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Examining Black Americans' Attitude Towards Mental Health Treatment

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EXAMINING BLACK AMERICANS' ATTITUDE TOWARDS MENTAL HEALTH
TREATMENT

by

Alannia Mosley-Jenneford

A Dissertation Submitted in
Partial Fulfillment of the
Requirements for the Degree of

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in Educational Psychology

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The University of Wisconsin-Milwaukee

August 2021

ABSTRACT

EXAMINING BLACK AMERICANS' ATTITUDE TOWARDS MENTAL HEALTH TREATMENT

by

Alannia Mosley-Jenneford

The University of Wisconsin-Milwaukee, 2021
Under the Supervision of Marty Sapp, Ph.D.

The purpose of this study was to expand on the current literature on help-seeking attitudes among Black Americans. There is little research exploring the variables associated with Black American's help-seeking attitudes. However, research has documented the underutilization of service among Black Americans. Literature suggests Black Americans do not seek services until symptoms become persistent and interfere with daily functioning. Evidence supports the relationship between help-seeking attitudes and racial mistrust, racial identity and help-seeking attitudes, and racial identity and preference for a Black therapist. To date, there is no literature investigating the relationship between preference for a Black therapist, cultural mistrust, racial identity, and help-seeking attitudes among Black Americans. The current study aimed to investigate whether there is a relationship between Black Americans' attitudes towards seeking professional psychological help and the following variables: preference for a Black therapist, cultural mistrust, public and private regard predicted. Lastly, the study investigated whether there was a difference in attitudes among individuals with previous counseling experience and no previous counseling experiences.

In order to test these hypotheses, 82 adults (ages 22-57) who self-identified as Black/African American were recruited using a random sampling method via Amazon Mechanical Turk (MTurk). Participants completed the following questionnaires: The Multidimensional Inventory of Black Identity Attitudes Towards Seeking Professional Psychological Help- Short Form, the Client Preference Scale, and the Cultural Mistrust Inventory. A correlation was used to assess a relationship between Blacks' attitudes towards seeking professional psychological and the following variables: cultural mistrust, private regard, public regard, preference for a Black counselor. Findings from this study indicate a decrease in help-seeking attitudes among Blacks who have a higher mistrust for Whites, positive feelings towards the Black community, and preference for a Black counselor. Additionally, preferring a Black counselor in certain situations did not increase their attitudes towards MHS.

Keywords: Black Americans, help-seeking attitudes, mental health

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CHAPTER I

Introduction

Previous research has documented the underutilization of Mental Health Services (MHS) among the African American community, specifically those who are in low income, underinsured, uninsured, and otherwise may not have access to MHS (Cornelius, Simpson, Ting, Wiggins & Lipford, 2003). According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2015, approximately 8.7% of Black Americans sought MHS compared to the 9.4% of Black Americans who sought MHS in 2014 (SAMHSA, 2015). These results show a clear decrease with Black Americans seeking MHS while showing no additional increase in help-seeking attitudes among the Black community compared to previous years. Additionally, only 54.3 % of Black Americans diagnosed with Major Depressive Disorder (MDD) received treatment compared to 73.1% of White Americans who received treatment for MDD (Agency for Healthcare Research and Quality, 2014). Lastly, in 2015, only 1.5% of Black Americans received inpatient treatment/counseling (SAMHSA, 2015).

According to the data from the US Census Bureau (2011), in the 2010 census, Black Americans comprised approximately 12.6% of the total population. While research studies found that African American clients prefer a therapist from the same racial background, there may be a limited amount of access in finding a therapist of the same racial/ethnic background, making their preference less possible when choosing a therapist. In 2015, approximately 1,030 (1.3%) of Black Americans were doctoral-level psychologists compared to 643,542 (55.9%) White doctoral-level psychologists (American Psychological Association, 2015). As such, it is difficult to request a mental health professional, especially in underrepresented areas. Consequently, in 2004, the Center for Mental Health Services, as cited in Townes, Chavez-Korell, and

Cunningham (2009), reported approximately 3.8 % of self-identified Black Americans were in the mental health field (i.e., social work, therapist). As mentioned, although Black Americans may have a preference for a therapist from the same racial/ethnic background, this is not always possible and may contribute to the underutilization of MHS.

Research literature has displayed racial differences between Black Americans and White Americans in terms of seeking professional help. According to Broman (2012), Black Americans received about 50% of outpatient services compared to White Americans. Alberti, Link, and Phelan (2008) found that Black participants believed that mental health professionals (e.g., psychiatrists, psychologists, and social workers) could help with mental illness. In fact, Black participants with and without a mental health diagnosis were found to have more positive attitudes towards mental health care in comparison to White participants (Diala, Muntaner, Walrath, Nickerson, LaVeist & Leaf, 2000). However, Ward, Clark, and Heidrich (2009) found that Black participants hold negative attitudes towards seeking treatment. In addition, they are more likely to think positively about mental health symptoms improving on their own (Anglin, Alberti, Link, & Phelan, 2008), evidenced by few utilizing services (Diala et al., 2000).

Historically, various terms have been used to describe Black people/individuals of African descent (Aubry, 2017; Hall, Philips, & Townsend, 2015). Therefore, it is important to understand the evolution of labels that have been used to identify individuals of African descent. Today, most individuals use the words “Black” and “African American” interchangeably (Hall et al., 2015). In the early 1900s, the word “colored” was more commonly used, but the term “negro” became more popular in the 1920s due to scholars like WEB. Du Bois arguing the word “negro” was more logical (Hall et al., 2015). During the 1960s, the label most widely used was “Black” as a result of Carmichael’s “Black Power” movement (Martin, 1991; Hall et al., 2015).

Hall et al. (2015) explained, in 1988, civil rights leaders decided that African American was more appropriate, as it was similar to other ethnic groups (e.g., Italian Americans; Martin, 1991). According to Fama (2013), in 2013, the US Census Bureau removed the word “negro” from the survey category due to fear that the label was offensive and outdated (Hall et al., 2015). This study used “Black” and “African American” to identify individuals of African descent because the terminologies “Black” and “African American” are the more common appropriate terms used when identifying individuals of African descent.

Background Information

Black Americans tend to cope with mental health problems through informal supports such as friends, church, and family (Ward et al., 2009). The National Survey of Black Mental Health indicated Black Americans tended to seek help from ministers, physicians, and hospitals, while only 9% of the participants sought MHS from professionals (Thompson et al., 2004). Generally, Black Americans engage in reciprocal relationships with extended family before reaching out to close friends and church members (Taylor, Mouzon, Nguyen, & Chatters, 2016). Some Black Americans also believe that mental health treatment is not an effective strategy in decreasing MHS (Conner et al., 2010).

Counselor preference is a topic that has been researched among the African American community; however, findings have been mixed. Some studies found a significant difference between counselor preference and racial identity (Ferguson, Leach, Levy, Nicholson, & Johnson, 2006; Townes et al., 2009). Specifically, the research literature has demonstrated a relationship between racial identity and preference for a Black counselor. Parham and Helms (1981) found Black participants in the immersion-emersion stage preferred a therapist of the same racial background, which may increase their help-seeking attitudes. Campbell-Flint (2000) found that

Black inmates in the immersion-emersion stage held more positive attitudes towards Black counselors (as cited in Duncan, 2003). However, other research has suggested that there is no significant difference between the effects of racial matching and counselor preference (Ferguson et al., 2008). Although counselor preference has been investigated within the African American community, the underrepresentation of African American mental health professionals makes it difficult to make such a selection (Townes et al., 2009). In addition, racial discrimination has been shown to impact preference for a counselor with the same ethnic background (Townes et al., 2009; Ferguson et al., 2008).

Studies have indicated Black Americans struggle with mental illness with more persistent issues than White Americans and a disparity in treatment seeking (Buser, 2009). It is believed that the disparity in treatment seeking among Black Americans could be explained by coping resources and forms of racial bias in healthcare (Snowden, 2003). Yet, the research literature has not emphasized subtle forms of Racial Discrimination (RD) and the impact it may have on treatment seeking (Buser, 2009). It is possible that previous experiences with RD would result in a mistrust of White counselors, causing lower treatment seeking (Richman, Kohn-Wood, & Williams, 2007).

Research literature suggests that RD is linked to deleterious mental health outcomes for African Americans, including depressive symptoms (Hoggard, Byrd, & Sellers, 2015; Whaley, 2001b), anxiety, psychiatric symptoms, and distress (Banks, Singleton, & Kohn-Wood, 2015; Hoggard, Byrd, & Sellers, 2015). Further, RD, including hate crimes, has contributed to “healthy cultural paranoia” (Grier & Cobbs, 1986). Ridley (1984) noted that the central hypothesis is that a White therapist’s misinterpretation of cultural paranoia leads to the misdiagnosis of psychiatric disorders, such as schizophrenia (as cited in Whaley, 2001b).

Therefore, the fear of being misunderstood could lead to the underutilization of MHS by African Americans.

There is evidence of overutilization of inpatient (IP) services among Blacks than other racial groups (Snowden, Catalano, & Shumway, 2009). Lo, Cheng, and Howell (2014) found the chances of individuals seeking MHS increase with the severity of symptoms. Thus, it is likely that an increase in IP hospitalizations is due to the underutilization of services and an increase in severity of symptoms. According to SAMHSA (2015), approximately 1.5% of Black Americans sought IP treatment, with 4.9% having symptoms that were considered a serious mental illness. Interestingly, individuals with suicidality, psychological distress, and depression displayed decreased intent to seek professional help (Han, Batterham, Calear, & Randall, 2018). However, it is believed that the number of IP visits could be decreased with access to outpatient care (Snowden et al., 2009).

The underutilization of services by Black Americans has been associated with access to services, having low income (Broman, 2012; Cornelius et al., 2003), and prematurely ending therapy (Thompson, Bazile, & Akbar, 2004). Although the Affordable Care Act has helped ensure uninsured individuals, approximately 15.9% of Black Americans were uninsured in 2014 (Agency for Healthcare Research and Quality, 2014), which is approximately 6% more than White Americans. To this end, it can be reasoned that it is difficult to seek treatment without enough money to pay for services. An income below the poverty line qualifies individuals for Medicaid with mental health coverage, although Black Americans are still less likely to seek treatment (Snowden, 2001). Black Americans who have identical coverage as White Americans are still less likely to utilize services, and medical costs influence the number of mental health visits (Padgett et al., 1994). According to Wolkon, Moriwaki, and Williams (1973), race was

related to attitudes towards seeking treatment. Notably, individuals in a lower class were less likely to seek treatment (Wolkon et al., 1973). Additionally, Sue and Sue (1990) found Black participants were more likely to average fewer sessions and terminate services than White participants (as cited in Thompson et al., 2004).

Low income is a risk factor for developing mental health issues and a barrier to receiving treatment (Families USA, 2019). According to the US Department of Health and Human Services' Office of Minority Health, Black Americans are three times more likely to report psychological distress if they are below the poverty line (Families USA, 2019). Although poverty affects Blacks' chances of receiving services, it is not straightforward (Snowden, 2001). Neighbors and Jackson (1984) found some indication of low income in the bivariate analysis, although the effects could be attributed to sampling older Black participants with less than 10,000 annually.

Cultural mistrust has been shown to predict negative treatment-seeking among Black college students (Nickerson et al., 1994; Terrell & Terrell, 1984). Terrell and Terrell (1984) suggested that Black clients who were more mistrustful of White counselors were more likely to terminate counseling prematurely. The premature rates were found to be higher when Black clients sought treatment from a White therapist compared to when they sought a Black therapist (Terrell & Terrell, 1984). Also, Black students who rated high in cultural mistrust were less likely to seek treatment from counseling centers (Nickerson et al., 1994).

According to Taylor et al. (2016), church members are an important resource for Black Americans. In fact, education was found to be positively associated with participation in religious activities (Taylor, Chatters, & Brown, 2014). Taylor, Chatters, and Levin (2004) mentioned Buser's (2009) research which found that Black Americans tend to seek help from

religious leaders more than mental health professionals. Although there is evidence that Black Americans have positive attitudes towards counseling, they might not believe it is necessary and instead seek help from religious leaders (Blank, Mahmood, Fox, & Guterbock, 2002) since it is sufficient and less expensive (Anglin et al., 2008). Blank et al. (2002) stated that Black Americans may seek treatment from the church because of the increase in pastors receiving training in counseling and more supportive services being offered in Black churches than White churches (Bland et al., 2002). Lastly, Black Americans and religious leaders were found to believe the use of medication would be equivalent to losing faith in God. This study examined Black Americans' attitudes towards seeking professional help by examining the following variables: preference for a Black therapist, cultural mistrust, and racial identity. This chapter will provide a brief overview of the study, including a discussion of the background information, a statement of the problem, and an explanation of why this study is significant to the field of counseling psychology.

Statement of the Problem

This study attempted to provide information regarding how racial identity, cultural mistrust, and preference for a Black therapist predict Black Americans' attitudes toward seeking mental health treatment. Research literature has documented the underrepresentation of Black Americans seeking MHS who do not seek help until symptoms become serious. This investigator has established that a large percentage of Black Americans have a mental health diagnosis, but only a small percentage of Black Americans seek treatment. Additionally, there is a high premature termination rate among Black Americans (Terrell & Terrell, 1984; Thompson et al., 2004). Although there is little research on the relationship between cultural mistrust and attitudes towards seeking treatment, cultural mistrust might serve as a barrier in the therapeutic

relationship (Nickerson et al., 1994). Due to the overrepresentation of African Americans in the mental health system and underutilization of MHS, there is an increased need for MHS among Black Americans. This study may provide insight into the factors that may contribute to decreased intent to receive MHS.

Purpose of the Study

The purpose of this study was to examine variables that may be associated with Black Americans' help-seeking attitudes. The study investigated predictors of help-seeking behavior among Blacks using the following predictors: cultural mistrust, racial identity, and preference for a Black counselor. The study answered the following question: Is there a statistically significant relationship between help-seeking attitudes among Blacks and the independent variables: cultural mistrust, racial identity, preference for a Black counselor, SES, and age?

Significance of the Study

As mentioned, there is an overrepresentation of African Americans with mental health-related concerns. Additionally, research on their attitudes toward seeking mental health exists, but very little research has addressed predictors of Black Americans' help-seeking attitudes. The literature has provided information regarding African Americans' preference when seeking mental health treatment; however, a limitation to these studies is that they create a sense of false hope. When entering a mental health facility, African Americans may not always have the option to request a mental health professional of the same race. Considering this, literature assessing African Americans' preference for a therapist of the same racial background is speculated to impact attitudes towards seeking treatment and pre-termination of therapy.

Definition of Terms

Some of the terms used in this study are operationally defined for the purpose of clarity in its presentation. The following terms will be used:

Racial Identity. A person's commitment, beliefs, and attitudes about his/her racial group (Sue & Sue, 2003, as cited in Ferguson et al., 2008).

Help-seeking attitudes. The tendency to either refuse or seek professional psychological from a mental health professional.

Cultural mistrust. The extent to which Black Americans are suspicious of White Americans.

Cultural paranoia. The development of paranoid reactions to racially discriminable events (Combs et al., 2006).

Nigrescence. "To become Black" (Cross, Parham, & Helms, 1991, p. 320). Immersion into Blackness, characterized by the excessive embracing of everything Black, is the first step on the journey toward an "internalized" Black identity.

Summary

This chapter provides justification for the need to examine the cultural mistrust, racial identity, and preference for a Black counselor on help-seeking attitudes. The next chapter will review the literature relevant to this study by focusing on racial identity, level of cultural mistrust, and preference for a Black therapist in the Black population. The author will attempt to provide an overview of the study, methods used in the data collection, and the relevance of the past studies addressed to the current study.

Chapter II

Literature Review

As indicated in Chapter 1, this study examined the relationship between Blacks' help-seeking attitudes and the following independent variables: cultural mistrust, private regard, public regard, preference for a Black counselor, age, and SES. This chapter will provide a review of the literature that is relevant to this study. The author will discuss studies on racial identification and racial preference, racial identity and counselor preference, attitudes towards seeking MHS and cultural mistrust, and racial identity and help-seeking attitudes. The first section will discuss studies conducted on Black Americans' attitudes towards seeing MHS. The second and third sections will discuss studies examining counselor preference and racial identity theories. The third section will review studies conducted on racial identity, and the fourth section will discuss studies on cultural mistrust.

Help-Seeking Attitudes

As mentioned, SES has been researched among the Black American community and has been linked to help-seeking services. In this review, only one study researched and assessed the role of race and social class on attitudes towards seeking MHS, self-reported treatment outcomes, and self-disclosure (Wolkon et al., 1973). Data were collected from 69 female participants comprising three subgroups: 24 lower-class Black Americans from a Black Educational Opportunity Program, 20 middle-class Black Americans, and 25 middle-class White American. Results indicated that self-disclosure for White participants was significantly higher than middle-class Black participants. Additionally, the researchers found that 29% of Black participants in the lower SES and 40% of Black participants in the middle-class SES sought MHS, which was noticeably lower than the White Participants (36%). This study emphasized

the need to continue researching help-seeking attitudes among Black participants, as 43% of Black participants disclosed, they would not return for services. These results suggest that although Black Americans seek treatment, they do not return for treatment, even if their symptoms persist or become exacerbated.

Although the study by Wolkon et al. (1973) discussed the underutilization of services among Black Americans, it did not include limitations or reliability and validity of the instruments administered. The researchers only reported the internal reliability for the total score of the Attitudes Towards Seeking Psychological Help Scale and did not mention or report the reliability and validity for the instruments used in the modified version of Jourard's Self-Disclosure Scale (Jourard & Lasakow, 1958). In addition, the study only included participants who lived in the Los Angeles area, which affects external validity. There is also a concern with interviewer bias, the possibility that participants may respond in a way that they believe the interviewer will be empathic to or expect (Buford May, 2014).

Hall and Tucker (1985) examined the relationships between ethnicity, conceptions about mental illness, and attitudes towards seeking psychological help. The researchers included 321 Black educators and 192 White educators. Each participant completed the Nunnally Conception of Mental Illness Questionnaire (Nunnally, 1960), the Fischer and Turner Pro-Con Attitude Scale (Fischer & Turner, 1970), vignettes about counseling issues, and a demographic questionnaire. Results from a hierarchical multiple regression indicated race was statistically significant, meaning that Black participants showed greater misconceptions of mental illness than White participants. Additionally, Black educators had more positive attitudes towards mixed-race dyads but negative attitudes towards the efficacy for treatment of certain problems. Lastly, the

following assumptions were not addressed: normally distributed variables, linearity, homoscedasticity of variance, and independence of error.

Hall and Tucker's study (1985) may explain the underutilization of services among Black Americans. Their results helped to bring awareness to the fact that Blacks are not seeking treatment. The results indicated that Black participants have more positive attitudes towards mix-race dyads, yet there were stereotypes related to seeking treatment. In fact, the study found similar attitudes towards seeking help among Black participants and White participants. Yet, there continues to be a small percentage of Black Americans who seek treatment. It is unclear what contributes to Black Americans' help-seeking attitudes. Therefore, it is important to continue investigating help-seeking attitudes towards MHS. There were limitations to the study. The authors mentioned that participants were non-representative; more participants under forty years of age than over forty years of age. The study also included more females than males. Furthermore, the participants were volunteers and may be more knowledgeable of mental health related topics. Finally, the authors did not obtain reliability or validity estimates of the vignettes on counseling issues administered to the participants.

