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Licensed Professional Counselors in Texas: The Role of Stigma in Seeking Counseling Services

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LICENSED PROFESSIONAL COUNSELORS IN TEXAS: THE ROLE OF STIGMA IN SEEKING COUNSELING SERVICES

A Dissertation

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ABSTRACT

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The literature on stigma has revealed this attribute as a deterrent to seeking mental health services. This study encompassed an investigation of the impact of self-stigma and public stigma on the intentions to seek mental health services of Texas Licensed Professional Counselors. A survey was sent via email, social media platforms associated with Licensed Professional Counselors, and snowball sampling to recruit participants. The participants (N = 99) completed self-report measures about self-stigma, public stigma, social desirability characteristics, and attitudes towards seeking mental health help. The results indicated that neither self-stigma nor public stigma was a deterrent to seeking mental health services among Texas Licensed Professional Counselors.

Keywords: Intentions to seek mental health services, Licensed Professional Counselors, public stigma, self-stigma

DEDICATION

This dissertation is dedicated to the loves of my life.

Keila, Bryanna, and Allen:

May you always strive to know more, achieve more, and reach greater heights than those before you.

Luz and Leo Calles:

You made significant sacrifices so that I could pursue the rewards of the American dream. Thank you for instilling in me the belief that hard work is the cornerstone of success.

Jesse:

Thank you for your constant love and boundless patience, but most importantly, for granting me the freedom to be my true self.

All my love and gratitude, Raquel

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Thank you sincerely from the bottom of my heart,

Raquel

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CHAPTER I

INTRODUCTION

Counselors have a crucial function in many people's lives. Their role encompasses helping clients understand their mental health issues and using interventions to promote change within their clients (Aruta et al., 2023), yet they may also experience challenges with their mental health (Roxas et al., 2019; Thompson et al., 2014). However, the literature on help-seeking behaviors of mental health counselors is limited (Aruta et al., 2023). Mental health demand has been exacerbated by the COVID-19 pandemic, which has negatively impacted the mental health of many people around the world (Ghebreyesus, 2022). Some of the individuals seeking mental health services may be counselors, professionals whose mental health is fundamental (McCarthy, 2008). A cautionary warning of the significant gap in mental health services surfaced during the pandemic. Factors documented in research that deter people from seeking mental health are self-stigma (Cheng et al., 2018; Topkaya et al., 2017; Yee et al., 2020), inadequate consultation time, having concerns about taking psychotropic medication, the expense of receiving mental health treatment (Sun et al., 2018), and public stigma (Topkaya et al., 2017).

In their service to clients, counselors work in emotionally demanding job environments, are exposed to the suffering of others, and experience compassion for those with disabilities, which may result in prolonged stress (Adams et al., 2006; Dreison et al., 2018). High levels of burnout are consistent with medical and nonmedical health care professionals (Adriaenssens et al., 2012; Dreison et al., 2018; Gregory & Menser, 2015; Mealer et al., 2009; Puig et al., 2014).

As an important safeguard, a counselor must monitor their physical and emotional well-being to avoid negative consequences such as burnout (Endriulaitienė et al., 2019), depersonalization (Fradelos et al., 2014; Maslach et al., 2016), excessively missing days at work, low job satisfaction, and a low level of well-being (Bria et al., 2014; Lampert & Glaser, 2018; Luther et al., 2017; Ramberg & Wasserman, 2000; Siebert, 2004).

Many Americans experience mental health issues, with this number increasing over time (Duszynski-Goodman, 2023). Despite a greater need, mental health care is underutilized in the United States (Wu et al., 2017), including by professional counselors. Although counselors teach self-care, they often do not practice it themselves (Friedman, 2017; Nelson et al., 2018). Seeking counseling may benefit counselor self-care by addressing physical, mental, emotional, and spiritual well-being (Bradley et al., 2013; Patsiopoulos & Buchanan, 2011; Wolf et al., 2014). In 2021, 1 in 5 U.S. adults (57.8 million) experienced mental illness (National Institute of Mental Health, 2021), yet 57% of them did not receive treatment (Mental Health in America, 2023). The National Alliance on Mental Illness (2023) reported that 164 million Americans live in areas with mental health professional shortages, possibly limiting counselor access to care.

Bradley et al. (2013) and Nelson et al. (2018) discussed the importance of counselor self-care practices, including seeking counseling or psychological help. Although self-care is considered essential for counselors to mitigate stress, new counselors often lack a solid self-care routine because of the demands of counselor education and practice. For counselors, there is a literature gap in providing guidance on establishing holistic wellness (Bradley et al., 2013; Nelson et al., 2018). Although researchers have examined barriers to seeking mental healthcare, the practice and barriers faced by licensed professional counselors themselves remain underexplored (Bradley et al., 2013; Nelson et al., 2018). Research on mental healthcare

underutilization in the U.S. has also revealed that professional counselors underutilize services, despite the importance of well-being in their line of work (Hingwe, 2021; Nagata et al., 2022). The aim of the current study was to further investigate stigma as a potential barrier preventing licensed professional counselors from seeking counseling when needed, as part of addressing the gap in understanding their access to mental health services.

Stigma

One of the key factors that has been identified in previous research as a deterrent to seeking mental health services is stigma (Eigenhuis et al., 2021). Stigma surrounding mental illness and help-seeking can manifest both internally as self-stigma, as well as externally through perceived public stigma (Kosyluk et al., 2021). It was originally defined by the Greeks as they branded slaves who had escaped with the letter "f" for fugitive (Funk, 1950); the mark itself was called a "stigma." Therefore, the negative connotation was carried forward. In the current usage, the word "stigma" may represent an abomination to the body, a particular derogatory mark (Goffman, 1963), or something that is undesirable or spoiled. Stigma has been conceptualized as a social construct that incorporates social rejection, devaluation, and discrimination (Crocker et al., 1998; Goffman, 1963; Wahl, 1995).

Corrigan (2004) described four social-cognitive processes underlying stigma: cues, stereotypes, prejudice, and discrimination. The cues that elicit mental illness include psychiatric symptoms, social skills deficits, abnormal physical appearance, and labels or diagnoses. More overt cues tend to elicit stronger negative reactions. Those closest to an individual with mental illness may be unaware if no cues are outwardly displayed. Several scholars have examined the "labeling" phenomenon, where stigma can derive from being labeled verbally as "mentally ill" or

through cues such as being seen leaving a psychiatrist's office (Corrigan, 2004; Jones et al., 1984; Link, 1987; Scheff, 1974).

Corrigan (2004) differentiated between public stigma and self-stigma. Public stigma refers to the negative stereotypes held by society about people with mental illness (Ahmad & Koncsol, 2022). Self-stigma occurs when public stigma is internalized, resulting in low self-esteem and self-efficacy (Corrigan et al., 2011). Both public and self-stigma can impact help-seeking behaviors. For counselors specifically, stigma may function as a barrier to seeking mental health services when needed. The internalization and endorsement of stigmatizing attitudes could negatively influence counselors' willingness to seek counseling for their well-being.

Theoretical Basis of the Study

Attribution Theory

The current study was based on the attribution theory, and the hypothesis tested was that self-stigma or public stigma prevents Texas Licensed Professional Counselors from seeking counseling services. Stigma and discriminatory behaviors may be explained using attribution theory (Brown et al., 2010). Attribution theory serves as a framework for understanding the behavior of others by attributing beliefs, feelings, and intentions to them (Heider, 1958). Weiner (1986) found that negative events initiate attributional investigations, which may be best explained as the inquiry within oneself regarding where this stigma originated. In a social context, people seek to determine the origin of others' behaviors and activities.

Attribution theory involves several phases that society, in general, goes through to arrive at either stigma or discriminatory behaviors. First, observation dictates the decision on how people became afflicted with a certain condition (Weiner et al., 1988). The decision is then

passed through another filter to determine how to treat the individual. For example, when evaluating someone with acquired immunodeficiency syndrome, they may be labeled as promiscuous or attributed deviant sexual behavior. A decision is then made to determine whether the person had any agency to ward off the condition or illness; these are called controllable attributes (Weiner, 1985,1986).

Another phase of attribution theory is evaluating the possibility of change in the condition (Ruybal & Siegel, 2018). When the condition has stability, it is deemed permanent and if it is categorized as unstable, it may be subject or able to change. For the condition subject to change via improvement, the attribution would be more favorable (Corrigan, 2000). When the condition is considered avoidable, the reaction is often anger and a failure to assist these individuals (Ruybal & Siegel, 2018). However, if the condition is unavoidable or perhaps congenital, the behavior may be one of pity accompanied with a desire to help that individual (Weiner, 1980). Unfortunately, mental health disorders are often thought to be within the control of those diagnosed with them. Consequently, mental behavioral stigmas are commonly confronted with anger and aversion.

Statement of the Problem

The focus of this study was on investigating the role of self-stigma and public stigma in preventing Licensed Professional Counselors in Texas from seeking counseling services when needed. Stigma has been established as a barrier to help-seeking across various populations in previous research (Komiya et al., 2000; Turner et al., 2021). However, there remains a gap in understanding how stigma impacts counselors. Counselor well-being is ethically mandated, yet counselors often fail to practice adequate self-care (Friedman, 2017; Nelson et al., 2018).

