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The Relationship of Gender, Spirituality, and Willingness to Seek Mental Health Treatment Among Students at a Faith-Based Institution

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The Relationship of Gender, Spirituality, and Willingness to Seek Mental Health
Treatment Among Students at a Faith-Based Institution

by

Lauren A. Hoffman

Presented to the Faculty of the
Graduate School of Clinical Psychology
George Fox University
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The Relationship of Gender, Spirituality and Willingness to Seek Mental Health Treatment

Among Students' at a Faith-Based Institution

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Abstract

College is a demanding time in a student's life that can require willingness to seek help in times of significant distress. The factors that can influence this decision are numerous and complex. This study examined the relationship between willingness to seek mental health treatment, gender, and level of religiosity and spirituality in students that are enrolled in a single faith-based institution. Results suggest that female students were more willing to seek help from a mental health professional than males, and students who endorsed high levels of religiosity and spirituality were more inclined to seek help from a religiously affiliated advisor than those who endorsed low levels of religiosity and spirituality.

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Chapter 1

Introduction

University life brings a variety of challenges that can lead to significant psychological distress. A college student's decision to seek professional help for emotional distress is complex and often impacted by multiple variables. In the past, researchers have examined the impact a wide range of variables can have on a student's help-seeking attitudes, but there is only a small pool of research exploring factors related to students' at faith based institutions (FBI) help-seeking behaviors. This study investigates the influence gender and level of spirituality and religiosity have on college students' willingness to seek mental health treatment at a FBI.

Factors that Influence Willingness for Treatment in College Students

Much research has been completed in hopes of identifying what deters people from seeking mental health treatment. Although treatment awareness and availability to the public continues to increase, mental health stigma remains a significant impediment to help seeking behavior among college students. LaLonde (2014) explored the impact a mock radio advertisement (intended to simulate Direct to Consumer Advertising), with or without a directive to speak to a mental health provider about talk, medication and/or combined treatment options, has on the intention to seek treatment, attitudes towards seeking treatment and perception of self and social stigma. The study found an inverse relationship between perceived stigma and attitudes towards help seeking and intention to seek treatment in the future.

Despite rapid growth of professional counseling and psychotherapy, cultural norms of certain populations continue to hinder willingness to seek treatment. Kim and Ozimo (2003) discovered that the level of acculturation of Asian-American students had a strong correlation with their perceived level of stigma towards mental health treatment. These findings support Soorkia, Snelgar, and Swami's (2011) study that found Asian's ethnic identity and adherence to values were significant predictors of negative attitudes towards willingness to seek psychological help. Masuda et al. (2009) found African-American and Asian-American college students held greater stigmatizing attitudes towards individuals with psychological disorders and lower tolerance of help-seeking behavior.

When considering all demographic variables, gender is one of the most fundamental aspects that have impacted attitudes towards seeking mental health treatment, to date (Nam, Chu, Lee, Lee, & Lee, 2010). Nam conducted a study that revealed females hold more positive attitudes towards seeking psychological help than males, and ultimately connected it to gender conflict. For example, it is weak for a man to be sensitive and emotionally expressive versus women who are encouraged to be attuned to their feelings. This finding is consistent with Koydemir-Ozden's (2010) research that discovered men at a Turkish university had more negative attitudes towards help seeking behavior and professional psychology than women.

In addition, religious values have become a more salient matter in psychology as the field has evolved over time (Bergin, 1980). Bergin suggests that religious values present a distinct challenge to the theories, inquiries, and clinical methods of psychology. Mayers, Leavey, Vallianatou, and Barker (2007) conducted a study, exploring help-seeking behaviors among individuals with religious or spiritual beliefs. They found that prior to therapy, religious clients

feared that secular-based help would weaken their faith. However, at the end of their treatment, the clients felt as though the therapy had strengthened their faith. Kane and Jacobs (2010) investigated the importance of spiritual and religious beliefs and help seeking attitudes among university students. He found the majority of students considered their faith to be important enough that they relied on their religious and spiritual values to problem solve and cope, and believed their faith would give them the ability to overcome psychological issues.

Factors Influencing Willingness to Seek Mental Health Treatment in Christian College Students

Crosby and Varela (2013) conducted a study exploring religious students' preferences for sources of help when seeking mental health treatment. They concluded that defensive theology, conceptualization of mental health issues as spiritual problems, and interfaith intolerance were the most significant factors that impacted students' help-seeking preference. Their study suggested students who showed high levels of defensive religion believed they had a unique connection with their God and considered it a special protection in life. Ultimately, those individuals who displayed high levels in all three constructs were likely to seek help for emotional distress from a religious advisor, pastor, and so forth (Crosby & Varela, 2013). In contrast to these findings, Kane and Green (2009) discovered significant differences in opinion about help-seeking attitudes between university students that had received religious educations and those who had not. They found that those who had received any religious education in their lives believed relational issues were best handled by mental health professionals, whereas those who had not received religious education believed issues were best handled by oneself or within the family.

