-seeking behavior. Unfortunately, the existing body of research does not sufficiently address this topic, particularly among certain minority groups.

Generally, research has suggested that minority groups in America tend to underutilize professional mental health services (MHS; Barker & Adelman, 1994; Diala, Muntaner, Walrath, Nickerson, LaVeist, & Leaf, 2000; Richman, Kohn-Wood, & Williams, 2007). For example, a study of minority adolescents from a low socioeconomic background found that these students were less likely to seek help for their problems despite experiencing high levels of psychological distress (Barker & Adelman, 1994). The authors defined the term "psychological distress" as having experienced personal problems (e.g., acting out, temper outbursts), emotional problems (e.g., depression), or behavioral problems (e.g., truancy, stealing, vandalism). Furthermore, these differences appear to exist even when key variables such as resources (e.g., insurance coverage, time, available transportation) are similar between the two groups. Richman et al. (2007) noted that when ethnically diverse samples with similar insurance coverage and access to care were studied, the minorities within that sample did not seek treatment as much as their White counterparts.

Due to the commonly agreed upon notion that minorities in America are less inclined to seek MHS for their problems and the potential consequences that may result on college campuses, it is important to expand current knowledge of help-seeking behaviors among college students, especially minority students. Analyzing the factors involved in the decision to seek help may lead to the formulation of prevention programs that encourage minority students to obtain the necessary assistance to help them effectively cope with their problems.

One method of accomplishing this task is through the study of behavioral intentions. Behavioral intentions are viewed as the primary determinant of future behavior (Ajzen, 1991). Hence, if someone strongly intends to perform a target behavior (like seek help), given a certain set of conditions (e.g., if he or she can afford it), then that person would be more likely to carry out the target behavior in the future. The current study examined the underlying variables that play a role in forming the intention to seek professional psychological help in a sample of college students of Caribbean decent. The goals of the current study were to 1) discuss a model of help-seeking behavior from a cultural context; 2) review the literature regarding a theoretical approach to predicting future behavior, the theory of planned behavior (TPB); and 3) test the applicability of the TPB on a sample of Caribbean students. Throughout the literature review that follows, research from various ethnic minority groups is presented in order to contextualize the presented concepts. However, this does not imply that the findings from this study may be extended to any of these minority groups. Rather, these studies are reviewed because of a lack of research focusing on the cognitive and behavioral functioning of the Caribbean student population in America.

Conceptualizing Help-Seeking Behavior

A useful way to conceptualize help-seeking behavior is to use a social cognitive framework (Richardson, 2001). According to this framework, help-seeking behavior is a self-regulatory process consisting of self-judgments about a behavior that are compared to one's moral beliefs and normative standards. Beliefs about the performance outcomes and self-efficacy influence those decisions or judgments. For example, people with the expectation that therapy will benefit them (i.e., a positive outcome belief) would be more inclined to see a therapist when they perceive that they have a problem. In contrast, people who believe that they do not posses the capacity to benefit from professional help (i.e., a negative self-efficacy belief) would be less likely to even try to go to a therapist for help. This conceptualization can be applied to Cauce et al.'s (2002) standardized model of the key determinants concerning seeking help for MHS (see Figure 1). According to the authors, the help-seeking process entails recognizing that a problem exists, deciding whether or not to seek help, and selecting an avenue of service. Generally, the process occurs in that order. However, they also identified that in real-world situations, this process is not always so clear-cut, which is why each determinant has a reciprocal influence on the others.

Problem Recognition

An epidemiologically defined need occurs when a person seeks help because he or she can no longer function normally in society (Cauce et al., 2002). This need is currently assessed by clinicians using criteria from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (2000; *DSM-IV-TR*) and requires that the client's cultural background be considered. For example, it is

normal to hear the voice of God during religious practices in some Caribbean cultures (McGoldrick Giordiano, & Garcia-Preto, 2005). Therefore, these occurrences would not meet the criteria for auditory hallucinations during a psychotic episode.

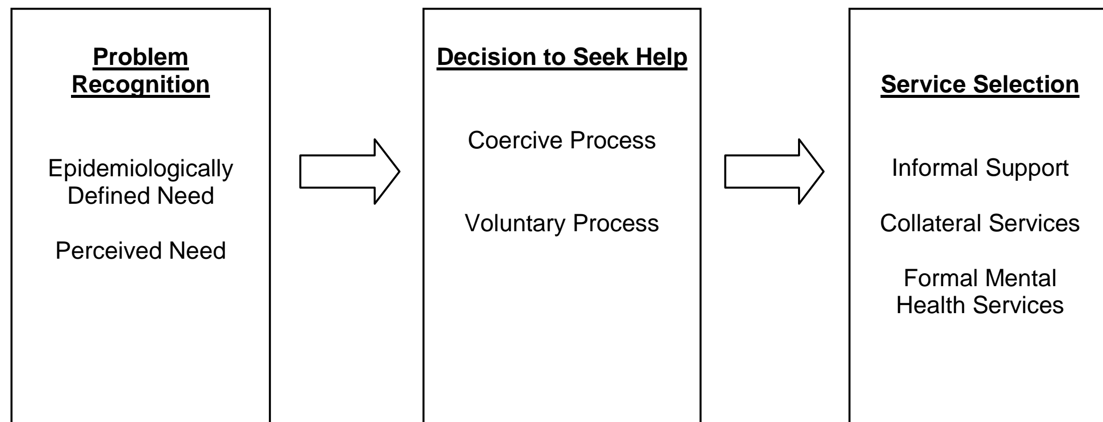

Figure 1. Proposed model for help-seeking behavior. Source: Cauce et al. (2002).

