Couples Help Seeking: Theory of Planned Behavior and Prototype Willingness Model

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An extant body of literature exists on what factors predict help seeking for specific problems in individuals. However, little research has focused on couples seeking help and none known of college couples seeking help. The purpose of this study was to explore factors contributing to college couples’ intentions and willingness to seek couples therapy at their university using the Theory of Planned Behavior and the Prototype Willingness Model through two competing models. To achieve this purpose, undergraduate and graduate college students were surveyed and data were analyzed using structural equation modeling. In the hypothesized mediation model, attitudes towards couples’ therapy fully mediated the relationship between past therapy experience and intention to seek couples therapy. In both the hypothesized and alternative model, there was a positive link between subjective norms regarding seeking couples therapy and intentions to seek couples therapy, and a negative relationship between perceived control over seeking couples therapy and intentions to seek couples therapy. Model comparison analyses suggested the hypothesized mediation model fit the data better. Implications, limitations, and directions for future research were discussed.
Table of Contents

Couples Help Seeking: Theory of Planned Behavior and Prototype Willingness Model ........ 6
Attitudes .......................................................................................................................... 9
Subjective norm ............................................................................................................ 10
Perceived behavioral control (PBC) ............................................................................ 10
Behavioral Intention and Willingness .......................................................................... 11
Prototype ..................................................................................................................... 12
Previous help-seeking behavior ................................................................................... 13
Present Study ............................................................................................................... 14
   Figure 1 ................................................................................................................... 15
   Figure 2 ................................................................................................................... 16

Pilot Study 1 ................................................................................................................ 17
Method ......................................................................................................................... 17
   Participants ............................................................................................................. 17
   Instrument ............................................................................................................. 17
   Procedures ............................................................................................................. 18
Results .......................................................................................................................... 18

Pilot Study 2 ................................................................................................................ 19
Method ......................................................................................................................... 19
   Participants ............................................................................................................. 19
   Instruments ............................................................................................................ 20
   Procedures ............................................................................................................. 26
Results .......................................................................................................................... 27
   Existing Modified Instruments .............................................................................. 27
   Created Instruments ............................................................................................ 28
   Correlation Between Measures ............................................................................ 31

Main Study .................................................................................................................. 31
Method ......................................................................................................................... 32
   Participants ............................................................................................................. 32
   Table 5 ..................................................................................................................... 34
Results .......................................................................................................................... 37
   Preliminary Analyses ........................................................................................... 37
   Table 7: .................................................................................................................... 39
   Model Testing ........................................................................................................ 40
   Table 8 ..................................................................................................................... 41
   Table 9 ..................................................................................................................... 44
   Table 10 ................................................................................................................... 45
   Table 11 ................................................................................................................... 46
   Table 12 ................................................................................................................... 47
   Figure 3. Hypothesized Model with Parameter Estimates ....................................... 48
   Figure 4. Alternate Model with Parameter Estimates ............................................... 49
   Table 13 ..................................................................................................................... 51
<table>
<thead>
<tr>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion</td>
<td>52</td>
</tr>
<tr>
<td>Summary of Major Findings</td>
<td>53</td>
</tr>
<tr>
<td>Strengths and Limitations</td>
<td>57</td>
</tr>
<tr>
<td>Theoretical Implications</td>
<td>59</td>
</tr>
<tr>
<td>Research Implications</td>
<td>60</td>
</tr>
<tr>
<td>Practice Implications</td>
<td>61</td>
</tr>
<tr>
<td>Summary and Conclusions</td>
<td>62</td>
</tr>
<tr>
<td>References</td>
<td>63</td>
</tr>
<tr>
<td>Appendix A: Recruitment Letter</td>
<td>76</td>
</tr>
<tr>
<td>Appendix B: Informed Consent</td>
<td>77</td>
</tr>
<tr>
<td>Appendix C: Inventory of Attitudes Toward Seeking Mental Health Services</td>
<td>79</td>
</tr>
<tr>
<td>Appendix D: Beliefs About Psychological Services (BAPS)</td>
<td>81</td>
</tr>
<tr>
<td>Appendix E: Theory of Planned Behavior Determinants</td>
<td>82</td>
</tr>
<tr>
<td>Appendix F: Past Behavior</td>
<td>85</td>
</tr>
<tr>
<td>Appendix G: Prototype</td>
<td>86</td>
</tr>
<tr>
<td>Appendix H: Demographics</td>
<td>88</td>
</tr>
<tr>
<td>Appendix I: Extended Literature Review</td>
<td>89</td>
</tr>
<tr>
<td>References</td>
<td>108</td>
</tr>
</tbody>
</table>
Couples Help Seeking: Theory of Planned Behavior and Prototype Willingness Model

An extant body of literature exists on what factors predict psychological help-seeking (e.g., Ballon, Kirst, & Smith, 2004; Constantine & Gainor, 2004; Dearing, Maddux, & Tangney, 2005; Spengler & Ægisdóttir, 2015) among individuals. Yet, not much research exists on couples seeking psychological help (e.g., Englar-Carlson & Shepard, 2005; Eubanks Fleming & Cordova, 2012; Doss, Simpson & Christensen, 2004; Williamson, Trail, Bradbury, & Karney, 2014), and no research was located focusing on college couples psychological help seeking. In this study, factors influencing psychological help seeking intentions and willingness among college couples will be examined relying on constructs from the Theory of Planned Behavior (TPB) and the Prototype Willingness Model (TPB).

It can be argued that college student couples might benefit from seeking therapy services to resolve conflicts in their relationship. Reese-Weber, Kahn, and Nemecek (2015) found that the most salient conflicts among college student couples involve money, trust (e.g., aspects of jealousy), and sex (e.g., who initiates). Reese-Weber et al. furthermore suggested trust and jealousy were more likely to be present in relationships in which partners are not formally committed, so attending to jealousy in therapy seems more important during college where couple are less likely to be formally committed/married. Since about 28% of married college graduates attend the same college, it might benefit college couples (dating, married, cohabitated, and engaged) to seek couples therapy while in college when such services are either free of charge or at a low cost. Couples therapy could therefore either strengthen the relationship or accelerate potential relationship dissolution (Macskassy & Adamic, 2013).

Many college students become comfortable in their romantic involvement and inadvertently slide into relationship transitions such as cohabitation, sometimes as a way for
them to ensure they are compatible (Bumpass, Sweet, & Cherlin, 1991). Research, however, suggests premarital cohabitation sometimes has the opposite effect, as extensive research suggests premarital cohabitation among U.S. couples is associated with poorer communication quality, lower marital satisfaction, and divorce when people tend to cohabitate with multiple partners overtime (e.g., Cohan & Kleinbaum, 2002; Copen, Daniels, & Mosher, 2013; Kamp Dush, Cohan, & Amato, 2003; Kline et al., 2004; Stafford, Kline, & Rankin, 2004). Furthermore, the selection hypothesis proposed by Hall and Zhao (1995) and subsequent research on U.S. individuals suggest those who cohabit before marriage have more positive attitudes toward divorce than those who do not, which increases likelihood of marital instability (Smock, 2000).

To prevent couples from sliding into relationship transitions such as cohabitation without deliberating the motivation, advantages, and disadvantages for doing so, couples could benefit from engaging in therapy while in college. Although research is lacking on couples’ therapy amongst college couples, premarital therapy has helped couples prepare for marriage. Premarital therapy has been especially helpful for those at risk for divorce (e.g., less educated, less religious) by helping couples reconsidering their relationship and thus avoiding later relationship dissolution (Carlson, Daire, Munyon, & Young, 2012; Fowers, Montel, & Olson, 1996; Nock, Sanchez, & Wright, 2008). In their examination of the outcome of premarital therapy Meadows and Taplin (1970) reported that at a one-month follow-up, three of six couples were no longer engaged, two of which considered their dissolution a positive transition due to the therapy experience. Additionally, couples that engaged in premarital therapy and stayed together were at lower risk for future marital discord, had higher levels of marital satisfaction, lower levels of destructive conflict, and higher levels of commitment compared to those who had not (Carlson et
al., 2012; Meadows & Taplin, 1970; Sullivan & Anderson, 2002). This demonstrates, “a need to provide therapy for…college couples” (Meadows & Taplin, 1970, p. 518).

There seems to be multiple barriers for couples to engage in therapy during college. As research suggests stigma acts as a barrier to seeking individual therapy (Vogel, Wade, & Hackler, 2007), stigma may also prevent couples from seeking therapy, although research in this area is almost nonexistent (Pappernheim, 2014). It has been reported that college students tend to believe that couples therapy is only for married couples (Dotson-Blake, Holman, & Knox, 2008). Furthermore, seeking couples therapy in a University Counseling Center may seem odd to students as the norm tends to align more with seeking individual therapy. According to The National Survey of College Counseling Centers (2014) 11% of college students sought individual or group therapy in the year 2014, whereas no data was collected or reported on the utilization of couples’ therapy, suggesting a very low rate. Examining partnered college students’ attitudes towards seeking couples therapy is one way to gain a better understanding of why couples therapy in college is underutilized (Gibbons & Shurts, 2010).

To gain a better understanding of what factors affect college couples’ intention or willingness to seek couples therapy while in college, decision-making models may be helpful as they have been used to identify what factors are predictive of individuals taking action. The Theory of Planned Behavior (TPB) stipulates what factors predict persons’ intention to engage in behavior under their self-control (Ajzen, 1985). Specifically, the TPB suggests attitudes towards a certain behavior, subjective norms regarding the behavior, and perceived control of the behavior (PBC) combine to directly or indirectly predict intention to perform the behavior (Ajzen, 1985; Ajzen & Madden, 1986). Another decision-making model, the Prototype Willingness Model (PWM), extends TPB as it compares how deliberative systemic reasoning
contrasts with heuristics and affect in predicting engagement in a specific behavior (Gerrard, Gibbons, Houlihan, Stock, & Pomery, 2008). The PWM is a dual-process model where one process is based on heuristics and affect and the other on deliberate and systematic reasoning (Gerrard et al., 2008). The reasoned path in this dual-process model is the TPB without the PBC variable, where subjective norms and attitudes predict behavioral willingness, which then predicts behavior. The social reaction path, includes past behavior, which impacts attitudes, subjective norms, and the prototype of a person who engages in that specific behavior, which all predict behavioral willingness, which in turn predicts behaviors (Gerrard et al., 2008). Therefore, the PWM adds two constructs to the TPB: past behavior and prototype. It is anticipated that combining these two models (TPB and PWM) will lead to an increased understanding of factors predicting college couples’ intention/willingness to seek couples therapy.

The TPB reasoned action model has been used to predict and explain a vast range of health behaviors including smoking, drinking, substance use, and the utilization of health services (Ajzen, 1985). TPB variables (attitudes and subjective norms) have been found to explain 12% to 61% of the variance in behavioral intention (Bayer & Peay, 1997; Skogstad, Deane, & Spicer, 2006). For psychological help seeking, Hammer and Vogel (2013) suggested help seeking intentions and behaviors would be better understood by also including predictors from non-reasoned-choice models such as the PWM. Empirical support for the TPB and PWM constructs is described next.

**Attitudes**

Attitudes are included in both the TPB and PWM. Attitudes refer to the degree to which a given behavior is positively or negatively valued. Psychological help seeking attitudes have been positively linked with intentions to seek psychological help (e.g., Ægisdóttir & Gerstein, 2009;
Ægisdóttir, O’Heron, Hartong, Haynes, & Linville, 2011) and willingness to seek psychological help (Hammer & Vogel, 2013). Attitudes have been found to partially mediate the relationship between behavior and intention/willingness for donating blood (Bagozzi, 1981), to engage in pregnancy-risk behaviors (Gibbons, Gerrard, Blanton, & Russell, 1998a) and in speeding (Cestac, Paran, & Delhomme, 2011). In line with TPB and PWM attitudes will mediate the relationship between previous therapy experience and intentions/willingness to seek couples therapy.

**Subjective norm**

Subjective norm is an important construct in both the TPB and the PWM. It refers to the perceived social pressure to either engage or not engage in a specific behavior (Ajzen, 1975; Gerrard et al., 2008). Normative beliefs are individuals’ beliefs about the extent to which other people who are important to them think they should do regarding the behavior. In the context of seeking couples therapy (behavior), subjective norms refer to what one believes others think about seeking couples therapy, which includes the stigma attached to it. Based on the TPB and PWM, subjective norm will mediate the relationship between previous therapy experience and intentions/willingness to seek couples therapy. Subjective norm has been found to mediate the relationship between previous behavior and intention/willingness to engage in pregnancy-risk behaviors (Gibbons et al., 1998a), speeding (Cestac et al., 2011), and in healthy eating (Chan, Pendergast, & Ng, 2016).

**Perceived behavioral control (PBC)**

PBC refers to the belief that one is capable of performing a specific behavior (Fishbein & Ajzen, 2010). PBC has been found to predict intentions to engage in health-protective behaviors above and beyond self-efficacy (McCaul, Sandgren, O’Neill, & Hinsz, 1993). In a meta-analysis
TPBs ability to predict various behaviors, PBC independently accounted for significant amount of variance of behavioral intention and actual behavior (Armitage & Conner, 2001). In the current study, PBC refers to a person’s perceived control over the ability to seek couples therapy. Based on the TPB and PWM, perceived behavioral control is hypothesized to mediate the relationship between past behavior and intention/willingness. Although there has been no research specifying PBC as a mediator, its mediating role is expected because PBC is assumed to reflect past experiences with performing a certain behavior (Kiriakidis, 2015).

**Behavioral Intention and Willingness**

Behavioral intention, according to Ajzen (1985) serves as an indicator of a person’s readiness to perform a given behavior and directly predicts actual behavior. Intentions, according to Fishbein and Ajzen (1975) involve the behavior and the time at which the behavior is supposed to be performed.

Behavioral willingness, according to Gerrard et al. (2008), theoretically differs from behavioral intention, as willingness refers to the openness to engage in a behavior (p. 35). According to Gibbons et al. (1998b) and Gerrard et al. (2008) intentions and willingness are related but independent constructs which correlate from .25 to .65, depending on the behavior. Willingness has been shown to predict a variety of risk behaviors independent of intention, such as smoking initiation and skipping class (Gerrard et al., 2006; Gibbons et al., 1998a; Gibbons et al., 1998b).

According to Fishbein & Ajzen (2010) and Gibbons et al. (1998b) behavioral intentions and willingness to perform a behavior share an underlying construct, which is readiness to engage in the behavior. Furthermore, Fishbein and Ajzen (2010) suggest behavioral intentions include willingness, therefore making this distinction redundant. Because of this and because of
the scales used in the current study to measure intention include questions about willingness as operationalized by Gerrard et al. (2008), willingness and intention to seek couples therapy will be considered one construct in this study.

**Prototype**

Prototypes are images of people who engage in or avoid risk behaviors. An assumption of the PWM is that adolescents and young adults have schemas, or prototypes, of the type of person their age who engages in or avoids specific risk behaviors. Prototypes are maintained in peoples’ long-term memories (Gerrard et al., 2008). Thus, if a college student thought those who attended couples therapy were failures with weak characters, he or she would likely acquire that schema and think others would see him or her as a failure and a weak person if he or she would seek couples therapy. Theoretically, the more negative an individual’s help-seeker prototype is, the less willing the person will be to seek help. This pattern has been supported in research. For example, those who had more negative prototypes compared to more positive prototypes of drinkers, smokers, nonmedical prescription stimulant (NPS) users, and people who do not use contraceptives were less willing to drink (Lane, Gibbons, O’Hara, & Gerrard, 2011; Spijkerman, van den Eijnden, Vitale, & Engels, 2004), smoke (Spijkerman et al., 2004), use NPS (Stock, Litt, Arlt, Peterson, & Sommerville, 2013), and have unprotected sex (Myklestad & Rise, 2007). Additionally, those who had more positive prototypes as opposed to negative prototypes of people who exercised, slept enough, and had breakfast were more willing to engage in those behaviors (Rivis, Sheeran, & Armitage, 2006).