Recent studies also indicate that increased demands on counselors exacerbate issues such as burnout, stress, and impairment (Aruta et al., 2023; Ko & Lee, 2021; Mullen & Crowe, 2017). Seeking counseling could help address these issues and promote counselor self-care as mandated (Bradley et al., 2013; Patsiopoulos & Buchanan, 2011; Wolf et al., 2014). However, prior to the current study, little research had been conducted to explore whether stigma prevents counselors from accessing needed mental healthcare (Bradley et al., 2013; Hingwe, 2021; Nagata et al., 2022; Nelson et al., 2018). Addressing this gap through investigating the role of self-stigma and public stigma on help-seeking intentions among Licensed Professional Counselors in Texas was needed to develop strategies that support counselor well-being and fulfillment of ethical responsibilities. The overall aim of this study was to expand the literature on stigma and help-seeking within the counseling discipline.

Purpose of the Study

The purpose of this exploratory study was to investigate the role stigma plays in preventing Licensed Professional Counselors in Texas from seeking counseling services when needed. This study also involved an examination of whether a correlation exists between demographic variables such as age and gender within Licensed Professional Counselors in Texas when seeking counseling services. The concept of interest was the role that stigma plays in help-seeking behaviors among Licensed Professional Counselors. Past research regarding the role of stigma in seeking mental health services, although robust, is limited for Licensed Professional Counselors as the population of study (Aruta et al., 2023; Ko & Lee, 2021). As an exploratory study, the intent was to describe and explore whether self-stigma and public stigma correlate with the intentions to seek mental health services. The researcher also aimed to examine whether

self-stigma mediates the relationship between public stigma and help-seeking intentions among Licensed Professional Counselors in Texas.

Research Questions

RQ_1: Does self-stigma correlate with intentions toward seeking counseling services among Texas Licensed Professional Counselors?

RQ_2: Does public stigma correlate with intentions toward seeking counseling services among Texas Licensed Professional Counselors?

RQ_3: Does self-stigma mediate the relationship between public stigma and intentions toward seeking counseling services among Texas Professional Counselors?

Research/Working/Alternate Hypotheses

The research/working/alternate hypotheses posed for the purpose of this study are as follows:

$H_{1\text{-}1}$: There is a relationship between self-stigma and intentions toward seeking counseling services among Texas Licensed Professional Counselors.

H_1: $\rho \neq 0$

$H_{2\text{-}1}$: There is a relationship between public stigma and intentions toward seeking counseling services among Texas Licensed Professional Counselors.

H_2: $\rho \neq 0$

$H_{3\text{-}1}$: Self-stigma is a mediating variable between public stigma and intentions toward seeking counseling services among Texas Professional Counselors.

H_3: $\rho \neq 0$

Null Hypotheses

The null hypotheses are as follows:

$H_{1\text{-}0}$: There is no relationship between self-stigma and intentions toward seeking counseling services among Texas Professional Counselors.

$H_{2\text{-}0}$: There is no relationship between public stigma and intentions toward seeking counseling services among Texas Licensed Professional Counselors.

$H_{3\text{-}0}$: Self-stigma is not a mediating variable between public stigma and intentions toward seeking counseling services among Texas Professional Counselors.

Significance of the Study

This study has the potential to significantly advance knowledge in the counseling discipline. Although research on help-seeking barriers exists, little is understood about the unique experiences of counselors. Exploring whether self-stigma and public stigma influence counselors' intentions to seek support yielded insights into an understudied population. This knowledge has important implications, as counselor well-being is integral to competent and ethical practice. Understanding the challenges faced by counselors is key to ensuring their needs are met so they can optimally serve clients. Knowledge gained from this research could fill gaps and inform tailored strategies to promote mental healthcare utilization among counselors.

On a practice level, the results from this study may highlight specific barriers counselors perceive that prevent them from accessing the services they need. Counseling programs and professional associations can use these findings to develop targeted initiatives to reduce stigma's negative impacts. For example, enhanced education on recognizing impairment and navigating help-seeking could be incorporated into training. Workplace policies could also be adjusted to facilitate counselors taking medical leave without penalty if suffering from mental health issues.

Overall, identifying stigma's role may spur practice and policy reforms to strengthen support systems for counselors throughout their careers.

Positive social change can occur if insights from this research can help empower counselors to challenge stigmatizing attitudes that undermine well-being and treatment-seeking. Reducing self-stigma could benefit those struggling in silence. Communities also stand to benefit from initiatives to decrease public stigma toward all populations accessing mental healthcare. With better support for counselors, more will remain engaged in the field and be able to provide high-quality care despite the challenges. If stigma proves a deterrent, the society-wide availability of competent counseling services could diminish. However, stigma-reducing programs informed by this study's findings have potential for widespread, lasting impacts favoring greater mental health equity and service access for all.

Definition of Terms

Attitudes. Attitude may be defined as one's assessment of a behavior and the extent of their acceptance of it (Ajzen, 1991). These attitudes may be positive or negative.

Help-Seeking Behaviors. Help-seeking behaviors was defined by Sun et al. (2018) as visiting at minimum one of the following health care providers: psychologist, psychiatrist, general practitioner, occupational physician, physiotherapist, supervisor, coach, in-company social worker, social worker, religious counselor, or an alternative therapeutic counselor.

Personal Stigma. Personal stigma refers to private views one has of others with mental health conditions. Corrigan (2004) found that personal stigma becomes internalized as self-stigma, which is characterized by a lower self-esteem and an inefficient self-efficacy, if the the individual experiences mental health concerns.

Public Stigma. Public stigma refers to collective societal responses to groups that seek support for psychological concerns (Bathje & Pryor, 2011).

Self-Stigma. Vogel, Hackler, et al. (2007) defined self-stigma as a minimization of a person's self-worth or self-esteem, which makes that person feel or perceive they are socially unacceptable.

Stigma. According to Goffman (1963), stigma may represent a mark that is derogatory in nature. It may extend to people who are imprisoned, have addictions, or have mental health disorders.

CHAPTER II

REVIEW OF THE LITERATURE

Mental health is an important factor in the life of a counselor (McCarthy, 2008). In addition to vicarious traumatization and burnout, counselors are inevitably faced with personal problems. Posluns and Gall (2020) highlighted that counselors, like all people, face personal problems, but how they address such issues is of critical significance. According to the Texas Administrative Code (2021), 22 Tex. Admin. Code §681.41 General Ethical Requirements, "a licensee must not provide services while impaired by a physical, mental, or medical condition or by medication, drugs or alcohol." McCarthy (2008) noted that the professional counselor has an obligation to practice self-care behaviors to maintain their mental, physical, and spiritual wellness, which, at times, may include seeking help from others.

Mental Health Professionals Seeking Help

Self-stigma and stress levels significantly influence the willingness of counselors to seek help. Mullen and Crowe (2017) investigated self-stigma and help-seeking among school counselors and found that higher self-stigma led to lower help-seeking intentions among participants. They also found that low stress burnout resulted in higher intentions to seek help, whereas higher stress and burnout led to lower life satisfaction. Mullen and Crowe's findings are consistent with other studies by Bathje and Pryor (2011), and Clement et al. (2015) on stigma and help-seeking behaviors. Although Mullen and Crowe described important factors impacting help-seeking among school counselors, they only focused on one professional group and the nonclinical constructs of stress and burnout rather than diagnosable mental health issues. Future

research could be expanded to explore stigma and intentions to seek counseling in other helping professional populations dealing with mental illness.

Higher levels of self-stigma and stress lead to lower intentions to seek help among counselors. Mullen and Crowe (2017) found that low-stress burnout resulted in higher intentions to seek help, whereas higher stress and burnout led to lower life satisfaction. Leichsenring et al. (2022) found that participants viewed psychotherapy as having an educational value, but associated medication use with psychopathology. The use of psychotropic medication produced stigma if their colleagues became aware, indicating that stigma prevents help-seeking. Both internal factors, such as self-stigma and external job stress, influence counselors' willingness to seek help. Although psychotherapy was accepted, medication use carried a stigma, highlighting nuanced views that can deter treatment (Leichsenring et al., 2022). Higher burnout correlated with lower intentions to seek support (Leichsenring et al., 2022; Mullen & Crowe, 2017). Therefore, systemic support is needed to address stigma and job demands that may undermine counselor well-being and help-seeking behaviors when impairment risks arise.

Mental health professionals, including school counselors and psychiatrists, often face unique barriers to seeking help, such as concerns about the stigma associated with using psychotropic medication. Fonagy and Luyten (2021) found that psychotherapy has an educational value, but the participants associated medication use with psychopathology. The use of psychotropic medication produced stigma if the participants' colleagues became aware of their medication use. Baker and Gabriel (2021) similarly researched how therapists practiced self-care during personal distress and highlighted that higher self-stigma was associated with lower help-seeking intentions among the respondents. Both Baker and Gabriel (2021) and Fonagy and Luyten (2021) noted stigma as a factor associated with barriers to help-seeking for mental health

professionals. The use of psychotropic medication has also been stigmatized. As psychotherapy has become more widely accepted, such nuanced beliefs can undermine the likelihood of some seeking help. Among school counselors, higher self-stigma relates to lower intentions of seeking help (Fonagy & Luyten, 2021). The stigma-related barriers need to be broken for the betterment of mental health professionals and so that client services are not interrupted.

