THE INFLUENCE OF RACIAL BACKGROUND AND MASCULINE NORM ENDORSEMENT ON MEN'S RESPONSE TO DEPRESSIVE FEELINGS: UNDERSTANDING HELP-SEEKING DECISIONS

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by

Charlotte J. Hillegass

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Charlotte J. Hillegass

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APPROVED:

Craig Henderson, PhD
Committee Director

Jorge Varela, PhD
Committee Member

Courtney Banks, PhD
Committee Member

Chien-pin Li, PhD
Dean, College of Humanities and Social Sciences

DEDICATION

This thesis is dedicated to my parents, Kim and Larry Hillegass, and sister, Courtney Maner, for all of their support and encouragement.

Also, this is dedicated to my fiancé, Jacobi Green, for keeping me motivated and never letting me forget what I am capable of.

ABSTRACT

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In the United States, men are less likely than women to seek help for depression (SAMHSA, 2018). Black and Hispanic men are even less likely than White men to seek treatment from a mental health provider (Sen, 2004; Vessey & Howard, 1993), and racial discrimination men of color may face is also associated with symptoms of depression (Chin et al., 2020). It has been suggested that male norms and masculinity promote men not to show vulnerability, and that labels such as "mental illness" both contradict male norms and make men feel vulnerable (Johnson et al., 2012; McDermott et al., 2018; Rice et al., 2018; Sierra Hernandez et al., 2014). Many researchers focusing on men's mental health have started studying masculinity. Previous research has found that the masculine norm of self-reliance to be negatively associated with both formal and informal help-seeking (McDermott et al., 2018). The objective of the current study is to examine the relationship between conformity with masculine norms, race, and help-seeking preferences. Self-reliance was not found to be a significant predictor for help-seeking endorsement or attitudes in the current sample. Additionally, racial differences were not detected in norm endorsement for masculine norms that were associated with formal and informal help-seeking. The findings of this study will provide more insight on the ways in which masculine norms and demographic variables influence help-seeking behavior.

KEY WORDS: Masculinity; Men; Formal help-seeking; Informal help-seeking; Depression; Race

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CHAPTER I

Introduction

Although men comprise approximately 50% of the population of the United States of America (Howden & Meyer, 2011), only 32% of adults to receive mental health treatment in 2018 (Substance Abuse and Mental Health Services Administration, 2018) were male. This gender disparity does not necessarily indicate that men are in less need of mental health treatment, but rather could indicate that men may report symptoms differently and seek treatment less often. However, not seeking treatment is likely detrimental to their mental health, as several studies have found that compared to groups receiving treatment, untreated mental illness has been associated with poor prognosis and outcomes related to recovery (Altamura et al., 2015; Ghio et al., 2015; Ruiz et al., 2020; Sierra Hernandez et al., 2014; Weisner et al., 2003).

Such gender discrepancies could have fatal consequences, as according to data from 2017, suicide was the 10th leading cause of death in the United States (Kochanek et al., 2019). The results of the 2017 report revealed that approximately 78% of the deaths by suicide that year were committed by men. Comparing ethnicities, men comprised at least 70% of the suicides per group (Kochanek et al., 2019). In contrast, only 31% who of people who received treatment for a major depressive episode (MDE)—of which suicidal ideation is characteristic—were male (SAMHSA, 2018). It is possible that not seeking treatment for depression or other mental health problems could partially explain why men have higher suicide rates but lower rates of MDE diagnosis (35% males compared to 65% females: SAMHSA, 2018).

Men's Help-Seeking Behavior

A common theme in men's help-seeking is rejecting mental health services that utilize the labels of "mental illness" or "depression" (Johnson et al., 2012; Rice et al., 2018; River, 2018; Sierra Hernandez et al., 2014). The literature suggests that labels such as "mental illness" contradict traditional male norms such as "strength" and "stoicism" and may leave men vulnerable to judgment by others (Johnson et al., 2012; Sierra Hernandez et al., 2014). Indeed, an indication that they would be negatively judged by neighbors/community members was the second leading reason men did not receive mental health services (SAMHSA, 2018). Instead of using formal resources, some research has found that young men prefer to either handle mental health on their own, or to seek informal sources of help, such as family and friends (Johnson et al., 2012; Marcus & Westra, 2012)

A number of researchers have examined factors that influence men's help-seeking behavior. The existing research suggests that men's disengagement from help-seeking can be seen as early as adolescence and young adulthood (McDermott et al., 2018; Rice et al., 2018), and that part of this could be due to socialized gender norms that promote men not to show vulnerability (Johnson et al., 2012; McDermott et al., 2018; Rice et al., 2018; Sierra Hernandez et al., 2014). Masculinity is defined by Levant and Richmond (2007) as "an individual's internalization of cultural belief systems and attitudes toward masculinity and men's roles". In research based on men in Western societies, including the United States, there are common aspects that make up the overall idea of traditional masculinity that have included self-reliance, risk-taking, dominance, and emotional

control (Levant & Richmond, 2007; Mahalik et al., 2003). Some of these traits, specifically self-reliance, have been negatively associated with help-seeking.