Rasmussen, Yamawaki, Moses, Powell, & Bastian (2013) designed a study that investigated how perfectionism and religious motivation impacted mental health seeking behaviors among Latter-Day Saint college students. They found that unhealthy perfectionism was a significant predictor of negative attitudes towards seeking mental health. In regards to sources of help, Rasmussen et al. discovered that those with high levels of intrinsic religious motivation were more inclined to seek help from religious sources.

Defining Spirituality and Religiosity

The present study defines spirituality and religiosity as separate constructs. Pargament (1999) provides a useful understanding of spirituality in contrast to religion: “spirituality is said to be a search for meaning, for unity, for connectedness, for transcendence, and for the highest human potential. Religion, which has to do with institution and formalized belief, is peripheral to the central task of spirituality” (p. 6). For the purpose of this study, a more concise definition of Pargament’s understanding of the terms spirituality and religiosity has been used.

To date, there has been limited research investigating components related to students’ help-seeking behaviors at FBIs. This study examines the impact gender and level of spirituality and religiosity has on college students’ willingness to seek mental health treatment.

Hypotheses

Participants were divided into groups based on high and low religiosity, and high and low spirituality. Using a median split, participants that fell within plus or minus 0.5 standard deviations were removed from the data. Participants that fell outside plus or minus 0.5 standard deviations were ranked as high or low.

The following hypotheses were tested. Hypothesis A: Female students will report more willingness to seek help from a mental health professional, while male students will report less willingness to seek help from a mental health professional. Hypothesis B: Students who endorse higher levels of religiosity will report more willingness to seek help from a religiously affiliated advisor and less willingness to seek help from a mental health professional. Hypothesis C: Students who endorsed higher levels of spirituality will report more willingness to seek help from a religiously affiliated advisor and less willingness to seek help from a mental health professional.

Data were analyzed using four two by two ANOVAs. In the first two 2 x 2 ANOVA, the independent variables were gender and religiosity and the dependent variables are willingness to seek treatment from a mental health professional and willingness to seek treatment from a religiously affiliated advisor. In the second two 2 x 2 ANOVA, the independent variables were gender and spirituality and the dependent variables were willingness to seek treatment from a mental health professional and willingness to seek treatment from a religiously affiliated advisor.

Chapter 2

Methods

Participants

The survey asked students from a single faith based institution to rate their level of willingness to seek help for a personal problem from either a mental health professional or a spiritual mentor/advisor, as well as rate their level of religiosity and spirituality. The survey was sent to 2,400 undergrads and 655 responded. Of those, 416 were included after the median split of plus or minus 0.5 standard deviation was removed for religiosity (for a final used response rate of 17.3%). For spirituality, 337 were included after the median split of plus or minus 0.5 standard deviation was removed (for a final used response rate of 14.0%). The sample was comprised of undergraduate students from the ages of (18-42), with a mean of 20. The population consisted of 64% female and 36% male. Racial demographics for the sample showed that 78% of students identified as White, 1% African-American, 5% Hispanic or Latino/a, 9% Asian or Pacific Islander, 1% American Indian, Alaskan Native, or Native Hawaiian, 4% Biracial or Multicultural, and 2% Other. The sample included 24% freshmen, 26% sophomore, 29% junior, and 21% senior undergraduate students.

Instruments

This study utilized The Duke University Religion Index (DUREL) and The Daily Spiritual Experience Scale (DSES). The DUREL is a brief 5-item measure of religiosity that examines the relationship between religion and health outcomes. It was designed to be included in epidemiological surveys and was developed for use in large cross-sectional and longitudinal

observational studies. The assessment examines the three major dimensions of religiosity: organizational religious activity, non-organizational religious activity, and intrinsic religiosity (Koenig & Bussing, 2010). For purposes of this study, the anchors on the DUREL were reversed so that lower scores indicate higher levels of religion. This was done to be consistent with the anchor direction on the DSES. The DSES is a 16-item survey that measures “a person’s perception of the transcendent (God, the divine) in daily life and his or her perception of his or her interaction with or involvement of the transcendent life” (Underwood & Teresi, 2002). The items are intended to measure experience rather than particular beliefs; therefore, they are designed to surpass the boundaries of any specific religion. Religiosity was measured using items on the DUREL (see Appendix A), while spirituality was measured using the DSES (see Appendix B).

Willingness to seek help from either a mental health professional or a religiously affiliated advisor was measured using the General Help Seeking Questionnaire (GHSQ). The GHSQ was designed to evaluate intentions to seek help from different sources and for different problems (Wilson, Deane, & Ciarrochi, 2005). For the purpose of this study, data were collected from students who endorsed items 1.e (Mental Health Professional, e.g., psychologist, social worker, counselor) and 1.h (Minister or religious leader, e.g., Priest, Rabbi, Chaplain); see Appendix C.