This pattern, however, has not been replicated when looking at psychological help seeking. In the one study where willingness to seek psychotherapy (Hammer & Vogel, 2013) was examined, a more positive prototype of a help seeker was associated with lower willingness
to seek help! These unsuspected and contradictory findings may be due to how prototype was operationalized. Hammer and Vogel (2013) used terms such as “stressed,” “distressed,” and “anxious” to describe the psychological state of a person seeking professional psychological help as opposed to using terms describing characterological traits, such as being a weak or lazy person. This is a problem because the more positive prototype in their study described someone in low distress, which is typically not associated with seeking help (Hammer & Vogel, 2013). Therefore, in the present study, prototype descriptors will resemble other previous research on willingness (e.g., Gerrard et al., 2008), including both positive and negative terms reflecting characterological traits as opposed descriptors of the psychological state of a typical person seeking help (e.g., stressed). Based on the TPB and PWM, prototype is expected to mediate the relationship between previous therapy and intentions/willingness to seek couples therapy. Prototype was found to mediate the relationship between previous behavior and intention/willingness to engage in pregnancy-risk behaviors (Gibbons et al., 1998) and in speeding (Cestac et al., 2011).

**Previous help-seeking behavior**

According to the PWM, previous help-seeking behavior is theoretically linked with attitudes, subjective norms, and the prototype of a person who seeks help (Bentler & Speckart, 1981). Numerous studies have indicated a positive relationship between previous therapy experience and psychological help seeking attitudes (Kahn & Williams, 2003; Kim & Lee, 2014; Kim & Kendall, 2015; Vogel et al., 2005; Ægisdóttir & Gerstein, 2009). Furthermore, previous therapy experience and positive help seeking attitudes are linked with greater help seeking intentions for individual therapy (Kahn & Williams, 2003; Nam, Choi, & Lee, 2015; Vogel et al., 2005; Ægisdóttir & Gerstein, 2009). It is therefore conceivable that college students’ previous
therapy experience, regardless of therapy mode, will be positively linked to their attitudes toward and intention/willingness to seek couples therapy. Additionally, Bringle and Byers (1997) found a positive relationship between subjective norms and increased likelihood to seek couples therapy among persons with no history of couples’ therapy (Bringle & Byers, 1997).

**Present Study**

In the present study, the relationship between attitudes, subjective norm, perceived behavioral control, intentions/willingness to seek couples therapy, prototype of a typical help-seeker, and past help-seeking behavior will be examined among undergraduate and graduate university students who are in a relationship with someone at their university. Although the TPB has been well researched in the individual help-seeking literature, no study has of yet examined its applicability for couples help-seeking. Further, much of the psychological help seeking research guided by the TPB have neglected PBC in their model, which is a limitation given this construct’s integral part of the model and its high predictive validity in predicting behavioral intention and actual behavior. Additionally, the PWM has been successful in predicting many health-related behaviors, but has only been used in the context of psychological help-seeking in one study (Hammer & Vogel, 2013), where only the social reaction pathway independently accounted for a significant portion of the variance in help-seeking intention, willingness, and help-seeking decisions. In sum, the goal of the present study is to identify how well the reasoned model, TPB, and the social reaction model, PWM, together predict college couples’ intention/willingness to seek couples therapy. Based on the TPB and PWM (see Figures 1 and 2) it is hypothesized that:
1. Past therapy experience will be positively related to intention/willingness to seek couples therapy (see Figure 1).

*Figure 1*
A pictorial representation of the unmediated model combining variables from the Theory of Planned Behavior and the Prototype Willingness Model
2. Attitudes, subjective norms, help-seeker prototype perception, and PBC will mediate the relationship between past therapy experience and help-seeking intentions/willingness for couples’ therapy. That is, previous therapy experience will be linked with more positive attitudes, positive subjective norms, more positive help-seeker prototype perception, and greater perceived behavioral control, which in turn will be related to greater intention/willingness to seek help (see Figure 2).

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**Figure 2**
A pictorial representation of the model showing partial mediation combining variables from the Theory of Planned Behavior and the Prototype Willingness Model
Pilot Study 1

The purpose of Pilot Study 1 was to identify characteristic traits college students consider prototypical of a person seeking couples therapy.

Method

Participants

Sixty-nine students enrolled at a medium sized university in the Midwest (undergraduate and graduate) participated. The age range was 18-41 with a mean of 22.25 (SD = 4.51). Five participants were freshman (7.25%), 13 were sophomores (18.84%), 20 were juniors (28.99%), and 31 were seniors (44.93%). Participants identified as female (n = 59, 85.51%) and male (n = 10, 14.49%). Most participants identified as heterosexual (n = 64, 92.75%), one identified as gay (1.45%), one identified as lesbian (1.45%), and three as bisexual (4.35%). A majority of participants were White (n = 56; 81.16%), 12 identified as African American/Black (17.39%), and one identified as Latinx/Hispanic (1.45%). Additionally, participants indicated they were either dating (n = 59, 85.51%), cohabitating (n=6, 8.70%), or married (n=4, 5.80%). The average amount of distress experienced by participants was 2.45 (SD = 1.34) on a scale from 1 (not at all) to 6 (very much).

Instrument

Prototype. To develop the prototype questionnaire, participants were asked to list five positive (e.g., courageous) and five negative (e.g., weak) characteristic traits that came to mind when thinking about a person their age seeking couples therapy.

Demographic Questionnaire. A demographic questionnaire was developed where participants were asked about their gender, sexual orientation, year in school, whether participants were international students, race, age, marital status, and length of relationship.
**Procedures**

Participants were selected from a pool of undergraduate and graduate students at Ball State University. Recruitment emails (Appendix A) were distributed to students through the counseling psychology research pools information about the study, a link to the study, and principal investigator (PI) contact information. Participants received one-half research credit as an incentive. To receive research credit, participants e-mailed the primary investigator (email address was presented on last page of the survey) to indicate completion, who informed their instructors.

Participants completed the survey online. Before responding, participants were presented with an informed consent detailing the procedures and outlining information related to benefits and compensation (Appendix B). If they chose not to participate, they could decline participation and exit the web browser. If they consented to the study, they clicked a button stating they consent to participate. No identifying information was associated with any of the responses. Completion of the survey took approximately five minutes.

**Results**

The aim of this study was to identify characteristic traits college students consider prototypical of a person seeking couples therapy. The eight most frequently listed positive and negative characteristics were selected to represent the prototype, for a total of 16 characteristics (8 positive and 8 negative). The eight positive traits considered prototypical of a college student seeking couples therapy were: brave, loving, caring, determined, strong, committed, courageous, and hopeful. The eight most frequently listed negative traits were: angry, stupid, weak, sad, helpless, hurt, lazy, and insecure. These 16 prototypical characteristics were further evaluated for psychometric properties in Pilot study 2 along with the rest of the main study’s scales.
Pilot Study 2

The goals of this study were to 1) assess the reliability of the instruments that needed modifications to refer to couples’ therapy for use in the main study: the Beliefs About Psychological Services (BAPS; Ægisdóttir & Gerstein, 2009) and the Inventory of Attitudes Toward Seeking Mental Health Services Scale (IASMHS; Mackenzie, Knox, Gekoski, & Macaulay, 2004) and 2) to assess the reliability and validity of the scales created from TPB (Ajzen, 1985). It was determined important to create scales in line with Fishbein and Ajzen’s (2010) recommendations to expand the content domain of the attitude, subjective norm, perceived behavioral control, and intent/willingness constructs as they assess a different part of the TPB constructs relative to BAPS and IASMHS items.

When modifying existing scales and creating new TPB scales it was decided to use the term “couples therapy” instead of other terms (e.g., marriage counseling/therapy) because the term “couples” is inclusive of dating, cohabitating, and married people. “Therapy” was used over “counseling” because it is often found in the literature and is inclusive of psychologists, licensed social workers, counselors, and marriage and family therapists.

Method

Participants

Participants were 101 students enrolled at a medium sized University in the Midwest (undergraduate and graduate). The age range was 18-53 with a mean of 22.48 (SD = 5.25). All participants were in a committed partnered relationship for at least three months with someone who attended their university. Sixteen participants were freshman (15.84%), 25 were sophomores (24.75%), 17 were juniors (16.83%), 24 were seniors (23.76%), 11 were master’s students (10.89%), seven were doctoral students (6.93%) and one person did not respond (.99%). Participants identified
as female \((n = 81, 80.20\%)\), male \((n = 17, 16.83\%)\), trans male \((n = 1, .99\%)\), and bigender \((n = 1, .99\%)\). A majority of participants identified as heterosexual \((n = 82, 81.19\%)\), two identified as gay \((1.98\%)\), three identified as lesbian \((2.97\%)\), seven as bisexual \((6.93\%)\), one as deimosexual \((.99\%)\), three as pansexual \((2.97\%)\), one as flexible gynosexual \((.99\%)\), and one did not respond.

Most participants were White \((n = 85; 84.16\%)\), nine identified as African American/Black \((8.91\%)\), one identified as Latinx/Hispanic \((.99\%)\), one identified as Asian \((.99\%)\), and four identified as biracial or multi-racial \((3.96\%)\). Additionally, participants indicated they were either dating \((n = 75, 74.26\%)\), cohabitating \((n = 10, 9.90\%)\), or married \((n = 15, 14.85\%)\). One person did not respond \((.99\%)\).

**Instruments**

**Intention/willingness to Seek Couples therapy.** Intention/willingness to seek couples therapy was measured by the Intent subscale of the Beliefs About Psychological Services scale (BAPS) and by additional items developed based on Fishbein and Ajzen’s (2010) guidelines on how to measure behavioral intentions. The BAPS intent subscale and the TPB intent subscale were selected to be indicators for the intention/willingness construct.

**Beliefs About Psychological Services (BAPS).** The BAPS measures attitudes towards seeking psychological help (Ágisdóttir & Gerstein, 2009). It has 18 items divided into three subscales: Intent, Stigma Tolerance, and Expertness. Intent assesses participants’ willingness to seek psychological services and behavioral intentions as outlined by Fishbein and Ajzen (1975). It contains 6 items rated on a six point Likert type scale, ranging from 1 “strongly disagree” to 6 “strongly agree.” Ágisdóttir and Gerstein (2009) reported Cronbach’s alpha reliability for Intent as .82 and two -week test-retest reliability as .88. For the current study, minor modifications were performed on items to make them more relevant for couples therapy. For example, the
item, “Going to a psychologist means that I am a weak person” was changed to “Going to a couples’ therapist means that I am a weak person” (see Appendix D).

In terms of the BAPS validity, four experts established content validity by reviewing the relevance of the items to the domain, if the items reflected a positive or negative valence, and if grammatical changes were needed. Convergent validity was established by a moderately high correlation with Fischer and Turner’s (1970) 29-item ATSPPH and its ten-item short version $r = .71$; Fischer & Farina, 1995). To investigate divergent validity, Ægisdóttir and Gerstein (2009) used the Marlowe-Crowne Social Desirability Scale (M-C SDS). Ægisdóttir and Gerstein found low correlations between the total responses on the M-C-SDS and the responses for the intent subscale ($r = .04$). Exploratory and multi sample confirmatory factor analyses (CFA) indicated the BAPS’ construct validity (Ægisdóttir & Gerstein, 2009). Cronbach’s alpha reliability for the modified intent subscale was .87.

**TPB measures.** Fishbein and Ajzen (2010) suggested the best way to measure attitudes, subjective norms, PBC, and intent was to create three to eight items per construct referring to the construct’s content. Six Likert type items were created to assess participants’ readiness (intention/willingness) to seek couples therapy, to be rated on a 6-point scale ranging from 1 “disagree” to 6 “agree”. An example item created was, “I intend to seek couples therapy” (Appendix E). Higher scores on this scale indicated greater intentions/willingness to seek therapy. The Cronbach’s alpha for the BAPS Intent and TPB Intent subscales were .87 and .89 respectively.

**Past Behavior.** Corresponding to the past behavior construct outlined by Gerrard et al. (2008), three items were used to represent past psychological help-seeking: participants’
experiences with therapy for personal, career, and marital/couples/relational problems (Appendix F).

Attitudes. Attitudes were measured by the BAPS’ Expertness and Stigma Tolerance subscales, along with items created based on Fishbein and Ajzen’s (2010) recommendations. The BAPS’ Expertness and Stigma Tolerance subscales and a composite of the attitude items created based on TPB guidelines (Fishbein & Ajzen, 2010) were used as indicators for the attitude construct.

Beliefs About Psychological Services (BAPS). Ægisdóttir and Gerstein (2009) suggested the BAPS Expertness and Stigma Tolerance subscales measure attitudes as operationalized by Fishbein and Ajzen (1975). Expertness contains four items that assess confidence in the expertise of mental health practitioners and Stigma Tolerance contains eight items that assess persons’ tolerance for the stigma associated with participating in therapy and stereotypical beliefs about seeking psychological help. Items are rated on a 6-point Likert type scale ranging from 1 “strongly disagree” to 6 “strongly agree”. Ægisdóttir and Gerstein (2009) reported Cronbach’s alpha reliability as .78 and .72 for Expertness and Stigma Tolerance respectively, and two-week test-retest reliability as .75 for Expertness and .79 for Stigma Tolerance. Discriminant groups and known groups validity were also examined. Women compared to men and those who had received previous therapy experience expressed greater belief in the expertness of psychologists (Ægisdóttir & Gerstein, 2009). For the current study, minor modifications were performed on items to make them more relevant for couples’ therapy. For example, the Stigma Tolerance item, “Having received help from a psychologist stigmatizes a person’s life” was changed to “Having received help from a couples’ therapist stigmatizes a person’s life.” An example Expertness item was changed from “Because of their training, psychologists can help you find
solutions to your problems” to “Because of their training, couples therapists can help you find solutions to your relationship problems” (see Appendix D). Cronbach’s alpha reliability was .80 for Stigma Tolerance and .87 for Expertness.

**TPB.** Fishbein and Ajzen (2010) recommended assessing attitudes by using semantic differentials by Osgood, Suci, and Tannenbaum (1957), where participants rate their attitudes through a set of bipolar evaluative adjectives. To be consistent with other instruments used in the current study, it was decided to develop sentences instead including evaluative adjectives to be rated on a 6-point scale (1 = “disagree” to 6 = “agree”). Nine items were created including adjectives that have been used in previous studies on help-seeking for health-related behaviors (Beck & Davis, 1980; Fredricks & Dossett, 1983; Hess & Tracey, 2013; Hunter, Grunfeld, & Ramirez, 2003; Mo & Mak, 2009; Olson & Cal, 1984; Schifter & Ajzen, 1985; Timko, 1987). The adjectives reflected both cognitive (e.g., useless) and affective (e.g., pleasant) aspects of attitudes. An example item was, “For me, it is useless to seek couples therapy if I have relationship problems.” (Appendix E). Higher scores indicated more positive attitudes towards couples’ therapy. Cronbach’s alpha reliability of the composite TPB attitude scale was .89

**Subjective Norms.** Subjective norms were measured with items from the IASMHS’s Indifference to Stigma subscale along with items that correspond to Fishbein and Ajzen’s (2010) recommendations to measure subjective norms.

**The Inventory of Attitudes Toward Seeking Mental Health Services Scale (IASMHS).** The IASMHS was adapted from Fischer and Turner’s (1970) Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) and includes 24 items divided into the following subscales: Psychological Openness, Help-Seeking Propensity, and Indifference to Stigma. Items are rated on a 5-point Likert type scale ranging from 0 “disagree” to 4 “agree.”
The Indifference to Stigma subscale contains eight items that assess persons’ concerns about what important people in their life might think if they found out they were seeking therapy. Yet, to represent the content domain of subjective norms as outlined by Fishbein and Ajzen (2010) only four (items 3, 11, 16, and 24) of the eight items were selected for use in this study based on their relevance to the construct (Mackenzie et al., 2004). Minor modifications were performed on the items to make them relevant for couples’ therapy. For example, the item “Having been mentally ill carries with it a burden of shame” was adapted to “Having struggled in a relationship carries with it a burden of shame” (see Appendix C).

Mackenzie et al. (2004) reported Cronbach’s alpha reliability for Indifference to Stigma as .79. Test-retest reliability was .91. Known-groups validity was tested for gender, revealing undergraduate women scored significantly higher than undergraduate men on the Indifference to Stigma subscale (Mackenzie et al., 2004). Cronbach’s alpha reliability for the selected IASMHS items representing subjective norms was .75.