Johnson et al. (2012) interviewed men diagnosed with depression, and found self-reliance was negatively correlated with help-seeking because of the idea that "manly men do not seek help" according to those they interviewed. In addition, McDermott et al. (2018) found that self-reliance was one of the strongest negative predicters of both formal and informal help-seeking. However, when traits are framed as action-oriented or as a way to maintain autonomy, men are actually more likely to seek help (Johnson et al., 2012; Sierra Hernandez et al., 2014), suggesting that self-reliance can also be a way to promote help-seeking when framed to be consistent with other masculine values.

A review of literature by Rice et al. (2018) suggested stigma is a major barrier to help-seeking, and ideas of stigma and expectations of masculinity are indivisible for young men. However, when examining the relationship between masculinity and stigma across different racial/ethnic groups, there have been mixed findings. Vogel et al. (2011) found that while Black and Asian American males endorsed dominant masculine norms to a greater degree than European Americans, the relationship between self-stigma and masculinity was weaker for Asian American males than Black males. Conversely, McDermott et al. (2018) did not find any differences between race when examining masculinity and self-stigma. This raises the need to take race/ethnicity into account regarding how masculinity is defined, recognized, and utilized by men. Certain aspects of masculinity may be more emphasized in different racial/ethnic groups and have different impacts on help-seeking for those groups (Vogel et al., 2011). There is a need in research

to examine the relationship between specific aspects of masculinity and race, and the impact such relationships may have on help-seeking attitudes.

Men's Help-Seeking Behavior and Race/Ethnicity

Literature on mental health for individuals from ethnic minority backgrounds reveals that non-White individuals are just as or more likely than White/European Americans to have mental illness but are less likely to seek treatment from a mental health provider (Sen, 2004; Vessey & Howard, 1993). Racial/ethnic identity seems to account for both risk for certain diagnosis and help-seeking behavior. Sen (2004) found that compared to White participants, Black participants were more likely to have depressed mood, but lower risk of self-injury and lower odds to seek help. Similarly, Asian participants also were more likely to have depressed mood and not seek help compared to Whites, but they also were at higher risk to self-injury, or to seek help from a peer (Sen, 2004). Lastly, Hispanic participants were more likely to have depressed mood and had higher risk to self-injury, but their odds to not seek help or to seek help from peers did not differ significantly from White participants (Sen, 2004). After examining gender, similar differences were found; Black and Asian men specifically are more likely to have depressed mood and not seek help, and overall males had a higher chance than women to not seek any help (Sen, 2004). A person's racial/ethnic identity is fundamental in determining an individual's beliefs about illness, how to respond to it, and what is expected of men when their health is threatened (Robinson et al., 2018). Racial/ethnic experiences and expectations of men have impacts on mental health and help-seeking that indicate that both factors must be taken into account when evaluating male mental health help-seeking.

Black Americans comprise 13% of the population in the United States, including 12% of adults of those sampled over 18 years of age (SAMHSA, 2018). Hispanic/Latino Americans comprise 19% of the population in the United States and made up 16% of adults sampled by SAMHSA. However, of the individuals that had any mental illness and received services, only 7% were Black and 11% were Hispanic/Latino. This was approximately 31% of the Black Americans and 33% of the Hispanic/Latino Americans that had any mental illness who also received services, while in contrast nearly 49% of non-Hispanic White Americans in the same category received services. The literature on African American mental health help-seeking has found that Black Americans seek professional help less than their White peers (Robinson et al., 2018), yet Black Americans are more likely to report having experience serious psychological distress (National Center for Health Statistics, 2016 as cited in Cadaret & Speight, 2018). While lifetime prevalence for Major Depressive Disorder (MDD) is higher for White Americans, Williams et al. (2007) found that Black Americans reported more severe impairment associated with MDD. However, despite having a MDD diagnosis, less than half of the African American participants, and less than a quarter of the Caribbean Black participants sought out any kind of help-seeking (Williams et al., 2007).

Several studies have emerged comparing formal and informal help-seeking for Black Americans. Neighbors and Jackson (1984) found that most Black Americans used solely informal help-seeking, or a combination of informal and formal help-seeking to cope with their stressors. The results of this study indicated that Black women were more likely to use both, but there was no evidence on men preferring informal help-seeking (Neighbors & Jackson, 1984). Other studies have also found through interviewing Black

men that informal socially-based support is a very common theme when discussing coping, and appears to be important for men within the Black community. (Goodwill et al., 2018; Ward & Besson, 2012). Focusing on Black men, Woodward et al. (2011) found that about 33% of Black men in their study used both formal and informal help-seeking, 24% endorsed informal alone, 14% used professional alone, and 29% sought no help at all. While using informal alone may be still be resourceful for mild mental illness and stressors, 54% of the males in the study did not utilize service from mental health professionals that could be beneficial for their mental health outcomes (Woodward et al., 2011)