In summary, this study assessed students’ willingness to seek help for a personal problem from a mental health professional or a spiritual mentor/advisor as well as their self-reported level of spirituality versus religiosity. Demographic information, including gender, age, ethnicity, and religious affiliation were also collected.

Procedure

Students received all survey items electronically, via SurveyMonkey, through their school-affiliated email. The email invitation was sent out on March 4, 2016 (Appendix E). It was structured concisely and clearly stated what was being asked of the respondents, why they were selected, what the survey is about, and who was conducting it. The email also explicitly mentioned that the data would be kept confidential.

Chapter 3

Results

This study sought to help us better understand the relationship between gender, levels of spirituality and religiosity, and help seeking behaviors. In this chapter the results are presented in five major sections. The first section provides descriptive demographic information describing the participants. The remaining four sections outline the results for each data analysis.

Descriptive Demographic Data

Demographic data were collected using a 7-item demographic questionnaire (see Appendix D). Level of Christian commitment explored giving students four different options. The results indicated that 73% of students reported that their relationship with Christ was a very important part of their lives, 18% reported that their relationship with Christ was a somewhat important part of their lives, 4% reported that their relationship with Christ was not a very important part of their lives, and 5% reported that they did not have a relationship with Christ. The average number of years students reported considering themselves Christian was 13. Religious affiliation results showed that 58% considered themselves Evangelical/Protestant, 3% Catholic, 1% Mormon, 1% Orthodox Christian, 31% Other Christian, 1% Jewish/Muslim/Hindu/Buddhist, and 5% no religion or faith.

All of the participants were surveyed using the DUREL and DSES to assess their level of religiosity and spirituality, respectively. In order to establish *high* and *low* religiosity and spirituality, a plus or minus 0.5 standard deviation median split was used. For the DUREL the

median score of the students was 11.05 and 0.5 standard deviation was 4.78; therefore, all participants that scored above a 12 were considered *low* and those that were below 10 were *high*. For the DSES the median score of the students was 34 and 0.5 standard deviation was 8.72; therefore, all participants that scored greater than 42 were considered *low* and those that were below 26 were *high*. Means and standard deviations can be found in Table 1.

Table 1

DUREL and DSES Means and Standard Deviations

Gender	DUREL		DSES	
Male	\bar{x} = 10.98	SD= 4.36	\bar{x} = 40.89	SD=16.15
Female	\bar{x} = 11.01	SD= 4.94	\bar{x} = 38.38	SD=18.05
Total	\bar{x} = 11.05	SD= 4.78	\bar{x} = 39.37	SD=17.45

Results of Hypotheses

The first analysis examined the relationship between gender, religiosity and willingness to seek help a mental health professional. No significant difference was found based on level of religiosity, $F(1, 415) = .503, p = .479, d = -0.106$. However, a significant difference was found based on gender, $F(1, 415) = 5.436, p = .020, d = -0.234$, showing that female students were more willing to seek help from a mental health professional than males. No interaction effect was found, $F(1, 415) = .571, p = .450$. Overall, the analysis revealed that female students were more willing to seek help from a mental health professional but level of religiosity did not significantly influence willingness to seek help from a mental health professional. Means and standard deviations for gender and religiosity can be found in Table 2.

Table 2

Willingness to Seek Help from a Mental Health Professional; Gender x Religiosity

Religiosity	Gender	Mean	Standard Deviation	<i>N</i>
High	Male	2.848	1.717	79
	Female	3.123	1.574	179
Low	Male	2.840	1.434	50
	Female	3.378	1.641	111

The second analysis examined the relationship between gender, religiosity, and willingness to seek help from a religiously affiliated advisor. A significant difference was observed in students based on their level of religiosity, $F(1, 415) = 66.321, p = .000, d = .920$, indicating that students with higher level of religiosity were more likely to seek help from a religiously affiliated advisor. However, gender did not show a significant difference on willingness to seek help from a religiously affiliated advisor $F(1, 415) = 2.418, p = .121, d = 0.135$, and there was no interaction effect, $F(1, 415) = 1.189, p = .479$. The results suggest that students who endorsed higher levels of religiosity are more willing to seek help from a religiously affiliated advisor. Means and standard deviations for gender and religiosity can be found in Table 3.

Table 3

Willingness to Seek Help from a Religiously Affiliated Advisor; Gender x Religiosity

Religiosity	Gender	Mean	Standard Deviation	<i>N</i>
High	Male	4.063	1.522	79
	Female	3.922	1.602	179
Low	Male	2.820	1.466	50
	Female	2.441	1.475	111

The third analysis examined the relationship between gender, spirituality, and willingness to seek help from a mental health professional. No significant difference was found in gender, $F(1, 336) = 2.762, p = .100, d = -0.195$, or spirituality, $F(1, 336) = .365, p = .546, d = -0.082$, and no interaction effect was found, $F(1,336) = .589, p = .443$. The results from this analysis indicate that neither student's gender or level of spirituality affects their willingness to seek help from a mental health professional. Means and standard deviations for gender and spirituality can be found in Table 4.

