



Western Michigan University
ScholarWorks at WMU

Dissertations

Graduate College

12-2005

Assessing the Validity and Reliability of the Spanish Translation of Two Help-Seeking Instruments

Salvador Lopez-Arias
Western Michigan University

Follow this and additional works at: <https://scholarworks.wmich.edu/dissertations>



Part of the [Clinical Psychology Commons](#), and the [Counseling Psychology Commons](#)

Recommended Citation

Lopez-Arias, Salvador, "Assessing the Validity and Reliability of the Spanish Translation of Two Help-Seeking Instruments" (2005). *Dissertations*. 1043.

<https://scholarworks.wmich.edu/dissertations/1043>

This Dissertation-Open Access is brought to you for free and open access by the Graduate College at ScholarWorks at WMU. It has been accepted for inclusion in Dissertations by an authorized administrator of ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.



ASSESSING THE VALIDITY AND RELIABILITY OF THE SPANISH
TRANSLATION OF TWO HELP-SEEKING INSTRUMENTS

by

Salvador Lopez-Arias

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Philosophy
Department of Counselor Education and Counseling Psychology
Dr. James Croteau, Adviser

Western Michigan University
Kalamazoo, Michigan
December 2005

ASSESSING THE VALIDITY AND RELIABILITY OF THE SPANISH TRANSLATION OF TWO HELP-SEEKING INSTRUMENTS

Salvador Lopez-Arias, Ph.D.

Western Michigan University, 2005

The purpose of this dissertation was twofold: (1) to translate two help-seeking scales (Attitudes Toward Seeking Professional Psychological Help Scale (ATSPHHS) and Attitudes Toward Seeking Professional Psychological Help Short Scale (ATSPPHS-S) into Spanish (S-ATSPPHS, S-ATSPPHS-S); and, (2) to examine indices of reliability and relationships to external correlates of the Spanish translations (acculturation, education, geographic background, socioeconomic status (SES), previous help-seeking, and, gender) to see whether the translated instruments measured the same help-seeking construct as the English versions of the instruments.

In general, hypotheses on education, SES, and gender were not supported; hypotheses on acculturation and geographic background, while statistically significant, contradicted findings from prior studies; and, the hypothesis on previous help-seeking could not be analyzed because of insufficient data. Initially, these apparent contradictions were perplexing given that reliability coefficients for both the S-ATSPPHS (.86) and the S-ATSPPHS-S (.80) were high. A close examination of the sample described above, however, aids in illuminating the seemingly contradictory findings, for in this study the participant sample was unique across a number of the external correlates

examined. For instance, all of the participants in this study were low in acculturation; 66.2% of the participants fell into lower socioeconomic status levels (less than 26,999 annually); 45.2 % of the sample was from rural geographic backgrounds; and 73.1% of the study had a high school or less education. The uniqueness of the sample allows some illumination of a rarely studied sub-sample of an already marginalized population. Understanding the nature of the sample should help future researchers in developing studies that examine the construct of help-seeking for this specific sub-sample of the Latino/a population. For instance, researchers need to look critically at the samples utilized in past research and avoid over generalizing these studies findings to all Latino/a groups. Given the uniqueness of the sample, it is difficult to determine what the relationship should be between the external correlates and the two translated help-seeking instruments. We cannot, therefore, state with any certainty conclusions about the construct validity of the S-ATSPPHS and the S-ATSPPHS-S.

NOTE TO USERS

This reproduction is the best copy available.

UMI[®]

UMI Number: 3197561

INFORMATION TO USERS

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleed-through, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

UMI[®]

UMI Microform 3197561

Copyright 2006 by ProQuest Information and Learning Company.

All rights reserved. This microform edition is protected against unauthorized copying under Title 17, United States Code.

ProQuest Information and Learning Company
300 North Zeeb Road
P.O. Box 1346
Ann Arbor, MI 48106-1346

Copyright by
Salvador Lopez-Arias
2005

ACKNOWLEDGMENTS

I would like to begin by dedicating the enclosed document to my wonderful children, Amadeo Ari Lopex-Keranen and Celeste Angelica Jolie Lopez-Keranen, who because of their young age might not understand the reasoning for the sacrifices our family had to endure while I pursued my Ph.D. It is my hope that the completion of this accomplished task serves as an inspiration to them when they think about one day fulfilling their own dreams.

Second, I would like to thank my wife Sarah M. Keranen-Lopez for her hard work and for stepping in to care for our children when I could not be there, my parents Ignacio Lopez Mejia, and Lupe Arias Chavez for their constant support and prayers, and, all my sisters, Carmela, Irma, Angelica, and Linda for believing in me (*gracias nopalitos*). I especially appreciate the extra help that my sister Irma gave me.

Third, a special thanks goes to all the people who helped me with the writing process: my editor, Julie Meredith Davis, for her constant support and faith in me; my dissertation committee chair, Dr. James Croteau for his patience and long standing support; my committee members Dr. Mary Zwoyer Anderson for her statistical expertise and patience; Dr. Joseph Morris for his support; and, Dr. Liliana Rodriguez-Campos for her last minute save and kindness.

Fourth, a very special thanks to my good friend and brother, Dr. Derrick Murray, who made this long journey better during the time we had classes together. Thanks Derrick for the help, support, and wonderful conversations.

Acknowledgments—continued

Finally but certainly not lastly, I would like thank and to dedicate the completion of this task to God my creator; now that this endeavor is completed, I am ready to further my training and his works.

Salvador Lopez-Arias

TABLE OF CONTENTS

ACKNOWLEDGMENTS	ii
LIST OF TABLES	vii
LIST OF FIGURES.....	viii
CHAPTER	
I. INTRODUCTION.....	1
Importance of the Study.....	3
Help-Seeking Behaviors of Minorities and Latinos/as.....	7
Brief Description of ATSPPHS and ATSPPHS-S	9
Development of Fischer and Turner's ATSPPHS.....	10
Development of Fischer and Farina's (1995) ATSPPHS-S	13
Pertinent Literature Reviewed	14
Internal Consistency	36
Factor Structure of Fischer and Turner's (1970) ATSPPHS Long Version	38
External Correlates of ATSPPHS and ATSPPHS-S	40
Translation.....	56
Conclusion.....	58
II. METHODOLOGY.....	60
Translation Process.....	60
Participants	63

Table of Contents—continued

	Recruitment and Data Collection Procedures.....	64
	Instruments	74
	Statistical Analysis	79
	Hypotheses.....	79
III.	RESULTS	82
	Descriptive Data	83
	External Correlate Hypotheses	89
	Reliability of Spanish Instruments Utilized in Study	95
IV.	DISCUSSION	97
	General Conceptualization	98
	Hypotheses Driven Findings.....	102
	Limitations of the Study	119
	Implications for Future Research.....	122
	Conclusion.....	123
	REFERENCES	125
APPENDICES		
A.	Human Subjects Review Board Approval Letters	140
B.	Human Subjects Review Board Approval of Change to Protocol	143
C.	Letter of Introduction and Intent	145
D.	Letter of Consent/Permission	148
E.	The Hispanic Short Acculturation Scale	152
F.	Letter of Introduction	159

Table of Contents—continued

G. Brief Description of Project	166
H. Demographic Questionnaire.....	177
I. ATSPPHS/S-ATSPPHS.....	182
J. ATSPPHS-S/S-ATSPPHS-S	191
K. Consent Documents	195
L. Referral List	208
M. Letter Summarizing Telephone Conversation with Tara Gonzales	213
N. Site Approval Letter for MTI College.....	215
O. Letters of Permission to Utilize Instruments in Study	217

LIST OF TABLES

1.	Frequency and Percents for Participants Demographic Data.....	84
2.	Frequency and Percents for Participants Educational Level.....	85
3.	Frequency and Percents for Participants Household Income Level.....	86
4.	Frequency and Percents for Utilization of Psychological Services.....	87
5.	Central Tendency Values for the SASH, S-ATSPPHS, and the S-ATSPPHS-S.....	89
6.	Central Tendency Values for S-ATSPPHS and the S-ATSPPHS-S.....	94

LIST OF FIGURES

1. Correlations Between the Spanish Translation of the Attitudes Toward Seeking Professional Psychological Help Scale (Long Form (S-ATSPPHS) and the Spanish Translation of the Attitudes Toward Seeking Professional Psychological Help Short Scale (S-ATSPPHS-S) 96

CHAPTER I

INTRODUCTION

The purpose of this dissertation was to translate Fischer and Turner's (1970) Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS), as well as Fischer and Farina's (1995) Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-S) from English into Spanish. Moreover, this dissertation examined the reliability indices of the Spanish translations. In the next two paragraphs I will describe in chronological order the process I used to accomplish the above task.

I first obtained permission to use the help-seeking scales (ATSPPHS and ATSPPHS-S) and the Hispanic Acculturation Scale. Second, four professional interpreters translate the two help-seeking scales into Spanish. Independently, two interpreters translated the scales into Spanish, and then independently the other two translated the Spanish versions back into English. After the two instruments were translated back into English all of the interpreters convened, translated the instruments back into Spanish and then agreed on the best translation. Third, the Spanish translations were given to Latino/a participants consisting of the following ethnicities: Mexican/ Mexican-Americans, Puerto Ricans, Dominican/ Dominican Americans, Cuban/ Cuban American, and/or Central Americans. While my intent was not to exclude South

Americans, I believed that the number of South Americans who would participate in the study would be very few and thus I simply made a category of “other” so that anyone who did not identify as one of the above categories could select this choice on the demographic questionnaire.

From the data collected from the Latino/a participants, I assessed the reliability indices of the translated scales for their adequacy in measuring attitudes toward seeking professional psychological help by Latinos/as. I examined two areas of the translated instruments: 1) internal reliability and 2) external correlates as indicators of construct validity. In this dissertation I used a Cronbach’s alpha analysis as an estimate of internal consistency to determine reliability for both the translated version of the Short and Long ATSPPHS. This was an appropriate approach to use, for it has been used in other research that utilized both the Short and Long ATSPPHS. Additionally, the two ATSPPHS scales are made up of items that are designed to measure a similar construct to the one I was measuring in my study (help-seeking).

The purpose for utilizing external correlates was to uncover possible issues in the construct validity. As such, external correlates were used to further assess the construct validity of the Spanish translated instruments. The correlates consisted of the following: acculturation; education; ruralism; SES; previous treatment and treatment outcome; and gender. The help-seeking literature has shown that these external correlates have a certain relationship with help-seeking attitudes. Therefore, the external correlates can be used as indicators of the Spanish versions’ construct validity. For example, if the literature pointed to women (Latinas as well as other groups) having more positive attitudes toward seeking professional psychological help and my findings demonstrated

the opposite this would bring into question the validity of my translated instruments. Thus, it was important to observe if such findings either supported or questioned the validity of the Spanish translation.

In the rest of this chapter, I will discuss the following: 1) the importance of this study; 2) the help-seeking behaviors of minorities and Latinos/as; 3) brief instrument descriptions of Fischer and Turner's (1970) ATSPPHS long version and of Fischer and Farina's (1995) ATSPPHS-S; 4) development of Fischer and Turner's (1970) ATSPPHS long version; 5) development of Fischer and Farina's ATSPPHS-S; 6) a review of the pertinent literature as follows: 6a) studies that utilized the ATSPPHS and ATSPPHS-M focusing on non-Latino/a populations, 6b) studies using ATSPPHS-S, and, 6c) studies using the ATSPPHS focusing on Latino/a populations, for to date no studies have utilized the ATSPPHS-S with Latinos/as; 7) findings on internal consistency across studies; 8) a discussion about the factor structure of the two instruments; and, 9) a discussion about the external correlates (acculturation, education, ruralism, previous treatment and treatment outcome, and gender) of the ATSPPHS and ATSPPHS-S. The purpose of such a review was to identify and support the expectations I had for my study, a study that utilized a Spanish translation of the ATSPPHS and the ATSPPHS-S.

Importance of the Study

As stated earlier, the purpose of this dissertation was to translate Fischer and Turner's (1970) Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS), as well as Fischer and Farina's (1995) Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-S) from English into Spanish. The importance of translating a help-seeking instrument into Spanish is

understood when one considers that Latinos/as are currently the fastest growing ethnic group in the United States (U.S. Census, 1999). This information is particularly relevant as prior literature addresses the fact that Latinos/as tend to be underserved in health and mental health services (Rogler, 1996; Vega, Warheit, & Palacio, 1985). Researchers argue that the language or culture of an individual may negatively affect a person's potential attitude or ability to access and benefit from psychological services (Rogler; Sue, 1977). Within the Latino/a population specifically, the lack of utilization of psychological services could be due to such issues as a lack of understanding the nature of psychology or mental health services (Salgado de Snyder, de Jesus Diaz-Perez, Maldonado, & Bautista, 1998; Stanton-Salazar, Chavez, Tai, 2001), the existence of a language barrier that inhibits the utilization of services (Pumiriega, Glovers, Holzer, & Nguyen, 1998) and the existence of a cultural norm that overall mandates nondisclosure of problem situations outside the familial context (Kaniasty and Norris, 2000). Given these reasons, it would be useful for psychologists to have at their disposal an instrument that accurately measures these individuals (Latinos/as) help-seeking attitudes as a first step in aiding this population in attending to their mental health needs. Moreover, as many Latinos/as speak only Spanish, it is important to develop and validate a Spanish translation of a help-seeking instrument. Thus, as both Fischer and Turner's ATSPPHS and Fischer and Farina's ATSPPHS-S are two help-seeking instruments that have been utilized extensively, I chose these instruments to translate and analyze in this dissertation.

Fischer and Turner's (1970) ATSPPHS and Fischer and Farina's (1995) ATSPPHS-S have been researched sufficiently and found to have a high degree of reliability and validity in their original form (Fischer and Turner; Fischer and Farina).

Yet, little research to date has been done to address the following two questions: 1) How valid and reliable would the ATSPPHS and ATSPPHS-S be if they were translated into another language? 2) How applicable are the translated versions in assessing the help-seeking attitudes of diverse populations? While Fischer and Turner's ATSPPHS was translated into Spanish, the reliability indices of the translated version were not established (Gonzalez, 1996; Overman, 1987). Furthermore, the ATSPPHS scale was not developed using Latinos/as, and thus the ATSPPHS factor structure and theoretical constructs might not work in the same way with Latinos/as as it does with Caucasian participants. If these instruments are going to be utilized with the Latino/a people it is essential and imperative that they be translated and tested to establish their reliability indices and their construct validity.

Ellis and Mead (2000) state that the major threats to translated-instrument quality include: the translation process and the differences that exist between the original normed population and the target population. These authors assert that equivalent measures must be established before actual comparisons are made between the different language versions. Consequently, the reliability indices of the Spanish translation of the ATSPPHS scales must be examined in order to verify the comparability of the two versions. No studies to date have addressed this issue specifically. Although there were two dissertation studies, Overman (1987) and Gonzalez (1996), which translated the ATSPPHS long version into Spanish, neither researcher assessed the reliability indices or the construct validity of the translated instrument.

A translated and reliably sound instrument should help psychologists understand the attitudes of Latino/a individuals and should allow psychologists to address concerns

related to such attitudes. In so doing, psychologists can facilitate the Latino/a population's access to services and thereby increase the well being of such individuals, strengthening family integrity/unity, and overall benefiting the Latino/a community and society as a whole.

When Fischer and Turner (1970) developed the ATSPPHS they did so because they wanted to be able to accurately assess a person's attitudes toward seeking professional psychological help in times of emotional distress. The authors believed that the instrument would allow mental health professionals and researchers to identify factors and reasons why individuals might have negative attitudes toward psychological help. When Fischer and Farina (1995) developed the ATSPPHS-S, they wanted to improve the instrument by making it shorter and less difficult to administer. They believed the brevity would make the administration less difficult.

The Fischer and Turner (1970) scale's validity, reliability, and other psychometric properties have been well established and the instrument has been used widely since its development with a number of different populations. The developers of the instrument took into account a number of different factors that might influence help-seeking. Considering a number of different factors has led the ATSPPHS to be one of the better known and more widely used help-seeking scales. Likewise, the shorter version of the scale, which was created by Fischer and Farina (1995), has similar psychometric properties and therefore is also often utilized in assessing help-seeking attitudes. Because these instruments are utilized so often in the help-seeking literature, it is important to employ and translate these scales into Spanish in order to expand the help-seeking

literature, especially for the Latino/a population in the dominant culture. This is particularly important since Latino/as tend to be understudied in help-seeking literature.

Help-Seeking Behaviors of Minorities and Latinos/as

In order to provide readers with a general understanding of the help-seeking patterns of Latinos/as, and in an effort to illustrate the need to understand the help-seeking behaviors of Latinos/as, in this section of the dissertation I will provide summary information from those articles that address the help-seeking behaviors and methods members of minority cultures including Latinos/as most often utilize. It appears that a large number of mentally ill individuals do not seek professional help (Kessler, McGonagle, Zhao, Nelson, Hughes, Eshleman, et al., 1994). Some researchers found that this is especially true for members of minority cultures (Alvidrez, 1999; Freiman, Cunningham, & Cornelius, 1994; Hough, Lansverk, Kamo, Burnam, Timbers, Escobar, et al., 1987; Meinhardt & Vega, 1987; Snowden & Cheung, 1990; Sue, Fujino, Hu, Takeuchi, & Zane, 1991; Vernon & Roberts, 1985; Wells, Hough, Golding, & Burnam, 1987; and Karno, 1996). For instance, in a study for a public care clinic, Alvidrez found that African American women tended to receive less physical and mental health care services, even though they had the same needs as European American women. Alvidrez also found that Latina women had an even lower rate of use. In other studies that focused specifically on Latino/a participants, researchers found the same pattern of underutilization of general health and mental health services by Latinos/as (Hough et al; Rogler, 1996; Sue, 1977; Vega et al., 1985; Vega, Kolody, Aguilar-Gaxiola, & Catalano, 1999; Yamamoto, & Silva, 1987).

Given the literature above, I found myself questioning why the disparity in usage of mental health care exists so predominantly within the Latino/a culture. A number of researchers argued that with respect to accessing health/mental health services, there are a number of barriers that are specific to the Latino/a population. Some of the factors mentioned in the literature are as follows: poverty, monolingualism of patient and/or provider, low education, lack of transportation, lower levels of acculturation, social isolation, and cultural alternative resources (Karno, 1996; Lawson, Kahn, & Heiman, 1982; Pumiriega et al., 1998; Rogler & Cortes, 1993; Rogler, Cortes, & Malgady, 1991; Ruiz, 1979). Mas-Condes and Caraveo (1991) and Martinez-Lanz, Medina-Mora, and Campillo-Serrano (1984) discussed research findings that suggest Latinos/as (especially Mexicans/Mexican-Americans) are more inclined to seek the services of medical doctors although the nature of the problem is psychological.

Utilizing a questionnaire that was in both English and Spanish, Kaniasty and Norris (2000) sampled 204 individuals from the Latino/a, African American, and European community in Dade County Florida soon after Hurricane Hugo and 20-30 months post Hurricane Hugo. In essence, the researchers examined the difference between how comfortable individuals were in seeking and receiving social support from the community directly after the emergency (the hurricane), and the two years following the emergency. The authors concluded that in an emergency situation, all groups were equally willing to seek and receive support from emergency sources. As time progressed, however, Latinos/as sought and received assistance far less often than other groups. In short, across all groups the Latinos/as group showed the highest level of discomfort in seeking and receiving help from outside sources. The authors summarized their findings

by articulating the following three points: 1) Latinos/as are persistent under-utilizers of formal sources, for there is an almost restricted reliance on family rather than outside support; 2) Latinos/as are more reluctant than other groups to seek/appeal for help even from family and friends; and, 3) Latinos/as reported higher levels of social support from family and friends than other groups (African-American and European-American).

Salgado de Snyder, et al. (1998) discussed that the rural Mexicans he encountered in his research did not seek help until it was impossible for them to execute their responsibilities (mainly work), while Keefee (1979) reported that Hispanics “suffer in silence.” Understanding this notion in part adds credence to the necessity of developing a reliable and valid measure to examine the help-seeking attitudes of the Latino/a population. Perhaps such a measure will help researchers further understand the reasons Latinos/as under-utilize help-seeking services.

Brief Description of ATSPPHS and ATSPPHS-S

Fischer and Turner’s (1970) ATSPPHS Long Version. The Fischer and Turner (1970) long version of the ATSPPHS is composed of 29 questions. Responses are based on a Likert scale of 0-3 (agree (3), partly agree (2), partly disagree (1), and disagree (0)). According to Fischer and Turner higher scores indicate that a person has a more positive attitude toward pursuing help. This scale is divided into four factors and four subscales: 1) recognition of need for psychotherapeutic help, 2) stigma tolerance (how much stigma can individual tolerate with respect to others knowing about the individual’s seeking of mental health services), 3) interpersonal openness, and 4) confidence in mental health practitioners. Of importance though, is that although the factor structure was sufficiently valid, Fischer and Turner recommended the use of the scale as a whole rather than using

it in subscales/factors due to reliability issues within two of the sub-scales (two had an alpha correlation coefficient of less than .70).

Fischer and Farina's (1995) ATSPPHS-S. The Fischer and Farina (1995) short version of the ATSPPHS is composed of 10 questions and like the Fischer and Turner (1970) scale responses are based on a Likert scale of 0-3 (agree (3), partly agree (2), partly disagree (1), and disagree (0) where higher scores indicate more positive attitudes toward getting help (help-seeking). However, Fischer and Farina condensed the four factors scale into one overall attitude toward help-seeking scale. Fischer and Farina's short version holds approximately the same alpha value (internal consistency of .84) as the long version. Further, Fischer and Turner's ATSPPHS and Fischer and Farina's ATSPPHS-S both have adequate construct validity, an issue which I will address later in this chapter.

Development of Fischer and Turner's ATSPPHS

The literature points to a strong interest by those in the helping field to understand an individual's attitude toward seeking professional psychological help. For instance, in studies conducted utilizing therapists as subjects, researchers discovered that therapists believe that client help-seeking attitudes affect the utilization and effectiveness of mental health services (Grencavage & Norcross, 1990; Stiles, Shapiro, & Elliot, 1986). Other researchers determined that attitudes toward psychological help impact actual help-seeking behaviors by clients (Halgin, Weaver, Edell, & Spencer, 1987; Rickwood & Braithwaite, 1994). Fischer and Turner (1970) saw the importance of determining such attitudes and thus sought to develop a scale to determine such attitudes, the ATSPPHS.

In developing the ATSPPHS, Fischer and Turner (1970) attempted to make inferences regarding an individual's attitudes about and resistance to seeking psychological help. The authors employed an arduous process in developing the help-seeking instrument because they wanted a scale that would adequately address the issues relevant to a person's attitudes toward seeking professional help from a mental health care provider for psychological difficulties. First, Fischer and Turner invited a number of clinical psychologists from a variety of clinical settings to submit help-seeking statements for review. These efforts yielded forty-seven help-seeking statements. Second, Fischer and Turner formed a fourteen-member panel to judge these forty-seven statements. The panel consisted of clinical and counseling psychologists, as well as psychiatrists. Third, a consensus on the most important statements was sought from the panel, a consensus that resulted in thirty-one of the forty-seven help-seeking statements being kept as part of the scale. Fourth, the scale was administered to ninety-seven students (78 high school and 19 college nursing) and resulted in findings that indicated a high correlation between the thirty-one items kept and total attitude scores. Fifth, the same thirty-one item instrument was administered to one hundred fifteen college students. This time, however, two of the thirty-one items correlated poorly with the total attitude scores and thus these two statements were dropped from the instrument. This resulted in a 29 item scale that utilizes a four point Likert scale (0=disagree, 1=probably disagree, 2=probably agree, and 3=agree). The higher the scores, the more positive an attitude is for seeking psychological help. Each item is scored 0-1-2-3 or 3 -2-1-0, depending on the anti- or pro-help-seeking content. The scores ranged from 0-87.

Moreover, the authors, in an effort to uncover dimensions of help-seeking attitudes, executed a factor analysis. They first correlated the items by theme and then they extracted the core factors from the correlation matrix. This extraction was completed by placing all items in their corresponding columns (by factor) and choosing the items with the highest unrepeated coefficients in each column. Utilizing a Varimax criterion method, a method developed in 1960 by Harman, the authors' extracted the most common factors from the items developed. In two additional factor analyses the researchers examined the responses of women and men separately and concluded that the four factorial concepts held true for both males and females. In total, Fischer and Turner conducted three factorial analyses. In the first analysis the researchers, utilized 424 college and nursing students of which 249 were female and 175 were males. In the second analysis, Fischer and Turner utilized 180 female participants and 201 male subjects. While it is apparent that the researchers conducted a third factor analysis, the researchers did not provide information about the participants that were utilized for this factor analysis. Despite the large heterogeneity between the samples, Fischer and Turner found that the four factor structure was stable across the three factorial analyses. In short, Fischer and Turner concluded that the ATSPPHS included the following four factors or sub-scales: 1) recognition of need for psychotherapeutic help, 2) stigma tolerance, 3) interpersonal openness, and 4) confidence in mental health practitioners. Issues related to the reliability and validity of this instrument are discussed in chapter two of this dissertation.

Development of Fischer and Farina's (1995) ATSPPHS-S

In this section I will focus on the development of Fischer and Farina's (1995) short scale. This instrument was developed utilizing Fischer and Turner's (1970) ATSPPHS long scale. According to Fischer and Farina, Fischer and Turner believed as a whole, their scale was solid and recommended using the total scale rather than sub-scales separately. The sole reason for this recommendation was that although the four factors were not correlated, there were questions regarding internal consistency. As stated earlier, while factors were considered valid a couple of subscale alphas were less than .70. Given the questions surrounding the internal consistency of the four-factor structure of Fischer and Turner's scale, Fischer and Farina decided to develop a less intrusive, shorter, uni-dimensional scale. In short, they wanted the questionnaire to provide a single score corresponding to the individual's core attitude about seeking psychological help from professionals. In developing the scale, Fischer and Farina used the same demographic population (college students) as Fischer and Turner. The short version used one single help-seeking factor unlike Fischer and Turner ATSPPHS that had four.

Fischer and Farina's (1995) Short Scale is a 10-item Likert scale questionnaire. Fischer and Farina condensed Fischer and Turner's (1970) 29-item scale to a 10-item scale. In order to determine those items (questions) utilized in the original scale that had the most significance, Fischer and Farina executed a total item correlation. By doing this they were able to identify the top fourteen-items. These fourteen items had total scale correlations of $r > .45$. They, like Fischer and Turner, did a factor analysis by doing a Varimax rotation on two, three, and four factor solutions. While doing a factor analysis on a three factor solution they decided to keep only one of the factors solutions because

the permissible parameters value of the factors dropped below a one while extracting two of the factor solutions. The factor solution they kept was factor one. The factor one solution consisted of 10-items and was considered the best factor solution as it contained the essential constructs of the study. In essence, after Fischer and Farina examined the factor solutions closely, they found that the best solution was a one-factor solution.

Identical to Fischer and Turner's (1970) long scale, each item on the short version of the instrument is scored 0-1-2-3 or 3 -2-1-0, depending on the anti- or pro-help-seeking content. The higher the scores, the more likely a person will be to seek psychological help, with total scores ranging from 0 to 30. Using Cronbach's alpha, Fischer and Farina (1995) obtained an internal consistency of .84 on the 10 items compared to the alpha scores of .83 and .86 of Fischer and Turner's two samples for the 29 item scale.

Pertinent Literature Reviewed

The purpose of this section of the dissertation is three fold: 1) to provide a review of the studies that address issues related to the internal consistency of Fischer and Turner's (1970) ATSPPHS, Atkinson and Gim's (1989) ATSPPHS-M (because in essence this instrument is the same instrument as Fischer and Turner's with the exception of minimally changing a few words such as psychiatrist to counselor), and Fischer and Farina's (1995) ATSPPHS-S; 2) review studies that discuss the factor structure of Fischer and Turner's ASTPPHS scale; and, 3) review findings of studies that looked at help-seeking (and the two scales) and the external correlates of gender, acculturation level, SES, education level, geographic background, and previous treatment. The articles to be reviewed in the first section of this discussion do not focus on Latinos/as but rather on

studies that have used either the long form or the modified long form of the ATSPPHS with non Latino/a populations. In the first section the reviewed articles are in ascending chronological order. The focus is on Fischer and Turner's ATSPPHS (in this writing it is considered the "long" version) and different modified forms of such scales (the ATSPPHS-M by Atkinson and Gim). The articles in the first section will also include the original Fischer and Turner studies. The second section of the literature reviewed will address those articles that utilized Fischer and Farina ATSPPHS-S with non-Latino/a populations as well as the original Fischer and Farina study. The final section of the literature reviewed will focus on those articles that utilized the ATSPPHS with the Latino/a population, for no studies to date have utilized the ATSPPHS-S with Latinos/as.

ATSPPHS and ATSPPHS-M: Non-Latino/a populations. In this section, I will use the following structure in my review of each study: citation, sample, purpose of study, and the version of the ATSPPHS used. Then I will review only findings related to internal reliability/ consistency, factor structure, and the designated external correlates (acculturation; education; ruralism; SES; previous treatment and treatment outcome; and gender).

As stated earlier in this chapter, Fischer and Turner (1970) conducted three independent studies to develop their ATSPPHS scale. As stated previously, the researchers' goal was to develop a scale that measured an individual's attitudes toward seeking professional psychological help. Once developed, the authors needed to determine the reliability of their instrument. Utilizing a sample of 212 different high school and college students, the authors assessed the internal reliability of the final scale using the Tyron (1957) alpha internal reliability method. Fischer and Turner found the

internal reliability of the ATSPPHS sample ($n=212$) to be $r = .86$. The researchers then performed another reliability estimate on a different college student sample of $n=406$ and found the internal reliability to be $r=.83$. Both of these estimates suggest that there is a moderately good consistency of response within the entire scale. Finally, to establish test-retest reliability Fischer and Turner tested and retested five groups of students ($N=153$) across intervals as follows: five days ($n =26$, $r = .86$), two weeks ($n=47$, $r=. 89$), four weeks ($n=31$, $r=. 82$), six weeks ($n=19$, $r=. 73$), and two months ($n=20$, $r=. 84$).

After the 29-item response scale was established Fischer and Turner (1970) conducted factor analyses utilizing Harmon's (1960) method. The authors' utilized 424 student questionnaires (249 females, 175 males) involving the attitude scale and the following four variables emerged as four attitudinal factor scales 1) "recognition of personal *need* for professional psychological help," 2) "tolerance of the *stigma* associated with psychiatric help," 3) "interpersonal *openness* regarding one's problems," and 4) "*confidence* in the mental health professional (p. 84)". A second analysis was conducted on 381 subjects and their item responses essentially yielded the same four independent factors. It is apparent that a third analysis was conducted, but the authors do not elaborate on this analysis other than to indicate that the results were comparable to the other two analyses. Factor one includes eight questions; factor two includes five questions; factor three consists of seven question; and, factor four consists of five questions. The reliability estimates for the four factors were as follows: *need* ($r=.67$), *stigma* ($r=.70$), *openness* (.62), and *confidence* ($r=.74$).

In addition, a correlation between help-seeking and certain demographic variables including gender, race, education, SES and others not relevant to this study were

calculated. The authors did not report statistically significant results with respect to race, education level, or SES. Fischer and Turner (1970) did, however, find a statistically significant difference between male and female help-seeking attitudes and thus concluded that women had more positive attitudes toward seeking psychological help than men. The researchers also found that all participants who had prior exposure to psychotherapy services had more favorable attitudes toward seeking help than those participants who had not had previous exposure to psychotherapy services.

Fischer and Cohen (1972) replicated Fischer and Turner's (1970) ATSPPHS study but utilized a much larger sample (N=989, 482 males and 502 females) of high school and college-age individuals. The subjects that the authors included in the study were high school, nursing, junior college, or university students. The only results the researchers reported that are relevant to my study are social class and education level. Fischer and Cohen concluded that there was little evidence that social class independently affected help-seeking attitudes. They also concluded that educational level was very significant in help-seeking attitudes, for the higher the education level, the more positive the attitudes toward seeking psychological help. In their study, they found that there was a strong link between one's level of education, one's social class, and one's help-seeking attitudes. This was particularly true with middle and lower social class subjects. In short, the more economically disadvantaged and the less educated the individual was, the less favorable the individual's attitudes were toward seeking psychological help. When the relationship of help-seeking was correlated with economic level, the education level acted as a buffer against negative attitudes toward help-seeking. In essence, this means that the higher an individual's education the less influence lower socioeconomic levels would

have on help-seeking attitudes. If internal consistency was carried out for this study those results were not given. Overall, this study supports the importance of education and SES as variables related to help-seeking attitudes.

In order to determine the utility of the Fischer and Turner (1970) ATSPPHS as a help-seeking instrument in research and counseling, Cash, Kehr, and Salzbach (1978) decided to use the aforementioned instrument to see if there was a connection between help-seeking attitudes and client perception of counselor behavior. Their subjects were 219 volunteer undergraduate, female students. Related to my study, Cash, et al. looked for a correlation between the four ATSPPHS sub-scales and prior therapy. Cash, et al. found that those with prior therapy experience had more positive scores on all sub-scales. Interestingly the researchers' did not look at total scale scores in this study. Yet, this study supported Fischer and Turner's assertion that the ATSPPHS could discriminate between those who had and had not received prior professional psychological help.

Zeldow and Greenberg (1979), utilizing 80 college students, examined the relationship between attitudes toward the rights and roles of women and attitudes toward seeking professional psychological help. These researchers took into account the factor of previous therapy experience. To measure their variables of interest these researchers administered a number of questionnaires including an Attitudes Toward Women Scale and Fischer and Turner's ATSPPHS Scale. Findings in the study indicated that there were no actual gender differences towards help-seeking attitudes and that a better predictor of one's help-seeking attitudes was an individual's liberal or conservative attitudes toward women. While it is possible that controlling for one's attitudes toward women confounded the findings in this study, Zeldow and Greenberg did not address this

issue as a limitation or possibility. They argue, however, that their findings call into question Fischer and Turner's (1970) claim that the ATSPPHS can differentiate individuals who have received help previously from those who have never sought help. The researchers concede that a major limitation in their study, however, was the small sample size. Finally, Zeldow and Greenberg did not discuss internal reliability internal consistency, factor structure, or other related external correlates.

To determine whether gender and ethnicity differences in help-seeking attitudes existed, Atkinson, Ponterotto, and Sanchez (1984) administered the ATSPPHS and compared mean and standard deviation scores of ATSPPHS subscales based on ethnicity and sex. In this study, 39 (22 males and 17 females) of the 74 subjects were Vietnamese and 33 (9 males and 26 females) were Anglo-American. Atkinson et al. found that Anglo-American students scored higher than the Vietnamese students on all the subscales on the ATSPPHS. In essence, Vietnamese students had less tolerance for stigma than the Anglo-American participants because in all likelihood the Vietnamese students had been exposed to higher levels of stigma. The researchers found the following results: Vietnamese students scored lower on tolerance of stigma, recognition of personal need for psychological help, interpersonal openness regarding their problems, and confidence in the ability of mental professionals to assist them in their problems. In short, Vietnamese students are less likely to seek help from mental health professionals in times of stress than Anglo-Americans in this study. Of interest was that both Anglo-American and Vietnamese students rated friends first as help providers rather than psychologists. Atkinson et al. did not discuss internal reliability/consistency, or factor structure.

A study by Atkinson and Gim (1989) utilized a total of 557 Asian-American students whose composition was made up of 263 Chinese Americans, 185 Japanese Americans, and 109 Korean Americans. These authors called their version of the ATSPPHS the Attitudes Toward Seeking Professional Psychological Help Scale-Modified (ATSPPHS-M). They modified Fischer and Turner's scale by changing psychiatrist to counselor, mental health problem to emotional or personal problem, and finally mental hospital to psychiatric inpatient unit. They justified their modifications by indicating that altering the language would make the questionnaire more reader friendly and easier to understand for the subjects. In this study the researchers were interested in seeing if there was a relationship between acculturation, gender and attitudes toward professional psychological help. Atkinson and Gim found no statistically significant differences in subscale scores across ethnic and gender groups. Of interest to me is that in their study they found that the higher one's level of acculturation the higher the individual's level of stigma. Also, the researchers found that the less acculturated an individual was the less open the individual was to seeking psychological help. Those individuals who had moderate levels of acculturation seemed to have more openness to seeking professional help. Additionally, Atkinson and Gim found that the higher one's acculturation level the more likely an individual was to recognize the need to seek professional help. Furthermore, the higher the acculturation level was for a person the higher that person's tolerance was for stigma and consequently, the higher the person's ability to recognize when there is a need for psychological services. Although the findings on help-seeking attitudes were moderated by levels of acculturation, Atkinson and Gim concluded that the more traditional (less acculturated) subjects have relatively

negative attitudes toward psychological service, while those who are more acculturated had more positive attitudes toward psychological services.

Good, Dell, and Mintz (1989) tested the theory of adherence to traditional male roles and help-seeking attitudes by using Fischer and Turner's (1970) ATSPPHS. The sample consisted of 401 undergraduate men. To assess the internal consistency of the ATSPPHS, Good et al. used the Cronbach alpha approach and found the total scale alpha to be .84. Besides, the internal consistency there was no other findings that were relevant to this dissertation study.