TPB. Per Fishbein and Ajzen’s (2010) recommendations, eight items were created measuring both injunctive and descriptive norms, to be rated on a six-point scale (Appendix E; Cialdini, Reno, & Kallgren, 1990; Fishbein & Ajzen, 2010). Injunctive norms refer to what should or should not be done regarding a target behavior, whereas descriptive norms refer to what people are or are not doing regarding the target behavior (Cialdini et al., 1990; Fishbein & Ajzen, 2010). Using either descriptive or injunctive norms provides a narrow view of subjective norm, whereas using them together can help predict intention to engage in behaviors like healthy eating and drinking (Lee, 2011; Park, Klein, Smith, & Martell, 2009; Staunton, Louis, Smith, Terry, & McDonald, 2014). Both injunctive and descriptive norms combined were found to predict intention to exercise among undergraduates and cancer survivors (Lee, 2011; Rhodes &
Courneya, 2003). An example item developed for this study was, “There are virtually no people in my life whose opinions I value who seek couples therapy.” Higher scores on this scale indicate greater subjective normative pressure to engage in couples’ therapy. Cronbach’s alpha for TPB Subjective Norms scale was .79

**Perceived Behavioral Control.** Selected items from the IASMHS’s Help Seeking Propensity subscale along with items that correspond to Fishbein and Ajzen’s (2010) recommendations were used to measure PBC.

*The Inventory of Attitudes Toward Seeking Mental Health Services Scale (IASMHS).* The Help-Seeking Propensity subscale contains eight items that measure the extent to which people believe they are willing (capturing intent) and able (capturing PBC) to seek therapy (see Appendix C). Only the three items designed to assess PBC were used. Mackenzie et al. (2004) reported Cronbach’s alpha reliability for the Help-Seeking Propensity subscale as .76. Test-retest reliability was .64. Known-groups validity was tested for gender, revealing undergraduate women scored lower than men on the Help-Seeking Propensity subscale (Mackenzie et al., 2004).

The three selected items underwent minor modification to make them more relevant for couples’ therapy. For example, the item “It would be relatively easy for me to find the time to see a professional for psychological problems” was adapted to “It would be relatively easy for me to find the time to see a professional for relationship problems.” Other adapted items were, “I would have a very good idea of what to do and who to talk to if I decided to seek professional help for relationship problems,” and, “If I were to experience relationship problems, I could get professional help if I wanted to.” Higher scores reflected greater perceived control over seeking couples therapy. Cronbach’s alpha reliability for the selected IASMHS PBC was .67.
TPB. Per Fishbein and Ajzen (2010)’s recommendations, PBC was measured through eight six-point Likert-type questions (1 = “disagree” to 6 = “agree”) about the capability to seek couples therapy and the autonomy to do so. Four items assessed persons perceived capability to seek couples therapy (e.g., “If I wanted to, it would be very easy to seek couples therapy”) and four items measured a person’s perceived level of autonomy or control over seeking couples therapy (e.g., “I have complete control over whether I seek couples therapy if I have a relationship problem”). Higher scores reflected greater levels of perceived control over seeking couples therapy. Cronbach’s alpha reliability for the TPB PBC scale was .83.

Prototype. The 16-item couples’ therapy prototype scale developed in Pilot Study 1 was used to measure prototypes in line with Gerrard et al.’s (2008) recommendations. Participants were asked to consider a typical person his or her age that seeks couples therapy and rate this person on a list of adjective descriptors (Appendix G). Cronbach’s alpha for the total score of the Prototype scale was .87.

Demographic Questionnaire. A demographic questionnaire was developed where participants were asked about their gender, sexual orientation, year in school, whether they were international students, race, age, marital status, length of relationship, and current level of distress in romantic relationship.

Procedures

Participants were selected from a pool of undergraduate and graduate students at Ball State University. Recruitment emails (Appendix A) were distributed to students through a campus-wide email and the counseling psychology research pool with information about the study, a link to the study, and PI’s contact information. Participants received one research credit, if applicable for their participation. To receive research credit, participants e-mailed the primary investigator (email address
was presented on last page of the survey) to report they completed the study, who in turn informed their instructors.

Participants completed the survey online. Before responding, participants were presented with an informed consent document detailing the procedures and outlining information related to benefits and compensation (Appendix B). Participants were also provided with contact information for the therapy center of their respective institution in the event a participant felt it would be beneficial to him/her. If they chose not to participate, they could decline participation and exit the web browser. If they consented to the study, they were directed to the questionnaires, which were presented in a counter balanced order followed by demographic questions. No identifying information was associated with any of the completed questionnaires. Completion time was approximately 20 minutes.

Results

Existing Modified Instruments

Cronbach’s alpha reliability was calculated for the modified scales (BAPS, IASMHS) to examine if the coefficients resembled those reported for the original versions of the scales (Mackenzie et al., 2004; Ægisdóttir & Gerstein, 2009). For the modified BAPS, Cronbach’s alpha reliability was .91 for the total score, .87 for Expertness, .80 for Stigma Tolerance, and .87 for Intent. These values resemble those reported for the original BAPS (Ægisdóttir & Gerstein, 2009). For the modified IASMHS, Cronbach’s alpha was .88 for the total scale, .81 for the Indifference to Stigma subscale, and .78 for the Help-Seeking Propensity subscale.

Before performing Principal Axis exploratory factor analyses, assumptions were evaluated on both the three items from IASMHS’s help-seeking propensity subscale (2, 10, and 13) purporting to measure PBC and the four items from IASMHS’s Indifference to Stigma subscale (3, 11, 16, 24) measuring subjective norm (SN). Assumptions of sphericity, sampling
adequacy, and multivariate normality were assessed using Bartlett’s (1950) test of sphericity, Kaiser-Meyer-Olkin’s (KMO) test (Kaiser, 1970), and Mardia’s test. The tests of sphericity were significant ($p = .00$) for the help-seeking propensity subscale and indifference to stigma subscale items) and the KMO values were greater than .59 ($KMO = .65$ and .72 for help-seeking propensity subscale and indifference to stigma subscale items, respectively). Mardia’s tests of multivariate normality were significant for both, suggesting multivariate abnormality. As a result, principal axis factoring, (PAF) which assumes there is measurement error, was used (Finch & French, 2015). All loadings were then rotated to maximize high loadings and minimize low loadings to achieve a parsimonious structure (Kim & Mueller, 1978). An orthogonal rotation, Varimax, was used with the desired number of factors (Kim & Mueller, 1978).

Considering (a) the scree plot, including optimal coordinates; (b) percent variance accounted for by each factor; (c) Kaiser’s Little Jiffy; (d) parallel analysis, with factors being retained if eigenvalues exceed the mean random eigenvalues; (e) MAP, (f) VSS; and (h) factor loadings with a theoretical basis and of .30 or greater (Kim & Mueller, 1978; Tabachnick & Fidell, 2007; Thompson, 2004), both analyses suggested a one-factor solution for each set of items, which verifies the selected items from these subscales measured the same constructs. Cronbach’s alpha reliability was .75 for the items specifically assessing SN, and .67 for the items measuring PBC.

Created Instruments

**TPB.** Exploratory factor analyses (EFAs) were performed to examine the factorial validity of the measures created from the TPB. Before performing EFAs on the items representing each, TPB construct assumptions of sphericity, sampling adequacy, and multivariate normality were assessed and all assumptions were met. The tests of sphericity were significant ($p = .00$) for
attitudes, subjective norm, PBC, and intent) and the KMO values were greater than .59 (KMO = .84, .74, .76, and .84 for attitudes, subjective norm, PBC, and intent, respectively). Mardia’s tests of multivariate normality were significant for all except for the subjective norm scale. In other words, the subjective norm scale was multivariate normal but the attitudes, PBC, and intent scales were not. As a result, the maximum likelihood extraction (MLE) was used for the subjective norm subscale but PAF was used for the attitudes, PBC, and intent scales (Finch & French, 2015). All loadings were then rotated to maximize high loadings and minimize low loadings to achieve a parsimonious structure (Kim & Mueller, 1978). An orthogonal rotation, Varimax, was used with the desired number of factors (Kim & Mueller, 1978).

Looking at results from the PAF, it was determined that a one-factor solution offered the most parsimonious solution for each set of items when considering criteria a-h described above. Factor loadings are displayed in tables 1-4. One item, “There are very few people who I respect and admire that seek couples therapy if they have a relationship problem” was eliminated from the subjective norm scale. Cronbach’s alphas were as follows: attitudes .89, subjective norm .79, perceived behavioral control .83, and intent .89.

Table 1

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor Loading</th>
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<tbody>
<tr>
<td>TPB Attitude Item 1</td>
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<tr>
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<td>TPB Attitude Item 4</td>
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</tr>
<tr>
<td>TPB Attitude Item 9</td>
<td>.45</td>
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</table>
Table 2

*Factor Loadings for TPB Norm Subscale*

<table>
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<td>.81</td>
</tr>
<tr>
<td>TPB Norm Item 4</td>
<td>.50</td>
</tr>
<tr>
<td>TPB Norm Item 5</td>
<td>.52</td>
</tr>
<tr>
<td>TPB Norm Item 6</td>
<td>.48</td>
</tr>
<tr>
<td>TPB Norm Item 7</td>
<td>.69</td>
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<tr>
<td>TPB Norm Item 8</td>
<td>.39</td>
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</tbody>
</table>

Table 3

*Factor Loadings for TPB PBC Subscale*

<table>
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<th>Factor Loading</th>
</tr>
</thead>
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<tr>
<td>TPB PBC Item 2</td>
<td>.54</td>
</tr>
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<td>.69</td>
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<td>.63</td>
</tr>
<tr>
<td>TPB PBC Item 8</td>
<td>.76</td>
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</tbody>
</table>

Table 4

*Factor Loadings for TPB Intent Subscale*

<table>
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<tr>
<th>Item</th>
<th>Factor Loading</th>
</tr>
</thead>
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<td>.51</td>
</tr>
<tr>
<td>TPB Intent Item 6</td>
<td>.56</td>
</tr>
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</table>
**Prototype Scale.** Principal Axis Factoring with a Varimax rotation was also employed for the Prototype Scale after assumptions of sphericity, sampling adequacy, and multivariate normality. The test of sphericity was significant ($p = .00$) and the KMO value was greater than .59 ($KMO = .83$). Mardia’s test of multivariate normality was significant, suggesting multivariate abnormality. Considering criteria a-h described above, it was determined that a one-factor solution offered the most parsimonious solution when considering the criteria above. Cronbach’s alpha reliability for the 16-item prototype scale was .87.

**Correlation Between Measures**

Pearson’s correlation was performed on all the scales selected to represent the constructs of the TPB model. The proposed indicators for the attitude construct from the BAPS (Stigma Tolerance, Expertness) yielded $r = .49$; the Stigma Tolerance and TPB attitudes correlated at $r = .61$, and the Expertness and TPB attitudes yielded $r = .70$. The proposed indicators for subjective norms (IASMHS Indifference to Stigma items and TPB subjective norms) yielded $r = .42$. The proposed indicators for PBC from the IASMHS Help-Seeking Propensity subscale and TPB PBC yielded $r = .39$. Finally, the proposed indicators for intent/willingness (BAPS intent and TPB intent) yielded $r = .68$.

**Main Study**

The purpose of the main study was to employ latent variable structural equation modeling (SEM) to test the study’s hypotheses, that the relationship between past therapy experience and intention/willingness to seek couples therapy was partially mediated by attitudes toward seeking couples therapy, subjective norms regarding seeking couples therapy, perceived control over seeking couples therapy, and prototype perception about couples’ therapy (See Figure 2). An
unmediated model was examined as well to substantiate the hypothesized partial mediation (see Figure 1).

**Method**

**Participants**

Five hundred and ninety undergraduate and graduate students participated. Five hundred and twenty-six were from a medium-sized public, co-ed liberal arts college in the Midwest and 64 were from a medium-sized public, co-ed liberal arts school in the northeast. Of the 590 participants, 135 respondents were excluded due to incomplete responding. An additional four respondents were removed because they were outliers based on Mahalanobis distance. This left 451 participants for the hypotheses testing. Participants from both universities were similar in reported gender identity, sexual orientation, age, relationship status, and distress levels. The only significant difference was that a larger percentage of participants identified as Hispanic and Asian in the northeast sample (11.6% and 16.3% respectively) relative to the Midwest sample (4.9% and 2.4%, respectively).

Martens (2005) and Weston and Gore (2006) provide a general suggestion that a minimum sample size for SEM is 200. Kline (2016) suggested it is best to have 10 to 20 participants per estimated parameter.

The age range was 18-57 with a mean of 21.14 ($SD = 3.73$). All participants were in a committed partnered relationship for at least three months with someone who attended their university. Participants identified as female ($n = 364, 80.71\%$), male ($n = 78, 17.29\%$), genderqueer ($n = 4, .89\%$), agender ($n = 1, .22\%$), polygender ($n = 1, .22\%$), nonbinary ($n = 1, .22\%$), and genderfluid ($n = 1, .22\%$). One participant did not respond (.22%). A majority of participants were White ($n = 371; 82.26\%$), 27 identified as African American/Black (5.99%), 24 identified as Latinx/Hispanic (5.32%), 17 identified as Asian (3.77%), 10 identified as Biracial (2.32%), one identified as Multi-racial (.22%), and one did not give a response (.22%).
Additionally, participants indicated they were either dating \( n=371, 82.26\% \), cohabitating \( n=54, 11.97\% \), or married \( n=25, 5.54\% \). One did not give a response \( .22\% \). Of participants, 93.13\% identified as undergraduate students, 6.43\% as graduate students, and .22\% as “other.” Undergraduate and graduate students were similar in their reported gender identity, sexual orientation, racial identity, and distress levels. Participants significantly differed in their age (graduate students were older) and their relationship status. Specifically, most undergraduates \( 84.6\% \) reported they were dating their partners, with some cohabitating \( 11.6\% \) or married \( 3.8\% \). Most graduate students were also dating \( 46.9\% \). A larger percentage of graduates relative to undergraduates were married \( 28.1\% \) or cohabitating \( 21.9\% \).

Of the participants, 191 \( 42.35\% \) had sought personal therapy, 57 \( 12.64\% \) had sought career therapy, and 49 \( 10.86\% \) had sought therapy services for marital/couple/relational problems. On a scale from 1 (extremely dissatisfied with services) to 6 (extremely satisfied with services), the means were 4.27 \( (SD = 1.31) \), 4.53 \( (SD = 1.09) \), and 4.22 \( (SD = 1.28) \) for personal, career, and couples therapy, respectively. The average amount of relationship distress experienced by participants at the time of the study was 2.23 \( (SD = 1.23) \) on a scale from 1 (not at all) to 6 (very much). Detailed demographic information is shown in Table 5.
Table 5

Demographics

<table>
<thead>
<tr>
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<th>(%)</th>
</tr>
</thead>
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<tr>
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<tr>
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<td>Male</td>
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<td>Polygender</td>
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<td>(.22)</td>
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<td>Sexual Orientation</td>
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<td>(6.65)</td>
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<td>(.22)</td>
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<td>Master’s</td>
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<td>Other</td>
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<tr>
<td>Relationship Status</td>
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<td>Cohabitating</td>
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<td>(11.97)</td>
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<td>(5.54)</td>
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<td>No response</td>
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<td>(.22)</td>
</tr>
</tbody>
</table>
**Instruments**

**Intention/willingness to Seek Couples therapy.** Intention/willingness to seek couples therapy was measured by the Intent subscale of the Beliefs About Psychological Services scale (BAPS; see Pilot Study 2) and by the TPB intent items created in Pilot Study 2. BAPS Intent and the TPB Intent were the proposed indicators for the intention/willingness construct. Cronbach’s alpha for the current sample was .82 for BAPS Intent and .83 for TPB Intent.

**Past Behavior.** Corresponding to the past behavior construct outlined by Gerrard et al. (2008), three items were used to represent past psychological help-seeking: participants’ experiences with therapy for personal, career, and marital/couples/relational problems (Appendix F). Responses from those who had experienced individual personal therapy and/or couples therapy were combined to represent previous help seeking.

**Attitudes.** Attitudes were measured by the BAPS’ Expertness and Stigma Tolerance subscales (see Pilot Study 2), along with TPB attitude scale created in Pilot Study 2. Cronbach’s alpha for the current sample was .80 for BAPS Stigma Tolerance, .77 for BAPS Expertness, and .87 for TPB Attitudes.

**Subjective Norms.** Subjective norms were measured with four items from the IASMHS’s Indifference to Stigma subscale and TPB subjective norms created in Pilot Study 2. For the current sample, Cronbach’s alpha for the IASMHS subjective norms was .73, and .75 for TPB subjective norms.

**Perceived Behavioral Control.** Three items from the IASMHS’s Help Seeking Propensity subscale and the TPB PBC scale created in Pilot Study 2 were used to measure Perceived Behavioral Control. For the current sample, Cronbach’s alpha was .59 for the IASMHS PBC and .78 for TPB PBC.
**Prototype.** The 16-item couples therapy prototype scale developed in Pilot Studies 1 and 2 was used to measure prototypes (see Appendix G). Cronbach’s alpha for the Prototype scale total score was .85.