The lack of service utilization by African American men may be reflected by cultural views on mental illness, mistrust in the healthcare system, and cultural views of masculinity. Black Americans have reported that mental health knowledge is not prominent nor discussed within their community (Campbell & Long, 2014; Ward & Besson, 2012), or that when it is talked about, there are attitudes that mental illness is not something that Black people commonly experience (Campbell & Long, 2014; Robinson et al., 2018). When the need for help is recognized, Black Americans have reported there is a stigma against seeking professional help (Cadaret & Speight, 2018); More commonly used ways of dealing with mental health issues are prayer or waiting for them to pass (Campbell & Long, 2014; Goodwill et al., 2018). Reluctance to seek professional help may be due to mistrust in health systems, as some Black individuals have reported that White providers may not understand their struggles, or that they may be discriminated against (Campbell & Long, 2014; Cheatham et al., 2008). Powell et al. (2016) found that the most significant health-seeking barrier for Black men was exposure to everyday racial

discrimination. African American men that reported more frequent everyday racial discrimination had also reported more barriers to seeking help, and the men with the most exposure to everyday racial discrimination also had the most diminished sense of control (Powell et al., 2016). These researchers suggest that diminished sense of control in response to everyday racial discrimination leads to more barriers for help-seeking. Diminished help-seeking may be an attempt to gain a sense of control in response to factors that feel threatening to masculinity (Powell et al., 2016), and by responding to mental health with self-reliance or disengagement allows Black men to retain their masculinity and not show other Black men signs of weakness (Goodwill et al., 2018)

Other ethnic groups demonstrate reluctance for formal help-seeking in research. Latino/Hispanic men do not seem to disapprove of formal help-seeking, but rather prefer informal help-seeking above it. Research on help-seeking attitudes revealed that Latino men endorse that both self-reliance or treatment can be effective in dealing with situations causing depression (Cabassa, 2007). However, their first choice in seeking help would be informal help from family, and the second and third choice split between informal help from friends and formal sources (Cabassa. 2007). Another common theme in research was the endorsement of using faith to heal (Cabassa, 2007; Hansen & Cabassa, 2012). Cabassa (2007) found that 79% of male participants agreed that faith in God would heal depression, and 68% believed that asking God for forgiveness would help. In terms of medical resources, Latino men reported that they trust their physician to have their interests in mind (Cabassa, 2007), but formal mental health support is viewed as a last resort or driven by the presence of somatic symptoms or family encouragement (Hansen & Cabassa, 2012; Lorenzo-Blanco & Delva, 2012). Interestingly, while there is

reported trust in medical and mental health practitioners, Latino men in several studies have reported a strong dislike towards medication, citing the belief that antidepressants are very addictive and bad for the body (Cabassa, 2007; Hansen & Cabassa, 2012). Two reasons proposed to explain underutilization of mental health services by Latino men reflect help-seeking attitudes presented earlier: 1) Men would rather talk with a friend than a formal source, and 2) Men see mental health services as a source for severe psychopathology (Velasquez & Burton, 2004, as cited in Davis & Liang, 2014). The other reasons are tied to Latino men's masculinity: 1) They would have to be vulnerable, and 2) It would demonstrate weakness or a lack of manly self-reliance (Velasquez & Burton, 2004, as cited in Davis & Liang, 2014). Research on Latino men's help-seeking and preferences, and how it relates to their culture and masculinity is limited and should be furthered explored to understand any relationship these factors may have with each other.

Relevance of Racial Stress on Mental Health

Racial stress in the form of experiencing discrimination contributes to why seeking help is needed for non-White Americans and may partially explain racial differences in depressed mood or symptoms. Racial discrimination impacts emotions and feelings of stress, (Aymer, 2016; Carter & Forsyth, 2010; Carter et al., 2020; Flores et al., 2010; Graham et al., 2020; Pieterse & Carter, 2007) as well as health behaviors (Carter et al., 2020; Casagrande et al., 2007). In a survey by the American Psychological Association (2016), at least 70% of Black, Hispanic, and Asian Americans, and American Indians reported having experienced everyday discrimination, with about 50% reporting that the discrimination has made life a little more difficult. In Carter and Forsyth's (2010)

study on reactions to discrimination, emotional reactions included feeling disrespected, angry, and insulted, with half of the participants also feeling hurt, shocked, or frustrated. For just over half of the respondents, the stress of the discrimination only lasted less than a month, but 44% reported feeling stress from the event for over 2 months to over 1 year (Carter & Forsyth, 2010). Experiencing discrimination is associated with higher levels of stress, and poorer heath (APA, 2016); for Black and Hispanic adults reporting extreme stress levels, they are more likely to report fair or poor health than those reporting low stress levels (APA, 2016).

Experiencing racial discrimination is associated with higher symptoms of depression in Black, Latino, and Asian Americans (Chin et al., 2020; Hammond, 2012; Matthews et al., 2013; Nadal et al., 2015; Torres-Harding et al., 2020). Research on the impact of racial discrimination has explored how specific forms of discrimination impact mental well-being. Chin et al. (2020) found that social rejection was the most significant aspect of discrimination in their analysis, including effects on symptomatology. For Asian Americans, Nadal et al. (2015) found that microaggressions invalidating discriminatory experiences had the most impact on well-being. Torres-Harding et al. (2020) also examined microaggressions and depression in a diverse sample of ethnic/racial minority college students. Torres-Harding et al. (2020) categorized microaggressions into different types such as “foreigner”, which meant an individual was treated as if they did not belong, or “environmental”, indicating that an individual found themselves being the only person of their racial identity represented in settings. Almost all forms of microaggressions were associated with depression, but three categories

(criminality, low-achieving, and invisibility) were also associated with students having higher perceived stress.