Table 4

Willingness to Seek Help from a Mental Health Professional; Gender x Spirituality

Religiosity	Gender	Mean	Standard Deviation	<i>N</i>
High	Male	2.875	1.658	48
	Female	3.037	1.565	107
Low	Male	2.845	1.489	71
	Female	3.289	1.660	114

The fourth analysis examined the relationship between gender, spirituality, and willingness to seek help from a religiously affiliated advisor. No significant difference was found between males and females on their willingness to seek help from a religiously affiliated advisor, $F(1, 336) = 2.925, p = .088, d = 0.135$. However, results indicated a significant difference based on level of spirituality $F(1, 336) = 38.767, p = .000, d = 0.709$. There was no interaction effect, $F(1, 336) = .096, p = .757$. Overall, the analysis revealed students that endorsed higher levels of spirituality were more willing to seek help from a religiously affiliated advisor. Means and standard deviations for gender and spirituality can be found in Table 5.

Table 5

Willingness to Seek Help from a Religiously Affiliated Advisor; Gender x Spirituality

Religiosity	Gender	Mean	Standard Deviation	N
High	Male	4.042	1.649	48
	Female	3.785	1.659	107
Low	Male	2.958	1.535	71
	Female	2.588	1.533	114

Chapter 4

Discussion

The primary goal of the current study was to develop an increased understanding of help seeking behaviors during times of significant distress. Specifically, we sought to understand the relationship between willingness to seek mental health treatment, gender, and level of religiosity and spirituality in students that are enrolled in a single faith-based institution. To accomplish this, data collected from surveys provided electronically were analyzed for significant interactions.

Three primary hypotheses were set forth to investigate the relationship between the aforementioned variables. The first hypothesis proposed that female students will report more willingness to seek help from a mental health professional, while male students will report less willingness to seek help from a mental health professional. Results from the analysis supported the idea that gender is an important variable to consider when exploring factors that impact attitudes towards seeking help from a mental health professional, specifically indicating women are more likely than men to seek help from a mental health professional. According to Cohen's criteria, the results revealed that the overall effect size of gender on willingness to seek help from a mental health professional was small.

The difference between men and women with regards to attitudes about seeking help from a mental health professional has been consistently demonstrated by research. Some explanations suggest men feel they should be less emotionally expressive and attuned to their

feelings, which leads to developing negative attitudes and perspectives toward seeking mental health services (Nam, 2010). In addition, research has also suggested that men typically place less emphasis on close relationships and interpersonal roles. They view themselves more as a collective self than an interpersonal, independent self, which has been shown to be a negative predictor of willingness to seek help from a mental health professional (Koydemir-Ozden, 2010).

As a result, gender is important to consider when reaching out to students to advocate for mental health treatment. This research, as well as prior research, illustrates that males are less inclined to seek help from a mental health professional when the need arises; therefore, universities should consider alternative mental health outreach methods for males in order to ensure they receive appropriate services.

The second hypothesis proposed students who endorse higher levels of religiosity will report more willingness to seek help from a religiously affiliated advisor and less willingness to seek help from a mental health professional. Results from the analysis supported the first part of this hypothesis, indicating students who perceive themselves as religious hold more positive attitudes about seeking help from a religiously affiliated advisor rather than students with lower levels of religiosity. According to Cohen's criteria, the results revealed that the overall effect size of level of religiosity on willingness to seek help from a religiously affiliated advisor was large. However, no difference in willingness to seek help from a mental health provider was found based on level of religiosity.

The results of the current study have been supported by prior research that examined the role of religiosity in willingness to seek help from a religiously affiliated advisor. Some have suggested that people's religious beliefs allow them to deal with emotionally distressing

situations, ranging from depression to substance abuse (Kane & Jacobs, 2010). Studies also have suggested that individuals who already had positive experiences with religiously affiliated advisors in the past, such as clergy, were more likely to prefer that resource over a mental health professional (Kane & Jacobs, 2010). Because the present study assessed students' level of religiosity based on their church attendance, participation in religious practices, and integration of their religion into all aspects of their lives, it seems likely the findings of these studies would apply to our sample as well.

Overall the results from this analysis lend additional support to the idea that religious beliefs are a predictor of positive attitudes towards seeking help from a religiously affiliated advisor. While it is important for those in emotional distress to seek support and comfort from ministers and religious leaders, it is also imperative that those suffering from acute mental illnesses receive treatment from a qualified mental health professional. One possible concern that arises from people going to religious advisors when experiencing mental health issues is that religiously affiliated advisors frequently lack adequate training in mental health treatment and they may not always be appropriate resources for those experiencing acute mental illness. Also, these findings support the need for basic counseling training for religiously affiliated advisors and helping religiously affiliated advisors learn how to refer to mental health professionals.