**Demographic Questionnaire.** The same demographic questionnaire as was administered in Pilot Study 2 was used asking participants about their gender, sexual orientation, year in school, whether they were international students, race, age, marital status, length of relationship, and current level of distress in romantic relationship (Appendix H).

**Procedures.** Participants were selected from a pool of undergraduate and graduate students at two universities. From one university, recruitment emails (Appendix A) were distributed to students through a campus wide email and the counseling psychology research pool with a link to the study, information about the study, and contact information. Approximately 52% of participants were recruited from the campus wide email and 39% from the research pool. Participants from this research pool received one research participation credit, if applicable, in exchange for participation. For the other university, recruitment emails (Appendix A) were distributed to students through multiple student listservs. Approximately 9% of students were recruited from this method. From that pool of participants, two participants were randomly selected to win a $50 gift card in exchange for participation.

Participants completed the survey online through Qualtrics. Before responding, participants were presented with an informed consent document detailing the procedures and outlining information related to benefits and compensation (Appendix B). Participants were also provided with contact information for the Counseling Center of their respective institution in the event they felt it would be beneficial to them. If they chose not to participate, students could decline participation and exit the web browser. Eleven students began the study and immediately decided not to
participate. From there, 124 participants were excluded because they left at least an entire scale incomplete. Questionnaires were presented in a random order, followed by demographic questions. No identifying information was associated with any of the completed questionnaires. Response time was about 15 minutes.

Results

Preliminary Analyses

Data were analyzed using Analysis of Moment Structures Software (AMOS) and Statistical Package for the Social Sciences (SPSS). Means, standard deviations, reliability analyses, normality, and correlations between all variables in the models are reported in Tables 6 and 7.
Table 6

*Score Ranges and Cronbach’s Alpha Reliability of Variables in the Models (N = 451)*

<table>
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<tr>
<th>Measured Variable</th>
<th>Scale Range</th>
<th>Reliability Coefficient</th>
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*Note.* Attitude Parcels 1-2: parcels from TPB Attitudes; Stigma Tolerance: BAPS subscale; Expertness: BAPS subscale; Norm Parcels 1-3: parcels from TPB Subjective Norms; PBC Parcels 1-4: parcels from TPB PBC; Prototype Parcels 1-3: parcels from Prototype scale; Intent Parcels 1-3: parcels from the TPB Intent
### Table 7

**Correlation Between Measured Variables (Indicators) and Indicator Means and Standard Deviations**

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<td>4.71 (.82)</td>
<td>3.77 (1.16)</td>
<td>3.22 (1.06)</td>
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<td>4.76 (1.02)</td>
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<td>4.34 (.75)</td>
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</tbody>
</table>

**Note.** Attitude Parcels 1-2: parcels from TPB Attitudes; Stigma Tolerance: BAPS subscale; Expertness: BAPS subscale; Norm Parcels 1-3: parcels from TPB Subjective Norms; PBC Parcels 1-4: parcels from TPB PBC; Prototype Parcels 1-3: parcels from Prototype scale; Intent Parcels 1-3: parcels from the TPB Intent

**p < .01 level (2-tailed)**

* p < .05 level (2-tailed)
COUPLE’S HELP-SEEKING

Model Testing

Before testing the models presented in Figures 1 and 2, the data was assessed for multicollinearity and multivariate normality. No multicollinearity was found among the predictor and mediators in the model (e.g., $r$ greater than .70). No correlations above .52 were found between any of the variables indicating the scales were not redundant or competing for the same portion of variance (Tabachnick & Fidell, 2007).

The second assumption of structural equation modeling is multivariate normality, which refers to the cumulative normality of the univariate distributions. If this assumption is violated, the accuracy of performed statistical tests will be negatively affected. The multivariate kurtosis value, or the Mardia’s coefficient, was 48.95. Critical ratio (c.r.) values of 1.96 or less mean there is non-significant kurtosis. The multivariate c.r. was 19.37, which indicates the data were multivariate non-normal. Skewness, kurtosis, Mardia’s coefficient and c.r. values are reported in Table 8. To test the study’s hypotheses, a partial mediation using SEM was performed to test how attitudes, subjective norms, help-seeker prototype perception, and PBC mediated the relationship between past therapy experience and help-seeking intentions/willingness for couples’ therapy (Figure 2). An unmediated (Figure 1) model was tested as well to verify the mediation. It was anticipated that prior therapy experience would be positively linked with intention/willingness to seek couples therapy, and that prior therapy experience would be positively related to attitudes toward seeking couples therapy, increased subjective norms that college students seek couples therapy, greater perceived control over seeking therapy, increased prototype perception of a typical person in college seeking couples therapy, which in turn would be linked with greater intention/willingness to seek couples therapy (see Figure 2).
Table 8

**Multivariate Normality Assessment**

<table>
<thead>
<tr>
<th>Measured Variable</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>c.r.</th>
</tr>
</thead>
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<td>-1.71</td>
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<td>.82</td>
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<td>-.22</td>
<td>-.53</td>
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<td>Expertness_BAPS</td>
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*Note.* Attitude Parcels 1-2: parcels from TPB Attitudes; Stigma Tolerance: BAPS subscale; Expertness: BAPS subscale; Norm Parcels 1-3: parcels from TPB Subjective Norms; PBC Parcels 1-4: parcels from TPB PBC; Prototype Parcels 1-3: parcels from Prototype scale; Intent Parcels 1-3: parcels from the TPB Intent

**Model Estimation.** SEM combines a myriad of statistical techniques to parsimoniously explain the relationship between constructs (Weston & Gore, 2006). Thus, SEM provides researchers the ability to investigate multiple paths between constructs, covariances, direct effects, and indirect effects.

SEM is an analysis that relies on observed variables (indicators) to represent underlying theoretical latent constructs. The, latent constructs in the present study were attitudes, subjective norms, perceived behavioral control, prototype, and intention/willingness (Byrne, 2010). Indicators for the latent constructs were either instruments’ subscales or parcels created based on
EFA (PAF). Using parcels rather than single items as indicators increases reliability, improving construct representation (Little, Cunningham, Shahar, & Widaman, 2002; Little, Rhemtulla, Gibson, & Schoemann, 2013). Three or four indicators were employed to measure each construct. Instrument subscales that were used as indicators were BAPS Stigma Tolerance ($\alpha = .80$) and BAPS Expertness ($\alpha = .80$) for attitudes, IASMHS subjective norms ($\alpha = .74$), IASMHS PBC ($\alpha = .59$), and BAPS Intent ($\alpha = .82$) as one measure of intention/willingness.

Three PAF analyses of the TPB items yielded a one-factor solution for attitudes, subjective norms, PBC, and intent. Therefore, balanced parcels were created for all these scales based on the item-to-construct rotated factor loadings so that each parcel had similar cumulative rotated factor loadings (Little et al., 2002).

PAF analysis of the 16 prototype items yielded three factors ($\alpha = .90, .78, .74$). Upon investigation, the third factor was comprised of five items that were state adjectives (e.g., sad) as opposed to more characterological ones (e.g., weak). Because items comprising the third factor were qualitatively different from items on the first two factors, these items were removed and the remaining items (11) factor analyzed again. In this analysis all items loaded on one factor. Thus, three parcels were created from those items to represent the Prototype construct.

Before looking at the structural model, the adequacy of the measurement model was examined. The measurement model assesses how well the indicators measure the construct they are purporting to measure. The model estimation determines the value of the models’ unknown parameters and the error associated with each estimated value (Weston & Gore, 2006). Maximum Likelihood Estimation (MLE) is a commonly used, unbiased model of parameter estimation and was used to estimate the study’s models (Kline, 2016).
After testing the measurement model, modifications were made regarding which indicators to include in the structural model. The BAPS Intent scale was removed as an indicator of the intent/willingness construct as it seemed to contribute to an extremely high correlation between the attitude and intent/willingness construct. Since the BAPS Intent scale assessed both intention and willingness where the TPB Intent scale measured only intention, the remainder of the manuscript will refer to the endogenous construct as intention instead of intention/willingness since there were no longer any items measuring willingness. The IASMHS indicator of PBC was removed as it had an error term with a negative variance (haywood case), and the IASMHS indicator of subjective norms seemed to contribute to one of the TPB indicators having a loading over 1.00 on the subjective norms constructs and was therefore removed.

With these changes, the measurement model was considered adequate. All paths from the indicator variables to the latent variables in both the hypothesized and alternative models were significant ($p < .01$), suggesting the indicators adequately represented the latent variables. Results of the standardized factor loadings of the indicators on the latent constructs are included in Tables 9 and 10 for the hypothesized and alternative models, respectively. As these tables show, loadings of indicators on their latent constructs ranged from .42 to .85 for the hypothesized model and from .42 to .84 for the alternative model. Since the measurement model was deemed adequate for both models, the full structural model was examined (Weston & Gore, 2006). Results of the standardized direct and indirect effects are reported in Table 11.
Table 9

**Hypothesized Model Maximum Likelihood Estimates: Standardized Total Effects, 95% CI Lower Bounds, Upper Bounds, Significance Level**

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<td>← PBC</td>
<td>-.29</td>
<td>-.07</td>
</tr>
<tr>
<td>Intentions</td>
<td>← Prototype</td>
<td>-.20</td>
<td>.04</td>
</tr>
<tr>
<td>Stigma Tolerance</td>
<td>← Attitudes</td>
<td>.58</td>
<td>.72</td>
</tr>
<tr>
<td>Expertness</td>
<td>← Attitudes</td>
<td>.48</td>
<td>.65</td>
</tr>
<tr>
<td>PBC Parcel 1</td>
<td>← PBC</td>
<td>.75</td>
<td>.85</td>
</tr>
<tr>
<td>PBC Parcel 2</td>
<td>← PBC</td>
<td>.78</td>
<td>.88</td>
</tr>
<tr>
<td>PBC Parcel 3</td>
<td>← PBC</td>
<td>.65</td>
<td>.76</td>
</tr>
<tr>
<td>Prototype Parcel 1</td>
<td>← Prototype</td>
<td>.85</td>
<td>.92</td>
</tr>
<tr>
<td>Prototype Parcel 2</td>
<td>← Prototype</td>
<td>.74</td>
<td>.85</td>
</tr>
<tr>
<td>Prototype Parcel 3</td>
<td>← Prototype</td>
<td>.81</td>
<td>.91</td>
</tr>
<tr>
<td>Norm Parcel 1</td>
<td>← Norm</td>
<td>.57</td>
<td>.71</td>
</tr>
<tr>
<td>Norm Parcel 2</td>
<td>← Norm</td>
<td>.76</td>
<td>.86</td>
</tr>
<tr>
<td>Norm Parcel 3</td>
<td>← Norm</td>
<td>.74</td>
<td>.85</td>
</tr>
<tr>
<td>Attitude Parcel 1</td>
<td>← Attitudes</td>
<td>.80</td>
<td>.89</td>
</tr>
<tr>
<td>Attitude Parcel 2</td>
<td>← Attitudes</td>
<td>.71</td>
<td>.82</td>
</tr>
<tr>
<td>PBC Parcel 4</td>
<td>← PBC</td>
<td>.42</td>
<td>.59</td>
</tr>
<tr>
<td>Intent Parcel 3</td>
<td>← Intentions</td>
<td>.73</td>
<td>.06</td>
</tr>
<tr>
<td>Intent Parcel 2</td>
<td>← Intentions</td>
<td>.82</td>
<td>.91</td>
</tr>
<tr>
<td>Intent Parcel 1</td>
<td>← Intentions</td>
<td>.76</td>
<td>.84</td>
</tr>
</tbody>
</table>

*Note.*** p = .000.
Table 10

Alternate Model Maximum Likelihood Estimates: Standardized Total Effects, 95% CI Lower Bounds, Upper Bounds, Significance Level

<table>
<thead>
<tr>
<th>Latent and Measured Variables (Regression Weights)</th>
<th>Lower Bounds</th>
<th>Upper Bounds</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intentions ← Past Behavior</td>
<td>-.05</td>
<td>.14</td>
<td>.335</td>
</tr>
<tr>
<td>Intentions ← Attitudes</td>
<td>.48</td>
<td>.77</td>
<td>.001</td>
</tr>
<tr>
<td>Intentions ← Norm</td>
<td>.00</td>
<td>.28</td>
<td>.047</td>
</tr>
<tr>
<td>Intentions ← PBC</td>
<td>-.29</td>
<td>-.08</td>
<td>.001</td>
</tr>
<tr>
<td>Intentions ← Prototype</td>
<td>-.12</td>
<td>.09</td>
<td>.754</td>
</tr>
<tr>
<td>StigmaTolerance ← Attitudes</td>
<td>.57</td>
<td>.71</td>
<td>.001</td>
</tr>
<tr>
<td>Expertness ← Attitudes</td>
<td>.46</td>
<td>.63</td>
<td>.001</td>
</tr>
<tr>
<td>PBC Parcel 1 ← PBC</td>
<td>.74</td>
<td>.85</td>
<td>.001</td>
</tr>
<tr>
<td>PBC Parcel 2 ← PBC</td>
<td>.79</td>
<td>.88</td>
<td>.001</td>
</tr>
<tr>
<td>PBC Parcel 3 ← PBC</td>
<td>.65</td>
<td>.76</td>
<td>.001</td>
</tr>
<tr>
<td>Prototype Parcel 1 ← Prototype</td>
<td>.84</td>
<td>.92</td>
<td>.001</td>
</tr>
<tr>
<td>Prototype Parcel 2 ← Prototype</td>
<td>.75</td>
<td>.85</td>
<td>***</td>
</tr>
<tr>
<td>Prototype Parcel 3 ← Prototype</td>
<td>.82</td>
<td>.91</td>
<td>.001</td>
</tr>
<tr>
<td>Norm Parcel 1 ← Norm</td>
<td>.57</td>
<td>.72</td>
<td>***</td>
</tr>
<tr>
<td>Norm Parcel 2 ← Norm</td>
<td>.76</td>
<td>.86</td>
<td>.001</td>
</tr>
<tr>
<td>Norm Parcel 3 ← Norm</td>
<td>.74</td>
<td>.85</td>
<td>.001</td>
</tr>
<tr>
<td>Attitude Parcel 1 ← Attitudes</td>
<td>.80</td>
<td>.88</td>
<td>***</td>
</tr>
<tr>
<td>Attitude Parcel 2 ← Attitudes</td>
<td>.73</td>
<td>.83</td>
<td>.001</td>
</tr>
<tr>
<td>PBC Parcel 4 ← PBC</td>
<td>.42</td>
<td>.60</td>
<td>.001</td>
</tr>
<tr>
<td>Intent Parcel 3 ← Intentions</td>
<td>.73</td>
<td>.84</td>
<td>.001</td>
</tr>
<tr>
<td>Intent Parcel 2 ← Intentions</td>
<td>.82</td>
<td>.91</td>
<td>.001</td>
</tr>
<tr>
<td>Intent Parcel 1 ← Intentions</td>
<td>.76</td>
<td>.86</td>
<td>.001</td>
</tr>
</tbody>
</table>

Note. *** p = .000.
Table 11

95% Confidence Interval (CI) of Standardized Direct and Indirect Effects

<table>
<thead>
<tr>
<th>Standardized Direct Effects</th>
<th>Hypothesized Model 95% CI</th>
<th>Alternate Model 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes</td>
<td>Past Behavior</td>
<td>.18 - .36**</td>
</tr>
<tr>
<td>Norm</td>
<td>Past Behavior</td>
<td>.00 - .20**</td>
</tr>
<tr>
<td>PBC</td>
<td>Past Behavior</td>
<td>-.05 - .15</td>
</tr>
<tr>
<td>Prototype Perception</td>
<td>Past Behavior</td>
<td>-.01 - .18</td>
</tr>
<tr>
<td>Intentions</td>
<td>Past Behavior</td>
<td>-.05 - .14</td>
</tr>
<tr>
<td>Intentions</td>
<td>Attitudes</td>
<td>.49 - .82**</td>
</tr>
<tr>
<td>Intentions</td>
<td>Norm</td>
<td>-.01 - .28</td>
</tr>
<tr>
<td>Intentions</td>
<td>PBC</td>
<td>-.29 - -.07**</td>
</tr>
<tr>
<td>Intentions</td>
<td>Prototype</td>
<td>-.20 - .05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standardized Indirect Effects (BC) IV → M → DV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Behavior → Attitude → Intention</td>
</tr>
<tr>
<td>Past Behavior → Norm → Intention</td>
</tr>
<tr>
<td>Past Behavior → PBC → Intention</td>
</tr>
<tr>
<td>Past Behavior → Prototype → Intention</td>
</tr>
</tbody>
</table>

Note. A significant direct and indirect effect is indicated if 95% CI does not cross zero. BC indicates a bias corrected estimation.

