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Article 74

The Role of Outcome Expectations, Social Stigma, and Perceived Social Support in the Attitudes Towards Seeking Counseling of Caribbean Clients

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The need for counseling services among college students is well documented in the counseling literature (Baysden, 2002; Rice & Van Arsdale, 2010). For many students, this period represents the first major transition and adjustment in familiar support and resources (Baysden, 2002). Coupled with novel decisions and challenges, this period also epitomizes a time of identity exploration (Syed, 2010), transition into more adult roles and responsibilities, and more concrete career choice and development (Duffy & Sedlacek, 2010).

International students are not immune to these challenges. Many experience even greater challenges as they must simultaneously learn to cope with and adjust to differing and often competing cultures, feelings of isolation, economic hardship, anxiety which emanates from unfamiliarity, and a loss of family support and social networks, to name a few (Mori, 2000; Rajapaksa & Dundes, 2002; Sumer, Poyrazli, & Grahame, 2008). Adaptation to these changes usually occurs within a relatively short time and the stress involved in this process is often further aggravated by the usual demands of college life (Baysden, 2002). Although these changes may impact students differently, unsuccessful resolution of these challenges slows down the acculturation process, which may subsequently negatively impact one's academic achievement, academic self-concept, and mental health. (Roysircar, 2002).

Though international students may be in need of professional counseling to help deal with these stressors, they are less likely to seek professional counseling and more apt to visit campus medical health centers to treat the associated somatic symptoms (Baysden, 2002). Further, even when they do seek professional counseling, the primary reasons are educational and vocational in nature and they remain more likely to secede

than their U.S. counterparts (Mitchell, Greenwood, & Guglielmi, 2007). The incongruence between need and use may be largely due to the incompatibility between the nature of Western psychotherapy and minority cultures (Sheu & Sedlacek, 2004).

Although there is a profusion of research on the attitudes towards seeking counseling (Baysden, 2002; DeVries & Valadez, 2006; Williams & Justice, 2010), Caribbeans, and more specifically Caribbean college students, remain neglected as a population of concern. Counselors, counselor educators, and other professionals admit to knowing very little about the Caribbean culture and even less about the historical, social, and cultural peculiarities of the people and how these influence their mental health and counseling attitudes and behaviors (Thomas, 1992). Because of this dearth of knowledge, many often regard black Caribbeans and African Americans similarly and assume homogenous cultures and backgrounds (Waters, 2004).

The purpose of this study was to reveal core factors that influence the attitudes of English-speaking Caribbean college students towards seeking professional counseling. To date, no grand theory exists to help with the understanding of the attitudes of Caribbean college students toward professional counseling. This study also sought to motivate researchers to assist in developing a grand theory and conceptual framework by which to understand the counseling needs of Caribbean college students.

Some factors that influence counseling seekers' attitudes and behaviors include social stigma (Vogel, Wade, & Aschman, 2009), social support, and outcome expectations (Schreiber, Stern, & Wilson, 2000; Vogel, Wester, Wei, & Boysen, 2005). The social stigma attached to seeking professional counseling can be a major deterrent to seeking treatment (Loya, Reddy, & Hinshaw, 2010). People generally hold negative perceptions of individuals who receive mental health services (Komiya, Good, & Sherrod, 2000) and individuals who seek such help are sometimes viewed as incapable of resolving their own problems (Ludwikowski & Vogel, 2009). Gaebel, Zaske, and Baumann (2006) found that although individuals who spent time at mental institutions received the most severe stigmatization, negative attitudes were also attached to those who sought help from a clergyman or psychiatrist.

Social support is associated with many positive outcomes including fewer adjustment problems and overall psychological well-being (Ashton et al., 2005). More specifically, perceived social support proved to have a positive impact on at-risk students (Demaray & Malecki, 2002), immigrants (Jasinkaja-Lahti, Liebkind, Jaakkola, & Reuter, 2006), victims of discrimination (Gee et al., 2006), college students (Miczo, Miczo, & Johnson, 2006), and individuals struggling with depression (Elmaci, 2006). Additionally, social support provided a protective or buffering factor against personal distress, academic distress, and other school related issues (Demaray & Malecki, 2002). Low peer and family support were associated with negative outcomes such as adjustment and behavioral problems (Ngai, Cheung, & Ngai, 2009), delinquency (Robertson, Xiaohe, & Stripling, 2010), feelings of hopelessness and depression (Elmaci, 2006), and lower self-concept (Demaray & Malecki, 2002).