Personal therapy can significantly enhance the self-understanding and therapeutic skills of mental health professionals, yet financial constraints and perceived stigma continue to deter many from seeking such support. Coombs et al. (2021) conducted a population study on barriers to healthcare access among U.S. adults with mental health challenges and found that 53% of the population did not seek mental health treatment due to financial factors. Watts et al. (2021) explored people's experiences of coming off psychotropic medication and found that the use of psychotropic medication produced stigma if their colleagues became aware of their medication use. However, Meier (2021), in a study of clinical and counseling psychology trainees, found that over half (54%) were attending therapy during their graduate program. The researcher also found that graduate students who viewed attending therapy as favorable to their faculty were more likely to attend therapeutic sessions. Although financial constraints appear to be a significant barrier, perceived stigma regarding medication use was also found to deter treatment seeking among psychiatry residents by Watts et al. (2021). In contrast, Meier found that therapy acceptance and support among faculty members influenced trainees' willingness to seek support. Overall, personal therapy can greatly benefit mental health professionals by enhancing skills and self-awareness, but targeted interventions may be needed to reduce financial hurdles and stigma regarding certain treatment modalities so that more individuals can receive the support they need.

Despite practicing self-care as a necessity in their line of work, systemic barriers always impede these efforts. Systemic barriers such as high caseloads, professional isolation, and a lack of support structures indicate that associates, though acknowledging the need for self-care among other mental health professionals, still face the daunting challenge of seeking mental health services (Meier, 2021). According to Mullen and Crowe (2017), excessive caseload contributes to more stress and burnout, lowering the intentions of school counselors to seek help. Weiss et al. (2021) also observed that with the concerns about perceived stigma by peers, psychiatry residents were discouraged from seeking medication to manage mental health issues. However, Nelson et al. (2018) indicated that the lack of adequate prevention and resource structures at professional levels negatively influences the focus of counseling programs on self-care practices. Even though stigma and stress at individual levels work as potential barriers, existing literature suggests that organizational culture and supporting mechanisms also hold considerable weight toward affording or discouraging the practice of seeking help (Nelson et al., 2018; Weiss et al., 2021). Most professions have quite readily accepted the principle that self-care is an important adjunct to overall well-being, but making concrete efforts at the level of systemic malpractice that would shore up and begin to stop these problems is a challenge. Perhaps changes in professional environments, policies, and resources accounting for the unique challenges that this type of worker would face are critical to actually improving the accessibility of the mental health services they need.

Factors Negatively Influencing Help-Seeking

Research on help-seeking barriers has revealed that self-stigma specifically affects age (Horsfield et al., 2020) and gender (Chang, 2008, 2014). Recognizing public stigma as a deterrent against seeking mental health care may impact help-seeking for licensed professional

counselors who suffer from their mental health issues. Mental health disturbances are negatively publicly stigmatized as a lack of "in control" in those suffering from such conditions (Brouwers, 2020; Da-Silva et al., 2020; Pescosolido et al., 2021). The stigmatizing beliefs of help-seeking would further worsen the counselor's intentions to access help through self-stigma as they are professionals committed to helping their clients. In the younger or male counselors, age- and gender-related biases against seeking treatment have also been identified (Chang, 2008, 2014; Horsfield et al., 2020). Because counselors are expected to appropriately serve a wide range of diverse clientele, all aspects of personal stigma are applicable to them, which points to the need to examine the roles of self-stigma and public stigma regarding access to mental health care for licensed professional counselors in Texas.

Attribution Theory

Attribution theory is a critical framework for explaining how people interpret and understand behaviors based on internal or external events. According to Heider (1958), people are naive psychologists who make efforts to understand the causes of behavior by either internal (personal) or external (impersonal) causality. Brouwers (2020) described that dimensions such as controllability and stability were included in attribution theory to further elaborate on these behaviors. The attributes are often linked to the stigma of mental illness and help-seeking in the mental health sector, and thus affect the way that mental health professionals seek support when they need it. Brouwers elaborated on how, in the mental health sector, such attributes are related to stigma.

In more recent studies, attribution theory was focused on the dimension of stigma and seeking help by workers in mental health. For instance, Mullen and Crowe (2017) established that with increased self-stigma concerning school counselors, one is less likely to seek help. This

finding is consistent with the general stigma and mental health literature, such as Bathje and Pryor (2011) and Clement et al. (2015), which revealed that self-stigma demotivates one from seeking help. However, the literature has also been scant regarding other helping professionals, including clinical psychologists and psychiatrists, and exactly how attribution theory applies to their help-seeking behaviors amidst stigma.

Criticisms of attributions theory include it is simpler than relatively complex social and psychological processes, focuses predominantly on individual cognition, and seems not to address broader systemic factors (Watts et al., 2021). For example, it could perhaps not very well accommodate institutional and cultural barriers that may impede the work of mental health professionals (Krohn, 2017). In a more recent study, Watts et al. (2021) underlined that stigma around medication taking may influence help-seeking behavior and, therefore, attribution theory needs to be considered to provide a broader explanation.

Further studies on counselors and psychologists have, however, supported the attributional process for help seeking behavior. For example, Berliant et al. (2022) demonstrated how financial constraints and perceived stigma could be obstacles that prevent trainees in clinical psychology from having mental health treatment. Meier (2021) further noted that trainees who had a positive perception related to therapy within a professional environment sought help. These findings, therefore, suggest that future researchers should further investigate attribution theory in different mental health professional populations for both internal cognitive processes and external systemic barriers.

Although attribution theory provides ground from which to approach the understanding of help-seeking behaviors, it must be expanded to answer criticisms and new complexities in the field of mental health professionals. The next logical step for future research in this area must

expand to include various helping professionals—not only school counselors—regarding how stigma, both internalized and public, impacts willingness to seek support. By addressing the gap, mental health professionals can acquire better support in overcoming barriers to accessing necessary care, ultimately enhancing their well-being and efficacy in their roles.

Stigma

Mental health counseling can take its toll on those providing it. Stigma negatively impacts help-seeking intentions (Turner et al., 2021). Brown et al. (2010) explored public and internalized stigma to seeking mental health services and found that internalized stigma mediates between public stigma and attitudes toward mental health treatment. Similarly, Meier (2021) noted that clinical psychology trainees who perceived therapy positively within their training programs were more likely to seek help. Yet the studies were limited in exploring stigma's role specific to counselors and psychologists. Although several important studies focused on stigma and help-seeking, more research is still needed to understand how stigma uniquely impacts mental health professionals seeking counseling or support when faced with personal challenges.

Brown et al. (2010) explored public and internalized stigma to seeking mental health services. They formed the following hypotheses in their study: (a) internalized stigma and perceived public stigma were positively correlated and (b) the relationship between public stigma and the outcome of interest (intention to seek counseling services, attitude toward treatment, and current treatment) would be mitigated by internalized stigma. Brown et al. also hypothesized that African Americans would have lower counseling attendance rates and a higher negative attitude regarding mental health treatment and that race would moderate public stigma, internalized stigma, and treatment-related variables. They found that internalized stigma mediates the relationship between public stigma and attitudes toward mental health treatment. Yet, in their

study, no correlation was found between public stigma and treatment behaviors or the intention to seek counseling services. Brown et al. also found that participants who were in treatment reported higher levels of perceived public and internalized stigma. Therefore, internalized stigma (self-stigma) was related to public stigma and attitudes toward treatment in those attending treatment.

Turner et al. (2021) investigated the barriers that prevented mothers from seeking mental health services for their children. Mothers who had not experienced receiving mental health services were more likely to refuse treatment for their children and the stigma of psychological disorders. However, the study only focused on perceptions of mothers, not those of licensed counselors. Similarly, Erlandsson et al. (2022) determined that children and adolescents with parents discouraging emotions grew more fearful of counseling themselves. However, Erlandsson et al. focused only on parental influence rather than additional factors impacting help-seeking. Although these studies include useful insights, they largely neglect to examine whether parental messaging influences help-seeking tendencies into adulthood or among other populations such as university students. Therefore, the internalized stigma of seeking counseling affects their decisions to seek counseling as they mature.

Richards et al. (2021) found that law enforcement officers felt that seeking mental health would carry negative consequences in their line of duty. Law enforcement officers also experienced a career-impacting stigma from their fellow officers. Richards et al., however, only focused on the perceptions of law enforcement officers and did not examine actual help-seeking behaviors. Kosyluk et al. (2021) explored the factors associated with seeking psychological help in college students. One of the barriers in this study was the perception of social stigma in receiving mental health services. Kosyluk et al. found a greater perception of stigma in using

counseling services as the second strongest predictor in college students, with the first factor being the male gender. They, however, only studied college students, limiting generalizability to other populations. Similarly, Bradbury (2020) found that men have higher rates of mental health stigma, and racial/ethnic minorities have a higher degree of mental health stigma than western cultures. Bradbury, however, only measured stigma levels and not how stigma impacted help-seeking intentions and behaviors. Although the populations studied were different, all three studies revealed that the perception of social stigma significantly impacts individuals' willingness to seek mental health services.