In a study by Tata and Leong (1994), 219 Chinese-American students at a university in the Midwest were given the ATSPPHS. The purpose of the study was to determine help-seeking attitudes and the relationships to several culturally based variables: acculturation, network orientation, and individualism-collectivism. Certain words of the ATSPPHS were changed to fit the population. They replaced the term mental health clinic with counseling center, mental problems with emotional/personal problems or difficulties, and mental hospital with psychiatric in-patient unit. Of interest to this dissertation study, Tata and Leong obtained a total scale internal consistency score of Cronbach's alpha $r = .80$. Tata and Leong concluded that higher acculturated Chinese-Americans had more positive attitudes toward help-seeking. Additionally, they found that females had more positive attitudes toward help-seeking than males. Tata and Leong also concluded that acculturation level was a significant factor in help-seeking attitudes and that the higher the acculturation level the more positive the attitudes of both males and females. However, Tata and Leong acknowledged that due to low numbers of highly acculturated students in their study findings could be questionable.

In a study of 180 African American undergraduate students, Delphin and Rollock (1995) were examining the relationship that exists between racial identity, attitudes towards seeking professional psychological help (Fischer and Turner, 1970, ATSPPHS), knowledge regarding psychological services and the likely use of therapists or counselors. For their sample, Delphin and Rollock obtained a total scale Cronbach alpha score of .84 on the ATSPPHS. The researchers argued that the level of ethnic identity would influence the likelihood of the usage of psychological services. They found that the stronger the identification with African American culture the individuals had, the more negative their views toward European American culture and the less favorable their attitudes toward seeking professional psychological help.

In a study by Good and Wood (1995), researchers investigated the relationship of male role conflict (MGRC) to a higher risk for depression and more negative attitudes toward seeking professional psychological help (ATSPPHS). The participants were 397 male college students in the Midwest enrolled in an introductory psychology course. Of interest to this dissertation were the findings on the individual coefficient alphas for Fischer and Turner's (1970) ASPPHS four subscales: 1) recognition of personal need for professional psychological help ($\alpha = .76$), 2) tolerance of stigma associated with psychological help ($\alpha = .69$), 3) interpersonal openness regarding one's problems ($\alpha = .53$) and 4) confidence in the mental health profession ($\alpha = .71$). There is some question on the internal consistency (α) of factors 2 and 3 as they fall below .70, their scores are .69 and .53 respectively. Note that the authors did not address total scale scores in this study, and there were no other findings from this study that were relevant to this dissertation.

Kelly and Achter (1995) utilizing a sample of 340 (257 in the first part of the study and 83 in the second) undergraduate students looked at the relationship between self-concealment, Attitudes Toward seeking psychological help, and intentions to seek counseling. Of interest to this dissertation study was the finding that women had more positive help-seeking attitudes than men. This study is relevant to my dissertation for it supports my hypothesis that males have a more negative attitude toward seeking professional psychological help than females. Given that attitudes toward and intention to seeking help are different, there were no other findings that were relevant to this dissertation study.

Furnham and Andrew (1996) using the ATSPPHS with a sample of 176 students (98 Asian and 78 Caucasian British) sought to determine if there was a difference between the two groups help-seeking attitudes. In this study they examined several factors and their relationship to help-seeking attitudes by their subjects. For instance, Furnham and Andrew concluded that the number of years their subjects lived in England, the amount of previous contact with a therapist, and the emotional distress of the individual affected his/her help-seeking attitudes. Most relevant to this dissertation study was the finding that those individuals who had previous therapy contact had more positive help-seeking attitudes than those individuals who had not had previous therapy contact. None of the other findings were relevant to this dissertation.

Lopez, Melendez, Sauer, Berger, and Wyssman's (1998) study with 253 undergraduate students (95 men, 175 women, and one subject who did not disclose his/her gender) sought to determine if a relationship existed between having a Self-model (perception of self) or other model (approval from others) perspective and help-seeking

attitudes as measured by Fischer and Turner's ATSPPHS. There were two results that were relevant to this dissertation study. First, Lopez et al. obtained a Cronbach alpha coefficient of .89. Second, results demonstrated that women have more positive views of help-seeking than men.

In a study of 732 undergraduate students and using the ATSPPHS, Cepeda-Benito and Short (1998) studied the relationship between the following: perceived likelihood of seeking professional psychological help, attitudes toward psychotherapy, fears of psychotherapy, psychological distress, social support, and self-concealment. The only finding that was relevant to my dissertation study was a reliability analysis in which Cepeda-Benito and Short obtained a total scale score of alpha .87.

In a study of 40 rural adolescents Esters, Cooker, and Ittenbach (1998) examined the results of an educational intervention as measured by the ATSPPHS. The intervention focused on educational material related to mental health. While Esters et al. did not report any psychometric information such as reliability or validity they did report findings about whether subjects were more open to receiving psychological help after having the intervention. Relevant to my dissertation is the finding that the subjects were more open to receiving psychological help after having the intervention than they were before the intervention.

Leong and Zachar (1999) studied the relationship among college students' gender, opinions about mental illness, and their attitudes toward seeking professional psychological help. The participants were 290 Caucasian undergraduate students who were enrolled in an introductory psychology class. Of the participants, 136 were females and 154 males. The only areas studied that were relevant to this study were gender

differences. They concluded that women had more favorable attitudes toward help-seeking help than men and that there were significant differences in three of the four ATSPPHS sub-scales based on gender. Females recognized to a greater extent their need for help; they had greater confidence in mental health practitioners; and they had a greater extent of interpersonal openness. In short, gender was a significant variable both on a total scale score and in all sub-scales except for stigma tolerance.

Gloria, Hird, and Navarro (2001) studied 716 undergraduate students, utilizing a modified form of the ATSPPHS scale (ATSPPHS-M). The researchers were interested in looking at the relationship that existed between socio-race and gender to help-seeking attitudes. Gloria et al. concluded that Caucasian females had more positive help-seeking attitudes than minority or majority males and minority females. The reciprocal was found to be significant as well, for the researchers found that minority males had more negative help-seeking attitudes than Caucasian (male and females) and minority females. Further, females overall had more positive help-seeking attitudes than males. Additionally, Gloria et al. concluded that Caucasians had more positive help-seeking attitudes than minority males. The total scale internal consistency coefficient score was .87 (Caucasians .87; REMS-minorities .86; .87 females; and .86 males).

Uffelman and Hardin (2002), utilizing a final sample of N=300 undergraduate students, studied the relationship between amount of therapy sessions (3, 10, and unlimited) and students attitude toward seeking professional psychological help (ATSPPHS). In essence, the researchers were interested in looking at participants' willingness to seek help for there particular durations. The only two findings that were relevant to this dissertation study were related to total scale consistency score and the *p*

(p =exact alpha value, which in this case reflects the probability of a Type I error) for the four ATSPPHS subscales. Uffelman and Hardin found that total scale internal consistency reliability score for the ATSPPHS as measured by alpha was .87. Additionally, they found that the p scores for the four factor structure of the ATSPPHS were as follows: recognition of need (.83), stigma tolerance (.26), interpersonal openness (.97), and confidence in mental health practitioners (.99).

Fischer and Farina's (1995) ATSPPHS-S: Non-Latino/a Populations. In a dissertation study Pugh (2000), had a sample that consisted of 281 undergraduate Asian American (Vietnamese, Chinese, and Japanese) students. The purpose of the study was to examine the relationship that existed between normal personality traits, help-seeking attitudes, and fear of taking a multi-dimensional personality measure. Further, Pugh examined if such fears could be decreased and the likelihood of seeking help increased by presenting information to the students. She used the ATSPPHS-S to determine help-seeking attitudes as a measure of the likely hood of seeking help. The two factors that she studied that are relevant to my dissertation are gender and ethnic/racial differences. Surprisingly, Pugh found that there was no gender or racial/ethnic differences (among Asian groups) in attitudes toward seeking professional psychological help.

Constantine (2002) studied 112 college students of color, who sought, and terminated mental health treatment in their college's counseling centers. Through the use of the ATSPPHS these students were asked to indicate their attitudes toward counseling. Furthermore, these same students were to rate their counselors' general competence, their counselors' multicultural competence, and their own satisfaction with counseling. The factor that was addressed by Constantine that is a relevant contribution to this dissertation

study was a further understanding of the psychometric properties of the ATSPPHS-S. Constantine reported a Cronbach's alpha for the ATSPPHS-S of .83.

In a study of 163 (167) undergraduate psychology students, Gonzalez, Tinsely, and Krueder (2002) used the ATSPPHS-S to examine the relationship of two psycho-educational interventions (education of what mental illness, and of what psychotherapy is). The purpose was to determine the relationship of the psycho-educational interventions, help-seeking attitudes (ATSPPHS-S; Fischer and Farina, 1995), and expectations about psychotherapy. Relevant to this dissertation study, Gonzalez et al. found that those individuals who had previous psychotherapy experience had more positive help-seeking attitudes. Of further relevance to this study was the findings that the ATPPHS-S' total scale internal consistency was .80 at intake and .79 at follow-up.

Fischer and Turner (1970) ATSPPHS: Latino/a populations. Studies that used the ATSPPHS with Latino/a populations were limited to seven: Blas-Rivas, (1981); Sanchez and Atkinson, (1983); Valdes, (1984); Overman, (1987); Torres (1996); Ramirez-Canul (1994); and Gonzalez, (1996). The ATSPPHS has been translated twice into Spanish. Overman translated the ATSPPHS by using two bilingual graduate students who compared their independent translations of the ATSPPHS to each other. Overman finalized the translation when the translators he used felt that scale language and content were equivalent in both languages. However, the more supported approach of translating is the back and forth approaches, as I will review in the final literature review section. Gonzales reports using Overman's translated version of the ASPPHS. However, in comparing the translation of Gonzalez and Overman, although she does not mention it, it is evident that Gonzalez made some modifications to the content of the

questions. After reviewing Gonzalez's version it appears as though she improved the translation by using less colloquial/Mexican specific verbiage. The other studies that focused on Latinos/as used interpreters for those subjects who did not understand the English instrument. Using translators poses some problems that will be discussed in the translation section of this chapter. Both Gonzalez and Overman assumed that the translation they had of the ATSPPHS was psychometrically equivalent to the English version and although they both measured similar variables to this dissertation study their purpose was different. They were not using those variables as a means of testing the construct validity of the Spanish translation of the ATSPPHS they had developed. In this section the seven studies (Blas-Rivas; Sanchez & Atkinson; Valdes; Overman; Ramirez-Canul; Torres; and Gonzalez) that used the ATSPPHS with Latinos/as will be discussed.

In a dissertation study of 70 adult Hispanics (35 male and 35 female) in the Southwest, Blas-Rivas (1981), studied the relationship of acculturation level and attitudes toward seeking professional psychological help among Hispanics. Blas-Rivas used the ARSMA (Acculturation Scale for Mexican-Americans) by Cuellar, Harris and Jasso (1980) in order to assess acculturation levels of their subjects. Blas-Rivas sample population was mostly of Mexican descent. In looking at the four ATSPPHS subscales, Blas-Rivas found that Hispanics with higher levels of acculturation had higher levels of interpersonal openness than the less acculturated (more traditional) individuals. In the three other subscales (recognition of need for services, stigma associated with seeking services, and confidence in mental health practitioners) results also pointed toward the support of the hypothesis that as acculturation levels increase, so do positive help-seeking attitudes; however, these results were not statistically significant. Blas-Rivas did

conclude, however, that those Hispanic individuals with some exposure to higher education (college) were significantly more acculturated than those with no exposure to higher education; this demonstrates that there might be some relationship between acculturation and education.

Unfortunately, Blas-Rivas did not translate the ATSPPHS, nor was he specific about the administration of the instruments to his research subjects. It seems that someone might have translated the instrument for individuals who did not understand the English version; however it is difficult to ascertain this information from his discussion. On the other hand, it is clear that he used three bilingual data gatherers (administrators), but as I said previously translation issues were not mentioned. The difficulty in translating such an instrument verbally, leads to several possible issues; 1) inconsistency between how different subjects translate the instrument, 2) differences in translation between different administrators, and 3) the possible biased responses that the subjects might give to the administrators of the instruments in order to please them. In short, this means that by translating the instrument verbally, the instrument was no longer a self-administered instrument but rather an instrument that was administered by another (the translator).

Sanchez and Atkinson (1983) studied two samples of Mexican-American college students ($n=99$ and $n=73$). Sanchez and Atkinson studied the relationship between the level of commitment to a particular culture (Mexican-American culture, Anglo-American culture, or both), preference for ethnically similar counselors, and willingness to use professional help. The researchers argued that those with a higher level of commitment to their Mexican-American culture would be less acculturated; those with a high

commitment to Anglo-American culture would be more acculturated; and, those with a high commitment to both would be bicultural. Sanchez and Atkinson used an ANOVA to determine if ATSPPHS scores were a function of gender or strength of commitment to Mexican-American culture. Although not statistically significant Sanchez and Atkinson found: 1) females consistently expressed more willingness to seek counseling, and 2) those with the strongest commitment to the Mexican-American culture (could be described as less acculturated to United States culture) had less favorable attitudes toward seeking counseling. First, it is important to note that the researchers did not report total scale score findings, but rather reported only findings on the sub-scales of the instrument. Second, the only statistically significant finding in the study using the ATSPPHS was between cultural commitment and the openness-to-counseling subscale. Sanchez and Atkinson found that participants who were strongly committed to their Mexican-American culture were open to seeking help from a Mexican-American counselor, while participants who had a strong commitment to Anglo culture were not as concerned with seeing an ethnically similar counselor. Third, in an effort to further validate the results for the total population of their study a sub-sample (n=73) was additionally used; however, the results were not statically significant between commitment to culture and any of the ATSPPHS subscales (factors). However, there was a statistical significance relationship between gender and the openness subscale of the ATSPPHS. This supports the hypotheses for my study that states acculturation and gender are both strong correlates in help-seeking attitudes.

Valdes (1984), utilizing a sample of 202 high school and college students (142 Mexican-Americans and 60 European Americans), wanted to determine if the subjects

had a preference for cognitive behavioral or psycho-analytic psychotherapeutic techniques. He found that Mexican-American students had overall lower self-disclosure (openness) and more negative help-seeking attitudes than their European American counterparts. Furthermore, Valdes (1984) found that high school graduates and lower SES subjects had lower self-disclosure (openness) scores than individuals with a college education and higher levels of SES. Valdes separated SES into four yearly family income categories: 1) less than \$10,000, 2) \$10,000-\$20,000, 3) \$20,000-\$33,000, and 4) \$33,000 and above. He found that subjects in Levels 3-4 had more positive help-seeking attitudes than level 1. He also found that level 2 had more negative help-seeking attitudes than level 3, but level 4 had more negative help-seeking attitudes than level 2 and 3. Although, Valdes found that Mexican-American subjects had lower ATSPPHS scores than their European American counterparts, these scores were more similar when the Mexican-American subjects had a college education or a higher SES level. Those with lower education levels (high school vs. college) had lower total ATSPPHS scale scores for both Mexican-American and European American subjects, which suggests a curvilinear trend. Additionally, Valdez was interested in examining help seeking attitudes with respect to gender (male vs. female), and geographic background (rural vs. urban). In these latter factors, Valdes found that rural Mexican-Americans had significantly lower total ATSPPHS scale scores than European Americans. However, urban Mexican-American subjects did not have significantly different ATSPPHS scores than European-American subjects. In self-disclosure (openness) scores rural Mexican-American subjects had significantly lower scores than both urban Mexican-Americans

and European-American subjects. Furthermore, urban Mexican-American self-disclosure (openness) scores did differ significantly from European-American subjects.

In looking at gender differences, Valdes found that Mexican-American females had significantly higher ATPPSHS scores than Mexican-American males. European-American females had significantly higher ATPPSHS scores than European-American males. However, there were no statistically significant gender differences in self-disclosure (openness) scores for either Mexican-American or European-American subjects.

Valdes (1984) believed that using lower SES, lower education levels, and rural background as indirect measurements of acculturation; lower acculturated individuals had more negative attitudes toward seeking professional psychological help than those with higher levels of acculturation. Furthermore, he found that within each ethnic group females were more open and had less negative stigma levels than their respective ethnic males.

Overman (1987), in his unpublished dissertation, utilized a number of the subscales of the ATSPPHS as well as the ATSPPHS as a whole to study 328 volunteers who were on probation (188 Mexican-American, 116 European American, and 24 African American volunteers). The focus of Overman's study was on understanding "the attitudes Mexican-Americans have toward tolerance of stigma associated with receiving psychological help and (their) attitude toward interpersonal openness" (p. v). He also examined the difference between compliers and non-compliers (of their probationary requirements) in reference to stigma tolerance and interpersonal openness. Overman used the ATSPPHS in order to determine "the attitude of Mexican-Americans toward

seeking professional psychological services and to test the assumption that the factor of tolerance of stigma associated with receiving professional psychological help (that makes up this attitude) is an important variable contributing to Mexican-Americans' underutilization of psychological services" (p. 43). Overman (1987) found that Anglos tend to have significantly higher interpersonal openness factor scores than Mexican-Americans. This would imply that "Mexican-Americans would be less willing to self-disclose personal problems than Anglos" (p. 45). Furthermore, he also found that Mexican-Americans had lower levels of stigma tolerance than European Americans. Additionally, the different levels of socioeconomic status (low, middle, and high) showed significant difference in stigma tolerance level making socio-economic status an important factor in help-seeking. He concluded that as socio-economic status increased so did the levels in stigma tolerance and interpersonal openness. He also found that although socioeconomic level was significant in interpersonal openness, there was no significant interaction between ethnicity and socioeconomic status and help-seeking. In reference to interpersonal openness there were significant differences between Mexican-Americans and European-Americans. His conclusion was that Mexican-Americans have significantly more stigma in seeking help and are less willing to self-disclose than European Americans. In doing a one-way analysis of variance of the ATSPPHS total score and ethnicity, although Mexican-American had lower scores, there was no statistically significant difference between Mexican-Americans and European-Americans. He found that within each ethnic group females were more open and had less stigma tolerance than their respective ethnic males. He also found that stigma tolerance is higher for both male and female European American subjects than for either male or

female Mexican-Americans. Of importance is the knowledge that Overman translated the ATSPPHS into Spanish. The process he used was one in which two bilingual translators compared their independent translations and synthesized a final version that they both agreed on. The method Overman used is not the “two back method” that will be discussed latter in this dissertation and that I will be using. Also significant, however, is the recognition that Overman did not establish the psychometric properties of such translation nor did he address issues of internal consistency measures for his study.

In a dissertation study conducted by Ramirez-Canul (1994), 97 Mexican-American university students were recruited to assess the relationship between the factors of acculturation, stress, and discrimination, and counseling attitudes (help-seeking attitudes) of the sample. Of importance to this study was Ramirez-Canul’s hypothesis that the more acculturated Mexican-American’s would have more favorable attitudes toward counseling was not supported. The researcher also examined gender differences and help-seeking attitudes of the sample. She found that there were only gender differences when the ATSPPHS scale was broken down into its four factors: 1) recognition of personal need for professional psychological help, 2) tolerance of stigma associated with psychological help, 3) interpersonal openness regarding one’s problems and 4) confidence in the mental health profession. Ramirez-Canul found statistical significance with the factors recognition of personal need for professional psychological service, and in confidence in the mental health profession for females, for women had more favorable attitudes toward help-seeking than men based on the need and confidence subscales.

In a dissertation study conducted by Gonzalez (1996), a sample of 267 people (125 males and 142 females) was recruited to participate in the study. These volunteers came from a variety of settings including: institutions where English as a Second Language was taught, patrons and employees of American and Mexican restraints, and a medical clinic that treated indigent patients. The purpose of the study was to investigate whether attitudes toward psychotherapy were related to the following: level of acculturation of Mexican-Americans, gender, age, and socioeconomic status. Based on Hollingshead & Redlich's (1958) SES classification system, the participants were comprised of 28.5% belonging to lowest socioeconomic status, 14.6% were in the low status, 16.9% were in the middle status, 31.1% in the high status, and 9% in the highest status. Gonzalez further condensed these categories into three groups: low (43.1%), middle (16.9%) and high (40.0%). She measured acculturation level by using the ARSMA by Cuellar et al. (1980). Based on a 5-point scale her population was composed of the following: 23.2% were in the "very Mexican" category, 12.7% in the "Mexican Oriented bicultural" category, 24.3% in the "True Bicultural" category, 36.0% in the "Anglo-Oriented Bicultural" category, and 3.7% in the "Very Anglicized" category. Contradicting other studies (Blas-Rivas, 1981; Sanchez & Atkinson, 1983) Gonzalez found that higher acculturation levels meant more negative attitudes toward psychotherapy. She also found that Mexican-American women had more positive attitudes toward psychotherapy than Mexican-American men, for "gender was still a significant predictor of attitudes toward psychotherapy" (p.59). Gonzales also found that higher SES levels in Mexican-Americans did not contribute to a more positive attitude toward psychotherapy than lower SES levels in Mexican-Americans. Moreover, "there

was no significant interaction between gender and SES and attitudes toward psychotherapy” (p. 56-57). In short, when Gonzalez considered SES, gender, and acculturation level, she found that one’s attitude toward seeking psychotherapy was related to one’s level of acculturation and one’s gender, respectively.

In a dissertation study by Torres (1996) a sample of 83 Puerto Rican, Midwestern UNITED STATES adult residents were recruited for the study. Her sample consisted of 26 males and 57 females. Torres was interested in understanding the impact acculturation, education, and religious beliefs had on help-seeking attitudes of the sample. Her participants had the option of taking the questionnaires in English or Spanish. However, she does not report what translations procedures she used. Utilizing a multiple regression analysis Torres found that none of her variables were significant predictors of help-seeking attitudes.

Internal Consistency

In the following section I will discuss the total scale internal consistency/reliability (α/r) of Fischer and Turner’s (1970) ATSPPHS long version and of Fischer and Farina’s (1995) ATSPPHS-S, as well as some of the internal consistency/ reliability indices of the modified forms of the instrument. The subscale reliability will be discussed in the next section.

Internal consistency of Fischer and Turner’s (1970) ATSPPHS. In this paragraph I look at six studies that discuss the internal consistency/reliability coefficient of the ATSPPHS. The Fischer and Turner (1970) original study found the ATSPPHS to have an internal consistency/reliability coefficient of .83-.86. To assess the internal consistency of ATSPPHS, Good et al. (1989) used the Cronbach’s alpha approach and

found the alpha to be .84. Lopez et al. (1998) obtained a Cronbach alpha coefficient of .89. Cepeda-Benito and Short (1998) obtained a reliability analysis of alpha .87. Gloria et al. (2001), using the modified form of the ATSPPHS (ATSPPHS-M), obtained an internal consistency coefficient of .87 (Caucasians; .87; REMS-minorities; .86; 87 females; and .86 males). In a study by Uffelman and Hardin (2002) internal consistency/reliability for the ATSPPHS as measured by alpha was .87.

As demonstrated by the six studies above and the original study establishing the psychometric properties of Fischer and Turner's ATSPPHS there is a range of the internal consistency/reliability coefficient of .83-.93. This indicates that there is adequate consistency in the instrument. This dissertation examined reliability indices to determine if such indices were comparable for my Spanish translated version of the ATSPPHS (S-ATSPPHS); if so, I can potentially deduce that the S-ATSPPHS is a reliable instrument to determine the help-seeking attitudes of Latinos/as when translated.

Internal consistency of Fischer and Farina's (1995) ATSPPHS-S. In this paragraph, I discuss two studies that look at internal consistency/reliability (alpha/r) of the Fischer and Farina ATSPPHS-S and one study that addresses test-retest reliability. The Fischer and Farina ATSPPHS-S original study found an internal consistency/reliability coefficient of Cronbach's alpha of .84 on their 10 item instrument. To assess internal consistency Constantine (2002) used the Cronbach Alpha approach and found it to be .83. Furthermore, Gonzalez et al. (2002) concluded in their study that the ATPPHS-S had a reliability factor of .80 and .79 in a test-retest at a one-week follow up. These studies indicate that there is adequate consistency in the instrument. This dissertation study was set up to determine if such is the case for the translated version of

the ATSPPHS-S in this study. If this holds true then we can perhaps assume that the ATPPHS-S is a reliable instrument to determine the help-seeking attitudes of Latinos/as when it's translated into Spanish. For my study, I am hypothesizing the Spanish translation will possess adequate internal consistency ($>.70$) as well as consistency of scores across time.

Factor Structure of Fischer and Turner's (1970) ATSPPHS Long Version

The authors (Fischer and Turner), in an effort to uncover dimensions of help-seeking attitudes, executed a number (three) of factor structure analyses by inter-correlating (product-moment r) the responses to the 29-item questionnaire. They extracted the centroid factors from the correlation matrix. This extraction was completed by using the "unreiterated highest coefficients per column communality estimates" (p. 84). By using the Harman (1960) method, "three, four and five factors were orthogonally rotated to the normal Varimax criterion" (p. 84). A second analysis was conducted and the authors replicated the factor analysis in view of sex differences and concluded that the four factorial concepts held true. In total Fischer and Turner (1970) conducted three factor analyses (but only provide information about two) and despite the large heterogeneity between the samples they found that the four factor structure was stable across the three factorial analyses. Fischer and Turner found four factors: 1) recognition of personal *need* for professional psychological help; 2) tolerance of *stigma* associated with psychological help; 3) interpersonal openness regarding one's problems; and 4) confidence in the mental health profession.

Fischer and Turner (1970) found the alpha reliabilities for the four factors to be the following: 1) recognition of personal *need* for professional psychological help

($\alpha = .67$); 2) tolerance of *stigma* associated with psychological help ($\alpha = .70$); 3) interpersonal openness regarding one's problems ($\alpha = .62$); and 4) confidence in the mental health profession ($\alpha = .74$).

Although, Fischer and Turner (1970) suggested using the ATSPPHS as a whole scale rather than using its four factors separately (due to the low reliability of two of the four factors- need (.62) and openness (.67)), there is the potential that the four factors might actually be stronger in the Latino/a population. This potential might be possible due to the differences between the sample in the original study and the sample in this dissertation study (Latinos/as). In a study by Good and Wood (1995), the reliability estimates for the four factors were as follows: need ($r = .76$), stigma ($r = .69$), openness (.53), and confidence ($r = .71$). There is some questioning on factors 2(stigma) and 3(openness) as their internal consistency (α) falls below .70. In a study by Uffelman and Hardin (2002), it was found that the alpha scores for the four factor structure of the ATSPPHS was as follows: recognition of need (.83), stigma tolerance (.26), interpersonal openness (.97), and confidence in mental health practitioners (.99).

As demonstrated by Fischer and Turner (1970) in their original study, Good and Wood (1995) and Uffelman and Hardin (2002) also found the argument for the use of a factor structure for the long version of the ATSPPHS to be weak. This weakness is seemingly addressed when utilizing Fischer and Farina's (1995) short version of the ATSPPHS because the shorter scale uses only one total score. The longer version's factor structure is questioned several times even initially by its own authors who purport that its validity/reliability is better served when the whole scale is used rather than

separate factors of the scale. Therefore, I chose not to utilize the four sub-scales/four factors of the ATSPPHS, rather I used only a total scale score.

External Correlates of ATSPPHS and ATSPPHS-S

In order to further determine and assess the construct validity of the Spanish translated instrument developed for this dissertation study and to uncover possible issues in its construct validity (if available in the above studies reviewed) the following external correlates will be reviewed: acculturation; education and ruralism; SES; previous treatment and treatment outcome; and gender. Not all of these external correlates were covered by the literature review above. The studies reviewed will be in chronological order. They will also focus on the external correlates. I will bring up the Fischer and Turner (1970) and Fischer and Farina (1995) studies when they relate to the external correlates. The structure is the following: discussion of the specific external correlate being studied and where the Fischer and Turner, and the Fischer and Farina forms are used with non-Latino/a subjects, discussion of the specific external correlate being studied and where the Fischer and Turner, and the Fischer and Farina forms are used with Latino/a subjects, general literature on the external correlate, and conclusions.

External correlate: acculturation. The studies that focused on non-Latinos/as and acculturation were Atkinson and Gim (1989); and Tata and Leong (1994). They concluded that acculturation was related to attitudes toward help-seeking; the higher the acculturation level the more positive the attitudes toward seeking professional psychological help. Although, Atkinson et al. (1984); Delphin and Rollock (1995); and Gloria et al. (2001) did not use acculturation levels, they concluded that their respective minority groups in their studies had lower help-seeking scores than their European-

American study subjects. Pugh (2000), using the ATSPPHS-S, did not find any differences between the minority group members in her study and the European-American subjects.

The studies that looked at acculturation and focused on Latinos/as were the following: Blas-Rivas (1981); Sanchez and Atkinson (1983); Torres (1996); and Gonzalez (1996). Their findings are at times contradictory. For instance, Blas-Rivas studied the relationship of acculturation levels of Hispanics to help-seeking attitudes and found that Hispanics with higher levels of acculturation had higher scores on the interpersonal openness subscales than the less acculturated (more traditional) individuals. Blas-Rivas also found that there was no difference between Anglo-oriented and traditional Hispanics on the sub-scale recognition of need for psychological help. In addressing the ATSPPHS sub-scale stigma tolerance, Blas-Rivas found that there was no difference between traditional and non-traditional Hispanics. Furthermore, with respect to interpersonal openness he concluded that those participants who considered themselves to be more traditionally Hispanic had higher levels of reluctance than those Anglo-oriented Hispanics. Blas-Rivas also concluded that more traditional Hispanics had equivalent help-seeking attitudes as Anglo-oriented Hispanics. Therefore, Blas-Rivas concluded that generally Hispanics have positive attitudes toward mental health (have positive attitudes toward seeking professional psychological help).

While, Sanchez and Atkinson (1983) found that the more committed to the Mexican-American culture the subject (lower level of acculturation) was, the more negative the attitudes toward help-seeking, Gonzales (1996) found otherwise. Gonzalez found that those participants who had higher acculturation levels actually had more

negative attitudes toward therapy. Finally, Torres actually found no statistically significant relationship between levels of acculturation and attitudes toward help-seeking.

In the rest of the acculturation section I will discuss the following: culture, cultural identity/acculturation, and biculturalism. In this section I will attempt to connect the definitions of culture, cultural identity, acculturation, and bi-culturalism and help-seeking attitudes. I will briefly discuss cultural identity, but only in the context of how it relates to help-seeking.

When considering the notion of one's culture it is important to recognize that culture can be defined in numerous ways. For instance, according to Galanti (1991) culture can be defined as encompassing learned beliefs and behaviors that are shared by a group and that influence the way an individual perceives and shapes his or her world. Betancourt and Lopez (1993) define culture as the values, beliefs, and practices that pertain to a given ethno-group. According to Berry (1989) "acculturation describes a process of adaptation/assimilation by a racial or ethnic group to a host culture, and it can occur in sedentary or migrant individuals, not only voluntarily among immigrants but involuntarily among indigenous people" (p. 58). He further describes several adaptations or stages in acculturation: traditionality/separation, marginalization, integration or biculturalism, and assimilation or cultural identification/relationship with other groups. For Berry there is the assumption that biculturalism/integration is the healthiest stage. Acculturation is a dynamic and flowing process. Biculturalism avoids a polarized and stagnant view of acculturation. A further understanding is that when an individual adapts/adopts a culture it does not necessarily mean that they are letting go of their traditional culture. "Biculturalism is a coping mechanism against the pressures of

acculturation that allows the individual to feel comfortable in two diverse cultural environments by simultaneously accommodating the mainstream culture while at the same time maintaining an attachment to the culture of origin” (Szapocznik & Kurtines, 1993, p. 264).

Given the above definition and discussion according to Turner (1996) it is clear that culture and level of acculturation will affect a person’s interaction with and perception of reality. Moreover, the level of one’s acculturation influences one’s adherence to traditional perceptions of illness/disease and non-traditional western views of health. Guin (1998) in a literature review concludes that acculturation is an important factor and can have many negative effects on help-seeking. Understanding an individual’s culture, acculturation, and bi-cultural level can be important in understanding an individual’s health-seeking behavior/attitudes.

Various researchers (Hazuda, Haffner, Stern, & Eifler, 1988; O’Brien, 1982) have discussed the idea that lower levels of acculturation and socioeconomic status are associated with lower levels of accessing doctors and health services by Latinos/as. However, the literature (Canino, Burnam, and Caetano, 1991; Cherpitel, 1992) also discusses the idea that as the acculturation level increases there is a period of time where there is some cultural dissonance and the individual does not feel like they fit in any culture. During such periods of cultural dissonance higher prevalence rate of alcohol and drug consumption in Latinos/as occurs. Of interest is the findings on migrant workers of Latino/a origins by Alderete, Vega, and Kolody, (2000) who reported that as the length of stay in the United States increases for the migrant individual, so does the prevalence of psychiatric disorders.

Other researchers (Padilla, 1980; Mainous, 1989) discuss the idea that an individual's identity/self evaluation comes from the reference point of the community they are in. Furthermore, if these individuals are not part of that community because of race or culture, there is a loss of identity:

“... the loss of identity and social support and the attendant acculturative stress can destroy both the will and the ability to cope with life's challenges (Aneshensel & Frerichs, 1982; Rogler et al., 1991; Vega, Kolody, Valle, & Hough, 1986; Williams, Ware, & Donald, 1981). The greater level of acculturative stress the less likely one is to invest in the development of skills or the accumulation of resources that could be helpful in difficult circumstances. One is also less likely to use his or her ingenuity, energy, or abilities to prepare for or avoid problems (Smart & Smart, 1995, p. 392)”.

Consequently, there is a loss in ability or willingness to seek help (more negative attitudes toward seeking professional psychological help).

Along with acculturative stress comes the experience of discrimination, where those who are less educated, less acculturated, not White and do not speak English well, will experience more discrimination. Researchers have concluded that discrimination, like other psychosocial stressors, leads to psychological and physical illnesses such as stress, anxiety, depression, phobic anxiety, paranoid ideation, psychoticism, hostility, and interpersonal sensitivity (Al-Issa, 1997; Dion & Giordano, 1990). Finch, Hummer, Kolody, and Vega (2001) offer similar conclusions about Mexican-American adults who experienced discrimination. The conundrum is that acculturation and discrimination

issues lead the person to have more need of health/mental health services, but low acculturation and high discrimination also lead the individual in need not to seek such services because of mistrust or lack of understanding or knowledge of such services.

In conclusion, although there are contradictory literature findings, it seems that the acculturation literature review and the studies on the long and short ATSPPHS scale point to the fact that culture is a significant factor in help-seeking. Thus, acculturation should be a significant factor in the help-seeking attitudes in the Latino/a population I am studying. There are some mitigating factors in the possible results just mentioned. The mitigating factors are the external correlates studied (education and ruralism, SES, previous treatment and its outcomes, and gender). I am hypothesizing that some of the affects of acculturation in the population I am studying should be that the less acculturated to U.S culture the subject is, the less like likely they are to have positive help-seeking attitudes. In essence, high acculturated individuals should still hold more positive help-seeking attitudes than the low acculturated individuals. As I am using an acculturation scale that is a continuous scale I should be able to look at the impact acculturation has across acculturation levels. As discussed earlier in this dissertation, it is important to determine help-seeking attitudes to achieve a greater understanding of such attitudes we need to better understand where the individual is culturally and therefore if my translation of the ATSPPHS is adequate the above arguments on acculturation should stand.

External correlate: Education. The following two studies focus on non-Latino subjects and they look at education as a factor affecting help-seeking: Fischer and Turner (1970); and Fischer and Cohen (1972). Fischer and Cohen directly studied education

levels and found that the higher the education level, the more positive the attitudes toward seeking professional psychological help. Although, Fischer and Turner also looked at education, their findings were not addressed in their published article. My own comparison of the reported ATSPPHS help-seeking scores, means, and standard deviations suggests that there were differences associated with education, for college students had more positive attitudes toward seeking professional psychological help than high school students.

Only Valdes (1984) explored education level as a factor in help-seeking while studying Latino/a subjects. Valdes found that differences in help-seeking scores were not significant between Mexican-Americans and European-Americans when education and SES were similar. Valdes found that high school graduates and lower SES subjects had lower help-seeking scores than college educated and higher SES subjects. Therefore, he concluded that the higher the education levels the more positive the help-seeking attitudes.

Based on the above studies it is evident that education level is a contributing factor to help-seeking attitudes. Although, the literature does point to a relationship between education and SES together, education on its own is a contributing factor in help-seeking attitudes. The above studies tend to indicate a relationship between lower education levels and more negative help-seeking attitudes. Therefore, if my translation of the ATSPPHS is adequate the above findings should hold in my dissertation study. I hypothesized that as subject's education level increases so will their positive help-seeking attitudes.

External correlate: Geographic location. In looking at the effects of geographic location on help-seeking Valdes (1984) was the only researcher who used the ATSPPHS. He found that rural Mexican-Americans had significantly lower ATSPPHS scores than urban Mexican-Americans and European-Americans. Furthermore, although there were some significantly different subscale scores, he found that urban Mexican-Americans did not differ significantly in their ATSPPHS total scores than European-Americans (Valdes did not differentiate between urban and rural European-Americans and just compiled them as one group).