Help-seeking Attitudes and Cultural Mistrust

Research suggests there is a relationship between cultural mistrust and help-seeking attitudes among Black Americans. Specifically, cultural mistrust was shown to be a significant predictor of Black participants' attitudes towards MHS (Duncan, 2003; Nickerson, Helms, & Terrell, 1994). The study by Nickerson et al. (1994) focused specifically on the mistrust of Whites in clinics primarily staffed by White clinicians, which is more reflective of the mental health clinics. However, there were some limitations to these studies; a sample size of only students enrolled in either an undergraduate or graduate course was included. The study by

Duncan (2003) included students from two predominantly white institutions (PWIs) in the Midwest and two Historically Black Colleges Universities (HBCUs). The study found a significant difference between SES and attitudes towards seeking professional and psychological help and cultural mistrust. Additionally, the study indicated Beta weights and correlations showed that after controlling for the other variables, age and SES were significant predictors of attitude towards seeking professional and psychological help. Specifically, as age increased and SES decreased, Black participants had more positive attitudes towards seeking MHS (Duncan, 2003). Results indicated that the model was significant and accounted for 10% of the variance in attitude towards seeking professional and psychological help. Although the results of this study were reported as significant, there was 90% of the variance in attitude towards seeking professional and psychological help that was not accounted for by the model.

Furthermore, Duncan's study examined help-seeking attitudes among Black Americans and found a relationship between cultural mistrust and help-seeking; however, the sample only included college students, which cannot be generalized to adults not attending school. Moreover, the participants were only recruited from two HBCUs and two PWIs. Lastly, Duncan did not address the assumptions when using multiple regression in the data analysis (normally distributed variables, linearity, homoscedasticity of variance, and independence of error) when investigating whether there is a relationship between cultural mistrust and help-seeking attitudes.

Although cultural mistrust was a consistent predictor in the Nickerson et al. (1994) study, the researchers noted that the participants were not from a clinical population. Therefore, it is difficult to generalize these results to individuals who are experiencing mental health symptoms. The data may represent a different opinion from those actually seeking therapy. More research is needed to assess the help-seeking attitudes of individuals who seek MHS. The study aimed to

include individuals who are part of the clinical population by using participants who previously engaged in counseling.

The aforementioned studies included a nonclinical sample. As such, it is difficult to generalize these results to anyone who received MHS in the past. Additionally, it is unclear if there is a difference between those who received counseling in the past and those with no prior counseling experience. The current study included individuals with previous counseling experience and those with no prior counseling experience to capture a clinical and nonclinical sample. This will increase the generalizability of the study and is more representative of the population. The current study also assessed the difference in scores on the attitudes towards seeking counseling and measured the differences between individuals with/without previous counseling experience. Nickerson et al.'s (1994) and Watkins et al.'s (1989) studies found a relationship between cultural mistrust and help-seeking attitudes. The current study expanded on the relationship between these two variables.

High cultural mistrust has been linked to minimal disclosure when Black clients are paired with a White therapist (Thompson et al., 1994). Black clients with high levels of cultural mistrust are also more likely to be comfortable with a therapist with a similar background but believe White therapists are better trained (Whaley, 2001a). These results are consistent with previous studies, which indicate that college students prefer a Black counselor. Furthermore, this supports the current study's argument of the importance of cultural mistrust in help-seeking, as the participants were more comfortable with a racially similar counselor. Perceiving a Black counselor as less trained and having a higher mistrust of White counselors is a barrier to seeking treatment considering the small percentage of Black mental health professionals and more clinics with White counselors. However, Thompson et al.'s (1994) study included Black students who

may not have been seeking MHS, which is a limitation to the study. In addition, pairing the participants to a Black therapist or White therapist could result in interviewer bias.

According to Whaley (2001b), most published studies on cultural mistrust have assessed the relationship between cultural mistrust and counselor preference, especially in an interracial context. The author further noted the samples included a majority of college students (Whaley, 2001b), which indicates that few studies published research that is generalizable to adults' counselor preference and cultural mistrust. Cultural mistrust is an important variable to understand when providing therapeutic services to Black clients. However, it is important to investigate this in older adults. This study aimed to include participants enrolled at a college/university and adults not enrolled in a college/university. The study will contribute to the research literature on cultural mistrust among Black Americans.

Help-seeking Attitudes and Racial Identity

Researchers (Austin, Carter, & Vaux, 1990; Ponterotto, Anderson, & Grieger, 1986; Richman, Kohn-Wood, & Williams, 2007) have investigated the relationship between racial identity attitudes and help-seeking attitudes among Black Americans. Findings suggested that individuals in the internalization stage had more positive views towards counseling (Ponterotto et al., 1986). However, Austin et al. (1990) found different results, which suggested that higher internalization attitudes were associated with perceiving counseling as less effective, resulting in less information about the counseling process. Richman et al. (2007) found that racial identity moderated the relationship between discrimination and utilization of services, thus decreasing the probability of Black participants seeking MHS. Since there is a discrepancy between the results regarding Black Americans' attitudes towards seeking MHS, it is evident that more research is needed to assess the relationship between racial identity attitudes and help-seeking attitudes.

Furthermore, Ponterotto et al.'s (1986) study highlighted several limitations, including acceptable sample size and the fact that the participants included in the study might have different attitudes than what was reported in the results. The intercorrelation range for the Racial Identity Attitude Scale is from $-.46$ (not well correlated) to $.64$ (highly correlated). The suggested range for intercorrelation is from $.15$ to $.50$. The researchers discussed concerns with external validity, specifically, that the Racial Attitude Identity Scale was only sensitive enough to distinguish between encounter and internalized attitudes, which may not likely represent the views of college students. Therefore, these researchers were not able to assess the relationship between other racial identity attitudes on the Racial Attitudes Identity Scale, such as the pre-encounter and immersion.

Limitations to Austin et al.'s (1990) study included a failure to address limitations of the study and statistical assumptions. Specifically, the assumptions of the regression: normally distributed variables, linearity, homoscedasticity of variance, and independence of error, were not discussed. Similar to previously mentioned studies, the current study lacks a representative sample; however, the sample included individuals from PWIs and HBCUs. Despite its limitations, this study highlights the importance of further investigating how racial identity predicts help-seeking attitudes.

There was also a notable limitation to the study conducted by Richman et al. (2007). The authors only used three questions regarding discrimination, and the participants were asked to count the number of major experiences of unfair treatment they had over the course of their lifetime. The researchers also developed two scales to measure racial identity based on the existing racial identity scales by Sellers et al. (1997). The results of this study contributed to the

research literature; however, there were no reliability or validity estimates for the aforementioned measures, thereby questioning the construct validity.

Help-seeking Attitudes and Beliefs

According to a study conducted by Ward, Wiltshire, Detry, and Brown (2013), Black/African Americans hold beliefs related to stigma, psychological openness, and help-seeking, which in turn affects their coping behaviors. The participants in this study were not very open to acknowledging psychological problems, but they were somewhat open to seeking mental health services. Thirty percent of participants reported having a mental illness or receiving treatment for a mental illness. Specifically, Black/African American men were particularly concerned about stigma. Cohort effects, exposure to mental illness, and increased knowledge of mental illness are factors that could potentially change beliefs about symptoms of mental illness. Consistent with previous research, these authors reported that participants appeared apprehensive about seeking professional help for mental health issues but were willing to seek out some form of help.

Racial Identity Theories

Several racial identities were developed in the 1970s to aid the understanding of identity development among African Americans. Two notable theories are the Cross Nigrescence Model and the Multidimensional Model of Racial Identity (MMRI). Cross' Model was developed during the Civil Rights movement and has been widely used across the literature. This five-stage model describes the process of acquiring identification with one's Black identity through accepting and embracing Black identity (Vandiver, 2001). On the other hand, the (MMRI) incorporates other theories to explore the meaning of one's racial identity (Sellers, Smith, Shelton, Rowley, & Chavous, 1998). The MMRI is the primary theory and basis for the

Multidimensional Inventory of Black Identity (MIBI) – an inventory used to measure certain dimensions of identity.

Cross' Nigrescence Model

Cross (1971) theorized Nigrescence in the article “The Negro- Black Conversion Experience.” The first stage, the pre-encounter stage, was developed to identify Black Americans who absorbed beliefs and values of the dominant White American culture and the devaluation of Black American culture. The encounter stage describes Black Americans who begin to reevaluate their racial identity after experiencing an event, such as racism. This leads to Stage 3, immersion-emersion, which describes the process of moving toward a pro-Black identity and embracing an anti-White identity. Stage 4, internalization, is characterized by acceptance of one's Black identity and secure feelings of one's Black identity (Cross, 1971).

The Multidimensional Model of Racial Identity (MMRI)

The MMRI is used to define racial identity among African Americans. Sellers, Rowley, Chavous, Shelton, and Smith (2001) explained that the MMRI is consistent with identity theory, as it assumes identity is a hierarchical order in which race is a part. In addition, the MMRI has stable and situational properties in which they provide a mechanism of how one's racial identity explains behavior. The researchers explained that the MMRI focuses on beliefs on how African Americans define themselves and the category in which they place themselves in the racial group. The MMRI consists of four dimensions: (1) racial salience, (2) centrality of the identity, (3) the regard in which the person holds the group associated with the identity, and (4) the ideology associated with the identity. Racial salience and centrality refer to how individuals define themselves, while regard and ideology refer to the perception of what it means to be Black. The MIBI (the Multidimensional Inventory of Black Identity) was developed based on

the conceptualization of the MMRI to assess racial identity attitudes (centrality, ideology, and regard) while also using the conceptualization of other theories of the self. The MIBI does not limit researchers to assessing one stage within racial identity and is preferred due to its ability to emphasize the four dimensions. The MIBI was used to assess Blacks' perception of how others view them, which could be used to explain behavior-underutilization of MHS.

Racial Identity

Racial Identity and Psychological Well-being

A few studies have examined psychological well-being among Black Americans. For instance, Parham and Helms (1985) investigated the relationship between racial identity, self-actualizing tendencies, and affective states. These results found that pre-encounter and immersion attitudes were related to feelings of inferiority, personal inadequacy, and hypersensitivity. Additionally, encounter attitudes were inversely related to feelings of anxiety (Parham & Helms, 1985). Forsyth and Carter (2010) found individuals in the encounter-bargaining cluster experienced more anxiety, depression, hostility, and interpersonal hostility than the internalization-empowered confrontation cluster. Additionally, the immersion-cultural hypervigilant cluster experienced more anxiety, depression, somatization, and interpersonal sensitivity (Forsyth & Carter, 2012).

Similarly, Settles, Navarrette, Pagano, Adbou, and Sidanius (2010) found a relationship between racial identity attitude and psychological well-being. Higher levels of private regard were associated with decreased depressive symptoms among African American women. These two studies identified a relationship between racial identity and psychological well-being among Black participants. A few studies have researched psychological well-being among Blacks,

which suggests a need for utilization of services. However, there is little research on the relationship between racial identity and attitudes towards help-seeking.

There are also limitations to the study by Forsyth and Carter (2012), who found increased anxiety among Black Americans concerning racial identity. However, as mentioned in Chapter one, there is an underutilization of services in the community. Therefore, it is important to investigate help-seeking attitudes among Black Americans. Forsyth and Carter's study has several limitations that should be noted. First, the gathering of specific racial incidents in the story line provided by the participants caused threats to external validity and was not examined for reliability or validity, indicating there is a chance that social desirability occurred during the study when participants responded to the questions on racial specific racial incidents. Lastly, the cross-sectional design also made it difficult to make conclusions about casual relationships. This study emphasizes the importance of racial identity and coping with RD. As indicated in Chapter 1, RD could influence the level of cultural mistrust among Black Americans.

Evidence suggests that racial identity did not predict psychological distress (Gilbert, So, Russell & Wessell, 2006). In fact, the more African Americans identified with their group, the more positively the evaluations (Hughes, Kiecolt, Keith & Demo, 2015). Racial identification was associated with lower mastery and high depressive symptoms. In addition, positive evaluations of African Americans led to positive self-attitudes and lower depressive symptoms. The results of Hughes et al.'s (2015) study bring awareness to the importance of investigating racial identity among Black Americans and how they identify with their culture. Additionally, Hughes et al. (2015) found a relationship between how Black Americans rated their group and the decrease in psychological symptoms. However, the current study sought to respond to the increase in mental health symptoms and underutilization of services among Black Americans.

This demonstrates a need to continue investigating the relationship between racial identity and psychological well-being to assist in understanding mental health concerns in the community.

Racial Identity and Counselor Preference

Another barrier to seeking treatment could be the relationship between racial identity, as Ferguson et al.'s (2008) study found a relationship between racial identity attitudes and preference for a Black counselor. Specifically, racial identity attitudes could influence Blacks' preference for a counselor of the same race. However, it is unclear if a preference for a Black counselor and racial identity attitudes impacts Black Americans' attitudes towards seeking help, which was examined in this study. Parham and Helms (1981) found that individuals in the pre-encounter stage were most strongly associated with a preference for a White therapist, while individuals in the encounter stage preferred a counselor of the same race. Thus, individuals in the encounter stage may not seek MHS due to the lack of representation of racially similar counselors. According to Helms and Carter (1991), racial identity and gender predicted preference for a White counselor among participants with a pro-White identity attitude. Thus, individuals in the encounter stage may not seek MHS due to the lack of representation of racially similar counselors. Although these studies found a relationship between racial identity and preference for a counselor, they included a college population, limiting the generalizability of the results to working adults.

Townes et al. (2009) also examined racial identity using 128 Black college students without counseling experience (71 women, 57 men) recruited from an urban setting in the Southern part of the United States. The researchers administered surveys assessing attitudes towards mental help, cultural mistrust, and racial identity attitudes. The results indicated that the following groups were more likely to have a strong preference for working with a Black

counselor: (a) Black participants with high levels of mistrust toward White American culture, (b) Black participants who expressed hatred for White Americans, and (c) White American culture. However, the results also indicated attitudes toward seeking professional psychological help did not predict preference for a Black counselor.

The study by Townes et al. (2009) emphasized the relationship between preference for a Black counselor and cultural mistrust. These results indicated that higher levels of cultural mistrust predicted preference for a Black counselor, even though this is not always feasible. Although a relationship between seeking professional psychological help did not predict preference for a Black counselor, the current study investigated the extent to which preference for a Black counselor predicts help-seeking attitudes. As noted, previous studies have emphasized the importance of racial similarity among Black Americans. Therefore, it is important to assess the predictability of racial matching on Black Americans' help-seeking attitudes, especially since Black Americans deal with a limited selection of therapists when entering counseling.

One limitation of the study was recruitment; the participants were recruited from mostly Black areas, which could affect the generalizability of the results. Additionally, the researchers discussed the modified version of the Counselor Preference Scale has not been used in previous studies and does not account for social desirability. Accordingly, this could cause the participants to respond in a way they believe is acceptable to the researcher, also referred to as social desirability bias. Of note, the study identified a relationship between the variables being used in this study. The researchers screened the data set to ensure that assumptions of normality were not violated, although other assumptions of the regression, such as linearity, homoscedasticity of variance, and independence of error, were not addressed.

Racial identification and Racial Preference

Clark and Clark's (1943) study on racial self-identification in Black preschool children was among the first attempt to focus on racial consciousness. Race consciousness is defined as "consciousness of self as belonging to a specific group which is differentiated from other groups by obvious physical characteristics" (Clark & Clark, 1939). The study included 150 Black children who were enrolled in nursery schools in Washington, DC. Three sets of pictures were presented to the participants (a modification of the Horowitz (1939) picture technique). The first set consisted of pictures of one White child, one Black child, a dog, and a lion. The second set consisted of pictures of one White child, two Black children, and a clown. The third set consisted of pictures of two White children, one Black child, and a hen. The participants were then asked, "Show me which one is you." Results indicated more children chose the picture with the Black child as a representation of themselves, and the participants' choice for the Black child increased with age.

Clark and Clark (1947) later conducted a study called the "Doll Test." This study included 253 Black children from segregated nurseries and public schools in Massachusetts. The purpose of the study was to differentiate between racial identity attitudes or preferences. The participants were asked a series of questions, including:

1. Which doll is favored?
2. Which doll is nice?
3. Which doll is bad?
4. Which doll looks like a White child?
5. Which doll looks like a Black child?
6. Which doll looks like a "negro child?"

7. Which doll has a nice color?

The results indicated the children were able to identify their race and show a preference for a White doll and a negative attitude towards a Black doll. This study demonstrates the preference for White American culture while rejecting one's Black identity.

Although these studies are historically popular and highly referenced in the Black community, they are more subjective. Additionally, there is no data on the reliability and validity of the studies. The results should be used with caution, as many external factors could impact children's views. Furthermore, these studies only included children, so it is not possible to generalize this sample to the adult population. This groundbreaking study highlighted the importance of investigating racial identity and how individuals identify with their ethnic background.

Counselor Preference

The research literature suggests clients would choose a therapist of a similar ethnicity more often than a therapist with a dissimilar ethnicity (Atkinson, Furlong, & Poston, 1986). However, if clients are forced to choose between an ethnically similar counselor and a counselor with similar attitudes, the counselor with similar attitudes and ethnicity will be selected more (Ponterotto, Alexander, Hinkston, & James, 1988). This suggests the importance of having a counselor of a similar racial background, which could also potentially serve as a barrier to seeking treatment.

The Atkinson et al. (1986) and Ponterotto et al. (1988) studies support the current study's argument that preference for a counselor's race is important to investigate. Both studies researched the relationship between commitment to the Black community and preference for a therapist but found conflicting results. Preference for a Black counselor could be a barrier to

seeking treatment due to a lower percentage of Black mental health professionals and providers. Moreover, both studies make it difficult to generalize their findings to working adults since the samples only included individuals from a college setting. Ponterotto and colleagues discuss that many participants were classified into one stage of the Racial Identity Attitude Scale because of the highest score, but they also scored high on other subscales. Specifically, it was a common occurrence in the study for participants to score high on the internalization; the participants scored higher on the encounter subscale. The Racial Identity Attitude Scale's intercorrelations did not meet the suggested range of .15 to .50. Lastly, the researchers noted another limitation was counselor preference and how it has not been empirically linked to counseling effectiveness (Ponterotto et al., 1988).

Cultural Mistrust

There is limited research on the relationship between cultural mistrust and the counselor's race. However, a few notable studies have researched cultural mistrust and the counselor's creditability. Watkins and Terrell (1988) found a significant difference between cultural mistrust and a counselor's race. Specifically, Black participants who scored high on cultural mistrust viewed the White therapist less favorably (Poston, Craine, & Atkinson, 1991; Watkins & Terrell, 1988, 1989). Additionally, evidence suggests that highly mistrustful Black participants found the White therapist less capable of helping with anxiety, shyness, difficulties with dating, and feelings of inferiority (Watkins et al., 1989). However, there is no research on the relationship between cultural mistrust and help-seeking attitudes among Blacks to date.