Beyond depression, race-based discrimination and racial traumatic stress are associated with post-traumatic stress symptoms (Aymer, 2016; Carter et al., 2020; Flores et al., 2010). The DSM Criterion A for Post-Traumatic Stress Disorder (PTSD) is defined as exposure, actual or threatened, of death, injury, or sexual violence, and does not specifically include racial discriminatory events (American Psychiatric Association, 2013). However, a history of race-based violence and injustice in the United States of America can explain fear of death or injury during a discriminatory encounter. Black and Hispanic individuals worry significantly more about police brutality, and at higher levels, than Whites (Graham et al., 2020). This fear is justified, as the APA (2016) found that almost 2 out of 5 Black men, and 1 out of 4 Hispanic men report being unfairly stopped, questioned, or abused by police. A case study by Aymer (2016) found that a Black male youth they were working with displayed PTSD symptoms such as nightmares, intrusive thoughts, and flashbacks after being stopped, frisked, and detained by police. The youth's right arm was injured during the encounter, but he was also concerned about further brutality or death that could occur with interactions with officers and had stress from being racially profiled multiple times during his adolescence (Aymer, 2016).

Reactions to racial discrimination also impacts health behaviors. Flores et al. (2010) found that Mexican American youth with more perceived racial discrimination reported more severe PTSD symptoms and in turn higher endorsement of drug use, fighting, and risky sexual behavior than those with less perceived discrimination. Casagrande et al. (2007) found while studying adult experiences of discrimination in

health care that having more lifetime discrimination was associated with lower levels of health care service utilization. Both of these studies indicate that discrimination can be detrimental to health not just by consequences of emotional stress, but the behaviors it promotes in response to cope with or further avoid the hurtful experience.

Help-seeking reactions to discrimination and racial stress seem to indicate a preference towards informal help-seeking among racial minorities in the United States. Casagrande et al. (2007) found half of their participants that experienced discrimination seek help by talking to others, with African Americans being more likely to seek help than Whites. Seeking emotional support in response to discrimination may benefit self-perceptions of resilience as well. White, Black, and Hispanic respondents to the APA's (2016) survey that sought emotional support were more likely to indicate belief that they coped very well compared to those who did not receive emotional support. Carter and Forsyth (2010) found that just over half of their participants sought help, mostly seeking informal help in the form of a friend with only 12% of their participants seeking help from a formal source. However, there were some racial differences for the preference of using formal help-seeking. Latino and Asian participants were more likely to seek formal help, with African American and Biracial participants being the least likely to engage with formal sources (Carter & Forsyth, 2010). This finding is very similar to findings on the help-seeking preferences for Asian and Latino men (Hansen & Cabassa, 2012; Rochelle, 2019).

Some research has suggested that aspects of masculinity impact the relationship between discrimination and mental health. Hammond (2012) reported that for African American men of 30 years or older, racial discrimination and depressive symptoms were

more salient in men with high restrictive emotionality. Matthews et al. (2013) found that the masculinity aspect of self-reliance influenced the positive relationship between racial discrimination and depression symptoms; however, this is counter the findings of Hammond (2012) which found self-reliance was associated with fewer depressive symptoms. How the relationship between discrimination and depressive symptoms is impacted by masculinity is something that needs to be further explored and expanded to all racial/ethnic groups.

Current Study

More recently studies examining masculinity and mental health have started to focus more on the dimensions of masculinity rather than masculinity as a unitary scale because adherence to one norm does not inherently mean endorsement of all norms (McDermott et al., 2018); thus, total masculinity scores are not able to distinguish what norms of masculinity impact specific behaviors because it is a sum of all norms. McDermott et al. (2018) attempted to fill in this gap in the literature and provide expansion on the contextual factor of race/ethnicity with masculinity. However, their sample was comprised of 27% racial minorities, of which they consolidated to compare to the racial majority (White), as opposed to examining differences within and between each ethnic group in their study (McDermott et al., 2018). To the best of our knowledge, McDermott et al. (2018) study is the first attempt to examine racial differences in the endorsement of individual masculine norms instead of overall masculine conformity. Furthermore, their study is also the first to examine racial differences in how separate norms may mediate mental health help-seeking.

Due to literature revealing effects of masculinity on the relationship between discrimination and depressive symptoms (Hammond, 2012; Matthews et al., 2013; Wong et al., 2014), the impacts of masculinity and racial stress on mental health help-seeking decisions should be further explored. It is important to explore what factors of masculinity impact help-seeking decisions, identify how racial stress and masculinity interact, and what factors promote informal versus formal help-seeking.

The first goal of this study is to assess if self-reliance predicts endorsement of formal help-seeking and attitudes toward it in a more diverse sample. The second goal of this study is to determine if there are differences across race with respect to the association between masculine norms and endorsement of help-seeking. Because there are some differences between viewpoints on mental health help-seeking between men of different racial/ethnic backgrounds, it is reasonable to assume that different racial/ethnic groups may have specific masculine aspects, such as emotional control or power over women, that work more as a hindrance or motivation for help-seeking that are different from other groups. For example, Vogel et al. (2011) suggest that African American men may endorse aspects related to dominance more but have more flexibility in emotional control; the endorsement of these traits may have a different outcome in White American men. However, there may be adherence to aspects of masculinity that universally have a more negative or positive impact on mental health help-seeking, such as self-reliance, which more commonly is negatively associated with help-seeking (Davis & Liang, 2014; Johnson et al., 2012; McDermott et al., 2018). The third goal of this study is to assess how self-reliance, which in the literature has been found to be negatively associated with

help-seeking, predicts help-seeking endorsement in response to depressed feelings occurring due to racial discrimination.