Recognizing that one has a problem requires a certain understanding of contextual factors as well (Cauce et al., 2002). Social norms are different for every culture. Some Caribbean cultures are more tolerant of slightly deviant behavior. Professionals who use behavioral rating scales to define problems or symptoms based on a frequency of occurrence (e.g., *less often* to *more often*) may over-pathologize constituents from these cultures. Thus, a person belonging to a Caribbean culture may be more likely to be identified as has having a diagnosable problem, when in fact, that person is acting normally within the acceptable boundaries of his or her own cultural norms.

The Decision to Seek Help

The decision to seek help is multifaceted. The decision begins once a problem is recognized and it is determined that it will not go away on its own (Cauce et al., 2002). Some cultural considerations that come into play may weigh heavily on that decision. For instance, people in some Asian cultures associate help from outside sources with feelings

of shame. Therefore, someone with an Asian upbringing who adheres to this norm would be less likely to seek out a professional counselor for a problem than someone who was not raised with this cultural norm.

Prior research about help-seeking behavior has identified different variables that influence the decision to seek help (Barker & Adelman, 1994; Cauce et al., 2002). Barker and Adelman (1994) suggested that the factors affecting the decision to seek professional MHS are one's level of psychological distress; cognitive-affective factors, like perceptions and attitudes of mental health status (i.e., stigmas); social support and problem-solving skills; environmental factors, such as financial constraints and available or accessible services; and socio-demographic and ethnic differences. Furthermore, they also noted that cultural attitudes about receptivity to mental health care, self-consciousness, and expectations of negative consequences received from others all play a role in the decision to seek help. Cauce et al. (2002) suggested that variables such as gender and socioeconomic status (SES) affect the ability to study people's motivation to seek help. They believe that many studies have been confounded by an oversampling of women (because research shows that women are more likely to seek help than men), and other variables such as an overrepresentation of ethnic minorities among the poor.

Parents play a crucial role in the ability of minors to seek help (Arcia & Fernández, 1998; Richardson, 2001). They are responsible for consenting to assessment, giving information about their child's behavior in order to facilitate conceptualization of the problem, and following through with the treatment plan (Arcia & Fernández, 1998). Cultural models of behavior could hinder these abilities, especially when they interfere with parents' schemas of a mental illness. For instance, Arcia and Fernández (1998)

performed a qualitative study of Cuban mothers' schemas of Attention Deficit Hyperactivity Disorder (ADHD). Each of the mothers had one child diagnosed with ADHD. The study revealed that the Cuban mothers did not have a clearly defined schema of ADHD before their child's diagnosis. However, after the diagnosis of their child, the mothers consulted experts (i.e., teachers and psychologists) and were more likely to believe that their child's behavior was excessive or beyond normal. Furthermore, once a clearly defined schema of ADHD was formed, all mothers actively sought help for their children.

When investigating adolescent help-seeking behavior, Barker and Adelman (1994) found that only one-fourth of students who wanted help for their psychological distress sought professional help. Among the students who sought help, only about 11% did so frequently. One of the main reasons among adolescents for not seeking help was the importance of self-reliance (Cauce et al., 2002). This occurs, to their detriment, despite experiencing problems such as depression, suicidal thoughts, and substance use. Fischer and Cohen (1972) suggested two main reasons why minority adolescents did not seek professional services were negative attitudes toward mental health professionals and an inclination to use informal sources of help (Barker & Adelman, 1994).

As previously mentioned, outcome expectations play a crucial role in the decision to seek help (Richardson, 2001). In a sample consisting of mostly poor, Black parents, Richardson (2001) examined several components of outcome expectations regarding the use of MHS. The author focused on this population because prior research had shown that low-income minorities do not seek help for mental health problems as often as other demographic groups. The results were categorized into four main domains of outcome

expectations: a) social and cultural expectations, which may facilitate or hinder the utilization of services; b) expectations about the client-provider relationship, which refer to the perceived quality of care; c) treatment outcome expectations, which examine the beliefs about the effectiveness of the treatment; and d) structural outcome expectations, which refer to the ease or difficulty of obtaining mental health care. Data concerning the cultural and structural outcome expectations indicated that 29% of the sample believed that their family members would not approve of their seeking help. In addition, approximately 44% of parents thought that their children would not want to see a mental health professional. Parents reported a stigma attached to receiving MHS and about 28% expressed a hypothetical concern if someone found out that their child was receiving MHS. Expectations about the therapeutic relationship showed that about half of the parents questioned the trustworthiness of the person providing the service. The treatment outcome expectation results were generally positive, with the majority of parents believing that therapy would most likely be beneficial. However, almost 33% of parents indicated that they were not knowledgeable of the role of a mental health professional. Finally, structural outcome data showed that about one-third of the parents believed that they would experience some difficulty obtaining treatment. These difficulties include problems getting an appointment, not knowing where to go for services, dissatisfaction with available services, transportation problems, and to a lesser extent, difficulty getting time off from work, length of appointment time, and lack of health insurance coverage.

Service Selection

There are numerous pathways to obtaining mental help. These include informal support, collateral services, and formal mental health services (Cauce et al., 2002).