One study examined the effect of cultural mistrust on Wechsler Adult Intelligence Scale (WAIS) scores. Terrell, Terrell, and Taylor (1981) included 100 Black males from lower to lower-middle SES. The participants attended an HBCU in the southeast and were enrolled in an

introductory psychology class. The researchers found that cultural mistrust negatively affected Black participant scores on the WAIS, with a significant interaction effect among the groups. Post hoc comparisons showed that students with high levels of mistrust who were examined by a Black examiner earned a higher IQ compared to students with high levels of mistrust who were examined by a White examiner. Additionally, Black participants with a low level of mistrust scored significantly higher than students with higher levels of mistrust when paired with a White examiner. The researchers did not discuss limitations to the study, which presents a concern. The method of randomly assigning individuals to a group may have helped the study results; however, there is still a concern with the possibility of interviewer bias. These researchers found that cultural mistrust among White Americans resulted in a decrease in scores on the intelligence test. However, it was used to examine the effects on an intelligence test.

Terrell, Terrell, and Miller (1983) researched the relationship between educational and occupational expectations of Black adolescents and their mistrust of White Americans. The study included 60 males and 72 females who were in the 7th to 9th grade. Participants completed the Cultural Mistrust Inventory (Terrell & Terrell, 1981) and the Two-Factor Index of Social Position (Hollingshead & Redlich, 1958). They were asked to select the position and level of education desired. However, the results suggested that students who expected to enter low-paying jobs tended to mistrust White Americans. The study emphasized the importance of cultural mistrust, although it was used for vocational purposes. It also demonstrated the impact that cultural mistrust has on the lives of Black Americans and serves as an example of how this could affect them across a variety of settings. Additionally, the study included adolescents who were attending school; this affects the generalizability to adults.

There is evidence of premature termination among Black clients (Terrell & Terrell, 1984). Approximately 17% of Black clients who were assigned to a Black therapist did not return for therapy. The results from this study indicated that when paired with a Black counselor, some Blacks are still not returning for treatment. Although the percentage of premature termination was higher for participants who received treatment from a Black therapist, there was still a fairly high percentage of participants who did not return for therapy with a Black counselor. Based on these results, it is important to examine Black Americans' attitudes towards seeking treatment. Nonetheless, this study has limitations, including difficulty generalizing the results to persons outside of the southeast. In addition, premature termination was defined as not returning for a second session. This may not be the best way to measure premature termination, as external factors could have affected the clients from not returning to therapy. However, this study is important in discussing mistrust of Whites in a therapeutic setting.

Combs, Pen, Cassisi, Michael, Wood, Wanner, and Adams (2006) investigated perceived racism as a predictor of cultural mistrust and paranoia among Blacks. The study included 128 Black students who were recruited from an HBCU. The researchers found higher perceived racism was positively correlated with cultural mistrust and nonclinical paranoia. They included internal consistency for the present study, which ranged from adequate to excellent. The study also has limited internal validity, which was discussed by the researchers, who stated that the results could not indicate casual inferences. Further research is needed to determine if perceived racism leads to paranoia. There is also limited external validity, as the participants were predominantly females who attended college.

Scott, McCoy, Munson, Snowden, and McMillenn (2010) recruited 74 Black males who were previously in foster care and currently in foster care in the Missouri Children's Division.

Ninety-two percent of the participants were age 18, with 27% receiving counseling. Results indicated the negative social contextual experiences were a significant predictor of cultural mistrust. Additionally, satisfaction with the child welfare services moderated the relationship between cultural mistrust and negative social contextual experiences. The results of this study emphasized the mistrust of the social service system, whose services are primarily provided by White counselors (Scott et al., 2010). Although the study found that satisfaction with child welfare services is a moderator variable, it included a sample that is not representative of the population. The participants were individuals who were in foster care, which could have affected the results of the study. It is possible that because the participants were in foster care, they could have higher mistrust of White counselors. Accordingly, the results of the study should be used with caution.

Summary

This chapter provided an overview of the research showing Blacks' racial identity attitudes, levels of cultural mistrust, and preference for racially similar counselors and the impacts on their attitudes towards seeking MHS. Although there is some evidence suggesting that these variables are related to Black Americans' attitudes towards seeking help, no previous studies have been conducted to assess the impact of all variables discussed in this chapter on help-seeking attitudes. This study examined whether there is a significant correlation between predict Black Americans' attitude towards seeking psychological help and the following variables cultural mistrust, racial identity attitudes, age, SES, and preference for a Black therapist.

Chapter III

Research Design and Methodology

Research Questions

The primary objective of this study was to assess help-seeking attitudes among adults who self-identified as Black/African American and potential factors contributing to the underutilization of mental health services. The study attempted to explore the relationship of cultural mistrust, private regard, public regard, age, socioeconomic status (SES), preference for a Black counselor, and help-seeking attitudes among Black/African American adults from a community and college setting. Therefore, the first research question was: Is there a relationship between cultural mistrust, private regard, public regard, age, socioeconomic status (SES), preference for a Black counselor, and Black Americans' attitudes toward seeking psychological and professional help? The study examined the relationship between Black/African Americans' help-seeking attitudes and the following continuous variables: cultural mistrust, private regard, public regard, preference for a Black counselor, age, and SES. The low help-seeking attitudes among Black Americans were documented. This information was collected to investigate the relationship between Black/African Americans' low help-seeking attitudes and the aforementioned variables.

Secondly, the study aimed to determine if there is a difference between Black/African Americans' help-seeking attitudes with previous counseling experience and Black/African Americans with no previous counseling experience. The second research question was: Is there a difference in Attitudes Toward Seeking Psychological and Professional Help (ATSPPH) scores among Black/African Americans with previous counseling and Black/African Americans with no previous counseling? This question was investigated to provide insight into whether one group

had more positive attitudes towards seeking professional and psychological help. This was added due to previous literature documenting negative attitudes towards seeking professional psychological help among Black Americans (refer to Chapter 1). Additionally, it was added to provide insight into which population had limited access to mental health services.

There is limited past research on Black Americans' age, gender, SES, and the relationship toward help-seeking behaviors. The current study gathered demographic information to aid in understanding the sample population and determine which demographic variables correlate with Black/African Americans' help-seeking attitudes. The study documented the relationship between SES and help-seeking attitudes and age and help-seeking attitudes. Gender was reported by participants in the demographic survey (see sample section below) but was not included in the correlation analysis because of the limited number of male participants included in the sample. The study also aimed to gather data from both a community and college setting, targeting a wide age range, including participants from 18-65 years.

The study sought to answer the following research questions:

1. Is there a relationship between cultural mistrust and Black/African Americans' attitudes toward seeking psychological and professional help?
 - H₁: There is a correlation between cultural mistrust and Black/African Americans' attitudes toward seeking psychological and professional help.
 - H₀: There is no correlation between cultural mistrust and Black/African Americans' attitudes toward seeking psychological and professional help.
2. Is there a relationship between private regard and Black/African Americans' attitudes toward seeking psychological and professional help?

- H₂: There is a correlation between private regard and Black/African Americans' attitudes toward seeking psychological and professional help.
 - H₀: There is no correlation between private regard and Black/African Americans' attitudes toward seeking psychological and professional help.
3. Is there a relationship between public regard and Black/African Americans' attitudes toward seeking psychological and professional help?
- H₃: There is no correlation between public regard and Black/African Americans' attitudes toward seeking psychological and professional help.
 - H₀: There is no correlation between public regard and Black/African Americans' attitudes toward seeking psychological and professional help.
4. Is there a relationship between preference for a Black counselor and Black/African Americans' attitudes toward seeking psychological and professional help?
- H₄: There is a correlation between preference for a Black counselor and Black/African Americans' attitudes toward seeking psychological and professional help.
 - H₀: There is no correlation between preference for a Black Counselor and Black/African Americans' attitudes toward seeking psychological and professional help.
5. Is there a relationship between age and Black/African Americans' attitudes toward seeking psychological and professional help?
- H₅: There is a correlation between age and Black/African Americans' attitudes toward seeking psychological and professional help.

- H₀: There is no correlation between age and Black/African Americans' attitudes toward seeking psychological and professional help.
6. Is there a relationship between SES and Black/African Americans' attitudes toward seeking psychological and professional help?
- H₆: There is a correlation between SES and Black/African Americans' attitudes toward seeking psychological and professional help.
 - H₀: There is no correlation between SES and Black/African Americans' attitudes toward seeking psychological and professional help.
7. Is there a difference in Attitudes Toward Seeking Psychological and Professional Help (ATSPPH) scores among Black/African Americans with previous counseling and Black/African Americans with no previous counseling?
- H₇: There is a mean difference in scores on the ATSPPH scale between Black/African Americans with previous counseling and Black/African Americans with no previous counseling.
 - H₀: There is no mean difference in scores on the ATSPPH scale between Black/African Americans with previous counseling and Black/African Americans with no previous counseling.

Lastly, the current study added additional hypotheses to test the differences between the reliability in this study with the reliability of the validation sample for each variable. Sapp (2006) recommended moving beyond simple null hypothesis testing, as it has been criticized by researchers. Kline (2004) claimed that many researchers are unaware that statistical software usually only tests the null hypothesis. Null Hypothesis testing states the population coefficient alpha equals zero and tests the population coefficient alpha against a value of zero. Sapp (2006)

noted testing the coefficient value against a specified coefficient alpha is an advancement beyond null hypothesis testing that is a precise test of reliability. The current study calculated the coefficient alpha and compared it to the alpha value for the validation studies using the ATSPPH, CMI, and the MIBI (Private Regard and Public Regard subscales).

When possible, coefficient alpha should be calculated for the variables and tested against the values in the literature. The purpose of this was to determine if there was a statistically significant difference between the reliability coefficient alpha obtained from the scales used in the current study and the reliability coefficient alpha found in previous literature using the ATSPPH, CMI, and the MIBI. It is important to note that there are three ways to calculate coefficient alpha: (1) Hoyt's analysis of variance, (2) Kuder-Richardson #20, and (3) Cronbach's alpha (Sapp, 2006). However, Sapp stated that all methods lead to identical results. The current study used Cronbach's alpha to measure the reliability of each scale and to obtain the coefficient alpha scores.

The study aimed to answer the following additional questions:

8. Is there a difference between the coefficient alpha of .81 found in the ATSPPH scale in the current study and the coefficient of .84 in the ATSPPH scale found in previous literature?
 - H_8 : There is a difference between the coefficient of .84 found in Fischer and Farina's (1995) article and the coefficient alpha of .81 found in the current study.
 - H_0 : There is no difference between the coefficient of .84 found in Fischer and Farina's (1995) article and the coefficient alpha of .81 found in the current study.

9. Is there a difference between the coefficient alpha of .85 from the Cultural Mistrust Scale found in the current study and the coefficient alpha of .89 from Terrell and Terrell's (1981) study?
- H_9 : There is a difference between the coefficient alpha of .85 from the Cultural Mistrust Scale found in the current study and the coefficient alpha of .89 from Terrell and Terrell's (1981) study.
 - H_0 : There is no difference between the coefficient alpha of .85 from the Cultural Mistrust Scale found in the current study and the coefficient alpha of .89 from Terrell and Terrell's (1981) study.
10. Is there a difference between the coefficient alpha of .83 from the Public Regard subscale found in the current study and the coefficient alpha of .87 from Terrell and Terrell's (1981) study?
- H_{10} : There is a difference between the coefficient alpha of .83 from the Public Regard subscale found in the current study and the coefficient alpha of .87 from Terrell and Terrell's (1981) study.
 - H_0 : There is no difference between the coefficient alpha of .83 from the Public Regard subscale found in the current study and the coefficient alpha of .87 from Terrell and Terrell's (1981) study.
11. Is there a difference between the coefficient alpha of .86 from the Private Regard subscale found in the current study and the coefficient alpha of .87 from Sellers et al.'s (1998) study?

- a. H_{11} : there is a difference between the coefficient alpha of .86 from the Private Regard subscale found in the current study and the coefficient alpha of .87 from Sellers et al.'s (1998) study.
 - b. H_0 : there is no difference between the coefficient alpha of .86 from the Private Regard subscale found in the current study and the coefficient alpha of .87 from Sellers et al.'s (1998) study.
12. Is there a difference between the coefficient alpha of .85 from the Counselor Preference Scale found in the current study and the coefficient alpha of .89 from Townes et al.'s (2009) study?
- a. H_{12} : there is a difference between the coefficient alpha of .85 from the Counselor Preference Scale found in the current study and the coefficient alpha of .89 from Townes et al.'s (2009) study.
 - b. H_0 : there is no difference between the coefficient alpha of .85 from the Counselor Preference Scale found in the current study and the coefficient alpha of .89 from Townes et al.'s (2009) study.

Sample

Participants were recruited between November 2019 and January 2020 (2 months) from various undisclosed exact locations within the United States, using random sampling on Amazon Mechanical Turk (MTurk), a software used for conducting online research involving surveys that provide researchers access to a large and diverse participant population for a relatively small amount of compensation. The primary inclusion criteria included: (1) participants needed to be between the ages of 18-65 years old, (2) self-identify as Black/African American, and (3) currently not be attending counseling with a mental health professional. Individuals who reported

they were currently receiving counseling services were not included in the sample, as this could have allowed them to have more positive attitudes towards counseling and possibly affect the results. The sample included participants with previous counseling experience from a licensed mental health professional and those without previous counseling experience from a licensed mental health professional.

A demographic HIT (Human Intelligence Task) was published, which allowed the researcher to determine the participants that met the criteria to participate in the study. Participants were first asked three questions from the demographic questionnaire to ensure they met the inclusion criteria (between 18 to 65 years old, US citizen, not currently in counseling, and identify as self-identify as Black/African American) through the demographic HIT prior to taking the surveys. The recruitment method consisted of participants answering the screening questions through Qualtrics before being invited to participate in the study. Once participants completed the screening questions from the demographic HIT, they were provided with a completion code to enter into Mturk. Those who completed all of the screening questions were compensated whether or not they met the inclusion criteria.

Once participants met the criteria, the investigator added the four qualifications to the participant's worker ID. This gave participants the option to accept the main HIT. However, it did not guarantee that everyone who met the criteria completed the study; instead, it provided the participants with the option to complete the study. The researcher allowed a total of 1,000 individuals to complete the four screening questions to determine eligibility for participation. A total of 281 of the 1,000 participants that met screening criteria agreed to participate in the study. However, the researcher terminated recruitment once 84 participants completed all four surveys.

All participants were required to electronically sign an informed consent before taking

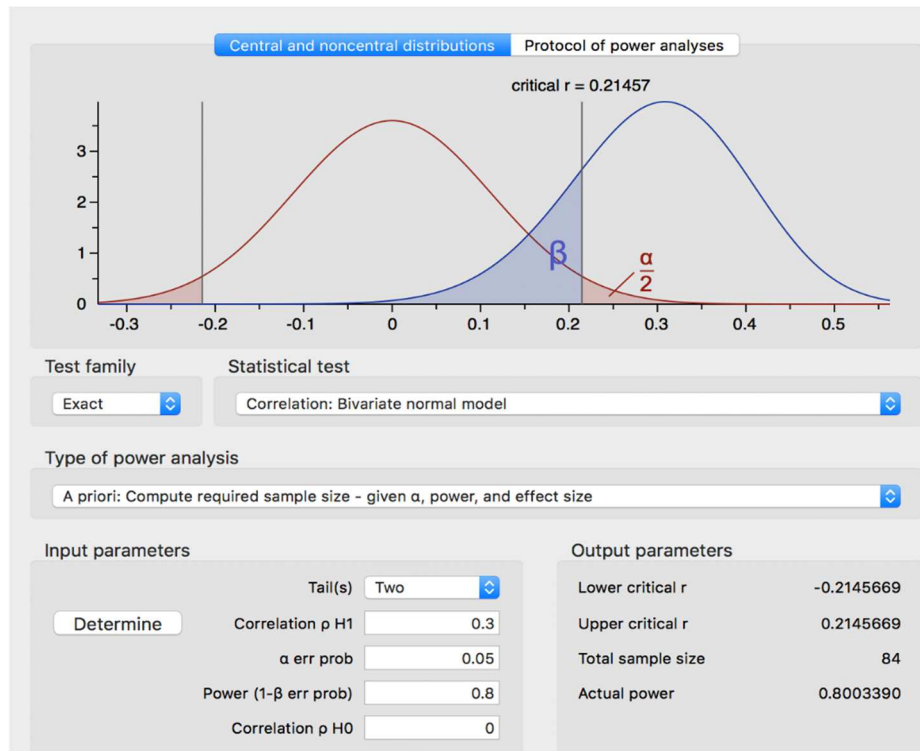
the four surveys (see Appendix A), acknowledging their participation and compensation for agreeing to participate in the study. Participants were only compensated if all four surveys were completed and were not compensated if they terminated the survey early. After participants accepted informed consent, they were provided with a link to complete the following surveys on Qualtrics: Cultural Mistrust Inventory (Terrell & Terrell, 1981), Attitudes for Seeking Psychological and Professional Help (Fischer & Turner, 1970), and the private and public regard subscales of the MIBI (Sellers et al., 1997). Once all surveys were completed, the participants were given another completion code to enter on MTurk to receive the five-cent payment for their compensation for participation in the study. Participants were paid a total of six cents (one cent for completing the screening questions and five cents for completing the demographic questionnaire along with the four surveys).

Power Analysis

An a priori power analysis was conducted using G*power, a tool to compute statistical power analyses for many different t-tests, F tests, z tests, and some exact tests (Faul et al., 2007; see below). For tests of association using bivariate correlations, a moderate correlation between Black Americans' attitudes towards seeking psychological and professional help scores and scores from the continuous variables were considered meaningful. G*power determined that a sample of 84 analyzable subjects will provide an 80% power to discover that the correlation is significantly different from there being no correlation (i.e., the correlation is zero) at the 0.05 level.

Figure 1

a Priori Power Analysis Estimating Required Sample Size for Pearson Correlation



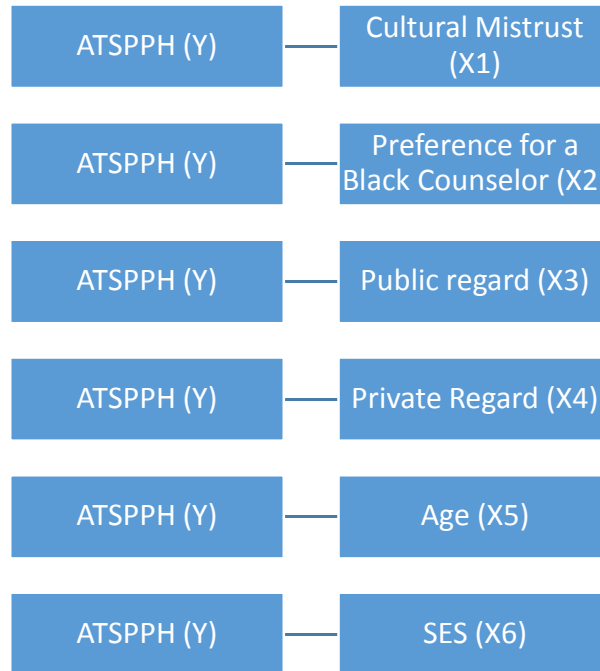
Research Design and Data Analysis

Conceptual Diagram

The reader should note the ATSPPH (Y) scale. The diagram also includes six continuous variables: cultural mistrust (X1), preference for a Black counselor (X2), and public regard (X3), private regard (X4), age (X5), and SES (X6). Also, the reader should note that the current study examined the relationship between ATSPPH (Y) and CMI (X1), ATSPPH (Y) and preference for a Black Counselor (X2), ATSPPH (Y) public regard (X3), ATSPPH (Y) and private regard (X4), ATSPPH (Y) and age (X5), ATSPPH (Y) and SES (X6).