** p < .01

**Model Evaluation.** To examine model fit, the following goodness-of-fit indices were used: Chi square ($\chi^2$), $\chi^2$/DF, Root mean Square Error of Approximation (RMSEA), Tucker Lewis Index (TLI), and Comparative Fit Index (CFI). A good model fit is indicated by a non-significant Chi-square, $\chi^2$/DF less than 5, RMSEA less than .08, TLI of .90 or higher, and CFI at .95 or higher (Wheaton, Muthén, Alwin, & Summers, 1977). The hypothesized model resulted in $\chi^2$ (121, $N = 451$) = 411.86, $p = .00$, suggesting poor model fit. Although chi-squared is the most commonly reported model fit indicator, it should be interpreted considering the results of other
fit indices due to its conservative nature and sensitivity to sample size (Weston & Gore, 2006). The $\chi^2$/DF controls for sample size and CFI and TLI are helpful in evaluating model fit by comparing the proposed models to more restricted models (Weston & Gore, 2006). These more restricted, or null models, assume there is no relationship among the variables. All other fit indices suggested a satisfactory fit. $\chi^2$/DF was 3.40, CFI was .92, TLI was .90, and RMSEA was .07, (90% CI .07-.08). The alternative model resulted in $\chi^2$ (125, $N = 451$) = 507.57, $p = .00$ indicating poor model fit. The $\chi^2$/DF of 4.06 suggested adequate fit. CFI and TLI suggested a marginally satisfactory fit (CFI = .90, TLI = .88) and RMSEA was .08, (90% CI .08-.09). See Table 12

Model Fit Index Summary

<table>
<thead>
<tr>
<th>Model</th>
<th>$\chi^2$</th>
<th>DF</th>
<th>CFI</th>
<th>TLI</th>
<th>RMSEA</th>
<th>90% CI for RMSEA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypothesized</td>
<td>411.86</td>
<td>121</td>
<td>.92</td>
<td>.90</td>
<td>.07</td>
<td>.06-.08</td>
</tr>
<tr>
<td>Alternate</td>
<td>507.57</td>
<td>125</td>
<td>.90</td>
<td>.88</td>
<td>.08</td>
<td>.08-.09</td>
</tr>
</tbody>
</table>

Note. $\chi^2$ = Chi Square Test; DF = Degrees of Freedom; CFI = Comparative Fit Index; TLI = Tucker-Lewis Index; RMSEA = Root Mean Square Error of Approximation; CI for RMSEA = Confidence Interval for Root Mean Square Error of Approximation.

Once model fit was determined, the directionality and significance of each model path were examined using beta weights and p-values to test hypotheses (Kline, 2016). Unidirectional arrows represented parameter relationships. The strength of these associations is included in Tables 9 and 10 and in Figures 3 and 4 for the hypothesized and alternative models, respectively.
Figure 3. Hypothesized Model with Parameter Estimates
There were four significant direct effects found in the hypothesized model. Significant direct paths emerged between past therapy experience and attitudes towards couples’ therapy and between attitudes towards couples therapy and intentions to seek couples therapy. That is, prior therapy was linked with positive attitudes towards seeking couples therapy, which in turn was related to greater intentions to seek therapy. Since past therapy experience was not significantly
linked with intentions to seek couples therapy, attitude fully mediated the relationship between past therapy experience and intention to seek couples therapy as hypothesized.

Significant direct paths also emerged between past therapy and subjective norms, suggesting that previous therapy experience was associated with positive subjective norms, or an increased perceived social pressure to engage in couples’ therapy. Subjective norms, however, was not related to intentions to seek couples therapy as anticipated. Thus, contrary to expectations, subjective norms did not mediate the relationship between past therapy experience and intentions to seek couples therapy. Previous therapy experience was not related to PBC over seeking couples therapy as anticipated, yet PBC was negatively associated with intentions to seek couples therapy, suggesting that the lower the students’ perceived control over seeking couples therapy the greater their intentions to seek couples therapy. Thus, the hypothesis that PBC would mediate the relationship between past therapy experience and help seeking intent was not supported. Furthermore, the relationship between PBC and intent to seek couple therapy was in the opposite direction to what was anticipated. Finally, the hypothesis that college students’ prototype of a college student seeking couples therapy would mediate the relationship between past therapy experience and intention to seek couples therapy was not supported. There was neither a relationship found between past therapy experience and prototype or a relationship between prototype and intention to seek couples therapy. The hypothesized model accounted for 45.9% of the variance in intention (see Table 13).
For the alternative model, three of the five paths in the model were significant. That is, there was a positive relationship between attitudes towards couples’ therapy and intentions to seek couples therapy, a positive link between subjective norms regarding seeking couples therapy and intentions to seek couples therapy, and a negative relationship between PBC over seeking couples therapy and intentions to seek couples therapy. Past therapy experience and prototype perception of a typical person seeking couples therapy were not linked to intentions to seek couples therapy. The alternative model accounted for 46.3% of the variance in intention (see Table 13).

**Model Comparison.** Model comparison is the final step of SEM. A Chi-Square difference test was used to determine which one of the two models (mediated versus unmediated) better represented the data. The null hypothesis for the Chi-square difference test is that the two models fit the data equally well. The fit is considered better if there is a smaller ratio between the chi-square statistic and degrees of freedom (Thacker, Fields & Tetrick, 1989). The hypothesized model had a chi-square value of 411.86 with 121 degrees of freedom while the alternate model had a chi-square value of 507.57 with 125 degrees of freedom. The hypothesized model had a significantly lower ratio of chi-square value to degrees of freedom (3.40) relative to the ratio of the alternative model (4.06), $\chi^2(4, N=451) = 95.71, p < .005$. Thus, based on the chi-square difference test, the hypothesized mediation model was a better fitting model. Thus, in support of
the hypothesized model, the empirically established relationship between past therapy experience and help seeking intentions (e.g., Ægisdóttir & Gerstein, 2009) was better explained in the hypothesized model where it was represented indirectly through attitudes.

**Discussion**

The aim of this study was to test two competing models of variables influencing college couples’ help-seeking intentions relying on constructs from the Theory of Planned Behavior (TPB) and the Prototype-Willingness Model (PWM). Three studies were performed to create scales to assess the prototype construct and constructs of the TPB, to evaluate the psychometrics of the instruments that were created and modified to refer to seeking couples therapy, and to test two competing models of college students’ intention/willingness to seek couples therapy. The first model specified that attitudes towards couples’ therapy, perceived social pressure to engage in a couples’ therapy in college (subjective norm), students’ prototype perception of a typical person seeking couples therapy in college, and perceived behavioral control (PBC) over seeking couples therapy mediated the relationship between past therapy experience and intention/willingness to seek couples therapy. The alternative model was unmediated, as it examined the direct relationship between past therapy experience, attitudes towards couples’ therapy, subjective norm of couples therapy in college, prototype perception of a typical person seeking couples therapy in college, PBC over seeking couples therapy, and intentions/willingness to seek couples therapy. Model fit indices indicated that both models exhibited adequate fit with the hypothesized model performing slightly better than the alternative. Comparative indices suggested the hypothesized model better explained the relationship between the constructs.
Summary of Major Findings

The hypothesis about the mediating effect of attitude, subjective norm, prototype, and PBC on the relationship between previous therapy experience and intention to seek couples therapy was partially supported. Contrary to what was expected, past therapy experience was not directly associated with intention to seek couples counseling (Gerrard et al., 2008). Instead, it was found that attitudes toward couples’ therapy fully mediated the relationship between past therapy experience and intention to seek couples therapy. This finding is in line with research that past therapy experience predicted psychological help-seeking intention through attitudes (Vogel et al., 2005). Attitude was also the strongest predictor of intention to seek help, which past research has indicated (e.g., Mo & Mak, 2009; Schomerus, Matschinger, & Angermeyer, 2009).

Contrary to what was expected, subjective norms did not mediate the relationship between past therapy experience and intention to seek couples therapy. This result contradicts past research that suggested subjective norm mediated the relationship between previous behavior and intention to engage in a behavior (e.g. Cestac et al., 2011; Chan et al., 2016; Gibbons et al., 1998). Past therapy experience was positively related to subjective norms, suggesting that previous experience was linked to greater perceived social influence. In contrast to past research (Christian & Abrams, 2003; Hammer & Vogel, 2013; Mak & Davis, 2014), subjective norms did not predict intention. Although a relationship between subjective norms and intention was expected, a meta-analysis of 185 studies using TPB variables indicated that subjective norms emerged as the weakest predictor of intention relative to attitudes and perceived behavioral control (Armitage & Conner, 2001), suggesting that in some contexts behavioral intentions may be unaffected by social pressure (Trafimow & Finlay, 1996). It is
conceivable that that the way subjective norms is conceptualized within the TPB framework may fail to capture important aspects of social influence relevant to help-seeking intentions (Conner & Armitage, 1998). Another potential reason for the lack of a relationship between subjective norms and intention to seek couples therapy in the current study is that relationship distress was not highlighted in the measures that were used. That is, participants’ intention to seek couples therapy was measured without asking them to imagine themselves experiencing a high amount of relationship distress. Some of the items used to measure intent included, “I intend to seek couples therapy” and “I am extremely unlikely to seek couples therapy.” It is possible that a significant relationship would have been found between subjective norms and intention if the items had explicitly asked if participants would intend to or be willing to seek couples therapy if they were in a significant relationship distress. Since participants rated their average distress as very low (2.23 (SD = 1.232) on a scale from 1 (not at all) to 6 (very much)), their low level of help seeking intention may be due to them not seeing the need at the time of the study due to not being in a relationship distress (Beyer, 1996). It is also worth considering that some research (e.g., Mathieson, 1991) has indicated that subjective norms predict help-seeking intentions indirectly through attitudes. Even though this is contrary to what TPB proposes, this relationship is worth exploring in future research.

Unexpectedly, PBC over seeking couples therapy did not mediate the relationship between past therapy experience and intention to seek couples therapy. Past therapy experience was not related to PBC and a negative relationship was found between PBC and intention. This suggests that the less the students perceived themselves to be in control over their ability to seek couples therapy, the greater their intention to seek such therapy. Although PBC was hypothesized to be a mediator between past therapy experience and help seeking intent due to
perceived control theoretically assumed to reflect past experiences with performing a specific behavior (Kiriakidis, 2015), no empirical research was located linking past behavior to PBC. A positive relationship, however, has been reported between PBC and help seeking intentions (Mak & Davis, 2014; McCaul et al., 1993) as well as a negative relationship, with the latter being in contrast with TPB stipulations (Ajzen, 1991). A negative relationship between PBC and intention has emerged in research on behaviors negatively evaluated by participants (e.g., Schlegal, D’Avernas, Zanna, DeCourville, & Manske, 1992). Consequently, Eagly and Chaiken (1993) hypothesized that PBC should be positively linked to intentions to engage in behaviors that are evaluated positively, but be negatively related to intentions to engage in behaviors that are negatively evaluated. In other words, people may decide to not engage in behaviors they have control over if they evaluate the behavior negatively. It is therefore conceivable that students participating in the current study viewed couples therapy negatively, explaining the negative link between perceived control and intentions to seek couples therapy. In fact, this interpretation yields credence considering the relatively low therapy satisfaction rating among participants who reported previous individual or couples therapy experience. As previously suggested, attitudes may mediate or moderate the impact PBC has on intentions for negatively evaluated behaviors (Eagly & Chaiken, 1993).

In contrast to what was expected, prototype perception of a typical person participating in couples’ therapy in college did not mediate the relationship between past behavior and intention. The mediation effect of prototype perception on the relationship between past behavior and intent to perform a behavior has been discovered in research on drinking (Blanton et al., 1997; Gibbons et al., 1998), and numerous health protective behaviors such as exercising and eating breakfast (Rivis et al., 2006). Surprisingly, in the current study, prototype perception was neither
related to past therapy experience nor to intention to seek couples therapy. This finding is surprising given that Hammer and Vogel (2013) found that a negative prototype of a typical help-seeker was linked with increased willingness to seek psychological help. Yet, a limitation of Hammer and Vogel’s study is that they not only did not use characterological terms to describe a prototypical help seeker but also used terms describing persons’ psychological state (e.g., stressed), which may have resulted in them discovering a positive link between a prototypical help seeker and help seeking intentions. To avoid such inflation of the relationship due to “common sense,” in the current study, only characterological descriptions were used to represent a prototypical person seeking couples therapy. This change in conceptualization of a prototype in the current study resulted in the prototype construct having no explanatory role in students’ intent to seek couples therapy. Further research is needed to corroborate this finding. It is also of note that most of the research using the prototype construct has focused on behaviors that are or can be public (e.g., drinking, exercising), whereas psychological help seeking behavior is private and confidential. It is, therefore, possible that the prototype of a typical person seeking couples therapy may not matter as much as prototype beliefs for a more public behavior. Perhaps, due to less social influence, one may not need to compare oneself with one’s prototype of a person seeking therapy in order to decide whether or not one should seek therapy. Furthermore, Gerrard et al. (2008) asserted behavioral willingness and behavioral intention were two different constructs and that prototype influences willingness, which in turn predicts either intention or the behavior directly. It may be recalled that in the current study, the plan was to combine intention and willingness into one construct by using scales measuring both, that is TPB for intent and BAPS Intent for willingness to seek help. However, due to problems with the measurement model, the BAPS intent scale was discarded from the model. Therefore, excluding help seeking
willingness items from the intent construct may have resulted in a negligent relationship between past therapy experience, prototype, and intentions. Finally, it is also possible that that if college students evaluate attending couples therapy as a negative behavior (e.g., Eagly & Chaiken, 1993), their intention to seek couples therapy will occur regardless of their prototype of a couples therapy help seeker. Future research is needed to examine each of these hypotheses and verify that prototype perception is unrelated to couples’ help-seeking intentions.

In sum, current results support that (a) attitudes towards couples’ therapy fully mediate the relationship between past therapy experience and intention to seek couples therapy, b) past personal and couples therapy experience is associated with perceived social pressure (positive subjective norms) to engage in couples therapy in college, and (c) PBC over seeking therapy is negatively associated with intention to seek couples therapy. This study extends existing research on help-seeking by demonstrating that some aspects of the TPB and PWM predict college students’ intentions to seek couples therapy.

**Strengths and Limitations**

One strength of this study is using SEM to model and examine the relationships between the variables of interest and incorporating error into the analysis instead of assuming error free measures of the modeled constructs. Furthermore, the constructs were modeled based on theory and past research. Also, a strength is that the current study addressed numerous weaknesses of past studies grounded in TPB and PWM, which either failed to use validated measures to represent the theoretical constructs or used measures that failed to capture the constructs as outlined by the TPB and PWM. An additional strength is that the current study evaluated PBC in relation to help-seeking intentions, which has been neglected in much of the research on TPB
and help-seeking, even though it is an integral part of the theory and has shown to have high predictive validity (Mak & Davis, 2014; McCaul et al., 1993) for other types of behavior.

It also strengthens the validity of this study that scales were employed that have been used in past research and have demonstrated reliability and validity. Cronbach’s alpha reliabilities of modified instruments were comparable to values reported in past research. Furthermore, to enhance the accuracy in measuring the theoretical constructs, existing scales were used in addition to developing items based on theoretical guidelines (Ajzen, 1985; Gerrard et al., 2008) to increase construct coverage and therefore validity. Finally, since there are multiple ways to measure most constructs and two pilot studies were completed, the constructs used in the main study had demonstrated reliability and validity first gathered from Pilot Study 2 and cross-validated in the main study. This procedure provides support for the main study’s internal validity and therefore provides greater confidence in the SEM results.