Informal support usually comes from the family's social network, friends, mentors, and ethnic-traditional or religious healers. Collateral services, also known as gatekeepers, can be provided by people within the school system, community agencies (e.g., YMCA), or respected members of the community. These services offer an informal and less-threatening connection to mental health services. Formal services include those provided by psychologists, psychiatrists, and social workers.

According to Diala, Muntaner, Walrath, Nickerson, LaVeist, and Leaf (2000), cultural factors to consider when studying the utilization of MHS are wealth, racial differences in diagnosis, and social attitudes and perceptions (e.g., cultural mistrust, differences in attitudes, knowledge, and perceptions on seeking care). The authors investigated the racial differences in attitudes and utilization of MHS in a national sample of African Americans and White Americans. Although they hypothesized that African Americans would have less favorable attitudes than Whites toward the use of MHS, the results revealed the opposite. Results also showed that for those who had not utilized services, African Americans were more predisposed to use professional services. Moreover, African Americans were more comfortable and less embarrassed talking about their emotional problems to professionals and friends. Unexpectedly, African Americans who had utilized mental health services held a less favorable attitude and were less likely to return afterwards, whereas their White counterparts reported more favorable attitudes afterwards. Finally, because this was a national sampling of two populations, this study provided insights into the utilization of MHS. Specifically, among those more likely to seek help were women, higher educated people (college degrees or higher), people with higher incomes (earning $50,000 or more as opposed to those earning $24,000 or less),

and those who had private health insurance coverage (as opposed to people without private health insurance or had public health coverage [Medicaid]).

To sum up, the nature of one's help-seeking behavior can be viewed as a self-regulatory process that consists of three facets of decision-making: problem recognition, the decision to seek help, and service selection. Recognizing that a problem exists is typically the first step toward attaining professional help. However, clinicians should be mindful of the fact that the definition of "a problem" may vary widely among cultures. Once individuals realize that a problem beyond their control exists, the decision to seek help for that problem occurs. This decision is based upon a multitude of factors such as cultural views toward mental illness, stigmas, whether or not the individual has the time or money to seek help, as well as many other variables. For minors, the decision to seek help is largely based upon the views and cultural background of their parents. The final step in the process of seeking help is, generally, whom to see for help. Often, people rely upon informal sources or collateral services to attain help for their problems. The decision to seek out formal MHS can be affected by a host of demographic and cultural variables. For example, poorer and less educated people tend to forgo seeking professional help when compared to their richer and more educated counterparts. Unfortunately, there is an overrepresentation of minorities among the poor and less educated in the United States. Thus, with regard to seeking formal MHS, further exploration of their decision making process is warranted to facilitate the utilization of MHS by racial and ethnic minorities.

Theoretical Framework for Predicting Future Behavior

As previously mentioned, predicting one's intention to seek help is one method of studying help-seeking behavior. The theory of planned behavior (TPB) and its predecessor, the theory of reasoned action (TRA) have long dominated the field of research in predicting behavioral intentions and future behavior. Because the TPB is derived from the TRA, an in-depth look at both theories follows.

Theory of Reasoned Action

Ajzen and Fishbein (1969, 1970) developed the TRA in order to predict intentions, which in turn, strongly correlate with ensuing behavior. Behavioral intention is defined as the underlying component of behavior that takes into account the effort and work an individual is willing to put forth in order to perform the behavior in question (Ajzen, 1991; Armitage & Conner, 2001). Generally, the stronger the intention, the more likely a person will be to perform the behavior intended (Ajzen, 1991). According to the TRA, attitudes and subjective norms are the two main determinants in formation of intentions (see Figure 2). An individual with favorable attitudes and subjective norms toward a target behavior (such as seeking-help for a mental health problem) would be more likely to intend performing that behavior (Armitage & Conner, 2001). Prior research has focused on the usefulness of attitudes and subjective norms as they relate to predicting behavior (Ajzen, 2001; Ajzen & Fishbein, 1969, 1970; Jonas, Diehl, & Bromer, 1997).

Attitudes are defined as all of the positive and negative evaluative judgments of a psychological object or behavior (Ajzen, 2001; Godin et al., 1996). These judgments are commonly made on a spectrum of dichotomous dimensions like good-bad, harmful-beneficial, pleasant-unpleasant, and likeable-dislikeable (Ajzen, 1991, 2001). The

expectancy-value model is the theoretical conceptualization of attitude utilized by the TRA (Ajzen, 2001; Hrubes, Ajzen, & Daigle, 2001). According to this model, attitudes depend on and are made up of the subjective values of one's beliefs, which are readily accessible from one's memory. People's overall attitude is considered to be the sum of their evaluative beliefs and the strength of association with the expected outcome with the behavior (Hrubes, 2001; Parker, Manstead, & Stradling, 1995).