The third hypothesis proposed that students who reported a higher level of spirituality will report more willingness to seek help from a religiously affiliated advisor and less likely to see a mental health professional. Results from the analysis supported the first half of the third hypothesis. Those endorsing higher levels of spirituality were considerably more willing to see a religiously affiliated advisor. This indicates that students who endorsed high levels of spirituality

were much more willing to seek help from a religiously affiliated advisor than those reporting low levels of spirituality. However, while it was hypothesized that higher levels of spirituality would be related to lower willingness to see a mental health professional, this was not found to be the case.

In summary, the results from this study revealed high levels of both religiosity and spirituality strongly increase one's willingness to see a religiously affiliated advisor. As a result, it may be helpful for medical providers to consider religiously affiliated advisors as additional support when working with patients that identify as highly religious or spiritual.

Results also showed that neither level of religiosity or spirituality was related to students' willingness to see a mental health provider. Because previous research has frequently demonstrated that religious and spiritual values present a distinct challenge to psychology, it is important to highlight the fact that both groups were equally willing to see a mental health professional (Bergin, 1980). One possible reason for this is that our sample was predominantly young college students, and acceptance of seeking mental health services both in the culture generally and Christian community more specifically has shifted greatly in the last couple of decades.

Limitations

This study relied on a sample from a single faith-based university that represented a predominantly white and traditional college-aged population; therefore, generalization to other universities or other adult populations should be done with caution. Second, the study surveyed students at a Christian university with the largest number of respondents identifying as members of various Christian denominations. As a result, the study lacked data from larger numbers of

non-Christian respondents to analyze meaningfully. Finally, as with most survey methodology, there is always the potential for self-selection bias among participants. While the overall response rate of 27.7% is admirable, the results may have been impacted by this selection bias. Further research and use of this survey among non-Christian and more racially diverse respondents might provide important additional insights into the relationship between religious and spiritual perceptions and help seeking behaviors.

Conclusion

This study examined the relationship between willingness to seek mental health treatment, gender, and level of religiosity and spirituality in students that are enrolled in a single faith-based institution. Results revealed that female students were more willing to seek help from a mental health professional than males, and students who endorsed high levels of religiosity and high levels of spirituality were more inclined to seek help from a religiously affiliated advisor than those who endorsed low levels of religiosity and low levels of spirituality.

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Appendix A**Duke University Index of Religiosity (DUREL)**

1. How often do you attend church or other religious meetings?
 1. More than once/week
 2. Once a week
 3. A few times a month
 4. A few times a year
 5. Once a year or less
 6. Never

2. How often do you spend time in private religious activities, such as prayer, meditation or Bible study?
 1. More than once a day
 2. Daily
 3. Two or more times/week
 4. Once a week
 5. A few times a month
 6. Rarely or never

3. In my life, I experience the presence of the Divine (i.e., God).
 1. Definitely true of me
 2. Tends to be true
 3. Unsure
 4. Tends not to be true
 5. Definitely not true

4. My religious beliefs are what really lie behind my whole approach to life.
 1. Definitely true of me
 2. Tends to be true
 3. Unsure
 4. Tends not to be true
 5. Definitely not true

5. I try hard to carry my religion over into all other dealings in life.
 1. Definitely true of me
 2. Tends to be true
 3. Unsure
 4. Tends not to be true
 5. Definitely not true

Appendix B**Daily Spiritual Experience Scale (DSES)**

		Many Times a Day	Every Day	Most Days	Some Days	Once in a While	Never or Almost Never
1	I feel God's presence.						
2	I experience a connection to all life.						
3	During worship, or at other times when connecting with God, I feel joy, which lifts me out of my daily concerns						
4	I find strength in my religion or spirituality						
5	I find comfort in my religion or spirituality						
6	I feel deep inner peace or harmony						
7	I ask for God's help in the midst of daily activities						
8	I feel guided by God in the midst of daily activities						
9	I feel God's love for me, directly						
10	I feel God's love for me, through others						
11	I am spiritually touched by the beauty of creation						
12	I feel thankful for my blessings						
13	I feel a selfless caring for others						
14	I accept others even when they do things I think are wrong						
15	I desire to be closer to God or in union with Him						

		Not Close At All	Somewha t Close	Very Close	As Close As Possible
16	In general, how close do you feel to God?				