In an interview of 21 potential immigrants from rural Mexico, Salgado de Snyder, et al. (1998), discuss how many studies have neglected addressing the influences of prior immigration socialization practices and health-related beliefs and behaviors that Mexicans, especially in rural settings, learn in their own cultural context. It is my belief that cultural context of origin is relevant to all immigrants. Salgado de Snyder, et al. discuss that although the literature supports Mexican-Americans accessing general medical services even when they have psychological issues, in their studies they found that less acculturated Mexicans/Mexican-Americans tended not to access any services. Salgado de Snyder et al. did a qualitative study of Mexican adults in rural areas with interviews and ethnographic reports. The help-seeking process the researchers found in chronological order was as follows: 1) identify if the problem is physical or psychological, 2) utilize self care based on their knowledge of herbs, over the counter medicines, diets, and self-control (will power, prayer, and other alternative healing practices), 3) help-seeking from the community, 4) informal services (priests, pharmacists, health assistant/nurse, and curandero) 5) formal services (physician) and 6)

specialist: medical/psychiatric/psychological (individuals are referred to specialist by physicians). They found that the rural Mexican-American individuals in their study tended to have a difficult time differentiating between a psychological problem and physical problem because they see them as interconnected and continuous. They also found that these individuals have a high tolerance for pain and go on with their lives overlooking even severe symptoms until they interfere with their responsibilities (work). They believe that because some of these immigrants' geographic origins (geographic isolation, low levels of education, low socio-economic conditions, under employment, misinformation about health services and overall context of poverty), the majority of them do not have the exposure to formal health, and mental health services in their own country. Furthermore, Salgado de Snyder, et al. believed that the same behaviors and beliefs that rural individuals internalized in their communities of origin are expressed and repeated when they are in the United States. The conclusions of the researchers were that an individual's rural background affects help-seeking patterns. It is my opinion that these cultural patterns are passed on to their children, and they are further reinforced if these individuals reside or have resided in rural areas in the United States.

In the United States, using data from a panel study of 1487 adults living in rural and semi rural settings (rural villages of under 2,500 or small towns of 2,500-9,999 people), Hoyt, Conger, Gaffney, Valde, and Weihs (1997) concluded that the more rural environment an individual comes from the higher level of stigma and reluctance to seeking care that the individual had (their instrument were not based on the ATSPPHS). Furthermore, these researchers concluded that the level of ruralism had a positive correlation with the level of depression in rural men. They also commented on the

agrarian values that are conducive to stigma and depression. These agrarian values are: male independence, conservatism, self-reliance and close-knit ties among neighbors.

In a domestic violence study of 102 rural women (in the Southwest) of which 72% were Hispanic, Krishnan, Hilbert, & Van Leeuwen (2001), believe that there are certain rural values that impede addressing domestic violence in rural communities. Krishnan, et al. believes that these values are the following: acceptance of violence against women, family privacy, and local loyalties. In addition to these values, there are certain norms that hinder a woman from sharing the occurrence of the violence with family and friends or to seek outside help. The authors report that the major obstacles for these rural women in help-seeking are the following: extreme physical isolation, limited accessibility and access to appropriate social and health services, patriarchal family structures and views, and strong religious beliefs. However, Krishnan, et al. also discuss that there are some familial and cultural barriers to help-seeking in rural areas. Of importance was that the demographics of their sample demonstrated a majority of the participants were Latinas. They presented rural cultural barriers as affecting majority (Caucasian) and minority women (Latinas) similarly.

Fox, Blank, Rovnyak, and Barnett (2001), in a study of 646 randomly chosen rural individuals who were screened for eight mental disorders using the Composite International Diagnostic Interview Short Form, reported on barriers in help-seeking. Fox et al. compared what they considered to be the most commonly cited severe factors in the reluctance of impoverished rural individuals in help-seeking and found the most common reasons to be the following: 1) not recognizing symptoms of mental illness, 2) cost of care, 3) not knowing where to go, 4) lack of insurance, 5) unavailability of providers, 6)

lack of transportation, 7) stigma, and 8) worry about unfair treatment. After studying the above eight factors, Fox, et al. concluded that the most commonly cited barriers to help-seeking reported by the rural individuals were the following: cost of care (40.0%), lack of insurance (30.4%), non convenient hours (18.1%), and unavailability of care (15.0%). An educational intervention was used and one month later a post-test was given to a sub-sample of 142 individuals. The results of this post-test demonstrated that the top four barriers reported by the sub-sample a month earlier (not knowing where to go, cost, lack of insurance, etc.) were reported much less frequently as barriers. Amazingly though, 94% of those screened as needing help, had not sought help and believed that there was no need to seek care.

It seems that rural background is a significant factor that shows a negative correlation with help-seeking attitudes. There is little literature using the long or short ATSPPHS and its relationship with ruralism. However the literature clearly indicates that rural individuals tend not to use services. As mentioned in the literature review of the ATSPPHS, Esters et al. (1998) discussed the especially high level of stigma in seeking psychological help by rural populations. The literature indicates that rural individuals tend to have more of an issue with stigma, are less knowledgeable of mental health and its services, and tend to be more self-sufficient. This self sufficiency is exemplified in the study done by Kunkel (1988) in Mexico where an individual does not seek services unless his/her health issue severely impedes the ability to be responsible. This was also exemplified by the studies conducted by Fox et al. where even after the rural individuals knew what warranted seeking help and they themselves had been

screened positive for those needs, they still did not seek services because they felt they did not need them.

As indicated by the section on help-seeking and rural background above, the literature seems to point to the relationship of being from a rural background and low levels of help-seeking. I believe when individuals move to the city or emigrate to the United States from rural areas, they bring with them the same attitudes and perception about seeking professional psychological help as those who still reside rurally. This will hold true until those migrating become acculturated to new perceptions of help-seeking. Therefore, if my ATSPPHS translation is adequate, I am hypothesizing that participants that are from a rural background will have more negative help-seeking attitudes than urban participants.

External correlate: Socioeconomic Status. Fischer and Cohen (1972) focused on non-Latino/a subjects and looked at SES as an influential factor in help-seeking. Fischer and Cohen hypothesized that SES would affect help-seeking. However, their findings did not support a relationship between help-seeking and SES alone. The effect Fischer and Cohen did find was the conjunctive relationship that SES and education had on help-seeking. Fischer and Cohen found that the conjunctive relationship of SES and education was related to only middle and lower class subjects. Their data showed that education level acted as a moderating factor for the negative help-seeking attitudes of lower and middle class. Greenblatt and Norman (1982) in a literature review of Hispanic Mental health use emphasized the importance of controlling for socioeconomic demographics, gender, age, and Hispanic origin (country of origin). Greenblatt and Norman concluded that it is important to take SES into account especially since it affects what the individual

will attribute their illness to and thereby affect their help-seeking attitudes. These researchers assert that those from lower SES settings are less likely to consider their illness to be caused by emotional issues, for they live on more of a survival mode and thus are not afforded the luxury of thinking about seeking psychological help. Schnittker, Freese, and Powell (2000) also support that individual attributional beliefs about mental illness may shape their views of help-seeking behaviors. Fischer and Turner did address SES in their 1970 study; they reported that the lower the SES the more negative the attitudes toward help-seeking, however, they also reported that education moderated the negative attitudes. That is, the higher the education level, even if SES was low, the more positive the attitudes toward help-seeking.

There were two studies that looked at SES and focused on Latinos/as using the ATSPPHS. The two studies were Valdes (1984) and Gonzalez (1996). Valdes (1984) concluded that lower SES levels meant lower openness scores on the ATSPPHS. However, Gonzalez found no relationship between SES and help-seeking attitudes (ATSPPHS).

According to Liu, Ali, Geoff-Hoops, and Kwesi-Pickett (2004) social class is one of the most important cultural dimensions when working with individuals and yet it is one of the cultural variables that is most highly understudied in psychology literature and research. Liu et al. report on several studies that demonstrate the importance of social class as a contributing factor to mental health. Liu et al. also discuss the negative perception that people in general have towards those in the lower class categories. Liu et al. believe that this negative view of lower class/poor individuals leads to stereotypes and classism. Lott (2002) also points to the discrimination that poor people experience and

also labels it as classism. Lott discusses that there is a cognitive and behavioral distancing by those in the higher classes from those in the lower class. According to Lott this distancing even occurs in those individuals in the helping field because mental health professionals are uncomfortable working with the poor populations. Could this classism and emotional/behavioral distancing in society lead those in the lower SES levels to distrust even those in the helping field? If this is the case then it is likely that those in with lower SES levels will likely have more negative help-seeking attitudes.

In a qualitative study of 52 Mexican and Mexican-American women, Borrayo and Jenkins (2003) discuss that women with the most traditional health beliefs tended to have lower levels of acculturation, education and income. These same women were less likely to seek health services. The traditional beliefs of those women contradicted western views and consequently they had more negative help-seeking views.

Based on the above studies and on the literature we can see that although at times there is a relationship between ruralism, education and SES, the general trend is that SES on its own is a contributing factor in attitudes toward seeking professional psychological help. The literature supports that lower SES levels tend to indicate more negative attitudes toward seeking professional psychological help. Therefore, I do not expect a difference between my findings and those in the literature if my ATSPPHS translation is adequate.

External correlate: Previous treatment. The following studies addressed previous treatment and its relationship to help-seeking with non-Latinos/as subjects: Fischer and Turner (1970); Cash et al. (1978); Zeldow and Greenberg (1979); Furnham and Andrew (1996); and Gonzalez et al. (2002). There were three studies that supported that previous

treatment led to more positive help-seeking attitudes (Fischer & Turner; Cash et al.; Gonzalez et al.). While Zeldow and Greenberg did not report if previous treatment led to more positive help-seeking attitudes, they did report on how the ATSPPHS can not distinguish between those individual who had previous treatment and those who did not. The ATSPPHS's ability to predict previous mental health treatment was one of the tenets ascribed to the ATSPPHS by Fischer and Turner in the original study. Cash et al. found that those subjects that had previous therapy experience had higher ATSPPHS scores than those who had not received prior psychological help. Furnham and Andrew concluded that the number of years their subjects lived in England, previous contact with a therapist, and the emotional distress of the individual affected help-seeking attitudes. They concluded that individuals with previous therapy contact had more positive help-seeking attitudes.

Although there were no studies focusing on previous mental health experience that used the ATSPPHS focused on Latinos/as directly, in the findings of Blas-Rivas (1981), there were a large percentage of subjects who had received prior mental health treatment (14%). Blas-Rivas' findings demonstrated that his subjects in general had positive help-seeking attitudes. Could the fact that this large percentage of previous mental health experience lead to the positive attitude toward help-seeking in his subjects?

It is my belief that one of the reasons Latinos/as might have more negative attitudes toward counseling is because of their lack of exposure to such a service. Therefore, based on the literature and this belief I am concluding that if the translation of the ATSPPHS measured the same construct as the English version, then my results will

have demonstrated that those individuals with previous exposure to psychological services will have more positive help-seeking attitudes.

External correlate: Gender. The studies that looked at the affects of gender on help-seeking and used the ATSPPHS focusing on non-Latino/a subjects were the following: Fischer and turner (1970); Zaldow and Greenberg (1979); Atkinson et al. (1984); Atkinson and Gim (1989); Tata and Leong (1994); Kelly and Achter (1995); Lopez et al. (1998); Leong and Zachar (1999); Gloria et al. (2001); and Pugh (2000). The following studies found that women have more positive help-seeking attitudes then men: Fischer and Turner; Tata and Leong; Kelly and Achter; Lopez et al.; Melendez, et al.; Leong and Zachar; and Gloria et al. However, Zaldow and Greenberg; Atkinson and et al.; Atkinson and Gim; Lopez, et al.; and Pugh found that gender was not a significant factor in help-seeking attitudes (there were no gender differences in help-seeking).

The Latino/a studies using the ATSPPHS and examining gender as a factor of help-seeking were the following: Sanchez and Atkinson (1983); Valdes (1984); and Gonzalez (1996). All of these studies demonstrated that the Latina/Hispanic females had more positive attitudes toward help-seeking than their respective males. Although Valdes also found the same for general help-seeking scores, he found that self-disclosure scores were not statistically significant across gender for either Mexican-Americans or European-Americans.

In general, the studies that looked at gender found that women tend to have more positive help-seeking attitudes than men. If the Spanish translation of the ATSPPHS in this dissertation is adequate and measures the same construct as the English version, I expect that the women in my study will have more positive help-seeking attitudes than

the men. If such scoring does not occur then there is a possibility that my translation is not adequate and might not be adequately measuring help-seeking attitudes.

Translation

In the above sections I discuss the psychometric properties and the importance of the ATSPPHS and the ATSPPHS-S. I also discuss the external correlates that are important to help-seeking. Furthermore, I make the case for the need of a Spanish version of the two scales. In the next two paragraphs I will discuss the complexities of and the best method of translating an instrument from English into Spanish.

When we think about translating most of us think about it in a very simplistic manner. Most often approaches usually consist of transforming one language form into another. However, sometimes the expertise level of the translator is not considered and neither is the language the translator has been trained and/or raised in. For example, not all English, or Spanish is the same. There are regional differences within the English spoken in the United States. Likewise; there are regional differences within individual Spanish speaking countries. The Spanish spoken in different countries accentuates these differences. The English spoken in the United States is different based on regions such as Eastern, Southern, Western, and Midwestern. For instance, there would be a large difference in the English of a New Englander and someone from the Ozarks or Appalachia. Similar nuances in language would occur between for example, the English spoken in the United States, England, New Zealand, etc. For example, the area where I am from was so isolated until the last 20 years that the Spanish spoken there by the elders had some similarities to Spanish spoken in the 17th and 18th century. Regional differences in the Spanish language can be related to isolation, low levels of education

and other language influences such as Native American, African, French, Portuguese, and English.

To address regional differences in the language and in order for a translated instrument to be valid, it is of the utmost importance to have an instrument that avoids or at least acknowledges these differences. Umana-Taylor and Fine (2001) discuss that not only are there dialect differences among Latinos/as, but there is a great difference in their history in the United States and as a consequence, there are “different meanings attached to psychological constructs” (p. 349). I do not believe that there can be an instrument that is completely understood in the same way by all Latinos/as. This difficulty in having a universal translation is especially difficult because of low levels of education and regional and national differences. What that means is that a universal Spanish language does exist but is based on higher levels of education. The goal in the translation in this study, however, was to strive to eliminate as many regional or national nuances as possible in the translation; hence, the translators in this study were from different countries. Additionally in order to improve previous translations, I used the “conventional multi-step translation (two back method)” suggested in the writings of Herrera, Del Campo, and Ames (1993).

The “two back method” seems to be the method of choice in the literature. In the “two back method” approach one translator translates the instrument from the original language (in our case English) to the new language (in our case Spanish). After such a translation, a new translator translates the new translation to its original form (in our case Spanish back to English). The two translators then meet together and iron out possible discrepancies in the translation. The two translators then compromise on what they

consider the best translation. Some examples of studies using the “two back method” include the following: Cepeda-Benito, and Reig-Ferrer (2000); Dumka, Stoerzinger, Jackson, and Roosa (1996); Fouad and Spreda (1995); Glidden-Tracey and Greenwood (1997); Herrera et al. (1993); and Negy, Lachar, and Guber (1998). This approach was even used by Vernon and Miller (2001) in translating English written mental health literature into American Sign Language.

Conclusion

As reported above there is a strong need to understand Latino help-seeking attitudes, especially since Latinos/as tend to underutilize health services. Therefore there is a need for an instrument that can be used in assessing the help-seeking attitudes of the Latino/a population. As the Fischer and Turner (1970) ATSPPHS and the Fischer and Farina (1995) have been found to be reliable and valid instruments for assessing help-seeking attitudes, I have decided to utilize these instruments in my dissertation.

Although the literature supports the use of such instruments in determining help-seeking attitudes in order for these instruments to function and measure the help-seeking construct that they do in English, there is a need for an adequate Spanish translation. To address the adequacy of the Spanish translation I used the “two-back method” of translation. Furthermore, the literature discussed above indicates that there are certain general and Latino/a specific help-seeking trends and factors that affect help-seeking within this population. Thus, I used the literature-supported factors as external correlates in my study to further support or negate the validity of my Spanish translations of the ATSPPHS and ATSPPHS-S. The external correlates that I utilized were: acculturation, education, ruralism, SES, previous treatment and outcome, and gender. The external

correlates indirectly informed me as to whether the Spanish translated instrument measured the help-seeking construct that the English instruments measure.

To address the external correlates and to look at the adequacy of my translation of the two help seeking scales (ATSPPHS and ATSPPHS-S), I examined a number of hypotheses: higher levels of acculturation, education, and socioeconomic status will correlate positively with more positive help-seeking attitudes for Latinos/as; rural backgrounds will correlate negatively with more positive help-seeking attitudes for Latinos/as; previous treatment will correlate positively with more positive help-seeking attitudes for Latinos; and, Latina women will have more positive help-seeking attitudes than Latino men. Lastly, as mentioned before, I used the “two-back” method to translate both instruments.

In short, the majority of the prior studies reviewed and the general psychology literature support that low SES levels, being male, lower levels of education, rural background, low levels of acculturation, and lack of prior counseling services are variables that are associated with more negative attitudes toward seeking professional psychological help. Therefore, subjects in this dissertation who meet such criteria should also have lower S-ATSPPHS and S-ATSPPHS-S scores. If the subjects in this dissertation score differently than this trend, then this could bring into question the validity of the translation of the ATSPPHS/S and/or support the fact that the Spanish translated instruments do truly measuring help-seeking attitudes.

CHAPTER II

METHODOLOGY

In this chapter the following will be discussed: 1) the translation process for Fischer and Turner's (1970) Attitudes Toward Seeking Professional Psychological Help (ATSPPHS) and Fischer and Farina's (1995) Attitudes Toward Seeking Professional Psychological Help Short Scale (ATSPPHS-S) 2) participants, 3) recruitment and data collection procedures for each recruitment site, 4) instruments and scoring, and 5) hypotheses and statistical analyses.

Translation Process

While the long version of the ATSPPHS has been previously translated (Gonzalez, 1996; Overman, 1987), the translators failed to evaluate the reliability indices of this translation and failed to use the "best methods" for the translations as outlined by Herrera et al. (1993). Thus, for the purpose of this study there was a need to translate both the long and the short version of the ATSPPHS into Spanish. The procedure that was utilized to translate both forms of the instrument for this study was the conventional multi-step translation (two-step back method) that is suggested in the writings of Herrera et al. As discussed in chapter one, the two-step back method consists of a translator taking the original document, translating it from the original language (i.e. English) to the

new language (i.e. Spanish). After such a translation, another translator then translates the new document back into the original language. The translators then meet, compare the two versions, and reconcile the differences to each individual's satisfaction. Because Spanish is a language that has many dialects, I decided to utilize four translators (including myself). Three (including myself) were from Mexico, and another was from Central America. All translators were paid their normal professional fee for providing translation services.

Utilizing the procedure described above, Mr. Daniel Castro was contracted to translate both versions of the questionnaire into Spanish. Mr. Castro was qualified to do this task because he is a bilingual man who was born in Mexico. Further, he is often contracted to translate documents from English into Spanish and from Spanish into English for businesses, social agencies, and area public schools. At the time he translated this instrument, he was employed as the Assistant Director of Health and Outreach for Latinos at Spectrum Health (hospital system). Finally, he currently holds a bachelors degree in business, marketing, and communications from a university in Mexico. I then contracted with Ms. Suzanne Polanco a native of El Salvador. She also translated the two English instruments into Spanish. I then met with Ms. Polanco and compared Mr. Castro's translation, her translation and the one that I developed. Ms. Polanco and I agreed that there were some issues with the three translations. The two issues were that the translations were either too literal and/or the translations were too casual. Either way, there was a loss of meaning in the translation. Therefore, Ms. Polanco and I integrated the three translations taking into account regional language differences and came up with a version that we both felt was more understandable for everyone. This integrated

version was then given to Mrs. Irma West to translate back into English. Mrs. West is a native of Mexico who has worked for the local public school system for the past 15 years in different capacities. She has worked extensively with Caribbean, Mexican, Central American, and Mexican-American parents and students. She has also translated large amounts of literature from English to Spanish and vice versa. After Mrs. West translated the Spanish version of the two instruments to English, she and I met and discussed the discrepancies between Fischer and Turner's and Fischer and Farina's original English version with her translated version. We modified the Spanish version so that it would best fit the original English version. We discussed at length regional, class, and educational differences in order to come up with an adequate final Spanish translation. This is important because when there were discrepancies the two translators (she and I) discussed them and arrived at a compromise that made the instruments usable for individuals who speak different forms of Spanish because of their regional or national origins. While Ms. West and I still felt that there were alternative words that might be better than the words chosen we decided that these words would be very region/nation dependent. We concluded that our final version was the most universal.

Before I began this study, I received approval to conduct the study from Western Michigan University's (WMU) and Grand Valley State University's (GVSU) Human Subjects Review Board (See Appendix A). A few days before I received IRB approval from GVSU (I had received approval from WMU), I realized that I needed to make a change to my proposal, and thus I requested and received approval for the change from WMU IRB board (See Appendix B). As I had not received approval from GVSU before I requested the change from WMU, I simply provided the board with the information

about the change I requested permission to make from Western Michigan University's IRB board prior to securing approval.

The majority of this project was conducted in Spanish. Thus, prior to conducting the study all procedures, documents, and instruments were translated into Spanish with the exception of the following: the letter of introduction and intent for priest/pastor (See Appendix C); the letter of permission for the priest/pastor (See Appendix D), for I assumed that the priest's/pastor's were able to speak and read English fluently; and, Marin, Sabogal, VanOss, Marin, Otero-Sabogal, and Perez-Stable's (1987) instrument entitled *The Hispanic Short Acculturation Scale* (See Appendix E, for this instrument was already available in Spanish. I personally translated the following documents: the letter of introduction (See Appendix F); the description of the project (See Appendix G); and, the demographic questionnaire (See Appendix H). To ensure accuracy in the translated documents, I consulted with other Spanish professionals for assistance or suggestions. Both the long and short ATSPPHS were translated into Spanish by the two-step back method as discussed previously in this chapter 1 (See Appendices I and J).

Participants

Participants in this study consisted of 157 Latino/a adult individuals from a variety of national origins (based on a medium effect size, $\alpha = .05$, power = .80, and a 3 group ANOVA at least 150 subjects were needed for the study). The participants were recruited from three recruitment sites: 1) a predominately Spanish speaking church in the Midwest; 2) a GED class in the Midwest; and 3) English as a Second Language (ESL) classes at a proprietary school in a major metropolitan city in the South Central region of the United States. In order to participate in the study the individuals had to be at least

eighteen years of age. They had to be of Latino/a descent and either be fully bilingual or speak Spanish exclusively.

Recruitment and Data Collection Procedures

In this section of the chapter, I will discuss the recruitment and data collection procedures that were utilized to conduct the study. For simplicity and because the recruitment and data collection procedures were site specific, I will discuss the procedures for each site individually. I will begin by reporting the procedures I utilized to recruit participants and collect data from the church in the Midwest. Next, I will report the procedures I used for recruiting participants and collecting data from the GED class in the Midwest. Finally, I will report the recruitment and data collection procedures utilized for ESL students at the proprietary school in the South Central region of the United States.

Recruiting and data collection from local church in the Midwest. To connect with the church, I sent a letter of introduction and intent regarding my dissertation project (See Appendix C) to the priest of the church. After sending the letter, I contacted the priest by telephone and set up an appointment to meet with him to discuss the possibility of conducting the study at their church. At this meeting, I described the research project, discussed the importance of the study, provided a sample of the questions that I intended to ask, discussed confidentiality procedures, and discussed the role he would play, which was to introduce me to his parishioners at mass. At the end of this meeting, I obtained a letter of permission (See Appendix D) from the priest.

After I obtained the letter of permission, I attended the church services as designated by the consenting priest. The priest introduced me to his congregation (See

Appendix F) at which time I briefly described the project, explained that I was seeking volunteers who were fully bilingual or exclusively Spanish speaking (See Appendix G) for the study, and I informed the congregation that I would return the following week to administer the questionnaire to anyone who agreed to volunteer.

When I returned the following week, I explained the project again, and asked those who were interested in possibly participating to follow me to the designated meeting room. I then read an additional information sheet/consent document to all potential volunteers as a group (See Appendix K). Included in this document was information about the project, confidentiality, the actual procedure for participation, the time commitment required to complete the questionnaires (approximately 45-70 minutes), the potential risks and benefits (if any) as well as information that let the potential volunteers know that they had the option to refuse to participate at any time prior to returning the completed questionnaires. After hearing the information provided, I asked all those who wished to volunteer to remain; and, I thanked those who listened but did not wish to participate for their time and dismissed them. After those individuals who decided not to volunteer left the room, I again clarified the notion that all potential participants had the right to withdraw from the study at any time and I informed them that they had the option of placing an uncompleted or blank questionnaire in the box. It is important to note, while the risks of participating in the study were minimal to the participants there was a slight chance that some participants would experience some emotional discomfort when completing the questionnaires, for some of the questions were about their personal attitudes about help-seeking. I informed the participants that a referral list of therapists was attached to the consent document in the event that they felt

they needed to seek professional psychological services for any reason in the future (See Appendix L). Yet, since the risk of emotional discomfort was small, and I collected no names from any one, completion of the questionnaire indicated consent. Prior to administering the questionnaire, I informed all potential volunteers that the consent document (See Appendix E) was theirs to keep for their records. All participants were given enough time to complete the questionnaire. After completion of the questionnaire, the participants were instructed to fold the questionnaire and place it in a box.

Throughout the study the box remained in my possession and I was the only person who opened the box and retrieved the questionnaires. It is important to note, that participating in the study did not disrupt church services because the study was done after the church service.

There were three individuals who were fully bilingual to assist anyone who had difficulties with the questionnaire due to reading/comprehension problems. The three individuals were also on hand to read all questions and write responses for illiterate participants. These three individuals were qualified to perform the task because they each work in a setting that requires consistent contact with Spanish speaking people. For instance, one of the interpreters was qualified to perform this task because she is a vice principal of a middle school and has many years of experience in providing bilingual testing and assessments to Spanish speaking students; another interpreter is a public school administrative assistant who often coordinates services for Spanish speaking students; and, the final interpreter has a bachelors degree in business and currently does international correspondence with companies whose primary language is Spanish.

To show appreciation for the time commitment required for completing the questionnaires (approximately 45-70 minutes), all volunteers automatically qualified to participate in a raffle. To participate in the raffle, the participant simply placed the questionnaire in the box. Each participant was given a raffle ticket with a number that separates into two pieces. The participant kept one half of the ticket and placed his/her name and phone number on the second half of the ticket and placed the ticket in another box. Two weeks after all data collection ceased, I had a neutral party draw the name out of the box and I contacted the winner of the \$125.00 gift certificate to Best Buy. It is important to note, that there was no way to connect the raffle ticket to the questionnaire completed by the participants because there was no specific identifying information (i.e. name, SS, birth date, phone, address) on the questionnaires and the raffle ticket number was not placed anywhere on the questionnaire.

Recruiting and Data Collection for local GED class in the Midwest. To connect with the ESL/GED classes, I sent a letter of introduction and intent regarding my dissertation project (See Appendix C) to the director of the GED program at the site. After sending the letter, I contacted the director on the phone and set up an appointment and met with her to discuss the possibility of conducting the study at her facility. During the meeting, I described the research project, discussed the importance of the study, provided a sample of the questions that were to be asked, discussed confidentiality procedures, and discussed her role, which was to introduce me to the GED classes. At the end of this meeting, I obtained a letter of permission (See Appendix D). Out of respect for the way in which the director wanted to address his/her teachers about the project, I merely conducted the study in those classes that the director indicated the

teacher was willing to allow me to recruit volunteers from his/her classroom. The consenting director talked with his/her teachers to determine which ESL/GED classes were used for recruitment.

After obtaining the letter of permission, I attended the classes identified by the director. I went into the classroom when the director thought it was best and the teacher left the room after I was introduced to the class by the director or teacher. Because the director talked with the teachers to gain their consent, I did not need to obtain consent from them. Moreover, by having the teacher leave the room the students were ensured that their teacher would have no way of knowing who had or had not participated. When the director or teacher introduced me to the classes in question (See Appendix F), I briefly described the project, explained that I was seeking volunteers who are fully bilingual or exclusively Spanish speaking (appendix G) for the study, and I informed the class that I would return the following week to administer the questionnaire to anyone who agreed to volunteer.

When I returned the following week, I attended the class at the time identified by the teacher/director and the teacher left the room before I began talking about the project. I briefly explained the project and asked those who were interested in possibly participating to stay after class, go to the room designated by the director, or complete the questionnaire during class. When and where the potential volunteers filled out the questionnaires was dependent upon how the director/teacher wanted to handle the data collection. The teacher was not in the classroom at anytime during my discussion about the project or during the data collection process, thus ensuring the teacher did not know who did or did not participate in the study, which protected the students from feeling as

though they must participate because the director or their teacher wanted them to participate. I provided all potential participants with an information sheet/consent document (See Appendix K) and a referral list of therapists in the area (See Appendix L). I read the consent document to all potential volunteers as a group (See Appendix K). Included in this document was information about the project, confidentiality, the actual procedure for participation, the time commitment required to complete the questionnaires (approximately 45-70 minutes), the potential risks and benefits as well as information that let the potential volunteers know that they had the option to refuse to participate at any time prior to returning the completed questionnaires. After hearing the information provided, I asked all those who wished to volunteer to remain; and, I thanked those who listened but did not wish to participate for their time and dismissed them. After those individuals who decided not to volunteer left the room, I again clarified the notion that all potential participants had the right to withdraw from the study at any time and I informed them that they had the option of placing an uncompleted or blank questionnaire in the box. It is important to note, while the risks of participating in the study were minimal to the participants there was a slight chance that some participants may experience some emotional discomfort when completing the questionnaires, for some of the questions were about their personal attitudes about help-seeking. As stated above, a referral list of therapists (See Appendix L) was attached to the consent document (See Appendix K) (which was the document I was reading to the group). Yet, since the risk of emotional discomfort was small, and I didn't collect any names from any one, completion of the questionnaire indicated consent. Prior to administering the questionnaire, I informed the volunteers that the consent document (See Appendix K) was theirs to keep for their

records. All participants were given enough time to complete the questionnaire. After completion of the questionnaire, the participants were instructed to fold the questionnaire and place it in a box. Throughout the study, the box remained in my possession and I was the only one who opened the box and retrieves the questionnaires. It is important to note, that participating in the study did not disrupt class time because the study was being done after class.

There were three individuals who were fully bilingual to assist anyone who had difficulties with the questionnaire due to reading/comprehension problems. The three individuals were also on hand to read all questions and write responses for illiterate participants. These three individuals were qualified to perform the task because they each work in a setting that requires consistent contact with Spanish speaking people. For instance, one of the interpreters was qualified to perform this task because she is a vice principal of a middle school and has many years of experience in providing bilingual testing and assessments to Spanish speaking students; Another interpreter is a public school administrative assistant who often coordinates services for Spanish speaking students; and, the final interpreter has a bachelors degree in business and currently does international correspondence with companies whose primary language is Spanish.

To show appreciation for the time commitment required for completing the questionnaires (approximately 45-70 minutes), all volunteers automatically qualified to participate in a raffle. To participate in the raffle, the participant simply placed the questionnaire in the box. Each participant was given a raffle ticket with a number that separates into two pieces. The participant kept one half of the ticket and placed his/her name and phone number on the second half of the ticket and placed the ticket in another

box. Two weeks after all data collection ceased, I had a neutral party draw the name out of the box and I contacted the winner of the \$125.00 gift certificate to Best Buy. It is important to note, that there was no way to connect the raffle ticket to the questionnaire completed by the participants because there was no specific identifying information (i.e. name, SS, birth date, phone, address) on the questionnaires and the raffle ticket number was not placed anywhere on the questionnaire.

Recruiting and Data Collection from ESL Classes in South Central Region.

Because this site was in another state, to conduct the study at this location, I secured the assistance of three members of the staff at the college: the director of the ESL program, one Student Services Coordinators who is fully bi-lingual, and one Administrative Assistant who actually collected the data from the ESL classes. I explained the study to the director of the ESL program via telephone, I sent a letter summarizing our conversation (See Appendix M) to her, and she verbally agreed to aid me in collecting data at this location. Prior to collecting data at this location, a letter of agreement to conduct the study was mailed to me by the director of the ESL program (See Appendix N). Once I had the approval letter from her, I sent a script (See Appendix F) to the director in both English and Spanish. She gave this script to her administrative assistant, as she was the bi-lingual person who recruited volunteers from this proprietary school. Out of respect for the way in which the director wanted to address her teachers about the project, the administrative assistant merely addressed those classes that the director indicated the teacher of the class was willing to allow her to recruit volunteers from his/her classroom to participate in my study. The director talked with her teachers to determine which ESL/GED classes were to be used for recruitment.

The administrative assistant attended the classes identified by the director. She entered the classroom as the class was getting ready for a break, for then the teachers of the class did not need to provide consent and the teachers had no way of knowing who had or had not participated. The administrative assistant briefly told the class about me, described my project, explained that she was seeking volunteers who were fully bilingual or exclusively Spanish speaking (appendix G) for the study, and informed the class that she would return the following week to administer the questionnaire to anyone who agreed to volunteer. When she returned the following week, she attended the class right before the class break, briefly explained the project and asked those who were interested in possibly participating to join her in the designated meeting room (i.e. an empty classroom or conference room) after class. Having the students meet after class ensured that the teachers would not know who did or did not participate in the study, which protected the students from feeling as though they had to participate because the director or their teacher wanted them to. She then passed out to all potential participants an additional information sheet/consent document (Appendix K) and a referral list of therapists in the area (See Appendix L). She read the consent document to all potential volunteers as a group (See Appendix K). Included in this document was information about the project, confidentiality, the actual procedure for participation, the time commitment required to complete the questionnaires (approximately 45-70 minutes), the potential risks and benefits (if any) as well as information that let the potential volunteers know that they had the option to refuse to participate at any time prior to returning the completed questionnaires. After hearing the information provided, she asked all those who wished to volunteer to remain; and, she thanked those who listened but did not wish

to participate for their time and dismissed them. After those individuals who decided not to volunteer left the room, she clarified the notion that all potential participants had the right to withdraw from the study at any time and she informed them that they had the option of placing an uncompleted or blank questionnaire the box. It is important to note, while the risks of participating in the study were minimal to the participants there was a slight chance that some participants experienced some emotional discomfort when completing the questionnaires, for some of the questions were about their personal attitudes about help-seeking. As stated above, a referral list of therapists was attached to the consent documents (which was the document being read to the group by the administrative assistant). Yet, since the risk of emotional discomfort was small, and no names were collected from any one, completion of the questionnaire indicated consent. Prior to administering the questionnaire, the administrative assistant informed the volunteers that the consent document (See Appendix K) was theirs to keep for their records. All participants were given enough time to complete the questionnaire. After completion of the questionnaire, the participant was instructed to fold the questionnaire and place it in a box. Throughout data collection times at this site, the box remained in the administrative assistant's possession and after all data was collected she gave the box to the director who took the contents out of the box and mailed them directly to me. It is important to reiterate, that participating in the study did not disrupt class time because the study was done after class.

During the data collection process, there was an additional person (the student services coordinator) besides the administrative assistant who was fully bilingual to assist anyone who had difficulties with the questionnaire due to reading/comprehension

problems. The student services coordinator was also on hand to read all questions and write responses for illiterate participants. She was qualified to perform the task because she works in a setting that requires consistent contact with Spanish speaking people. To show appreciation for the time commitment required for completing the questionnaires (approximately 45-70 minutes), all volunteers were automatically qualified to participate in a raffle. To participate in the raffle, the participant simply placed the questionnaire in the box. They were given a raffle ticket with a number that separated into two pieces. The participant kept one half of the ticket and placed his/her name and phone number on the second half of the ticket and placed the ticket in another box. The ESL director placed the raffle tickets in a separate envelope and mailed both the questionnaires and the raffle tickets overnight express to me. As discussed in the prior data collection section, two weeks after all data collection ceased, I had a neutral party draw the name out of the box and contacted the winner of the \$125.00 gift certificate to Best Buy. It is important to note, that there was no way to connect the raffle ticket to the questionnaire completed by the participants because there was no specific identifying information (i.e. name, SS, birth date, phone, address) on the questionnaires and the raffle ticket number was not placed anywhere on the questionnaire.

Instruments

For this study, I utilized the following instruments that were translated into Spanish: a short demographic questionnaire, which I created (See Appendix H); Marin et al. (1987), *The Hispanic Short Acculturation Scale* (Appendix E); a translated version of Fischer and Turner's (1970) ATPPSHS, which I called *The Spanish Translation of the Attitudes Toward Seeking Professional Help Scale* (S-ATSPPSHS) (See Appendix I);

and a translated version of Fischer and Farina's (1995) ATPPHS-S, which I called *The Spanish Translation of the Attitudes Toward Seeking Professional Help Scale Short Scale* (S-ATSPPHS-S) (See Appendix J). It is important to note, I was given permission to translate both the ATSPPHS and the ATPPHS-S into Spanish for the purpose of conducting this study (See Appendix O). All participants received the instruments in Spanish. Additionally, I provided all participants with a referral list of therapists in the event that any participant experienced psychological discomfort from participating in the study (See Appendix L). I provided the research participants a research packet that included the above instruments in the following order: a consent document that provided directions for the whole participation procedure (this document was read to the participants and they were asked to read along), a short demographic questionnaire, the Short Acculturation Scale for Hispanics, the S-ATSPPHS, the S-ATSPPHS-S, and the referral list of therapists. Please note that what follows is a description of the English version of the instruments that were translated into Spanish and thus utilized in the study.