The main limitation of the study is the sampling procedure employed. A convenience sample does not represent the entire population of couples attending a college or university. Although random sampling would have maximized representativeness, it was not feasible due to lack of resources. Thus, the current findings cannot be generalized all college student couples. Second, although PWM has been successful in predicting many health-related behaviors, it has seldom been used in tandem with the TPB and with help-seeking. Likewise, the prototype construct is relatively new, and a psychometrically strong measure of this construct does not yet exist. This led to the creation the scale employed in the main study, which lacks cross-validation. Fourth, it is highly possible that the TPB intent items were too general and therefore did not assess intent/willingness to seek couples therapy as intended. It may have been better to ask respondents to rate their intention/willingness to seek couples therapy if they were or became
distressed in their relationship. Future studies on psychological help seeking should keep this in mind. Another limitation is that actual help seeking for couples’ concerns was not assessed. This puts a limitation on the conclusions that can be drawn regarding the impact of the models’ constructs on couples’ therapy utilization. Last and arguably the most important limitation is that model fit was good but not superior. Even though the hypothesized model explained 46% of the variance in students’ intention to seek couples therapy while attending college, 54% of the variance remained unexplained. Thus, other factors are at play that need examined to better understand college students’ intention to seek couples therapy. Yet, and despite these limitations, this is the first study to examine college students’ intent to seek couples therapy, and therefore makes an important contribution to the psychological help seeking literature. It is anticipated that the current study will stimulate more research on psychological help seeking among college student couples.

**Theoretical Implications**

Although conclusions drawn from a single sample of college students should be interpreted with caution, the results have implications for theory. Given TPB and PWM individual successes in delineating factors affecting intentions to engage in a behavior, it was a logical next step to combine these two models to help advance the understanding of psychological help-seeking. The current study serves as the first known empirical examination of college couples psychological help seeking. Results indicated the usefulness of combining TPB and PWM in understanding college students’ intentions to seek couples therapy, and therefore offered partial support for the theories in this help-seeking context. Specifically, the results highlight the relevance of positive attitudes in predicting of college students’ help-seeking intention, as attitudes was by far the strongest predictor of intention to seek couples therapy.
Inconsistent with what TPB stipulates, however, a negative link was found between perceived behavioral control and intention, and a relationship between subjective norms and intentions was only discovered in the alternative model but not the hypothesized model. These findings, which are not in line with assumptions of TPB, therefore need further examination in the context of couples’ psychological help seeking.

In addition to modeling college couples psychological help seeking relying on variables from the TPB, the PWM (past behavior and prototype) provided a theoretical rationale for considering previous behavior as an antecedent to attitudes, subjective norms, and prototype, which are antecedents to behavioral intentions (Bentler & Speckart, 1981). Although past behavior predicted attitudes and subjective norms, it was not linked with prototype, PBC, or intention. Additionally, and in contrast to what was expected based on the PWM, prototype was not significantly related to past therapy experience or intention to seek couples therapy. Thus, more research is needed to further examine positioning PWM with TPB variables in predicting couples help-seeking intentions and psychological help seeking in general.

Research Implications

More research needs to be done on TPB and PWM variables in college students and specifically with regards to intentions to seek couples therapy. In combining these variables, researchers may consider a double mediation model where past behavior predicts subjective norm, PBC, and prototype, which in turn predicts attitude, which then predicts intention. This double mediation is suggested, as attitude has found to be a mediator for many constructs (e.g., Mathieson, 1991; Vogel et al., 2005). It is also suggested that future research survey both members of a couple instead of just one. Although this imposes methodological and statistical challenges, it would illuminate potential barriers that were not measured in the current study. For
example, it would be helpful to know how one’s PBC is influenced by his or her partner’s PBC. It would also be helpful to directly assess behavior in subsequent studies to justify the assumed predictive power of intentions. Although past research (e.g., Hausenblas, Carron, & Mack, 1997; Riebl et al., 2015) suggested a large effect size for the relationship between intention and behavior, other research has suggested behavioral intentions only account for 19% to 38% of the variance in actual behavior (Armitage & Conner, 2001; Sutton, 1998). Additionally and potentially important is to also examine intentions to seek help from other sources (e.g., friends, family, pastor) to evaluate and compare college students’ perceptions of seeking help from different types sources for relationship problems. Future research is also needed on college students help seeking who are experiencing relationship distress.

Practice Implications

Although further research is necessary to provide more context around college couples help-seeking, numerous practical implications can be drawn from the current study. University Counseling Center staff may utilize these results in creating programs recruiting couples for therapy to help reduce potential relationship problems. Specifically, current results imply it may be important to address potential negative perceptions that couples therapy is ineffective by educating students that couples therapy can relieve individual symptoms and decrease relationship distress. Programming with the goal of increasing couples therapy utilization should place special attention on attitudes by presenting arguments suggesting couples therapy is effective, productive, and a useful way to cope with and eliminate relationship conflict. Testimonials from couples who have participated in couples’ therapy may increase positive attitudes and contribute to a more positive subjective norm. Since prototype was not significantly related to intention, it does not seem helpful to demonstrate positive characteristics a typical
person who seeks couples therapy possesses. Furthermore, information from this study has the potential to identify factors that may influence treatment adherence and premature termination. Therapists and psychologists in a college setting may spend more time addressing concerns, myths, and benefits of therapy with a couple than they would in other therapy modalities. For example, mental health providers may spend more time assessing past therapy experience and attitudes towards couples’ therapy before beginning therapy.

**Summary and Conclusions**

In sum, the present study provides insight into the relationship between attitudes towards couples’ therapy, subjective norms, PBC to seek couples therapy, prototype perception of a typical student who seeks couples therapy, past therapy experience, and intention to seek couples therapy while enrolled in college. It was found that college students’ attitudes towards couples help seeking fully explained the relationship between past therapy experience and intentions to seek couples therapy. Furthermore, the more experience students had with personal or couples therapy, the greater their perceived pressure was to seek couples therapy while in college. The current study is the first study examining factors facilitating college couples seeking couples therapy while in college.
References


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http://dx.doi.org/10.1037/ cou0000015


Appendix A: Recruitment Letter

Hello,

My name is Tacianna Indovina and I am a third year doctoral candidate in the Department of Counseling Psychology and Guidance Services. I am conducting a study about the factors involved in college couples’ intentions to seek couples therapy in college. This study will consist of questions about your attitudes towards couples therapy amongst college student couples. It should take between 15 and 20 minutes to complete.

Please consider participating in this study at the link below if you are
1) an undergraduate or graduate student at Ball State University ages of 18 and over and
2) in a committed relationship for at least three months with a partner who also attends Ball State University.

https://bsu.qualtrics.com_____

If you are in a CPSY course, you can receive one hour of research credit for your participations. If you are not receiving credit, you can be entered to win one of two $50 gift cards!

For questions regarding the study, please do not hesitate to contact me at tpoliver@bsu.edu or Dr. Stefania Ægisdóttir, Faculty Advisor, at stefaegis@bsu.edu.

Thank you,

Tacianna Indovina
Appendix B: Informed Consent

Ball State University Muncie, IN
CONSENT TO ACT AS A HUMAN RESEARCH SUBJECT

Dear potential participant,

You are being asked to participate in a research study. Participation in this study is completely voluntary. Ball State University’s Institutional Review Board has approved this study. Please read the information below before deciding if you want to participate.

PURPOSE OF STUDY
The purpose of this research study is to understand the factors involved in help-seeking intentions for couples therapy amongst college couples. The results of this study will help mental health professionals understand the mechanisms by which college couples decide to seek therapy and may build upon the steps taken by program creators at University Counseling Centers to get couples into counseling.

SUBJECTS
Inclusion Requirements
You are eligible to participate in this study if you:
- Are age 18 or above
- Are currently enrolled at Ball State University as an undergraduate or graduate student
- Are involved in a committed romantic relationship for at least 3 months with a partner who also attends Ball State University

Time Commitment
This study will involve approximately 15-20 minutes of your time.

PROCEDURE
This study will consist of questionnaires about your attitudes, perceived norms, perceived behavioral control, and intentions regarding seeking couples counseling, followed by demographic questions.

RISKS AND DISCOMFORTS
This study involves no more than minimal risk. There are no known harms or discomforts associated with this study beyond those encountered in normal daily life. You may experience slight emotional discomfort as the topic discussed may be considered personal and/or sensitive issues. Participation in this study is completely voluntary and you are free to withdraw your permission to participate at any time, without penalty or prejudice from the researcher.

COMPENSATION, COSTS AND REIMBURSEMENT
Compensation for Participation
If you decide to participate, you will be given an opportunity to participate in a drawing of two gift cards worth $50. Participants from the CPSY research pool may instead receive 1 class
research participation credit if applicable.

CONFIDENTIALITY
Subject Identifiable Data
All responses will be anonymous. Participants will not be asked for their names or any other identifying information

Data Storage
All data collected will be stored on a password-protected laptop, which will be kept private.

Data Access
The researchers named on the first page of this form will have access to study records.

Data Retention
The researchers intend to keep the research data indefinitely in order to later reanalyze the data and test additional hypotheses regarding couples psychological help seeking.

Researchers:
Principal Investigator:
Tacianna Indovina
Department of Counseling Psychology
tpoliver@bsu.edu
(585) 752-5320

Principal Investigator:
Dr. Stefánía Ægisdóttir
Department of Counseling Psychology
stefaegis@bsu.edu
(765) 285-8040

If you have any comments, concerns, or questions regarding the conduct of this research please contact the research team listed on the first page of this form. If any emotional discomfort arises in relation to participation in this study, please contact the Ball State University Counseling Center at (765) 285-1736 or the Principal Investigator, who will help you find an appropriate referral in your location.

For questions regarding your rights as a research subject, you may contact the Office of Research Integrity at (765) 285-5070 or irb@bsu.edu.
Appendix C: Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS)

The term professional refers to individuals who have been trained to deal with mental health problems (e.g., psychologists, psychiatrists, social workers, and family physicians). The term relationship problems refers to reasons a couple might visit a professional. For each item, indicate whether you disagree, somewhat disagree, are undecided, somewhat agree, or agree:

1. There are certain problems which should not be discussed outside of one’s immediate family
2. I would have a very good idea of what to do and who to talk to if I decided to seek professional help for relationship problems.
3. I would not want my family members (parents, siblings, etc.) to know if I were suffering from relationship problems.
4. Keeping one’s mind on a job is a good solution for avoiding relationship worries and concerns.
5. If good friends asked my advice about a relationship problem, I might recommend that they see a professional.
6. Having struggled in a relationship carries with it a burden of shame.
7. It is probably best not to know everything about one’s relationship.
8. If I were experiencing a serious relationship problem at this point in my life, I would be confident that I could find relief in psychotherapy.
9. Couples should work out their own problems; getting professional help should be a last resort.
10. If I were to experience relationship problems, I could get professional help if I wanted to.
11. Important people in my life would think less of me if they were to find out that I was experiencing relationship problems.
12. Relationship problems, like many things, tend to work out by themselves.
13. It would be relatively easy for me to find the time to see a professional for relationship problems.
14. There are experiences in my life I would not discuss with anyone.
15. I would want to get professional help if I were worried or upset for a long period of time.
16. I would be uncomfortable seeking professional help for relationship problems because people in my social or business circles might find out about it.
17. Having been diagnosed with a problem related to a romantic relationship is a blot on a person’s life.
18. There is something admirable in the attitude of people who are willing to cope with their relationship conflicts and fears without resorting to professional help.
19. If I believed I were having a relationship breakdown, my first inclination would be to get professional attention.
20. I would feel uneasy going to a professional because of what some people would think.
21. People with strong characters can get over relationship problems by themselves and would have little need for professional help.
22. I would willingly confide intimate matters to an appropriate person if I thought it might help my partner or me.
23. Had I received treatment for relationship problems, I would not feel that it ought to be “covered up.”
24. I would be embarrassed if my neighbor saw me going into the office of a professional who deals with relationship problems.
Psychological Openness: 1, 4, 7, 9, 12, 14, 18, 21
Help-seeking propensity: 2, 5, 8, 10, 13, 15, 19, 22
Indifference to Stigma: 3, 6, 11, 16, 17, 20, 23, 24

*Items 3, 11, 16, and 24 will be used to assess for subjective norms
*Items 2, 10, and 13 will be used to assess for perceive behavioral control

Items 1, 3, 4, 6, 7, 9, 11, 12, 14, 16, 17, 18, 20, 21, and 24 will be reverse coded
Appendix D: Beliefs About Psychological Services (BAPS)

Please read the following statements and rate them using the scale provided. For each item, select the number that most accurately reflects your attitude toward seeking couples therapy.

Strongly Disagree  (1)(2)(3)(4)(5)(6) Strongly Agree

1. If a good friend asked my advice about a serious relationship problem, I would recommend that he/she see a couples therapist
2. I would be willing to confide my intimate relationship concerns to a couples therapist.
3. Seeing a couples therapist is helpful when you are going through a difficult time in your relationship.
4. At some future time, I might want to see a couples therapist.
5. I would feel uneasy going to a couples therapist because of what some people might think.
6. If I believed I were having a serious relationship problem, my first inclination would be to see a couples therapist.
7. Because of their training, couples therapists can help you find solutions to your relationship problems.
8. Going to a couples therapist means that I am a weak person.
9. Couples therapists are good to talk to because they do not blame you for the mistakes you have made.
10. Having received help from a couples therapist stigmatizes a person’s life.
11. There are certain problems that should not be discussed with a stranger such as a couples therapist.
12. I would see a couples therapist if I were worried or upset about my relationship for a long period of time.
13. Couples therapists make people feel that they cannot deal with their relationship problems.
14. It is good to talk to someone like a couples therapist because everything you say is confidential.
15. Talking about relationship problems with a couples therapist strikes me as a poor way to get rid of relationship conflicts
16. Couples therapists provide valuable advice because of their knowledge about human behavior.
17. It is difficult to talk about relationship issues with highly educated people such as couples therapists.
18. If I thought I needed help with my relationship, I would get this help no matter who knew I was receiving assistance.

Intent: Items 1, 2 3, 4, 6, 12 (will be used to assess intent)
Stigma Tolerance: Items 5, 8, 10, 11, 13, 15, 17, 18 (will be used to assess attitude)
Expertness: Items 7, 9, 14, 16 (will be used to assess attitude)

Items 5, 8, 10, 11, 13, 15, 17 are reverse scored.
Appendix E: Theory of Planned Behavior Determinants

**Attitudes**

*Instrumental:*
1. For me, it is good to seek couples therapy if I have relationship problems:
   a. Disagree (1)(2)(3)(4)(5)(6) agree
2. For me, it is unproductive to seek couples therapy if I have relationship problems:
   a. Disagree (1)(2)(3)(4)(5)(6) agree
3. For me, it is useless to seek couples therapy if I have relationship problems:
   a. Disagree (1)(2)(3)(4)(5)(6) agree
4. For me, it is important to seek couples therapy if I have relationship problems:
   a. Disagree (1)(2)(3)(4)(5)(6) agree
5. For me, it is destructive to seek couples therapy if I have relationship problems.
   a. Disagree (1)(2)(3)(4)(5)(6) agree
*Items 2, 3, and 5 will be reverse coded.

*Experiential:*
1. For me, it is unpleasant to seek couples therapy if I have relationship problems
   a. Disagree (1)(2)(3)(4)(5)(6) agree
2. For me, it is satisfying to seek couples therapy if I have relationship problems:
   a. Disagree (1)(2)(3)(4)(5)(6) agree
3. For me, it is exciting to seek couples therapy if I have relationship problems:
   a. Disagree (1)(2)(3)(4)(5)(6) agree
4. For me, it is painful to seek couples therapy if I have relationship problems:
   a. Disagree (1)(2)(3)(4)(5)(6) agree
*Items 1 and 4 will be reverse coded.

**Subjective Norms**

*Injunctive:*
1. Most people who are important to me think I should seek couples therapy if I were experiencing relationship problems.
   a. Disagree (1)(2)(3)(4)(5)(6) agree
2. The people in my life whose opinions I value would not approve of me seeking couples therapy
   a. Disagree (1)(2)(3)(4)(5)(6) agree
3. Most people I respect and admire think that I should seek couples therapy if I were experiencing relationship problems.
   a. Disagree (1)(2)(3)(4)(5)(6) agree
4. It is not expected of me that I seek couples therapy if I have a relationship problem.
   a. Disagree (1)(2)(3)(4)(5)(6) agree
*Items 2 and 4 will be reverse coded.
Descriptive:
1. There are virtually no people in my life whose opinions I value who seek couples therapy.
   a. Disagree (1)(2)(3)(4)(5)(6) agree
2. Most people like me always seek couples therapy if they have a relationship problem.
   a. Disagree (1)(2)(3)(4)(5)(6) agree
3. Most people who are important to me seek couples therapy if they have a relationship problem.
   a. Disagree (1)(2)(3)(4)(5)(6) agree
*Item 1 will be reverse coded.