Stigma Recipients and Stigmatizers

In a pioneering study of patients diagnosed with schizophrenia opened the door, White et al. (2021) investigated the stigma experienced by the mental care recipients of their practitioners. The researchers found the patients felt excluded or misunderstood not only by their friends and family, but also when in contact with mental health professionals. Javed et al. (2021) found that mental health professionals may be stigma recipients and stigmatizers.

Schulze's (2007) study consisted of a focus group to investigate the stigma perceptions perceived from individuals diagnosed with schizophrenia and their families. The patients felt stigmatized when the mental health professionals caring for them were not interested in their history. The diagnosis was delivered with a negative prognosis of a lifetime of suffering. An example of practitioners exacerbating the stigma included comments of the illness perhaps causing them to die by suicide. Unfortunately, other researchers found the same results among people with schizophrenia who experienced stigma, leading to discrimination and poor quality of mental health services (Pinfold et al., 2005; The Royal College of Psychiatrists, 2002; Walter, 1998).

Counselor Self-Care and Others' Care

Ko and Lee (2021) wrote about the effects of the imbalance in counselors in caring for others and self-care. Counselors encounter stress in their work due to high caseloads, professional isolation, negative work environments, a lack of client's positive progress, and interpersonal and familial relationships (Barnett et al., 2007; Bettney, 2017; Moore et al., 2020; Mullen & Crowe, 2017). Friedman (2017) described various benefits that counselors may gain from their work, such as a sense of purpose, connection to others, and opportunities for personal growth. However, Friedman also noted that counseling professionals are susceptible to burnout, compassion fatigue, and secondary traumatic stress disorder due to the demands of their line of work. Despite the recognized risks of occupational stress and hazards for counselors, many in the profession still struggle with adequately prioritizing self-care practices to mitigate challenges to their well-being and ethical responsibilities to clients. (Kang et al., 2016). The lack of self-care may be due to professional training or individual beliefs that counselors need to put others' needs ahead of theirs (O'Halloran & Linton, 2000; Skovholt, 2012; Skovholt et al., 2001).

Counselors' mental health is important and necessary as it contributes greatly to their counseling profession and to the clients they serve (Aruta et al., 2023). According to the ACA Code of Ethics, as approved by the ACA Governing Council Mission for non-commercial purposes only, counselors are mandated to "engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities (American Counseling Association, 2014). Friedman (2017) noted that although the ACA Code of Ethics thoroughly addresses continuing education, self-monitoring, and succession planning, its guidance on self-care is limited to a brief mention in the introduction without further elaboration. Counselors may be left without a firm direction on

approaches to self-care. Therefore, there is a need to strengthen the discussion on self-care, including the potential value of counselors obtaining counseling services themselves when needed. Roxas et al. (2019) described that the practice of counseling involves many psychological costs and personal challenges. In this scope of caring for a client, counselors' priorities seem to be the client's well-being and safety. In caring for others', their well-being may take a backseat.

During training and when in the field, counselors are encouraged to seek mental health services as part of their personal and professional growth (McCarthy, 2008). Corey et al. (2017) encouraged individuals to attend counseling to better understand their biases, explore unfinished business, and learn the motivations behind any biases of group members. Although counselors undergo robust training in the benefits of seeking mental health services when undergoing psychological distress, many of them may carry attitudes that may prevent them from seeking help (Aruta et al., 2023). Although the scholars encourage counselors to seek mental health support, a gap exists in fully understanding what specific attitudes counselors hold that may undermine their adherence to such guidance when facing psychological challenges (Aruta et al., 2023; Corey et al., 2017).

Summary and Conclusions

Several key themes regarding stigma and help-seeking behaviors among counseling professionals emerged from the literature review. Various scholars consistently found that both self-stigma and public stigma act as barriers to seeking mental health services (Bathje & Pryor, 2011; Watts et al., 2021). Higher levels of self-stigma were also linked to lower intentions to seek help among counselors and other populations (Clement et al., 2015; Mullen & Crowe, 2017). Although useful insights were gained from the literature, gaps remain regarding

counselors' experiences with stigma and help-seeking. Most scholars focused on populations such as college students, medical residents, and school counselors (Kosyluk et al., 2021; Leichsenring et al., 2022; Mullen & Crowe, 2017). Only a few directly examined counseling professionals (Meier, 2021; Oteiza, 2010). Research was limited to how attribution theory applied to help-seeking decisions made by counselors themselves regarding personal mental health issues.

In the present study, the researcher aimed to address the gaps by investigating self-stigma, public stigma, and their relationship to help-seeking intentions, specifically among licensed professional counselors in Texas. By targeting this population, insights were gained into an under-researched topic critical to the counseling profession. Understanding barriers faced by counselors in accessing needed care can inform strategies to promote well-being mandated for competent and ethical practice. The researcher also examined whether attribution theory addresses help-seeking behaviors when stigma is a factor for counselors with mental health concerns.

CHAPTER III

METHODOLOGY

The purpose of this exploratory study was to investigate the role self-stigma or public stigma bears in preventing Licensed Professional Counselors in Texas from seeking counseling services when needed. This study also involved an investigation of whether self-stigma is a mediating factor between public stigma and intentions toward seeking counseling services in Texas Licensed Professional Counselors. In this chapter, participant selection is explained along with the procedures used to conduct the study. The instruments used for this study and their psychometric properties are addressed in the chapter. The chapter concludes with the variables in the study and an account of the research design used.

Research Design

The research approach used in the present study was a correlation research design and methodology. The correlation research design was ideal for this study because the aim was to establish the relationships between variables without controlling or changing the conditions in any way (Anggarista & Wahyudin, 2022). The researcher set out to find out the nature and strength of the relationships between self-stigma and intention to seek counseling, public stigma and intention to seek counseling, and self-stigma and public stigma. This relationship implied the test of self-stigma as a mediator of public stigma and intentions to seek counseling. The correlational nature of the research design allowed the researcher to establish the relationship between key variables occurring naturally in persons without experimental manipulation either by direction and size, as Anggarista and Wahyudin (2022) explained. This approach was

appropriate because the research design used was primarily intended to investigate the role of stigma in counseling intentions among the population of licensed professional counselors. The survey results analyzed in the present study were participant demographics, attitudes toward seeking professional help, personal reaction inventory, self-stigma of seeking psychological help, and stigma for receiving psychological help.

Sample Population

A cross-sectional sampling was used for this study. The researcher sent out a survey link to Licensed Professional Counselors in Texas via emails using their web pages for contact information. The survey was distributed on 10 online platforms to website groups associated with Licensed Professional Counselors. The researcher also distributed the survey link via email (with permission) to a non-profit organization that has offices throughout the state of Texas. The method used to recruit participants was snowball sampling, a sampling technique where existing participants recruit other participants from their acquaintances (Chambers et al., 2020). Finally, the researcher contacted University professors inquiring whether they may distribute the link at their campus. For study inclusion, the participants were one of three designations for study participation in Texas: Licensed Professional Counselors, Licensed Professional Counselor-Associate, or Licensed Professional Counselor-Supervisor.

An a priori power analysis was performed to determine the optimal sample size for this research study, which focused on the effect of stigma in preventing LPCs in Texas from seeking counseling services. The optimal number of sample size was calculated using the G*Power software program. Using a bivariate normal model with an alpha level of 0.05 for the two-tailed *t*-test, a power of 0.95, and a medium effect size of 0.3 (see Appendix D), a sample of 134 licensed professional counselors from Texas was determined to provide sufficient statistical

power to evaluate the research questions and hypotheses of this study accurately. This sample size guaranteed that valid generalizations about the target group were established and that the study's findings were maximized to evaluate whether self-stigma and public stigma were associated with intentions to seek mental health services among Texas LPCs.

Research Questions

RQ_1: Does self-stigma correlate with intentions toward seeking counseling services among Texas Licensed Professional Counselors?

RQ_2: Does public stigma correlate with intentions toward seeking counseling services among Texas Licensed Professional Counselors?

RQ_3: Does self-stigma mediate the relationship between public stigma and intentions toward seeking counseling services among Texas Professional Counselors?

Research/Working/Alternate Hypotheses

The following are the research/alternate hypotheses posed for the purpose of this study:

$H_{1\text{-}1}$: There is a relationship between self-stigma and intentions toward seeking counseling services among Texas Licensed Professional Counselors.

H_1: $\rho \neq 0$

$H_{2\text{-}1}$: There is a relationship between public stigma and intentions toward seeking counseling services among Texas Licensed Professional Counselors.

H_2: $\rho \neq 0$

$H_{3\text{-}1}$: Self-stigma is a mediating variable between public stigma and intentions toward seeking counseling services among Texas Professional Counselors.

H_3: $\rho \neq 0$

Null Hypotheses

The null hypotheses are as follows:

$H_{1\text{-}0}$: There is no relationship between self-stigma and intentions towards seeking counseling services among Texas Professional Counselors.

$H_{2\text{-}0}$: There is no relationship between public stigma and intentions toward seeking counseling services among Texas Licensed Professional Counselors.

$H_{3\text{-}0}$: Self-stigma is not a mediating variable between public stigma and intentions toward seeking counseling services among Texas Professional Counselors.