Researchers suggest that outcome expectations also impact one's attitude towards seeking professional counseling (Vogel et al., 2005). These can be divided into perceived or anticipated risks and anticipated utility of seeking counseling. In other words, people are more likely to seek professional counseling if they believe it will result in a decrease in their symptoms or produce other positive outcomes. Anticipated utility, the belief that

seeking help will reduce feelings of distress, influences one's attitude towards seeking professional psychological help (Vogel et al., 2005). For instance, if an individual believes that seeking help will result in more adaptive anger management, he or she will then have a more positive attitude towards seeking help. Conversely, if people anticipate risks they may be less likely to seek professional help (Schreiber et al., 2000). Anticipated risk is defined as "an individual's perception of the consequences associated with self-disclosing to someone" (Vogel & Wester, 2003, p. 352). In many cases, these anticipated risks are perceived as even worse than the problem itself, thus hindering service utilization (Fisher, Goff, Nadler, & Chinsky, 1988).

This study investigated the relationship between the variables for outcome expectations and the attitudes towards seeking professional counseling among English-speaking Caribbean college students.

Method

Participants

A systematic random sampling procedure was used and a total of 500 usable questionnaires were utilized in this study (250 students attended universities in the Caribbean and 250 students attended universities in the U.S.). Five outliers were identified and removed from further analyses of the data. As a result, 245 participants (49.5%) attended college and lived in the Caribbean while 250 (50.5%) attended college and lived in the United States. There were 227 respondents who lived in the Caribbean, 182 from institutions in Florida, 29 from institutions in New York, and 62 were collected via the online version of the survey. Online respondents represented several Caribbean islands and US states.

Instruments

The five assessment tools used in this study served to obtain data on demographic characteristics, attitudes towards seeking counseling, stigma associated with seeking counseling, and perceived risk and utility in seeking counseling.

General Demographic Questionnaire. This was a 20 item survey developed by the primary researcher to capture key demographic values such as age, gender, marital status, citizenship, academic programs, and previous counseling experiences.

Attitudes towards Seeking Professional Psychological Help (ATSPPH). This was developed by Fischer and Turner (1970) to obtain information on the relationship between attitudes towards seeking professional help to other explanatory variables. This measure consists of 29 items that are presented on a 4-point Likert-type scale ranging from Strongly Agree to Strongly Disagree. The internal reliability of the scale computed for the standardization sample of 212 was .86. On a later sample of 406 subjects, the reliability estimate was computed at .83. This instrument also reported a test-retest stability coefficient of .83. Internal consistency for this measure is reported as follows: Factor I (need), $r=.67$; Factor II (stigma), $r=.70$; Factor III (openness), $r=.62$; and Factor IV (confidence), $r=.74$. For whole scale, $r=.83$. The Cronbach's Alpha Reliability for this instrument with this sample is .835.

Stigma Scale for Receiving Psychological Help (SSRPH). Komiya et al.(2000) designed this instrument to assess participants' perception of how stigmatizing it is to receive psychological treatment. The SSRPH consisted of 5 items that were scored on a

Likert-type scale ranging from strongly disagree to strongly agree. The coefficient alpha for the SSPRH was $r=.72$ which indicates a reasonably sound level of internal consistency. The Cronbach's Alpha Reliability for this instrument with this sample was $r=.750$.

Disclosure Expectations Scale (DES). This instrument by Vogel and Wester (2003) was used to measure an individual's perception of anticipated risk and anticipated utility of seeking professional counseling. The DES consists of 8 items which assess an individual's expectations about the outcomes of talking about an emotional problem with a counselor. Both subscales have 4 items that are on a 5-point Likert-type scale ranging from 1 (not at all) to 5 (very). Factor analyses of the measure revealed an internal consistency of .83 for Anticipated Utility and .74 for Anticipated Risk (Vogel & West, 2003). However, a subsequent study produced an internal consistency of .81 for Anticipated Utility and .80 for Anticipated Risk (Vogel et al., 2005). The Cronbach's Alpha Reliability for this instrument with this sample was .790 for Anticipated Risk and .730 for Anticipated Utility.