Perceived Behavioral Control

Autonomy:
1. I have complete control over whether I seek couples therapy if I have a relationship problem.
   a. Disagree (1)(2)(3)(4)(5)(6) agree
2. It is mostly up to me whether or not I seek couples therapy if I have a relationship problem.
3. There are numerous events outside of my control which could prevent me from seeking couples therapy:
4. Whether or not I seek couples therapy is completely up to me.
*Item 3 will be reverse coded.

Capacity:
1. For me to seek couples therapy if I have a relationship problem would be impossible.
2. I definitely don’t believe I have the ability to seek couples therapy.
3. I have the confidence to be able to seek couples therapy
4. If I wanted to, it would be very easy to seek couples therapy.
*Items 1 and 2 will be reverse coded.

Intent/willingness
1. I intend to seek couples therapy:
   a. Disagree (1)(2)(3)(4)(5)(6) agree
2. I expect to seek couples therapy.
   a. Disagree (1)(2)(3)(4)(5)(6) agree
3. I am extremely unlikely to seek couples therapy.
   a. Disagree (1)(2)(3)(4)(5)(6) agree
4. I plan to seek couples therapy.
a. Disagree (1)(2)(3)(4)(5)(6) agree
5. I am willing to seek couples therapy
   a. Disagree (1)(2)(3)(4)(5)(6) agree
6. I will not try to seek couples therapy
   a. Disagree (1)(2)(3)(4)(5)(6) agree
*Items 3 and 6 will be reverse coded.
Appendix F: Past Behavior

Please answer each of the following questions by selecting the number that best describes your experience.

- Have you sought therapy/counseling services for personal problems/concerns?
  - If yes, how satisfied were you with the services?
- Have you sought therapy/counseling services for career related problems/concerns?
  - How satisfied were you with the services?
- Have you sought therapy/counseling services for marital/couples/relational problems/concerns?
  - How satisfied were you with the services?
Appendix G: Prototype

Pilot study 1:
Please list 5 positive characteristic traits (e.g., courageous) AND 5 negative characteristic traits (e.g., stupid) that come to mind when you think about a person seeking couples therapy.
Positive
1. 
2. 
3. 
4. 
5. 

Negative
1. 
2. 
3. 
4. 
5. 

Pilot study 2 & Main Study:
Take a moment to think about the type of person your age that seeks couples therapy. We are not interested in anyone in particular, just the typical person your age who would go to couples therapy. Rate that person:

1. How brave is this person?
   Not at all (1)(2)(3)(4)(5)(6) very
2. How angry is this person?
   Not at all (1)(2)(3)(4)(5)(6) very
3. How stupid is this person?
   Not at all (1)(2)(3)(4)(5)(6) very
4. How loving is this person?
   Not at all (1)(2)(3)(4)(5)(6) very
5. How caring is this person?
   Not at all (1)(2)(3)(4)(5)(6) very
6. How determined is this person?
   Not at all (1)(2)(3)(4)(5)(6) very
7. How weak is this person?
   Not at all (1)(2)(3)(4)(5)(6) very
8. How sad is this person?
   Not at all (1)(2)(3)(4)(5)(6) very
9. How strong is this person?
   Not at all (1)(2)(3)(4)(5)(6) very
10. How committed is this person?
    Not at all (1)(2)(3)(4)(5)(6) very
11. How helpless is this person?
Not at all (1) (2) (3) (4) (5) (6) very
12. How hurt is this person?
   Not at all (1) (2) (3) (4) (5) (6) very
13. How lazy is this person?
   Not at all (1) (2) (3) (4) (5) (6) very
14. How courageous is this person?
   Not at all (1) (2) (3) (4) (5) (6) very
15. How hopeful is this person?
   Not at all (1) (2) (3) (4) (5) (6) very
16. How insecure is this person?
   Not at all (1) (2) (3) (4) (5) (6) very

*Items 2, 3, 7, 8, 11, 12, 13, 16*
Appendix H: Demographics

- What is your gender identity?
  - Male
  - Female
  - Genderqueer
  - Trans* male
  - Trans* female
  - Other please describe

- What is your sexual/affectional orientation?
  - Heterosexual
  - Gay
  - Lesbian
  - Bisexual
  - Demisexual
  - Pansexual
  - Queer
  - Asexual
  - Other

- What is your current year in school?
  - Freshman
  - Sophomore
  - Junior
  - Senior
  - Master’s student
  - Doctoral student
  - Other please describe

- Are you an international student? Yes  No

- Race
  - Black or African American
  - White
  - Hispanic/Latino/a
  - Native American
  - Asian
  - Native Hawaiian or Pacific Islander
  - Other—please describe

- How old are you in years? ____

- What is your relationship status?
  - Dating
  - Cohabitating
  - Married

- Length of relationship
  - ____ Years ____ months

- How much distress are you currently experiencing in your relationship?
  - None at all (1)(2)(3)(4)(5)(6) Very much
Appendix I: Extended Literature Review

Many authors have suggested only one third of people with a mental disorder seek help for their psychological distress (Andrews, Issakidis, & Carter, 2001). An extant body of literature exists on what factors predict help-seeking for specific problems in individuals (e.g., Ballon, Kirst, & Smith, 2004; Constantine & Gainor, 2004; Dearing, Maddux, & Tangney, 2005; Spengler & Ægisdóttir, 2015). However, little research has focused on couples seeking help (e.g., Englar-Carlson & Shepard, 2005; Eubanks Fleming & Cordova, 2012; Doss, Simpson & Christensen, 2004; Williamson, Trail, Bradbury, & Karney, 2014), and no study was located examining college couples seeking help. As one-half of first marriages in the United States end in divorce, more couples should consider seeking couples therapy. Unfortunately, there is a lack of research on what kinds of couples actually look for help (Copen, Daniels, & Mosher, 2013). Often, couples do explore marital therapy, but their efforts are delayed, which is unfortunate since therapeutic intervention versus no intervention is successful in reducing distress among couples (Beyer, 1996; Wood, Crane, Schaalje, & Law, 2005). Since about 28% of married college graduates attend the same college, it would be ideal if college couples (partnered, married, cohabitated, and engaged) could seek therapy in college when it is more likely to be free of charge or at a low cost (Macskassy & Adamic, 2013).

Many college students become comfortable in their romantic involvement and inadvertently slide into relationship transitions like getting a pet together or cohabitating. Extensive research suggests premarital cohabitation is associated with poorer communication quality, lower marital satisfaction, and divorce under certain conditions (e.g., Cohan & Kleinbaum, 2002; Copen et al., 2013; Kamp Dush, Cohan, & Amato, 2003; Kline et al., 2004; Stafford, Kline, & Rankin, 2004). The concept of sliding not deciding can help explain this
association. Sliding not deciding refers to a movement (sliding) through relationship transitions without fully considering the implications (Stanley, Rhoade, & Markman, 2006). Sliding through these relationship transitions may increase constraints (i.e., it is harder to break-up during the lease term of a shared dwelling), which may lead partners to remain in relationships they would otherwise have ended if aforementioned constraints were not present (Stanley et al., 2006). Thus, couples that slide into constraints, like cohabitation and marriage, are presumably more likely to make decisions without clear deliberation or discussion (Stanley et al., 2006). This pattern may lead to divorce for two main reasons. First, people may remain in relationships they would have ended sooner if transitions increased relationship continuance regardless of poor match, awareness of possible relationship problems, or knowledge about lack of mutual future goals (Stanley et al., 2006). Thus, a couple in this situation may not be a good match for each other and the problem solidifies over time. Second, this sliding pattern may lead to negative outcomes because less deliberation may lead to increased vulnerability for future stress (Stanley et al., 2006). Hence, a healthy couple may struggle because they did not clearly define their commitment.

In order to prevent sliding, couples could engage in therapy early on (e.g., in college) to encourage deliberate and thoughtful deciding rather than sliding. Research on college student help-seeking attitudes is lacking, and research on college couple help-seeking attitudes is nonexistent. Research suggests there is stigma towards individual therapy (Vogel, Wade, & Hackler, 2007). There is arguably a different kind of stigma towards couples therapy as compared to individual therapy, although research in this area is almost nonexistent (Pappernheim, 2014). The stigma against couples therapy may be heightened amongst college couples as seeking couples therapy while in college may not be the norm for a typical college
couple. Overall, it is unclear why the rate of seeking psychological help amongst couples in college is so low. Gathering more information about partnered college students’ attitudes towards couples therapy would be beneficial in furthering the understanding of why couples therapy in college is so rare.

Decision-making models have been used to identify what factors are predictive of individuals taking action. Action to seek couples therapy could be a result of both remedying problems and preventing future issues. The Theory of Planned Behavioral (TPB) provides an understanding of what factors predict individuals’ intention to engage in a specific behavior under voluntary control. Specifically, the TPB suggests attitude towards a certain behavior, subjective norms regarding the behavior, and perceived behavioral control combine to predict intention to perform the behavior (Ajzen, 1985). Another decision-making model, the Prototype Willingness Model (PWM), extends previous reasoned-choice models such as the TPB as it compares how deliberative systemic reasoning (TPB) contrasts with heuristics and affect (Gerrard, Gibbons, Houlihan, Stock, & Pomery, 2008). Using these two theories, the purpose of the current study is to gather more information about what factors predict college couples’ intention to seek couples therapy.

Theoretical Implications

Behavioral change and decision-making models have been applied to better understand and predict numerous health-related behaviors. The Theory of Planned Behavior (TPB) and Prototype Willingness Model (PWM) can therefore increase one’s understanding of college students’ intention to seek couples therapy.
The Theory of Planned Behavior (TPB)

The TPB, an extension of the Theory of Reasoned Action (TRA), has been used to predict and explain a vast range of health behaviors including smoking, drinking, substance use, and utilization of health services (Ajzen, 1985). Since the TPB has been used in explaining and predicting utilizations of health services, it makes sense that it can help in furthering the understanding of what factors predict help-seeking among couples. As stated, the goal of the TPB is to predict a person’s intention to engage in a specific controllable behavior. The model explicates attitudes, subjective norms, and perceived behavioral control combine to predict intention to engage in a specific behavior, which either indirectly and/or directly predicts behavior. Further, Ajzen and Madden (1986) asserted intentions and perceived behavioral control predict actual behavior.

Assumptions of the model include knowing the person has the resources to be successful in performing a certain action, regardless of one’s intentions. Within the context of the current research questions, it makes sense to assume college students have the personal resources to be able to seek couples therapy. Although the model has been used to predict many different health-related behaviors, it has some limitations. For example, subjective norm is considered, but the construct does not effectively account for economic factors that may also influence behavioral intentions. For the current study, economic factors would not necessarily need to be considered as the population of interest is college students who have free couples therapy offered to them. Additionally, while the model accounts for many different constructs, it does not account for threat (e.g., relationship distress or dissolution) or past experience with a specific behavior (e.g., past therapy experiences). The PWM addresses some of these limitations.
Prototype Willingness Model (PWM)

The PWM is a dual-process model where one process is based on heuristics and affect and the other on deliberate and systematic reasoning (Gerrard et al., 2008). Using the PWM to predict help-seeking behavior can add information gathered through the TPB. As discussed, the TPB, a model based on deliberate and systematic reasoning, assumes that decision-making involves planful processes, which lead to a behavioral intention, then actual behavior. When trying to predict help-seeking behaviors with reasoned-choice models like TPB, only 12% to 61% of the variance in behavioral intention is accounted for by attitudes and perceived subjective norms (Bayer & Peay, 1997; Skogstad, Deane, & Spicer, 2006). Further, behavioral intention to seek therapy has only accounted for 3% to 5% of the variance in actual behaviors (Wilson, Deane, Ciarrochi, & Rickwood, 2005; Wilson, Deane, Marshall, & Dalley, 2008). Thus, the PWM, a non-reasoned-choice model, may add predictive validity in predicting help-seeking (Hammer & Vogel, 2012).

Continuing, the first path in this dual-process model is a reasoned path where subjective norms and attitudes predict intention and willingness, which then together predict behavior. The second is a social reaction path where a prototype of a person who engages in a given behavior predicts behavioral willingness, which predicts behaviors (Gerrard et al., 2008). Previous behavior, according to the PWM, is an exogenous variable leading to attitudes, subjective norms, and prototype (Gerrard et al., 2008). In the context of help-seeking, the PWM adds three unique constructs to the TPB. First, it considers previous behavior as an antecedent to attitudes and subjective norms, which are antecedents to behavioral intention and willingness (Bentler & Speckart, 1981). Second, the PWM adds the idea of a prototype. In the context of help-seeking, prototypes are maintained in peoples’ long-term memories and if someone had a negative
prototype of help-seeker for couples therapy then he or she would likely have a less willingness to seek couples therapy. Last, studies have suggested willingness is a better predictor of behavior when compared to behavioral intentions when the behavior is unfamiliar, socially undesirable, or involves emotional processes, characteristics all relevant to help-seeking behaviors (Gibbons, Gerrard, Reimer, & Pomery, 2006).

Although the model has been used to predict numerous behaviors, it has only seldom been used to predict help-seeking decisions. Additionally, the model was intended to help explain adolescents’ decision-making. In the context of the current study, although many college students may be adolescents, they may have more developed prefrontal cortexes that may lessen the variance explained by the social reaction pathway prescribed by PWM (Casey, Jones, & Hare, 2008). In other words, since college students may be more mature, the social reaction pathway may be less salient than it is for younger adolescents. Furthermore, the PWM does not include perceived behavioral control, an integral part of the TPB and the authors do not provide a rationale for this decision. Thus, the current study will include perceived behavioral control.

**Critical analysis and integration of literature**

In reviewing the literature, PsycInfo and PubMed were used with the following search terms: theory of planned behavior AND help seeking; theory of planned behavior AND college; theory of planned behavior AND therapy AND college; prototype willingness model AND help-seeking; prototype willingness model AND college; and theory of planned behavior AND prototype willingness model.

**Effectiveness of Psychotherapy**

The question of whether or not psychotherapy is efficacious and effective has been researched for many years (e.g., Smith & Glass, 1997; Wampold, Mondin, Moody, & Ahn,
1997). The research discussed below culminates in supporting the notion there is a strong relationship between effectiveness and outcome.

Seligman (1995) analyzed the responses to 26 questions completed by 2,900 of Consumer Reports subscribers who reported seeking services from a mental health professional. With initial severity and duration of treatment controlled, there were many clear results. For example, mental health treatment typically worked as most participants reported improving. Of the 426 people who were feeling very poor prior to seeing a mental health professional, 87% reported feeling very good, good, or so-so by the time of the survey. Of the 786 people who were feeling fairly poor and later saw a mental health professional, 92% were feeling very good, good, or so-so by the time of the survey (Seligman, 1995). Further, results indicated there were no differences in terms of specific type of psychotherapy and outcome. Seligman’s (1995) findings were important, as the study was the first large-scale one assessing therapy outcome in everyday practice.

Although much literature exists suggesting the efficacy and effectiveness of individual therapy, there are fewer studies focusing on the efficacy and effectiveness of couples therapy. Data overall suggest couples therapy is effective. For example, behavioral couples therapy is significantly more effective than no treatment (Shadish & Baldwin, 2005) and more effective for alcohol and drug problems than individual-based treatments (Powers, Vedel, & Emmelkamp, 2008). A meta-analysis corroborated this evidence and suggested therapeutic intervention versus no intervention is successful in reducing distress amongst couples (Wood et al., 2005). Thus, when couples seek therapy, their distress improves and relationship satisfaction increases (Beyer, 1996). However, many times, couples seek therapy only after many years of dissatisfaction, and investigating how TPB and PWM variables combine to predict intention and willingness to seek
couples therapy may aid in the understanding of help-seeking efforts, as it appears that those who seek help are motivated by more factors than just having a high level of distress (Beyer, 1996).

**Theory of Planned Behavior Variables**

**Behavioral Intention (Endogenous).** Behavioral intention, according to Ajzen (1985) serves as an indicator of a person’s readiness to perform a given behavior and directly predicts actual behavior. Intentions, according to Fishbein and Ajzen (1975) involve the behavior and the time at which the behavior is supposed to be performed. Intentions lead to actual behavior through the moderating variable perceived behavioral control. There have been many studies supporting the idea that intentions lead to actual behavior.

In a meta-analysis of 185 independent studies, TPB accounted for 27%-39% of the variance in behavior and intention, respectively (Armitage & Conner, 2011). When the behavior measures were self-reported rather than objective or observed, TPB accounted for an additional 11% of variance in behavior (Armitage & Conner, 2011). Further, Hausenblas, Carron, and Mack (1997)’s meta-analysis suggested a large effect size for the relationship between behavioral intention and exercise behavior (mediated through perceived behavioral control). Another meta-analysis found intention was the most common predictor of nutrition-related behaviors, explaining about 15% of the variance (Riebl et al., 2015). Ajzen (1985) proposed that perceived behavioral control explains some of the relationship between intention and actual behavior.