Appendix C

General Help-Seeking Questionnaire- Original Version (GHSQ)

1. If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	1	2	3	4	5	6	7
b. Friend (not related to you)	1	2	3	4	5	6	7
c. Parent	1	2	3	4	5	6	7
d. Other relative/Family member	1	2	3	4	5	6	7
e. Mental health professional (e.g. psychologist, social worker, counselor)	1	2	3	4	5	6	7
f. Phone helpline (e.g. Lifeline)	1	2	3	4	5	6	7
g. Doctor/GP	1	2	3	4	5	6	7
h. Minister or religious leader (e.g. Priest, Rabbi, Chaplain)	1	2	3	4	5	6	7
i. I would not seek help from anyone	1	2	3	4	5	6	7
j. I would seek help from another not listed above (please list in the space provided, e.g., work colleague. If no, leave blank) _____	1	2	3	4	5	6	7

2. If you were experiencing suicidal thoughts, how likely is it that you would seek help from the following people?

Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	1	2	3	4	5	6	7
b. Friend (not related to you)	1	2	3	4	5	6	7
c. Parent	1	2	3	4	5	6	7
d. Other relative/Family member	1	2	3	4	5	6	7
e. Mental health professional (e.g. psychologist, social worker, counselor)	1	2	3	4	5	6	7
f. Phone helpline (e.g. Lifeline)	1	2	3	4	5	6	7
g. Doctor/GP	1	2	3	4	5	6	7
h. Minister or religious leader (e.g. Priest, Rabbi, Chaplain)	1	2	3	4	5	6	7
i. I would not seek help from anyone	1	2	3	4	5	6	7
j. I would seek help from another not listed above (please list in the space provided, e.g., work colleague. If no, leave blank)_____	1	2	3	4	5	6	7

Appendix D**Demographics**

1. How old are you?
2. What is your gender?
 - a. Male
 - b. Female
 - c. Transgender
3. How do you usually describe yourself?
 - a. White
 - b. Black or African American
 - c. Hispanic or Latino/a
 - d. Asian or Pacific Islander
 - e. American Indian, Alaskan Native, or Native Hawaiian
 - f. Biracial or Multicultural
 - g. Other
4. What year in school are you?
 - a. Freshman
 - b. Sophomore
 - c. Junior
 - d. Senior
5. Check the box that most nearly expresses your level of Christian commitment.
 - a. My relationship with Christ is a very important part of my life
 - b. My relationship with Christ is a somewhat important part of my life
 - c. My relationship with Christ is not a very important part of my life
 - d. I don't have a relationship with Christ
6. How long have you been a Christian?
7. What religion do you identify with?
 - a. Evangelical/Protestant
 - b. Catholic
 - c. Mormon
 - d. Orthodox Christian
 - e. Jehovah's Witness
 - f. Other Christian
 - g. Jewish/Muslim/Hindu/Buddhist
 - h. No religion or faith

Appendix E

Survey Email

Are you interested in winning a \$50 gift card to Amazon.com? If yes, then keep reading!

It is likely you are faced with stressors in everyday life that come with being a student in college. Whether its academics, sports, socializing, extracurricular activities, or just getting out of bed in the morning, your life is probably more demanding than it's ever been. So how do you deal with it?

My name is Lauren Hoffman, a 3rd year student in the Psy.D. program here at GFU, and I am researching who students talk to when they need help with the stresses of life. Specifically, I'm exploring the relationship between gender, spirituality and religiosity, and willingness to seek help from a mental health professional or some kind of spiritual/religious advisor.

Your participation is critical to the success of this research project. This is a completely anonymous web-based survey and only takes approximately a little over 5 minutes to complete. There is an optional raffle which gives the opportunity to win a \$50 GIFT CARD TO AMAZON!

Survey Link: <https://www.surveymonkey.com/r/W6SXVSB>

Thank you for your help,

Lauren Hoffman

(Eligible participants are all undergraduate students at George Fox University)

Appendix F**Curriculum Vita****Lauren A. Hoffman**

1026 NW 20th Ave. Apt. 44
Portland, OR 97217
Phone: (256) 656-8389
Email: lhoffman13@georgefox.edu

EDUCATION

Doctor of Psychology, Clinical Psychology

- George Fox University, Newberg, OR
- Graduate Department of Clinical Psychology: APA Accredited
- Psy.D. Anticipated May 2018

Master of Arts, Clinical Psychology

- George Fox University, Newberg, OR
- Graduate Department of Clinical Psychology: APA Accredited
- May 2015

Bachelor of Arts, Psychology

- Auburn University, Auburn, AL
- May 2012

SUPERVISED CLINICAL EXPERIENCE

Portland State University Center for Student Health and Counseling

Portland, OR

Psychology Intern, 2017-Present

- Supervisor: Cheryl Forster, Psy.D.
- Population: undergraduate and graduate students at an urban university with a diverse population, including a significant number of non-traditional students
- Provided short-term individual psychotherapy through a variety of theoretical orientations and co-facilitated weekly interpersonal process group
- Participated in consultation with medical staff, weekly trainings, and campus outreach events

- Conducted cognitive, academic, and personality assessments for ADHD and learning disabilities
- Provided brief triage intakes and coordinated services for students in crisis