Multidimensional Scale of Perceived Social Support (MSPSS). The MSPSS, developed by Zimet, Dahlem, Zimet, and Farley (1988), consists of 12 items that measure perceived social support from three main sources: family, friends, and a significant other. Higher scores indicate higher perceived social support. The MSPSS has strong internal consistency, with alphas of .91 for the total scale and .90 to .95 for the subscales. The Cronbach's Alpha Reliability for this instrument with this sample was .934.

Analyses

A stepwise multiple regression analysis was used to examine the relationship among the variables for outcome expectations and the attitudes towards seeking professional counseling of English-Speaking Caribbean college students. The independent variables were stigma tolerance, anticipated risk and anticipated utility, and perceived social support. The dependent variable was the attitudes towards seeking professional counseling as computed by the Fischer and Turner's (1970) Attitudes towards Seeking Professional Psychological Help (ATSPPH).

Results

Descriptive data and measures of central tendency revealed male respondents accounted for 28% of the total number of respondents ($N=139$) while 72% ($N=356$) of participants were female. Participant ages ranged from 17 years to 58 years old with a mean age of 22.7 years. In terms of degree programs currently pursued, 89.9% of participants were enrolled in Bachelor's programs, 4.8% in Master's Programs, 2.6% in Doctoral Programs, and the rest enrolled in certificate and other academic programs. Analysis of the marital status of participants revealed that 88.5% of participants were single, 7.3% married, 3.2% living with a spouse, .2% widowed and divorced and .6% were separated (See Table 1).

The top presenting concerns as reported by participants included academics, family relationships, depression, adjustment to college, anger, low self-esteem, and homesickness. The most common forms of help sought to manage these concerns were

help from a close friend, family members, prayer, and several participants felt they were “strong enough” to deal with it on their own.

Social Stigma

The relationship between social stigma and the attitudes towards seeking professional counseling was assessed using the Stigma Scale for Receiving Psychological Help (SSRPH). The mean stigma tolerance score for all participants was 11.12 ($SD=2.72$, range = 0-20) with a score of 11 – 14 indicating a moderately low level of stigma tolerance. Stigma tolerance reported an inverse statistically significant relationship with attitudes towards seeking professional counseling [$F(1,493) = 80.60$, $p<.01$]. This suggests that students with greater perceptions of stigma associated with seeking professional counseling also reported less positive attitudes towards seeking professional counseling.

Social Support

Perceived level of social support was measured using the MSPSS. The mean perceived social support score was 59.38 ($SD=16.62$, range = 0-84) with a score of 59 – 75 indicating very high levels of perceived social support. Perceived social support also proved to be a statistically significant predictor of the attitudes towards seeking professional counseling of English-speaking Caribbean College students [$F(4, 490) = 46.91$, $p<.01$].

Anticipated Risk & Anticipated Utility

These variables were measured using the Disclosure Expectations Scale (DES). The mean anticipated risk score for respondents was 13.51 ($SD=3.53$, range = 0-20) with a score of 13 – 16 indicating a moderately high level of perceived anticipated risk. The analysis also revealed that anticipated risk had an inverse statistically significant relationship with attitudes towards seeking professional counseling [$F(3, 491) = 54.16$, $p<.01$]. This indicates that students who perceived greater levels of risks associated with seeking professional counseling also reported less positive attitudes towards seeking professional counseling.

The mean anticipated utility score was 13.47 ($SD=3.06$, range = 0-20) with a score of 13-16 indicating a moderately high level of anticipated utility of seeking professional counseling. Anticipated Utility was also a statistically significant predictor of attitudes towards seeking professional counseling [$F(2, 492) = 60.20$, $p<.01$]. Therefore, the results show that there is a statistically significant relationship between the variables for outcome expectations (Stigma Tolerance, Perceived Social Support, Anticipated Risk, Anticipated Utility) on the attitudes towards seeking professional counseling with the overall model contributing significantly to the dependent variable.

Additional Analyses

Analyses of variances (ANOVA) on each dependent variable were conducted to further examine the presenting data. Using the Tukey Method, each ANOVA was tested at the .01 level. The ANOVA on the following dependent variables were significant: Stigma Tolerance [$F(1, 493) = 12.18$, $p=.001$], Anticipated Utility [$F(1,493)=7.35$, $p=.007$] and Attitudes towards seeking professional counseling [$F(1,493)=12.41$,

$p=.000$]. The following dependent variables were not statistically significant; Level of Emotional Openness [$F(1,493)=.13, p=.72$]; Anticipated Risk [$F(1,493)=.83, p=.36$] and Perceived Social Support [$F(1, 493)=.295, p=.97$]. (See Table 3).