Figure 2

Conceptual Diagram



Variables

As mentioned, the current study used a simple bivariate (Pearson) Correlation.

Participants were assessed using questions from the Attitudes Toward Seeking Psychological Help (Fischer & Turner, 1970), the Cultural Mistrust Inventory (Terrell & Terrell, 1981), two subscales from the Multidimensional Inventory of Black Identity (MIBI; Sellers et al., 1997), the Client Preference Scale (Townes et al., 2003), age, and SES, both reported by participants in the demographic survey. In this study, ATSPPH is the dependent variable, and CMI, MIBI, Client Preference Scale, age, and SES are the independent variables.

Statistical Procedures

This study used the simple bivariate (Pearson) Correlation method to assess the relationship between the aforementioned variables. The Pearson correlation method was used to measure the strength (i.e., how close the relationship is to being a perfectly straight line) and

direction of linear relationships (increasing or decreasing) between pairs of continuous variables to determine the sample correlation coefficient r , which measures the strength and direction of linear relationships between pairs of the continuous variables mentioned. The Pearson correlation method was also used in this study to evaluate whether there is statistical evidence for a linear relationship among the same pairs of variables in the population, represented by a population correlation coefficient, ρ (“rho”). The bivariate Pearson correlation only reveals associations among continuous variables and does not provide any inferences about causation. This study included the total score from the dependent variable, the Attitudes Towards Seeking Professional Psychological Help Scale (ATSPPH; Fisher & Turner, 1970). Additionally, the study included the following independent (continuous) variables: the total score from the Cultural Mistrust Scale (CMI; Terrell & Terrell, 1981), the subscale scores from two subscales on the Multidimensional Inventory of Black Identity (MIBI; Sellers et al., 1998), the total score from the Client Preference Scale (Townes et al., 2003; preference for a Black counselor and no preference), which measures the participant’s preference for a Black counselor when seeking professional psychological help, and age and SES reported by each participant on the demographic survey.

Measures

Participants completed a demographic questionnaire and four additional instruments in this study for data collection: The Multidimensional Inventory of Black Identity Scale (included two subscales); Private Regard and Public Regard (MIBI; Sellers et al., 1997), Attitudes Toward Seeking Professional Psychological Help-Short Form (Fischer & Turner, 1970), Client Preference Scale (Townes et al., 2003), and Cultural Mistrust Inventory (Terrell & Terrell, 1981).

Demographic Questionnaire. The demographic questionnaire (see appendix B) included race, gender, educational level, age, ethnic identification, previous counseling experience, and SES. The following questions were added to the demographic section: “Have you ever received counseling services from a mental health professional (psychologist, licensed professional counselor, or clinical social worker)?” This item was added to determine the two groups of participants: previous counseling experience and without counseling experience. This question was added to the demographic questionnaire because prior counseling experience, whether positive or negative, could affect the results of the study.

The Multidimensional Inventory of Black Identity (MIBI). The MIBI (see Appendix C; Sellers et al., 1997) measures the three stable dimensions of the Multidimensional Model of Racial Identity (MMRI) that represents a synthesis of ideas from many existing models of African American racial identity. To operationalize the MMRI, the MIBI was developed from adapted items from previous identity scales and newly developed items. The 56-item inventory comprises three scales scored on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) that measure the centrality, ideology, and regard dimensions in African American college students and adults. The Ideology Scale consists of four subscales (nationalist, assimilation, minority, and humanist), and the Regard Scale consists of two subscales (private regard and public regard; Sellers et al., 1998). The Private Regard subscale consists of items measuring the extent to which respondents have positive feelings toward African Americans in general (e.g., “I feel good about Black people.”), and the Public Regard subscale consists of items measuring the extent to which respondents feel that other groups have positive feelings toward African Americans (e.g., “Overall, blacks are considered good by others”).

Preliminary analyses suggested the MIBI was a valid and reliable measure of the MMRI (Sellers et al., 1997). However, the evidence for the internal validity of the Private Regard subscale was found modest ($\alpha = .60$), and the Public Regard subscale was weak ($\alpha = .20$). The low and modest validity scores of the Regard Scale led to the revision of both the Private and Public Regard scales that were used in this current study. Revisions were made to the number of items that were previously included in the Regard Scale. After, both scales reported internally consistent (Private Regard $\alpha = .78$; Public Regard $\alpha = .78$; Sellers et al., 1998). In addition, factor analysis with a sample of African American college students found the revised Regard subscales to be distinguishable from each other, and the Centrality Scale and the revised Regard subscales were also found highly correlated with the previous Regard subscales (Public Regard $r = .87$, Private Regard $r = .87$; Sellers et al., 1998). Predictive validity was assessed using the subscales of the MIBI and race-related behaviors (having an African American best friend). Results indicated individuals who had an African American best friend scored higher on the centrality subscale and the nationalist subscale and lower on the Assimilationist, Humanist, and the Oppressed Minority subscales. There was no effect found for the Private Regard subscale.

For the purpose of this study, only the two subscales of Regard were used (Private Regard and Public Regard). These subscales were chosen because the author was interested in assessing the relationship between Black Americans' help-seeking attitudes and how they identify with their race (private regard) and their feelings about how other races view African Americans, positively or negatively (public regard). All sub-scales of the MIBI have been shown to have adequate internal consistency in studies with adults (Rowley et al.; Sellers et al., 1998) and older adolescents (Chavous et al., 2003).

Scoring. Eight of the 56-items on the measure are reverse scored by subtracting eight from the individual score on each item. The scores are averaged for the items under each scale to create scores for all scales. For the purpose of this study, only the scores from the Private Regard and Public Regard subscales were included and scored. A total of 12 items was administered to participants; one item on the Private Regard scale is reverse scored (R), and two items on the Public Regard subscale were reverse scored: Private Regard Items (6): 4, 7, 8, 24 (R), 54, 55 and Public Regard Items (6): 5, 15, 17 (R), 52 (R), 53, 56. The subscale scores were used to assess the relationship with Black Americans' help-seeking attitudes. Sellers et al. (1997) stated, "A composite score is inappropriate; the MIBI is based on a multidimensional conceptualization of identity." Results from the full sample indicated $M = 6.25$, $SD = .70$ for the Private Regard subscale, while no mean or standard deviation scores were reported for the Public Regard subscale.

Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF). The Attitudes Towards Seeking Professional Psychological Help-Short Form (see Appendix D; Fischer & Farina, 1995) is a 10-item inventory that measures attitudes towards seeking psychological and professional help. The inventory is based on the original ATSPPH-SF, a 29-item instrument. The authors aimed to create a unidimensional version of the ATSPPH-SF. Fourteen items were selected with the highest item-score correlation. The form contains statements such as "If I believed I was having a mental breakdown, my first inclination would be to get professional attention," and "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."

The items were given to 389 college students in an introductory course who were primarily freshmen. The internal consistency for the ten items was .84, which was comparable to

what Fisher and Turner obtained in their two studies. Test-retest reliability after four weeks was .80 for the short form. The construct validity for the short form's correlation was .89 with the original ATSPPH-SF (Townes et al., 2009). Additionally, Fischer and Farina (1995) noted scores between the full ATSPPH and the short form yielded a correlation of .87. Fischer and Turner noted the short form's characteristic emulated the full-scale version well. Elhai et al. (2008) reported that the ATSPPH-SF yielded a correlation of -.40 with the Stigma Scale for receiving psychological help.

Scoring. The ATSPPH-SF is a 4-point Likert scale (0 = “disagree” to 3 = “agree”). Five of the ten items are reverse scored, and the ratings are added to produce a total score. Total scores range from 0-30, with higher scores indicating more favorable attitudes towards seeking professional psychological help. The mean and standard deviation for the ATSPPH-SF in Fischer and Farina's (1995) study was $M = 57.13$, $SD = 11.56$ (women), and $M = 45.36$, $SD = 12.74$ (men).

Counselor Preference Scale (CPS). The Client Preference Scale (see Appendix E; Townes et al., 2003) is a 10-item inventory that assesses clients' preference for the counselor's race across a variety of situations. Townes et al. (2009) created modifications to the Counselor Preference Scale (CPS) developed by Parham and Helms (1981) for use among the Black population. The modifications made to the Counselor Preference Scale included: “I would prefer a Black counselor,” “I would prefer a White counselor,” and “I would have no preference in this situation for a Black counselor or White counselor.” For the purpose of this study, two options were used: preference for a Black counselor and no preference. The current study was interested in Blacks' preference for a Black counselor.

Due to modifications of the CPS, a pilot study was needed to ensure the reliability of the modified version. Forty Black participants in a southern city participated in the pilot study. Townes et al. (2009) found the modified version of the CPS was reliable with a Cronbach's alpha coefficient of .89 for adults. The researchers reported that the modified version of the CPS maintained the same internal consistency as the original CPS. Items for the modified CPS include: "If I have a problem often feeling depressed" and "If I have a problem in my personal relationships." There is no validity information for the CPS. However, Townes et al. noted the basic template of the CPS was not changed because Ferguson et al.'s (2008) study supported the use of the CPS as a valid assessment.

Scoring. Participants will be given two choices for each of the situations, which was used by Townes et al. (2009). Each preference was assigned a value (No preference = 0 and preference for a Black counselor = 1). Low scores indicate a low preference for the counselor's race, while higher scores indicate a strong preference for a Black counselor (low score total = 0 and high score total = 10). In the pilot study by Townes et al., results indicated $M = 4.18$, $SD = 3.60$.

Cultural Mistrust Inventory (CMI). The CMI (see appendix F; Terrell & Terrell, 1981) is a measure of Blacks' lack of trust at the cultural level and is based on the assumption that mild paranoia in the form of mistrust of Whites exists in Black culture due to a history of racism and oppression (Grier & Cobb, 1968; Ridley, 1984; Whaley, 1998a). A total of 81 items composed the initial Cultural Mistrust Inventory (Terrell & Terrell, 1981). To assess reliability and validity of the original CMI, the instrument was administered to 172 Black first- and second-year college males. Findings suggested the original CMI had adequate test-retest reliability of .83 but there were concerns with the validity. A sequential psychometric strategy was used to examine the

internal construction of the original CMI which led to the revised CMI. The revised CMI contains 48 items that contain positively and negatively worded statements describing situations in which whites may act in ways opposed to the interests of African Americans. It consists of four subscales assessing mistrust in four non-health related areas: (1) education/ training, (2) interpersonal relationships, (3) business/work, and (4) politics/law. Statements include the following: (1) "White teachers deliberately ask black students questions which are difficult so they will fail" (Education/Training subscale); (2) "Blacks should be suspicious of a White person who tries to be friendly" (Interpersonal Relationships subscale); (3) "There are some White businessmen who are honest in business transactions with blacks" (Business/Work subscale; this item is reverse-scored); (4) "White policemen will slant a story to make blacks appear guilty" (Politics/Law subscale). However, questions remained about the psychometric properties of the CMI, particularly its internal consistency reliability, factorial structure, and external validity (Ponterotto & Casas, 1991; Sabnani & Ponterotto, 1992). Nickerson et al. (1994) reported that the CMI also has good internal consistency with a Cronbach's $\alpha = .89$. The scale also has shown good concurrent (criterion measures and predictors at the same point in time) and predictive validity (Terrell & Terrell, 1983, 1984; Terrell, Terrell, & Taylor, 1981; Watkins & Terrell, 1988; Watkins, Terrell, Miller, & Terrell, 1989). Furthermore, researchers raised a concern with the subsequent data on the CMI, not collecting data directly from psychometric studies; descriptions of the psychometric properties of the CMI were incidental and were limited to the psychometric properties of the total scale scores in studies of mostly college student populations.

To address this limitation, Whaley (2002) conducted a study to assess the reliability and the validity of CMI scores in a sample of Black psychiatric inpatients. The reliability assessment revealed that the CMI is a reliable measure, especially the total scale scores, in Black psychiatric

inpatients. Whaley (2002) reported CMI total scores has good internal consistency with a Cronbach's $\alpha = .85$ $M = 4.07$ $SD = .68$. The findings are comparable to the results on internal consistency of the CMI with college populations (Nickerson et al., 1994). In addition, the CMI also showed good convergent validity and discriminant validity. The CMI total scale scores were correlated with scores on the Fenigstein scale scores to establish convergent validity, the Rosenberg scale scores to examine criterion validity, and Need For Approval scores to assess discriminant validity. The CMI and the Fenigstein Paranoia Scale were moderately correlated $r = .29$. Fenigstein and Venable (1992) developed their measure of paranoia to be used with nonclinical or normal populations; however, Smari et al., (1994) used the Fenigstein scale in a study of Schizophrenics. Whaley (2002) found that the association between the Fenigstein scale and a Self-Consciousness Scale, another measure of nonclinical paranoia, differed from their correlation in nonclinical populations (Smari et al., 1994). Therefore, significant correlation findings between the CMI and the Fenigstein scale scores are assumed to be a function of the nonclinical nature of the two scales (Whaley, 2002). Weak correlations of the total scores on the CMI with scores on the measures of Self-esteem (Rosenberg scale) $r = -.03$ and social desirability (Need For Approval Scale) $r = .12$ indicate that the former is not a measure of these latter constructs and is evidence of discriminant validity (Whaley, 2002b). The CMI as a measure of cultural mistrust among Blacks has been shown to be reliable and valid.

All 48 items are scored on a 7-point Likert scale that ranges from 1 (*strongly disagree*) to 7 (*strongly agree*). Each item is scored from 1 (lowest possible rating score) to 7 (highest possible rating score) for each item response; the possible total scoring range is 48-336. As mentioned, the CMI has four subscales (Education and Training, Interpersonal Relations, Business and Work, and Politics and Law). Although there is evidence that the subscales assess

four different areas of mistrust and scores can be calculated, the total CMI scale scores were used for this study. Nickerson et al. (1994) found the total score demonstrated adequate internal consistency with a Cronbach's alpha of .89. Higher total scores on the CMI indicate higher levels of mistrust.

Threats to Validity

External validity is the extent to which the findings of a study can be generalized to other situations, people, settings, and measures (Maruyama & Ryan, 2014). There are two main types of external validity: population validity and ecological validity. Population validity refers to whether the findings from the sample population can be reasonably generalized to a larger group of people (the population; Sapp, 2006). Ecological validity refers to whether the findings of a study can be reasonably generalized to other situations (Sapp, 2006). Maruyama and Ryan (2014) claimed that using a random sample can increase external validity. However, although the current study aimed to recruit a range of participants, this did not occur. There was an unusually large number of female participants; therefore, this study has limited generalizability.

Another threat to external validity was social desirability is not accounted for in the Client Preference Scale. As such, responses from the participants may have been a reaction to what they think is socially acceptable. Although the Client Preference Scale displayed high reliability when counselor preference was directly asked, no previous studies have validated the modified Client Preference Scale (Townes et al., 2003). Therefore, validity studies are needed to determine convergent and discriminant validity (Townes et al., 2009).

Demand characteristics, which are cues that occur within the study that influence participants to respond in a particular way, apart from the independent variable, were also a threat to external validity (Hepner et al. 2014). According to Sapp (2006), the strongest impact of

demand characteristics is that they can produce the desired outcomes of the study. Although this investigator aimed to be objective and conduct a rigorous study, cues may have been inadvertently given to participants.

Internal validity is the extent to which conclusions can be drawn about the causal effects of the independent variable on the dependent variable (Maruyama & Ryan, 2014). Conclusion validity, which refers to the degree to which the analysis allows appropriate conclusions about the relationship (Maruyama & Ryan, 2014). While a correlation study could suggest a relationship between two variables, it cannot prove that one variable causes a change in another variable. Therefore, it should be noted that correlation studies have severe limitations such that they do not explain factors that cause the relationship between two variables. Three ways to increase internal validity include random assignment to condition, covariates, and matching.

One threat to internal validity was that the current study did not use control variables, which are variables held constant, so they do not affect the results of the study (Sapp, 2006). In fact, the measuring of control variables cannot change correlation to causality regardless of how strong the variables are correlated. Further, controlling for variables decreases external validity and increases internal validity (Sapp, 2006). However, no internal validity was present in the current study because external variables were not held constant.

Decreased motivation was another threat to internal validity. Participants could have experienced a decrease in motivation to complete the self-report measures accurately due to the length of time to complete the measures (15 - 30 minutes). In addition, although participants were encouraged to provide honest responses to the measures, it was not controllable.

Furthermore, statistical error is a threat to internal validity. There are two types of statistical error: type I error and type II error. Although 84 participants were enough to yield a

statistical power of .80 with a level of significance of .05, there was still a 20% chance of a type II error occurring. A statistical power of .80 is considered a strong and decreases the probability of making an incorrect conclusion about the relationship. A type II error occurs when the test fails to reject the null hypothesis when the null hypothesis is false. This leads to accepting the null hypothesis when it is indeed false. There is also a possibility of a type I error, which refers to incorrectly concluding a relationship when one does not exist.

Threats of validity related to conducting research in the counseling field should be addressed. According to Hepner et al. (2014), the conceptual specifics of validity and threats to validity are not concretely fixed as a natural property of research. Therefore, it is important to recognize that these results lead to conclusions that have a reasonable probability of being correct; the decisions made in regard to the conclusion will help counseling psychologist in the field (Hepner et al., 2014). The researchers also emphasized how unlikely it is to rule out every threat to external validity since threats can never be completely eliminated; however, proper measures can be taken to reduce them.

Participants

Participants were recruited from various parts of the United States using random sampling on (MTurk). They were screened using Amazon MTurk prior to taking the surveys to ensure they met the following inclusion criteria: (1) self-identify as Black/African American, (2) U.S. citizen or permanent resident of the United States, (3) between the ages of 18-65 years, and (4) received counseling from a mental health professional in the past or have not received counseling from a mental health professional in the past. The following section will address the statistical assumptions in this study.

Statistical Assumptions

Correlation

There are two assumptions of a correlation analysis. These assumptions are linearity and continuous variables. The assumption of linearity can be checked by producing scatterplots that will provide a graphical summary of the relationship between pairs of the continuous variables showing the points that form a relatively straight line.

T-test

There are also four assumptions of an independent samples t-test. First, each dependent variable is independent of the other observations. Second, the dependent variable is continuous. Third, the dependent variable is normally distributed. Lastly, the dependent variable does not contain any outliers (any value that is too extreme to belong in the distribution of interest).

Summary

This chapter provided an overview of the methods that were used in this study and included the research questions and the study design. This chapter also provided information regarding the threats to validity. The investigator aimed to understand the factors contributing to the help-seeking attitudes of Black Americans. This investigator also aimed to provide education to counselors to better understand the variables that are correlated with help-seeking behavior among Black Americans. The results of this study may help increase retention in therapy and allow counselors to properly address factors related to Black Americans' help-seeking behavior.