Procedure

The initial email sent to the potential participants included a brief communication of the study and a link, in case they agreed to participate in the study. The electronic link displayed the informed consent for the study with a detailed explanation of the purpose of the study, an invitation to participate in the study, a statement addressing voluntary participation, the estimated length of time to complete the survey, and contact information of both the researcher and their doctoral dissertation chair. On the bottom of the consent letter, the participant had the opportunity to read the consent form and decide whether they wanted to participate in the study. If the participant selected "yes," the questions appeared on the next screen for them to complete the survey. If the participant selected "no," the next screen displayed a "thank you for your time" message and they were subsequently logged out. The survey was conducted on the Qualtrics survey program.

Instrumentation

Several instruments were used in this study to measure variables under critical investigation. The Self-Stigma of Seeking Help scale was used to establish the participant

attitudes towards seeking mental health services and their impact on self-esteem. Stigma for Receiving Psychological Help scale assessed perceived social stigma related to help-seeking. Another instrument used was the Attitudes Toward Seeking Professional Psychological Help scale. A Personal Reaction Inventory was administered, as the surveys were self-report in nature, to measure tendencies toward socially desirable responding. These instruments together offered a set that provided estimates of good reliability and validity for self-stigma, public stigma perceptions, attitudes, and social desirability. Descriptive psychometric details for each scale were presented. The standardized tools have been quite widely in use, especially in mental health research; thus, were well suited for the objectives of the present study on exploring the relation of stigma variables to the utilization of counseling among counselors.

Self-Stigma of Seeking Help Scale

The *Self-Stigma of Seeking Help Scale* (see Appendix B) is a 10-item scale that measures whether participants believe obtaining mental health counseling will harm their self-esteem (Vogel et al., 2013). The scale is constructed from 10 items scored on a 5-point scale from 1 = *strongly disagree* to 5 = *strongly agree*. For example, "It would make me feel inferior to ask a therapist for help." This scale has been validated in the United States among college students with an internal consistency of .79 to .92 (Bathje & Pryor, 2011; Shepherd & Rickard, 2012; Vogel, Wade, et al., 2006; Vogel, Hackler, et al., 2007a), military personnel with a .89 internal consistency (Luxton et al., 2010), and community samples with an internal consistency of .87 to .91 (Hammer & Vogel, 2010; Wester et al., 2010). Vogel et al. (2013) assessed cross-cultural validity in six countries, including the United States. Within these community samples, the internal consistency measure was .84 in the African American population and .89 in the Hispanic

population. Vogel et al. (2006, 2007) found an internal consistency of .91 when using a 10-item scale.

The *Self-Stigma of Seeking Help Scale* has shown good construct validity, with questions adequately capturing the construct of self-stigma associated with seeking mental health services (Corrigan et al., 2012). This instrument has also shown convergent validity by showing substantial associations with related dimensions including self-esteem and perceived social stigma.

Stigma for Receiving Psychological Help

The *Stigma for Receiving Psychological Help* (SRPH) scale explores the perceived social stigma associated with obtaining professional psychological services (Komiya et al., 2000). A typical item from the scale is, "Seeing a psychologist for emotional or interpersonal problems carries a social stigma." The scale has five items used to examine people's impressions of how stigmatizing it is to seek psychological therapy. Item ratings range from 0 = *strongly disagree* to 3 = *strongly agree*. The higher the score on this scale, the greater the perceived social stigma of seeking professional counseling. Komiya et al. (2000) reported an internal consistency of .72 for this scale.

The SSRPH has good internal consistency, with Cronbach's alpha values that generally surpass 0.70. The scale has been shown to be reliable in investigations including young individuals (Bathje & Pryor, 2011; Vogel et al., 2005). The scale's reliability is also confirmed by good test-retest correlations (Pinto & Thomas, 2015). The SSRPH scale has been validated using factor analysis, demonstrating its unidimensionality. An exploratory factor analysis employing the maximum likelihood method resulted in a single-factor solution. Komiya et al. (2000) demonstrated the factor loadings, which ranged from .40 to .81 and accounted for 100% of the

variation. It corresponds significantly with other measures of perceived social stigma and attitudes toward mental health therapy, indicating convergent validity. The SSRPH is internally consistent among individuals and has a correlation with the Attitude Toward Seeking Professional Psychological Help Short (ATSPPH; $r = -.40$, $p < .0001$), indicating validity (Komiya et al., 2000).

Attitudes Toward Seeking Professional Psychological Help (ATSPPH)

This 10-item scale assesses attitudes about seeking professional help for mental health issues (E. H. Fischer & Farina, 1995). The items are scored using a 4-point Likert scale, ranging from 3 = *agreement* and 0 = *disagreement*. Items 2, 4, 8, 9, and 10 are reverse scored. The items are then summed up, with higher scores indicating more positive views toward seeking professional help (Picco et al., 2016). One example is, "A person with an emotional problem is not likely to solve it alone; they are likely to solve it with professional help." The original scale had 29 items; the correlation between the 10-item and 29-item scales is 0.87 (E. H. Fischer & Farina, 1995). Vogel, Wade, et al. (2006) found out that the one-month rest-retest score was.80, with an internal consistency of .84. The ATSPPH scale has good content and construct validity, as it was designed using significant research on help-seeking attitudes. Factor analysis reinforces its multidimensional structure by reflecting diverse facets of attitudes toward seeking help.

Personal Reaction Inventory

Because the study's measurements were primarily self-report, the researcher included a social desirability scale to eliminate the tendency for respondents to choose answers that they believe are more socially acceptable or desired. The Marlowe-Crowne Social Desirability Scale-Short Form was created to assess socially desirable responses (Crowne & Marlowe, 1960). Although the original scale included 33 elements, various shorter versions have been developed.

Reynolds (1982) created three small scales from the original 33-item scale. For this study, the researcher used the Personal Reaction Inventory (PRI), which is a 13-item measure. The brief version has great internal consistency and produces well-fitting models (D. G. Fischer & Fick, 1993). A typical question might be, "I'm always willing to admit when I make a mistake." The PRI is scored using the score of 1 = T and 2 = F. The following questions (5, 7, 9, 10, 13) were reverse scored with T = 2 and F = 1. A high score suggests a preference for a social desirability response. The PRI has strong construct validity, accurately measuring tendencies toward socially acceptable responses. Its validity is backed by strong relationships with other well-established measures of social desirability.

Statistical Analysis

Data analyses were conducted using the Statistical Package for the Social Sciences version 28. The specific analysis conducted on the data included descriptive statistics and correlation analyses between self-stigma and intentions to seek counseling services and public stigma and intentions to seek counseling services. The results of the two correlation analyses revealed no statistically significant difference between self-stigma or public stigma and the intentions to seek counseling services. Therefore, the researcher did not conduct a regression analysis to determine whether self-stigma mediates public stigma and the intentions to seek counseling services.

The null hypothesis for RQ1 and RQ2 were tested with the *t* distribution at the .05 level of significance. The null hypothesis for RQ3 was not tested because the first two analyses did not yield a statistically significant value.

CHAPTER IV

RESULTS

The Qualtrics survey returned 125 responses. However, the researcher was unable to use 26 responses due to incomplete data survey replies (see Table 1). Therefore, the total number of participants was 99. The study included 99 licensed professional counselors in the state of Texas. Of these participants, 89 identified as female, nine identified as male, and one did not select gender identification. In terms of age, 22 participants were aged 21–30 years, 35 participants were aged 31–40 years, 23 participants were aged 41–49, and 19 participants were aged 50 or more years. Three participants identified as Black/African American, 72 participants identified as Hispanic, one participant identified as multiple ethnicities, 20 participants identified as White, and two participants identified as another ethnicity.

In terms of employment, 81 participants reported working full-time, which was 32 or more hours per week; 16 participants reported working part-time or less than 32 hours per week, one participant reported they were seeking employment, and one participant reported not seeking employment. Regarding household income, five participants earned less than $25,000, two participants reported earning between $25,001 and $49,999, 52 participants reported household incomes of between $50,000 and $99,999, 34 participants reported an income between $100,000 and $199,999 and six participants reported earning over $200,000.

Regarding license designation, 36 participants identified as Licensed Professional Counselor-Associates, 42 as Licensed Professional Counselors, 20 as Licensed Professional Counselor-Supervisors, and one did not select a designation. Sixty-four counselors reported they

had been a counselor for 0–5 years, 19 participants reported being a counselor for 6–10 years, 13 counselors reported being a counselor for 11–20 years, two participants reported being a counselor for 21–30 years, and one counselor reported being a counselor for more than 30 years. Seven participants reported they worked in a college or university, four had a government job, five counselors worked in a mental health clinic, 25 counselors worked in a non-profit organization, 36 participants worked in private practice, and 22 counselors reported “other” as their work setting.

Table 1: Demographics

Variables	Category	Distribution
Age	21–30	22
	31–40	35
	41–49	23
	50 +	19
Gender	Female	89
	Male	9
	Other	1
Ethnicity	Asian	0
	Black	3
	Hispanic	72
	Multiple	1
	Native American	0
	White Caucasian	20
	Other	2
Employment Status	Full-time	81
	Part-time	16
	Seeking Employment	1
	Not seeking Employment	1
Yearly Income	> $25,000	5
	$25,001–$49,999	2
	$50,000–$99,999	52
	$100,000–$199,99	34
	<$200,000	5
	Did not reply	1
License Designation	LPC-Associate	36
	LPC	42
	LPC-Supervisor	8
	Did not reply	1
Years as an LPC	0–5 years	64
	6–10 years	19
	11–20 years	13
	21–30 years	2
	30+ years	1
Work Setting	College/University	7
	Government	4
	Mental Health Clinic	5
	Non-profit Organization	25
	Private Practice	36
	Other	22

Note. $N = 99$.