Further analyses of the dependent variables were conducted to determine the exact effect of the residence of students on each of the dependent variables. The results indicated that students who attend college and reside in the Caribbean reported higher mean scores for Anticipated Risk ($M=13.65, SD=3.54$), Anticipated Utility ($M=13.84, SD=3.08$), and Attitudes towards Seeking Professional Counseling ($M=80.20, SD=10.34$). Students who attend college and reside in the U.S. reported higher mean scores for Stigma Tolerance ($M=11.59, SD=2.57$) and Perceived Social Support ($M=59.41, SD=17.62$). The results also indicate that students who reside in the Caribbean reported higher mean scores for attitudes towards seeking professional counseling ($M=80.20, SD=9.82$) than those who currently reside in the U.S. ($M=77.00, SD=9.82$).

Discussion

The analyses conducted to examine the research question revealed that together the variables for outcome expectations (stigma, anticipated risk, anticipated utility, social support) predict the attitudes towards seeking professional counseling of English-speaking Caribbean College students. Results also indicated that stigma tolerance and anticipated risk both have an inverse relationship with attitudes towards seeking professional counseling, suggesting that participants who reported more stereotypical opinions about mental illness also had more negative attitudes towards seeking professional counseling.

Participants who anticipated greater risk from seeking professional counseling reported more negative attitudes towards seeking professional counseling. These results support existing research which purports that the anticipated risks of seeking professional counseling are often perceived as worse than the problem itself, thus negatively affecting perceptions about counseling and hindering service utilization (Fisher et al., 1988). Anticipated utility had a direct relationship with attitudes towards seeking professional counseling. Thus participants who anticipated greater utility of counseling services also reported more positive attitudes towards seeking professional counseling (Andrews, Issakidis, Carter, 2001; Vogel et. al, 2005).

The residence of students (U.S. or Caribbean) was a statistically significant predictor of stigma tolerance, anticipated utility of counseling, and attitudes towards seeking professional counseling of Caribbean college students. Equally important for college campuses in the U.S., is the finding that Caribbean students who reside and attend college in the U.S. reported higher perceptions of stigma associated with seeking counseling and lower mean scores for attitudes towards seeking professional counseling than those who reside in the Caribbean.

Participants who lived in the Caribbean reported slightly more positive attitudes towards seeking professional counseling those who live in the U.S. This may suggest that Caribbeans are extremely anchored in their core beliefs and cultural values. Living in the U.S. and being exposed to a culture which generally embraces professional counseling is not sufficient to effect a positive change in the attitudes towards seeking professional counseling of Caribbean college students. Thus, counseling programs need to be more

proactive in marketing the utility of their services and educating Caribbean students about mental health issues and mental health treatment.

Participants with high levels of perceived social support reported more positive attitudes towards seeking professional counseling. This contrasts findings of existing research which report an inverse relationship between these two variables (Bhugra & Jones, 2001), where a high level of perceived social support was associated with more positive outcomes yet more negative attitudes towards seeking professional counseling. It is quite possible that having positive social experiences outside of therapy may be highly influential in developing positive relationships within the counseling relationship. Hence, in order for individuals to anticipate a positive experience in therapy, they must first experience the benefits of supportive relationships outside of therapy. Greater perceived social support would need to precede a positive attitude towards seeking counseling.

Implications for Counseling Caribbean College Students

A need exists for increased utilization of campus mental health services by international students (Baysden, 2002). Efforts to strengthen outcome expectations, decrease stigma, and increase social support could positively impact Caribbean student utilization of campus counseling centers. Strategic marketing of counseling services, including utility and treatment options, should become an integral part of counseling centers. The emphasis of marketing should be on educating students on the benefits of professional counseling, normalizing their experiences, increasing knowledge and debunking myths and stereotypes which perpetuate the negative stigma associated with seeking professional counseling. The use of brochures, advertising, and working in collaboration with the International Student Office and other organizations, presentations during student orientation week, and articles in the campus newspaper and International Student newsletters are all possible methods of marketing the utility of counseling and presenting the options that are available to students.