Short demographic questionnaire. Attached to the front of each S-ATSPPHS questionnaire I included a short demographic questionnaire (See Appendix H) which I developed and translated into Spanish (Lopez, 2004). This document consisted of the following information: age, gender, income level, geographic background (urban, suburban, and rural), educational level, experience with previous psychological services, and national/ethnic origin. This information was collected to aid in addressing the external correlates in the study.

Short acculturation scale for Hispanics. Because acculturation levels affect help-seeking attitudes, I utilized a Spanish version of the *Short Acculturation Scale for*

Hispanics (SASH) developed by Marin et al. (1987) as a means to assess the participants' acculturation levels (See Appendix E). Marin and colleagues define acculturation of Hispanics as "the modification in their values, norms, attitudes and behaviors" as a consequence of exposure to the cultural patterns of the United States (p. 184). Marin and colleagues argue that cultural change occurs when an immigrant group comes into contact with a new culture. The SASH (1987) looks at the acculturation level of Hispanics and categorizes them as either having a low or high acculturation level but the scale permits for continuous variable scoring. This instrument is a twelve-item scale that includes the following three factors: 1) Language Use; 2) Media (language of television programs, radio programs, etc); and 3) Ethnic Relations. This self-report instrument utilizes a five point Likert scale; respondents who circle number 1 identify as very American (high acculturation) while respondents who circle number 5 identify as more Latino/a than American (low acculturation). The authors suggest that an average total score of 2.99 should be the cut off point for those designated as less acculturated, while the more acculturated status should have an average score which is greater than 2.99. The authors do not recommend the use of middle range scores or the SASH as an instrument that accounts for biculturalism.

Marin and colleagues (1987) standardized the SASH using 363 Hispanic adults and 228 Anglo adults. The authors used the Anglo adults as the reference point of acculturation and felt that Hispanic subjects would score differently than Anglo's and thus the Anglo subjects were utilized as a comparison group. The Hispanic sample was delineated as follows: 44% (n=160) Mexican American, 6% (n=21) Cuban American, and 47% (n=175) other Hispanics (145 of these were Central American). In this sample,

62% of the Hispanic respondents were females while 57% of the non-Hispanic respondents were females. The mean age for Hispanic participants was 31.2 years of age (38.8 years of age for Whites); and, the mean number of education attained was 12.3 (14.7 for whites). Additionally, 70 % of Hispanic respondents were foreign born with an average of 14.7 years in the United States.

Marin and colleagues found a reliability coefficient of $\text{Alpha} = .92$ for the twelve-item SASH. A factor analysis was conducted by Marin and colleagues. They concluded that a level of variance of 67.6% was reached by using language use and ethnic loyalty, media, and ethnic social relations. The coefficients of all sub-scales in the SASH had adequate levels of internal consistency.

To assess measurement validity the authors correlated the subscales (language use and ethnic loyalty, media, and ethnic social relations) with participant's generation, length of time in the United States, acculturative index, self evaluation of acculturation level, and age of arrival to the United States. The acculturative index was developed by "multiplying the length of residence proportion by 4 and adding (generation -1) + (self-identification-1), so that each variable in the index had a range between 0 and 4 making the range of possible scores for the index between 0 (lowest) and 12 (highest) (Marin et al., 1987, p. 193). The findings demonstrated that Anglos and Hispanics scored differently on the SASH and Marin and colleagues concluded that the SASH had adequate discriminant validity between Anglos and Hispanics. Further, they asked the Latino/a respondents to describe themselves ethnically utilizing a Likert scale. Respondents who circled the number 5 considered themselves to be very Latino/a, while

those who circled the number 1 considered themselves to be non-Latino/a. The author's found a correlation of this self-report to the total acculturation score was .76.

ATSPPHS long version. The Fischer and Turner (1970) ATSPPHS version is composed of 29 questions. Responses are based on a Likert scale of 0-3 (agree, partly agree, partly disagree, and disagree). With this instrument, the higher the score the more positive the attitude the person has toward seeking professional psychological help. Theoretically, this scale is divided into four factors each composing a sub-scale as follows: 1) recognition of need for psychotherapeutic help, 2) stigma tolerance, 3) interpersonal openness, and 4) confidence in mental health practitioners. The total scale scores ranged from 0-87. I established the reliability indices of a Spanish version of this instrument and for clarity. I named this version of the instrument *The Spanish Translation of the Attitudes Toward Seeking Professional Help Scale* (S-ATSPPHS). More details on the ATSPPHS and the ATSPPHS-S are reviewed in Chapter one.

ATSPPHS-S. For simplicity and to rectify issues of internal consistency of the subscales in the ATSPPHS, Fischer and Farina (1995) condensed the four factor scale into one shorter overall attitude toward help-seeking scale, ATSPPHS-S. Fischer and Farina's (1995) goal was to develop a less obtrusive, shorter and one-dimensional scale. This shorter version is composed of 10 questions and is scored in the same way as the Fischer and Turner's (1970) ATSPPHS. Each item is scored 0-1-2-3 or 3 -2-1-0, depending on the anti- or pro-help-seeking content of the responses. Higher scores are indicators that the person is more likely to seek psychological help. Total scores range from 0 to 30. I established the reliability indices of a Spanish version of this instrument

and, for clarity, I named this version of the instrument *The Spanish Translation of the Attitudes Toward Seeking Professional Help Scale-Short Form* (S-ATSPPHS-S).

Statistical Analyses

Based on the literature review it seemed necessary to develop a valid Spanish instrument that measured the attitudes toward seeking professional psychological help by Latinos/as. To this end, the current study focused on examining indices of reliability and relationships to external correlates of the Spanish translations to see if the translated instruments measured the same help-seeking construct as the English versions of the instruments. Prior to examining the reliability indices I conducted some descriptive analyses on the data collected. Then, to assess construct validity I utilized the S-ATSPPHS and the S-ATSPPHS-S and six external correlates in my hypothesis driven analyses (See below). By using external correlates, I hoped to uncover possible issues in the construct validity of the translated versions of my instruments. The correlates examined in this study were as follows: acculturation; education; ruralism; SES; previous treatment and treatment outcome; and gender. These six variables or correlates were chosen because the literature reviewed articulated from a theoretical perspective that these factors impact the attitudes of Latinos/as to seek psychological help. Finally, utilizing Cronbach alpha analyses as estimates of internal consistency, I examined the reliability indices of the S-ATSPPHS and the S-ATSPPHS-S.

Hypotheses

In this section of the chapter, I will provide information about the actual hypotheses examined in the study. After each hypothesis, I will provide information about which statistical analysis was utilized and the reasoning for such an inferential test.

Note that each hypothesis was tested twice: once with the S-ATSPPHS and once with the S-ATSPPHS-S. In the results chapter, I label each hypothesis with its corresponding number (1, 2, 3, 4, or 5) and the letter A for the S-ATSPPHS or B for the S-ATSPPHS-S.

Hypothesis 1: Latino/a Individuals who have lower levels of acculturation will have more negative attitudes toward help-seeking than Latino/a individuals who have higher levels of acculturation. Because acculturation and the S-ATSPPHS/S-ATSPPHS-S are continuous scales, I ran a Pearson product-moment correlation coefficient to address help-seeking attitudes of the participants.

Hypothesis 2: Latino/a individuals who have lower levels of education will have more negative help-seeking attitudes than Latino/a individuals with higher levels of education. In order to run a Pearson product-moment correlation coefficient test for this hypothesis, I transformed the external correlate, education level, into ordinal data (i.e. 1 = 1st grade, 2 = 2nd Grade . . . 21 = Ph.D.) to address help-seeking attitudes of the participants.

Hypothesis 3: Latino/a individuals from rural backgrounds will have more negative help-seeking attitudes than Latino/a individuals from urban backgrounds. Since the external correlate, geographic background, was a categorical dichotomous variable, I utilized an Independent-samples t-test to address help-seeking attitudes of the participants.

Hypothesis 4: Latino/a individuals from lower economic status brackets will have more negative attitudes toward help-seeking than Latino/a individuals from higher socioeconomic status levels. In order to utilize a Pearson product-moment correlation coefficient for this analysis, I transformed the external correlate, socioeconomic status,

into ordinal data (1 = Less than 11,000, 2 = 11,001-18,999 . . . 9 = 67,000 or greater.) to address help-seeking attitudes of the participants.

Hypothesis 5: Latino/a individuals who sought previous therapy and had a positive experience will have more positive help-seeking attitudes than Latino/a individuals who have not sought previous therapy or who have had negative experiences with therapy. Initially I intended to utilize an Independent-samples t-test when addressing this hypothesis but I was unable to perform the original analysis because there were too few participants who had actually sought previous psychological help. Thus, for the external correlate, sought previous therapy, I merely report the means, standard deviations, and the standard error of the mean for the sample.

Hypothesis 6: Latina female individuals will have more positive help-seeking attitudes than Latino individuals. Since the external correlate, gender, was a dichotomous categorical variable, I utilized an Independent-samples t-test to address help-seeking attitudes of the participants.

CHAPTER III

RESULTS

In this chapter, I will report the results from the research in three sections. In the first section, I will report descriptive data on all variables of interest including some general information about the three scales utilized: the Short Acculturation Scale for Hispanics (SASH); the Spanish Translation of Attitudes Toward Seeking Professional Psychological Help Scale (S-ATSPPHS); and the Spanish Translation of Attitudes Toward Seeking Professional Psychological Help Short Form Scale (S-ATSPPHS-S). In the second section of this chapter, I will report analyses of the reliability of the Spanish Translations of Fischer and Turner's (1970) Attitudes Toward Seeking Professional Psychological Help Scale (S-ATSPPHS), as well as Fischer and Farina's (1995) Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (S-ATSPPHS-S). Finally, in the third section of this chapter, I will report the statistical findings for the hypotheses. Specifically, I will address the statistical analyses on the following external correlates: acculturation, education, ruralism, SES, previous treatment and outcome, and gender.

Descriptive Data

In this section, I will report descriptive information about the variables. I will first describe some general information about the participants (i.e. number of participants, ethnic backgrounds of participants, etc). I will then describe some specifics about the participants (i.e. educational level, income level, etc). I will end this section by providing some general information about the scales utilized in the sample (i.e. mean, standard deviation, variance, etc.).

Participant Demographic Information. The participants in this study consisted of 173 Hispanic adult individuals. The mean age of the sample was 33.92 years, with participants ranging in age from 18-71. While initially there were 173 participants, 16 were excluded because of missing data. A participant was excluded from the study if the individual had three or more missing data points on the S-ATSPPHS or S-ATSPPHS-S. Of the remaining 157 participants, 95 were from English as a Second Language classes (ESL) at a proprietary school in the South Central region of the United States, 12 were from a Catholic Church in the Midwest, and 50 were from English as a Second Language classes in the Midwest. As shown in table one, the sample consisted of 36.3% (n=57) males and 63.7% (n=100) females. Moreover, the statistical breakdown of the participants' self-reported ethnic identity was as follows: 66.7 % (n=104) Mexican/Mexican American; 15.9 % (n=25) Central American; 8.9% (n=14) other Latino/a; 3.8% (n=6) Puerto Rican; 3.2% (n=5) Cuban/Cuban American; 1.3 % (n=2) Dominican/Dominican American; and, .6% (n=1) non-disclosed (See table one). Initially in this study, the participants were asked to categorize their geographic background as rural, suburban or urban. After examining the data, I realized that there was no real

difference between the meaning of urban and suburban, as they are both city dwellings, and thus I collapsed these two categories into one (urban). In the study, 45.2 % (n=71) of the participants reported that their geographic background was rural, while 54.8% (n = 86) indicated they their geographic background was urban/suburban (See table one).

Table 1
Frequency and Percents for Participants Demographic Data

Variable	Category	Frequency (n)	Percent of the sample
Gender	Male	57	36.3
	Female	100	63.7
Ethnicity	Mexican	104	66.2
	Central American	25	15.9
	Puerto Rican	6	3.8
	Cuban/Cuban American	5	3.2
	Dominican/Dominican American	2	1.3
	Other Latino/a	14	8.9
Geographic Origin	Rural	71	45.2
	Suburban/Urban	86	54.8

Participants Educational Level. Of the 156 participants who reported their current level of education, 49.4% (n=77) indicated they had less than a high school diploma and 50.3% (n=79) indicated that they had completed high school and/or had obtained varying degrees of higher education. The mean educational level for this sample was 11th grade. In order to report the descriptive data succinctly, I collapsed the

original education into eight categories. As table two illustrates, 6.4% (n = 10) of the participants reported attending only elementary school (between 1st and 5th grade), 19.3% (n= 30) of the participants reported attending only middle school (between 6th and 8th grade), 47.4 % (n=74) of the participants reported attending only high school (9th -12th grade), 12.8 % (n=25) of the participants reported completing some college (between one and three years), 5.1 % (n= 8) of the participants reported obtaining a bachelor's degree, 6.4 % (n = 10) of the participants reported completing some graduate school, 3.2 %, 2.5 % (n = 4) of the participants indicated that they had obtained a master's degree, and .6 % (n=1) of the participants failed to disclose her educational level.

Table 2
Frequency and Percents for Participants Educational Level

Variable	Category	Frequency (n)	Percent of the sample
Education	Elementary School (1-5)	10	6.4
	Middle School (6-8)	30	19.3
	High School (9-12)	74	47.4
	Some college (1-3)	25	12.8
	Bachelor's degree	8	5.1
	Some Graduate School	10	6.4
	Master's degree	4	2.5

Participants Income Level. The participants in this study reported a mean income of between 19,000 and 26,999 dollars. The median income for this sample of participants is also between 19,000 and 26,999 dollars. The most frequently reported income level was less than 11,000 dollars. Of interest to the researcher was the finding that 66.2 % of

the sample indicated that they had an income level that ranged between 0 and 26,999 dollars. As table three indicates, 29.9 % (n = 47) of the participants reported an income of less than 11,000 dollars, 16.6 % (n = 26) of the participants reported an income somewhere between 11,001 and 18,999 dollars, 19.7 % (n = 31) of the participants reported an income somewhere between 19,000 and 26,999 dollars, 16.6 % (n = 26) of the participants reported an income somewhere between 27,000 and 34,999 dollars, 6.4 % (n=10) of the participants reported an income somewhere between 35,000 and 42,999 dollars, 2.5 % (n=4) of the participants reported an income somewhere between 43,000 and 50,999 dollars, 1.9 % (n = 43) of the participants reported an income somewhere between 51,000 and 58,999 dollars, 1.3 % (n=2) of the participants reported an income of between 59,000 dollars and 66,999, and, 5.1 % (n = 8) of the participants reported an income of 67, 000 dollars or greater.

Table 3
Frequency and Percents for Participants Household Income Level

Variable	Category	Frequency (n)	Percent of the sample
Household income	Less than 11,000	47	29.9
	11,001-18,999	26	16.6
	19,000-26,999	31	19.7
	27,000-34,999	26	16.6
	35,000-42,999	10	6.4
	43,000-50,999	4	2.5
	51,000-58,999	3	1.9
	59,000 -66,999	2	1.3
	67,000 or greater	8	5.1

Utilization of Psychological Services. A large percentage of the sample 83.4 % (n=131) reported that they had never sought out psychological services. As table four below illustrates, however, of the 26 participants who sought psychological services, 22 found the services beneficial, 3 found the services, neither beneficial nor harmful, and 1 reported feeling as though the services received were harmful. Of the 26 participants who stated they had sought psychological services, 23 of the participants indicated they had sought out psychological services voluntarily, 3 of the participants indicated that seeking psychological help was not voluntary.

Table 4
Frequency and Percents for the Utilization of Psychological Services

Variable	Category	Frequency (n)	Percent of the sample
Sought psychological services	Yes	26	16.6
	No	131	83.4
Usefulness of services	Not applicable	131	83.4
	Beneficial	22	14.0
	Harmful	1	.6
	Neither	3	1.9
Seeking of psychological services	Not applicable	131	83.4
	Voluntary	23	14.6
	Non-voluntary	3	1.9

Short Acculturation Scale for Hispanics (SASH). As table five below depicts, participants' scores on the SASH ranged from .00 to 2.92 on a five point Likert scale, with a mean score of 1.23, a median score of 1.17, a mode of 1.00, a standard deviation

of .61, and a variance of .376. Thus, the participants general acculturation levels fell in the low range ($M = 1.23$) and the scores fell close to the mean ($SD = .613$).

Spanish Translation of Attitudes Toward Seeking Professional Psychological Help Scale (S-ATSPPHS). With this scale participants could have a composite score that ranged between 0 and 87. Actual participant scores on the S-ATSPPHS ranged from 24.00 to 87.00, with a mean score of 60.15, a median score of 60.00, a mode of 57.00, a standard deviation of 13.24, and a variance of 175.19. When compared to the English version of the instrument, the participants as a whole in this study had above average positive attitudes about seeking help (See table five).

Spanish Translation of Attitudes Toward Seeking Professional Psychological Help Scale Short (S-ATSPPHS-S). With this scale participants could have a composite score that ranged between 0 and 30.00. Actual participant scores on the S-ATSPPHS-S ranged from 1.0 to 30.00, with a mean score of 21.45, a median score of 22.00, a mode of 27.00, a standard deviation of 5.97, and a variance of 35.70. These findings are consistent with the S-ATSPPHS findings above, which indicates that the participants as a whole had above average positive attitudes about seeking help (See table five).

Table 5
Central Tendency Values for the SASH, S-ATSPPHS, and the S-ATSPPHS-S

SCALE	MINIMUM- MAXIMUM SCORE	MEAN	MEDIAN	MODE	SD	RANGE	VARIANCE
SASH* Possible range (1.0-5.0)	.00-2.92	1.23	1.17	1.00	.613	2.92	.376
S-ATSPPHS** Possible range (0-90)	24.00-87.00	60.15	60.00	57.00	13.24	66.00	175.19
S-ATSPPHS-S*** Possible range (0-30.00)	1.00-30.00	21.45	22.00	27.00	5.97	29.00	35.70

* Short Acculturation Scale for Hispanics

** Spanish Translation of Attitudes Toward Seeking Professional Psychological Help Scale

*** Spanish Translation of Attitudes Toward Seeking Professional Psychological Help Short Scale

External Correlate Hypotheses

In this section, I will report the statistical findings for the hypotheses examined in the study. Originally, there were six hypotheses for analysis. While hypothesis five was not analyzed because only a small percentage of the sample had actually sought psychological help, I will report the mean S-ATTSPHS and S-ATTSPPHSS scores for participants who had positive help-seeking experiences and for those participants who reported that they have never sought psychological help.

Hypothesis 1A. Utilizing the S-ATSPPHS (long form) and the SASH a Pearson product-moment correlation coefficient was calculated to assess whether Latino/a participants who had lower levels of acculturation would have more negative attitudes toward seeking help than Latino/a individuals who had higher levels of acculturation.

There was a weak negative correlation between the two variables ($r = -.18$, $n = 157$, $p = .028$), which means that lower levels of acculturation were related to more positive help-seeking attitudes. Additionally, 3.2% of variability in help-seeking attitudes was accounted for by acculturation in this sample.

Hypothesis 1B. Utilizing the S-ATSPPHS-S (short form) and the SASH a Pearson product-moment correlation coefficient was calculated to assess whether Latino/a participants who had lower levels of acculturation would have more negative attitudes toward seeking help than Latino/a individuals who had higher levels of acculturation. There was a weak negative correlation between the two variables ($r = -.20$, $n = 157$, $p = .013$), which means that lower levels of acculturation were related to more positive help-seeking attitudes. Additionally, 4.0% of variability in help-seeking attitudes was accounted for by acculturation in this sample.

Hypothesis 2A. Utilizing the S-ATSPPHS (long form) and demographic information gathered from participants about education, a Pearson product-moment correlation coefficient was calculated to assess whether Latino/a participants who had lower levels of education would have more negative attitudes toward seeking help than Latino/a individuals who had higher levels of education. In order to utilize a Pearson product-moment correlation for the analysis, I transformed the external correlate into ordinal data (1 = 1st grade, 2 = 2nd grade. . . 21 = Ph.D.). There was not a statistically significant relationship between the two variables of interest ($r = -.10$, $n = 156$, $p = .21$), which means that the data did not support the hypothesis.

Hypothesis 2B. Utilizing the S-ATSPPHS (long form) and demographic information gathered from participants about education, a Pearson product-moment

correlation coefficient was calculated to assess whether Latino/a participants who had lower levels of education would have more negative attitudes toward seeking help than Latino/a individuals who had higher levels of education. As stated in hypothesis 2A, in order to utilize a Pearson product-moment correlation for the analysis, I transformed the external correlate into ordinal data (1 = 1st grade, 2 = 2nd grade. . . 21 = Ph.D.). There was not a statistically significant relationship between the two variables of interest ($r = -.14$, $n = 156$, $p = .08$), which means that the data did not support the hypothesis.

Hypothesis 3A. Utilizing the S-ATSPPHS (long form) and demographic information gathered from participants about their geographic background (rural or urban- after collapsing urban and suburban into one category), an Independent-samples t-test was conducted to determine if Latino/as whose geographic background was rural would have more negative attitudes than Latino/a individuals whose geographic background was urban. Analyses indicate that there was a statistically significant difference in scores for those whose geographic background was rural ($M = 63.00$, $SD = 13.46$) and those whose geographic background was urban ($M = 57.90$, $SD = 12.87$); $t(155) = 2.42$, $p = .017$). The magnitude of the differences of the mean, however, was small (eta squared = .036), which means 3.6 % of the variability in help-seeking attitudes was explained by participants geographic background.

Hypothesis 3B. Utilizing the S-ATSPPHS-S (short form) and demographic information gathered from participants about their geographic background (rural or urban-after collapsing urban and suburban into one category), an Independent-samples t-test was conducted to determine if Latino/as whose geographic background was rural would have more negative attitudes than Latino/a individuals whose geographic

background was urban. Analyses indicate that there was a statistically significant difference in scores for those whose geographic background was rural ($\underline{M} = 22.69$, $\underline{SD} = 6.13$) and those whose geographic background was urban ($\underline{M} = 20.42$, $\underline{SD} = 5.68$); $t(155) = 2.41$, $p = .017$). The magnitude of the differences of the mean, however, was small ($\eta^2 = .036$), which means 3.6 % of the variance in help-seeking attitudes was explained by a participant's geographic background.

Hypothesis 4A. Utilizing the S-ATSPPHS (long form) and demographic information gathered from participants about income levels, a Pearson product-moment correlation coefficient was calculated to assess whether Latino/a participants who had lower levels of income would have more negative attitudes toward seeking help than Latino/a individuals who had higher levels of income levels. In order to utilize a Pearson product-moment correlation for the analysis, I transformed the external correlate into ordinal data (1 = Less than 11,000, 2 = 11,001-18,999 . . . 9 = 67,000 or greater.). There was no statistically significant negative relationship between the two variables of interest ($r = -.14$, $n = 157$, $p = .09$), which means that the data did not support the hypothesis, though the correlation approaches statistical significance.

Hypothesis 4B. Utilizing the S-ATSPPHS (long form) and demographic information gathered from participants about income, a Pearson product-moment correlation coefficient was calculated to assess whether Latino/a participants who had lower levels of income would have more negative attitudes toward seeking help than Latino/a individuals who had higher levels of income. In order to utilize a Pearson product-moment correlation for the analysis, I transformed the external correlate, income level into ordinal data (1 = Less than 11,000, 2 = 11,001-18,999 . . . 9 = 67,000 or

greater.). There was no statistically significant relationship between the two variables of interest ($r = -.15$, $n = 157$, $p = .06$), which means that the data did not support the hypothesis, though the correlation approaches statistical significance.

Hypothesis 5A. Initially, I intended to utilize an Independent-sample-t test to determine if participants who had previously sought psychological services would have more positive help-seeking attitudes (measured by the S-ATSPPHS long form) than Latino/a participants who had never sought psychological services. As table six below depicts, the number of Latino/a participants who had previously sought psychological help was too small to make a meaningful analysis and thus I will simply report means, standard deviations, and the standard error of the mean for the sample. The mean composite score, standard deviation, and standard error of the mean score on the S-ATSPPHS for the 26 participants who had previously sought psychological help were 60.45, 13.23, and 1.16 respectively. The mean composite score, standard deviation, and standard error of the mean score on the S-ATSPPHS for the 131 participants who reported that they had never sought psychological help before were 58.62, 13.40, and 2.63 respectively.

Hypothesis 5B. Initially, I intended to utilize an Independent-sample-t test to determine if participants who had previously sought psychological services would have more positive help-seeking attitudes (measured by the S-ATSPPHS-S, short form) than Latino/a participants who had never sought psychological services. As table six below depicts, the number of Latino/a participants who had previously sought psychological help was too small to make a meaningful analysis and thus I will simply report means, standard deviations, and the standard error of the mean for the sample. The mean

composite score, standard deviation, and standard error of the mean score on the S-ATSPPHS-S for the 26 participants who had previously sought psychological help were 21.53, 5.96, and .52 respectively. The mean composite score, standard deviation, and standard error of the mean score on the S-ATSPPHS-S for the 131 participants who reported that they had never sought psychological help before were 21.00, 6.17, and 1.21 respectively.

Table 6
Central Tendency Values for S-ATSPPHS and the S-ATSPPHS-S

Scale	Sought Psychological Help	N	Mean	Std. Deviation	Standard Error of the Mean
S-ATSPPHS*	Yes	26	60.45	13.23	1.16
	No	131	58.62	13.40	2.63
S-ATSPPHS-S**	Yes	26	21.53	5.96	.52
	No	131	21.00	6.17	1.21

* Spanish Translation of Attitudes Toward Seeking Professional Psychological Help Scale

** Spanish Translation of Attitudes Toward Seeking Professional Psychological Help Short Scale

Hypothesis 6A. Utilizing the S-ATSPPHS (long form) and information about gender an Independent-samples t-test was conducted to determine if Latina participants would have more positive attitudes than Latino participants. Analyses indicate that there was no statistically significant difference in scores for Latinas ($\underline{M} = 59.19$, $\underline{SD} = 13.13$) and Latinos ($\underline{M} = 61.98$, $\underline{SD} = 13.66$); $t(155) = 1.26$, $p = .208$). The magnitude of the differences of the mean was small (eta squared = .010).

Hypothesis 6B. Utilizing the S-ATSPPHS-S (short form) and information about gender an Independent-samples t-test was conducted to determine if Latina participants would have more positive attitudes than Latino participants. Analyses indicate that there was no statistically significant difference in scores for Latinas ($\underline{M} = 20.83$, $\underline{SD} = 5.98$) and Latinos ($\underline{M} = 22.53$, $\underline{SD} = 5.85$); $t(155) = 1.72$, $p = .087$). The magnitude of the differences of the mean was small (eta squared = .019).

Reliability of Spanish Instruments Utilized in Study

In this section of the chapter, I will report the reliability indices of the Spanish translations of Fischer and Turner's (1970) Attitudes Toward Seeking Professional Psychological Help Scale (S-ATSPPHS) and Fischer and Farina's (1995) Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (S-ATSPPHS-S). Additionally, I will report the degree the S-ATSPPHS correlates with the S-ATSPPHS-S. According to Fischer and Turner, (1970) the ATSPPHS scale has good internal consistency with a reliability estimate of .86. In the current study the Cronbach alpha Coefficient was .86 on the translated instrument (S-ATSPPHS). According to Fischer and Farina (1995), the ATSPPHS-S (short form) has good internal consistency with a reliability estimate of .84. In the current study the Cronbach Alpha Coefficient was .80 for the translated instrument (S-ATSPPHS-S).

The relationship between the S-ATSPPHS and the S-ATSPPHS-S was investigated using a Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homosecedasticity (See figure 1 below). There was a strong positive correlation between the two scales ($\underline{r} = .82$, $\underline{n} = 157$, $\underline{p} = .00$), with positive levels of help-seeking

attitudes on the S-ATSPPHS associated with positive levels of help-seeking attitudes on the S-ATSPPHS-S.

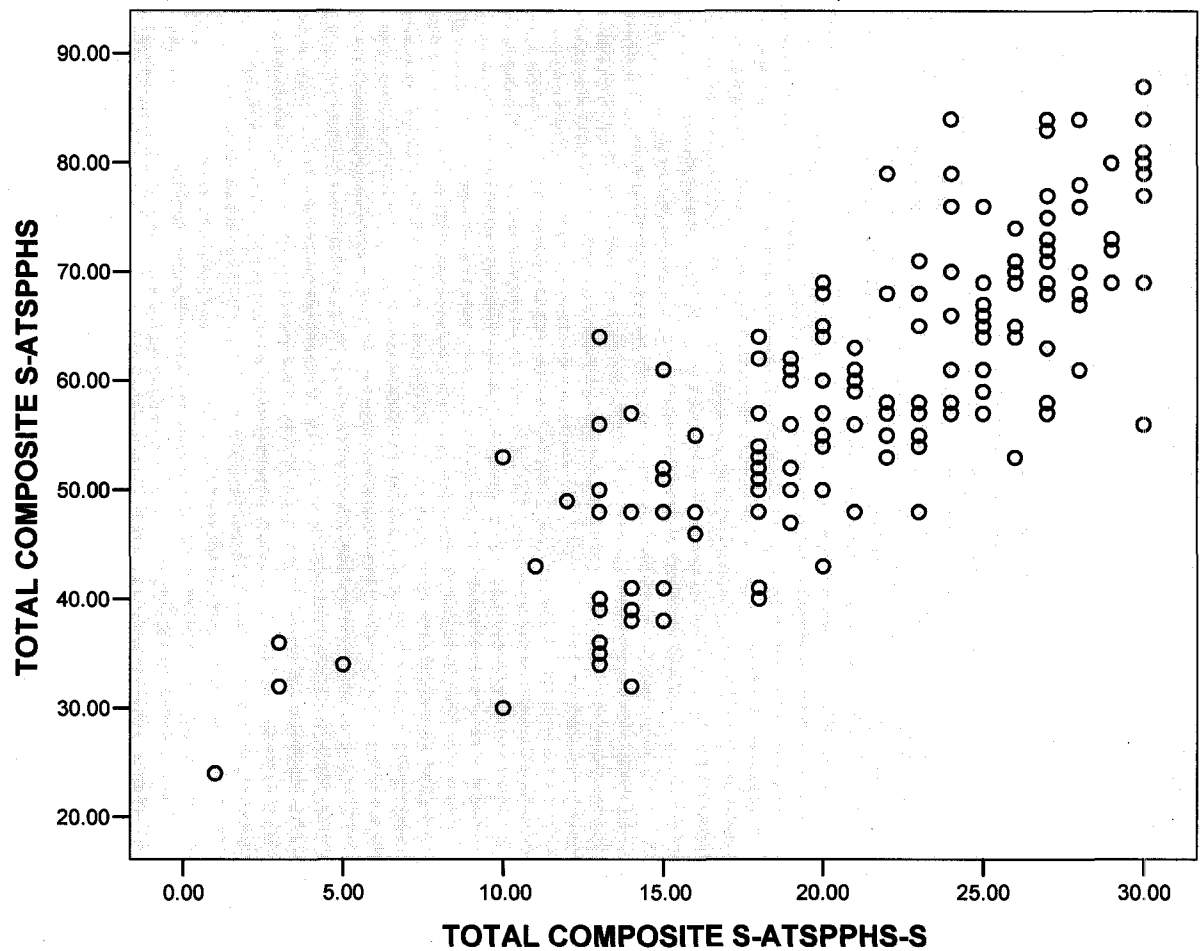


Figure 1: Correlation between the Spanish Translation of the Attitudes Toward Seeking Professional Psychological Help Scale (Long Form) (S-ATSPPHS) and the Spanish Translation of the Attitudes Toward Seeking Professional Psychological Help Short Scale (S-ATSPPHS-S)

CHAPTER IV

DISCUSSION

As stated in chapter one, the purpose of this dissertation was twofold: (1) to translate two help-seeking scales - Attitudes Toward Seeking Professional Psychological Help Scale (ATSPHHS) and Attitudes Toward Seeking Professional Psychological Help Short Scale (ATSPPHS-S) - into Spanish (S-ATSPPHS, S-ATSPPHS-S); and, (2) to examine indices of reliability and relationships to external correlates of the Spanish translations to see whether the translated instruments measured the same help-seeking construct as the English versions of the instruments. Drawing from prior literature about factors relating to help-seeking attitudes, I included the following external correlates in my analyses: (1) acculturation; (2) education; (3) geographic background; (4) socioeconomic status; (5) previous help-seeking; and, (6) gender. Most of my hypotheses, which were derived from prior literature, were not supported. As the discussion that follows illustrates, given that across a number of the external correlates my sample is uniquely different than prior samples the contradictory findings are actually illuminating.

In order to bring clarity to findings that on the surface appear to contradict previous literature, in this chapter I will discuss my findings in four sections. In the first section, I will offer a general conceptualization of my findings. In the second section, I

will discuss hypotheses driven findings including any post hoc analyses that aid in bringing clarity to my findings. In the third section of this chapter, I will discuss the limitations of the study. Finally, in the fourth section of the chapter, I will discuss implications for future research.

General Conceptualization

Prior to discussing hypotheses driven results individually, it is important to make sense of the overall findings of this study collectively. In general, in this study I found the following: (1) three of the hypotheses had no statistical significance (those hypotheses that included the external correlates SES, gender, and education); (2) one of the hypotheses for the study could not be analyzed because of insufficient data; (3) and, two of the six hypotheses analyzed were statistically significant but in the opposite direction from what was expected (those hypotheses that included the external correlates: acculturation and geographic background). In short, my findings in some ways actually contradict findings from prior studies that investigated the relationship between external correlates (i.e. acculturation, education, income, etc) and a person's help-seeking attitudes. In a number of prior studies that utilized the ATSPPHS/ATSPPHSS, researchers found that individuals who had higher levels of acculturation and education had more positive help-seeking attitudes (See chapter one for examples). In my study, however, I found that individuals who had low acculturation and less than a high school education had more positive help-seeking attitudes. Another contradictory finding in my study, individuals from rural backgrounds had more positive help-seeking attitudes than individuals from urban backgrounds, left me questioning what happened in this study that led to such different findings. These apparent contradictions were more perplexing to me

given that reliability coefficients for both the S-ATSPPHS and the S-ATSPPHSS were high with Cronbach alpha's of .85 and .87, respectively, which indicates theoretically that the items within the translated instruments are likely measuring a single construct. As stated above, after closely examining my sample I found that my findings were not really contradictory for I ended up with a sample that was uniquely different across a number of external correlates from samples in previous studies. Hence, my findings are actually illuminating and warrant further investigation.

In an effort to gain clarity about my findings, I ran a post hoc step-wise regression analysis. Five of the six external correlates were entered into the model: acculturation, education, gender, income, and geographic location. The external correlate, previous help-seeking, was excluded because only a small percentage (16.6%) of the sample had previously sought psychological help. Prior to entering education into the model, I transformed the data into a dichotomous variable (less than high school graduate or a high school and beyond). The stepwise regression procedure resulted in a model containing two variables. The model as a whole was statistically significant, $F(2, 152) = 5.42, p = .005$, with a small $R^2 = .066$ and a small adjusted $R^2 = .054$. Five steps were executed to obtain the model. Yet, only two predictors of help-seeking attitudes were statistically significant at the .05 level. The variables (with associated betas) were acculturation (-.220) and gender (-.165).

Given that acculturation was the first variable in the model, I decided to examine this external correlate more closely. My original hypothesis stated that low levels of acculturation would be associated with more negative attitudes toward help-seeking (see the next section in this chapter for more details). A descriptive analysis of acculturation

scores revealed the following: the mean acculturation score was 1.23, 85.4% of the sample had an acculturation composite score of 1.92, and 100% of the sample had an acculturation composite score of 2.92 or less. These descriptives are important, for according to the authors of the *Short Acculturation Scale for Hispanics* (SASH), Marin, et al. (1987), an average total score of 2.99 should be the cut off point for those designated as less acculturated, while the more acculturated status should have an average score which is greater than 2.99. In part, having a sample of participants that fell into a lower acculturation range could in fact account for my contradictory findings and in essence could help to explain the uniqueness of all of my results. Studies upon which my original hypothesis was focused involved more acculturated samples (see the next section in this chapter for more details). It is possible that because the participants in this study were less acculturated they had little exposure to the stigma that is often associated in western culture with seeking psychological help and/or little direct or indirect knowledge about racial or cultural biases that impact mental health services. If this is true it would make sense that the participants would have more positive help-seeking attitudes. Rickwood and Braithwaite (1994) argue that as Latino/a people become more assimilated and acculturated to the dominant culture they begin to incorporate western ideology about many things including seeking professional psychological help. In the dominant culture, the notion of seeking psychological help is often portrayed in a negative light and in many cases someone who seeks psychological help is seen as weak (et al., 2001). If this is true, then logically speaking the less acculturated the individual the more positive help-seeking attitudes the individual would have, for the lower acculturated

individual has not been exposed to the negative attitudes associated with needing psychological help.