George Fox University Behavioral Health Clinic

Newberg, OR

Practicum III Student Therapist, Clinic Manager, 2016-2017

- Supervisors: Joel Gregor, Psy.D., Emily Wynsma, M.A.
- Population: low SES, uninsured, rural community, varying ages, ethnicities, sexual orientations, and court mandated clients
- Provide long-term and short-term solution-focused psychotherapy, cognitive behavioral therapy, and emotion focused therapy
- Services include intake interviews, individual, couples, and family psychotherapy, diagnosis, comprehensive personality and cognitive assessments
- Managed clinic, which included preparing training materials, maintaining adequate supplies, managing clinic caseload and rotational schedules for clinicians, and assisting in procedural modifications
- Presented a didactic training on Emotion Focused Couples Therapy for Trauma Survivors to co-workers
- Conducted urgent need intakes to individuals in crisis

Linfield College Health, Wellness, & Counseling Center

McMinnville, OR

Practicum II Student Therapist, 2015-2016

- Supervisors: Joel Gregor, Psy.D., Sally Godard, M.D.
- Population: University Undergraduates
- Provided short-term individual psychotherapy for psychological utilizing a Cognitive Behavioral Therapy framework
- Conducted cognitive, academic, and personality assessments for learning disabilities, ADHD, Autism Spectrum Disorder, and diagnostic clarification, including mood and anxiety disorders
- Engaged in treatment planning and care coordination within a multidisciplinary team of nurses, psychiatrists, and psychotherapists
- Conducted urgent need intakes to individuals in crisis

Cedar Hills Inpatient and Outpatient Hospital

Portland, OR

Practicum I Student Therapist, 2014-2015

- Supervisors: Jory Smith, Psy.D., James McNulty, Psy.D.

- Population: Individuals with severe mental illness, chemical dependence, and a history of trauma
- Conducted suicide and homicide risk assessments, cognitive evaluations, and other assessments of patient mental health concerns and risk factors
- Provided individual inpatient crisis stabilization, short-term behavioral health services, and brief interventions
- Facilitated multiple inpatient and outpatient group therapy programs including Women's, Mental Health, Chemical Dependence, and Crisis Mental Health groups
- Engaged in treatment planning and care coordination within a multidisciplinary team of doctors, nurses, psychiatrists, social workers, and medical technicians in an integrated psychiatric hospital setting

George Fox University Graduate Department of Clinical Psychology

Newberg, OR

Pre-practicum II Student Therapist, Graduate, 2013-2014

- Supervisors: Carlos Taloyo, Psy.D., Chloe Ackerman, M.A.
- Provided weekly therapy for two George Fox University undergraduate clients
- Participated in group and individual supervision with video review and case presentation

Clinical Conceptualization and Application Team

George Fox University, Newberg, OR

Doctoral Candidate, 2013-2017

- Supervisors: Kris Kays, Psy.D.; Mark McMinn, Ph.D., ABPP; Brian Goff, Ph.D.; Brooke Kuhnhausen, Ph.D.; Elizabeth Hamilton, Ph.D.
- Treatment Settings: consisted of multiple different practicum sites
- Populations: Children, adolescents, adults, and geriatric patients from culturally and socioeconomically diverse backgrounds
- Yearly teams consisting of first, second, third, and fourth year graduate students
- Participated in formal presentations and case conceptualizations
- Worked collaboratively as a group to promote clinical skills, professional development, and to receive consultation and feedback on practicum patients

SUPERVISION EXPERIENCE

Clinical Team, George Fox University

Newberg, OR

Fourth Year Oversight, Graduate Department of Clinical Psychology, 2013-2017

- Supervisor: Elizabeth Hamilton, Ph.D.
- Provided clinical oversight of second year Psy.D. student

- Aided in the development of the student's clinical and assessment skills and professional development
- Collaborated in development of theoretical orientation and personal style of therapy
- Provided formative and summative feedback on clinical and professional skills in formal and informal evaluations

RESEARCH EXPERIENCE

Doctoral Dissertation

Dissertation Title: *The relationship of gender, spirituality, and willingness to seek mental health treatment among students at faith-based institutions.*

- Summary: The present study investigated the willingness of university students to seek assistance from a mental health professional based on the student's level of religiosity or spirituality. Original data collection was performed resulting in 665 responses. Preliminary data analysis indicates multiple significant findings.
- Dissertation Chair: William Buhrow, Psy.D.
- Committee Members: Kathleen Gathercoal, Ph.D., Mark McMinn, Ph.D.
- Relevant Dates:
 - Proposal Approved: January 2016
 - Data Collection Completed: March 2016
 - Data Analysis Completed: October 2016
 - Final Defense: February 8, 2018

Presentations

- Borrelli, J., **Goins, L.**, Rudneva, L. (May 2015). Exploring the influence of smartphone technology within the context of marriage: An intervention study. Poster presented at the Oregon Psychological Association Conference in Eugene, OR.