I hypothesize that high self-reliance will be negatively associated with both formal help-seeking attitudes and endorsement across racial groups, regardless of having depressed feelings or experiences with a racist event. This is consistent with previous literature exploring masculine norms in various racial/ethnic groups (Davis & Liang, 2014; Goodwill et al., 2018, McDermott et al., 2018.) I also anticipate that self-reliance will predict help-seeking for depressed feelings occurring due to racial discrimination. This specific relationship has not been formally examined in previous literature. Previous findings revealed that seeking support in response to discrimination may bolster feelings of resilience (APA, 2016); however, it is unclear if self-reliance is only being substantiated by or also promoting the action of help-seeking. Beyond self-reliance, I hypothesize that there will be racial differences in regard to what masculine norms are endorsed the strongest. The existing literature does not suggest a specific direction of association; therefore, I will approach this question in an exploratory manner. Further, there may be racial differences in masculine norm endorsements that are associated with informal or formal help-seeking for depressed feelings. For example, strongly endorsing "winning" may be more positively associated with informal forms of help-seeking for one group, while others from another identity may be more likely to seek formal help if they strongly endorse "emotional control". This will also be approached as an exploratory research question.

CHAPTER II

Methods

Participants

The sample consisted of 42 male, undergraduate students recruited from Sam Houston State University's Psychology Experimental Research Participation (PeRP) system. Participants ranged in age from 18 to 29 years old (M = 20.81, SD = 2.06). Of the sample, 47.6% were non-Hispanic White, 28.6% were Black, and 23.8% were Hispanic/Latino. Only 52.4% of participants did not identify with a disability or impairment, whereas 11.9% identified with a mental health disorder. Of the men that disclosed a mental health disorder, 60% reported having depression. For more detailed demographic information, please see Table 1. Participants were offered course credit for their participation in the survey system, which contributed to their course grade or extra credit.

Table 1

Characteristics of Study Sample

Variable	Full Sample (n = 42)
Age *M* (*SD)*	20.81 (2.06)
Race (%)	
White	20 (47.6)
Black	12 (28.6)
Hispanic	10 (23.8)
Disability status (%)	
Mental health disorder	5 (11.9)
No disability or impairment	22 (52.4)

Procedure

Participants were sampled using the Psychology Research Participation (PeRP) System, an online survey forum for students at Sam Houston State University. Beginning the study, the participants responded to several demographic questions (see Appendix A). Eligibility criteria to continue with the questionnaire was identifying as male and being at least 18 years of age. Following the demographics questionnaire, participants were administered questions regarding their conformity to masculinity, help-seeking endorsement in response to depressive feelings, and attitudes towards help-seeking. Non-White participants also answered questions regarding help-seeking endorsement in response to depressive feelings attributed to having experienced racial discrimination. Following the survey packet, participants were provided a resource page and numbers to call if they experience distress.

Measures

Conformity to Masculine Norms Inventory (CMNI). To assess adherence to aspects of traditional masculinity, the 30-item version of the Conformity to Masculine Norms Inventory (CMNI-30; Levant et al., 2020) was used (see Appendix B). This is a recently created short form of the original CMNI (Mahalik et al., 2003), which was comprised of 11-factors and 94 items. The CMNI-30 was developed to address the lack of data with good fit in a confirmatory factor analysis (CFA) in the original 94 item and subsequent abbreviated versions, while still maintaining most of the dimensions of the original (Levant et al., 2020). The CMNI-30 has 10 subscales, or aspects of masculinity: emotional control, winning, playboy, violence, heterosexual self-presentation, pursuit of status, primacy of work, power over women, self-reliance, and risk-taking (Levant et al.,

2020). The CMNI-30 was developed with a six-point Likert scale ranging from strongly disagree to strongly agree (Levant et al., 2020). Several items are reversed scored and higher scores indicate a stronger adherence to the traditional masculinity aspect, or overall higher scores indicated overall higher traditional masculinity adherence (Levant et al., 2020). Levant et al. (2020) argues that the CMNI can be used across ethnic majority and minority groups and have data supporting its measurement equivalence across ethnicity. Internal consistencies ranged from .72 to .93 for White males, and .60 to .89 for men of color (Levant et al., 2020).

Attitudes Toward Seeking Professional Psychological Help Short Form (ATSPPH-SF). To assess attitudes toward professional psychological help-seeking, the ATSPPH-SF (Fischer & Farina, 1995) was used (see Appendix C). The ATSPPH-SF is an abbreviated 10 item version of ATSPPH (Fischer & Turner, 1970). Items are on a 4-point Likert scale, ranging from strongly disagree to strongly agree, with several items reversed scored; higher overall scores indicate a more positive attitude towards seeking professional psychological help (Fischer & Farina, 1995). In its development, an internal consistency of .84 was found (Fischer & Farina). ATSPPH-SF was developed as unidimensional, but two studies have found that a two or three factor model may be more appropriate (Elhai et al., 2008; Picco et al., 2016); these factor models may be something to consider.