In addition, given the low acculturation levels of the sample, coupled with the fact that a large percentage (66.1%) of the sample were subjects who were acquiring English as a Second Language, it is possible that the majority of my participants were foreign born and potentially recent migrants to the United States. Additionally, given that a large percentage of the participants were of Mexican ethnicity (66.2) and an equal percentage of the sample had an annual income of less than 27,000 dollars, it is possible that many of my participants have not been exposed to the notion of seeking professional counseling and thus may not have a clear understanding of what it means to seek psychological help. Stanton-Salazar et al. (2001), in a theoretical work, argues that Latino/as lack of knowledge about psychology could account for why they do not seek psychological help. Stanton-Salazar et al. further argues that the lack of seeking services does not equal negative attitudes about seeking help.

Given the discussion throughout this section, it is clear to me that I actually had a sample of Latino/a participants that was quite different from the Latino/a participants in the studies presented in the literature. In essence, in this study the participant sample was unique across a number of the external correlates examined. For example, all of the participants in this study were low in acculturation; 66.2% of the participants fell into lower socioeconomic status levels (less than 27,000 annually); 45.2 % of the sample was from rural geographic backgrounds; and, 73.1% of the study had a high school or less education. Consequently, even though a number of my findings seem to contradict prior research in this area, I think that the uniqueness of my sample participants provides

illuminating information about the construct of help-seeking for a rarely studied sub-sample of an already marginalized population. As the hypotheses driven findings discussed below illuminate, it is possible that the construct of help-seeking for this specific sub-sample of the Latino/a population might be different than the construct of help-seeking in other studies where researchers have utilized higher educated (college students), more acculturated Latino/a individual.

Hypotheses Driven Findings

As stated above, in terms of the relationship that exists between Latino/a help-seeking attitudes and levels of acculturation, I found that those participants who had lower levels of acculturation had more positive help-seeking attitudes. In general, as reported in the literature review (chapter 2), findings from two prior studies (Atkinson & Gim, 1989; Tata & Leong, 1994) indicated that higher levels of acculturation led to more positive help-seeking attitudes, which directly contradicts my findings. After critically reviewing the results of these studies, I found that like my study only a small percentage (4 %, 8 % respectively) of the variance in help-seeking attitude scores were accounted for by acculturation. Unlike my study, however, both of these studies had participants who had higher levels of acculturation. In the study conducted by Atkinson and Gim, the acculturation levels of the 557 Asian-American undergraduate participants were as follows: 6.3% low acculturation levels, 45.8% medium acculturation levels, and 47.9% high acculturation levels. The participants in Tata and Leong's study also had varying levels of acculturation. Of the 219 Chinese American college students (67.5 % undergraduate and 33.5 % graduate), 16% fell in the low acculturation range, 71% fell in the medium acculturation range, and 12% fell in the high acculturation range.

Two additional dissertations, Ramirez-Canul (1994) and Torres (1996), also examined the relationship that existed between Latino/as level of acculturation and help-seeking attitudes. Neither author found a significant relationship between the variables of interest; both authors cited a lack of variability in their samples' level of acculturation as a potential reason for the lack of significance. Ramirez-Canul reported that in her sample a large percentage (71% of participants) scored in the high range on acculturation. Torres cited a couple of plausible reasons for why she did not find a significant relationship between levels of acculturation and help-seeking attitudes. One reason cited was her small sample size (83 Puerto Rican Participants); another reason cited was that most of her participants scored in the high range of acculturation. Moreover, Torres also reported that, while not significant, acculturation was positively correlated with help-seeking attitudes.

My findings actually align with the findings of Gonzalez's (1996) dissertation, in which he found that those who scored high on acculturation had more negative help-seeking attitudes than those who scored low on the acculturation scale. In the Gonzalez study, 33% of the variance in help-seeking attitude scores was accounted for in acculturation, which lends credence to the notion that the less acculturated individual will view help-seeking more positively. This is particularly illuminating given that unlike my sample of participants (who all scored in the low range on the acculturation scale) Gonzalez had a sample of participants who had a close to equivalent representation in what was classified as low, middle, and high levels of acculturation. For Gonzalez, participants who had low scores on the acculturation scale had more positive help-seeking attitudes than those who had high scores on the acculturation scale. In short, as

my post hoc step-wise analysis (which is discussed in detail later in this chapter) and Gonzalez's findings elucidate, acculturation appears to be a moderating factor in a Latinos/as help-seeking behaviors and thus worthy of further investigation.

Originally, I expected to find that participants who were more acculturated would have more positive help-seeking attitudes. In part, this assumption was based on the general findings of prior literature such as Atkinson and Gims (1989) and Tata and Leong (1994), which found that the more acculturated an individual is to the dominant culture the more positive the individual's help-seeking attitudes. The second reason I assumed that higher levels of acculturation would lead to more positive help-seeking attitudes lies in my understanding of the Latino culture, an understanding that was validated in my literature review in chapter one. As much of the literature reviewed in chapter one illustrated, Latinos/as tend to underutilize mental health services. A number of authors argue that the lack of utilization of mental health services is two-fold (See chapter one for examples). First, according to the literature reviewed, rather than seek professional psychological help in times of need Latinos/as seek help from family, friends, pastors/priests, alternative medicines and family doctors (Sibicky & Dividio, 1986; Stanton-Salazar et al., 2001; Stefl & Prosperi, 1985). This makes sense, for as a culture Latinos/as are more collectivist and less individualistic so they are taught from a young age to rely on family (see chapter one for more information). The second most cited reason in the literature is that many Latinos/as have not been exposed to psychology and thus confuse seeking professional help with being "crazy" (Komiya, Good, & Sherrod, 2000; Stanton-Salazar et al.). In essence, much of the literature reviewed in chapter one lends credence to the notion that a lack of exposure to and understanding of psychology

coupled with a feeling of stigma about mental illness keeps many Latino/as from seeking help in times of need and capitulates negative help-seeking attitudes. As Gonzalez and my findings illustrate, however, this notion that as a group Latinos/as who are less acculturated actually have more negative help-seeking attitudes could be erroneous. As stated earlier, Stanton-Salazar et al. argues that lack of understanding psychology does not equal more negative-help-seeking attitudes.

As stated briefly above, in an effort to further understand why lower levels of acculturation led to higher levels of help-seeking attitudes, I ran a post hoc Pearson r correlation coefficient analysis between acculturation and a subscale of the ATSPPHS (stigma tolerance). The analysis was not statistically significant, ($r = -.073$, $n = 157$, $p = .364$), which means that this weak non-statistical significant relationship clearly does not support the notion that stigma tolerance is accounting for my findings. Because the finding was not significant, I can not state with any certainty that a lack of exposure to the stigma associated with seeking psychological help (and consequently the more positive help-seeking attitudes the individual will have) holds true in this study (See Sibicky & Dividio, 1986; Stefl & Prosperi, 1985; and, Komiya et al., 2000 for more extensive information about the impact of stigma). In other words, while it is possible that foreign born or newly arriving Latinos/as have different (more positive) help-seeking attitudes because in their country of origin the individual may not have experienced help-seeking as stigmatic (negative), my post hoc analysis does not offer support for this notion. There are, however, a number of possible explanations for this non-significant post hoc finding that aid me in understanding my results. For instance, it is possible that lower acculturated Latinos/as have less or no knowledge about the stigma often

associated with seeking psychological help in the United States. Equally plausible is the possibility that lack of exposure to racist or culturally biased mental health services accounts for why Latino/as who are less acculturated have higher help-seeking attitudes. Additionally, it is possible that lower acculturated Latino/as lack knowledge about western culture's notion of psychology and psychologists and thus are more naively positive about seeking help, particularly since research suggests that in times of need Latino/as tend to have alternative ways of getting help (see Rogler et al, 1989; Santiago et al., 1996) that are more indigenous of the collectivist nature of their culture. For instance, authors Golding and Baezconde-Barbanti (1990) as well as Medvene, Mendoza, Lin, Harris, and Miller (1995) argue that in times of emotional distress Latino/as tend to seek help from their family, extended family, and from pastors/priests rather than professional mental health practitioners in part because they lack a clear distinction between what it means to seek psychological help from someone who is not a physician. In other words, my sample, a sample that was unique across a number of external correlates, including acculturation, could have had more positive attitudes about help-seeking because in general they do not feel that seeking help is pejorative but rather the issue for this particular group of Latinos/as might be more about how they make sense of seeking help. While all of the above is plausible, it is important to note that it is also likely that the reason for finding that lower levels of acculturation led to higher levels of help-seeking attitudes lies in the fact that my entire sample was low in acculturation and thus there was no variation in acculturation scores.

Another explanation for the lack of statistical significance with the post hoc analysis examining acculturation and stigma tolerance could be related to the

psychometric properties of the subscale factor stigma tolerance on Fischer and Turner's (1970) Attitudes Toward Seeking Professional Help Scale. While the subscale stigma tolerance has a reliability indice of .70, suggesting a moderate level of reliability, a careful analysis of the individual items that make up the scale revealed that some of the items on the subscale measured a person's ability to tolerate stigma while other items measured a person's knowledge of the existence of stigma. In essence, the subscale is not simply measuring stigma tolerance, which means that other things besides stigma tolerance could account for why there was not significance; and, thus I can not completely rule out the importance stigma tolerance.

Another issue relevant to acculturation is the fact that the instrument utilized in my study to measure acculturation was a language driven acculturation scale that measured acculturation based on three dimensions of participants' adherence to their primary language of origin (Spanish): (1) language usage; 2) language preferred in media; and 3) language preference in ethnic relationships. Using a language driven scale, meaning that all the questions on the scale pertained to the language most often utilized in different settings, could possibly account for why the participants in the study scored in the low range on the acculturation scale. Because participants recruited for the study had to speak Spanish fluently (monolingual or bilingual) my sample included many people who only spoke Spanish. The need for this type of sample restricted my ability to obtain a larger variability in acculturation levels of the sample with this instrument. Methodologically speaking, however, it may have been better or more appropriate to utilize a scale that measured a variety of aspects with respect to acculturating to the dominant culture. It is possible that had I conceptualized acculturation in a more

complex way and utilized a scale that measured acculturation on a variety of levels my acculturation scores might have been more varied. For instance, had I drawn from Berry and Sam's (1997) conceptualization of individual-level acculturation as a multidimensional process of change that occurs when individuals of differing cultural groups come into continuous contact with the dominant culture, I would have acknowledged that changes result in a variety of acculturation positions, positions determined according to how individuals deal with two central issues. The first issue is the level of an individual's retention of or immersion in an ethnic society other than the dominant society. The second issue involves the adoption of or immersion in the dominant society. According to Berry and Sam, how an individual negotiates these two central issues results in four distinct acculturation positions or modes of acculturation: assimilation, integration, separation, or marginalization. Had I been processing more than my need to have a scale that addressed my subjects' level of language acquisition, I would have recognized that the three distinct acculturation positions proposed by Berry and Sam relevant to my study were separation (low acculturation), integration (biculturalism or medium levels of acculturation) and assimilation (high acculturation). Separation entails withdrawal from dominant society and complete immersion in ethnic society. Integration entails immersion in both ethnic and dominant societies. Assimilation entails moving away from one's ethnic society and immersing fully in the dominant society. In essence, by being concerned with finding a scale that took language into account, I failed to consider the significance of the complexity of acculturation.

As stated above, I was not initially concerned with a scale that measured biculturalism, but rather since my focus was on translating an instrument, I was looking

for an acculturation scale that took language into consideration as an important measure of acculturation. This led me to erroneously use a one-dimensional scale that adhered to culture of origin with a focus on Spanish speaking individuals because of my need for participants who were either bilingual (Spanish/English) or monolingual (Spanish). My goal was similar to the authors of the SASH: examine the adherence to the individual's original culture. I thought as an individual adhered closely to her culture of origin, she would have less exposure to the concept of psychology and would hence hold more negative help-seeking attitudes. With hindsight, the uni-dimensionality of the acculturation scale led to a restriction on the variance in my acculturation scores, which in turn restricted participant scoring to the low levels of acculturation. If I had used a scale that was not so dependent on language and had I targeted a population that would not have restricted my range (e.g. professionals and students who could read Spanish as well as English), I might have found more variability, for a bi-dimensional scale would have allowed for more variability. Stephenson's (2000) scale entitled, *Stephenson Multigroup Acculturation Scale*, examined the levels a person was immersed in both the individual's own culture and the dominant culture of the United States. Such an instrument might have yielded a more even distribution of acculturation scores, which in turn might have yielded a stronger relationship between acculturation and help-seeking attitudes.

After examining the relationship that exists between Latino/a help-seeking attitudes and levels of education, as a continuous variable by highest grade completed, initially I found that one's level of education was not significantly related to the individual's help-seeking attitudes. However, after analyzing the demographic data

addressing education, I noticed that 47.4% of participants fell into the educational categories of not completing a 12th grade education, while 52.6% had completed high school or attended varying years of college. Consequently, as a post-hoc analysis, I decided to separate education into two categories (1st-11th grade (less than high school) and 12th grade or higher (high school completion or beyond) and run an Independent-sample-t test. I found that there was a significant difference in scores for those who had less than a high school diploma ($M = 22.42$, $SD = 5.03$) and those who reported having a high school diploma or varying years of college ($M = 20.49$, $SD = 6.70$); $t(154) = 2.02$, $p = .04$, which indicates that those with lower levels of education had more positive help-seeking attitudes. These findings contradict the findings of Fischer and Turner (1970), Fischer and Cohen (1972), and Valdes (1984). This contradiction could be explained in a number of different ways. First, as indicated earlier in the chapter, my participants were unique across a number of external correlates including education, for unlike those studies that utilized only those participants with a high school diploma or beyond, 47.4 % of my sample of participants did not have a high school diploma. Second, related to the notion that while significant, practically speaking there is a weak relationship between education and help-seeking attitudes in my study, for level of education in my study only accounts for 1% of the variability in help-seeking attitudes. Moreover, the mean difference between lower and higher levels of education was only 1.93 on an 87 point scale. Third, another indicator could stem from the notion that the acculturation levels for this sample were very low. Low acculturation could be indicative of participants being born in other countries and in economic situations that impeded higher education for this group. Given this, many of the participants might not have had exposure to

negative attitudes about seeking professional psychological help; and, as per the discussion above, they many not have been exposed to culturally biased, racist, or other negative elements in mental health services. This notion is further supported by the post hoc regression analysis that was conducted where education fell out the model. As discussed above, the post hoc analysis I conducted for education and help-seeking attitudes indicated that education levels were significantly related to attitudes toward help-seeking in unexpected directions. When I did a regression analysis for all external correlates, however, only acculturation and gender were statistically significant. This might point to the effect of acculturation on the other external correlates, i.e., acculturation may explain the inverse relationship between education and help-seeking attitudes.

An equally important reason for my finding with respect to education might be the difference between the education levels of my participants and that of other studies. For instance, a large percentage (83.2) of participants in Torres (1996) reported having a high school diploma or having attended college. The subjects in Valdes' study were either high school graduates or current college students. Subjects for both Fischer and Turner and Fischer and Cohen were either currently attending their final year of high school or in college in the United States. As a large percentage of my sample came from either a proprietary college (where participants were attending English as a Second language classes) or a GED class I had a restricted range of education levels with a high percentage of participants reporting less than high school education levels.

Such a restricted range of education levels could actually help explain my findings, for those who had lower levels of education (e.g. 1st through 8th grade) could

have actually had difficulty with understanding the scale and thus answered the questions in an arbitrary manner. In an attempt to address the potential difficulties in reading the scale, I had up to three individuals (depending on site) available to read the questions for the participant. However, none of the participants took advantage of this resource. Lack of utilization of the resource could be an indication that although some individuals had difficulty in reading they were too embarrassed to ask for assistance. Additionally, as stated throughout this chapter, the

When examining the difference that exists between Latino/a help-seeking attitudes and geographic background (rural versus urban), I found that those participants from rural backgrounds had more positive help-seeking attitudes than urban individuals. Geographic background accounts for 3.5% of the variance in the help-seeking scores of Latino/a individuals in this study. This finding contradicts Hoyt et al. (1997) and Esters et al. (1998) studies in which both found individuals from rural backgrounds had more negative help-seeking attitudes than those individuals from non-rural backgrounds. The reasons cited by Esters et al. and Hoyt et al. for this negative attitude include the notion that individuals from rural areas tend to have less knowledge about the possibility of seeking psychological help and people in these areas tend to be more self-sufficient with respect to solving their own health issues. It is possible, however, that the opposite is true as well. Participants who were from rural backgrounds might indeed have less knowledge about the possibility of seeking psychological help but this does not necessarily mean that the participants would have more negative attitudes toward help-seeking. In fact, lack of knowledge might actually lead to more positive attitudes, for

lack of knowledge might also mean less exposure to the negative aspects of seeking help, e.g. cultural bias or racism.

Another potential reason for the discrepancy between my findings and findings mentioned above are aligned with Salgado de Snyder, et al.'s (1998) argument that individuals from rural backgrounds do not necessarily identify the difference between physical and psychological issues, and consequently do not see seeking help as a negative notion. Moreover, Salgado de Snyder et al. also argue that Latinos/as from rural backgrounds tend to seek alternative measures of self care (e.g. prayer, herbs, special diets, alternative healing practices). These individuals also tend to seek help from the community (e.g. priests, pharmacists, curanderos, etc) rather than from professional psychological help.

An equally important explanation could lie in how participants in my study defined themselves as rural or urban. First, I provided the subjects with three choices (rural, suburban, and urban). Second, I did not provide a clear definition about these categories. Finally, even though when I analyzed my data I combined urban and suburban into one category, my subjects because of the ambiguity of the labels (particularly suburban) might have erroneously selected a category.

Another important point worth noting with respect to geographic background and help-seeking attitudes is that as stated above, in the analysis for geographic background (rural vs. urban), the results indicated that rural background was significantly related to attitudes toward help-seeking in unexpected directions (rural background meant positive help-seeking attitudes). When I did a post hoc regression analysis with five of the six external correlates, however, only acculturation and gender were statistically significant.

This might point to the moderating effect acculturation had on the other external correlates, i.e., acculturation may explain the inverse relationship between rural background and help-seeking attitudes. Equally as plausible, is the fact that my sample differed from other samples across a number of the external correlates examined (i.e. acculturation, education, SES, and geographic background) and it is this difference that explains the inverse relationship between geographic background and help-seeking attitudes in this study.

After examining the differences that exist between Latino/a participants' socioeconomic status and their help-seeking attitudes, I found that there was not a statistical significance between the variables. This finding contradicts some of the general literature (see chapter one for a thorough review), which reports that socioeconomic status is an important correlate to consider when addressing help-seeking attitudes. Specifically, Valdes (1984) reported that lower levels of SES led to lower openness scores on the ATSPPHS. In other words, participants with lower SES had more negative help-seeking attitudes. While Fox et al. (2001) did not find statistical significance with respect to SES and the ATSPPHS, they argue that individuals who are from lower socioeconomic statuses are not likely to seek professional psychological services because they are cost prohibitive. One potential explanation for my finding lies in the breakdown of the income levels of my participants. Since 66.2 % of my sample fell into the lower socioeconomic status range (0-27,000 dollars), the homogeneity of the sample restricted the findings because only 23.0% of the participants had an income between 27,000 and 42, 9999 dollars and 10.8 % of the sample had an income of 43,000 dollars or greater.

After examining the differences between whether Latino/a individuals who had sought previous therapy would have more positive attitudes about seeking help, I found that there were too few subjects who had actually sought psychological services to do a meaningful statistical analysis. Although the number of participants who had sought psychological services was small, of the 26 who had sought help, 22 found the services beneficial. A mean comparison between the help-seeking attitudes of participants who had sought previous counseling and those who had not revealed that participants who had sought psychological services in the past had more positive help-seeking attitudes than participants who had not sought psychological services. Understandably, when a person has a positive experience in therapy, the individual is likely to have positive attitudes about seeking help in the future because they have sought help before.

An initial Independent-sample-t test analysis results did not support my hypothesis that Latinas have more positive help-seeking attitudes than Latinos, for I found no statistical significance between the variables. This was perplexing because gender was consistently related to attitudes toward help-seeking in prior studies with men having lower help-seeking attitudes than women. In an effort to address this lack of significance, the aforementioned post hoc step wise regression analysis was performed. Findings from this analysis indicated that acculturation and gender (respectively) were significant correlates in Latino/a help-seeking attitudes. While this finding supports previous literature (see chapter one) stating that gender is an important correlate in help-seeking attitudes, my findings are in direct contradiction of most general help-seeking literature (see chapter one). What was interesting about my initial findings with respect to gender was that men had slightly more positive help-seeking attitudes than women. In

short, the mean score for help-seeking attitudes from my sample were slightly higher but in the opposite direction from most of other studies that utilized the ATSPPHS (See chapter one for examples). For instance, the mean help-seeking scores in my sample were 61.98 for males and 59.10 for females, while the mean scores in Fischer and Turner's (1970) study were 56.7 for males and 58.9 for females; and the mean scores in Gonzalez's (1995) study were 54.43 for males and 58.89 females. Given that my initial findings with respect to gender indicated no significant difference, a potential reason for the findings from the post-hoc step-wise regression analysis could be related to the notion that when acculturation is figured into the model, gender becomes an important external correlate to consider.

In an effort to further understand the potential affect of having a unique sample of participants with respect to acculturation levels (all of my sample participants were lowly acculturated), I decided to run an additional post-hoc Pearson r correlation coefficient analysis between help-seeking attitudes and acculturation by controlling for gender. To control for gender, I split my data file by gender, which allowed me to run a correlation analysis by gender. The post-hoc analysis revealed a strong negative statistically significant relationship ($r = -.280$, $n = 100$, $p = .005$) between acculturation and help-seeking attitudes for women, which means that lower levels of acculturation were related to more positive help-seeking attitudes for women. I also ran a post-hoc Pearson r correlation coefficient between the subscale stigma tolerance on the help-seeking attitudes scale and acculturation, controlling for gender. The post-hoc analysis revealed a strong negative statistically significant relationship ($r = -.341$, $n = 100$, $p = .009$) between acculturation and stigma tolerance for women and a statistically non-significant

relationship ($r=.071$, $n=57$, $p=.483$) for men, which means that as acculturation decreased, stigma tolerance increased for women but not for men. In other words, the less acculturated the Latina, the less likely she is to have been exposed to the stigma or other negative aspects associated with seeking psychological help; and logically, she would hold more positive help-seeking attitudes. Both of these findings lends a great deal of credence to my notion that lack of exposure to and lack of knowledge about the stigma that is associated with seeking psychological help could account for the relationship between the aforementioned variables. As lower acculturated Latinas tend to either stay at home and raise the family or work in environments with other Latinas, they are not exposed to the same level of dominant culture values and prejudices as Latinos (Ramirez-Canul, 1994). In other words, there is a strong likelihood that Latinas are not as exposed to the negative attitudes or negative aspects of seeking psychological help. As Latinos work in a wide array of fields, they are in more contact with the values, stigmas, and negative beliefs perpetuated in the dominant culture (Ramirez-Canul, 1994).

Similar to my initial findings, Ramirez-Canul (1994) initially found no gender differences in help-seeking attitudes; but when she divided the ATSPPHS into its four factors and controlled for gender, she found that females had more positive scores in the following factors: recognition of personal need for professional psychological service and confidence in the mental health profession. Stigma tolerance was statistically nonsignificant. While Ramirez-Canul found that controlling for gender yielded different statistical significance than my study, it is clear that controlling for gender accounts for some of the differences found between acculturation and help-seeking attitudes.

With respect to reliability of the two instruments, I found that there was a substantial Cronbach alpha for the S-ATSPPHS (.85) and the S-ATSPPHS-S (.87). My findings on reliability indices are closely related to the findings of the original instruments. For instance, Fischer and Turner (1970), who developed the ATSPPHS, utilized a Tyron's method of reliability to determine the usefulness of the instrument. On the normative sample, the Tyron's method yielded an internal reliability coefficient of .86 on the first sample and .83 on a subsequent sample. Fischer and Farina (1995), who developed the ATSPPHS-S, utilized a Cronbach alpha score as a measure of reliability and found a reliability coefficient of .84. Furthermore, as reported in the results chapter, when a Pearson r correlation coefficient was run between the two translated instruments, there was a high positive relationship between the scales. This finding supports that both instruments are sufficiently reliable when translated and when given to the Latino population used in this study.

As stated periodically throughout this section of the chapter, a number of my hypotheses were either not supported or found to be inversely statistically significant, which I initially found perplexing. These findings led me to closely examine the data, and question what was different about my study. What I discovered was that I actually had a sample of participants that were unique across a number of external correlates. In fact, I found that in my study, I actually had a sub-sample of Latino/a individuals who have not been examined in the literature. For instance, unlike prior studies I had no variability with respect to acculturation, as all of my participants were lowly acculturated. Additionally, in this study, 73.1 % of the participants in the study had no education beyond high school and 47.4 % of the 73.1 % had less than a high school education,

which is unlike other studies which typically utilized high school graduates and college students for their sample. In short, the participants in a number of prior studies were more acculturated, higher educated and from higher socioeconomic status income brackets than the participants in my study. Additionally, most participants from prior studies were not mostly monolingual Spanish as the participants were in this study (ESL and Spanish GED). Consequently, given that this was a different population than previously studied, it is possible that the construct of help-seeking works differently for this sub-sample of Latino/a individuals. In essence, the findings raise a highly relevant issue which is that the initial expectation that my results would mirror or be similar to prior studies results could not be an actuality, for this sample is different in many ways than Latino/a individuals studied previously. As stated above, all of my participants were low in acculturation, a large percentage of them had less than a high school diploma and came from low SES backgrounds. This combination of the external correlates reminds me as a researcher that I can not simply expect help-seeking attitudes to be similar across Latino/a groups. Clearly, when studying any group, particularly a marginalized group, we have to consider the within group variation and study sub-samples to gain clear insight about the variable of interest.

Limitations of the Study

As discussed throughout this chapter, methodologically speaking there were four primary limitations in this study that could, at least in part, shed light on my findings. First, by utilizing a language driven acculturation scale when seeking information from primarily Spanish speaking people, I inadvertently set myself up to have a homogenous sample with regards to acculturation. In fact, all of my participants fell into the low

acculturation category on the SASH. Second, utilizing a sampling approach in my study that targeted a particular population, monolingual Spanish or bilingual Spanish speakers, (Glicken & Sechrest, 2003) further led to sample homogeneity. This particular limitation resulted in little difference within many of the external correlates, a factor which yielded surprising but potentially important information for future researchers. A third limitation resulted from primarily utilizing English as a Second Language (ESL) and GED classes for subject participants. In retrospect, I believe in order to have obtained a sample that was similar to previous studies samples (particularly with respect to levels of acculturation) I would have needed to invite participants from different locales, such as import/export businesses, undergraduate and graduate programs, neighborhood community centers, church prayer groups, etc. Fourth, I failed to ask for demographic information that could have been useful in the analysis of my findings. For instance, it would have been helpful if I provided a question to determine how long the foreign born subjects had been in the United States. Obtaining length of stay in the United States could help explain the low acculturation levels of the sample. More specifically, a question ascertaining the number of generations an individual or an individual's family had been in the United States could have provided additional insight about some of the study's findings. As already discussed in this chapter, there is evidence that help-seeking attitudes vary between individuals who are born in the United States and those who are born in other countries. Thus, knowing this information could have provided clarification about some of my findings, particularly those findings that contradicted general help-seeking literature. I also feel that providing clear definitions about ruralism would have alleviated my concern that perhaps my participants were uncertain about what it meant to

grow up in a rural, suburban, or urban place. This concern is evinced as the word suburban is not a common term when translated into Spanish, as it has become an anglicized Spanish word. Hence, suburban being an anglicized term could have confused participants.

Beyond the methodological limitations of the study, I found two additional areas of concern. First, the literacy level of the participants was questionable. The demographic information revealed that 25.3% of the participants had an 8th grade or lower education, and 49.4% had less than a completed high school education. Given these percentages and the lack of utilization of the provided reading assistants, I question if the participants' reading levels inhibited their understanding of the survey, which could have potentially resulted in arbitrary answers to survey questions. While I strongly question this notion, I must note that there was not adequate evidence to fully support the validity of my notion. Second, while education systems in other countries are similar to that of the United States, they are not identical. For example, the concept of secondary education is a subject for potential misunderstanding. In the United States, secondary education is commonly viewed as high school, grades 9th through 12th. In some Latin countries, however, the term could easily apply to career specific training (Salazar-Stanton, 2000). Similarly, the concept of college can be utilized in certain Latin countries to include career training and language courses. As a result, the potential exists that some participants considered themselves in college, for example, while by United States understanding they would not be.

Implications for Future Research

As the findings from this study are generally very different than prior studies on help seeking it seems logical to address the importance of conducting future studies that utilize a homogenous sample of participants across a number of external correlates. First, researchers could attempt to conduct a study with a homogenous sample across the external correlates of acculturation, education, socioeconomic status and ruralism being careful to take into consideration the necessity of utilizing an acculturation scale that addresses acculturation across issues other than language usage. Modifying the study in this way could add new information such as whether addressing acculturation from a broader perspective offers insight into this sub-sample of an already marginalized group of Latinos/as attitudes about seeking psychological help. Second, it might also be useful to conduct a qualitative study in which the researcher attempts to understand how a sub-sample of Latino/a participants, such as the sub-sample utilized in this study, who are homogeneous across important external correlates such as acculturation, SES, education levels, and ruralism define the construct of seeking professional psychological help. Third, an issue not addressed in this study that might be useful for future research is how one's country of origin influences a Latino/a person's attitude about seeking professional psychological help. Fourth, given that this is a unique sample, it is possible that conducting a factor analysis might validate the original four factor structure hypothesized by Fischer and Turner (1970) or possibly provide a different factor structure that is useful to understand. Finally, to address the issue of construct validity with this sub-sample, it might be necessary to develop a help-seeking instrument that is specific to the ways in

Health Coalition, Latino Substance Abuse Association, and the state APA Latino psychologist chapter, with the purpose of determining how accurately the instrument actually measures help-seeking for Latinos/as. The results of these discussions could add, delete, or rework questions as necessary. If the translated instruments were found to be invalidly constructed for Latino/as, then the assistance of Latino associations should be utilized in developing a new instrument, perhaps following the same methodological procedure that Fischer and Turner used to develop the ATSPPHS (See chapter one for a discussion about Fischer and Turner's method).

Conclusion

As stated in the beginning of the chapter, the purpose of my dissertation was to translate the ATSPPHS and the ATSPPHS-S into Spanish and examine indices of reliability and relationships to external correlates of the Spanish translations with the hope that the translated instruments would measure the same help-seeking constructs as the English versions. I used the recommended translation procedures (two-back method) recommended by the literature and also addressed regional/national Spanish language differences by using translators that were familiar with such differences.

The indices of reliability findings were very strong and were actually quite similar to the findings in the studies that developed both the ATSPPHS and the ATSPPHS-S. Further, the findings in this study which examined the general indicator of construct validity for these instruments (the external correlates: acculturation, education, SES/income, geographic background, previous psychological help, and gender) contradicted what I originally expected based on the literature (see chapter 1), and this could be interpreted to mean that the translated instruments lack construct validity and

contradicted what I originally expected based on the literature (see chapter 1), and this could be interpreted to mean that the translated instruments lack construct validity and consequently may not be measuring the same single construct of help-seeking as do the English versions. Based on the findings, I can not rule out such an argument, especially given that the original instruments were standardized on a different sample than the Latino participants I used. Clearly, given the shortcomings already mentioned (i.e. purposive sampling, the language requirements, the use of a language driven acculturation scale for this study, and the moderating effects of the low acculturation levels of the participants on the other external correlates), further research as mentioned above is warranted to determine if such instruments truly measure the attitudes toward seeking professional psychological help for Latinos/as.

REFERENCES

- Al-Issa, I. (1997). The psychology of prejudice and discrimination. In I Al-Issa & M. Tousignant (Eds.), *Ethnicity, Immigration and psychology*. New York: Plenum.
- Alderete, E., Vega, W. A., & Kolody, B. (2000). Lifetime prevalence of and risk for psychiatric disorders among Mexican migrant farm workers in California. *Journal of Public Health, 90* (4), 608-614.
- Alvidrez, J. (1999). Ethnic variations in mental health attitudes and use among low income, African-American, Latina, and European-American young women. *Community Mental health Journal, 35*(6), 515-530.
- Aneshensel, C. S., & Frerichs, R. R. (1982). Stress, support, and depression: A longitudinal causal model. *Journal of Community Psychology, 10*(4), 363-376.
- Atkinson, D. R., & Gim, R. H. (1989). Asian-American cultural identity and attitudes toward mental health services. *Journal of Counseling Psychology, 36*(2), 209-212.
- Atkinson, D. R., Ponteroto, J. G., Sanchez, A. R. (1984). Attitudes of Vietnamese and Anglo-American studies toward counseling. *Journal of College Student Personnel, 25*(5), 448-452.

- Berry, J. W. (1989). Acculturation as varieties of adaptation. In A. M. Padilla (Ed.) *Acculturation: Theory, models and new findings* (pp. 9-24). Boulder, Co: Westview Press.
- Berry, J. W. & Sam, D. (1997). Acculturation and adaptation. In J. W. Berry, M. H. Segall, & C. Kagitcibasi (Eds.), *Handbook of cross-cultural psychology: Social behavior and application* (pp. 291-326). Boston: Allyn & Bacon.
- Betancourt, H., & Lopez, S. R. (1993). The study of culture, race and ethnicity in American psychology. *American psychologist*, 48, 629-637.
- Blas-Rivas, R. (1981). *Level of acculturation and attitudes toward seeking professional psychological help among Hispanics*. Unpublished doctoral dissertation, Colorado State University, Fort Collins.
- Borrayo, E. A., & Jenkins, S. R. (2003). Feeling frugal socioeconomic status, acculturation, and cultural health beliefs among women of Mexican descent. *Cultural Diversity and Ethnic Minority Psychology*, 9(2), 197-206.
- Canino, G., Burnam, M. A., & Caetano, R. (1992). The prevalence of alcohol abuse and/or dependence in two Hispanic communities. In J. Helzer & G. Canino (Eds.) *North America, Europe, and Asia: A coordinated analysis of population data from ten regions* (pp.131-158). New York: Oxford University Press.
- Cash, F. C., Kehr, J., & Salzbach, R. F. (1978). Help-seeking attitude and perceptions of counselor behavior. *Journal of Counseling Psychology*, 25(4), 264-269.
- Cepeda-Benito, A. & Reig Ferrer, A. (2000). Smoking Consequences Questionnaire--Spanish. *Psychology of Addictive Behaviors*, 14(3), 219-230

- Cepedito-Benito, A., & Short, P. (1998). Self-concealment, avoidance of psychological services, and perceived likelihood of seeking professional help. *Journal of Counseling Psychology*, 45(1), 58-64.
- Cherpitel, C. J. (1992). Acculturation, alcohol consumption, and causalities among United States Hispanics in the emergency room. *International Journal of Addictions*, 27(9), 1067-1077.
- Constantine, M. G. (2002). Racism attitudes, white racial identity attitudes, and multicultural counseling competencies in school counselor trainees. *Counselor Education and Supervision*, 41(3), 162-174.
- Cramer, K. M. (1999). Psychological antecedents to help-seeking behavior: A reanalysis, using path modeling structures. *Journal of Counseling Psychology*, 46(3), 381-387.
- Cuellar, I., Harris, L., & Jasso, R. (1980). An acculturation scale for Mexican American normal and clinical populations. *Hispanic Journal of Behavioral Science*, 2(3), 199-217.
- Delphin, M. E. & Rollock, D. (1995). University alienation and African American ethnic identity as predictors of attitude toward, knowledge about, and likely use of psychological services. *Journal of College Student Development*, 36(4), 337-346.
- Dion, K. L., & Giordano, C. (1990). Ethnicity and sex correlates of depression symptoms in a Canadian university sample. *International Journal of Social Psychiatry*, 36, 30-41.
- Duarte, C. M. (2002). *Help-seeking behaviors among Latina and Latino college students*. Unpublished dissertation document. University of Rhode Island: RI.

- Dumka, L. E., Stoerzinger, H. D., Jackson, K. M., Roosa, M. W. (1996). Examination of the cross-cultural and cross-language equivalence of the parenting self-agency measure. *Journal of Applied Family & Child Studies*, 45(2), p. 216-222.
- Ellis, B. B., & Mead, A. D. (2000). Assessment of the measurement equivalence of a Spanish translation of the 16PF Questionnaire. *Educational & Psychological Measurement*, 60(5), p. 787-807.
- Esters, I. G., Cooker, P. G., & Ittenbach, R. F. (1998). Effects of a unit of instruction in mental health on rural adolescents' conceptions of mental illness and attitudes about seeking help. *Adolescence*, 33(13), p. 469-476.
- Finch, B. K., Hummer, R. A., Kolody, B., & Vega, W. A. (2001). The role of discrimination and acculturative stress in the physical health of Mexican-origin adults. *Hispanic Journal of Behavioral Sciences*, 23(4), 399-429.
- Fischer, E. H., & Cohen, S. L. (1972). Demographic correlates of attitude toward seeking professional psychological help. *Journal of Consulting & Clinical Psychology*, 39(1), 70-74.
- 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), p. 368-373.
- Fischer, E. H., & Turner, J. L. (1970). Orientation to seeking professional psychological help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology*, 35, 79-90.