Other Research Experience

Consultant/Research Assistant, 2015-Present

Juliette's House: Child Abuse Intervention Center

- Faculty Advisor: Marie-Christine Goodworth, Psy.D.
- Consult with Juliette's House, a child abuse intervention center in McMinnville, OR in order to research, design, and implement a teacher curriculum that assists the state schools in meeting the requirements of a recent change in Oregon Legislature (Oregon Senate Bill 856) relating to a child sexual abuse prevention instructional program in public schools
- Creating four developmentally appropriate, research-dependent teacher packets, including lesson plans per packet, as part of a child sexual abuse prevention instructional program for students in grades K-12

- Packets include: teacher informational sections, parent handouts, and lesson plans that incorporate developmentally appropriate lecture material (e.g. in-class activities, role-plays, and additional resources/access to materials) to educate teachers, parents, and students about how to understand, prevent, and communicate incidents of sexual abuse

Research Assistant, 2015

Delis-Kaplan Executive Function System, Medical Symptom Validity Test

- Faculty Advisor: Glenna Andrews, Ph.D.
- Primary Investigator: Daniel Olsen, M.A.
- Administered assessments as part of study evaluating potential utility of DKEFS subtests for identifying low effort in patients being assessed for traumatic brain injury

Research Vertical Team Member, 2014-2017

George Fox University Graduate Department of Clinical Psychology

- Supervisor: William Buhrow, Psy.D.
- Participated in bi-monthly meetings to discuss, collaborate, and evaluate the design, methodology, and progress of independent and group research projects
- Areas of Interest: University populations, partner violence, health behaviors, technology, therapeutic outcome ratings

TEACHING EXPERIENCE

Cognitive Behavioral Psychotherapy, 2016

George Fox University Graduate Department of Clinical Psychology, Newberg, Oregon

- Graduate Assistant, Supervisor: Mark McMinn, Ph.D.
- Guest lectures, demonstration role-plays, student feedback on in-vivo training exercises
- Course provides framework in conceptualization and treatment from first through third wave cognitive therapies, including REBT, CBT, ACT, DBT, and Mindfulness-based therapies

PROFESSIONAL TRAININGS AND WORKSHOPS

2016 Managing with Diverse Clients

- Sandra Jenkins, Ph.D.

2016 Neuropsychology: What Do We Know 15 Years After the Decade of the Brain?

- Trevor Hall, Psy.D. & Darren Jansen, Psy.D.

2016 Trauma-Focused Cognitive-Behavioral Therapy

- Medical University of South Carolina

- 2015 Dialectical Behavioral Therapy
- Online Continuing Education Course
 - Marsha Linehan, Ph.D.
- 2014 Face Time in an Age of Technological Attachment
- Doreen Dodgen-Magee, PsyD
- 2014 Understanding and Treating ADHD in Children
- Erika Doty, Psy.D.
- 2014 Learning Disabilities DSM-5 – A New Approach
- Tabitha Becker, Psy.D.

COMMUNITY INVOLVEMENT

- Peer mentor to incoming George Fox University Psy.D. students
- Student interviewer, George Fox University Interview Day
- Serve Day, George Fox University

AFFILIATIONS, MEMBERSHIPS, & LEADERSHIP EXPERIENCES

- Oregon Psychological Association, Student Member
- Multicultural Committee, Student Member
- Gender and Sexuality Committee, Student Member
- American Psychological Association, Student Affiliate
 - Division 32 Humanistic Psychology Member
 - Division 17 Society of Counseling Psychology Member

ASSESSMENT TRAINING

- Delis Kaplan Executive Functioning System: Trail Making, Verbal Fluency, Color-Word Interference, Sorting
- Integrated Visual and Auditory Continuous Performance Test—2nd edition (IVA-2)
- Learning and Study Strategies Inventory-3rd edition (LASSI-3)
- Millon Adolescent Clinical Inventory
- Millon Clinical Multiaxial Inventory III
- Minnesota Multiphasic Personality Inventory 2 & Restructured Forms
- Nelson-Denny Reading Test (NDRT)
- Peabody Picture Vocabulary Test IV
- Rey Complex Figure Test (RCFT)

- Rotters Incomplete Sentence
- Wechsler Adult Intelligence Scale IV
- Wechsler Individual Achievement Tests III
- Wide Range Achievement Test IV
- Wide Range Intelligence Test
- Wechsler Intelligence Scale for Children IV
- Wechsler Memory Scales- 4th Edition Flexible Approach
- Wide Range Assessment of Memory and Learning 2
- Woodcock-Johnson IV Tests of Achievement
- Woodcock-Johnson IV Tests of Cognitive Abilities

REFERENCES

Joel Gregor, Psy.D.

Professor of Psychology, Clinical Director, Graduate Department of Clinical Psychology
jogregor@georgefox.edu

Jory Smith, Psy.D.

Licensed Psychologist, Senior Clinician, Hazelden Betty Ford Foundation
JSmith@hazeldenbettyford.org

William Buhrow, Psy.D.

Licensed Psychologist, Director of GFU Health & Counseling Center, President of Christian Association of Psychological Studies
bbuhrow@georgefox.edu

Cheryl Forster, Psy.D.

Licensed Psychologist, Coordinator of Diversity & the Psychology Internship at Portland State University Center for Student Health and Counseling
Forsterc@pdx.edu