Null Hypotheses

$H_{1\text{-}0}$: There is no relationship between self-stigma and intentions toward seeking counseling services among Texas Professional Counselors.

Decision: The data failed to reject the null hypothesis (r = -.09, t = .89, df = 97, p > .05; see Table 2).

$H_{2\text{-}0}$: There is no relationship between public stigma and intentions toward seeking counseling services among Texas Licensed Professional Counselors.

Decision: The data failed to reject the null hypothesis (r = -.12, t = .13, df = 97, p > .05; see Table 2).

$H_{3\text{-}0}$: Self-stigma is not a mediating variable between public stigma and intentions toward seeking counseling services among Texas Professional Counselors.

Decision: The data did not support the rejection of the null hypothesis regarding the relationship between public stigma and intentions to seek counseling services (r = -.12, t = .13, df = 97, p > .05).

Conclusion: There is no relationship between public stigma and intentions toward seeking counseling services among Texas Licensed Professional Counselors. Therefore, the analysis for the third hypothesis was not conducted.

To test the first two null hypotheses, the researcher conducted correlation analysis. For the first hypothesis, the data did not support the rejection of the null hypothesis. There was no relationship between self-stigma and intentions to seek counseling services among Texas Licensed Professional Counselors. For the second hypothesis, there was no relationship between public stigma and intentions toward seeking counseling services among Texas Licensed Professional Counselors. Therefore, the data did not support the rejection of the null hypothesis.

Because there was no relationship between public stigma and intentions to seek counseling services, the third hypothesis did not have supportive data to conduct the analysis (see Table 2).

Table 2: Intercorrelation Matrix Table for Attitudes Towards Seeking Psychological Help, Personal Reaction Inventory, Self-Stigma of Seeking Help, and Stigma for Receiving Psychological Help

Variables	Attitudes Towards Seeking Psych Help	Personal Reaction Inventory	Self-Stigma of Seeking Help	Stigma for Receiving Psych Help
Attitudes Towards Seeking Psych Help	1.00			
Personal Reaction Inventory	-.05	1.00		
Self-Stigma of Seeking Help	-.10	-.27**	1.00	
Stigma for Receiving Psych Help	-.05	-.22*	.27*	1.00

Note. *$p < .05$; **$p < .01$.

The results of the Pearson product correlation partially supported the research hypotheses. Regarding RQ1, there was no statistically significant correlation between self-stigma and intentions towards seeking counseling services ($r = -.10$, $p > .05$). Similarly, for RQ2, there was no significant correlation found between public stigma and intentions towards seeking counseling services ($r = -.05$, $p > .05$). Therefore, the null hypotheses for RQ1 and RQ2 failed to be rejected based on the data.

Some notable correlations were, however, found between other measures. A significant negative correlation existed between the Personal Reaction Inventory scores and Self-Stigma of Seeking Help scores ($r = -.73$, $p < .05$), indicating higher personal reaction was associated with lower self-stigma. A negative correlation was also found between Total Personal Reaction Inventory scores and Stigma of Receiving Psychological Help scores ($r = -.73$), though it did not

meet statistical significance thresholds. A significant positive relationship was observed between Self-Stigma of Receiving Psychological Help scores and Self-Stigma of Seeking Psychological Help scores ($r = .73$, $p < .05$), suggesting individuals with higher self-stigma in one domain also experienced higher self-stigma in the other.

Personal Reaction Inventory

To measure the social desirability of this sample, the researcher used the Personal Reaction Inventory. Descriptive statistics were used to analyze these data. Reynolds (1982) wrote that higher scores on this scale were correlated with higher social desirability in participants. However, Reynolds did not specify a specific score to denote a high or low score. The scores for this sample were ($M = 20.56$, $SD = 3.02$). The lowest total score in this study was 13, and the highest score was 26. The mode score for this data set was 22. Most of the scores tended to be on the higher end (see Table 3).

Table 3: Personal Reaction Inventory

Score	Number
13	2
14	2
15	3
16	3
17	8
18	6
19	12
20	7
21	6
22	20
23	16
24	7
25	6
26	1

Note. $N = 99$.

CHAPTER V

DISCUSSION

The purpose of this exploratory study was to investigate the role stigma plays in preventing Licensed Professional Counselors in Texas from seeking counseling services when needed. The focus of this study was on the mental health seeking behaviors of our front-line helping professionals. The researchers' hypothesis was that self-stigma or public stigma would prevent Texas Licensed Professional Counselors from seeking mental health services. This hypothesis was developed after a thorough review of the literature, which indicated many factors such as culture, ethnicity, age, public stigma, self-stigma, and gender prevented individuals from seeking help (Brown et al., 2010; Chang, 2008, 2014; Mackenzie et al., 2006). Of the multiple variables in the literature that prevent help seeking behaviors, the researcher elected to investigate whether public stigma and/or self-stigma were significant on Texas Licensed Professional Counselors and their attitudes toward seeking mental health help. The results of the present study are contrary to the previous body of research. In earlier literature, public stigma and self-stigma was found to have an impact on seeking mental health services (Alverson et al., 1995; Link, 1987). The findings of the present study are not consistent with the findings of Kushner and Sher (1989) who reported that the fear of being perceived as "crazy" prevented individuals from seeking mental health services. Therefore, having mental illness causes stigma, which prevents individuals from seeking mental health services.

This study relied on attribution theory as the theoretical basis of the research. Attribution theory is simply the process by which people make judgments of themselves or others. According to Brown et al. (2010), stigma and discriminatory behaviors can be explained using attribution theory. Weiner (1986) reported that negative events are often the source of self-inquiries to investigate where stigma initiates. Heider (1958) also found that in a social context, people tend to look to others' behaviors and activities in forming opinions, which then lead to stigmatizing labels. Mental health illness is considered by many in society to be a negative trait in those with mental illness. Therefore, the stigmatizing beliefs to seeking mental health services align with attribution theory.

Aruta et al. (2023) wrote about the importance of counselors in the lives of their clients and the paucity of the literature on mental health seeking behaviors. However, counselors also face unique challenges regarding their mental health, which may result in the need for them to seek counseling services (Roxas et al., 2019; Thompson et al., 2014). Additionally, the COVID-19 pandemic has exacerbated the mental health demand worldwide mental, with individuals needing mental health help also being counselors themselves (Ghebreyesus, 2022; McCarthy, 2008). Many job-related factors may aggregate for the counselor, which may increase their personal need to seek mental health services. Some of these factors may include demanding caseloads, high caseload numbers, compassion fatigue, and burnout (Adams et al., 2006; Dreison et al., 2018; Gregory & Menser, 2015; Puig et al., 2014). Ultimately, the counselors' unmet mental health needs may result in missing days at work, low job satisfaction, and low levels of well-being. These negative experiences may lead counselors not to perform their job to the best of their abilities. Also, of significance in this scenario, are the clients who ultimately suffer the effects of a practitioner who is unwell.

Corrigan and Shapiro (2010) found that individuals with mental health symptoms were more likely to self-identify as socially unacceptable. Link et al. (2001) reported that people with lower self-esteem also experience self-stigma. Manos et al. (2009) found that lower self-esteem was reported by individuals with increased depression. An implication of this study is that Texas Licensed Professional Counselors do not incorporate those beliefs and will seek help when needed. Considering reports in numerous articles that mental health seeking services are decreasing, it is refreshing to learn via this study that neither self-stigma nor public stigma plays a substantial role Texas Licensed Professional Counselors mental health seeking behavior.

The present study confirms the work of Papadopoulos et al. (2013), who reported that a lack of knowledge surrounding mental health was a strong predictor of stigmatizing attitudes toward those with mental illness. This study helps highlight that this sample population of Texas Licensed Professional Counselors may be more familiarized and well-educated in the nuances of mental health illness and neither self-stigma nor public stigma prevents them from seeking mental health services when needed.

Brown et al. (2010) investigated public stigma and internalized stigma (self-stigma) with intentions to seek counseling services, attitude towards treatment, and current treatment. They found that internalized stigma mediated the relationship between public stigma and intentions to seek counseling services. Brown et al. also found that those who were in treatment had higher levels of both public and self-stigma. Also, of note in this study were the findings of Brown et al. on gender and ethnicity. They hypothesized that African Americans would have lower counseling attendance rates. Research by Bradbury (2020) indicated that men would also have lower help-seeking behaviors. The findings by Bradbury and Brown et al. have significance to the present study because the participants who responded to the survey only included three

males. This data was insufficient to detect whether gender made a difference in seeking counseling services. However, because the participants in this study comprised 72% female Hispanics, this may help explain the survey data results, which indicated that public stigma or self-stigma had no impact on seeking mental health services among Texas Licensed Professional Counselors. In contrast to the present study, Bradbury found that ethnic minorities were less likely to seek mental health help. Yet, the present sample for this study was approximately two thirds Hispanic women who reported that self-stigma or public stigma did not impact seeking of mental health services.