- Fouad, N. A. & Spreda, S. L. (1995). Use of interest inventories with special populations: Women and minority groups. *Journal of Career Assessment*, 3(4), 453-468.
- Fox, J. C., Blank, M., Rovnyak, V. G., & Barnett, R. Y. (2001). Barriers to help seeking for mental disorders in a rural impoverished population. *Community Mental Health Journal*, 37(5), 421-436.
- Freiman, M. P., Cunningham, P. J., & L. J., Cornelius. (1994). Use and expenditures for the treatment of mental health problems. *Agency for health Care policy and Research, AHCPR Pub. No. 94-0085*. Rockville, MD: Public Health Service.
- Furnham, A., & Andrew, R. (1996). A cross-cultural study of attitudes toward seeking psychological help. *Psychological Reports*, 79(1), 289-290.
- Galanti, G. (1991). *Caring for patients from different cultures*. Philadelphia: University Press.
- Glicklen, M. D., & Sechrest, D. K. (2003). *The role of the help professions in treating the victims and perpetrators of violence*. Boston, MA: Allyn and Bacon.
- Glidden-Tracey, C., & Greenwood, A.K. (1997). A validation study of the Spanish self-directed search using back-translation procedures. *Journal of Career Assessment*, 5(1), 105-113.
- Gloria, A. M., Hird, J. S., & Navarro, R. L. (2001). Relationships of cultural congruity and perception of university environment to help-seeking attitudes by socio-race and gender. *Journal of College Student Development*, 42(6), 545-562.
- Golding, J. M. & Baezconde-Barbanti, L. A. (1990). Ethnic, culture and social resources. *American Journal of Community Psychology*, 18(3), 465-486.

Gonzalez, B. N. (1996). *Attitudes towards psychotherapy and willingness to seek psychotherapy of Mexican-Americans of low and high acculturation levels.*

Unpublished dissertation document, Boston College, Boston.

Gonzalez, J. M., Tinsely, H. E. A., & Kreuder, K. R. (2002). Effects of psycho educational interventions on opinions of mental illness, attitudes toward seeking, and expectations about psychotherapy in college students. *Journal of College Student Development, 43*(1), 51-63.

Good, G. E., Dell, D. M., & Mintz, L. B. (1989). Male role and gender role conflict: Relations to help seeking in men. *Journal of Counseling Psychology, 36*(3), 295-300.

Good, G. E., & Wood, P. K. (1995). Male gender role conflict, depression, and help seeking: Do college men face double jeopardy? *Journal of Counseling & Development, 74*(1), 70-75.

Greenblat, M., & Norman, M. (1982). Hispanic mental health and use of mental health services: A critical review of the literature. *American Journal of Social Psychiatry, 2*(3), 25-31.

Grencavage, L. M. & Norcross, J. C. (1990). Where are the commonalities among the therapeutic common factors? *Professional Psychology: Research and Practice, 21*, 372-378.

Guin, B. (1998). Acculturation and health locus of control among Mexican American adolescents. *Hispanic Journal of Behavioral Sciences, 20*(4), 492-499.

- Halgin, R. P., Weaver, D. D., Edell, W. S., & Spencer, P. G. (1987). Relation of depression and help-seeking history to attitudes toward seeking professional psychological help. *Journal of Counseling Psychology, 34*, 177-185.
- Harman, H. H. (1960). *Modern factor analysis*. Chicago, IL: University of Chicago Press.
- Hazuda, H. P., Haffner, S. M., Stern, M.P., & Eifler, C. W. (1988). Effects of acculturation and socioeconomic status on obesity and diabetes in Mexican Americans. *American Journal of Epidemiology, 128*, 1289-1301.
- Herrera, R. S., Del Campo, R. L., & Ames, M. H. (1993). A serial approach for translating family science instrumentation. *Interdisciplinary Journal of Applied Family Studies, 42*(3), 357-360.
- Hollingshead, A. B. & Redlich, F. C. (1958). *Class and mental illness: A community study*. New York, NY: Wiley.
- Hough, R. L., Lansverk, J., A., Kamo, M., Burnam, M. A., Timbers, D. M., Escobar, J., L., & Regier, D. A. (1987). Utilization of health and mental health services by Los Angeles Mexican-American and non-Hispanic whites. *Archives of General Psychiatry, 44*, 702-709.
- Hoyt, D. R., Conger, R. D., Gaffney Valde, J., & Weihs, K. (1997). Psychological distress and help seeking in rural America. *American Journal of Community Psychology, 25*(4), 449- 470.
- Kaniasty, K., & Norris, F. H. (2000). Help-seeking comfort and receiving social support: The role of ethnicity and context of need. *American Journal of Community Psychology, 28*(4), 545-581.

- Karno, M. (1996). The enigma of ethnicity. *Archives of General Psychiatry*, 14(5), 516-520.
- Keefee, S. E. (1979). Mexican Americans' underutilization of mental health clinics: An evaluation of suggested explanations. *Hispanic Journal of Behavioral Sciences*, 1, 93-115.
- Kelly, A. E., & Achter, J. A. (1995). Self-concealment and attitudes toward counseling in university students. *Journal of Counseling Psychology*, 42(1), 40-46.
- Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. B., Hughes, M., Eshleman, S., Wittchen, H., & Kendler, K. S. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. *Archives of General Psychiatry*, 51, 8-19.
- Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology*, 47(1), 138-143.
- Krishnan, S. P., Hilbert, J. C. & VanLeeuwen, D. (2001). Domestic violence and help-seeking behavior among rural women: Results from a shelter-based study. *Family and Community Health*. 24(1), 28-38.
- Kunkel, M. A. (1989). Expectations about counseling in Merida, Yucatan, Mexico. *Dissertation Abstracts International*, 49(11-B), 5024. (UMI No 8904065)
- Lawson, H. H., Kahn, M. W., & Heiman, E. M. (1982). Psychopathology, treatment outcomes and attitude toward mental illness in Mexican-American and European patients. *International Journal of Psychiatry*, 28, 20-26.

- Leong, F. T. & Zachar, P. (1999). Gender and opinion about mental illness as a predictor of attitudes toward seeking professional psychological help. *British Journal of Guidance & Counseling*, 27(1), 123-131.
- Liu, W. M., Ali, S. R. S., Geoff Hoops, J. D., & Kwesi Pickett, T. (2004). Using social class in counseling psychology research. *Journal of Counseling Psychology*, 51(1), 3-18.
- Lopez, F. G., Melendez, M. C., Sauer, E., Berger, E., & Wyssman, J. (1998). Internal working model, self-reported problems, and help-seeking attitudes among college students. *Journal of Counseling Psychology*, 45(1), 79-83.
- Lott, B. (2002). Cognitive and behavioral distancing from the poor. *American Psychologist*, 57(2), 100-110.
- Mainous, A. G. (1989). Self-concept as an indicator of acculturation in Mexican Americans. *Hispanic Journal of Behavioral Sciences*, 11(2), 178-189.
- Marin, G., Sabogal, F., Vanoss, M. B., Otero-Sabogal, R., & Perez-Stable, E. (1987). Development of a short acculturation scale for Hispanics. *Hispanic Journal of Behavioral Sciences*, 9, 183-205.
- Martinez-Lanz, P., Medina-Mora, M. E., & Campillo-Serrano, C. (1984). Cost evaluation of the use of services in a general medical practice. *Salud Mental*, 7(3), 63-67.
- Mas-Condes, C. & Caraveo, J. (1991). Folkloric medicine: a study on mental health. *Interamerican Society of Psychology*, 25(2), 147-160.

- Medvene, L. J., Mendoza, R., Lin, K., Harris, N., & Miller, M. (1995). Increasing Mexican-American attendance of support groups for parents of the mentally ill: Organizational and psychological factors. *Journal of Community Psychology*, 23, 307-325.
- Meinhardt, K., & Vega, W. (1987). A method for estimating underutilization of mental health services by ethnic groups. *Hospital and Community Psychiatry*, 38, 1186-1190.
- Negy, C., Lachar, D., & Guber, C. P. (1998). The Personality Inventory for Youth (PIY)-Spanish version: Reliability and equivalence to the English version. *Hispanic Journal of Behavioral Sciences*, 20(3), 391-404.
- Pumiriega, A. J., Glovers, S., Holzer, C. H., III, & Nguyen, H. (1998). Administrative update: Utilization of services: Utilization of Mental health services in a tri-ethnic sample of adolescents. *Community Mental Health Journal*, 34(2), 145-156.
- O'Brien, M. E. (1982). Pragmatic survivalism: Behavior patterns affecting low level wellness among minority group members. *Advanced Nursing Science*, 4(3), 13-26.
- Overman, T.M. (1987). *Attitudes of Mexican-Americans toward seeking professional psychological help*. Unpublished dissertation document, Texas Tech University: Lubbock.
- Padilla, A. M. (1980). Notes on the history of Hispanic psychology. *Hispanic Journal of Behavioral Sciences*, 2(2), 109-128.
- Pugh, J. S. (2000). *Help-seeking and personality among college students*. Unpublished dissertation document, Southern Illinois University at Carbondale, Illinois.

- Ramirez-Canul, C. (1994). *Influence of acculturation, perceptions of discrimination, and acculturative stress on attitudes toward seeking counseling in Mexican-American college students*. Unpublished doctoral dissertation document, Washington State University: Spokane.
- Ramos-Sanchez, L. (2000). *The relationship between acculturation, specific cultural values, gender, and Mexican-Americans' help-seeking intentions*. Unpublished doctoral dissertation document, University of California: Santa Barbara.
- Rickwood, D. J., & Braithwaite, V. A. (1994). Social-psychological factors affecting help seeking for emotional problems. *Social Science and Medicine*, 39, 563-572.
- Robertson, J. M. & Fitzgerald, L. F. (1992). Overcoming the masculine mystique: preferences for alternative forms of assistance among men who avoid counseling. *Journal of Counseling Psychology*, 39(2), 240-246.
- Rogler, L. H. (1996). Research on mental health services on Hispanics: target of convergence. *Culturally Diverse Mental Health*, 2(3), 145-156.
- Rogler, L. H., & Cortes, D. E. (1993). Help-seeking pathways: A unifying concept in mental health care. *American Journal of Psychiatry*, 15(4), 554-561.
- Rogler, L. H., Cortes, D. E., & Malgady, R. G. (1991). Acculturation and mental status among Hispanics: Convergence and new directions for research. *American Psychology*, 46(6), 585-597.
- Ruelas, S. R., Atkinson, D. R., & Ramos-Sanchez, L. (1998). Counselor helping model, participant ethnicity and acculturation level, and perceived counselor credibility. *Journal of counseling Psychology*, 45(1), 98-103.

- Ruiz, P. (1979). The fiscal crisis in New York City: effects on the mental health care of minority populations. *American Journal of Psychiatry*, 136(1), 93-96.
- Salgado de Snyder, N. V., de Jesus Diaz-Perez, M., Maldonado, M., & Bautista, E. M. (1998). Pathways to mental health services among inhabitants of a Mexican village. *Health and Social Work*, 23(4), 249-261.
- Sanchez, A. R. & Atkinson, D. R. (1983). Mexican-American cultural commitment, preference for counselor ethnicity, and willingness to use counseling. *Journal of Counseling Psychology*, 30(2), 215-220.
- Schnittker, J., Freese, J., & Powell, B. (2000). Nature, nurture, neither, nor; black-white differences in beliefs about the causes and appropriate treatment of mental illness. *Social Forces*, 78(3), 1101-1132.
- Sibicky, M. & Dividio, J. F. (1986). Stigma of psychological therapy: Stereotypes, interpersonal reactions, and the self-fulfilling prophecy. *Journal of Counseling Psychology*, 33, 148-154.
- Smart, J. F., & Smart, D. (1995). Acculturative stress of Hispanics: Loss and challenge. *Journal of Counseling and Development*, 73(4), 390-396.
- Snowden, L. R., & Cheung, F. K. (1990). Use of inpatient mental health services by members of ethnic minority groups. *American Psychologist*, 45, 347-355.
- Stanton-Salazar, R. D., Chavez, L. F., & Tai, R. H. (2001). The help-seeking orientations of Latino and non-Latino urban high school students: A critical sociological investigation. *Social Psychology of Education*, 5, 49-82.
- Steffl, M. E. & Prosperi, D. C. (1985). Barriers to mental health services utilization. *Community Mental Health Journal*, 21, 167-178.

- Stephenson, M. (2000). Development and validation of the Stephenson multigroup acculturation scale (SMAS). *Psychological Assessment, 12*(1), 77-88.
- Stiles, W. B., Shapiro, D. A., & Elliot, R. (1986). Are all psychotherapist equivalent? *American Psychologist, 41*, 165-180.
- Sue, S. (1977). Community mental health services to minority groups: Some optimism, some pessimism. *American Psychologist, 32*(8), 616-624.
- Sue, S., Fujino, D. C., Hu, L., Takeuchi, D. T., & Zane, N. W. S. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology, 59*, 533-540.
- Szaocznik, J., & Kurines, W. (1993). Family psychology and cultural diversity: Opportunities for theory, research and applications. *American Psychologist, 48*, 400-417.
- Tata, S. P., & Leong, F. T. L. (1994). Individualism, collectivism, social-network orientation, and acculturation as predictors of attitudes toward seeking professional psychological help among Chinese Americans. *Journal of Counseling Psychology, 41*(3), 280-287.
- Torres, D. (1996). *Relationship between acculturation, education, religious beliefs, and attitudes toward seeking professional psychological treatment among Puerto Ricans*. Unpublished dissertation document, Chicago School of Professional Psychology: Chicago.
- Turner, D. C. (1996). The role of culture in chronic illness. *American Behavioral Scientist, 39*(6), 717-728.

- Tyron, R. C. (1957). Reliability and behavior domain validity. *Psychological Bulletin*, 54, 229-249.
- Uffelman, A. R., & Hardin, S.I. (2002). Session limits at university counseling centers: Effects on help seeking attitudes. *Journal of Counseling Psychology*, 49(1), 127-132.
- Umana-Taylor, A. & Fine, M. A. (2001). Methodological implications of grouping Latino adolescents into one collective ethnic group. *Hispanic Journal of Behavioral Sciences*, 23(4), 347-362.
- United States Census Bureau (1999). *The Hispanic population in the United States: Population characteristics*, P20 - P527.
- Valdes, L., F. (1984). *The affects of two types of psychotherapy on the self-disclosure and attitudes toward seeking professional help of Mexican-Americans*. Unpublished doctoral dissertation document, Texas Tech University: Lubbock.
- Vega, W., Kolody, B., Aguilar-Gaxiola, S., & Catalano, R. (1999). Gaps in service utilization by Mexican Americans with mental health problems. *American Journal of Psychiatry*, 156(6), 928-934.
- Vega, W. A., Kolody, B., Valle, J. R., & Hough, R. (1986). Depressive symptoms and their correlates among immigrant Mexican women in the United States. *Social Science & Medicine*, 22(6), 645-652.
- Vega, W., Warheit, G. J., & Palacio, R. (1985). Psychiatric symptomatology among Mexican American farm workers. *Social Science Medical*, 20, 39-45.
- Vernon, M. & Miller, C. (2001). Interpreting in mental health settings: Issues and concerns. *American Annals of the Deaf*, 146(5), 429-433.

- Vernon, S. W., & Roberts, R. E. (1985). A comparison of Anglo and Mexican Americans on selected measures of social support. *Hispanic Journal of Behavioral Sciences*, 7(4), 381-399.
- Wells, K. B., Hough, R. L., Golding, J.M., Burnam, M. A, & Karno, M.. (1987). Which Mexican-Americans underutilize health services? *American Journal of Psychiatry*, 144(7), 918-922.
- Williams, A. W., Ware, J. E., & Donald, C. A. (1981). A model of mental health, life events, and social supports applicable to general populations. *Journal of Health & Social Behavior*, 22(4), 324-336.
- Yamamoto, J., & Silva, J. A., (1987). Do Hispanics underutilize mental health services? In M. Gaviria & J. D. Arana (Eds.), *Health and Behavior: Research agenda for Hispanics* (pp. 35-48). Chicago, Il: Simon Bolivar Hispanic American Psychiatric Research and Training Center.
- Zeldow, P. B., & Greenberg, R. P. (1979). Attitudes toward women and orientation to seeking professional psychological help. *Journal of Clinical Psychology*, 35(2), 473-476.

Appendix A

Human Subjects Review Board Approval Letters



April 11, 2005

TO: Savador Lopez-Arias
Social Work
Grand Valley State University
381C DeVos

RE: Proposal # 05-214-H

Category: ☐ Exempt ☒ Expedited ☐ Full Review

Approval Date: April 8, 2005

Expiration Date: April 8, 2006

Progress Report and request for re-approval due: March 8, 2006

TITLE: Assessing the validity and reliability of the Spanish translation of two help-seeking instruments

Grand Valley State University, Human Research Review Committee (HRRC), has completed its review of this proposal. The HRRC serves as the Institutional Review Board (IRB) for Grand Valley State University. The rights and welfare of the human subjects appear to be adequately protected and the methods used to obtain informed consent are appropriate. Your project has been approved.

Renewals: The HRRC approval is valid until the expiration date listed above. Any project that continues beyond the expiration date must be renewed with the renewal form and a progress report. A maximum of 4 renewals are possible. If you need to continue a proposal beyond that time, you are required to submit a new application for a complete review.

Revisions: The HRRC must review and approve any change in procedures involving human subjects, prior to the initiation of the change. To revise an approved protocol, send a written request along with both the original and revised protocols including the protocol consent form, to the Chair of HRRC. When requesting approval of revisions, both the project's HRRC number and title must be referenced.

Problems/Changes: The HRRC must be informed promptly if either of the following arises during the course of your project. 1) Problems (unexpected side effects, complaints, etc.) involving the human subjects. 2) Changes in the research environment or new information that indicate greater risk to the human subjects than existed when the protocol was previously reviewed and approved.

If I can be of further assistance, please contact me at 616-331-2472 or via e-mail: huizengp@gvsu.edu. You can also contact the secretary in Faculty Research and Development Office at 616-331-3197.

Sincerely,

Paul H. Huizenga

Paul Huizenga, Chair
Human Research Review Committee

Pew Grand Rapids Campus • DeVos Center • 401 Fulton Street West • Grand Rapids, MI 49504-6431 • (616) 331-5000



Date: March 29, 2005

To: James Croteau, Principal Investigator
Salvador Lopez-Arias, Student Investigator for dissertation

From: Mary Lagerwey, Ph.D., Chair

A handwritten signature in cursive script, reading 'Mary Lagerwey', is written over the printed name.

Re: HSIRB Project Number: 05-03-27

This letter will serve as confirmation that your research project entitled "Assessing the Validity and Reliability of the Spanish Translation of Two Help-seeking Instruments" has been **approved** under the **expedited** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may **only** conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: March 29, 2006

Appendix B

Human Subjects Review Board Approval of Change to Protocol

WESTERN MICHIGAN UNIVERSITY



Human Subjects Institutional Review Board

Date: April 8, 2005

To: James Croteau, Principal Investigator
Salvador Lopez-Arias, Student Investigator for dissertation

From: Mary Lagerwey, Ph.D., Chair

A handwritten signature in cursive script that reads "Mary Lagerwey".

Re: HSIRB Project Number: 05-03-27

This letter will serve as confirmation that the change to your research project "Assessing the Validity and Reliability of the Spanish Translation of Two Help-seeking Instruments" requested in your memo dated April 5, 2005 has been approved by the Human Subjects Institutional Review Board.

The conditions and the duration of this approval are specified in the Policies of Western Michigan University.

Please note that you may **only** conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: March 29, 2006

Walwood Hall, Kalamazoo, MI 49008-5456
PHONE: (269) 387-8293 FAX: (269) 387-8276

Appendix C

Letter of Introduction and Intent

Letter of Introduction to the Church

Name

Address

City, State, Zip

Date:

Dear Pastor (Name):

My name is Salvador Lopez-Arias. I am a visiting professor at Grand Valley State University's Social Work Department. I am currently a doctoral student in the counseling psychology program at Western Michigan University and am in the process of writing my dissertation. The focus of my dissertation is to translate and validate a frequently used help-seeking instrument from English into Spanish. As I need volunteers for my dissertation, I am requesting a meeting with you to discuss the possibility of receiving the assistance of your congregation and the use of your facilities. Basically, I hope to solicit volunteers to participate in completing a few questionnaires that have been translated into Spanish. These questionnaires address an individual's attitudes toward seeking professional psychological help. My hope is to learn that the Spanish translation of the questionnaire is as reliable and valid as the English version of the questionnaire.

I shall call you within the next week or so to determine the possibility of meeting with you to further discuss this project. If you have any questions prior to my call, please feel free to contact me at (616) 331-6553 or lopezars@gvsu.edu. Thank you in advance for your assistance in this matter.

Sincerely,

Salvador Lopez-Arias, M.S.W., C.S.W.

Letter to Local ESL/GED Classes

Name

Address

City, State, Zip

Date:

My name is Salvador Lopez-Arias. I am a visiting professor at Grand Valley State University's Social Work Department. I am currently a doctoral student in the counseling psychology program at Western Michigan University and am in the process of writing my dissertation. The focus of my dissertation is to translate and validate a frequently used help-seeking instrument from English into Spanish. As I need volunteers for my dissertation, I am requesting a meeting with you to discuss the possibility of receiving the assistance of ESL classes held in your institution and the use of your facilities. Basically, I hope to solicit volunteers to participate in completing a few questionnaires that have been translated into Spanish. These questionnaires address an individual's attitudes toward seeking professional psychological help. My hope is to learn that the Spanish translation of the questionnaire is as reliable and valid as the English version of the questionnaire.

I shall call you within the next week or so to determine the possibility of meeting with you to further discuss this project. If you have any questions prior to my call, please feel free to contact me at (616) 331-6553 or lopezars@gvsu.edu. Thank you in advance for your assistance in this matter.

Sincerely,

Salvador Lopez-Arias, M.S.W., C.S.W.

Appendix D
Letter of Consent/Permission

Letter of Permission for Church

Date:

Dear (Name):

This letter is a formal request for your permission to use your congregation and church facilities to provide some questionnaires to your parishioners. What follows is an explanation for the necessity of conducting this study as well as a description of procedures that will be utilized in conducting the study at your location should you provide written permission to do so.

Why Research Latino's Attitudes Toward Help-Seeking?

This research project is a preliminary study about the attitudes Latinos/as have toward seeking professional psychological help. The primary focus of the research is to validate a Spanish translation of two help-seeking scales that are commonly and widely used throughout psychology research. This is a valuable project, for research indicates that Latinos tend to underutilize health and mental services (Rogler, 1996; Hough, Landsverk et al., 1987). Moreover, by developing a valid instrument to determine individual's attitudes toward seeking professional help, we can later research what factors are related to these attitudes. The four questionnaires that will be utilized in this study contain approximately, nine questions that address general demographic information, twelve questions that address level of acculturation, and fifty-six questions that explore a person's attitude toward seeking professional help and will take your parishioners approximately 45-70 minutes to complete. All responses are confidential, and the researcher will ask for no identifying information. Moreover, you have the right to refuse to participate in the study at any time without penalty. The aim of this research is to be published and hopefully provide valuable information to the psychology field in studying how to better assist Latinos.

A Proposed Procedure for the Research in Your Setting

After obtaining your permission, I will attend the church services as designated by you. Following the service or mass you will then introduce me to your congregation (I will give you a written introduction). I will briefly describe the project, the purpose of the project and explain that I am seeking participants who are fully bilingual or exclusively Spanish speaking. After this information is provided I will inform the congregation that I will return the following week to briefly describe the study again, ask for volunteers and instruct all those who might wish to participate to follow me to the designated area for further explanation following the church service or mass. In this group setting, I will read an information/ consent document to all potential volunteers and ask those who volunteer to remain so that I can administer the questionnaires. I will thank all who are not interested for their time and let them know they are free to leave. I will also explain that to show appreciation for all volunteers time they will be entered in a raffle where they could win a \$125.00 gift certificate to Best Buy.

Your signature on this form indicates your written consent to conduct the study at your location.

 Name

 Date

Letter of Permission: Local ESL/GED schools

Date:

Dear (Name):

This letter is a formal request for your permission to conduct my study utilizing your students and school facilities to provide some questionnaires to your students. What follows is an explanation for the necessity of conducting this study as well as a description of procedures that will be utilized in conducting the study at your location should you provide written permission to do so.

Why Research Latino's Attitudes Toward Help-Seeking?

This research project is a preliminary study about the attitudes Latinos/as have toward seeking professional psychological help. The primary focus of the research is to validate a Spanish translation of two help-seeking scales that are commonly and widely used throughout psychology research. This is a valuable project, for research indicates that Latinos tend to underutilize health and mental services (Rogler, 1996; Hough, et al., 1987). Moreover, by developing a valid instrument to determine individual's attitudes toward seeking professional help, we can later research what factors are related to these attitudes. The four questionnaires that will be utilized in this study contain approximately, nine questions that address general demographic information, twelve questions that address level of acculturation, and fifty-six questions that explore a person's attitude toward seeking professional help and will take your parishioners approximately 45-70 minutes to complete. All responses are confidential, and the researcher will ask for no identifying information. Moreover, you have the right to refuse to participate in the study at any time without penalty. The aim of this research is to be published and hopefully provide valuable information to the psychology field in studying how to better assist Latinos.

A Proposed Procedure for the Research in Your Setting

After obtaining your permission, I will attend the class designated by you. Out of respect for the way in which the director wants to address his/her teachers about the project, I will merely conduct the study in those classes that the director indicates will be used for recruitment. The consenting director will talk with his/her teachers to determine which ESL/GED classes will be asked to volunteer to participate in the study. I will ask you to make sure you inform all teachers and students that choosing to participate or not participate does not impact the students' status or grade in any way. When I enter the class to discuss the project, I will hand you or your teacher (which ever you prefer) a written script introducing me to the class. After I am introduced you and the teacher will leave the room so that neither you nor the teacher will have any way of knowing who does or does not participate. I will briefly describe the project, the purpose of the project and explain that I am seeking participants who are fully bilingual or exclusively Spanish speaking. After this information is provided, I will inform the class that I will return the following week (at a time and place to be determined by you) to briefly describe the study again, ask for volunteers and instruct all those who might wish to participate to join me (in the area designated by you) for further explanation. In this group setting, I will read an information/ consent document to all potential volunteers and ask said volunteers to remain so that I can administer the questionnaires. I will thank all who are not interested for their time and let them know they

are free to leave. I will also explain that to show appreciation for all volunteers time they will be entered in a raffle where they could win a \$125.00 gift certificate to Best Buy (gift certificate).

Your signature on this form indicates your written consent to conduct the study at your location.

Name

Date

Appendix E

Short Acculturation Scale for Hispanics

THE HISPANIC SHORT ACCULTURATION SCALE

The statements listed below pertain to your language use and other preferences. Please circle the answer that best applies.

1. In general, what language(s) do you read and speak?

- (a) Only Spanish
- (b) More Spanish than English
- (c) Both equally
- (d) More English than Spanish
- (e) Only English

2. What language(s) did you speak as a child?

- (a) Only Spanish
- (b) More Spanish than English
- (c) Both equally
- (d) More English than Spanish
- (e) Only English

3. What language(s) do you usually speak at home?

- (a) Only Spanish
- (b) More Spanish than English
- (c) Both equally
- (d) More English than Spanish
- (e) Only English

4. In which language(s) do you usually think?

- (a) Only Spanish
- (b) More Spanish than English
- (c) Both equally
- (d) More English than Spanish
- (e) Only English

5. What language(s) do you usually speak with your friends?
 - (a) Only Spanish
 - (b) More Spanish than English
 - (c) Both equally
 - (d) More English than Spanish
 - (e) Only English
6. What language(s) are the T.V. programs that you usually watch?
 - (a) Only Spanish
 - (b) More Spanish than English
 - (c) Both equally
 - (d) More English than Spanish
 - (e) Only English
7. What language(s) are the radio programs you usually listen to?
 - (a) Only Spanish
 - (b) More Spanish than English
 - (c) Both equally
 - (d) More English than Spanish
 - (e) Only English
8. In general, what language(s) are the movies, T.V., and radio programs that you *prefer* to watch and listen to?
 - (a) Only Spanish
 - (b) More Spanish than English
 - (c) Both equally
 - (d) More English than Spanish
 - (e) Only English
9. In general, your close friends are:
 - (a) All Latinos
 - (b) More Latinos than Anglos
 - (c) Both equally
 - (d) More Anglos than Latinos
 - (e) All Anglos

10. You prefer going to social gatherings/parties in which the people are:
- (a) All Latinos
 - (b) More Latinos than Anglos
 - (c) Both equally
 - (d) More Anglos than Latinos
 - (e) All Anglos
11. The persons you visit or who visit you are:
- (a) All Latinos
 - (b) More Latinos than Anglos
 - (c) Both equally
 - (d) More Anglos than Latinos
 - (e) All Anglos
12. If you could choose your children's friends, you would want them to be:
- (a) All Latinos
 - (b) More Latinos than Anglos
 - (c) Both equally
 - (d) More Anglos than Latinos
 - (e) All Anglos

La Escala Corta Hispánica De la Aculturación

Las oraciones abajo señaladas pretenden ver que lengua usas u otras preferencias. Por favor circula la respuesta que mejor se acomode a ti.

1. En general que idioma(s) hablas y lees?
 - a. unicamente Español
 - b. mas Español que Inglés
 - c. igualmente los dos idiomas
 - d. mas Inglés que Español
 - e. Unicamente Inglés
2. Que idioma le hablas a tu hijo?
 - a. unicamente Español
 - b. mas Español que Inglés
 - c. igualmente los dos idiomas
 - d. mas Inglés que Español
 - e. Unicamente Inglés
3. Que idioma normalmente hablas en casa?
 - a. unicamente Español
 - b. mas Español que Inglés
 - c. igualmente los dos idiomas
 - d. mas Inglés que Español
 - e. Unicamente Inglés
4. En que idioma normalmente piensas?
 - a. unicamente Español
 - b. mas Español que Inglés
 - c. igualmente los dos idiomas
 - d. mas Inglés que Español
 - e. Unicamente Inglés

5. Que idioma normalmente hablas con tus amigos?
 - a. unicamente Español
 - b. mas Español que Inglés
 - c. igualmente los dos idiomas
 - d. mas Inglés que Español
 - e. Unicamente Inglés
6. En que idioma normalmente ves los programas en la TV?
 - a. unicamente Español
 - b. mas Español que Inglés
 - c. igualmente los dos idiomas
 - d. mas Inglés que Español
 - e. Unicamente Inglés
7. En que idioma normalmente escuchas los programas en la radio?
 - a. unicamente Español
 - b. mas Español que Inglés
 - c. igualmente los dos idiomas
 - d. mas Inglés que Español
 - e. Unicamente Inglés
8. En general en que idioma son las películas, TV, y radio que tu prefieres ver o escuchar?
 - a. unicamente Español
 - b. mas Español que Inglés
 - c. igualmente los dos idiomas
 - d. mas Inglés que Español
 - e. Unicamente Inglés
9. En general, tus mas cercanos amigos son:
 - a. todos Latinos
 - b. mas Latinos que Anglos
 - c. igual Latinos y Anglos
 - d. mas Anglos que Latinos
 - e. todos Anglos

10. Prefieres tu ir o hacer vida social/fiestas donde la gente es:

- a. todos Latinos
- b. mas Latinos que Anglos
- c. igual Latinos y Anglos
- d. mas Anglos que Latinos
- e. todos Anglos

11. Las personas que visitas o te visitan son

- a. todos Latinos
- b. mas Latinos que Anglos
- c. igual Latinos y Anglos
- d. mas Anglos que Latinos
- e. todos Anglos

12. Si tu pudieras escoger los amigos de tus hijos, que te gustarian que fueran ellos:

- a. todos Latinos
- b. mas Latinos que Anglos
- c. igual Latinos y Anglos
- d. mas Anglos que Latinos
- e. todos Anglos

Appendix F

Letter of Introduction

Script: Priest's/Pastor's Introduction of Researcher

The priest or pastor's scripts should read as follows:

"I would like to introduce Salvador Lopez-Arias. He holds a master's degree in social work, is a certified social worker, is currently a visiting professor of social work at Grand Valley State University, and is completing his doctoral degree in counseling psychology at Western Michigan University. He is here because he needs your help to complete a research project by administering a questionnaire to volunteers. This research project is an important part of his doctoral degree. Furthermore, because there is little research conducted on Latinos I believe this project would be beneficial for the future research on the Latino community. The focus of his research is to determine if the translation of the questionnaire he is providing is adequate. Please understand that he is asking for volunteers, and by no means am I pressuring you to volunteer to answer the questionnaire. I appreciate you giving him your attention while he is sharing information about the questionnaire. After his presentation, you can decide if you would like to volunteer to participate in the research by volunteering to take the questionnaire next week.

Script: Priest's/Pastor's Introduction of Researcher (Spanish)

“Quiero presentarles a Salvador López-Arias. El tiene una Maestría en Trabajo Social, es un trabajador social certificado y trabaja como profesor visitante en el departamento de Trabajo Social en la Universidad Grand Valley State University. También esta en el proceso de completar su doctorado en psicología con concentración en terapia en la Universidad de Western Michigan. El esta aquí porque necesita su ayuda para completar un estudio dando un cuestionario a voluntarios este estudio es una parte muy importante de su doctorado. Además, hay muy pocos estudios que han involucrado a la comunidad latina. Por lo tanto, yo creo que su participación en este estudio fuera muy beneficiosa para los futuros estudios de la población Latina. El enfoque es de esta investigación es determinar si la traducción del cuestionario que él les esta administrando es la adecuada. Por favor tengan en mente que él esta pidiendo voluntarios y de ninguna manera quiero presionarlos a que participen. Les agradecería su atención mientras él comparte con ustedes la información sobre el cuestionario. Después de su presentación, ustedes pueden decidir si les gustaría ser voluntarios y participar en el estudio y ser voluntarios y completando el cuestionario la siguiente semana.”

Script: Local ESL/GED Administrator Introduction of Researcher

The administrator's scripts should read as follows:

"I would like to introduce Salvador Lopez-Arias. He holds a master's degree in social work, is a certified social worker, is currently a visiting professor of social work at Grand Valley State University, and is completing his doctoral degree in counseling psychology at Western Michigan University. He is here because he needs your help to complete a research project by administering a questionnaire to volunteers. This research project is an important part of his doctoral degree. Furthermore, because there is little research conducted on Latinos I believe this project would be beneficial for the future research on the Latino community. The focus of his research is to determine if the translation of the questionnaire he is providing is adequate. Please understand that he is asking for volunteers, and by no means am I pressuring you to volunteer to answer the questionnaire. I appreciate you giving him your attention while he is sharing information about the questionnaire. After his presentation, you can decide if you would like to volunteer to participate in the research by volunteering to take the questionnaire next week. Remember participation is completely voluntary and participating or not will not affect your grade in any way.

Script: Local ESL/GED Administrator Introduction of Researcher (Spanish)

“Quiero presentarles a Salvador López-Arias. El tiene una Maestría en Trabajo Social, es un trabajador social certificado y trabaja como profesor visitante en el departamento de Trabajo Social en la Universidad Grand Valley State University. También esta en el proceso de completar su doctorado en psicología con concentración en terapia en la Universidad de Western Michigan. El esta aquí porque necesita su ayuda para completar un estudio dando un cuestionario a voluntarios este estudio es una parte muy importante de su doctorado. Además, hay muy pocos estudios que han involucrado a la comunidad latina. Por lo tanto, yo creo que su participación en este estudio fuera muy beneficiosa para los futuros estudios de la población Latina. El enfoque es de esta investigación es determinar si la traducción del cuestionario que él les esta administrando es la adecuada. Por favor tengan en mente que él esta pidiendo voluntarios y de ninguna manera quiero presionarlos a que participen. Les agradecería su atención mientras él comparte con ustedes la información sobre el cuestionario. Después de su presentación, ustedes pueden decidir si les gustaría ser voluntarios y participar en el estudio y ser voluntarios y completando el cuestionario la siguiente semana.” Acuérdense que su participación es completamente voluntaria y su participación o no, no les afectara su calificación escolar de ninguna manera.