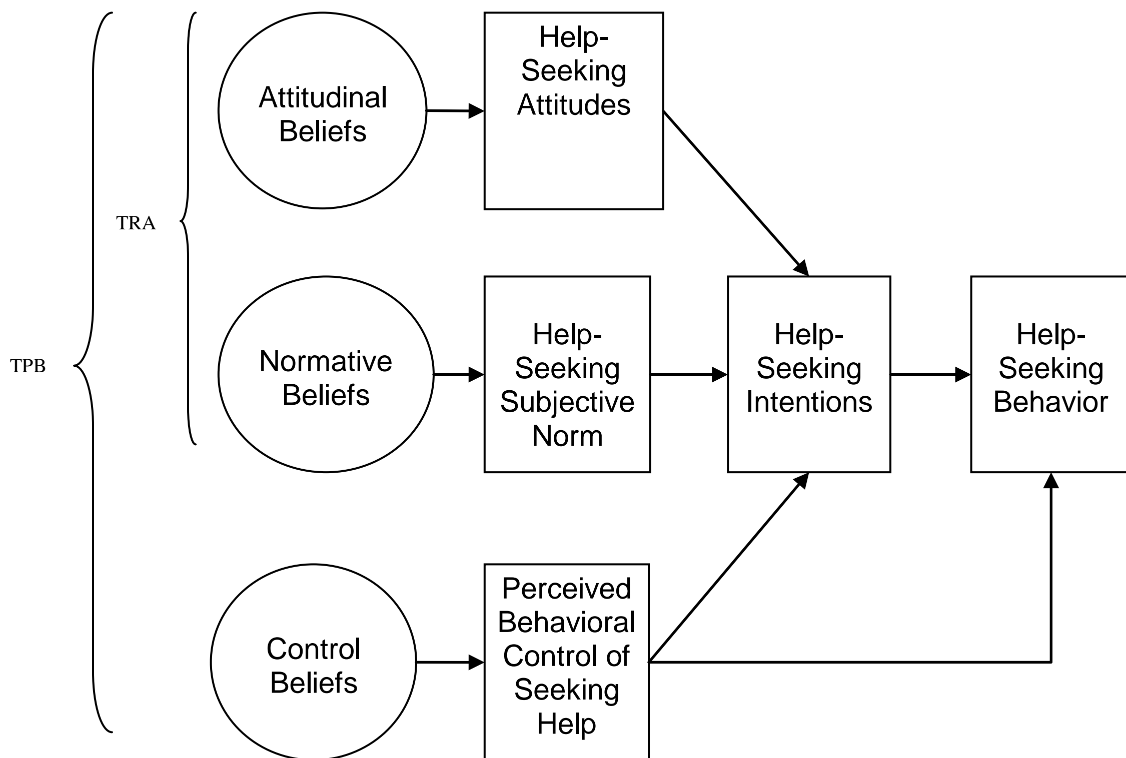

Figure 2. Models of the TRA and TPB. Note. Adapted from Godin et al. (1996).

Ajzen (2001) argues that attitudes are automatically activated and are independent of attitude strength (i.e., the speed at which conscious evaluations occur). However, some research has suggested that the activation of attitudes may be moderated by the familiarity with the attitude object (Ajzen, 2001). The evaluative beliefs in the expectancy-value model form attitudes that are influenced by cognition and affect (Ajzen,

2001; Hrubes et al., 2001). Evaluative beliefs were operationalized as the subjective probability that a certain outcome will occur if one performs the behavior, Reliance on cognition or affect differs among individuals, and it takes on different degrees of importance depending on the attitude object.

An individual can access both positive and negative attitudinal beliefs simultaneously toward a psychological object or behavior (Ajzen, 2001). This is referred to as attitudinal ambivalence. As per Ajzen (2001), studies by Armitage and Conner (2000) and Conner, Sherlock, and Orbell (1998) provided evidence that ambivalent attitudes are less predictive of future intentions and behavior and are more easily swayed by persuasive arguments than non-ambivalent attitudes. Other researchers have made the argument that ambivalent attitudes require more information processing, thus making them more predictive of behavioral intentions than nonambivalent attitudes (Jonas et al., 1997).

Subjective norms. Subjective norms are derived from normative beliefs. Normative beliefs are an individual's perception of how much others believe the adoption of the target behavior is acceptable (Godin et al., 1996; Parker et al., 1995). This is commonly referred to as social norm beliefs because the influence of other people is important in the individual's decision to perform a certain behavior. For example, someone might decide not to seek help for a drug problem at a substance abuse treatment clinic because of how it may influence his or her friends' opinions if they found out.

Some researchers believe that personal norms or moral norms should be included in the TRA (Parker et al., 1995). Personal norms are the individual's beliefs about what is right or wrong. The difference between personal norms and subjective norms is that

personal norms take into account what the individual believes, whereas subjective norms represent what the individual perceives others to believe. The addition of personal norms may add to the prediction of behavioral intentions, especially when the domain of the target behavior relies on an ethical decision (Parker et al., 1995). This theory was tested in a study examining reckless driving behavior (Parker et al., 1995). Because reckless driving, such as cutting into lanes and weaving through slow-moving traffic, is typically considered wrong or unethical, the authors hypothesized that the addition of personal norm beliefs would significantly contribute to the prediction of reckless driving intentions. This prediction was supported. Similar results were reported when studying behaviors such as cheating on exams, shoplifting, and lying to avoid handing in homework on time in students (Parker et al., 1995).

According to Armitage and Conner (2001), past research has indicated that the weakest predictor in the TRA is the subjective norm variable. However, this may be due to the unreliable types of measurements (i.e., frequently used single-item measures versus a more reliable multi-item scales) used to assess this component. In their meta-analysis, they hypothesized that the type of measurement (single item scales as opposed to multi-item measures) moderated the ability of subjective norm to predict intentions. The results indicated that whereas the subjective norm variable was the weakest predictor overall, its predictive ability was higher in the studies that utilized a multi-item scale as opposed to those using a single item measure, thus supporting their hypothesis.

