Comparison of Two Measurements of Attitudes and Beliefs About Psychological Services
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Introduction
Attitudes towards seeking psychological services have been widely studied since the 1970s. During that time, it was observed that psychological services are currently underutilized within the college population (Leong, F. L., Kim, H.W., & Gupta, A., 2011). Furthermore, individuals of Asian, Latino, and African American ancestry do not seek out psychological services as often as their Caucasian counterparts.

According to the theory of reasoned action, there is a strong link between attitudes and behavior (Ajzen, 1985, 1987). This, the attitudes that people have regarding psychological services may help explain the likelihood of seeking out mental health treatment because attitudes about receiving psychological services are correlated with the willingness to seek those services when needed (Vogel & Wester, 2003).

Understanding the attitudes and beliefs about psychological services and the service utilization behavior of individuals helps researchers gain insight into the various variables which may be related to seeking out these services. For example, individual factors such as age, education level, religious background, perceived stigmatization, and previous service usage can play a role in influencing one’s attitudes about future service usage (Shechtmann, Vogel & Mamman, 2010; Fischer & Cohen, 1972; McKinney, 2009). The goal of the present analyses is to investigate how well two measures of attitudes and beliefs about psychological services predict psychological distress in a sample of college students.

Hypotheses
H1: Both measures of attitudes and beliefs about psychological services will significantly predict of psychological distress.
H2: The recent measure of attitudes and beliefs about psychological services will be a better predictor of psychological distress and will significantly contribute to a regression model.

Method
Participants
One hundred and six college students participated in the study. Participants were recruited from psychology classes at San Francisco State University (SFSU). The age of the sample ranged from 18 to 45 years old (M = 21.05, SD = 3.62). A majority of participants were female (69.2%) and had never been married (50%). The most frequent ethnicity categories were reported to be Caucasian (35.9%), Asian (27.2%), and Latino (20.7%), followed by Multi-racial (7.6%), African American (5.4), and Middle Eastern (3.3).

Procedure
Participants completed an online survey which contained several questionnaires (four in total) and a demographic section. To be eligible, participants had to be at least 18 years old. Participants were recruited through announcements in undergraduate psychology classrooms and from the SONA online campus recruitment system. Participants had the option of receiving extra credit in their courses for participating in the survey.

Measure
Psychological Distress. The Brief Symptom Inventory (BSI; Derogatis, 1975) is a 53-item questionnaire that measures nine subscale symptom dimensions (such as measuring Anxiety and obsession-compulsion among others). Each dimension is ranked on a 5-point scale and respondents rate how much distress they have experienced in relation to psychological disorders within the past 7 days ranging from 0 (Not at all) to 4 (Extremely) and R (Refused). The questionnaire contains three global indices of psychological distress. We used the Global Severity Index (GSI), which measures current or past level of symptomatology. The GSI is the mean of all 53 items and a higher score indicates more reported symptoms of psychological distress. Some examples of the items include complaints about “Fatigue and dizziness,” “Feeling inferior to others,” and “Feeling uneasy in crowds, such as shopping or at a movie.” The reliability ranged from α = .68 (Somatization) to α = .88 (Depression) for the nine dimensions and α = .95 for the total GSI score.

Beliefs and attitudes about psychological services. Two measures were used to assess beliefs about psychological services. The first survey scale used was the Attitudes Towards Seeking Professional Psychological Help (ATSPPS; Fischer & Turner, 1970). The ATSPPS scale contains a total of 29 items. There are four subscales that measure the Recognition of need for psychotherapeutic help, Stigma tolerance, Interpersonal openness, and Confidence in mental health practitioner. Participants respond to statements about psychological services and their answers are ranked on a 4-point scale ranging from 0 (Strongly disagree) to 3 (Strongly agree). For our analysis, we used the average score of all the ATSPPS questions. Higher scores indicate a positive outlook of seeking therapy. Some examples of the items include “I would feel uneasy going to a counselor because of what some people would think,” and “I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.” The internal reliability was high and it ranged from α = .83 to α = .86 among the overall mean and the four subscales.

The second survey used was the Beliefs About Psychological Services scale (BAPS; Righitt, J., & Greist, J. H., 2009). The BAPS is an 18-item questionnaire that measures overall positive beliefs related to psychologists and psychological services. The BAPS contains three subscales measuring Intent (to seek services), Stigma Tolerance (regarding negative belief statements), and Expertness (or confidence in the psychologists’ training/expertise). Participants rate how much they agree to each statement based on a 6-point scale ranging from 1 (Strongly disagree) to 6 (Strongly agree). For this analysis, we used the average score of the overall BAPS score. Higher scores indicate a more positive view of psychologists and their services. Some examples of the items include “I would be willing to confide my intimate concerns to a psychologist,” and “I would feel a psychologist may be a person I can count on.” The measure’s internal consistency is high and ranges from α = .78 (Stigma Tolerance) to α = .88 for the overall BAPS mean.

Results
After conducting a Pearson correlation among our three variables, we found a statistically significant relationship between the two predictor survey measures, see Table 1. Both predictor measures were negatively correlated with the GSI outcome measure, however, these relationships were not statistically significant. After conducting a regression based on the outcome of psychological distress, using a two step model with both the ATSPPS and the BAPS measures, we did not find a relationship on our regression equation. In the first step, the ATSPPS did not significantly predict psychological distress, see Table 2. We also did not find the ATSPPS to be positively related to psychological distress.

When we included the BAPS in the second model, we did not find a contribution to the relationship on our regression equation when predicting psychological distress. In the second step, the BAPS did not significantly add to the prediction of psychological distress scores in comparison to the ATSPPS. We also did not find the BAPS to be positively related to psychological distress.

Discussion
Our findings demonstrate that the two measures of psychological services do not predict psychological distress as a whole, nor do they predict a similar or equal amount of distress; they are highly correlated with each other because they do not predict significantly predict distress. As reported in previous studies related to attitudes and beliefs about psychological services, gender, and prior counseling experience continue to play a role in service-utilization and overall positive beliefs. Females tend to hold higher positive beliefs and intentions to seek psychological services in comparison to men, especially when they have previously experienced help from a psychologist. One explanation might be that men who have a negative experience with a psychologist no longer trust their ability to help them cope with their distress. Although the experience may not be the same for all individuals, women maintain their interest in such services.

Future studies should not only assess participant’s beliefs, but actual future behaviors in a repeated-measures design. It is also imperative that a non-college sample is recruited in future replications, to test the external validity of the both the ATSPPS and BAPS measurement scales. In conclusion, future research should focus on developing programs that increase the student and general population’s awareness of available psychological services and emphasizes that psychologists are able to assist all individuals, regardless of ethnicity or background.

References

Acknowledgement
We greatly appreciate the time the students devoted for this study. We are also thankful for the members of the Family Interaction Research Lab for assisting with the recruitment and analyses of these data which made this work possible. To learn more about our lab or to download this poster please visit: http://online.sfsu.edu/development/hair or contact cornejol@sfsu.edu.

Table 1. Pearson Correlation Coefficients Among the GSI, ATSPPS, & BAPS

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| Table 2. Regression Hierarchical Multiple Regression Analyses Predicting Psychological Distress |
|-------------------|-------------------|-------------------|-------------------|-------------------|
| Dependent variable | GSI | Step 1: ATSPPS | Step 2: ATSPPS, BAPS |
|-------------------|-------------------|-------------------|-------------------|-------------------|
| R² | .06 | .075 | .061 | .523 |
| t | - | - | - | - |
| p | .06 | .05 | .04 | .538 |

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