General Help-seeking Questionnaire (GHSQ). To distinguish between forms of help-seeking, the GHSQ will be utilized. The GHSQ measure's intentions of seeking psychological help by presenting participants with the prompt "If you were having [problem-type], how likely is it that you would seek help from the following people?",

followed by a matrix of various sources rated with a seven-point Likert scale from extremely unlikely to extremely likely (Wilson et al., 2005). For the purposes of the current study, the GHSQ was used twice in the survey with different prompts. To gauge how male participants may seek help in response to general depressive feelings, participants were provided the prompt "If you were having depressed feelings, how likely is it that you would seek help from the following people?" (see Appendix D). This prompt is distinguished in the current study as "GHSQ Depression-General". Another prompt was used to assess how Black and Hispanic men may seek help if they were having depressed feelings because of encounter with racism; this prompt read "If you were having depressed feelings because of an encounter with racism, how likely is it that you would seek help from the following people?" (see Appendix E). This prompt is distinguished in the current study as "GHSQ Depression-Racism". Two subscales in the GHSQ, formal help-seeking sources and informal help-seeking sources were identified by Wilson and Deane (2010); three sources were not identified with either subscale. The internal consistency for formal help-seeking was .75 and for informal help-seeking the internal consistency was .81 (Wilson & Deane, 2010), and there is single scale internal consistency of .85 (Wilson et al., 2005).

CHAPTER III

Results

Missing Data

A total of 51 participants responded to the survey items. Because the focus of the current study is on participants identifying as Black or Hispanic, with White participants for comparative purposes, eight participants identifying as other racial/ethnic backgrounds were excluded from the current study. A trans-male participant was excluded via a select cases filter in SPSS, but kept in the data file for future exploration, making the final sample 42 participants. Due to the small sample size, an item-level multiple imputation of the data was performed to maintain power for data analysis via SPSS. The multiple imputation resulted in the imputation of 11 different items and variables, and a total of five imputed values each. Scale score calculations and data analysis were conducted following the multiple imputation.

Preliminary Analyses

Correlation

Exploratory Pearson correlations were conducted to identify possible covariates (see Table 2). Demographic variables with the potential to covary with formal help-seeking attitudes (ATSPPH-SF scores) were sexual orientation, mobility impairment status, mental health disorder status, and general disability status. Sexual orientation, mobility impairment status, and no disability status were eliminated from analysis due to violations of assumptions (See Hypothesis 1 under Hypothesis Testing). Three covariates were included in the analyses below: age for formal help-seeking, and education and number of children in household for informal help-seeking.

Table 2

Demographic Variables that Covary with Measures

Covariate	Pearson's r (*df*)	Sig.
ATSPPH total score		
Mental health disorder	.324 (39)	.039
No disability	.347 (39)	.026
Mobility impairment	.366 (39)	.019
Sexual orientation	.444 (39)*	.004
GHSQ Depression-Racism (Formal)		
Age	.662 (19)*	.001
GHSQ Depression-Racism (Informal)		
Level of education	.532 (19)	.013
GHSQ Depression (Informal)		
# of dependent children in household	.382 (39)	.014
Winning		
# of dependent children in household	.422 (40)*	.005
Primacy of work		
# of dependent children in household	.393 (40)*	.010
Risk-taking		
# of dependent children in household	.489 (40)*	.001

Note. All values are significant at $p < .05$ level unless otherwise indicated: * = statistically significant at $p < .01$ level

Correlations between all masculine norms were performed to examine for potential multicollinearity. Winning, power over women, and heterosexual self-presentation were all found to be highly correlated with each other (Pearson's $r > 0.7$). Of the three norms, winning was the one predictor with scores that approximated a normal distribution, and therefore was the predictor retained in the following analyses. Power over women and heterosexual self-presentation were not included in the following analyses due to the potential for multicollinearity and violations of normality.

Hypothesis Testing

Hypothesis 1:

High self-reliance will be negatively associated with formal help-seeking attitudes. A hierarchical multiple regression was performed to control for the potential covariates of sexual orientation, mobility impairment status, mental health disorder status, and general disability status. The dependent variable was participant ATSPPH-SF score, while self-reliance score served as a predictor variable. With all four possible covariates, there was a violation of independence of residuals as assessed by a Durbin-Watson statistic of 1.429. The removal of mobility impairment status remedied the violation. Retaining sexual orientation, general disability status, and mental health disorder status resulted in a violation of homoscedasticity as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. Removal of both sexual orientation and general disability status resulted in a plot of studentized residuals versus unstandardized predicted values that indicated the homoscedasticity assumption was met. Therefore, the only covariate retained for the hierarchical multiple regression was mental health disorder status.

The regression model indicated an independence of residuals, as assessed by a Durbin-Watson statistic of 1.841. There was suggested linearity and homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1. There was a singular studentized deleted residuals greater than ±3 standard deviations, but no standardized residuals greater than ±3 standard deviations. There were no leverage values greater than 0.2, and values for Cook's distance above 1. The assumption of normality was met, as assessed by a histogram with a superimposed normal curve and a P-Plot. Model 1 contained the covariate mental health disorder status, while Model 2 added the masculine norm of self-reliance. The addition of self-reliance to the prediction of attitudes towards formal help-seeking (Model 2) did not lead to a statistically significant change in R^2. The full model of mental health disorder status and self-reliance scores (Model 2) was not statistically significant, $R^2 = .128$, $F(2,37) = 2.720$, $p = .079$, adjusted $R^2 = .081$. In this model, only the covariate (mental health disorder status) contributed significantly to the prediction, $B = 5.503$, $SE\ B = 2.538$, $t = 2.168$, $p = .037$.