Chapter V

Results

This study had several aims, but the primary purpose was to explore the relationship and provide insight into what variables are associated with Black/African Americans' attitudes towards seeking psychological and professional help that could potentially influence the underutilization of mental health services (MHS). There are many unanswered questions including, "why are Black/African Americans apprehensive about seeking psychological and professional help for mental health issues?" This study is important because there continues to be an underutilization of MHS among the Black/African American' community, and the factors associated with Black/African Americans' seeking MHS are not fully understood.

Hypotheses

1. There is a correlation between cultural mistrust and Black/African Americans' attitudes toward seeking psychological and professional help.
2. There is a correlation between Private Regard and Black/African Americans' attitudes toward seeking psychological and professional help.
3. There is a correlation between Public Regard and Black/African Americans' attitudes toward seeking psychological and professional help.
4. There is a correlation between preference for a Black counselor and Black/African Americans' attitudes toward seeking psychological and professional help.
5. There is a correlation between age and Black/African Americans' attitudes toward seeking psychological and professional help.
6. There is a correlation between SES and Black/African Americans' attitudes toward seeking psychological and professional help.

7. There is a mean difference in scores on the ATSPPH scale between Black/African Americans with previous counseling and Black/African Americans with no previous counseling.
8. There is no significant difference between the coefficient alpha of .84 (previous study) found in Fischer and Farina's (1995) article and the coefficient alpha of .81 (current study) for the Attitudes Towards Seeking Professional Psychological Help in the current study.
9. There is no significant difference between the coefficient alpha of .89 (previous study) found in Terrell and Terrell's (1981) study and the coefficient alpha of .85 (current study) for the Cultural Mistrust Scale in the current study.
10. There is no significant difference between the coefficient alpha of .87 (previous study) from Terrell and Terrell's (1981) study and the coefficient alpha of .83 (current study) from the Public Regard subscale found in the current study.
11. There is no significant difference between the coefficient alpha of .87 (previous study) from Sellers et al.'s (1998) study and the coefficient alpha of .86 (current study) from the Private Regard subscale found in the current study and.
12. There is no significant difference between the coefficient alpha of .89 (previous study) from Townes et al. (2009) study the coefficient alpha of .85 (current study) from the Counselor Preference Scale found in the current study.

Sample Demographics

Eighty-four (66 females, 18 male) adults were recruited randomly through Mechanical Turk. Data were collected from November 2019 to December 2019. A total of two separate groups (previous counseling group ($n = 35$) and no previous counseling group ($n = 49$) were

included in this study. The demographic data included participants' age, gender, income, level of education, current occupation, and perceived mental health. These variables were generally obtained through self-report on the demographic questionnaire (Appendix B). Age ranged from 22 to 57 years ($M = 37.62$ years, $SD = 10.97$). Ethnic/Racial backgrounds were reported as 100% Black or African American.

Description of Variables

This study used two different methods for statistical analyses, and different continuous variables were used in each method. The bivariate (Pearson) correlation method used five continuous variables and one dependent variable design. This method included the total score from the dependent variable: the Attitudes Towards Seeking Professional Psychological Help Scale (ATSPPH; Fisher & Turner, 1970) and the following independent continuous variables: the total score from the Cultural Mistrust Scale (CMI; Terrell & Terrell, 1981), the subscale scores from the two subscales, Private Regard and Public Regard on the Multidimensional Inventory of Black Identity (MIBI; Sellers et al., 1998), CPS, age, and SES. The independent samples t-test method used the ATSPPH scores among Black/African Americans with previous counseling and Black/African Americans scores with no previous counseling.

Analysis

All data analysis was conducted with IBM SPSS Version 26. An alpha level of .05 was used for statistical tests. G*power was used to compute the statistical power analyses for the independent samples t-test (Faul et al., 2007).

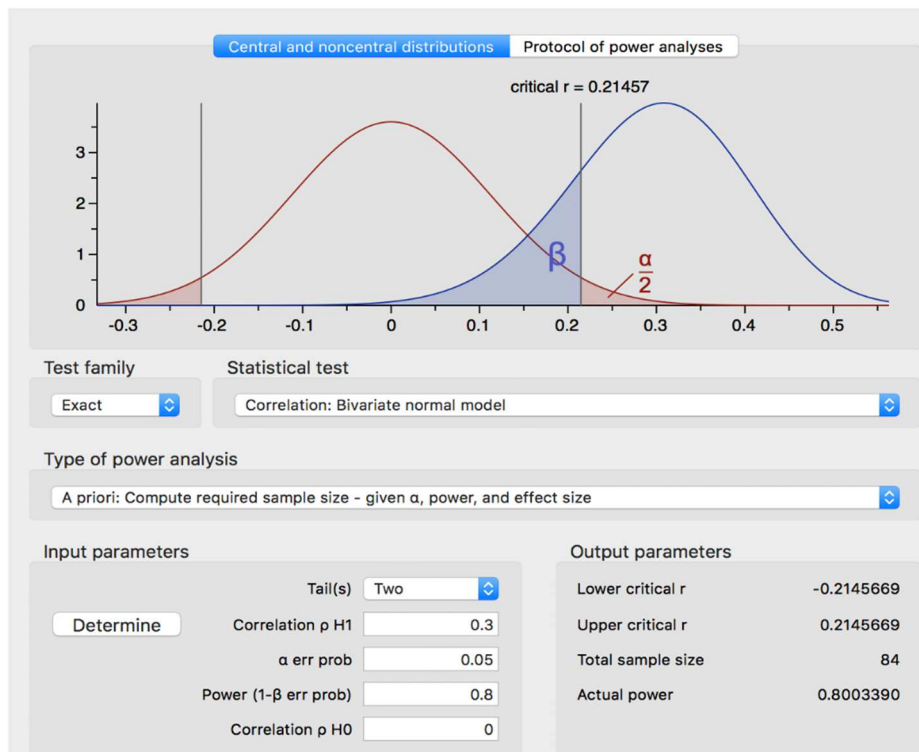
Power Analysis

An a priori power analysis was conducted using G*power, a tool to compute statistical power analyses for many different t-tests, F tests, z tests, and some exact tests (Faul et al., 2007;

see Figure 1). For tests of association using bivariate correlations, a moderate correlation between Black Americans' attitudes towards seeking psychological and professional help scores and scores from the continuous variables are considered meaningful. To detect a moderate correlation ($r = .30$), a sample of 84 analyzable subjects was recommended to provide 80% power to discover if the correlation is significantly different from there being no correlation (i.e. the correlation would be zero) at the 0.05 level. Although this is enough to reject the null hypothesis, there was still a 20% chance that the test will fail to reject the null hypothesis when the hypothesis is false.

Figure 3

a Priori Power Analysis Estimating Required Sample Size for Pearson Correlation



Reliability of Measures

In order to test the internal consistency of the measures, Cronbach's alpha and 95% confidence intervals were calculated for the ATSPPH scale. The coefficient alpha value of the ATSPPH scale from this study was compared to the ATSPPH scale used in Fischer and Farina's (1995) study. The reliability of the test items in Fischer and Farina's (1995) study was reliable with a coefficient alpha of .84. The reliability of test items was also reliable in this study with a coefficient alpha of .808. A 95% confidence interval around population reliability coefficient was .739 for a lower limit and .864 for the upper limit. These results indicated good reliability of test items.

Univariate Measure of Effect (D)

Cohen's *d* was used to calculate the effect size between the two means (Black/African Americans with previous counseling and Black/African Americans with no previous counseling). The general guidelines for the strength of effect size were 0.2 - 0.3 is a "small" effect, 0.5 -0.8 is a medium effect, and 0.8 and larger is a "large" effect (Cohen, 1998). Cohen's *d* was .031, which indicates the mean differences between the previous and no previous counseling group differ by .031 standard deviations, which is considered a small effect.

Assumptions of Correlation Analysis

As discussed in Chapter 3, there are two assumptions of correlation analysis. The first assumption is that the variables should be measured at the interval or ratio level (they are continuous). This assumption was met, and all variables are continuous. The second assumption is the relationship between variables is linear. This assumption was also met.

Results of Correlation Analysis

Table one describes the mean, median, mode, and standard deviation of each variable.

Table 1*Descriptive Statistics of Variables in Bivariate (Pearson) Correlation Analysis*

	ATSPH	Age	SES	CMI	CPS	Private	Public
N	Valid	84	84	84	84	84	84
	Missing	0	0	0	0	0	0
Mean	14.5476	37.6190	4.5238	182.0714	4.3929	37.9524	22.9524
Median	14.0000	35.5000	5.0000	181.0000	3.5000	40.0000	22.0000
Mode	14.00 ^a	48.00	5.00 ^a	160.00 ^a	1.00	41.00	22.00
Std. Deviation	3.74296	10.97961	1.57140	31.42203	3.64714	5.93317	6.28232
Minimum	7.00	19.00	1.00	125.00	1.00	6.00	11.00
Maximum	26.00	65.00	6.00	336.00	10.00	42.00	42.00

Table 2 shows the strength of the relationship between ATSPPH (dependent variables) and the independent variables (age, SES, CMI, CPS, private regard, public regard). These numbers measure the strength and direction of the linear relationship between the two variables. The correlation coefficient can range from -1 to +1, with -1 indicating a perfect negative correlation, +1 indicating a perfect positive correlation, and 0 indicating no correlation at all. The correlation coefficient shows the extent to which one can guess the value of one variable given the value of the other variable. Correlations were computed between six sets of variables on data for 84 Black/African Americans' and their attitudes toward seeking psychological and professional help. The results suggest that three out of six correlations were statistically significant and were greater or equal to $r(82) = -.301, p < .05$, two-tailed.

Table 2*Correlation Matrix Table*

		ATSP						
		H	Age	SES	CMI	CPS	Private	Public
ATSP	Pearson	1	.106	.119	-.594**	-.301**	-.324**	-.049
H	Correlation							
	Sig. (2-tailed)		.339	.283	.000	.005	.003	.661
	N	84	84	84	84	84	84	84
Age	Pearson	.106	1	-.006	-.220*	-.280**	-.017	.072
	Correlation							
	Sig. (2-tailed)	.339		.959	.044	.010	.877	.516
	N	84	84	84	84	84	84	84
SES	Pearson	.119	-.006	1	-.195	.111	.228*	-.172
	Correlation							
	Sig. (2-tailed)	.283	.959		.075	.316	.037	.118
	N	84	84	84	84	84	84	84
CMI	Pearson	-.594**	-.220*	-.195	1	.394**	.156	.173
	Correlation							
	Sig. (2-tailed)	.000	.044	.075		.000	.156	.117
	N	84	84	84	84	84	84	84
CPS	Pearson	-.301**	-.280**	.111	.394**	1	.215*	-.036
	Correlation							
	Sig. (2-tailed)	.005	.010	.316	.000		.049	.745
	N	84	84	84	84	84	84	84

Hypothesis I

The first hypothesis in this study is there is a correlation between cultural mistrust and Black/African Americans' attitudes toward seeking psychological and professional help. This hypothesis was tested using correlational analysis. The results suggest a strong negative correlation between CMI and Black/African Americans' attitudes towards seeking psychological and professional help. The negative correlation between CMI and ATSPPH was found to be statistically significant, $r(82) = -.594$, $p < .001$, two-tailed. This indicates that as cultural mistrust increases, attitudes towards seeking psychological help decrease. After squaring " r " it

was determined approximately 35% of the variance in Black American's responses on the ATSPPH scale could be accounted for by CMI.

Hypothesis II

The second hypothesis in this study there is a correlation between private regard and Black/African Americans' attitudes toward seeking psychological and professional help. This hypothesis was tested using correlational analysis. A moderate negative correlation was found between private regard and Black/African Americans' attitudes towards seeking psychological and professional help. The correlation between private regard and ATSPPH was found to be statistically significant, $r(82) = -.324, p < .05$, two-tailed. This indicated that as private regard increases, attitudes towards seeking psychological help decrease. After squaring " r ," it was determined approximately 10.4% of the variance in Black/African Americans' responses on the ATSPPH scale could be accounted for by Private regard.

Hypothesis III

The third hypothesis in this study is there is a correlation between public regard and Black/African Americans' attitudes toward seeking psychological and professional help. This hypothesis was tested using correlational analysis. There was no significant relationship found between ATSPPH and public regard. Therefore, the null hypothesis, which stated there is no significant relationship between Black/African Americans' attitudes towards seeking professional psychological help and public regard, was not rejected.

Hypothesis IV

The fourth hypothesis in this study is there is a correlation between preference for a Black counselor and Black/African Americans' attitudes toward seeking psychological and professional help. This hypothesis was tested using correlational analysis. The correlation

between CPS and ATSPPH was found to be statistically significant, $r(82) = -.301, p < .05$, two-tailed. This indicated that as preference for a Black counselor increases, attitudes towards seeking psychological help decrease. After squaring “ r ,” it was determined approximately 35% of the variance in Black/African Americans’ attitudes towards mental help could be accounted for by CMI. After squaring “ r ,” it was determined approximately 9% of the variance in Black/African Americans’ responses on the ATSPPH scale could be accounted for by CPS.

Hypothesis V

The fifth hypothesis in this study is there is a correlation between age and Black/African Americans’ attitudes toward seeking psychological and professional help. This hypothesis was tested using correlational analysis. There was no significant relationship found between ATSPPH and age. Therefore, the null hypothesis, stating that there is no significant relationship between Black/African Americans’ attitudes towards seeking professional psychological help and age, was not rejected.

Hypothesis VI

The sixth hypothesis in this study is there is a correlation between SES and Black/African Americans’ attitudes toward seeking psychological and professional help. This hypothesis was tested using correlational analysis. There was no significant relationship found between ATSPPH and SES. Therefore, the null hypothesis, stating that there is no significant relationship between Black/African Americans’ attitudes towards seeking professional psychological help and SES, was not rejected.

Bonferroni Correction

When conducting multiple analyses on the same dependent variable, the chance of committing a type I error increases as the number of analyses increases on the same dependent

variable, thus increasing the likelihood of finding a significant result by pure chance. The current study performed six tests simultaneously; therefore, the probability of making at least one false conclusion in a series of hypotheses increased. The familywise error rate (FWER) was used to determine the probability of a type I error occurring. It was determined there was a 26.5% chance of discovering one or more false positive results. To decrease the chances of a type I error, a Bonferroni correction was conducted. The new p -value was the alpha-value ($\alpha_{\text{original}} = .05$) divided by the number of comparisons (6): ($\alpha_{\text{altered}} = .05/6$) = .0083. Using the Bonferroni correction, $p = .0083$ reduced the familywise error rate (FWER) to approximately 5%.

To determine if any of the six correlations were statistically significant using the corrected Bonferroni of $\alpha = .008$, critical correlation values were compared to the critical value based on the new alpha value (.008). With the $\alpha = .008$, the p -value must be $p < .008$. Six Pearson correlation tests between ATSPPH and the following variables: CMI, private regard, public regard, CPS, age, and SES were carried out and tested against a Bonferroni adjusted alpha level of .008 (0.05/6). Correlations between ATSPPH and CMI, $r = -.594$, $p = .000$, $N = 84$ and between ATSPPH and private regard, $r = -.324$, $p = .003$, $N = 84$ and between ATSPPH and CPS, $r = -.301$, $p = .005$, $N = 84$ were significantly correlated. After controlling for the familywise error rate and using a more conservative level of α for each comparison with the adjusted alpha from the Bonferroni correction, the results remained the same; there is a significant relationship between ATSPPH and CMI, ATSPPH and private regard, ATSPPH and CPS because the correlation exceeds the critical value (± 0.286). However, correlations between ATSPPH and public regard, $r = -.049$, $p = .661$, $N = 84$ and between ATSPPH and SES, $r = .119$, $p = .283$, $N = 84$ and between ATSPPH and age, $r = .106$, $p = .339$, $N = 84$ were still not significant.

To test the significance of the correlation coefficient, the critical correlation coefficient r_c must be found for $\alpha = .0083$ with $df = 82$. However, because standard tables do not provide critical values for the necessary level of α , an online calculator was used, and the critical value was also confirmed accurate using the Pearson critical value formula. This formula uses the significance of a sample correlation coefficient r_c and is tested using a t-statistic. Therefore, for the critical value for $\alpha = .0083$ with $df = 82$, the critical value is 0.286. This means the critical values are ± 0.286 ; if r is not between -0.286 and 0.286, the correlation coefficient r is significant. The correlation between ATSPPH and CMI, $r = -.594$, and $-.594 > -0.286$, r is significant, ATSPPH and private regard, $r = -.324$, and $-.324 > -0.286$, r is significant, ATSPPH and CPS, $r = -.301$, and $-.301 > -0.286$ r is significant. Correlations between ATSPPH and public regard, $r = -.049$, ATSPPH and SES, $r = .119$, and ATSPPH and age, $r = .106$ are all not significant. Because these values do not exceed the critical value of (+/-) 0.286, the correlation coefficient r is not significant.

T-test Hypothesis

The seventh hypothesis in this study was there is a mean difference in scores on the ATSPPH between Black/African Americans with previous counseling and Black/African Americans with no previous counseling. This hypothesis was tested using an independent samples t-test. The t-test was used to determine if there is a statistically significant difference between the mean ATSPPH scores among Black/African Americans with previous counseling and Black/African Americans with no previous counseling.

Assumptions of a T-test

As discussed in Chapter 3, there are four assumptions of a t-test: (1) each dependent variable is independent of the other observations, (2) the dependent variable is continuous, (3)

the dependent variable is normally distributed, and (4) the dependent variable does not contain any outliers (any value that is too extreme to belong in the distribution of interest). Levene's test for equal variances shows the probability level was larger than .05, which means equal variances can be assumed. A visualization of this table can be found in Table 3. Additionally, the two groups are independent and not related. In this study, all assumptions of the t-test for independent samples were met.

Results of Independent Samples T-test

Hypothesis VII

The seventh hypothesis in this study related to the difference in Attitudes Toward Seeking Psychological and Professional Help (ATSPPH) scores among Black/African Americans with previous counseling and Black/African Americans with no previous counseling. This hypothesis was tested using an independent samples t-test to test if there was a statistically significant difference between ATSPPH scores among Black/African Americans with previous counseling and Black/African Americans with no previous counseling. Results from the t-test indicated that there was no significant difference in scores between the previous counseling group ($M = 14.63, SD = 3.956$) and no previous counseling group ($M = 14.49, SD = 3.62$), $t(82) = .167, p > .05, d = 0.03133$. The reported significance level was .868, and the confidence intervals were -1.51885 for the lower limit and 1.79640 for the upper limit. With a significance level of .868, the researcher would fail to reject the null hypothesis, stating there is no difference between the ATSPPH (dependent variable) and previous counseling (independent variable).

The results suggest that the ATSPPH scores for Black/African Americans who have previous counseling experience were notably similar to Black/African Americans who have no previous counseling experience. The ATSPPH scale is a 4-point scale (possible scores could

range from 0-30). Both groups had a mean score around 14.5, with lower scores indicating a negative attitude toward seeking professional psychological help. Therefore, regardless of counseling history, both groups showed low interest in seeking psychological help. In addition, zero was the null value of the parameter (in this case, the difference in means). If a 95% confidence interval includes the null value, there is no statistically significant difference between the groups. Also, the extremely small effect size revealed that these two groups are not significantly different.