Empirical support for the efficacy of the TRA is evident from a meta-analytic review by Sheppard, Hartwick, and Warshaw (1988). In their analysis, the TRA accounted for almost 44% of the variance in the prediction of intentions and a large

intention-behavior correlation of .53. As noted by Godin et al. (1996), a meta-analysis by Van den Putte (1993) reported stronger associations than Sheppard et al. (1988), with the TRA accounting for just over 46% of the variance in predicting intentions and a large intention-behavior correlation of .63.

In summary, the TRA posits that subsequent behavior can be predicted through the formation of behavioral intentions. Intentions help determine the amount of motivation an individual will put forth to perform the specific behavior (Ajzen, 1991). The two psychological components that make up behavioral intentions are attitudes and subjective norms. Attitudes, which are the positive and negative beliefs toward the behavior, are derived from evaluations concerning the outcome of performing the behavior in question (Parker et al., 1995). These beliefs and evaluative outcomes vary in importance to the individual. Subjective norms are composed of normative beliefs, which are the beliefs that others hold toward the behavior and the motivation to adhere to those beliefs by the individual (Parker et al., 1995). Like attitudes, subjective norms vary in the relative significance to the individual.

One problem with the TRA is that it is only valid in circumstances where the individual strongly feels that he or she can control whether or not the behavior can be performed (Ajzen, 1991; Armitage & Conner, 2001). Therefore, to make the theory more applicable to a wider variety of situations and contexts, the theory of planned behavior (TPB) was developed.

Theory of Planned Behavior (TPB)

Ajzen (1991) extended the TRA to create the TPB. The TPB incorporates perceived behavioral control (PBC) into the formulation of intentions (see Figure 2). PBC

is how easy or difficult an individual perceives performing a behavior to be (Armitage & Conner, 2001; Godin, 1996; Hrubes et al., 2001). Adding this variable accounts for the prediction of behaviors that are not directly under voluntary control (Armitage & Conner, 2001; Ajzen, 2001), thus accounting for the flaw in the TRA. PBC takes into account the individual's perceived constraints on performing the behavior. Therefore, in the presence of real obstacles in a given situation (e.g., money, time, or ability constraints), an individual is more likely to form an intention of the behavior if the PBC of overcoming those obstacles is relatively high (i.e., under volitional control). In contrast, if the person believes he or she has little or no control (i.e., low PBC) over successful completion of the behavior, then that person would be less likely to form intentions of performing that behavior. In situations where no external obstacles are present and the behavior is under complete volitional control, PBC should have relatively little predictive power regarding forming intentions and have a direct influence over the performance of the behavior. A study about predicting hunting intentions, a behavior which is completely voluntary (making it a behavior under volitional control), found that PBC had very little predictive ability in forming hunting intentions (Hrubes et al., 2001). According to Armitage and Conner (2001), a direct relationship in this scenario occurs because "exerting additional effort to engage in the behavior will not impact on the actual performance of the behavior" (p. 473).

According to the TPB, prior behavior is directly linked to future behavior. Stability of intentions and PBC increases the predictive validity of the model. Thus, prior behavior has been shown to predict future behavior, in similar situations, better than the variables used the TPB model (Elliot et al., 2003). However, adding a prior behavior

component into the model adds little to explaining the underlying reasons about why the behavior is occurring. At best, prior behavior can be used to corroborate the use of the TPB model (Ajzen 1991, 2001).

The TPB has been empirically validated in many health-related behaviors such as condom use (see Godin et al., 1996), smoking, consuming alcohol, using illegal substances, eating a low-fat food, losing weight (Schifter & Ajzen, 1985), getting hormone replacement therapy, adhering to a medication regimen, using dental floss, exposing oneself to sunlight, and engaging in physical activity (Ajzen, 2001). A meta-analytic review of the efficacy of the TPB variables found that 39% of the variance in attitudes, subjective norms, and PBC were responsible for predicting intentions (Armitage & Conner, 2001). Furthermore, PBC accounted for about 2% more than intentions in the prediction of behavior. The authors concluded that this finding supports the usefulness of the PBC construct in predicting behavior.

Research has also shown support for the TPB across a variety of behavioral domains, not related to health, such as predicting hunting intentions (Hrubes et al., 2001), driving behavior (see Elliot et al., 2003; Parker et al., 1995), and managers' responses to bribery (Wated & Sanchez, 2005). Elliot et al. (2003) tested the TPB in predicting drivers' compliance with speed limits. Five hundred ninety-eight U.K. drivers filled out demographic and TPB questionnaires measuring their attitudes, subjective norm, and PBC about speeding while driving. Three months later they were sent follow-up questionnaires asking to report their actual driving behavior. Results supported their hypothesis that TPB variables predicted future speeding behavior over and above demographic variables.

Unfortunately, much of the research fails to examine the validity of this theory among ethnic minority populations. Godin et al. (1996) tested the cross-cultural applicability of three social cognitive theories (i.e., the TRA, the TPB, and Triandis' theory of interpersonal behavior [TIB]) as it relates to condom use. In addition to testing cross-cultural applicability among Latin American, English-speaking Caribbean, and South Asian populations living in Canada, they also compared the theories on their ability to predict future condom-use intentions. There were several important findings in this study. The authors concluded that all of the theories were able to significantly predict condom-use intentions for all three ethnicities. Expectedly, the TPB and TIB were better predictors than the TRA. Furthermore, when analyzing the data between cultures, the adjusted squared correlation values for the English-speaking Caribbean sample were lower than for the Latin American and South Asian samples in all three theories. This means that the underlying components of intentions in each theory explain less of the variance of condom use in English-speaking Caribbean people than in South Asian men (sample consisted of only men) or Latin Americans. The authors could not account for the lower correlations and concluded that intentions for this group must consist of factors that are not included in each theory.