Hypothesis 2:

High self-reliance will be negatively associated with formal help-seeking endorsement. A simple regression was conducted with self-reliance scores as the predictor variable and formal help-seeking endorsement in response to experiencing depressive feelings as the outcome variable. A scatterplot of formal help-seeking endorsement against self-reliance scores was plotted. Visual inspection of this scatterplot indicated a linear relationship between the variables. There was independence of

residuals as indicated by a Durbin-Watson statistic of 1.877. There was homoscedasticity, as assessed by visual inspection of a plot of standardized residuals versus standardized predicted values. Residuals were normally distributed as assessed by visual inspection of a normal probability plot. For the original data model, self-reliance scores accounted for 0.5% of the variation in formal help-seeking endorsement with adjusted R^2 = -.2.1%, a very small effect according to Cohen (1988). Self-reliance scores did not statistically significantly predict attitudes towards seeking professional psychological help, $F(1, 38) = .188$, $p = .667$.

Hypothesis 3:

Self-reliance will be negatively associated with formal help-seeking for depressed feelings resulting from an experience of racism. A hierarchical multiple regression was planned to control for the potential covariate of age. Self-reliance was the predictor variable while formal help-seeking GHSQ Depression-Racism score was the dependent variable. There was not linearity nor homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. To address non-linearity and heteroscedasticity, log, square root, and square transformations were done on the model variables, but no transformations succeeded in producing linear and homoscedastic data. A Box-Cox transformation conducted via SPSS also did not result in linearity or homoscedasticity. Due to there being multiple violations for assumptions for a hierarchical multiple regression, it was decided a different statistical test would be more appropriate. A weighted hierarchical regression was considered, but a visual inspection of the resulting plot of studentized residuals versus unstandardized predicted values still did not indicate linearity and homoscedasticity was met. Because the priority of the analysis

was to determine if there is a relationship between the outcome and predictor variable while accounting for a covariate, analysis was conducted using a Pearson's partial correlation.

A Pearson's partial correlation was performed to control for the potential covariate of age. There were linear relationships between formal help-seeking GHSQ Depression-Racism scores, self-reliance scores, and age, as assessed by scatterplots and partial regression plots. Not all variables were normally distributed, as assessed by Shapiro-Wilk's test ($p < .05$). Analysis was continued due to age being one of the non-normal variables, and the potential of it being difficult to interpret if it was transformed. Formal help-seeking GHSQ Depression-Racism was also not normally distributed, and transformations failed to make the variable normally distributed. There were three univariate outliers, identified through inspection of a boxplot. The univariate outliers were for the covariate of age and were not removed due to being genuinely unusual values. There were no multivariate outliers in the data, as assessed by Mahalanobis distance, ($p > .001$). A bivariate Pearson's correlation established that the association was not statistically significant, $r(19) = .116$, $p = .616$. A Pearson's partial correlation showed that the strength of this linear relationship was slightly stronger when age was controlled for, $r_{partial}(18) = .225$, but was not statistically significant, $p = .341$.

Hypothesis 4:

Self-reliance will be negatively associated with informal help-seeking for depressed feelings resulting from an experience of racism. A hierarchical multiple regression was performed to control for the potential covariate of level of education. Self-reliance was the predictor variable while informal help-seeking GHSQ Depression-

Racism score was the dependent variable. There was independence of residuals, as assessed by a Durbin-Watson statistic of 2.096. There was suggested linearity and homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1. There were no studentized deleted residuals greater than ±3 standard deviations. There were four leverage values greater than 0.2 (.23, .24, .27, .39). There were no values for Cook's distance above 1. The assumption of normality was met, as assessed by a histogram with a superimposed normal curve and a P-Plot. Model 1 contained the covariate of highest level of education, while Model 2 added the masculine norm of self-reliance. The addition of self-reliance to the prediction of informal help-seeking GHSQ Depression-Racism scores (Model 2) did not lead to a statistically significant change in R^2. The full model of level of education and self-reliance scores (Model 2) was statistically significant, $R^2 = .398$, $F(2, 18) = 5.945$, $p = .010$, adjusted $R^2 = .331$. In this model however, only the covariate (level of education) added statistically significantly to the prediction, $B = 3.228$, $SE\ B = 1.388$, $t = 2.326$, $p = .032$.

Exploratory Hypothesis 1:

There will be racial differences in regard to what masculine norms are endorsed the strongest. A multivariate analysis of covariance was performed to examine the relationship between race (White, Black, Hispanic) and masculine norms while controlling for the potential covariate of dependent children in household. A scatterplot was used to assess linearity between the masculine norms for each racial group. There appeared to be some linearity between masculine norm scores, but many relationships

were unclear, suggesting the assumption of linearity may have been violated. Because the relations between the norms varied from racial group, norms could not be specified as offending to be removed or transformed. The MANCOVA was performed expecting a loss of power. There was homogeneity of regression slopes, as assessed by the interaction term between dependents in household and racial group, $F(16, 50) = 1.448$, $p = .158$. Results indicated a homogeneity of variances-covariance matrices as assessed by Box's M test, $p > .001$. There were no univariate outliers in the data, as assessed by standardized residuals greater than ± 3 standard deviations. There were no multivariate outliers in the data, as assessed by Mahalanobis distance, ($p > .001$). Residuals were normally distributed, as assessed by Shapiro-Wilk's test ($p > .05$). There was no statistically significant difference between the racial groups on the combined dependent variables after controlling for the number of dependents in the participant household, $F(16, 54) = 1.089$, $p = .338$, Wilks' $\Lambda = .572$, partial $\eta^2 = .244$.