Table 3

Independent Samples T-Test Results

		Previous Counseling	N	Mean	Std. Deviation	Std. Error Mean
ATSPPH	1.00		35	14.6286	3.95627	.66873
	2.00		49	14.4898	3.62355	.51765

Key for group statistics: 1= previous counseling 2 = no previous counseling

		Levene's Test for Equality of Variances		t-test for Equality of Means			95% Confidence Interval of the Mean Difference			
		F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error difference	Lower	Upper
ATSPPH	Equal variances assumed	1.144	.288	.167	82	.868	.13878	.83326	-1.51885	1.79640
	Equal variances not assumed			.164	69.323	.870	.13878	.84567	-1.54816	1.82571

Levene's test is non-significant (i.e., $p > .05$). Therefore, the homogeneity of variances has not been violated, so the equal variances assumed row is used for interpretation.

Hypothesis VIII

The eighth hypothesis was there is no significant mean difference between the coefficient alpha of .84 found in Fischer and Farina's (1995) article and the coefficient alpha of .81 found in the current study. In addition to the ATSPPH, internal consistency was measured using Cronbach's alpha with 95% confidence intervals for the CMI and the subscales of the MIBI used in this study (private regard and public regard). The coefficient alpha value of the CMI scale from this study was compared to the CMI scale used in Terrell and Terrell's (1981) study. The reliability of the test items in Terrell and Terrell's study was found reliable with a coefficient alpha of .89. The reliability of test items was also found reliable in this study with a coefficient alpha of .85. A 95% confidence interval around the population reliability coefficient was .824 for a lower limit and .881 for the upper limit. There was no significant difference found between the coefficient alpha of .81 in the ATSPPH scale in the current study and the coefficient of .84 in the ATSPPH scale in previous literature.

Hypothesis IX

The ninth hypothesis was there is no significant mean difference between the coefficient alpha of .85 from the Cultural Mistrust Scale found in the current study and the coefficient alpha of .89 from Terrell and Terrell's (1981) study. The coefficient alpha value of the CMI scale from this study was compared to the CMI scale used in Terrell and Terrell's study. The reliability of the test items in Terrell and Terrell's study was found reliable with a coefficient alpha of .89. The reliability of test items was also found reliable in this study with a coefficient alpha of .85. A 95% confidence interval around the population reliability coefficient was .824 for a lower limit and .881 for the upper limit. There was no significant difference found between the

coefficient alpha of .85 from the Cultural Mistrust Scale found in the current study and the coefficient alpha of .89 from Terrell and Terrell's study.

Hypothesis X

The tenth hypothesis was there is no significant mean difference between the coefficient alpha of .86 from the Public Regard subscale found in the current study and the coefficient alpha of .87 from Terrell and Terrell's (1981) study. The coefficient alpha value of the subscales of the MIBI (Private Regard and Public Regard) were measured. The coefficient alpha value of the Private Regard subscale found in the current study was compared to the coefficient alpha from Sellers et al.'s (1998) study. The reliability of the test items in the Sellers et al. study was found reliable with a coefficient alpha of .87. The reliability of test items was also found reliable in this study with a coefficient alpha of .86. A 95% confidence interval around the population reliability coefficient was .851 for a lower limit and .869 for the upper limit. There was no significant difference found between the coefficient alpha of .83 from the Public Regard subscale found in the current study and the coefficient alpha of .87 from Terrell and Terrell's study.

Hypothesis XI

The eleventh hypothesis was there is no significant mean difference between the coefficient alpha of .83 from the Private Regard subscale found in the current study and the coefficient alpha of .87 from Sellers et al.'s (1998) study. The coefficient alpha value of the Public Regard scale from this study was compared to the Public Regard scale used in Terrell and Terrell's (1981) study. The reliability of the test items in Terrell and Terrell's study was found reliable with a coefficient alpha of .87. The reliability of test items was also found reliable in this study with a coefficient alpha of .83. A 95% confidence interval around the population reliability coefficient was .813 for a lower limit and .839 for the upper limit. There was no

significant difference found between the coefficient alpha of .86 from the Private Regard subscale found in the current study and the coefficient alpha of .87 from Sellers et al.'s study.

Hypothesis XII

The twelfth hypothesis was there is no significant mean difference between the coefficient alpha of .85 from the Counselor Preference Scale found in the current study and the coefficient alpha of .89 from Townes et al.'s (2009) study. The coefficient alpha value of the CPS scale from this study was compared to the CPS scale used in the Townes et al. study. The reliability of the test items in Townes et al.'s study was found reliable with a coefficient alpha of .89. The reliability of test items was also found reliable in this study with a coefficient alpha of .85. A 95% confidence interval around the population reliability coefficient was .835 for a lower limit and .861 for the upper limit. These results indicated good reliability of test items. There was no significant difference found between the coefficient alpha of .85 from the Counselor Preference Scale found in the current study and the coefficient alpha of .89 from Townes et al.'s study.

Chapter V

Discussion

This study was designed to test the relationship between Black Americans' attitudes toward seeking professional psychological help and the following variables: cultural mistrust, racial identity (Public and Private Regard subscales from the MIBI), and preference for a Black counselor. Previous scholars suggest multiple factors lead to Black Americans' attitudes that contribute to the underutilization of MHS among the Black American community (Duncan, 2003; Nickerson et al., 1994). The current study aimed to build on the understanding of the factors that could potentially contribute to the underutilization of mental health services among Black Americans and how these factors could impact their attitudes towards seeking MHS.

Summary of Results

To test the first hypothesis, a correlation was used to assess the relationship between attitudes towards seeking professional psychological help and the following variables: cultural mistrust, private regard, public regard, and preference for a Black therapist. Results showed a significant negative correlation between attitudes towards seeking professional psychological help and cultural mistrust, which was consistent with the results from the study by Nickerson et al. (1994) and Duncan (2003). The current study showed a significant negative relationship between preference for a Black therapist and attitudes towards seeking professional psychological help. This appears to be consistent with the study by Atkinson et al. (1986), which claimed that participants were more likely to select a racially similar counselor. The current study's results suggest Blacks who prefer a Black counselor are more likely to have negative attitudes towards seeking psychological help. There was also a significant relationship between attitudes towards seeking professional psychological help and private regard. This indicates as

cultural mistrust increases, attitudes towards seeking psychological help decrease. Participants who experienced positive feelings towards Blacks/African Americans had negative attitudes towards help-seeking attitudes. Additionally, as the preference for a Black therapist increased, help-seeking attitudes decreased. There was also an investigation to compare the participants' overall scores from the Client Preference Scale between the previous counseling/no previous counseling groups to determine if counseling experience influenced Black Americans' attitudes towards seeking professional and psychological help. The results showed no significant difference between prior counseling experience and attitudes towards seeking professional psychological help.

Theory of Results

The results of this study produced consistent results, with decreased attitudes towards seeking professional psychological help. As expected, preference for a Black counselor had a significant relationship with Black Americans' attitudes towards seeking psychological help. The study required clients to identify situations where they would prefer a Black counselor. However, as mentioned, the majority of the clinicians who provide services are not persons of color. According to Townes et al. (2009), having Blacks complete the Counselor Preference Scale may create false hope because participants may not have the option to request a Black counselor if they sought therapy. It is important to note that limited access to a Black therapist could have affected participants' responses in the current study and previous studies researching a racially similar counselor. Perhaps the relationship between help-seeking attitudes and counselor preference would be stronger if there is more access to therapists of color.

The current study found a relationship between high cultural mistrust and negative attitudes towards seeking professional psychological help. The results of the current study

suggest that Blacks have a high level of cultural mistrust against Whites/White therapists and tend to have negative attitudes towards seeking psychological help from clinicians who are not therapists of color. These results aligned with the findings from Nickerson et al. (1994). However, the population included undergraduate students, making it difficult to generalize the results to a wider age group.

For centuries, Black Americans have endured poor experiences with a system that is part of the institutional oppression of Black communities. In terms of cultural mistrust and racial identity, Shelton et al. (2010) found that greater mistrust was expressed by individuals who identified strongly with the Black community. Blacks' experiences with cultural mistrust date back to the early 1970s, just after the Tuskegee syphilis study (Scharff et al., 2010). Furthermore, it is likely that these negative experiences with Whites (e.g., slavery and healthcare mistrust) influenced negative attitudes towards seeking psychological help. According to Ward et al. (2013), Black/African Americans hold beliefs related to stigma, psychological openness, and help-seeking, which in turn affects their coping behaviors.

A relationship was also found between racial private regard (positive attitudes towards Blacks) and negative attitudes towards seeking professional psychological help. Specifically, Blacks who have more positive feelings towards the Black community tend to have negative attitudes towards seeking mental health services. This appears to be consistent with the literature outlined in the literature review. Moreover, recent racial events such as the Black Lives Matter movement and past racial injustices may have resulted in an increase in cultural mistrust result and an Afro-centric identity. It is likely that Afro-centric views influence Blacks' desire to search for a therapist of color; however, there is limited access to Black mental health professionals. An Afrocentric identity coupled with the lack of Black mental health professionals could play a role

in seeking mental health services. As mentioned, Townes et al. (2009) acknowledged that asking participants to identify if they would prefer a Black counselor could create a sense of false hope. Perhaps previous experiences with difficulty finding a Black therapist influenced the results of the current study.

In instances where Blacks have sought professional psychological help, there has been a high rate of premature termination. Notably, several studies observed a high premature termination rate among Blacks and an underutilization of services (e.g., Broman, 2012; Anglin et al, 2008). This indicates that when Blacks seek psychological services, they tend to terminate the relationship before completing all or most of their therapeutic goals. Although it is possible that cultural mistrust of White therapists could lead to premature termination, it is unclear if high cultural mistrust results in premature termination.

Limitations

There were several limitations to consider in this study. One major limitation was the method used to recruit participants and collect data. Recruitment and data were collected from a random sample using MTurk, an online labor system run by Amazon.com (Goodman et al., 2013). Because this method provides a quick, easy, and inexpensive way to access participants and conduct research online, many behavioral researchers have continued to question the reliability and truthfulness of participants due to the low compensation participants receive in their agreement to participate in research studies. In a previous study conducted by Goodman et al. (2013), when comparing MTurk to community and university samples, MTurk participants were less likely to pay attention to the data collection materials compared to university and community samples, which resulted in a decrease in statistical power. All instruments used in this study during the data collection process were self-reported measures, and a small monetary

amount was given to participants for their participation after completing the surveys (30-45 minutes). As a result, the results could have been affected. The participants' attention and motivation to accurately complete the surveys could have led to a possible decrease in statistical power. Within each survey, the researcher included written attempts to encourage participants to answer the questions to the best of their ability; however, there was no way to ensure the participants were honest when answering these questions. Given these concerns, researchers attempted to systematically investigate MTurk's usefulness and reliability as a participant source. Findings suggested that responses from MTurk were truthful and consistent (Rand, 2011), and compensation did not affect MTurk data quality (Buhrmester et al., 2011).

The original analysis used a simultaneous multiple regression (all predictors entered at the same time). The original research design proposed a recruitment method via reaching out to predominantly White universities, historically Black colleges and universities, and organizations in the community. The dissertation committee did not approve of this recruitment method. They suggested the researcher use a recruitment method to increase generalizability. Therefore, MTurk was an appropriate choice since it allows participants across the United States to take the surveys.

The original research design was developed to predict help-seeking attitudes by using the following independent variables: counselor preference, cultural mistrust, racial identity (public regard and private regard). However, upon completing a multiple regression, there was only one significant predictor: cultural mistrust. Consequently, the design was changed to a Pearson moment correlation. During the correlation analysis, it was determined that there was a scoring error in the ATSPPH scale; the reverse scoring protocol was not used, resulting in a significant positive relationship between ATSPPH and CMI. It is important to note that after using the

reverse scoring method, there was a significant negative relationship between ATSPPH and CMI.

The current study expanded on Townes et al.'s (2009) research. The variables were changed to predict help-seeking attitudes. The researcher assumed that Townes et al.'s study was a strong study; however, upon further investigation, it was determined that the hierarchical regression coefficients were small. This also appeared to be the case with the regression analysis in the current study. Because the regression coefficients for the current study and Townes et al.'s study were small, it was determined that both studies did not contribute to the research literature. Furthermore, Townes et al. (2009) lacked empirical construct validity. Another limitation of both studies is the use of sample-specific data, which makes it challenging to cross-validate.

Therefore, should these variables be used in the future, a theoretical rationale is necessary to predict and cross-validate the data. It is important to note that preference for a Black counselor was a categorical predictor for Townes et al. (2009) and the current study. Therefore, Townes et al. (2009) should not have used least squares multiple regression with a categorical variable. Lastly, the variables in Townes et al. (2009) and the current study were not intercorrelated with the dependent variable. A multiple regression requires the predictors to predict the dependent variable, and the predictors should intercorrelate although there cannot be too much overlap in predictors

Threats to Validity

The current study was unable to assess whether participants' attention affected their responses on the instruments and threatened the study's validity. Paolacci et al. (2010) found that MTurk participants were equally attentive as other participants when the study required no more than five minutes of participation to complete the study. In the current study, participants were

required to respond to several surveys where the estimated completion time was 30-35 minutes. The amount of time required to complete these surveys could have potentially caused a decrease in their attention and affected the results.

In another study, Goodman et al. (2013) suggested using an “attention check” for unsupervised participants due to the possibility of MTurk participants losing interest and not following directions. Including an “attention check” in online studies can improve statistical power and reduce type II errors (Goodman et al., 2013). In this current study, it may have been beneficial to require an attention check and include a question to assess whether participants were following directions and carefully reading through the questions.

Another variable that was not controlled in this study was social desirability. Within the Client Preference Scale, there is a lack of accountability in the scale for social desirability. Therefore, the responses from the participants might have been a reaction to what they think is socially acceptable. Furthermore, although the Client Preference Scale displayed high reliability when counselor preference was directly asked, there are no previous studies that have validated the modified Client Preference Scale (Townes et al., 2003). Townes et al. (2009) recommended validity studies to determine convergent and discriminant validity.

According to Larson (2019), there are several ways to control for social desirability that include attempting to reduce the bias indirectly or directly and aiming to reduce the effects. It may have been beneficial for the current study to add a social desirability measure to control for if participants respond in a way that they perceived to be socially acceptable. However, it is important to note that adding a social desirability scale could have resulted in some variables gaining/losing statistical significance, a change in coefficient sizes of 100% or more, and improved research accuracy (Larson, 2019).

Another limitation is demand characteristics—cues that occur within the study that influence participants to respond in a particular way (Hepner et al., 2014). Although the researcher aimed to be objective as possible and conduct a rigorous study, it is possible questions or instructions on the measures could have impacted participants' responses. Gender was also a limitation, with almost 79% of participants identifying as female and only 21% identifying as male. The unusually high number of female participants could affect the generalizability of the results. Although the study found that cultural mistrust and private regard had a significant relationship with Black Americans' attitudes towards counseling, the results should be interpreted with caution. Future studies could focus on recruiting more male participants to further understand how gender could influence Black Americans' attitudes towards counseling. Lastly, the researcher aimed to understand the relationship between participants' scores on the ATSPPH and level of cultural mistrust, racial identity attitudes, and preference for a Black therapist. The study did not aim for a causal relationship to determine if there is a relationship between the level of cultural mistrust, racial identity attitudes, and preference for a Black therapist and scores on the ATSPPH.

Recommendations for Future Research

Although no statistically significant difference was found between Black Americans who received previous counseling and Black Americans who did not receive previous counseling, future research is needed that investigates Black Americans and their experiences of previous counseling. This will provide insight into the factors related to Black Americans' previous counseling experiences since it is unclear if these individuals have had a positive or negative experience. Specifically, how Black Americans' previous counseling experiences could potentially impact their attitude about seeking professional help in the future.

Blank et al. (2002) and Taylor et al. (2016) discussed the role of religion in Black Americans' attitudes towards seeking psychological help. Future research could continue focusing on assessing the role of religion and cultural mistrust and help-seeking attitudes. It is well documented the many Black Americans are not seeking professional psychological help. However, it remains unclear what type of mental health services they received and if their previous counseling experience was positive or negative, as a negative previous counseling experience could potentially influence or explain Black Americans' negative attitude towards seeking professional and psychological help.

Future research is needed that focuses on the factors that influence the underutilization of mental health services with individuals from the Black/African American community, Specifically, to determine what prevents Black and African Americans from seeking treatment for mental illnesses. Lin, Stamm, and Christidis (2018) suggested that historical and contemporary instances of negative treatment may have led to a mistrust of authorities, many of whom are not seen as having the best interests of Black and African Americans in mind. Therefore, researching the relationship between cultural mistrust and premature termination is recommended. Lastly, the current study found significant correlations between a variable that was not included in the study. For instance, the current study found a significant negative correlation between other variables (e.g., CMI and age, and private regard and SES). Future research could focus on examining these variables. Since there is no theory for help-seeking attitudes, it is recommended that future studies use a single subjects design or a role induction.

Conclusions

As noted, the literature documents the overrepresentation of White mental health professionals and the underrepresentation of Black mental health professionals. Moreover, less than 2% of American Psychological Association (APA) members are Black or African American, and some are concerned that mental health care practitioners are not culturally competent enough to treat their specific issues (APA, 2017). The scant amount of Black mental health professionals is a likely contributing factor to the decrease in Blacks' attitudes towards seeking professional psychological help. There is a clear need for Black/African American providers, who are known to give more appropriate and effective care to Black and African Americans seeking help (APA, 2017).