To review, the evolution of the TRA to the TPB has greatly increased the ability to predict behavior. The inclusion of the PBC construct expanded the usefulness of the TRA to situations where complete volitional control was not apparent. The validity of the TPB as it relates to health-related behaviors has been demonstrated. However, none of those studies has examined the domain of help-seeking behavior. Furthermore, more research is needed within various ethnic populations in order to increase the

generalizability of the TPB. The purpose of the current study was to help fill these two gaps in the research by analyzing the help-seeking behavior among English-speaking Caribbean college students. It was therefore hypothesized that participants would be more likely to seek formal psychological help when a) they hold positive attitudes toward seeking-help; b) they think that people who are important to them would want them to seek help; and c) they are confident in their ability to seek help if a problem arises.

Method

Participants

Seventy-eight self-identified English-speaking Caribbean students (25 men and 53 women) completed surveys for this study. Inclusion criteria were that participants must be born in an English-speaking Caribbean nation (e.g., Trinidad and Tobago, U.S. Virgin Islands, Jamaica, etc.) or have at least one parent born in an English-speaking Caribbean nation. Fourteen surveys were excluded from the analysis because they did not meet the inclusion criteria. The analyzed sample consisted of 64 students (23 men and 41 women) with a mean age of 20.97 years (*SD* = 2.48). Of those who participated, 20.3% were first-year students, 15.6% were sophomores, 21.9% were juniors, 25% were seniors, and 17.2% were graduate students.

Procedure

Participants were recruited through the use of flyers and solicitation within the Caribbean student organizations at Barry University. Students were informed of the voluntary and anonymous nature of their participation by the examiner and via a cover letter attached to the survey (see Appendix A). In addition, all participants were offered

extra-credit for their participation in the study to be used in their undergraduate psychology courses.

Participants completed the surveys alone or in small groups in a quiet environment and were discouraged from discussing their answers with others while completing the surveys. To assure anonymity, completed surveys were placed in an unmarked manila envelope and coded only after the envelope contained a minimum of 10 surveys.

Measures

A 28-item survey was created (see Appendix B) that assessed the participant's attitudes, subjective norms, perceived behavioral control, and intentions to seek help for mental health problems. *Attitudes* toward seeking professional help were measured using Fischer and Farina's (1995) 10-item scale, which was created using a large sample of college students and has previously shown to be a reliable measure (Cronbach's α = .84). Furthermore, the reported test-retest reliability for this scale over a four week period was .82, indicating strong stability of attitudes over time. An example item was, "If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy." Items were scored on a 4-point Likert-type scale (i.e., *Agree, Partly Agree, Partly Disagree,* and *Disagree*, and coded as 3-2-1-0 respectively). Participants with higher scores indicated that they held a more favorable attitude toward seeking psychological help than participants with lower scores. Cronbach's alpha coefficient for this scale was .77 in the present study.

As per Ajzen's (1991) recommendations, subjective norms, perceived behavioral control, and help-seeking intentions were all assessed using a semantic differential scale.

The subjective norm, perceived behavioral control, and help-seeking intention scales were adapted from Elliot, Armitage, and Baughan's (2003) study, in which the theory of planned behavior was utilized to measure future driving behavior. The scales from that study showed strong psychometric properties: these scales exhibited strong internal reliability (α = .82 or higher) and each scale had a discriminant validity of .69 or better. Changes were made to wording so that the current items reflect the variables in the present study. For instance, an item measuring the subjective norm variable was changed from, "People who are important to me would want me to keep within the speed limit while driving in built-up areas in the next 3 months" to "People who are important to me would want me to seek professional help if I were experiencing a mental breakdown."

The *subjective norm* scale consisted of the following three items: "People who are important to me would want me to seek professional help if I were experiencing a mental breakdown" (*strongly disagree* to *strongly agree*); "People who are important to me would (*disapprove-approve*) of my seeking a therapist for my emotional conflicts;" "People who are important think that I (*should not-should*) seek help for my mental issues." Participants provided answers on a 7-point scale ranging from 1 to 7. High scores on this scale meant that the participants believed that others important to them would want them to seek help for their mental health issues. In the present study, the Cronbach's alpha coefficient for the subjective norm scale was .81.

The p*erceived behavioral control* scale was gauged by estimating the mean of five items. These items were: "I believe that I have the ability to seek psychological help for emotional conflicts" (*I definitely do not* to *I definitely do*); "Do you think that you would be able to seek professional help for your emotional problems?" (*definitely no* to

definitely yes); “If it were entirely up to me, I am confident I would be able to seek professional help for your mental health problems.” (*strongly disagree* to *strongly agree*); “How confident are you that you will be able to seek professional help for your mental health problems?” (*not at all* to *very much*); “If I sought a psychologist for an emotional conflict it would be…” (*difficult-easy*). Like items on the subjective norm scale, items on the perceived behavioral control scale were rated on a 7-point scale ranging from 1 to 7. Higher scores represent the perception that it was easier to seek help for emotional problems. The internal reliability of this scale was .88.