Script: MTI College ESL/GED Bilingual Administrative Assistant

The bilingual administrative assistant script should read as follows:

Hello class. I am going to talk to you about someone who is also a student who as part of his education needs to complete a study. Salvador Lopez-Arias holds a master's degree in social work, is a certified social worker, is currently a visiting professor of social work at Grand Valley State University in Michigan, and is completing his doctoral degree in counseling psychology at Western Michigan University. He needs your help to complete a research project by administering a questionnaire to volunteers. This research project is an important part of his doctoral degree. Furthermore, because there is little research conducted on Latinos he believes this project would be beneficial for the future research on the Latino community. The focus of his research is to determine if the translation of the questionnaire he is providing is adequate. Please understand that he is asking for volunteers, and by no means am I pressuring you to volunteer to answer the questionnaire. His project and questionnaire takes approximately 45-70 minutes and is looking at the adequacy of the translation of a help-seeking attitude questionnaire. I am going to read some information that Mr. Lopez-Arias provided me so that you can think about whether or not you would like to participate in the study. After you hear what I have to read, I will return next week so you have a week to think about whether you want to participate or not. Remember participating or not is your choice; your grade is not affected in any way should you choose or choose not to participate in the study; and, your teacher nor Mrs. Gonzales will know whether you participated or not in the study.

Script: MTI College ESL/GED Bilingual Administrative Assistant (Spanish)

Hola clase. Quiero platicarles de alguien que también es un estudiante y que parte de su educación es completar un estudio. Salvador López-Arias tiene una Maestría en Trabajo Social, es un trabajador social certificado y trabaja como profesor visitante en el departamento de Trabajo Social en la Universidad de Grand Valley. También esta en el proceso de completar su doctorado en psicología con concentración en terapia en la Universidad de Western Michigan. El necesita su ayuda para completar un estudio al administrar un cuestionario. Este estudio es una parte muy importante de su doctorado. Además, hay porque hay muy pocos estudios que han involucrado a la comunidad latina él cree, que su participación en este estudio es muy beneficiosa para los futuros estudios de la población latina. El enfoque de esta investigación es determinar si la traducción del cuestionario que él les está administrando es la adecuada. Por favor tengan en mente que él está pidiendo voluntarios y de ninguna manera quiero presionarlos a que participen. Su proyecto es un cuestionario y se toma aproximadamente de 45-70 minutos para completar. Y se enfoca en que adecuada es la traducción del cuestionario de actitudes con respecto a buscar ayuda. Voy a leerles cierta información que el Señor López-Arias me ha dado para que piense si usted quiere o no participar en el estudio. Después que usted oiga lo que tengo que leer, yo regresaré y usted tiene una semana para que decida participar o no. Recuerde que el participar o no es su decisión; su calificación escolar no es afectada por ninguna manera; y su maestra la Señora Gonzáles no sabrá si usted participo o no en el estudio.

Appendix G

Brief Description of Project

Brief Description of Project for Church

Good morning everyone, some of you may know me, for those who do not my name is Salvador Lopez-Arias. As your pastor informed you, I currently hold a master's degree in Social work, am certified by the State of Michigan as a master's level social worker, and I am currently employed at Grand Valley State University as a visiting professor in the department of social work. I am originally from Mexico but live here in the Grand Rapids area. The reason for my visit today is to ask for volunteers on a project. I am a doctoral student in the counseling psychology program at Western Michigan University and as part of my studies I need to conduct a research project as a part of my dissertation.

Some of you may be aware that there isn't much research involving Latinos/as. For this reason, I have decided to do my dissertation on this group of people. The focus of my study is to translate a frequently used help-seeking scale from English into Spanish. This scale examines a person's attitudes about seeking psychological help from therapists, counselors, social workers, or psychologists when they are having marital or relational problems, have had a loss in the family, or are going through stress or other emotional difficulties. As I stated, the instrument has been used in English and my primary goal is to assess the quality of the Spanish translation. In other words, I hope to find that the Spanish version of the instrument adequately measures help-seeking attitudes in the Latino/a population. While participating in the study will not benefit you personally, if I find that the instrument does adequately measure help-seeking attitudes in the Latino/a population, future studies could utilize the instrument to find ways to improve methods of reaching Latino/a people who need help from a professional counselor.

All the information you share will be anonymous in nature and the information you provide will not be used as specific answers but rather will be compiled as general tendencies of everyone sampled. As part of the project you will also be asked the following: your age, gender, birthplace, educational level, language of preference in various circumstances (e.g. listening to music, watching T.V., and interacting with family and friends). The questionnaire is eighty-eight questions long and it should take forty five to seventy minutes to complete. Remember, all the information you provide is anonymous.

To volunteer to participate you need to be 18 years or older, be of Latino/a descent and you must be able to speak and preferably read Spanish fluently. If you decide to participate your name will be entered in a raffle to win a \$125.00 gift certificate to Best Buy.

Please understand that I am looking for volunteers. Even if you initially decide you want to participate, you can change your mind at any time. For those that are interested, I will come back next week. When I return next week, I will ask all those who think they may wish to volunteer to follow me to your church basement or the meeting room designated by your priest/pastor and I will explain the project again. Please know that after hearing about the study again, I will ask for volunteers. At such time, you will have the opportunity to stay and participate or leave without any type of pressure.

Thank you for your time, and I look forward to returning next week.

Descripción Escrita del Proyecto para Iglesia

¡Buenos días a todos! Es posible que algunos de ustedes ya me conozcan, pero para los que no me conocen, me llamo Salvador López-Arias. Como su sacerdote les ha dicho, yo tengo una maestría en Trabajo Social, estoy certificado por el estado de Michigan como trabajador social y trabajo como profesor visitante en el departamento de Trabajo Social en la Universidad de Grand Valley State. Soy originalmente de México pero vivo aquí en Grand Rapids. La razón por mi visita es para pedir voluntarios para participar en un proyecto. Soy un estudiante de doctorado en psicología con una concentración en terapia en la Universidad de Western Michigan y como parte de mi tesis, necesito realizar una investigación.

Como ustedes saben, no hay muchas investigaciones involucrando a los latinos; es por eso que yo he decidido hacer mi tesis sobre esta población. El enfoque de mi estudio es traducir, del inglés al español, un instrumento utilizado muy frecuentemente que examina las actitudes de una persona con respecto a buscar ayuda psicológica profesional. Esto se refiere a qué tan dispuesta está una persona a hablar con un(a) terapeuta, consejero(a), trabajador(a) social, o psicólogo(a) cuando tienen problemas maritales o en sus relaciones, ha perdido algún familiar, o está pasando por una etapa de estrés u otra dificultad emocional. Como mencione, este instrumento se utiliza en inglés y mi objetivo principal es determinar si la traducción es la adecuada. En otras palabras, espero encontrar que la traducción del instrumento mida adecuadamente las actitudes de gente latina con respecto a buscar ayuda. Aunque el participar en este estudio no les beneficie personalmente, si encontramos que hemos establecido una buena traducción del instrumento para buscar ayuda, esto servirá para que otros estudios encuentren la forma de mejorar los métodos que usan para acercarse a la población latina que necesita de un consejero profesional.

Toda la información que usted comparta es anónima y las respuestas que usted de no se usara en solo pero se usaran en junta con las de otros participantes como tendencias generales de todos los respondientes. Como parte del proyecto también les preguntaremos lo siguiente: su edad, su sexo, su lugar de nacimiento, su nivel educativo el lenguaje de preferencia en diferentes como escuchar música y los programas de televisión que ven, y convivir con familia y amigos. El cuestionario tiene ochenta y ocho preguntas y toma entre quince minutos y media hora contestarlo. Como les dije, la información que ustedes compartan es anónima.

Para poder participar, deben tener por lo menos dieciocho años o más, ser de descendencia Latina y deben poder hablar o preferiblemente leer en español. Los nombres de aquellos quienes decidan participar entrarán en una rifa para ganar un certificado a Best Buy de \$125.

Por favor recuerden que estoy buscando voluntarios. Aunque hayan decidido participar, pueden cambiar de parecer en cualquier momento. Para aquellos que están interesados, voy a regresar la siguiente semana. Cuando regrese, voy a pedirles a todos aquellos que creen que estarían interesados que me acompañen al sótano de la iglesia o cuarto

designado por su sacerdote para poder explicarles el estudio otra vez. Después de oír la información sobre el estudio otra vez, volveré a pedir voluntarios. En ese momento, usted tendrá la oportunidad de quedarse a participar o irse sin ningún problema. Gracias por su tiempo y espero verlos la siguiente semana.

Gracias por su tiempo y espero verlos la siguiente semana.

Brief Description of Project to local ESL/GED classes

Good (morning/afternoon/evening) everyone my name is Salvador Lopez-Arias. As your (director/teacher) informed you, I currently hold a master's degree in Social work, am certified by the State of Michigan as a master's level social worker, and I am currently employed at Grand Valley State University as a visiting professor in the department of social work. I am originally from Mexico but live here in the Grand Rapids area. The reason for my visit today is to ask for volunteers on a project. I am a doctoral student in the counseling psychology program at Western Michigan University and as part of my studies I need to conduct a research project as a part of my dissertation.

Some of you may be aware that there isn't much research involving Latinos/as. For this reason, I have decided to do my dissertation on this group of people. The focus of my study is to translate a frequently used help-seeking scale from English into Spanish. This scale examines a person's attitudes about seeking psychological help from therapists, counselors, social workers, or psychologists when they are having marital or relational problems, have had a loss in the family, or are going through stress or other emotional difficulties. As I stated, the instrument has been used in English and my primary goal is to assess the quality of the Spanish translation. In other words, I hope to find that the Spanish version of the instrument adequately measures help-seeking attitudes in the Latino/a population. While participating in the study will not benefit you personally, if I find that the instrument does adequately measure help-seeking attitudes in the Latino/a population, future studies could utilize the instrument to find ways to improve methods of reaching Latino/a people who need help from a professional counselor.

All the information you share will be anonymous in nature and the information you provide will not be used as specific answers but rather will be compiled as general tendencies of everyone sampled. As part of the project you will also be asked the following: your age, gender, birthplace, educational level, language of preference in various circumstances (e.g. listening to music, watching T.V., and interacting with family and friends). The questionnaire is eighty-eight questions long and it should take forty five to seventy minutes to complete. Remember, all the information you provide is anonymous.

To volunteer to participate you need to be 18 years or older, be of Latino/a descent and you must be able to speak and preferably read Spanish fluently. If you decide to participate your name will be entered in a raffle to win a \$125.00 gift certificate to Best Buy.

Please understand that I am looking for volunteers. Even if you initially decide you want to participate, you can change your mind at any time. For those that are interested, I will come back next week. When I return next week, I will ask all those who think they may wish to volunteer to join me in the room designated by your (director/teacher) and I will explain the project again. Please know that after hearing about the study again, I will ask for volunteers. At such time, you will have the opportunity to stay and participate or leave without any type of pressure. Additionally, your grade will not be impacted in

anyway should you choose to or choose not to participate; and, neither your teacher nor the director will know whether you did or did not participate in the study.

Thank you for your time, and I look forward to returning next week.

Breve Descripción del Proyecto a Las Clases Locales de ESL/GED

Buenos días (tardes/noches) a todos mi nombre es Salvador López-Arias. Como su administradora les informo, yo tengo una maestría en Trabajo Social, estoy certificado por el estado de Michigan como trabajador social y trabajo como profesor visitante en el departamento de Trabajo Social en la Universidad de Grand Valley State. Soy originalmente de México pero vivo aquí en Grand Rapids. La razón por mi visita es para pedir voluntarios para participar en un proyecto. Soy un estudiante de doctorado en Terapia en la Universidad de Western Michigan y como parte de mi tesis, necesito realizar una investigación.

Como algunos de ustedes saben, no hay muchas investigaciones involucrando a los latinos; es por eso que yo he decidido hacer mi tesis sobre esta población. El enfoque de mi estudio es traducir, del inglés al español, un instrumento utilizado muy frecuentemente que examina las actitudes de una persona con respecto a buscar ayuda psicológica profesional. Esto se refiere a qué tan dispuesta está una persona a hablar con un(a) terapeuta, consejero(a), trabajador(a) social, o psicólogo(a) cuando tienen problemas maritales o en sus relaciones, ha perdido algún familiar, o está pasando por una etapa de estrés u otra dificultad emocional. Este instrumento se utiliza en inglés y mi objetivo principal es determinar si la traducción es la adecuada. En otras palabras, espero encontrar que la traducción del instrumento mida adecuadamente las actitudes de gente latina con respecto a buscar ayuda. Aunque el participar en este estudio no les beneficie personalmente, si encuentro mide adecuadamente las actitudes de busca ayuda de la población Latina, estudios en el futuro pueden usar el instrumento para mejorar los métodos de acercarse la gente latina que necesita la ayuda de un consejero profesional.

Toda la información que usted comparta es anónima y las respuestas que usted de no se usara en solo pero se usaran en junta con las de otros participantes como tendencias generales de todos los respondientes. Como parte del proyecto también le preguntaremos lo siguiente: su edad, su sexo, su lugar de nacimiento, su nivel educativo el lenguaje de preferencia en diferentes como escuchar música y los programas de televisión que ven, y convivir con familia y amigos. El cuestionario tiene ochenta y ocho preguntas y se toma entre 45 a 70 minutos para contestarlo. Recuerde toda la información que ustedes compartan es anónima.

Para poder participar, debe tener por lo menos dieciocho años o más y debe poder hablar o preferiblemente leer en español. Si usted decide participar su nombre se entrará en una rifa para ganar un certificado a la tienda Best Buy de \$125.

Por favor recuerden que estoy buscando voluntarios. Aunque hayan decidido participar inicialmente, pueden cambiar de parecer en cualquier momento. Para aquellos que están interesados, voy a regresar la siguiente semana. Cuando regrese, voy a pedirles a todos aquellos que creen que estarían interesados que me acompañen al sótano o cuarto designado por su directora/maestra para poder explicarles el estudio otra vez. Después de oír la información sobre el estudio otra vez, volveré a pedir voluntarios. En ese momento, usted tendrá la oportunidad de quedarse a participar o irse sin ningún problema. Adicionalmente su calificación escolar no será impactada en ninguna manera si decide participar o no, y ni su maestra o directora sabrá si usted participa o no.

Gracias por su tiempo y espero verlos la siguiente semana.

Brief Description of Project to MTI College

As I said earlier, Salvador Lopez-Arias is looking for volunteers to participate in his study. He currently holds a master's degree in Social work, is certified by the State of Michigan as a master's level social worker, and is currently employed at Grand Valley State University as a visiting professor in the department of social work. He is originally from Mexico but currently lives in the Grand Rapids area. He is a doctoral student in the counseling psychology program at Western Michigan University and as part of his studies he needs to conduct a research project as a part of his dissertation.

Some of you may be aware that there isn't much research involving Latinos/as. For this reason, he has decided to do his dissertation on this group of people. The focus of his study is to translate a frequently used help-seeking scale from English into Spanish. This scale examines a person's attitudes about seeking psychological help from therapists, counselors, social workers, or psychologists when they are having marital or relational problems, have had a loss in the family, or are going through stress or other emotional difficulties. As I stated, the instrument has been used in English and his primary goal is to assess the quality of the Spanish translation. In other words, he hopes to find that the Spanish version of the instrument adequately measures help-seeking attitudes in the Latino/a population. While participating in the study will not benefit you personally, if he finds that the instrument does adequately measure help-seeking attitudes in the Latino/a population, future studies could utilize the instrument to find ways to improve methods of reaching Latino/a people who need help from a professional counselor.

Mr. Lopez-Arias has informed me that all the information you share will be anonymous in nature and the information you provide will not be used as specific answers but rather will be compiled as general tendencies of everyone sampled. As part of the project you will also be asked the following: your age, gender, birthplace, educational level, and language of preference in various circumstances (e.g. listening to music, watching T.V., and interacting with family and friends). The questionnaire is eighty-eight questions long and it should take forty-five to seventy minutes to complete. Remember, all the information you provide is anonymous.

To volunteer to participate you need to be 18 years or older, be of Latino/a descent and you must be able to speak and preferably read Spanish fluently. If you decide to participate your name will be entered in a raffle to win a \$125.00 gift certificate to Best Buy.

Please understand that he is looking for volunteers. Even if you initially decide you want to participate, you can change your mind at any time. For those that are interested, I will come back next week. When I return next week, I will ask all those who think they may wish to volunteer to join me in the room designated by your (director/teacher) and I will explain the project again. Please know that after hearing about the study again, I will ask for volunteers. At such time, you will have the opportunity to stay and participate or leave without any type of pressure. Additionally, your grade will not be impacted in

anyway should you choose to or choose not to participate; and, neither your teacher nor the director will know whether you did or did not participate in the study.

Thank you for your time, and I look forward to returning next week.

Escrito Descripción del proyecto a la universidad de MTI

Como les dije anteriormente, Salvador López-Arias esta buscando voluntarios para su estudio. Él tiene una maestría en Trabajo Social, tiene un certificado del estado de Michigan como trabajador social y trabaja como profesor visitante en el departamento de Trabajo Social en la Universidad de Grand Valley State. Él es originalmente de México pero vive en Grand Rapids. Él es un estudiante doctoral en el programa de Consejería Psicológica en la Universidad de Western Michigan y como parte de sus estudios el necesita conducir una investigación como parte de sus tesis doctoral.

Como saben o no hay muy pocos estudios que han involucrado a la comunidad latina, es por eso que el a seleccionado esta población para su tesis doctoral. El enfoque de esta investigación es de traducir un cuestionario de "búsqueda de ayuda" de ingles a español. Este instrumento determina que dispuesto esta un individuo a buscar ayuda psicológica profesional. Esto se refiere a qué tan dispuesta está una persona a hablar con un(a) terapeuta, consejero(a), trabajador(a) social, o psicólogo(a) cuando tienen problemas maritales o en sus relaciones, ha perdido algún familiar, o está pasando por una etapa de estrés u otra dificultad emocional. Como mencione, este instrumento se utiliza en ingles y su objetivo principal es determinar la calidad de la traducción en español. En otras palabras, él espera encontrar que la traducción del instrumento mida adecuadamente las actitudes de gente latina con respecto a buscar ayuda. Aunque el participar en este estudio no les beneficie personalmente, si él encuentra que el instrumento mide adecuadamente las actitudes de buscar ayuda por la población Latina, estudios en el futuro pueden usar el instrumento para mejor los métodos para acercarse a la población latina que necesita de un consejero profesional.

El señor López-Arias me a relatado que toda la información que usted comparta es anónima y las respuestas que usted de no se usara en solo pero se usaran en junta con las de otros participantes como tendencias generales de todos los respondientes. Como parte del proyecto también les preguntaremos lo siguiente: su edad, su sexo, su lugar de nacimiento, su nivel educativo el lenguaje de preferencia en diferentes como escuchar música y los programas de televisión que ven, y convivir con familia y amigos. El cuestionario tiene ochenta y ocho preguntas y toma entre 45 a 70 minutos para contestarlo. Recuerden, toda la información que ustedes compartan es anónima.

Para poder participar, deben tener por lo menos dieciocho años o más, ser de descendencia Latina y deben poder hablar o preferiblemente leer en español. Los nombres de aquellos quienes decidan participar entrarán en una rifa para ganar un certificado a Best Buy de \$125.

Por favor recuerden que esta buscando voluntarios. Aunque hayan decidido participar, pueden cambiar de parecer en cualquier momento. Para aquellos que están interesados, voy a regresar la siguiente semana. Cuando regrese, voy a pedirles a todos aquellos que creen que estarían interesados que me acompañen al sótano o cuarto designado por su directora/maestra para poder explicarles el estudio otra vez. Después de oír la información sobre el estudio otra vez, volveré a pedir voluntarios. En ese momento, usted

tendrá la oportunidad de quedarse a participar o irse sin ningún problema. Adicionalmente su calificación escolar no será impactada en ninguna manera si decide participar o no, y ni su maestra o directora sabrá si usted participa o no.

Gracias por su tiempo y espero verlos la siguiente semana.

Appendix H
Demographic Questionnaire

DEMOPGRAPHIC QUESTIONNAIRE

Please answer the following questions by checking of or filling in the box that corresponds to your answer.

General Information:

2. What is your gender?
 - ☐ Male
 - ☐ Female
3. What is your age in years? _____
4. What is your background?
 - ☐ Mexican/Mexican-American
 - ☐ Puerto Rican
 - ☐ Dominican/Dominican American
 - ☐ Cuban/Cuban American
 - ☐ Central American
 - ☐ Other Latino/a
5. What is your household income?
 - ☐ Less than 11,000
 - ☐ 11,000-18,999
 - ☐ 19,000-26,999
 - ☐ 27,000-34,999
 - ☐ 35,000-42,999
 - ☐ 43,000-50,999
 - ☐ 51,000-58,999
 - ☐ 59,000-66,999
 - ☐ 67,000-or greater
6. My geographic background is more
 - ☐ Rural
 - ☐ Suburban
 - ☐ Urban

7. Please check the highest grade level you have completed

Elementary School	Middle School	High School	Undergraduate College	Graduate Studies
		<input type="checkbox"/> 9		<input type="checkbox"/> 1
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 2	<input type="checkbox"/> Master's degree
<input type="checkbox"/> 3	<input type="checkbox"/> 8		<input type="checkbox"/> 3	<input type="checkbox"/> Ph.D.
<input type="checkbox"/> 4		<input type="checkbox"/> 12	<input type="checkbox"/> 4	
<input type="checkbox"/> 5			<input type="checkbox"/> 5	

Help-Seeking Experiences

8. Have you ever sought professional help for emotional/psychological difficulties, relational issues or other personal problems?

- ☐ Yes
☐ NO

9. If yes, did you find the services

- ☐ Helpful
☐ Harmful
☐ Neither helpful nor harmful

10. If yes, were such services sought voluntarily?

- ☐ Yes
☐ NO

CUESTIONARIO DEMOGRÁFICO

Conteste por favor las preguntas siguientes verificando o llena la caja que corresponde a su respuesta.

Información general:

1. ¿Cuál es su sexo?

- ☐ Masculino
- ☐ Femenino

2. ¿Qué edad tiene? _____

3. ¿Cuál es su nacionalidad (o la de sus ancestros)?

- ☐ Mexicano(a)
- ☐ Puertorriqueño(a)
- ☐ Dominicano(a)/Dominicano(a) Americano(a)
- ☐ Cubano(a)/Cubano(a) Americano(a)
- ☐ Centroamericano(a)
- ☐ Otro Latino(a)

4. ¿Cuál es el ingreso anual de su hogar?

- ☐ Menos de \$11,000
- ☐ \$11,000-18,999
- ☐ \$19,000-26,999
- ☐ \$27,000-34,999
- ☐ \$35,000-42,999
- ☐ \$43,000-50,999
- ☐ \$51,000-58,999
- ☐ \$59,000-66,999
- ☐ \$67,000-mas

5. Sus ancestros han vivido principalmente en una zona

- ☐ Rural (Campesina)
- ☐ Suburbana
- ☐ Urbana (Ciudad)

6. Llene cuál es el nivel más alto de educación que usted ha completado:

Primaria	Escuela media	Secundaria/ Bachillerato	Colegio no graduado	Graduado estudia
<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 10	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 8	<input type="checkbox"/> 11	<input type="checkbox"/> 3	<input type="checkbox"/> Máster
<input type="checkbox"/> 4		<input type="checkbox"/> 12	<input type="checkbox"/> 4	<input type="checkbox"/> Doctorado
<input type="checkbox"/> 5			<input type="checkbox"/> 5	

Experiencias de búsqueda de ayuda:

7. ¿Alguna vez ha buscado ayuda psicológica profesional?

- ☐ Sí
☐ No

8. Si contesto que sí en la pregunta número 7, ¿qué le pareció la ayuda?

- ☐ Beneficiosa
☐ Dañina
☐ Ninguna de las dos

9. Si contesto que sí en la pregunta anterior, ¿fue por voluntad propia?

- ☐ Sí
☐ No

Appendix I

ATSPPHS/ S-ATSPPHS

Attitudes Toward Seeking Professional Help Scale

Below are a number of statements pertaining to psychology and mental health issues. Read each statement carefully and indicate your agreement, probable agreement, probable disagreement, and disagreement. Please express your frank opinion in rating the statements. There are no "wrong" answers, and the only right ones are whatever you honestly feel or believe. It is important that you answer every item.

Agree= agreement

Partly agree = probable agreement

Partly disagree = probable disagreement

Disagree = disagreement

- 1. Although there are clinics for people with mental troubles, I would not have much faith in them.**

Agree Partly Agree Partly Disagree Disagree

- 2. If a good friend asked my advice about a mental problem, I might recommend that he see a psychiatrist.**

Agree Partly Agree Partly Disagree Disagree

- 3. I would feel uneasy going to a psychiatrist because of what some people would think.**

Agree Partly Agree Partly Disagree Disagree

- 4. A person with a strong character can get over mental conflicts by himself, and would have little need of a psychiatrist.**

Agree Partly Agree Partly Disagree Disagree

- 5. There are times when I have felt completely lost, and would have welcomed professional advice for a personal or emotional problem.**

Agree Partly Agree Partly Disagree Disagree

- 6. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.**

Agree Partly Agree Partly Disagree Disagree

7. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.

Agree Partly Agree Partly Disagree Disagree

8. I would rather live with certain mental conflicts than go through the ordeal of getting psychiatric treatment.

Agree Partly Agree Partly Disagree Disagree

9. Emotional difficulties, like many things, tend to work out by themselves.

Agree Partly Agree Partly Disagree Disagree

10. There are certain problems which should not be discussed outside of one's immediate family.

Agree Partly Agree Partly Disagree Disagree

11. A person with a serious emotional disturbance would probably feel most secure in a good mental hospital.

Agree Partly Agree Partly Disagree Disagree

12. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

Agree Partly Agree Partly Disagree Disagree

13. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.

Agree Partly Agree Partly Disagree Disagree

14. Having been a psychiatric patient is a blot on a person's life.

Agree Partly Agree Partly Disagree Disagree

15. I would rather be advised by a close friend than by a psychologist, even for an emotional problem.

Agree Partly Agree Partly Disagree Disagree

16. A person with an emotional problem is not likely to solve it alone; he is likely to solve it with professional help.

Agree Partly Agree Partly Disagree Disagree

17. I resent a person-professionally trained or not- who wants to know about my personal difficulties.

Agree Partly Agree Partly Disagree Disagree

18. I would want to get psychiatric attention if I was worried or upset for along period of time.

Agree Partly Agree Partly Disagree Disagree

19. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

Agree Partly Agree Partly Disagree Disagree

20. Having been mentally ill carries with it a burden of shame.

Agree Partly Agree Partly Disagree Disagree

21. There are experiences in my life I would not discuss with anyone.

Agree Partly Agree Partly Disagree Disagree

22. It is probably best not to know *everything* about oneself.

Agree Partly Agree Partly Disagree Disagree

23. 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.

Agree Partly Agree Partly Disagree Disagree

24. There is something admirable in the attitude of a person who is willing to cope with his conflicts and fears *without* resorting to professional help.

Agree Partly Agree Partly Disagree Disagree

25. At some future time I might want to have psychological counseling.

Agree Partly Agree Partly Disagree Disagree

26. A person should work out his own problems; getting psychological counseling would be a last resort.

Agree Partly Agree Partly Disagree Disagree

27. Had I received treatment in a mental hospital, I would not feel that it ought to be "covered up."

Agree

Partly Agree

Partly Disagree

Disagree

28. If I thought I needed psychiatric help, I would get it no matter who knew about it.

Agree

Partly Agree

Partly Disagree

Disagree

29. It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and clergymen.

Agree

Partly Agree

Partly Disagree

Disagree

Las actitudes Hacia Buscar Profesional Ayudan a Escalar

Por favor **NO** escriba su nombre en esta hoja.

En el cuestionario de abajo hay varias afirmaciones relacionadas con psiquiatras, consejería, la psicología y con cuestiones de salud mental. Lea cada afirmación con cuidado y indique si esta de acuerdo, si probablemente esta de acuerdo, si probablemente no esta de acuerdo, o si no esta de acuerdo. Por favor exprese su opinión francamente en evaluar las afirmaciones. No hay respuestas “malas o incorrectas”, y las únicas respuestas correctas son las que usted crea o sienta verdaderamente. Es importante que conteste cada pregunta.

Circule la afirmación que le corresponde a su respuesta a cada pregunta. Circule nomás una afirmación por cada pregunta.

Escoja una de estas respuestas para cada pregunta:

Estoy en desacuerdo.

Probablemente no estoy de acuerdo.

Probablemente estoy de acuerdo

Estoy de acuerdo.

1. Aunque existen clínicas para gente con problemas mentales, yo no tendría mucha fe en ellas.

Estoy de acuerdo

Probablemente estoy de acuerdo

Probablemente no estoy de acuerdo

Estoy en desacuerdo

2. Si un buen amigo me preguntara sobre un problema mental, yo le recomendaría que consultara a un psicólogo.

Estoy de acuerdo

Probablemente estoy de acuerdo

Probablemente no estoy de acuerdo

Estoy en desacuerdo

3. Ir al psiquiatra me resultaría difícil por lo que la gente podría pensar.

Estoy de acuerdo

Probablemente estoy de acuerdo

Probablemente no estoy de acuerdo

Estoy en desacuerdo

4. Una persona de carácter fuerte puede superar problemas mentales por si sola, y necesitaría muy poco de un psiquiatra.

Estoy de acuerdo

Probablemente estoy de acuerdo

Probablemente no estoy de acuerdo

Estoy en desacuerdo

5. En ocasiones me he sentido completamente perdido y me hubiese gustado el consejo de un profesional para un problema personal o emocional.

Estoy de acuerdo

Probablemente estoy de acuerdo

Probablemente no estoy de acuerdo

Estoy en desacuerdo

6. Considerando el tiempo y el gasto envuelto en psicoterapia, eso tendría dudoso valor para una persona como yo.

Estoy de acuerdo

Probablemente estoy de acuerdo

Probablemente no estoy de acuerdo

Estoy en desacuerdo

7. Confiaría voluntariamente asuntos íntimos a la persona apropiad, si pensara que esto ayudaría a mi o a mi familia.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

8. Preferiría vivir con ciertos conflictos mentales antes que tener que recibir tratamiento psiquiátrico.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

9. Como muchas otras cosas, las dificultades emocionales tienden a resolverse por si solas.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

10. Hay ciertas cosas que no deberían ser discutidas fuera de la familia inmediata.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

11. Una persona con serias perturbaciones emocionales, probablemente se sentiría mas seguro en un buen hospital psiquiátrico.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

12. Si creyera que estaba teniendo una crisis mental, mi primera reacción seria buscar atención profesional.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

13. El mantener la mente en el trabajo es una buena solución para evadir preocupaciones personales.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

14. El haber sido un paciente psiquiátrico es como llevar una mancha en la vida.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

15. Preferiría ser aconsejado por un amigo cercano que por un psicólogo, incluso si se trata de un problema emocional.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

16. Una persona con un problema emocional es incapaz de resolver su problema por si misma, sin embargo si es capaz de resolverlo con la ayuda de un profesional.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

17. Resiento a la persona- entrenada profesionalmente o no- que desea saber sobre mis dificultades personales.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

18. Yo desearía recibir atención psiquiátrica, si estuviera preocupado o molesto por mucho tiempo.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

19. La idea de hablar sobre mis problemas con un psicólogo me parece una manera inadecuada de resolver conflictos emocionales.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

20. El haber estado enfermo de la mente lleva una carga grande de vergüenza

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

21. Hay momentos en mi vida que no discutiría con nadie.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

22. Probablemente es mejor no saber todo sobre uno mismo.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

23. Si estuviera pasando por una seria crisis emocional a estas alturas de mi vida, estaría confiado de que puedo encontrar alivio por medio de la psicoterapia.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

24. Existe algo admirable en la actitud de las personas que están dispuestas a enfrentar sus conflictos y miedos sin la ayuda de un profesional.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

25. Tal vez en un futuro yo desee consejería psicológica.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

26. Una persona debe de resolver sus propios problemas; consiguiendo una consulta psicológica debería ser el último recurso.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

27. Si hubiese recibido tratamiento en un hospital mental, no sentiría la necesidad de ocultarlo.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

28. Si pensara que necesito ayuda psiquiátrica, la buscaría sin importar quien lo supiera.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

29. Es difícil hablar de asuntos personales con gente muy educada como los doctores, maestros y el clérigo.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

Appendix J**ATSPPHS-S/S-ATSPPHS-S**

Attitudes Toward Seeking Professional Help Short Scale

1. If I believe I was having a mental breakdown, my first inclination would be to get professional attention.

Agree Partly Agree Partly Disagree Disagree

2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

Agree Partly Agree Partly Disagree Disagree

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.

Agree Partly Agree Partly Disagree Disagree

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.

Agree Partly Agree Partly Disagree Disagree

5. I would want to get psychological help if I were worried or upset for a long period of time.

Agree Partly Agree Partly Disagree Disagree

6. I might want to have psychological counseling in the future.

Agree Partly Agree Partly Disagree Disagree

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.

Agree Partly Agree Partly Disagree Disagree

8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.

Agree Partly Agree Partly Disagree Disagree

9. A person should work out his or her problems; getting psychological counseling would be a last resort.

Agree Partly Agree Partly Disagree Disagree

10. Personal and emotional troubles, like many things, tend to work out by themselves.

Agree Partly Agree Partly Disagree Disagree

Las actitudes Hacia Buscar Profesional Ayudan la Escala Corta

Por favor **NO** escriba su nombre en esta hoja.

En el cuestionario de abajo hay varias afirmaciones relacionadas con psiquiatras, consejería, la psicología y con cuestiones de salud mental. Lea cada afirmación con cuidado y indique **si esta de acuerdo, si probablemente esta de acuerdo, si probablemente no esta de acuerdo, o si no esta de acuerdo**. Por favor exprese su opinión francamente en evaluar las afirmaciones. No hay respuestas “malas o incorrectas”, y las únicas respuestas correctas son las que usted crea o sienta verdaderamente. Es importante que conteste cada pregunta. Circule la afirmación que le corresponde a su respuesta a cada pregunta. Circule nomás una afirmación por cada pregunta.

Escoja **una** de estas respuestas para cada pregunta:

Estoy en desacuerdo.

Probablemente no estoy de acuerdo.

Probablemente estoy de acuerdo

Estoy de acuerdo.

1. Si creyera que estoy teniendo una crisis mental, mi primera reacción sería buscar atención profesional.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

2. La idea de hablar con un psicólogo de mis problemas me parece una manera inadecuada de resolver conflictos emocionales.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

3. Si estuviera pasando por una crisis emocional sería a estas alturas de mi vida, estaría confiado de que puedo encontrar alivio por medio de la psicoterapia.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

4. Existe algo admirable en la actitud de las personas que están dispuestas a enfrentar sus conflictos y miedos sin la ayuda de un profesional.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

5. Yo buscaría ayuda psicológica si estuviera preocupado o molesto por un periodo largo de tiempo.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

6. Tal vez en un futuro yo desee consejería psicológica.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

7. Una persona con problemas emocionales no puede resolverlos por sí sola. En cambio, el o ella podrían solucionarlos con la ayuda de un profesional.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

8. Para una persona como yo, el valor de la psicoterapia sería dudoso, considerando el tiempo y gasto que implican.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

9. Una persona debe de resolver sus problemas propios; consiguiendo una consulta psicológica sería el último recurso.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

10. Como muchas otras cosas, los problemas personales y emocionales tienden a resolverse por sí solos.

Estoy de acuerdo Probablemente estoy de acuerdo Probablemente no estoy de acuerdo Estoy en desacuerdo

Appendix K
Consent Documents

Western Michigan University

Department of Counseling Education and Counseling Psychology
3102 Sangren Hall
Kalamazoo, Michigan 49008

CONSENT DOCUMENT

My name is Salvador Lopez-Arias. Thank you for volunteering to participate in this project. Please follow along as I read these instructions. This document is yours to keep in case you have questions later. As you may or may not know there is not much research on Latinos/as, which in part is why I have selected this population for my dissertation. As I said last week, the focus of my study is to translate a help-seeking instrument from English into Spanish. This instrument looks at how willing individual's are to seek professional psychological help. What this means is how willing are individual's to talk to a therapist, counselor, social worker, or psychologist when they are having marital or relational problems, have had a loss in the family, or are going through stress or other emotional difficulties. The information you will share is anonymous, and the questionnaire only addresses questions regarding your willingness to get help when you need it if you were to find yourself in a position of needing help. As part of the project you will also be asked the following: your age, gender, birthplace, educational level, and language of preference in various circumstances (e.g. listening to music, watching T.V., and interacting with family and friends). The questionnaire is eighty-eight questions long and it should take between 45 and 70 minutes to complete.

The benefits of this research project could include helping establish a sound translation of a help-seeking instrument so that other studies can begin to find ways to improve methods of reaching Latino/a people who need help. The risks to participating in this research project are minimal and include a lose of your time (45-70 minutes) and there is a slight chance that you may experience some mild emotional discomfort when completing the questionnaires, for some of the questions are about your personal attitudes about seeking help from a psychologist or counselor. Should you find yourself wanting to seek out counseling, you will find stapled to this document a referral list of local service providers/counselors who speak Spanish.

If you decide to participate in the study your name will be entered in a raffle. The raffle is for a \$125.00 gift certificate to Best Buy. To enter the raffle all you need to give is your first name and phone number and you will give part of the entry slip to us and you will keep part of the numbered slip. I will have a neutral party draw the name out of the box and at this time the winner will be contacted. If you do not have a phone, you can give us a phone number where you can be reached or a message can be left in the event that you are the winner.