References

- Agency for Healthcare Research and Quality. (2014). *National healthcare quality and disparities report*. Retrieved from <http://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrd/2014-chartbooks/access/2014nchartbooks/index.html>
- Agency for Healthcare Research and Quality. (2013). *National healthcare disparities report*. Retrieved from <http://www.ahrq.gov/research/findings/nhqrd/nhdr13/chap2-txt.html#fig231>
- Anglin, D., Alberti, P., Link, B., & Phelan, J. (2008). Racial differences in beliefs about the effectiveness and necessity of mental health treatment. *American Journal of Community Psychology, 42*(1), 17-24. doi:10.1007/s10464-008-9189-5
- American Psychological Association. (2015). *Demographic characteristics of APA members by membership status, 2015*. Retrieved from <https://www.apa.org/workforce/publications/15-member/table-1.pdf>.
- American Psychological Association. (2017). *Demographic characteristics of APA members by membership characteristics*. Retrieved from <https://www.apa.org/workforce/publications/17-member-profiles/table-1.pdf>
- Aubry, L. (2017). A history of Black Americans in America. *Los Angeles Sentinel*, p. A6.
- Austin, N. L., Carter, R. T., & Vaux, A. (1990). The role of racial identity in Black students' attitudes toward counseling and counseling centers. *Journal of College Student Development, 31*(3), 237-244. Retrieved from <https://ezproxy.lib.uwm.edu/login?url=https://search-proquest.com.ezproxy.lib.uwm.edu/docview/617779385?accountid=15078>

- Atkinson, D., Furlong, M., Poston, W. C. (1986). Afro-American Preferences for Counselor Characteristics. *Journal of Counseling Psychology, 33*(3), 326-30.
- Atkinson, D., Morten, George, & Sue, Derald Wing. (1983). *Counseling American minorities: A cross cultural perspective* (2nd ed.). Dubuque, Iowa: W.C. Brown.
- Banks, K. H., Singleton, J. L., & Kohn-Wood, L. (2008). The influence of hope on the relationship between racial discrimination and depressive symptoms. *Journal of Multicultural Counseling and Development, 36*(4), 231.
- Blank, M., Mahmood, M., Fox, J., & Guterbock, T. (2002). Alternative mental health services: The role of the Black church in the south. *American Journal of Public Health, 92*(10), 1668-72. doi:10.2105/AJPH.92.10.1668
- Bell, T. J., & Tracey, T. J. G. (2006). The relation of cultural mistrust and psychological health. *Journal of Multicultural Counseling and Development, 34*(1), 2-14. Retrieved from <https://ezproxy.lib.uwm.edu/login?url=https://search-proquest-com.ezproxy.lib.uwm.edu/docview/235909310?accounted=15078>
- Belsley, D. A., Kuh, E., & Welsch, R. E. (1980). *Regression diagnostics*. New York: John Wiley and Sons.
- Broman, C. L. (2012). Race differences in the receipt of mental health services among young adults. *Psychological Services, 9*(1), 38-48. doi://dx.doi.org/10.1037/a0027089
- Buford May, R. (2014). When the methodological shoe is on the other foot: African American interviewer and White interviewees. *Qualitative Sociology, 37*(1), 117-136. doi:10.1007/s11133-013-9265-5
- Buhrmester, M., Kwang, T., & Gosling, S. D. (2011). Amazon's Mechanical Turk: A new source of cheap, yet high-quality, data? *Perspectives on Psychological Science, 6*, 3-5.

- Buser, J. K. (2009). Treatment-seeking disparity between African Americans and Whites: Attitudes toward treatment, coping resources, and racism. *Journal of Multicultural Counseling and Development, 37*(2), 94-104. doi:10.1002/j.2161-1912.2009.tb00094.x
- Chavous T. M, Bernat D. H, Schmeelk-Cone K, Caldwell C. H, Kohn-Wood L, & Zimmerman M .A. (2003). Racial identity and academic attainment among African American adolescents. *Child Development, 74*(4), 1076–1090. doi:10.1111/1467-8624.00593
- Clark, K. B., & Clark, M. K. (1939). The development of consciousness of self and the emergence of racial identification in negro preschool children. *The Journal of Social Psychology, 10*(4), 591-599. doi:10.1080/00224545.1939.9713394
- Cohen, J., Cohen, P., West, S. G., & Aiken, L. S. (2015). *Applied multiple regression: correlation analysis for the behavioral sciences*. New York: Routledge.
- Combs, D. R., Penn, D. L., Cassisi, J., Michael, C., Wood, T., Wanner, J., & Adams, S. (2006). Perceived racism as a predictor of paranoia among African Americans. *Journal of Black Psychology, 32*(1), 87-104. doi:10.1177/0095798405283175
- Cornelius, L. J., Simpson, G. M., Ting, L., Wiggins, E., & Lipford, S. (2003). Reach out and I'll be there: Mental health crisis intervention and mobile outreach services to urban African Americans. *Health & Social Work, 28*(1), 74. doi:10.3767/000651909X476328
- Conner, K. O., Copeland, V. C., Grote, N. K., Koeske, G., Rosen, D., Reynolds, C. F., & Brown, C. (2010). Mental health treatment seeking among older adults with depression: The impact of stigma and race. *The American Journal of Geriatric Psychiatry: Official Journal of the American Association for Geriatric Psychiatry, 18*(6), 531. doi:10.1097/JGP.0b013e3181cc0366
- Cross, W. E., Jr. (1971). The Negro-to-Black conversion experience: Toward a Psychology of

- Black liberation. *Black World*, 20, 13-27.
- Cross, W. E., Jr., Parham, T. A., & Helms, J. E. (1991). The stages of Black identity development: Nigrescence models. In R. L. Jones (Ed.), *Black psychology* (3rd ed., pp. 319-338). Berkeley, CA: Cobb & Henry.
- Diala, C., Muntaner, C., Walrath, C., Nickerson, K. J., LaVeist, T. A., & Leaf, P. J. (2000). Racial differences in attitudes toward professional mental health care and in the use of services. *American Journal of Orthopsychiatry*, 70(4), 455-464. doi:10.1037/h0087736
- Duncan, L. E. (2003). Black male college students' attitudes toward seeking psychological help. *Journal of Black Psychology*, 29(1), 68-86. doi:10.1177/0095798402239229
- Elhai, J., Schweinle, W., & Anderson, S. (2008). Reliability and validity of the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form. *Psychiatry Research*, 159(3), 320.
- Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39, 175-191.
- Ferguson, T. M., Leach, M. M., Levy, J. J., Nicholson, B. C., & Johnson, J. D. (2008) Influences on counselor race preferences: Distinguishing Black racial attitudes from Black racial identity. *Journal of Multicultural Counseling and Development*, 36(2), 66-76.
- Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development*, 36(4), 368-373.

- Fischer, E. H., & Turner, J. I. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology, 35*(1), 79-90. doi:10.1037/h0029636
- Gilbert, S. C., So, D., Russell, T. M., & Wessel, T. R. (2006). Racial identity and psychological symptoms among African Americans attending a historically black university. *Journal of College Counseling, 9*(2), 111. doi:10.1002/j.2161-1882.2006.tb00098.x
- Goodman, J. K., Cryder, C. E., & Cheema, A. (2013). Data collection in a flat world: The strengths and weaknesses of Mechanical Turk samples. *Journal of Behavioral Decision Making, 26*(3), 213-224.
- Grier, W. H., & Cobbs, Price M. (1968). *Black rage*. Basic Books.
- Hall, E. V., Phillips, K. W., & Townsend, S. S. M. (2015). A rose by any other name?: The consequences of subtyping African-Americans" from "blacks." *Journal of Experimental Social Psychology, 56*, 183-190. doi:10.1016/j.jesp.2014.10.004
- Hall, L. E., & Tucker, C. M. (1985). Relationships between ethnicity, conceptions of mental illness, and attitudes associated with seeking psychological help. *Psychological Reports, 57*(3), 907-916. doi:10.2466/pr0.1985.57.3.907
- Han, J., Batterham, P. J., Callear, A. L., & Randall, R. (2018). Factors influencing professional help-seeking for suicidality: A systematic review. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 39*(3), 175-196. doi:10.1027/0227-5910/a000485.
- Helms, J. E., & Carter, R. T. (1991). Relationships of White and Black racial identity attitudes and demographic similarity to counselor preferences. *Journal of Counseling Psychology, 38*(4), 446-457. doi:10.1037/0022-0167.38.4.446

- Heppner, P., Kivlighan, Dennis M, & Wampold, Bruce E. (2008). *Research design in counseling* (3rd ed.). Belmont, CA: Thomson Brooks/Cole.
- Hoggard, L. S., Byrd, C. M., & Sellers, R. M. (2015). The lagged effects of racial discrimination on depressive symptomology and interactions with racial identity. *Journal of Counseling Psychology, 62*(2), 216-225. doi:10.1037/cou0000069
- Hughes, M., Kiecolt, K. J., Keith, V. M., & Demo, D. H. (2015). Racial identity and well-being among African Americans. *Social Psychology Quarterly, 78*(1), 25-48.
doi:10.1177/0190272514554043
- Jackson, B. W. (1977). *The function of a black identity development theory in achieving relevance in education for Black students*. Retrieved from
<https://ezproxy.lib.uwm.edu/login?url=https://search-proquest-com.ezproxy.lib.uwm.edu/docview/616214480?accountid=15078>
- Keith, T. Z. (2019). *Multiple regression and beyond: An introduction to multiple regression and structural equation modeling*. New York, NY: Routledge.
- Kline, R. (2004). *Beyond significance testing: Reforming data analysis methods in behavioral research* (First ed.). Washington, DC: American Psychological Association.
- Komiya, Noboru, Good, Glenn E, & Sherrod, Nancy B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47*(1), 138-143. doi:10.1037/0022-0167.47.1.138
- Larson, R. (2019). Controlling social desirability bias. *International Journal of Market Research, 61*(5), 534-547.

- Lin, L., Stamm, K., & Christidis, P. (2018, February). How diverse is the psychology workforce? *Monitor on Psychology, 49*(2). Retrieved from <http://www.apa.org/monitor/2018/02/datapoint>.
- Lo, C., Cheng, T., & Howell, R. (2014). Access to and utilization of health services as pathway to racial disparities in serious mental illness. *Community Mental Health Journal, 50*(3), 251-257. doi:10.1007/s10597-013-9593-7
- Martin, B. (1991). From negro to Black to African American: The power of names and naming. *Political Science Quarterly, 106*(1), 83-107.
- Marx, A. (2019, February 25). Barriers faced by African Americans in receiving mental health care. *Families USA*. Retrieved from <https://familiesusa.org/blog/2019/02/barriers-faced-african-americans-receiving-mental-health-care>
- Maruyama, G., & Ryan, C. S. (2014). *Research methods in social relations* (8th ed.). Chichester, West Sussex, UK: Wiley Blackwell.
- Neighbors, H. W., & Jackson, J. S. (1984). The use of informal and formal help: Four patterns of illness behavior in the Black community. *American Journal of Community Psychology, 12*(6), 629-644. doi:10.1007/BF00922616
- Nickerson, K. J., Helms, J. E., & Terrell, F. (1994). Cultural mistrust, opinions about mental illness, and black students' attitudes toward seeking psychological help from White counselors. *Journal of Counseling Psychology, 41*(3), 378-385. doi:10.1037/0022-0167.41.3.378
- Padgett, D., Patrick, C., Burns, B., & Schlesinger, H. (1994). Ethnicity and the use of outpatient mental health services in a national insured population. *American Journal of Public Health, 84*(2), 222-6. doi:10.2105/AJPH.84.2.222

- Paolacci, G., Chandler, J., & Ipeirotis, P. G. (2010). Running experiments on Amazon Mechanical Turk. *Judgment and Decision Making*, 5, 411-419.
- Parham, T. A., & Helms, J. E. (1981). The influence of Black students' racial identity attitudes on preferences for counselor's race. *Journal of Counseling Psychology*, 28(3), 250-57. doi:10.1037/0022-0167.28.3.250
- Pituch, K. A., & Stevens, J. (2016). *Applied multivariate statistics for the social sciences: Analyses with SAS and IBMs SPSS*. New York: Routledge, Taylor et Francis Group.
- Ponterotto, J. G., Anderson, W. H. and Grieger, I. Z. (1986), Black students' attitudes toward counseling as a function of racial identity. *Journal of Multicultural Counseling and Development*, 14, 50-59. doi:10.1002/j.2161-1912.1986.tb00166.x
- Ponterotto, J. G., Alexander, C. M., & Hinkston, J. A. (1988). Afro-American preferences for counselor characteristics: A replication and extension. *Journal of Counseling Psychology*, 35(2), 175-182. doi:10.1037/0022-0167.35.2.175
- Poston, W .S. C, Craine, M., & Atkinson, D. R. (1991). Counselor dissimilarity confrontation, client cultural mistrust, and willingness to self-disclose. *Journal of Multicultural Counseling and Development.*, 19(2), 65-73.
- Rand, D. G. (2011). The promise of Mechanical Turk: How online labor markets can help theorists run behavioral experiments. *Journal of Theoretical Biology*, doi:10.1016/j.jtbi.2011.03.004.
- Richman, L., Kohn-Wood, L., & Williams, D. (2007). The role of discrimination and racial identity for mental health service utilization. *Journal of Social and Clinical Psychology*, 26(8), 960.

- Ridley, C. R. (1984). Clinical treatment of the nondisclosing Black client: A therapeutic paradox. *American Psychologist, 39*, 1234-1244.
- Rowley, Stephanie J, Sellers, Robert M, Chavous, Tabbye M, & Smith, Mia A. (1998). The relationship between racial identity and self-esteem in African American college and high school students. *Journal of Personality and Social Psychology, 74*(3), 715-724.
doi:10.1037/0022-3514.74.3.715
- SAMHA. (2015). *Results from the 2015 National Survey on Drug Use and Health*. Retrieved from
- Sapp, M. (2006). *Basic psychological measurement, research designs, and statistics without math*. Springfield, IL: Charles C. Thomas Publisher.
- Sapp, M. (2017). *Primer on effect sizes, simple research designs, and confidence intervals*. Springfield, Illinois: Charles C Thomas, Publisher.
- Scharff, Darcell P, Mathews, Katherine J, Jackson, Pamela, Hoffsuemmer, Jonathan, Martin, Emeobong, & Edwards, Dorothy. (2010). More than Tuskegee: Understanding Mistrust about Research Participation. *Journal of Health Care for the Poor and Underserved, 21*(3), 879-897. doi:10.1353/hpu.0.0323
- Sellers, R. M., Caldwell, C. H., Schmeelk-Cone, K., & Zimmerman, M. A. (2003). *Racial identity, racial discrimination, perceived stress, and psychological distress among African American young adults**. Albany, N.Y. :
- Sellers, R. M., Rowley, S. A. J., Chavous, T. M., Shelton, J. N., & Smith, M. A. (1997). The multidimensional inventory of Black identity: A preliminary investigation of reliability and construct validity. *Journal of Personality and Social Psychology, 73*, 805-815.
doi:10.1037/0022-3514.73.4.805

- Settles, I., Navarrete, C., Pagano, S., Abdou, C., & Sidanius, J. (2010). Racial identity and depression among African American Women. *Cultural Diversity and Ethnic Minority Psychology, 16*(2), 248-255.
- Shelton, Rachel C, Winkel, Gary, Davis, Stacy N, Roberts, Nicole, Valdimarsdottir, Heiddis, Hall, Simon J, & Thompson, Hayley S. (2010). Validation of the group-based medical mistrust scale among urban Black Men. *Journal of General Internal Medicine : JGIM, 25*(6), 549-555. doi:10.1007/s11606-010-1288-y
- Singleton, J. L., Kohn-Wood, L., & Banks, K. H. (2008). The influence of hope on the relationship between racial discrimination and depressive symptoms. *Journal of Multicultural Counseling and Development, 36*(4), 231-244. doi:10.1002/j.2161-1912.2008.tb00085.x
- Snowden, L. R. (2001). Barriers to effective mental health services for African Americans. New York, N.Y.: doi:101317291388
- Snowden, L. R. (2003). Bias in mental health assessment and intervention: Theory and evidence. *American Journal of Public Health, 93*, 239-243.
- Snowden, L. R., Catalano, R., & Shumway, M. (2009). Disproportionate use of psychiatric emergency services by African Americans. *Psychiatric Services, 60*(12), 1664-1671. doi:10.1176/ps.2009.60.12.1664
- Stevens, J. (2012). Applied multivariate statistics for the social sciences (5th ed.). Hoboken: Taylor and Francis, 2012.
- Taylor, R., Chatters, L., & Brown, R. (2014). African American religious participation. *Review of Religious Research; the Official Journal of the Religious Research Association, 56*(4), 513-538. doi:10.1007/s13644-013-0144-z

- Taylor, R. J., Mouzon, D. M., Nguyen, A. W., & Chatters, L. M. (2016). Reciprocal family, friendship and church support networks of African Americans: Findings from the national survey of American life. *Race and Social Problems*, 8(4), 326-339.
doi:10.1007/s12552-016-9186-5
- Terrell, F., & Terrell, S. (1981). An inventory to measure cultural mistrust among Blacks. The *Western Journal of Black Studies*, 5(3), 180-185.
- Terrell, F., & Terrell, S. (1984). Race of counselor, client sex, cultural mistrust level, and premature termination from counseling among black clients. doi:10.1037//0022-0167.31.3.371
- Terrell, F., Terrell, S., & Miller, F. (1993). Level of cultural mistrust as a function of educational and occupational expectations among Black students. *Adolescence*, 25(111), 573-578.
- Terrell, F., Terrell, S., & Taylor, J. (1981). Effects of race of examiner and cultural mistrust on the WAIS performance of Black students. *Journal of Consulting and Clinical Psychology*, 49(5), 750-751.
- Thompson, C. E., Worthington, R., & Atkinson, D. R. (1994). Counselor content orientation, counselor race, and black women's cultural mistrust and self-disclosures. *Journal of Counseling Psychology*, 41(2), 155-161. doi:10.1037/0022-0167.41.2.155
- Thompson, V. L. S., Bazile, A., & Akbar, M. (2004). African Americans' perceptions of psychotherapy and psychotherapists. *Professional Psychology: Research and Practice*, 35(1), 19-26. doi:10.1037/0735-7028.35.1.19
- Townes, D. L., Chavez-Korell, S., & Cunningham, N. J. (2009). Reexamining the relationships between racial identity, cultural mistrust, help-seeking attitudes, and preference for a

- Black counselor. *Journal of Counseling Psychology*, 56(2), 330-336. doi:10.1037/a0015449
- Townes, D. L., Cunningham, N. J., & Petrosko, J. (2003). *Client Preference Scale*. Unpublished scale.
- U.S. Census Bureau. (2011). *2010 Census demographic profile summary file*. Retrieved from <https://www.census.gov/prod/cen2010/doc/dpsf.pdf>
- Vandiver, B. J., Cross, W. E., Jr., Fhagen-Smith, P. E., Worrell, F. C., Swim, J., & Caldwell, L. (2000). *The Cross racial identity scale*. State College, PA: Author.
- Vandiver, B. J., Fhagen-Smith, P., Cokley, K. O., Cross, W. E., Jr., & Worrell, F. C. (2001). Cross's nigrescence model: From theory to scale to theory. *Journal of Multicultural Counseling and Development*, 29(3), 174. Retrieved from [https://ezproxy.lib.uwm.edu/login?url= https://search-proquest-com.ezproxy.lib.uwm.edu/docview/235920717?accountid= 15078](https://ezproxy.lib.uwm.edu/login?url=https://search-proquest-com.ezproxy.lib.uwm.edu/docview/235920717?accountid=15078).
- Ward, E. C., Clark, L., & Heidrich, S. (2009). African American women's beliefs, coping behaviors, and barriers to seeking mental health services. *Qualitative Health Research; Qual. Health Res.*, 19(11), 1589-1601. doi:10.1177/1049732309350686
- Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing Research*, 62(3), 185-194. doi:10.1097/NNR.0b013e31827bf533
- Watkins, C. E., & Terrell, F. (1988). Mistrust level and its effects on counseling expectations in Black Client-White counselor relationships: An analogue study. *Journal of Counseling Psychology*, 35(2), 194-97. doi:10.1037/0022-0167.35.2.194

- Watkins, C. E., Terrell, F., Miller, F. S., & Terrell, S. L. (1989). Cultural mistrust and its effects on expectational variables in black Client–White counselor relationships. *Journal of Counseling Psychology, 36*(4), 447-450. doi:10.1037/0022-0167.36.4.447
- Whaley, A. L. (2001a). Cultural mistrust of White mental health clinicians among African Americans with severe mental illness. *American Journal of Orthopsychiatry, 71*(2), 252-256. doi:10.1037/0002-9432.71.2.252
- Whaley, A. L. (2001b). Cultural mistrust: An important psychological construct for diagnosis and treatment of African Americans. *Professional Psychology: Research and Practice, 32*(6), 555-562. doi:10.1037/0735-7028.32.6.555
- Whaley, A. L. (2002). Confluent paranoia in African American psychiatric patients: An empirical study of ridley's typology. *Journal of Abnormal Psychology, 111*(4), 568-577. doi:10.1037/0021-843X.111.4.568
- Wolkon, G., Moriwaki, S., Williams, K., & Berdie, R. F. (1973). Race and social class as factors in the orientation toward psychotherapy. *Journal of Counseling Psychology, 20*(4), 312-316.
- Worrell, F. C., Vandiver, B. J., & Cross, W. E., Jr., (2004). *The Cross Racial Identity Scale: Technical manual* (2nd ed.). Berkeley, CA: Author.
- Youman, K., Drapalski, A., Stuewig, J., Bagley, K., & Tangney, J. (2010). Race differences in psychopathology and disparities in treatment seeking: Community and jail-based treatment-seeking patterns. *Psychological Services, 7*(1), 11-26. doi:10.1037/a0017864

Appendix A: Informed Consent

University of Wisconsin – Milwaukee Consent to Participate in Research

Title of study: Predictors of Black Americans' Attitude Towards Mental Health Treatment

Persons Responsible for Research: Principal Investigator: Marty Sapp, Ph.D.