Three questions were used to assess one’s *intentions* to seek help. These items were: “Do you intend to seek professional counseling should you experience a mental breakdown?” (*definitely do not* to *definitely do*); “How much do you want to seek professional help for your emotional conflicts?” (*not at all* to *very much*); “How likely or unlikely is it that you will seek counseling for your psychological problems?” (*unlikely* to *likely*). Each of these items were scored using a 7-point, bipolar scale (from -3 to +3). The higher the score on help-seeking intentions, the more likely the participant was to seek help if he or she experienced a mental breakdown. This scale also exhibited high internal reliability ($\alpha = .87$). Finally, the following demographic variables were measured: gender, class year, age, place of birth, parents’ place of birth, and native language.

Results

Table 1 presents the means, standard deviations, and correlation coefficients for all TPB variables. Attitudes, subjective norms, and perceived behavioral control all positively and significantly correlated with the intention to seek help.

Table 1.

Summary of Descriptive Statistics and Correlations

Variable	# of items in scale	*M*	*SD*	Range of Scale	1	2	3	4
1. Attitudes	10	14.03	5.68	0 to 30	(.77)			
2. Subjective norms	3	4.66	1.49	1 to 7	.30*	(.81)		
3. Perceived behavioral control	5	4.57	1.35	1 to 7	.59**	.36*	(.88)	
4. Intention to seek help	3	.16	1.59	-3 to 3	.74**	.40**	.68**	(.87)

Note. Cronbach's α in parentheses. *p < .05. **p < .01.

In order to determine the main predictors of help-seeking intentions, a hierarchical regression analysis was conducted (see Table 2). In step 1, age, gender, and class year were entered into the regression equation as control variables. The proportion of variance ($R^2 = .19$) accounted for by the demographic variables was statistically significant, $F(3, 60) = 4.60$, $p < .01$. The TPB variables were entered in the regression equation in step 2. Attitudes, subjective norms, and perceived behavioral control predicted behavioral intentions above and beyond the control variables, $F(3, 57) = 27.12$, $p < .01$. The TPB variables accounted for an additional 48 percent of the variance in intention to seek help ($\Delta R^2 = .48$, $p < .01$). The most relevant predictors of help-seeking intentions, as indicated by the standardized regression coefficients or beta weights, were age ($\beta = .43$, p < .01), attitudes ($\beta = .47$, p < .01), and perceived control ($\beta = .34$, p < .01). Subjective norms were not a significant predictor of the intention to seek help in this sample.

Table 2.

Predictors of Help-Seeking Intentions

Step and Predictor	R^2	Adj. R^2	ΔF	*df*	β
1. Age	.19	.15	4.60**	3, 60	.43**
Gender					-.02
Class Year					.17
2. Attitude	.67	.63	27.12**	3, 57	.47**
Subjective norm					.13
Perceived control					.34**

**p < .01.

Discussion

This study provided ample support for the application of the TPB in predicting help-seeking intentions in English-speaking Caribbean college students. Moreover, this study added to the exiting literature in that it is one of the few studies to apply the TPB within this particular population. In agreement with the theory of planned behavior, help-seeking attitudes, subjective norms, and PBC significantly predicted help-seeking intentions, supporting the hypothesis. Hence, persons who held a favorable attitude toward seeking professional help, thought that others would approve of them seeking help, and who felt that it would be easy to attain that help, were likely to intend to seek professional help for their emotional problems in the future. The successful prediction of help-seeking intentions is in-line with TPB research predicting other health-related behaviors such as condom use and weight loss (e.g., Godin et al., 1996 and Schifter & Ajzen, 1985, respectively).

Contrary to the principles laid out by the TPB, subjective norms were not a significant predictor of help-seeking intentions. However, this outcome is not surprising considering that a meta-analysis on the efficacy of the TPB found that the subjective norm variable was generally the weakest predictor in the theory (Armitage & Conner, 2001). One possible explanation for this finding could be that participants may endorse individualistic rather than collectivistic values, which may have reduced the importance that subjective norms play when deciding whether or not to seek help. Individualism, on the one hand, refers to the belief system that ascribes primary importance to individual achievement, self-reliance, and personal independence (Hofstede, 1984). On the other hand, collectivism is a cultural perspective that highly values group success and

interdependence. As noted by Hofstede (1984), Great Britain is a region characterized by endorsing individualistic rather than collectivistic cultural values. It is not surprising then, that the cultural influences of the British may have impacted the values of English-speaking Caribbean countries during colonization. Moreover, this study assessed first- and second-generation students who are currently living in America. It is possible that many of these students have acculturated to or adopted the individualistic values of the American society. Another explanation could be the relatively small sample size of the current study. According to Cohen (1992), a sample size of 76 is needed for power of .8 to detect a medium effect size (d = .5) at α = .05. Thus, it is possible that this study did not have sufficient power (N = 64) in order to detect an existing effect for this variable within the population.

One important practical application of the results in the present study is the development of interventions in educational settings that may help overcome the negative attitudes toward seeking help in this population. Petty (1995) stated that one way to change negative attitudes is to create cognitive dissonance for the attitudinal object in the person who holds the negative viewpoint. Cognitive dissonance theory is based on the premises that individuals behave in a manner that is consistent with their attitudes and that the psychological state of dissonance (i.e., acting in a manner that opposes one's attitudinal beliefs) is aversive. For instance, professors may assign students to write a persuasive argument in favor of seeking psychological help. Students who have less favorable help-seeking attitudes would experience some degree of cognitive dissonance while writing their paper. In order to reconcile the inconsistency between their beliefs (i.e., their negative attitude toward seeking help) and their behavior (i.e., writing the

essay), these students would most likely change their previous attitudes so that it is more congruent with their behavior.