The finding that there is no relationship between stigma and the intention to seek counseling is inconsistent with the findings by Brown et al. (2010). Brown et al. found that self-stigma mediates the relationship between public stigma and intentions to seek counseling services in a sample of licensed professional counselors practicing in Texas. Whereas Brown et al. found those in treatment had higher levels of public and self-stigma, in the present study stigma was not found to impact help-seeking intentions. Additionally, when compared to Brown et al., data from the present sample could not be used in the analysis related to gender differences due fewer male participants. Finally, the findings from the present study did not support the results of Corrigan et al. (2011) because the ethnic minority licensed professional counselors practicing in Texas did not indicate that their utilization of services was affected by stigma. Whereas Corrigan et al. found that stigma seemed to prevent minority ethnic people from seeking help, the majority Hispanic and female sample of the present study denied the existence of stigma. In addition, although Corrigan et al. reported that stigma was a barrier in the process of help-seeking for ethnic minorities, this factor was not a barrier for the licensed professional counselors in the present sample.

The current study's results do not support the findings from the study by Watts et al. (2021). Watts et al. found that nearly half of all psychiatry residents were attending treatment; in contrast, the researcher in the current study only found that a quarter of Licensed Professional Counselors in Texas had reported intentions to seek counseling. Whereas Leichsenring et al. (2022) further determined that counseling was neutral at best, the findings from the present study revealed that self-stigma and public stigma were the two primary issues that dissuaded counselors from obtaining treatment. In addition, Leichsenring et al. believed both personal and work areas were favorably influenced by treatment, but in the present study, the counselor utilization of necessary mental health treatment was found to be best addressed if it was a primary shift in stigma levels.

Current study findings reiterate those of Meier (2021) where Licensed Professional Counseling in Texas, and clinical and counseling trainees of psychology, are not deterred from seeking mental health services by self-stigmatization or public stigmatization. Dissimilar to previous research by Meier, the current study involved Licensed Professional Counselors as opposed to general psychology trainees. The current study also focused on how self-stigma and public stigma work in specific mechanisms, not solely on recorded rates of counseling utilization.

Consistent with Coombs et al. (2021), the results of the current study revealed no significant relationship between self-stigma and public stigma as predictors of intentions to seek counseling in licensed professional counselors in Texas. Unlike Coombs et al., the current study was conducted using a sample of licensed counselors and not the more general population of students studying clinical psychology. Finally, this study measured mediation, not the explanation for seeking counseling in the past. The results of this study suggested that self-

stigma was not significantly associated with help-seeking intentions among the current sample. These results disagreed with previous literature that suggested stigma is negatively correlated with attitudes and behaviors towards counseling services (Conner et al., 2010; Link et al., 2001). The dissimilar results are important to consider as the current study included a markedly different sample of licensed counselors, which would not be fully representative of previous research.

Recommended Future Research

The present study poses an excellent prospect for future research as it is paramount to take the pulse of our Licensed Professional Counselors in Texas. Some recommendations for future areas of research into the mental health and well-being of Licensed Professional Counselors in Texas are provided in this section. According to Vogel et al. (2013), it is recommended that samples be diverse to know whether true differences exist amongst the samples or whether the measures seen in diversity sampling are only measures due to errors in measurement. A more robust male participation would allow this data analysis. Second, future researchers should recruit more participants of non-Hispanic ethnicity. This recommendation would allow the researchers to have a more culturally diverse study. Lastly, investigators may expand this research to include other areas such as how many counselors are attending counseling, the motivations for attending sessions, and what are some barriers to attending counseling sessions.

After completing the Pearson's product Moment correlation coefficient, some correlation coefficients had significance levels of ($p < .05$) and ($p < .001$). Pearson's product correlation coefficients were among these variables: Personal Reaction Inventory and Self-stigma of Seeking Psychological Help ($r = -.27$, $p < .001$), Personal Reaction Inventory and Stigma for

Receiving Psychological Help (r = -.22, p < .05), and Self-stigma of Seeking Psychological Help and Stigma for Receiving Psychological Help (r = .27, p < .001). These variables were not central to the research/working/ alternate or null hypotheses for the present study. However, these results could suggest a potential direction for future research to address these variables.

Limitations

The first limitation of this study is that the sample consisted of 96 women and only three men. It is challenging to know whether the results of the study would be different with more males participating in the study. Bradbury (2020) found that gender impacts seeking mental health services in males, making them less likely to seek mental health services. A second limitation was the ethnographic composition of this sample. Of the 99 participants who completed the survey, 72 were Hispanic female participants. This demographic is not representative of the Texas Licensed Professional Counselors in Texas. The present study included 72% Hispanic females. Without a more heterogeneous sample, the present results are not generalizable to other ethnicities. A third limitation to the study was how the survey was disseminated. It was sent out by electronic means, such as email, social media websites associated with licensed professional counselors, and word of mouth. However, those without access or knowledge of this study did not have equal access to participation. A fourth limitation may be the participants who completed the survey from the company where the researcher disseminated it may not have known the survey was completely anonymous and confidential. Therefore, their replies may have impacted overall results. A fifth limitation of the study was the measures being self-reported, and one possible threat to the study was social desirability.

Another limitation is that although Hispanics, comprising 72% of the sample, represent a significant portion of Texas' demographics, the underrepresentation of other ethnicities prevents

us from generalizing the findings to the entire Texan population Although Hispanics are a plurality in Texas, a more heterogeneous sample incorporating multiple ethnic/racial backgrounds to a greater extent could have provided more nuanced insights. Additionally, regarding the sampling method, dissemination was solely done through electronic means, which may have systematically excluded those without access or knowledge of related social media/professional networks. A broader recruitment strategy incorporating multiple contact modalities could have potentially enrolled a more representative sample. Moreover, the findings from this study, although helpful, have limited generalizability to the counselor population at large as it was conducted in the state of Texas. The other limitation of the study is that the sample size of 99 participants was smaller than what the a priori power analysis recommended. A larger sample size would have increased the power to detect differences or relationships, if present, and help address this limitation.

Conclusion

The purpose of this exploratory study was to investigate the role stigma plays in preventing Licensed Professional Counselors in Texas from seeking counseling services when needed. The researcher aimed to contribute to establishing a framework for understanding help-seeking behaviors and attitudes among licensed professional counselors in Texas. The research data yielded results that neither self-stigma nor public stigma impacted their intentions to seek counseling services. Previous literature tends to focus on society rather than on those professionals who serve the mental health needs of others. Additionally, the limited literature on healthcare professionals is mostly concentrated on medical care personnel such as doctors, nurses, psychiatrists, or psychologists and not on counselors.

The findings that self-stigma and public stigma do not negatively influence help-seeking intentions among Texas Licensed Professional Counselors align with ethical mandates for the counseling profession. The ACA Code of Ethics requires counselors to engage in self-care behaviors on a regular basis to maintain well-being in emotional, physical, mental, and spiritual domains. Similarly, the Texas Code of Ethics specifies that licensees should not provide counseling services while impaired by any physical, mental, medical, or substance-related conditions. Thus, the results indicate that Texas licensed professional counselors consistently prioritize their mental health needs with ethical obligations. By seeking counseling when needed without deterrence from stigma, counselors demonstrate a commitment to sound clinical practice and fulfillment of responsibilities as mandated by the professional codes of conduct. Overall, the study findings reaffirm Texas Licensed Professional Counselors' dedication to maintaining occupational competency and upholding the highest ethical standards for the counseling profession.

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APPENDICES

APPENDIX A

APPENDIX A

INFORMED CONSENT LETTER

Licensed Professional Counselors in Texas:

The Role of Stigma in Seeking Counseling Services

Informed Consent

You are invited to participate in a research study.

The goal of this research study is to investigate how stigma plays a role in intentions to seek counseling services among Texas Licensed Professional Counselors.

This study is being conducted by Raquel Pace Vasquez, M.Ed., LPC-S as part of my dissertation in partial fulfillment of the requirements for the degree of Doctorate in Philosophy through the School of Rehabilitation Services & Counseling and the Graduate School of the University of Texas, Rio Grande Valley My dissertation chair is Dr. Bruce Reed.

Eligibility criteria for participation: (1) you must be 18 years or older; (2) you must be a Licensed Professional Counselor in the state of Texas.

Participation in this study is voluntary. If you agree to participate in this study, you will be asked to complete a survey questionnaire. The survey includes questions about demographic information, reactions about what seeking mental health help means to you, how much does seeking mental health help threaten self-esteem, perceptions of the public stigma associated with seeking counseling services, attitudes toward seeking psychological help, the need for social approval. The survey should take approximately 9 minutes.

Participating in this study will help us learn if self-stigma or public stigma have a role on intentions to seek counseling services among Texas Licensed Professional Counselors. You may skip any questions you don't want to answer, and you may end the survey at any time.

The information you will share with us if you participate in this study will be kept completely confidential to the full extent of the law. We will not be collecting your name as an added caveat to protect your identity.

Your information will be confidential and anonymous.