Student Principal Investigator: Alannia Mosley-Jenneford, M.A., LPC

Purpose of the Study

The purpose of this research study is to understand the factors that predict African Americans' attitudes towards seeking professional psychological help. Approximately 82 subjects will participate in this study.

Procedures

You will answer four questionnaires through Qualtrics. The survey will include multiple choice questions regarding your attitudes towards seeking professional psychological help, cultural mistrust, racial identity attitudes, and your preference for a Black counselor. The estimated time to complete the questionnaires is 15 to 30 minutes. You will not receive individual feedback after the survey, but you will be given information on how to contact the researchers when the project is completed to receive the general results of the project.

Risks / Benefits

This study includes very minimal risks. Potential risks include being triggered by the questions asked or increased mental health symptoms as a result of the study. If after participating in the research study and you are triggered in any way or would like to seek mental health services, you can search for a mental health professional at <https://www.psychologytoday.com/us/therapists> by entering your zip code or the city you live in. Although it is not expected to occur, should you feel uncomfortable answering any of the questions or performing any of the tasks, you are encouraged to discuss concerns with the researcher. If you are uncomfortable answering questions, you are free to skip them. There may not be direct benefits to you as a participant in this study. However, we hope to learn about the factors that predict African Americans' attitudes towards seeking professional psychological help.

Cost/Compensation

You will receive 5 cents for completing the surveys through Amazon Mechanical Turk. You will only be compensated if you reach the end of the survey. You will not be compensated if you terminate the survey early.

Who do I contact for questions about the study?

For more information about the study or study procedures, contact Alannia Mosley-Jenneford at mosleyam@uwm.edu

Who do I contact for questions about my rights or complaints towards my treatment as a research subject?

Contact the University of Wisconsin-Milwaukee Institutional Review Board (IRB) at irbinfo@uwm.edu for all questions about your rights or any complaints regarding the research.

Confidentiality

All information gathered in this study will be kept completely confidential. No reference will be made in written or oral materials that could link you to this study. All data will be identified with a subject number, and in no place will your name be included in the research materials for data analysis. Because Amazon owns the MTurk internal software, and to issue payment, Amazon will have access to your MTurk worker ID. There is a possibility Amazon could link your worker ID (and associated personal information) with your survey responses. Make sure you have read Amazon's MTurk participant and privacy agreements to understand how your personal information may be used or disclosed. For the purpose of this study, your worker ID will only be used by the researcher for compensation. All data will be stored electronically and/or printed. All printed information will be stored in a locked filing cabinet, and no subject numbers linking names to ID numbers will be created. All materials will be stored for three years. After three years, all data and paper records will be destroyed.

Voluntary Participation

Your participation in this study is voluntary. You may choose not to take part in this study, or if you decide to take part, you can change your mind later and withdraw from the study. However, you will not be compensated if you end the survey early.

To participate in the study, you must meet the following criteria:

1. Be a United States citizen
2. Identify as African American/Black (may choose multiple racial/ethnic identity in addition to African American/Black)
3. Have either been to counseling in the past or have never been to counseling
4. is between the ages of 18 to 65

Please note that you will not be compensated if you do not meet these criteria.

Participant Consent

To voluntarily agree to take part in this study, you must be at least 18 years old. By agreeing to begin the survey, you are giving your consent to voluntarily participate in this research project.

Appendix B: Demographic Questionnaire

How old are you? _____

What is your gender identity?

- Female
 Male
 Other _____

Please indicate the racial/ethnic background(s) that best applies to you

- Black or African American American Indian
 Native Hawaiian or Pacific Islander Asian
 Hispanic Other _____

Which best describes your preferred label

- Black Colored
 African American Negro
 Other _____

If you are currently a student, please select the option that best applies to you

- Undergraduate student graduate student

If you are enrolled in undergraduate courses, what is your current classification?

- Freshman Sophomore Junior Senior Other _____

If you are no longer a student, what is the highest education level obtained?

- Elementary School Business or trade school
 Bachelor's degree some high school
 Some college some graduate/professional school
 High school diploma/equivalent Associate's degree
 Graduate or professional degree

What is the best estimate of your family's yearly income before taxes?

- Less than \$10,000
 Between \$10,000 and \$20,000
 Between \$20,000 and \$30,000
 Between \$30,000 and \$40,000
 Between \$40,000 and \$60,000
 Over \$60,000

How would you describe your current mental health?

- Good Very good Fair Poor Very Poor

Are you a United States citizen a permanent resident of the US or other

Have you ever received counseling services from a mental health professional (psychologist, licensed professional counselor, or clinical social worker)?

Yes No I am currently in counseling/therapy

Appendix C: Multidimensional Inventory of Black Identity (MIBI)

Instructions: Read each item and indicate to what degree it reflects your own thoughts and feelings, using the 7-point scale below. There are no right or wrong answers. Base your responses on your opinion at the present time. To ensure **that your** answers **can be** used, please **respond** to the statements as **written**, and place your numerical response on the line provided to the left of each question.

1	2	3	4	5	6	7
Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	somewhat agree	Agree	Strongly agree

-
- _____ 1. I feel good about Black people
 - _____ 2. I am happy that I am Black
 - _____ 3. I feel that Blacks have made major accomplishments and advancements
 - _____ 4. I often regret that I am Black
 - _____ 5. I am proud to be Black
 - _____ 6. I feel that the Black community has made valuable contributions to this society
 - _____ 7. Overall, Blacks are considered good to others
 - _____ 8. In general, others respect Black people
 - _____ 9. Most people consider Blacks, on average, to be more ineffective than other racial groups
 - _____ 10. Blacks are not respected by the broader society
 - _____ 11. In general, other groups view Blacks in a positive manner
 - _____ 12. Society views Black people as an asset

Appendix D: Attitudes Towards Seeking Professional and Psychological Help- Short Form

Instructions

Read each statement carefully and indicate your degree of agreement using the scale below. In responding, please be completely candid.

0 = Disagree 1 = Partly disagree 2 = Partly agree 3 = Agree

- _____ 1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.
- _____ 2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
- _____ 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.
- _____ 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.
- _____ 5. I would want to get psychological help if I were worried or upset for a long period of time.
- _____ 6. I might want to have psychological counseling in the future.
- _____ 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.
- _____ 8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
- _____ 9. A person should work out his or her own problems; getting psychological counseling would be a last resort.
- _____ 10. Personal and emotional troubles, like many things, tend to work out by themselves

Appendix E: Client Preference Scale

We are interested in knowing how people choose counselors. Here is a list of problems for which adults might seek counseling. If you were to experience these problems, which type of counselor would you prefer?

For each problem listed, please select one of the three choices that reflect your personal preference. Assume that you can have your choice of counselor gender (male or female). Circle the letter corresponding to your choice of counselor race in each situation.

1. If I have a problem often feeling depressed:
 - a. I would prefer a Black counselor
 - b. I would have no preference in this situation for the counselor's race
2. If I have a problem with excessive worry and anxiety:
 - a. I would prefer a Black counselor
 - b. I would have no preference in this situation for the counselor's race
3. If I have a problem with drinking too much alcohol or drug use:
 - a. I would prefer a Black counselor
 - b. I would have no preference in this situation for the counselor's race
4. If I have a problem in my personal relationships:
 - a. I would prefer a Black counselor
 - b. I would have no preference in this situation for the counselor's race
5. If I have a problem with people harassing me or plotting to harm me:
 - a. I would prefer a Black counselor
 - b. I would have no preference in this situation for the counselor's race
6. If I have a problem meeting new people:
 - a. I would prefer a Black counselor
 - b. I would have no preference in this situation for either a Black or White counselor

7. If I have a problem concerning sexual issues:
 - a. I would prefer a Black counselor
 - b. I would have no preference in this situation for the counselor's race
8. If I have a problem concerning racial issues:
 - a. I would prefer a Black counselor
 - b. I would have no preference in this situation for the counselor's race
9. If I have a problem overcoming loneliness:
 - a. I would prefer a Black counselor
 - b. I would have no preference in this situation for the counselor's race
10. If I have a problem with controlling my anger:
 - a. I would prefer a Black counselor
 - b. I would have no preference in this situation for the counselor's race

Appendix F: Cultural Mistrust Inventory

Enclosed are some statements concerning beliefs, opinions, and attitudes about Blacks. Read each statement carefully and give your honest feeling about the beliefs and attitudes expressed. Indicate the extent to which you agree by using the following scale:

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	somewhat agree	Agree	Strongly agree

The higher the number you choose for a statement, the more you agree with the statement. For example, if you “Slightly Disagree,” you would choose number 3, which appears next to the label “Slightly Disagree.” The same principle applies to the other labels. The higher number, the more you agree with the statement.

Finally, there are no right or wrong answer, only what is right for you. If in doubt, write the number on the line provided which seems most nearly to express your present feelings about the statement.

Please answer all items

- _____ 1. Whites are usually fair to all people regardless of race.
- _____ 2. White teachers teach subjects so that Whites are favored.
- _____ 3. White teachers are more likely to slant the subject matter to make Blacks look inferior.
- _____ 4. White teachers deliberately ask Black students questions which are difficult so they will fail.
- _____ 5. There is no need for a Black to work hard to get ahead financially because the Whites will take away what you earn anyway.
- _____ 6. Black citizens can rely on white lawyers to defend them to the best of his or her ability.
- _____ 7. Black parents should teach their children not to trust Whites.
- _____ 8. White politicians will promise Blacks a lot but deliver little.
- _____ 9. White policeman will slant a story to make Blacks appear guilty.
- _____ 10. White politicians usually can be relied on to keep promises they make to Blacks.
- _____ 11. Blacks should be suspicious of a White person who tries to be friendly.
- _____ 12. Whether you trust a person or not is based on his race.

- _____ 13. Probably the biggest reason Whites want to be friendly with Blacks is so they can take advantage of them.
- _____ 14. A Black person can usually trust his or her White coworkers.
- _____ 15. If a White person is honest in dealing with Blacks, it is because of fear of being caught.
- _____ 16. A Black person cannot trust a White judge to evaluate him or her fairly.
- _____ 17. A Black person can feel comfortable making a deal with a White person simply with a handshake.
- _____ 18. Whites deliberately passed laws designed to block the progress of Blacks.
- _____ 19. There are some whites who are trustworthy enough to have as close friends.
- _____ 20. Blacks should not have anything to do with Whites since they cannot be trusted.
- _____ 21. It is best for Blacks to be on their guard when among Whites.
- _____ 22. Of all ethnic groups, whites are really insecure.
- _____ 23. White friends are least likely to break their promise.
- _____ 24. Blacks should be cautious about what they say in the presence of Whites since Whites will try to use it against them.
- _____ 25. Whites can really be counted on to do what they say.
- _____ 26. Whites are usually honest with Blacks.
- _____ 27. Whites are as trustworthy as members of any other ethnic group.
- _____ 28. Whites will say one thing and do another
- _____ 29. White politicians will take advantage of Blacks every chance they get.
- _____ 30. When a White teacher asks a Black student a question, it is usually to get information which can be used against him or her.
- _____ 31. White policeman can be relied on to exert an effort to apprehend those who commit crimes against Blacks.

- _____ 32. Black students can talk to a White teacher in confidence without fear that the teacher will use it against him or her later.
- _____ 33. Whites will usually keep their word.
- _____ 34. White policemen usually do not try to trick Blacks into admitting they committed a crime which they did not do.
- _____ 35. There is no need for Blacks to be more cautious with White businessmen than with anyone else.
- _____ 36. There are some white businessmen who are honest in business transactions with Blacks.
- _____ 37. White store owners, salesmen, and other white businessmen tend to just cheat Blacks whenever they can.
- _____ 38. Since Whites can't be trusted in business, the old saying quotation "one in the hands is worth two in the bush" is a good policy to follow.
- _____ 39. Whites who established businesses in Black communities do so only to take advantage of Blacks.
- _____ 40. Blacks have often been deceived by White politicians.
- _____ 41. White policemen are equally honest with Blacks and Whites.
- _____ 42. Blacks should not confide in Whites because they will use it against you.
- _____ 43. A Black person can loan money to a White person and feel confident it will be repaid.
- _____ 44. White businessmen usually will not try to cheat Blacks.
- _____ 45. White business executives will steal the ideas of their black employees.
- _____ 46. A promise from a White is about as good as a three-dollar bill.
- _____ 47. Blacks should be suspicious of advice given by White politicians.
- _____ 48. If a Black student tries, he will get the grade he deserves from a White teacher.

Curriculum Vitae
Alannia Mosley-Jenneford

Education

University of Wisconsin-Milwaukee, Milwaukee, WI

Ph.D. in Counseling Psychology

August 2021

Dissertation: Examining Black Americans' Attitude Towards Mental Health Treatment

Western Michigan University, Kalamazoo, MI

December 2015

M.A. in Counseling Psychology

Dillard University, New Orleans, LA

B.A. in Psychology

May 2013

Clinical Experience

Park Center, Inc., Fort Wayne, IN

Pre-Doctoral Intern, August 2020- July 2021

Complete Psychodiagnostic assessment, integrative reports, and feedback sessions; provide individual counseling, group counseling, and complete intake assessments; supervise counseling trainees

St Francis Children's Center, Milwaukee, WI

Practicum Student, September 2018- May 2019

Co-facilitate therapy groups for children age 5 to 12 years old; provide individual therapy to children and develop treatment plans; serve as a consultant to assist teachers with developing a plan for children with behavioral concerns

Behavioral Health Services of Racine County, Racine, WI

Doctoral Intern, September 2017- May 2018

Provided individual therapy to children and adolescents with a wide range of psychological concerns; completed psychological testing; completed structured intake; Prepared comprehensive psychological evaluations and reports

Mindstar Counseling, Milwaukee, WI

Doctoral Intern, September 2016- May 2017

Provided individual therapy, couples, and family therapy to children, adolescents, and adults; completed psychological testing and reports; conducted psychosocial interviews and assessments

Child and Family Psychological Services, Kalamazoo, MI

Master's Intern, May 2015-August 2015

Provided individual and group therapy to adolescents and adults; completed psychological testing; Prepare comprehensive psychological evaluations; co-facilitated an adult group and young adult group; attend weekly supervision meetings

Kalamazoo Probation Enhancement Program, Kalamazoo, MI

Master's Intern, February 2015-August 2015

Serve as a co-facilitator for male/female in-patient and outpatient groups; conduct intake interviews and terminations

Work Experience

Aurora Health Care, Wauwatosa, WI

Program Psychotherapist, May 2018-July 2020

Provide psychotherapy to individuals within a group setting to patients with mental health and dual diagnosis; Perform psychosocial assessments to determine appropriate intervention and treatment goals; Coordinate discharge plans and linkages to community resources

Milwaukee Center for Independence- Crisis Resource Center, Milwaukee, WI

Master's Level Clinician, March 2017- July 2020

Assess adults who are referred and in immediate psychiatric distress; Facilitate peer support group sessions; Provide counseling and follow-up to provide access to community-based services until the mental health crisis is stabilized and the client has achieved short-term goals

InterAct of Michigan, Inc.

Case Manager, December 2015-August 2016

Provide integrated recovery services: assessing mental health, substance use and make stage specific treatment recommendations; Provide targeted case management services to help model and support recovery and promote goal attainment; Complete assessments and maintain progress notes for each client; Develop and follow client's person-centered treatment plan

Pine Rest- CenterPointe

Residential Care Provider, August 2015-August 2016

Complete client intakes and daily progress notes; Promote recovery focus environment, educate clients on mental illness and dispense medications; Facilitate groups to teach persons served about coping skills

Teaching Experience

University of Wisconsin-Milwaukee

Spring 2017

Teaching Assistant

Educational Psychology 105: Motivation Strategies

University of Wisconsin-Milwaukee

Fall 2016

Teaching Assistant

Educational Psychology 104: Pathways to Success at UWM

Research Experience

Academic Success in the African American Community-2014-Western Michigan University- Dr. Beverly Vandiver, Faculty Advisor

Assisted in data collection and recruitment of participants.

Gender Neutral Housing at HBCUs-Engaged Diversity and Leadership Group-Dillard University- 2013-Dr. Ramona Jean-Perkins, Faculty Advisor
Consortium of five Universities with commitment to diversity in their university missions; Student participants work at their respective universities to implement programs and develop research projects that coincide with issues within diversity. I conducted research on Gender Neutral Housing, to implement a policy at Dillard University.

Presentations

Mosley, A.M, Williams, R.E., Lynch, R. (June, 2013). *Gender neutral housing at HBCU's*. Poster presented at the National Conference for Race and Ethnicity in New York, New York.

Fellowships and Awards

Thurgood Marshall Research Application Master's Fellowship Appointment- 2013 to 2014
This \$17,580 awarded by the Graduate College to a master's student for up to two years in recognition of academic merit and upholding the ideals of Thurgood Marshall by overcoming challenges.

Memberships and Honor Societies

The Honor Society of Phi Kappa Phi

Inducted 2014

Membership is by invitation only to the top 7.5 percent of second-semester juniors and the top 10 percent of seniors and graduate students

Graduate Students of Color--(GSOC)

2013-2014

An organization that for graduate students of color who are dedicated to increasing diversity of Western Michigan University and communities in the Kalamazoo area.

Psi Chi Honor Society

Inducted 2013

Program encourages stimulation of high scholarship in the applied sciences.

Omicron Delta Kappa

Inducted 2012

Program emphasizes personal growth in the college community and society.

Beta Kappa Chi National Honor Society

Inducted 2010

A collegiate national honor society dedicated to the promotion of scholarship in applied sciences.

Daniel C. Thompson/Samuel Dubois

Inducted 2010

Cook Honors Program

Program provides students with a GPA of 3.5 and above the opportunity for further intellectual growth.

Professional Affiliations

American Psychological Association (APA)
Division 17 (Counseling Psychology)
Association of Black Psychologists (ABPsi)
Delta Sigma Theta Sorority, Inc.