In addition to marketing efforts, the intake or initial appointment proves to be a critical contact point for Caribbean college students. International students are not only less likely to seek out professional counseling but when they do, they are more likely to terminate services prematurely. Because of this, the intake session should be used to debunk any myths about the counseling process as well as to provide information about confidentiality and informed consent and limitations to these. Confidentiality, however, should be emphasized throughout treatment and not solely in the initial session. Since the intake session may be the only contact with Caribbean students, it's important for counselors to provide the client with useful information, resources, techniques, and strategies to immediately begin addressing their concerns. Also, specific attention should be paid to the screening and diagnosing procedures, interventions, and techniques used when working with the Caribbean population.

It is imperative that services are implemented within the cultural framework which is native to the client. Culturally appropriate intervention methods, including assessments and evaluation tools, should be utilized. Counselors need to be aware of the unique challenges that Caribbean college students face including culture shock, discrimination, acculturation factors, incompatible cultures, and how immigration laws may affect the quality of life of these students. Often, the first contact which clients have at counseling centers is with support staff; therefore education and training should also be

provided to these personnel to help them become aware of the impact of their service on the counseling attitudes and behaviors of clients.

Due to the general aversion to psychotherapy by Caribbeans, as well as their high regard for education, cognitive-educational approaches may be more effective with these clients. Applying a psycho-educational approach to treatment with Caribbean college students may therefore prove to be very effective with this population. Topics such as stress management, relaxation techniques, relationships, discrimination, immigration policies, isolation, anxiety, homesickness, and academic and study skills are all possible topics for these groups. Again it is essential to emphasize confidentiality, to host the group away from the counseling center, and to advertise strategically.

Collaborating with key professionals who work with international students, and Caribbean students in particular, is an effective, institution-wide approach which has the potential of effecting positive results in multiple settings. Educating families, instructors, campus medical staff and others who work closely with this population, on key issues such as warning signs, referral procedures, treatment options, and limitations also has the potential of effecting positive institution and community-wide change.

Conclusion

This study investigated the impact of outcome expectations on the attitudes towards seeking professional counseling of English-Speaking Caribbean College students. The results indicated that Anticipated Risk and Stigma have an inverse relationship with attitudes while Anticipated Utility and Social Support have a linear relationship. Results also indicated that respondents who reside and attend college in the U.S. reported lower mean scores for attitudes towards seeking professional counseling and higher perceptions of stigma associated with seeking mental health services.

This study was based solely on self-report instruments that may have compromised the internal liability of the study. This study also focused on Caribbean college students and as a result the findings may not be generalizable to non-college populations. The Caribbean college population sampled here may differ from Caribbean people with different educational backgrounds for instance. As a result, the external validity was threatened.

Future studies should expand on the results of this study to determine whether they are generalizable to other Caribbean populations. Future research should also assess the effectiveness of traditional theoretical approaches and non-traditional forms of counseling on not only this population but on international students in general.

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Tables

Table 1: Descriptive Statistics of Mean Scores of Dependent Variables by Residence

	Residence	Mean	SD
Emotional Openness	Caribbean	29.80	6.99
	U.S.	30.02	6.90
Stigma Tolerance	Caribbean	10.75	2.81
	U.S.	11.59	2.57
Anticipated Risk	Caribbean	13.65	3.54
	U.S.	13.36	3.53
Anticipated Utility	Caribbean	13.84	3.08
	U.S.	13.10	2.99
Social Support	Caribbean	59.36	15.57
	U.S.	59.41	17.62
Attitudes	Caribbean	80.20	10.34
	U.S.	77.00	9.82

Table 2: Pearson Correlation Coefficients among Variables of Interest

	Stigma	AR	AU	SS	Attitudes
Stigma	1	.09(*)	-.01	-.21(**)	-.38(**)
AR		1	.22(**)	-.03	-.20(**)
AU			1	.08	.24(**)
SS				1	.27(**)
Attitudes					1

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

AR= Anticipated Risk, AU= Anticipated Utility, & SS= Social Support

Table 3: Tests of Between-Subjects of Dependent and Independent Variables

	DV	SS	df1	MS	F	Sig
Residence	ST	*88.38	1	88.38	12.18	.001
	AR	10.34	1	10.34	.83	.36
	AU	*67.92	1	67.92	7.35	.007
	SS	.30	1	.30	.001	.974
	Attitudes	*1260.68	1	1260.68	12.41	.000

* p<.01

ST=Stigma Tolerance, AR= Anticipated Risks, AU= Anticipated Utility, SS= Perceived Social Support, & Attitudes= Attitudes towards Seeking Professional Counseling