**Perceived behavioral control (Mediational).** According to Fishbein and Ajzen (1975), perceived behavioral control (PBC) refers to the belief that one is capable of performing a specific behavior. PBC significantly predicted intentions to engage in health-protective behaviors above and beyond perceived ability (McCaul, Sandgren, O’Neill, & Hinsz 1993). PBC
independently accounted for significant amounts of behavioral intention and actual behavioral variance (Mak & Davis, 2014) with some studies predicting intention above and beyond attitude and subjective norms in meta-analyses and individual studies on nonsmoking intentions, help-seeking for breast cancer, menopausal symptoms, mental health, and psychiatric issues (Armitage & Conner, 2001; Hunter, Grunfeld, & Ramirez, 2003; Nehl et al., 2009; Spatz, Thombs, Byrne, & Page, 2003).

PBC has not always been found to exceed attitudes and subjective norms in predicting behavioral intentions and actual behavior. For instance, Schomerus, Matschinger, and Angermeyer (2009) administered vignettes describing symptoms of major depression and asked depressed and non-depressed participants to indicate their intentions to seek help from a psychiatrist using items representing TPB constructs. Schomerus et al. found TPB be less predictive of intention for non-depressed compared to depressed patients. Results from Schomerus et al.’s (2009) study demonstrated a lack of evidence found for PBC to predict intentions in Schomerus et al.’s (2009) study, perhaps because the participants were evaluating vignette characters’ PBC rather than assessing their own experiences and symptoms of depression.

**Subjective norm (Mediational).** Another important construct in TPB and PWM is subjective norm, which is the perceived social pressure to either engage or not engage in a specific behavior. This norm is determined by one’s perception about a particular behavior or set of behaviors, which is influenced by the judgment of others in significant referent groups. This construct is essentially measuring one’s perception of a given behavior, which includes stigma. Even when in distress, the stigma towards therapy can serve as a barrier for seeking help (Colloway, Kelly, & Ward-Smith, 2012; Takeuchi, Leaf, & Kuo, 1988; Vogel et al., 2007).
Subjective norm has been found to predict help-seeking intentions and willingness (Deane & Todd, 1996). For example, Amongst African American college students, peer and family norms were related to help-seeking intentions (Barksdale & Molock, 2009). More positive subjective norms were significantly associated with greater help-seeking and outreach participation intentions (Christian & Abrams, 2003; Hammer & Vogel, 2013; Mak & Davis, 2014) and help-seeking willingness (Hammer & Vogel, 2013). Subjective norm was the most important predictor of intent to engage in unsafe sex among girls (Myklestad & Rise, 2007). Subjective norm has also been investigated as exogenous and meditational variables. Subjective norm predicted intentions through attitudes and PBC (Mak & Davis, 2014) and subjective norm mediated the relationship between attitude and PBC and intention (Mo & Mak, 2009).

Subjective norm emerged as the weakest predictor of behavioral intentions in a meta-analysis of 185 studies, perhaps because subjective norm was poorly measured (Armitage & Conner, 2001). Similarly, Chen, Romero, and Karver (2016) found subjective norm did not mediate the relationship between campus attitudes and campus stigma as it relates to help-seeking intentions amongst undergraduate students. Perhaps norms did not successfully mediate this relationship because the Chen et al. (2016) operationalized subjective norm as personal stigma rather than a broader and more encompassing construct. Furthermore, amongst depressed and non-depressed participants responding to a vignette describing symptoms of major depression, subjective norm was less important in predicting intentions to seek help from a psychiatrist relative to attitudes toward the behavior (Schomerus et al., 2009). It is difficult to predict a vignette’s character perception of norms, which may have contributed to the lack of evidence found in this study. Specifically, it would be difficult to objectively assess another person’s perceptions of his or her norms.
**Attitudes (Mediational).** Attitudes refers to the degree to which a given behavior is positively or negatively valued. Thus, according to the Health Belief Model, perceived benefits and perceived barriers combine to form attitudes. Perceived benefits refer to a person’s perception of the effectiveness of behaviors, like help-seeking, to reduce the threat of illness, or in this case, relationship distress or dissolution. Perceived barriers refer to a person’s feelings about the barriers to performing a recommended behavior (Glanz et al., 1997).

Attitude had a significant and direct association with mental help-seeking intention among randomly chosen Chinese residents (Mo & Mak, 2009), Macao residents aged 21-60 (Mak & Davis, 2014), undergraduates in the United States (Hammer & Vogel, 2013) and specifically, undergraduates in the United States with interpersonal and drug problems (Vogel et al., 2007). Attitudes also had significant and direct associations for medical help-seeking intentions for potential breast-cancer symptoms (Hunter et al., 2013) and for psychiatric help-seeking when reading a vignette describing symptoms of major depression (Schomerus et al., 2009).

Personal attitudes were found to be a significant mediator between campus attitudes and help-seeking intent (Chen et al., 2016), between traditional masculine ideology and help-seeking intentions amongst men (Smith, Tran, & Thompson, 2008), between psychological factors (social stigma, self-disclosure, anticipated utility, subjective norm, social support, and past behavior) and help-seeking intent (Vogel et al., 2007), and between subjective norm and help-seeking intentions amongst Macao residents (Mak & Davis, 2014). Further, more positive attitudes toward seeking psychological help were significantly associated with greater behavioral intention and willingness (Hammer & Vogel, 2013).
To review, perceived behavioral control, subjective norm, and attitude are TPB variables that combine to predict behavioral intention. Although these variables have been investigated in the context of individual help-seeking, there are no known studies that have explored the variables in the context of intentions to seek couples therapy. Since TPB variables predict varying degrees of intention and actual behavior, PWM variables will also be explored to better understand college couples intention to seek couples counseling.

**Variables unique to Prototype Willingness Model**

**Behavioral Willingness (Endogenous).** According to Gerrard et al. (2008), behavioral willingness differs from behavioral intention as it refers to one’s openness to engage in a behavior. Willingness has been shown to effectively predict a variety of risk behaviors independent of intention (Gerrard et al., 2006; Gibbons, Gerrard, Blanton, & Russell, 1998a; Gibbons, Gerrard, Ouellette, & Burzette, 1998b). Intention and willingness are allegedly related but independent constructs and are correlated (i.e., correlation coefficients typically range from .25 to .65, depending on the behavior) (Gibbons et al., 1998; Gerrard et al., 2008).

When Gibbons et al. (2006) asked adolescents their intention and willingness to engage in casual/unprotected sex within the next year, 24% adolescents reported having casual/unprotected sex a year later, but 39% of them said they definitely did not intend to do so and only 5% indicated no willingness. Thus, about one quarter of those who had unprotected sex did not intend to do so, but did it anyway, suggesting that willingness adds predictive validity to behavioral intention when predicting actual behavior. Similarly, these adolescents were asked if they intended to drink and drive. Of those who endorsed drinking and driving in the next year, 40% reported no intention to do so one year earlier, while nine percent indicated no willingness to do so, stating that it just happened (Gibbons et al., 2006). Further, when risk was high (e.g.,
“drink enough to black out or pass out”), willingness was a stronger predictor of behavior than intention (Litt et al., 2014, p. 88). Although willingness in these two situations was related to a risky behavior, it can be applied to help-seeking behaviors as well. For example, a struggling couple may have no specific plan or intent to seek couples therapy, but they may be willing to go once the opportunity presents itself (Hammer & Vogel, 2013). When the PWM model was applied to psychological help-seeking, Hammer and Vogel (2013) found help-seeking attitudes, perceived subjective norms, and the prototype of a help-seeker predicted help-seeking willingness independently of other factors.

Other evidence suggests intention predicts behavior above and beyond willingness. For example, intention predicted actual binge drinking behavior amongst female undergraduates, but willingness did not (Todd & Mullan, 2001). Additionally, responses to college undergraduates anticipated spring break activities showed when health-related risk was lower (e.g., getting drunk), intention was a stronger predictor of behavior than willingness (Litt et al., 2014). Thus, one can conclude that intention is a stronger predictor of behavior when risk is low. Since there has been limited research on health-protective behaviors like help-seeking, the importance of the role of willingness remains unclear.

Then again, intention and willingness both have an underlying construct of readiness to engage in the behavior (Fishbein & Ajzen, 2010; Gibbons et al., 1998b). According to Fishbein and Ajzen, intention already incorporates the construct of willingness. In addition, the proposed scales to measure intention for the current study include questions about willingness as operationalized by Gerrard et al. (2008). Thus, willingness and intention will be considered one construct, capturing the underlying behavioral readiness to engage in couples therapy.
Prototype (Mediational). According to the PWM, risk prototypes are images of people who engage or avoid in risk behaviors. An assumption when using the model is that adolescents have schemas, or prototypes, of the type of person their age who engages or avoids engaging in specific risk behaviors. Prototypes are maintained in peoples’ long-term memories and if someone had a negative prototype of a help-seeker for couples therapy then he or she would likely have a diminished willingness to seek couples therapy (Gerrard et al., 2008). Thus, adolescents realize if they engage in a given behavior, they will likely acquire aspects of their cognitive schema. So, if a college student thought those who attended couples therapy were failures with weak characters, he or she would likely acquire that schema and think others would see him or her as a failure and a weak person. Theoretically, the more negative an individual’s help-seeker prototype is, the less willing the person will be to match the prototype as opposed to a positive prototype. This pattern appears to be true according to empirical evidence.

For example, perceived similarity to prototypes was the most consistent additional predictor of intention for risky and health-protective behaviors (Rivis et al., 2006). In studies investigating risk prototypes, young adults perceived similarity between themselves and a prototype the most important predictor of girls’ willingness to have unprotected sex (Myklestad & Rise, 2007). A perceived similarity between oneself and a prototypic drinker and prototypic nonmedical prescription stimulant (NPS) user was also positively correlated with willingness to drink and willingness to use NPS, respectively (Lane et al., 2011; Stock, Litt, Arlt, Peterson, & Sommerville, 2012). Further, prototypes of smoking or drinking peers explained a significant part of the variance in intention and willingness to smoke or drink and added significant variance explained by TPB variables (Spijkerman et al., 2004). In contrast, a prototype manipulation via a newspaper article had no effect in reducing binge drinking in female undergraduates by
attempting to alter binge drinker prototypes amongst female undergraduates, suggesting it may
difficult to change prototype perception (Todd & Mullan, 2001).

As mentioned, prototypes can also be used to explain health protective behaviors, like
help-seeking, in addition to risk behaviors (Hammer & Vogel, 2013; Rivis et al., 2006). For
example, those who were told that their peers were alcohol abstainers had a positive association
with more favorable prototypes of alcohol abstainers, which predicted lower alcohol use (Litt &
Lewis, 2015). Additionally, young adults’ perceived similarity between themselves and a
prototype was the most consistent additional predictor of behavioral intention for health
protective behaviors like exercising, sleeping at least seven hours, and eating breakfast every day
(Rivis et al., 2006). More specific to psychological help-seeking, Hammer and Vogel (2013)
conducted the only known study to date investigating prototype within the context of help-
seeking. Surprisingly, Hammer and Vogel found that a more positive prototype was significantly
associated with lower willingness. However, prototype may not have been a significant predictor
because words used to describe the prototype were stressed, distressed, and anxious, which
although negative, describe a state that would be expected of someone willing to enter therapy,
regardless of their characterological traits (e.g., being a weak person).

Previous help-seeking behavior (Exogenous). Previous help-seeking behavior,
according to PWM, is an exogenous variable, which theoretically has associations with attitudes,
subjective norms, and the prototype of a person who seeks help. In the context of the current
study, previous help-seeking behavior is also hypothesized to predict perceived behavioral
control. Using this variable has a theoretical basis in PWM because as stated above, previous
behavior is an antecedent to attitudes toward a given behavior, subjective norms, and behavioral
intention and willingness (Bentler & Speckart, 1981).
Gerrard et al. (2008) found previous smoking was the best predictor of current smoking. More relevant to the current study, previous contact with counselors predicted variance in intent to seek help for interpersonal and drug problems through attitude as mediating variable (Vogel et al., 2005). Similarly, previous contact with psychologists outside of prison also predicted higher intentions to seek help for suicidal feelings (Skogstad et al., 2006). In contrast, previous contact with prison psychologists was associated with lower intentions to seek help for suicidal feelings amongst male inmates, perhaps because seeking help in prison may be associated with loss of freedom and higher levels of monitoring (Skogstad et al., 2006). Additionally, although attitudes mediated the relationship between previous help-seeking and intention, attitudes did not directly predict help-seeking intentions amongst Macao residents, perhaps suggesting that previous help-seeking may need to be positive in order for it to positively predict the same intention in the future (Mak & Davis, 2014).

Combining Theory of Planned Behavior and Prototype Willingness Model

Although the TPB has been well researched in the individual psychological help-seeking literature, no investigations were located employing TPB in predicting intentions to seek couples therapy. Further, much of the research on TPB and help-seeking fails to use perceived behavioral control, an integral part of the model that has high predictive validity. Additionally, the PWM has been successful in predicting many health-related behaviors. In sum, the goal of the present study is to identify how well the reasoned model (TPB) and the social reaction model (PWM) predict college couples intention to seek couples therapy. Although only one study has investigated TPB and PWM variables together in the context of help-seeking for individual psychotherapy (Hammer & Vogel, 2013), study’s focusing on other behaviors have done this.

Although Rivis et al. (2010) did not investigate past behavior, they found all other TPB
and PWM variables explained 65% of variance in young male drivers’ willingness and 47% of older male drivers’ willingness to drive while intoxicated. Furthermore, TPB and PWM variables accounted for 30% of the variance in skin protection behavior in individuals with occupational skin disease (Matterne et al., 2011). Some studies suggested TPB variables explained more of the variance of both health protective and health risk behaviors than the PWM (Rivis et al., 2010), whereas others suggested PWM variables explained more of the variance than TPB (Gebhardt et al., 2009). Most important to the proposed study, Hammer and Vogel (2013) found PWM variables independently accounted for variance in psychological help-seeking decisions, thus adding predictive validity to TPB variables (except perceived behavioral control) with regards to help-seeking intention/willingness.

**Present Study**

In the present study, the relationship between attitudes, subjective norm, perceived behavioral control, intentions to seek couples therapy, prototype of a typical help-seeker, and past help-seeking behavior will be examined among undergraduate and graduate university students who are in a relationship with someone at their university. Although the TPB has been well researched in the individual help-seeking literature, no study has of yet examined its applicability for couples help-seeking. Further, much of the psychological help seeking research guided by the TPB have neglected PBC in their model, which is a limitation given this construct’s integral part of the model and its high predictive validity in predicting behavioral intention and actual behavior. Additionally, the PWM has been successful in predicting many health-related behaviors, but has only been used in the context of psychological help-seeking in one study (Hammer & Vogel, 2013), where only the social reaction pathway independently accounted for a significant portion of the variance in help-seeking intention, willingness, and
help-seeking decisions. In sum, the goal of the present study is to identify how well the reasoned model, TPB, and the social reaction model, PWM, together predict college couples’ intention to seek couples therapy. Based on the TPB and PWM (see Figures 1 and 2) it is hypothesized that:

1. Past experiences with individual or couples therapy predicts intention to seek couples therapy (see Figure 1).

2. Attitudes, subjective norms, help-seeker prototype perception, and PBC will mediate the relationship between past therapy experience and help-seeking intentions/willingness for couples therapy. That is, previous therapy experience will be linked with more positive attitudes, positive subjective norms, more positive help-seeker prototype perception, and greater perceived behavioral control which in turn will be related to greater willingness/intention to seek help (see Figure 2).

**Conclusions and Potential Implications**

In sum, due to lack of studies on couples psychological help seeking, it is important to examine factors affecting couples decision to seek out couples therapy. Given TPB and PWM success in delineating factors affecting behavioral intentions, willingness to engage in a behavior, and actual behavior, using these two models is a logical step in advancing understanding psychological help seeking. Specifically, examining factors stipulated in these two models will aid in current understanding of psychological help seeking among college couples. Employing these models to understand factors affecting college couples intentions to seek couples counseling may provide program creators with ideas on how to get couples into therapy. University Counseling Centers may be able to begin creating programs recruiting couples for therapy to help reduce potential relationship problems. Furthermore, information from this study
has the potential to help identify factors that may influence treatment adherence and premature termination.
References