Please note: If you have any questions about this study, please contact Raquel Pace Vasquez raquel.pace01@utrgv.edu, (956-639-0033), and Bruce Reed, Ph.D., bruce.reed@utrgv.edu

If you have questions about your rights as a research participant, please contact, University of Texas Rio Grande Valley, Institutional Review Board (www.utrgv.edu/irb).

Click yes if you agree for us to use your information.

Click no if you do not agree to us using your information.

APPENDIX B

APPENDIX B

DEMOGRAPHIC QUESTIONNAIRE

1. What is your age?
A. 21- 30 B. 31-40 C. 41-49 D. 50 or older

2. What is your gender?
A. Female B. Male C. Other

3. What is your ethnicity?
A. American Indian or Alaskan Native
B. Asian/ Pacific Islander
C. Black or African American
D. Hispanic/ Latino/a
E. White Caucasian
F. Multiple Ethnicity
G. Other/Unknown

4. What is your employment status?
A. Employed Full-Time (32 hours or more)
B. Employed Part-Time (less than 32 hours)
C. Seeking Employment
D. Not Seeking Employment

5. What is your household annual income?
A. Less than $25,000
B. $25,000 - $49,999
C. $50,000 - $99,999
D. $100,000 - $199,999
E. More than $200,000
F. Prefer not to say

6. What is your license designation in the state of Texas?
A. Licensed Professional Counselor-Associate
B. Licensed Professional Counselor
C. Licensed Professional Counselor- Supervisor

7. How long have you been an LPC?
0-5 years
6-10 years
11-20 years
21-30 years
30 plus years

8. Workplace setting
   A. College/University
   B. Government (e.g., Veterans Administration)
   C. Mental Health Clinic
   D. Non-profit Organization
   E. Private Practice
   F. Other

APPENDIX C

APPENDIX C

ATTITUDES TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP

Instructions: Please use the 4-point scale to rate the degree to which each item describes how you might react in this situation.

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

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

APPENDIX D

APPENDIX D

STIGMA SCALE FOR RECEIVING PSYCHOLOGICAL HELP

Please use the 4-point scale to rate the degree to which each item describes how you might react in this situation.

0 = Strongly disagree, 1 = Disagree, 2 = Agree, 3 = Strongly Agree

1. Seeing a psychologist for emotional or interpersonal problems carries social stigma.
2. It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems.
3. People will see a person in a less favorable way if they come to know that he/she has seen a psychologist.
4. It is advisable for a person to hide from people that he/she has seen a psychologist.
5. People tend to like less those who are receiving professional psychological help.

*****Higher scores indicate greater perception of stigma associated with receiving psychological treatment.

APPENDIX E

APPENDIX E

SELF-STIGMA OF SEEKING HELP SCALE

INSTRUCTIONS: People at times find that they face problems that they consider seeking help for. This can bring up reactions about what seeking help would mean.

Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation.

1 = Strongly Disagree 2 = Disagree 3 = Agree & Disagree Equally 4 = Agree 5 = Strongly Agree

1. I would feel inadequate if I went to a therapist for psychological help.

2. My self-confidence would NOT be threatened if I sought professional help.

3. Seeking psychological help would make me feel less intelligent.

4. My self-esteem would increase if I talked to a therapist.

5. My view of myself would not change just because I made the choice to see a therapist.

6. It would make me feel inferior to ask a therapist for help.

7. I would feel okay about myself if I made the choice to seek professional help.

8. If I went to a therapist, I would be less satisfied with myself.

9. My self-confidence would remain the same if I sought professional help for a problem I could not solve.

10. I would feel worse about myself if I could not solve my own problems.

Note. Items 2, 4, 5, 7, and 9 are reverse scored.

APPENDIX F

APPENDIX F

PERSONAL REACTION INVENTORY

13-Item Short Form. Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you.

1. It is sometimes hard for me to go on with my work if I am not encouraged. True False

2. I sometimes feel resentful when I don't get my own way. True False

3. On a few occasions, I have given up doing something because I thought too little of my ability. True False

4. There have been times when I felt like rebelling against people in authority even though I knew they were right. True False

5. No matter who I'm talking to, I'm always a good listener. True False

6. There have been occasions when I took advantage of someone. True False

7. I'm always willing to admit it when I make a mistake. True False

8. I sometimes try to get even, rather than forgive and forget. True False

9. I am always courteous, even to people who are disagreeable. True False

10. I have never been irked when people expressed ideas very different from my own. True False

11. There have been times when I was quite jealous of the good fortune of others. True False

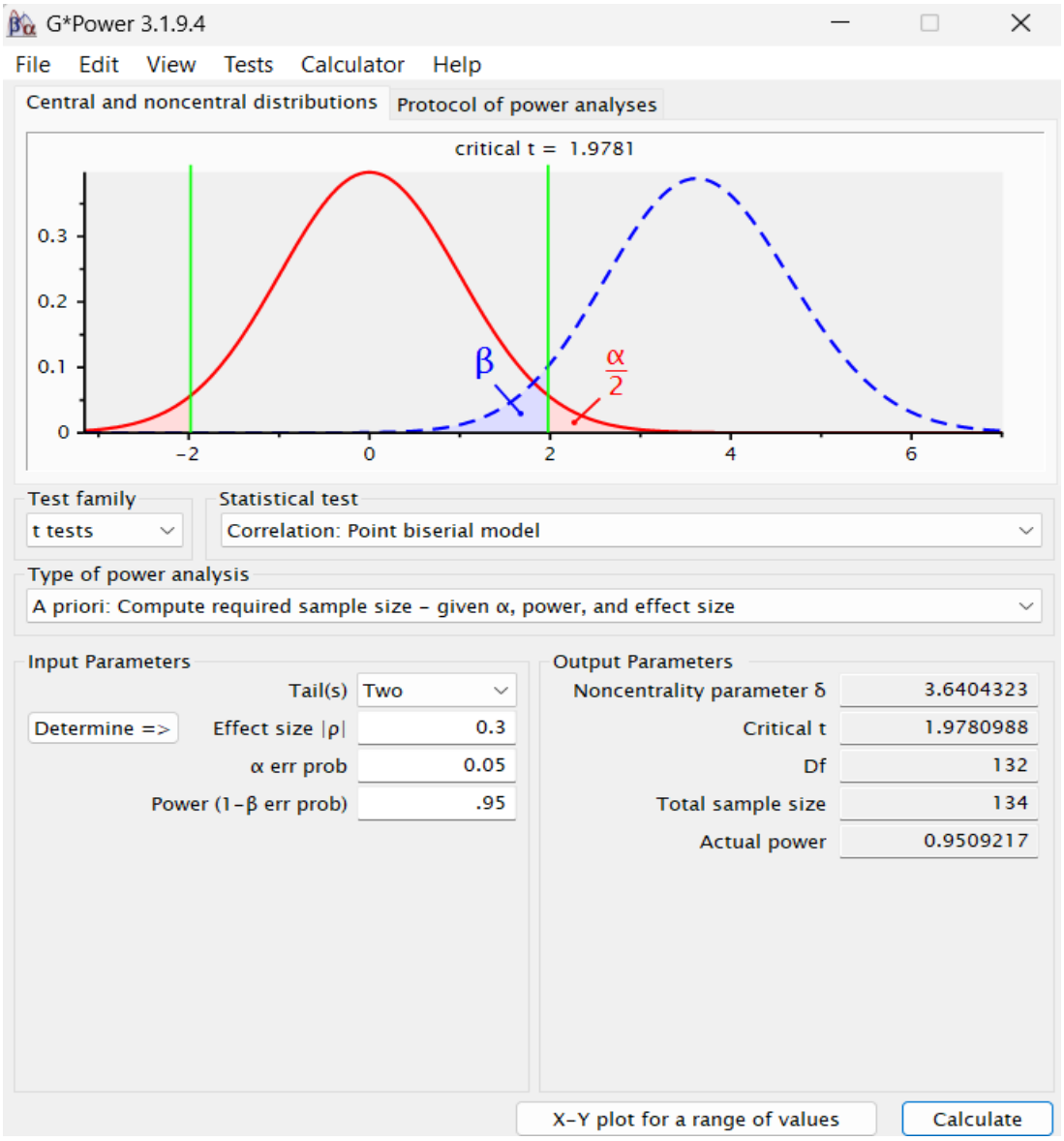
12. I am sometimes irritated by people who ask favours of me. True False

13. I have never deliberately said something that hurt someone's feelings. True False

APPENDIX G

APPENDIX G

G*POWER ANALYSIS



VITA

Raquel C. Vasquez received her bachelor's degree in psychology from the University of Texas at Brownsville in 2006. She continued her education at the same institution, earning a Master of Education in Guidance and Counseling in 2010. In 2024, Raquel completed her Doctor of Philosophy in Rehabilitation Counseling at the University of Texas Rio Grande Valley.

Raquel became a Licensed Professional Counselor (LPC) in 2015 and achieved her Licensed Professional Counselor Supervisor (LPC-S) designation in 2022. She has been dedicated to working with unaccompanied children's shelters since 2012 and currently serves as the Regional Clinical Director for one of these programs. Alongside her role in the shelters, Raquel maintains a private practice where she continues to work with clients.

Her research interests focus on the Licensed Professional Counselor population, aiming to contribute valuable insights and advancements to the field. She may be reached at keispacemp@yahoo.com.mx.