There are several limitations to this study. Some of the participant characteristics of the current study may limit the ability to generalize the results to the overall English-speaking Caribbean student population. First, all of the participants were from a small, private college located in South Florida. More information is needed from students attending public schools, as well as universities in other regional areas of the United States in order to verify the applicability of the present study's results. Second, over half of the current sample originated from either the Virgin Islands (40%; $n = 26$) or Trinidad and Tobago (17%; $n = 11$). Thus, this may not be truly representative of a population that includes people from many other English speaking countries (such as Guyana, Jamaica, Barbados, etc.). Third, this study was limited by not including measures of cultural values (i.e., individualism and collectivism). Future studies in this area should incorporate measures of I-C to further explore the cultural factors that are involved in help-seeking behavior. For example, Wated and Sanchez (2005) utilized a measure of I-C to expand the utility of the TPB in a study designed to predict Ecuadorian managers' intentions to discipline employees who accepted a bribe. Although these limitations are not to be overlooked, the findings in this study do provide a positive step toward a better understanding of the cognitive factors that lead to help-seeking behavior within this population.

In summary, the present study is the first to utilize the TPB to predict help-seeking intentions in the English-speaking Caribbean population. The findings indicated that attitudes toward help-seeking, subjective norms, and perceived control successfully

predict one's intentions to seek formal psychological help. Attitudes toward help-seeking, as well as the perceived control over attaining that help, were the primary determinants that contributed to the formulation of intentions to seek help. Thus, interventions that can change the negative attitudes toward receiving MHS are necessary in order to gain greater access to this population. Cause et al. (2002) stated that "culturally competent mental health services quickly become irrelevant if… [minorities] do not find their way into them." Having a better understanding of the underlying variables that drive certain minority groups to seek out professional services is the first step toward empowering them to attain the appropriate help for their mental health problems.

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Appendix A

Barry University
Cover Letter

Dear Research Participant:

Your participation in a research project is requested. The title of the study is *Help-Seeking Behavior in Caribbean Students*. The research is being conducted by Shaun J. Ally, a graduate student in the Psychology department at Barry University, and is seeking information that will be useful in the field of cross-cultural psychology. The aims of the research are to explore the nature of help-seeking behavior in Caribbean students. In accordance with these aims, surveys examining your attitudes and perceptions about getting help when you need it will be administered. In addition, some demographic information will be collected. We anticipate the number of participants to be 76 Barry University students.

If you decide to participate in this research, you will be asked to complete the surveys, which will take about 20 minutes.

Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects on your grades or receipt of class credit.

There are no known risks for participating in this study. The potential benefit to you for participating in this study may be receipt of class credit for your undergraduate psychology course.

As a research participant, information you provide will be kept anonymous, that is, no names or other identifiers will be collected on any of the instruments used. Data will be kept in a locked file in the Psychology Department. By completing and returning this survey you have shown your agreement to participate in the study.

If you have any questions or concerns regarding the study or your participation in the study, you may contact Shaun J. Ally through the Psychology Department, at (305) 899-3270, my supervisor, Dr. Wated, at (305) 899-3274, or the Institutional Review Board point of contact, Ms. Nildy Polanco, at (305) 899-3020.

Thank you for your participation.

Sincerely,

Shaun J. Ally, B.S.

Appendix B

Help-Seeking Survey

INSTRUCTIONS: Please circle the answer that best describes your agreement with each statement.

A = Agree **PA** = Partly Agree **PD** = Partly Disagree **D** = Disagree

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

10. Personal and emotional troubles, like many things, tend to work out by themselves. **A** **PA** **PD** **D**

Help-Seeking Survey

INSTRUCTIONS: Please circle the number for each question that comes closest to reflecting your personal opinion about it.

11. People who are important to me would want me to seek professional help if I were experiencing a mental breakdown.

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

12. People who are important to me would (*disapprove-approve*) of my seeking a therapist for my emotional conflicts.

Disapprove 1 2 3 4 5 6 7 Approve

13. People who are important to me think that I (*should not-should*) seek help for my mental health issues.

Should not 1 2 3 4 5 6 7 Should

14. I believe that I have the ability to seek psychological help for emotional conflicts.

I definitely do not 1 2 3 4 5 6 7 I definitely do

15. Do you think that you would be able to seek professional help for your emotional problems?

Definitely no 1 2 3 4 5 6 7 Definitely yes

16. If it were entirely up to me, I am confident I would be able to seek counseling help for my mental health problems.

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

17. How confident are you that you will be able to seek professional help for your mental health problems?

Not at all 1 2 3 4 5 6 7 Very much

18. If I sought a psychologist for an emotional conflict it would be (*difficult-easy*).

Difficult 1 2 3 4 5 6 7 Easy

19. Do you intend to seek professional help should you experience a mental breakdown?

Definitely do not -3 -2 -1 0 1 2 3 Definitely do

20. How much do you want to seek professional help for your emotional conflicts?

Not at all -3 -2 -1 0 1 2 3 Very much

21. How likely or unlikely is it that you will seek counseling for your psychological problems?

Unlikely -3 -2 -1 0 1 2 3 Likely

Demographic Information

22. Gender:

- ☐ Male
- ☐ Female

23. Class Year:

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Graduate

24. What is your age? ________ Years

25. What is your place of birth? ______________________

26. What is your *mother's* place of birth? ______________________

27. What is your *father's* place of birth? ______________________

28. What is your native language? _______________________