If you are having difficulties in understanding the questionnaire, my three assistants (Irma West, Linda Sains, and Angelica Hoeg) will read the questions for you. They can only read the questions and can't help you otherwise. If you do not understand the question please answer the best that you can and make a note of not understanding that

question. Please do not place your name on the form. If you are unable for some reason to complete the questionnaire, you can turn it in incomplete. If you feel uncomfortable leaving without completing the questionnaire, you can just sit and wait till others are leaving and then place the questionnaire unfinished in the slotted box at the table by the door. Please place your raffle entry in the smaller box on the same table by the door. Please keep one of the stubs especially if there is more than one participant from your household. If you do not have a phone, you can give us a phone number where you can be reached or a message can be left for you in the event that you are the winner.

When you are done with the questionnaire, please place it in the slotted box labeled "questionnaires go here" at the table by the door. Please place the half of your raffle entry with your phone number or a request to ask for you at someone else's phone number in the smaller box on the same table by the door. I will call the winner of the raffle no later than three weeks after final data collection.

Please be advised that all this information is anonymous. I am not asking you for any information on the questionnaires that will tell me who you are. I do not have any way of connecting your responses to you. By filling out and turning in the questionnaire, you are consenting to participate.

You may refuse to participate or quit at any time during the study without prejudice or penalty. If you have any questions or concerns about this study you may contact the following people: the researcher, Salvador Lopez-Arias by phone @ 616-331-6553 or by e-mail at s5lopez@wmich.edu; dissertation chair/supervisor James Croteau, Ph.D. by phone @ 269-387-5111; the chair of the Human Subjects Institutional Review Board at Western Michigan University, Mary Lagerwey, Ph.D. by phone @ 269-387-8293; and/or the chair of the Grand Valley State University Human Research Review Committee, Paul Huizenga, Ph.D. by phone @ 616-331-2472.

This consent document has been approved by both the Human Subjects Review Boards of Grand Valley State University and Western Michigan University for one year. The stamped and dated signature of Western Michigan University's HSIRB chair in the upper right hand corner indicates approval. Do not participate in this study if the stamped date is older than one year.

Universidad de Western Michigan**Departamento de Aconsejar en Educación y Aconsejar en Psicología****3102 Sangren Pasillo****Kalamazoo, Michigan 49008**

DOCUMENTO DEL CONSENTIMIENTO

Me llamo Salvador López-Arias. Gracias por ser voluntarios y participar en este proyecto. Por favor lea conmigo estas instrucciones. Este documento es de usted por si acaso tenga preguntas después. Como ustedes saben, no hay muchas investigaciones involucrando a los latinos; es por eso que yo he decidido hacer mi tesis sobre esta población. Como mencione la semana pasada, El enfoque de mi estudio es traducir, del inglés al español, un instrumento utilizado muy frecuentemente que examina las actitudes de una persona con respecto a buscar ayuda psicológica profesional. . Esto se refiere a qué tan dispuesta está una persona a hablar con un(a) terapeuta, consejero(a), trabajador(a) social, o psicólogo(a) cuando tienen problemas maritales o en sus relaciones, ha perdido algún familiar, o está pasando por una etapa de estrés u otra dificultad emocional. La información que ustedes compartan es anónima y solo contestarán preguntas acerca de su disposición a buscar ayuda si es que la necesitan. Como parte del proyecto también les preguntaremos lo siguiente: su edad, su sexo, su lugar de nacimiento, su nivel educativo, cuál es el lenguaje que prefiere en diferentes circunstancias (como escuchar música, ver programas de televisión, y convivir con su familia y amigos). El cuestionario tiene ochenta y ocho preguntas y toma entre 45 a 70 minutos para contestarlo.

Los beneficios de este estudio pueden ser el establecer una buena traducción del instrumento para buscar ayuda, esto servirá para que otros estudios encuentren la forma de mejorar los métodos que usan para acercarse a la población latina que necesita ayuda. Los riesgos de participar en este estudio son mínimos y pueden incluir la pérdida de su tiempo (45 a 70 minutos) y la pequeña probabilidad de que algunos de los participantes pueden experimentar una leve molestia emocional cuando completen el cuestionario, porque unas de las preguntas son de actitudes personales sobre la búsqueda de la ayuda de psicólogos y consejeros. Si acaso se encuentra que quiere buscar consejería, usted puede encontrar una lista de proveedores / consejeros locales que hablan español grapada a este documento.

Para los que decidan participar en el estudio, sus nombres serán ingresados en una rifa. La rifa será para un certificado de \$125 en la tienda Best Buy. Para participar en la rifa lo único que necesita hacer es escribir su nombre (no el apellido) y su teléfono en una parte del boleto de la rifa. Usted nos dará parte del boleto y guardara la parte del boleto con un numero. Yo tomare una persona neutral, la cual sacara el nombre de la caja de la rifa y es cuando al ganador o ganadora se le llamara. Si usted no tiene un teléfono, usted puede darnos un número de teléfono donde a usted se le puede llamar o un mensaje se pueda dejar para usted en caso que usted sea el ganador.

Si usted esta teniendo dificultades en entender el cuestionario, mis tres asistentes (Irma West, Linda Sains, and Angelica Hoeg) va a leerle el cuestionario. Lo único que ellas pueden hacer es leerles las preguntas y nada más. Si usted no entiende la pregunta por favor haga lo mejor que usted pueda y haga una pequeña nota que no entendió la pregunta. Por favor no ponga su nombre en el cuestionario. Si por alguna razón no puede completar el cuestionario, usted puede devolverlo sin completarlo. Si se siente incómodo al salir sin completar el cuestionario, puede usted nomás sentarse y esperar a otros que salgan y entonces ponga el cuestionario incompleto en la caja marcada "los cuestionarios van aquí" en la meza junto a la puerta. Por favor ponga su boleto de rifa en la caja mas pequeña en la miasma meza junto a la puerta.

Después que hayan terminado con su cuestionario póngalo adentro de la caja marcada "los cuestionarios van aquí" que esta junto al la puerta. Por favor ponga la mitad del boleto de rifa con su nombre primario y su numero de teléfono o el pedido de llamar a otro teléfono en la caja mas pequeña en la misma mesa junto a la puerta. Llamare a la persona que gane en tres semanas

Por favor sea aconsejado/a que toda la información dada es anónima. No les pregunto por ninguna información que me diga quien es usted. No existe manera de conectar sus respuestas a usted. Al llenar y entregar el cuestionario, usted esta dando consentimiento de participar en este estudio.

Usted puede rechazar participar absolutamente en cualquier momento durante el estudio sin prejuicio o castigo. Si usted tiene algunas preguntas o preocupaciones sobre este estudio usted puede ponerse en contacto con a la gente siguiente: el investigador Salvador López-Arias por el teléfono @ 616-331-6553 o por E-mail en s5lopez@wmich.edu; supervisor de la silla de la disertación James Croteau, PH.D. por el teléfono @ 269-387-5111; la silla del Comité Institucional De Revisas De Estudios De Sujetos Humanos de la Universidad de Western Michigan, Mary Lagerwey, PH.D. por el teléfono @ 269-387-8293; y/o la silla de el Comité De Revisas De Estudios Humanos de la Universidad de Grand Valley State, Paul Huizenga, PH.D. por el teléfono @ 616-331-2472.

Este documento de consentimiento ha sido aprobado por ambos Comités De Revisas de Estudios Humanos de la Universidad De Grand Valley State y la Universidad Western Michigan por un año. El sello y firma de La silla de Comités De Revisas De Estudios Humanos De La Universidad de Western Michigan en la esquina derecha superior indica la aprobación. No participar en este estudio si la fecha estampada es más vieja de un año.

Western Michigan University

Department of Counseling Education and Counseling Psychology
3102 Sangren Hall
Kalamazoo, Michigan 49008

CONSENT DOCUMENT (Local ESL/GED Classes)

My name is Salvador Lopez-Arias. Thank you for volunteering to participate in this project. Please follow along as I read these instructions. This document is yours to keep in case you have questions later. As you may or may not know there is not much research on Latinos/as, which in part is why I have selected this population for my dissertation. As I said last time I was here, the focus of my study is to translate a help-seeking instrument from English into Spanish. This instrument looks at how willing individual's are to seek professional psychological help. What this means is how willing are individual's to talk to a therapist, counselor, social worker, or psychologist when they are having marital or relational problems, have had a loss in the family, or are going through stress or other emotional difficulties. The information you will share is anonymous, and the questionnaire only addresses questions regarding your willingness to get help when you need it if you were to find yourself in a position of needing help. As part of the project you will also be asked the following: your age, gender, birthplace, educational level, and language of preference in various circumstances (e.g. listening to music, watching T.V., and interacting with family and friends). The questionnaire is eighty-eight questions long and it should take between 45 and 70 minutes to complete.

The benefits of this research project could include helping establish a sound translation of a help-seeking instrument so that other studies can begin to find ways to improve methods of reaching Latino/a people who need help. The risks to participating in this research project are minimal and include a lose of your time (45-70 minutes) and there is a slight chance that you may experience some mild emotional discomfort when completing the questionnaires, for some of the questions are about your personal attitudes about seeking help from a psychologist or counselor. Should you find yourself wanting to seek out counseling, you will find stapled to this document a referral list of local service providers/counselors who speak Spanish.

If you decide to participate in the study your name will be entered in a raffle. The raffle is for a \$125.00 gift certificate to Best Buy. To enter the raffle all you need to give is your name and phone number and you will give part of the entry slip to us and you will keep part of the numbered slip. I will have a neutral party draw the name out of the box and at this time the winner will be contacted. If you do not have a phone, you can give us someone else's and your name and you will be contacted there in the event that you were selected as the winner.

If you are having difficulties in understanding the questionnaire, my three assistants (Irma West, Linda Sains, and Angelica Hoeg) will read the questions for you. They can only read the questions and can't help you otherwise. If you do not understand the

question please answer the best that you can and make a note of not understanding that question. Please do not place your name on the form. If you are unable for some reason to complete the questionnaire, you can turn it in incomplete. If you feel uncomfortable leaving without completing the questionnaire, you can just sit and wait till others are leaving and then place the questionnaire unfinished in the slotted box at the table by the door. Please place your raffle entry in the smaller box on the same table by the door. Please keep one of the stubs especially if there is more than one participant from your household. If you do not have a phone, you can give us a phone number where you can be reached or a message can be left for you in the event that you are the winner.

When you are done with the questionnaire, please place it in the slotted box labeled "questionnaires go here" at the table by the door. Please place the half of your raffle entry with your phone number or a request to ask for you at someone else's phone number in the smaller box on the same table by the door. I will call the winner of the raffle no later than three weeks after final data collection.

Please be advised that all this information is anonymous. I am not asking you for any information on the questionnaires that will tell me who you are. I do not have any way of connecting your responses to you. Also, remember that your grade and status in your class is not affected by whether you choose to participate or not participate in this study. By filling out and turning in the questionnaire, you are consenting to participate.

You may refuse to participate or quit at any time during the study without prejudice or penalty. If you have any questions or concerns about this study you may contact the following people: the researcher, Salvador Lopez-Arias by phone @ 616-331-6553 or by e-mail at s5lopez@wmich.edu; dissertation chair/supervisor James Croteau, Ph.D. by phone @ 269-387-5111; the chair of the Human Subjects Institutional Review Board at Western Michigan University, Mary Lagerwey, Ph.D. by phone @ 269-387-8293; and/or the chair of the Grand Valley State University Human Research Review Committee, Paul Huizenga, Ph.D. by phone @ 616-331-2472.

This consent document has been approved by both the Human Subjects Review Boards of Grand Valley State University and Western Michigan University for one year. The stamped and dated signature of Western Michigan University's HSIRB chair in the upper right hand corner indicates approval. Do not participate in this study if the stamped date is older than one year.

Universidad de Western Michigan**Departamento de Aconsejar en Educación y Aconsejar en Psicología****3102 Sangren Pasillo****Kalamazoo, Michigan 49008**

DOCUMENTO del CONSENTIMIENTO

Me llamo Salvador López-Arias. Gracias por ser voluntarios y participar en este proyecto. Por favor lea conmigo estas instrucciones. Este documento es de usted por si acaso tenga preguntas después. Como ustedes saben, no hay muchas investigaciones involucrando a los latinos; es por eso que yo he decidido hacer mi tesis sobre esta población. Como mencione vez última estaba aquí, El enfoque de mi estudio es traducir, del inglés al español, un instrumento utilizado muy frecuentemente que examina las actitudes de una persona con respecto a buscar ayuda psicológica profesional. . Esto se refiere a qué tan dispuesta está una persona a hablar con un(a) terapeuta, consejero(a), trabajador(a) social, o psicólogo(a) cuando tienen problemas maritales o en sus relaciones, ha perdido algún familiar, o está pasando por una etapa de estrés u otra dificultad emocional. La información que ustedes compartan es anónima y solo contestarán preguntas acerca de su disposición a buscar ayuda si es que la necesitasen. Como parte del proyecto también les preguntaremos lo siguiente: su edad, su sexo, su lugar de nacimiento, su nivel educativo, cuál es el lenguaje que prefiere en diferentes circunstancias (como escuchar música, ver programas de televisión, y convivir con su familia y amigos). El cuestionario tiene ochenta y ocho preguntas y toma entre 45 a 70 minutos para contestarlo.

Los beneficios de este estudio pueden ser el establecer una buena traducción del instrumento para buscar ayuda, esto servirá para que otros estudios encuentren la forma de mejorar los métodos que usan para acercarse a la población latina que necesita ayuda. Los riesgos de participar en este estudio son mínimos y pueden incluir la pérdida de su tiempo (45 a 70 minutos) y la pequeña probabilidad de que algunos de los participantes porque unas de las preguntas son de actitudes personales sobre la búsqueda de la ayuda de psicólogos y consejeros. Si acaso se encuentra que quiere buscar consejería, usted puede encontrar una lista de proveedores / consejeros locales que hablan español grapada a este documento.

Para los que decidan participar en el estudio, sus nombres serán ingresados en una rifa. La rifa será para un certificado de \$125 en la tienda Best Buy. Para participar en la rifa lo único que necesita hacer es escribir su nombre (no el apellido) y su teléfono en una parte del boleto de la rifa, usted nos dará parte del boleto y guardara la parte del boleto con un numero. Yo tomare una persona neutral, la cual sacara el nombre de la caja de la rifa y es cuando al ganador o ganadora se le llamara. Si usted no tiene un teléfono, usted puede darnos un número de teléfono donde a usted se le puede llamar o un mensaje se pueda dejar para usted en caso que usted sea el ganador.

Si usted esta teniendo dificultades en entender el cuestionario, mis tres asistentes (Irma West, Linda Sains, and Angelica Hoeg) va a leerle el cuestionario. Lo único que ellas

pueden hacer es leerles las preguntas y nada más. Si usted no entiende la pregunta por favor haga lo mejor que usted pueda y haga una pequeña nota que no entendió la pregunta. Por favor no ponga su nombre en el cuestionario. Si por alguna razón no puede completar el cuestionario, usted puede devolverlo sin completarlo. Si se siente incómodo al salir sin completar el cuestionario, puede usted nomás sentarse y esperar a otros que salgan y entonces ponga el cuestionario incompleto en la caja marcada "los cuestionarios van aquí" en la meza junto a la puerta. Por favor ponga su boleto de rifa en la caja mas pequeña en la miasma meza junto a la puerta.

Después que hayan terminado con su cuestionario póngalo adentro de la caja marcada "los cuestionarios van aquí" que esta junto al la puerta. Por favor ponga la mitad del boleto de rifa con su nombre primario y su numero de teléfono o el pedido de llamar a otro teléfono en la caja mas pequeña en la misma mesa junto a la puerta. Llamare a la persona que gane en tres semanas

Por favor sea aconsejado/a que toda la información dada es anónima. No les pregunto por ninguna información que me diga quien es usted. No existe manera de conectar sus respuestas a usted. Adicionalmente su calificación escolar no será impactada en ninguna manera si decide participar o no en este estudio. Al llenar y entregar el cuestionario, usted esta dando consentimiento de participar en este estudio.

Usted puede rechazar participar absolutamente en cualquier momento durante el estudio sin perjuicio o castigo. Si usted tiene algunas preguntas o preocupaciones sobre este estudio usted puede ponerse en contacto con a la gente siguiente: el investigador Salvador López-Arias por el teléfono @ 616-331-6553 o por E-mail en s5lopez@wmich.edu; supervisor de la silla de la disertación James Croteau, PH.D., por el teléfono @ 269-387-5111; la silla del Comité Institucional De Revisas De Estudios De Sujetos Humanos de la Universidad de Western Michigan, Mary Lagerwey, PH.D. por el teléfono @ 269-387-8293; y/o la silla de el Comité De Revisas De Estudios Humanos de la Universidad de Grand Valley State, Paul Huizenga, PH.D. por el teléfono @ 616-331-2472.

Este documento de consentimiento ha sido aprobado por ambos Comités De Revisas de Estudios Humanos de la Universidad De Grand Valley State y la Universidad Western Michigan por un año. El sello y firma de La silla de Comités De Revisas De Estudios Humanos De La Universidad de Western Michigan en la esquina derecha superior indica la aprobación. No participar en este estudio si la fecha estampada es más vieja de un año.

Western Michigan University
Department of Counseling Education and Counseling Psychology
3102 Sangren Hall
Kalamazoo, Michigan 49008

CONSENT DOCUMENT MTI Business College

This research project is being conducted by Salvador Lopez-Arias who is a doctoral student in counseling psychology at Western Michigan University. He would like me to thank you for volunteering to participate in this project. Please follow along as I read these instructions. This document is yours to keep in case you have questions later. As you may or may not know there is not much research on Latinos/as, which in part is why he has selected this population for his dissertation. As I said last time I was here, the focus of his study is to translate a help-seeking instrument from English into Spanish. This instrument looks at how willing individual's are to seek professional psychological help. What this means is how willing are individual's to talk to a therapist, counselor, social worker, or psychologist when they are having marital or relational problems, have had a loss in the family, or are going through stress or other emotional difficulties. The information you will share is anonymous, and the questionnaire only addresses questions regarding your willingness to get help when you need it if you were to find yourself in a position of needing help. As part of the project you will also be asked the following: your age, gender, birthplace, educational level, and language of preference in various circumstances (e.g. listening to music, watching T.V., and interacting with family and friends). The questionnaire is eighty-eight questions long and it should take between 45 and 70 minutes to complete.

The benefits of this research project could include helping establish a sound translation of a help-seeking instrument so that other studies can begin to find ways to improve methods of reaching Latino/a people who need help. The risks to participating in this research project are minimal and include a lose of your time (45-70 minutes) and there is a slight chance that you may experience some mild emotional discomfort when completing the questionnaires, for some of the questions are about your personal attitudes about seeking help from a psychologist or counselor. Should you find yourself wanting to seek out counseling, you will find stapled to this document a referral list of local service providers/counselors who speak Spanish.

If you decide to participate in the study your names will be entered in a raffle. The raffle is for a \$125.00 gift certificate to Best Buy. To enter the raffle all you need to give is your name and phone number and you will give part of the entry slip to us and you will keep part of the numbered slip. I will have a neutral party draw the name out of the box and at this time the winner will be contacted. If you do not have a phone, you can give us someone else's and your name and you will be contacted there in the event that you were selected as the winner.

If you are having difficulties in understanding the questionnaire, me or my assistant are here to read the questions for you. We can only read the questions and can't help you

otherwise. If you do not understand the question please answer the best that you can and make a note of not understanding that question. Please do not place your name on the form. If you are unable for some reason to complete the questionnaire, you can turn it in incomplete. If you feel uncomfortable leaving without completing the questionnaire, you can just sit and wait till others are leaving and then place the questionnaire unfinished in the slotted box at the table by the door. Please place your raffle entry in the smaller box on the same table by the door. Please keep one of the stubs especially if there is more than one participant from your household. If you do not have a phone, you can give us a phone number where you can be reached or a message can be left for you in the event that you are the winner.

When you are done with the questionnaire, please place it in the slotted box labeled "questionnaires go here" at the table by the door. Please place the half of your raffle entry with your phone number or a request to ask for you at someone else's phone number in the smaller box on the same table by the door. I will call the winner of the raffle no later than three weeks after final data collection.

Please be advised that all this information is anonymous. I am not asking you for any information on the questionnaires that will tell me who you are. I do not have any way of connecting your responses to you. Also, remember that your grade and status in your class is not affected by whether you choose to participate or not participate in this study. By filling out and turning in the questionnaire, you are consenting to participate.

You may refuse to participate or quit at any time during the study without prejudice or penalty. If you have any questions or concerns about this study you may contact the following people: the researcher, Salvador Lopez-Arias by phone @ 616-331-6553 or by e-mail at s5lopez@wmich.edu; dissertation chair/supervisor James Croteau, Ph.D. by phone @ 269-387-5111; the chair of the Human Subjects Institutional Review Board at Western Michigan University, Mary Lagerwey, Ph.D. by phone @ 269-387-8293; and/or the chair of the Grand Valley State University Human Research Review Committee, Paul Huizenga, Ph.D. by phone @ 616-331-2472.

This consent document has been approved by both the Human Subjects Review Boards of Grand Valley State University and Western Michigan University for one year. The stamped and dated signature of Western Michigan University's HSIRB chair in the upper right hand corner indicates approval. Do not participate in this study if the stamped date is older than one year.

Universidad de Western Michigan**Departamento de Aconsejar en Educación y Aconsejar en Psicología****3102 Sangren Pasillo****Kalamazoo, Michigan 49008**

DOCUMENTO MTI DEL CONSENTIMIENTO Universidad De Negocio

Este proyecto de investigación es conducido por Salvador López-Arias quien es un estudiante doctoral en el programa de Consejería Psicológica en Western Michigan Universidad. A él le gustaría que les de las gracias por ser voluntarios en participar en este estudio. Por favor lea conmigo estas instrucciones. Este documento es de usted para que lo guarde por si acaso tiene preguntas después. Como saben o no, hay muy pocos estudios que han involucrado a la comunidad latina, es por eso que él a seleccionado esta población para su tesis doctoral. El enfoque de esta investigación es de traducir un cuestionario de "búsqueda de ayuda" de ingles a español. Este instrumento determina que dispuesto esta un individuo a buscar ayuda psicológica profesional. Esto se refiere a qué tan dispuesta está una persona a hablar con un(a) terapeuta, consejero(a), trabajador(a) social, o psicólogo(a) cuando tienen problemas maritales o en sus relaciones, ha perdido algún familiar, o está pasando por una etapa de estrés u otra dificultad emocional. La información que ustedes compartan es anónima y solo contestarán preguntas acerca de su disposición a buscar ayuda si es que la necesitasen. Como parte del proyecto también les preguntaremos lo siguiente: su edad, su sexo, su lugar de nacimiento, su nivel educativo, cuál es el lenguaje en el que escuchan música y los programas de televisión que ven, en qué lenguaje prefieren hablar y con qué grupos de personas les gusta asociarse. El cuestionario tiene ochenta y ocho preguntas y toma entre 45 a 70 minutos para contestarlo.

Los beneficios de este estudio pueden ser el establecer una buena traducción del instrumento para buscar ayuda, esto servirá para que otros estudios encuentren la forma de mejorar los métodos que usan para acercarse a la población latina que necesita ayuda. Los riesgos de participar en este estudio son mínimos y pueden incluir la pérdida de su tiempo (45 a 70 minutos) y la pequeña probabilidad de que algunos de los participantes pueden experimentar una leve molestia emocional cuando completen el cuestionario, porque unas de las preguntas son de actitudes personales sobre la búsqueda de la ayuda de psicólogos y consejeros. Si acaso se encuentra que quiere buscar consejería, usted puede encontrar una lista de proveedores / consejeros locales que hablan español grapada a este documento.

Para los que decidan participar en el estudio, sus nombres serán ingresados en una rifa. La rifa será para un certificado de \$125 en la tienda Best Buy. Para participar en la rifa lo único que necesita hacer es escribir su nombre (no el apellido) y su numero de teléfono en una parte del boleto de la rifa, usted nos dará parte del boleto y guardara la parte del boleto con un numero. Yo tomare una persona neutral, la cual sacara el nombre de la caja de la rifa y es cuando al ganador o ganadora se le llamara. Si usted no tiene un

teléfono, usted puede darnos un número de teléfono donde a usted se le puede llamar o un mensaje se pueda dejar para usted en caso que usted sea el ganador.

Si usted esta teniendo dificultades en entender el cuestionario, yo le puedo leer el cuestionario. Lo único que ellas pueden hacer es leerles las preguntas y nada mas. Si usted no entiende la pregunta por favor haga lo mejor que usted pueda y haga una pequeña nota que no entendió la pregunta. Por favor no ponga su nombre en el cuestionario. Si por alguna razón no puede completar el cuestionario, usted puede devolverlo sin completarlo. Si se siente incómodo al salir sin completar el cuestionario, puede usted nomás sentarse y esperar a otros que salgan y entonces ponga el cuestionario incompleto en la caja marcada "los cuestionarios van aquí" en la meza junto a la puerta. Por favor ponga su boleto de rifa en la caja más pequeña en la misma meza junto a la puerta.

Después que hayan entregado su cuestionario, recibirán un boleto que se separa en dos partes. Conservarán la mitad que tiene el número del boleto y luego sus nombres primarios (no apellido) y números de teléfono serán metidos en otra caja después que hayan colocado su cuestionario en la caja marcada "los cuestionarios van aquí." Si alguno de ustedes no tiene número de teléfono, nos puede dar el nombre y número de alguien más y si usted resulta ganador, lo contactaremos a través de esa persona.

Por favor sea aconsejado/a que toda la información dada es anónima, no ay manera de conectar sus respuestas a usted. Adicionalmente su calificación escolar no será impactada en ninguna manera si decide participar o no en este estudio. Al llenar y entregar el cuestionario, usted esta dando consentimiento de participar en este estudio.

Usted puede rechazar participar absolutamente en cualquier momento durante el estudio sin prejuicio o castigo. Si usted tiene algunas preguntas o preocupaciones sobre este estudio usted puede ponerse en contacto con a la gente siguiente: el investigador Salvador López-Arias por el teléfono @ 616-331-6553 o por E-mail en s5lopez@wmich.edu; supervisor de la silla de la disertación James Croteau, PH.D., por el teléfono @ 269-387-5111; la silla del Comité Institucional De Revisas De Estudios De Sujetos Humanos de la Universidad de Western Michigan, Mary Lagerwey, PH.D. por el teléfono @ 269-387-8293; y/o la silla de el Comité De Revisas De Estudios Humanos de la Universidad de Grand Valley State, Paul Huizenga, PH.D. por el teléfono @ 616-331-2472.

Este documento de consentimiento ha sido aprobado por ambos Comités De Revisas de Estudios Humanos de la Universidad De Grand Valley State y la Universidad Western Michigan por un año. El sello y firma de La silla de Comités De Revisas De Estudios Humanos De La Universidad de Western Michigan en la esquina derecha superior indica la aprobación. No participar en este estudio si la fecha estampada es más vieja de un año.

Appendix L
Referral List

Referral List {Grand Rapids Area}

Should you decide that you wish to seek professional services, below is a list of mental health care providers who are bilingual or Spanish Speaking.

Annita List, M.S.W., A.C.S.W., C.A.C.
820 Monroe, Av. N.W.
Grand Rapids, MI, 49503
(616) 451-1965

Catholic Human Services
40 Jefferson S.E.
Grand Rapids, MI 49506
(616) 456-1443

Iraida Rodriguez-Valle, M.A., L.L.P.
820 Monroe Av. N.W.
Grand Rapids, MI, 49503
(616) 459-7502

Betty Gilmore, Psy.D.
4519 Cascade, Rd. SE
Cascade, MI, 49507
(616) 644-4635

Eva Martinez, T.L., L.P.
1400 Leonard, N.E.
Grand Rapids, MI, 49503
(616) 774-6633

Remisión Lista {Área Magnífica De Rapids}

Si usted decidía que usted desea buscar a profesional los servicios, abajo son una lista de los abastecedores mentales del cuidado médico que son bilingües o De habla hispana

Annita List, M.S.W., A.C.S.W., C.A.C.
820 Monroe, Av. N.W.
Grand Rapids, MI, 49503
(616) 451-1965

Catholic Human Services
40 Jefferson S.E.
Grand Rapids, MI 49506
(616) 456-1443

Iraida Rodriguez-Valle, M.A., L.L.P.
820 Monroe Av. N.W.
Grand Rapids, MI, 49503
(616) 459-7502

Betty Gilmore, Psy.D.
4519 Cascade, Rd. SE
Cascade, MI, 49507
(616) 644-4635

Eva Martinez, T.L., L.P.
1400 Leonard, N.E.
Grand Rapids, MI, 49503
(616) 774-6633

Referral List {Houston, Texas}

Should you decide that you wish to seek professional services, below is a list of mental health care providers who are bilingual or Spanish Speaking.)

Deborah Denson, MSW
3000 Wesleyan
Houston, TX 77027
713-850-7225

Jacqueline Falls, M.Ed.
2626 South Loop West Suite 650-Z
Houston, TX 77056
713-667-4977

Chuck Gray Ph.D. and Associates
8303 Southwest Freeway, Suite 330
Houston, TX 77074
713-666-4234

Regina Lederman, MSW
2524 Nottingham
Houston, TX 77005
713-526-4751

Kirleen Richardson, MA., L.P.C.
6420 Richmond # 500
Houston, TX 77057
713-334-6185

Scott Stanley, MS., LMFT, L.P.C.
1458 Campbell Road, Suite 250
Houston, TX 77055
281-960-3991

Lista De la Remisión {Houston, Tejas}

Si usted decidía que usted desea buscar a profesional los servicios, abajo son una lista de los abastecedores mentales del cuidado médico que son bilingües o De habla hispana

Deborah Denson, MSW
3000 Wesleyan
Houston, TX 77027
713-850-7225

Jacqueline Falls, M.Ed.
2626 South Loop West Suite 650-Z
Houston, TX 77056
713-667-4977

Chuck Gray Ph.D. and Associates
8303 Southwest Freeway, Suite 330
Houston, TX 77074
713-666-4234

Regina Lederman, MSW
2524 Nottingham
Houston, TX 77005
713-526-4751

Kirleen Richardson, MA., L.P.C.
6420 Richmond # 500
Houston, TX 77057
713-334-6185

Scott Stanley, MS., LMFT, L.P.C.
1458 Campbell Road, Suite 250
Houston, TX 77055
281-960-3991

Appendix M

Letter Summarizing Telephone Conversation with Tara Gonzales

Letter to MTI Business College

March 9, 2005

MTI College
7277 Regency Square
Houston, TX 77036
Dear Mrs. Gonzales:

Thank you for agreeing to allow me to conduct my study at your location. Per our phone conversation, you understand that I am a doctoral student in the counseling psychology program at Western Michigan University and am in the process of writing my dissertation. As discussed, the focus of my dissertation is to translate and validate a frequently used help-seeking instrument from English into Spanish. As I need Spanish speaking volunteers for my dissertation, I truly appreciate that you are willing to aid me in data collection by assigning your administrative assistant, Heydi Hernandez, to speak for me in the classroom. As you know, all questionnaires have been translated into Spanish; all volunteers must be at least 18 years old, and they need to be English/Spanish bilingual or Spanish only monolingual. The questionnaires address an individual's attitudes toward seeking professional psychological help. My hope is to learn that the Spanish translation of the questionnaire is as reliable and valid as the English version of the questionnaire.

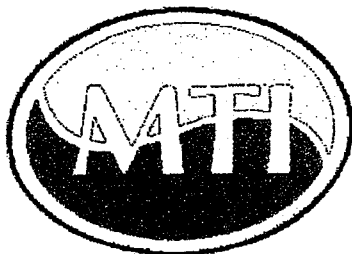
I look forward to talking with you again, as I move closer to collecting my data. In the mean time, I am enclosing additional information for you about my study. Should you have any questions, please feel free to contact me at (616) 331-6553 or lopezars@gvsu.edu. Again, thank you for talking with me and agreeing to aid me in collecting my data.

Sincerely,

Salvador Lopez-Arias, M.S.W., C.S.W.
Enclosure

Appendix N

Site Approval Letter for MTI College



MTI COLLEGE of BUSINESS and TECHNOLOGY
 7277 Regency Square Blvd.
 Houston, Texas 77036
 (713) 974-1407 (713) 974-2090 (fax)

March 18, 2005

Western Michigan University
 Counseling Psychology Department
 3322 Sangrin
 Kalamazoo, Michigan 49008
 Attention: Salvador Lopez-Arias

Salvador:

This letter serves as verification that I, Tara Gonzales (ESL Program Director), have spoken with you and given you permission to utilize the ESL classes at MTI College of Business and Technology to recruit volunteers for your dissertation study. Per our conversation, you will supply me with specific directions and complete data collection packets. You are allowed to utilize as many of our Hispanic ESL students as are willing to volunteer. Because of location, we will provide two facilitators for the survey. The facilitators will be Heydi Hernandez (Student Services Coordinator) and Elasoma Rodriquez (my Administrative Assistant). Ms. Hernandez will read the scripts you provide to recruit volunteers for your study. Ms. Hernandez and Ms. Rodriquez will also be available during data collection to assist students who have low literacy skills in the reading of the questionnaires. It is my understanding that Ms. Hernandez and Ms. Rodriquez are to only read the questions for the volunteers who have difficulty understanding the questionnaire. We will follow the data collection procedures outlined by you EXACTLY. Both Ms. Hernandez and Ms. Rodriquez are bi-lingual. I have spoken with all my teachers and they understand that they are to leave the room during any discussion of the project. They further understand that students participation will not interfere with the learning in the classroom, for those who wish to volunteer will stay after class and Ms. Hernandez will introduce the project at a time that is convenient to all teachers (5 minutes before the students break).

If you need any additional information, please let me know. You may call me at 713-974-7181 or e-mail me at tara@mti.edu.

Sincerely,

Tara Linn Gonzales
 ESL Program Director

Appendix O

Letters of Permission to Utilize Instruments in Study

- Forwarded message from Edward Fischer <EFISCHE@harthosp.org> --

Date: Wed, 01 Dec 2004 12:55:16 -0500
 From: Edward Fischer <EFISCHE@harthosp.org>
 Reply-To: Edward Fischer <EFISCHE@harthosp.org>
 Subject: Re: APPH scale
 To: salvador.lopez@wmich.edu

As indicated in the articles and in my (attached) brief no permission is required; the scale is not a commercial product. Ef

>>> <salvador.lopez@wmich.edu> 12/01/04 12:05PM >>>

Dear Dr. Fischer:

I am sorry to bother you again. As I previously told you I want to translate both your long ATSPPHS (1970) and your short ATSPPHS (1995) scales for research purposes. I need your written permission to do so for both.

Thank you for your help,

Salvador Lopez-Arias

Quoting Edward Fischer <EFISCHE@harthosp.org>:

> Hello: I hear you've been trying to reach me. As stated in the
 > 1995 > article, no permission is required to use the scale for research
 > purposes - if you have any quests. please email or contact me by
 > phone: 860 5451698.

> Best, Ed Fischer

----- End forwarded message -----

To: Researchers interested in using the Attitudes Toward Seeking Professional Psychological Help (APPH) scale.

From: E. H. Fischer, Ph.D.
 Preventive Cardiology
 Hartford Hospital
 80 Seymour St., Box 5037
 Hartford, CT 06102-5037

Amerigo Farina, Ph.D.
 Professor Emeritus
 Dept. of Psychology
 University of Connecticut
 Storrs, CT 06269-1020

Tel. 860 545-1698
Email Efische@HartHosp.org

860 486-4929
Amerigo.Farina@uconn.edu

The original, full 29-item version of the scale was published in the *J. Consulting & Clinical Psychology*, 1970, 35, 79-90.

A shortened, ten-item version was published in the *J. College Student Development*, 1995, 36, 368-372.

Another relevant article is "Seeking professional help for psychological problems," in: A. Nadler, J. D. Fischer, & N. DePaulo (Eds.), *New Directions in Helping*, 1983, Vol. 3, 163-182, New York: Academic Press.

No specific permission is required to use either of the scales for research (only) – they should *not* be used for clinical purposes, such as to screen applicants for psychotherapy. No copies are available because the original studies were done long ago, and they are not commercial products. Investigators must make up their own research forms (for example, the scale has been translated into languages other than English, for studies of foreign groups). The items and how they are scored and keyed appear in the first two articles cited.

Marin to use the SASH-acculturation scale

Dear Salvador,

You have my permission to use the Short Acculturation Scale for Hispanics. Best of luck with your project.

Cordially

Gerardo Marin

At 03:33 PM 4/21/2004 -0400, you wrote:

>Dear Dr. Marin:

>

>I am writing in regards to article and instrument "Development of a
>short acculturation scale for Hispanics". I am asking permission to use
>it as part of my dissertation. I am not going to change it in any type
>of way and all I am going to use it for is to assess the acculturation
>level of some Latinos.

>

>My purpose is to determine if acculturation level affects help seeking
>in Latinos.

>

>If you have any questions regarding my study or literature on your
>instrument (articles), please let me know.

>

>Thank you for your kind assistance,

>

>Salvador Lopez-Arias

Gerardo Marin, Ph.D.

Associate Provost
University of San Francisco
2130 Fulton Street
San Francisco CA 94117-1080
USA

Telephone: 415.422.2199
E-mail: marin@usfca.edu