Exploratory Hypothesis 2:

There will be racial differences for what masculine norms are more strongly associated with formal help-seeking. A multiple regression was conducted to determine if the norms significant to formal help-seeking endorsement for depressive feelings and race predicted formal help-seeking, and if racial differences could be found in the model. To determine which masculine norms would be used, a Pearson Correlation was used to examine which norms had a significant relationship with formal help-seeking. Violence was found to have a negative moderate association with formal help-seeking for depressive feelings. A multiple regression was run to predict formal help-seeking endorsement from race, masculine norm of violence scores, and the interaction between

race and the chosen norm. Race was dummy coded into two variables. An interaction variable was created from each dummy code variable with the norm violence. The interaction variables were very strongly correlated with the respective race dummy code used to create the variable. To address the issue of multicollinearity, the race dummy codes and masculine norm variables were centered. A new interaction variable was created after centering the variables. The resulting centered variables and interaction did not indicate possible multicollinearity issues and were used in the analysis.

There was independence of residuals, as assessed by a Durbin-Watson statistic of 1.875. There was linearity and homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1. There were no studentized deleted residuals greater than ±3 standard deviations. There were six leverage values greater than 0.2 (.21, .22, .27, .29, .36, and .55). There were no values for Cook's distance above 1. The assumption of normality was met, as assessed by histogram and a P-Plot. R^2 for the overall model was 22.6% with an adjusted R^2 of 11.2%, a small size effect according to Cohen (1988). Race, violence, and the interaction between them did not significantly predicted formal help-seeking, $F(5, 34) = 1.982$, $p = .107$. The masculine norm of violence was not individually associated with help-seeking in the original data. However, in each imputed model and the pooled model, violence was individually associated with help-seeking, $B = -.447$, $SE\ B = .206$, $t = -2.171$, $p = .030$.

Exploratory Hypothesis 3:

There will be racial differences for what masculine norms are more strongly associated with informal help-seeking. A hierarchical multiple regression was performed to determine if the norms significant to informal help-seeking endorsement for depressive feelings and race predicted formal help-seeking, and if racial differences could be found in the model. A hierarchical multiple regression allowed for the control of the potential covariate of number of dependents in participant's household. To determine which masculine norms would be used, a Pearson Correlation was used to examine which norms had a significant relationship with informal help-seeking. Emotional control and heterosexual self-presentation were found to have moderate associations with informal help-seeking for depressive feelings. The resulting hierarchical regression was designed to predict informal help-seeking endorsement first from the covariate, and then from race, masculine norm of emotional control scores, masculine norm of heterosexual self-presentation scores, and the interaction between race and the chosen norms. Race was dummy coded into two variables. An interaction variable was created from each dummy code variable with each norm used. The interaction variables were very strongly correlated with the respective race dummy code used to create the variable. To address the issue of multicollinearity, the race dummy codes and masculine norm variables were centered. A new interaction variable was created after centering the variables. The resulting centered variables and interaction did not indicate possible multicollinearity issues and were used in the analysis.

There was independence of residuals, as assessed by a Durbin-Watson statistic of 1.774. There was linearity and homoscedasticity, as assessed by visual inspection of a

plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1. There were no studentized deleted residuals greater than ±3 standard deviations. There were twenty leverage values greater than 0.2 (.21, .22, .22, .24, .24, .26, .27, .28, .30, .33, .34, .36, .37, .37, .40, .40, .46, .50, .50, .56). There were no values for Cook's distance above 1. The assumption of normality was met, as assessed by a histogram with a superimposed normal curve and a P-Plot. Model 1 contained the covariate of number of dependents, while Model 2 added the centered variables for the race dummy codes and masculine norms, and the interaction between race and masculine norms. The addition of predictors in Model 2 led to a statistically significant increase in $R^2 = .321$, $F(8,30) = 2.331$, $p = .044$. The full model (Model 2) was statistically significant, $R^2 = .484$, $F(9, 30) = 3.122$, $p = .009$, adjusted $R^2 = .329$. Only main effects for number of dependent children in household and the masculine norm of emotional control added statistically significantly to the prediction, $B = 2.798$, $SE\ B = 1.131$, $t = 2.473$, $p = .019$ and $B = -.645$, $SE\ B = .213$, $t = -3.023$, $p = .005$ respectively.

CHAPTER IV

Discussion

The objective of the current study was to investigate self-reliance as a predictive variable for formal help-seeking endorsement and attitudes in a more diverse sample. Previous literature (Johnson et al., 2012; McDermott et al., 2018) had found self-reliance to be negatively associated with formal help-seeking. Hypotheses expecting to replicate such findings were not supported. The findings of this current study do not support any relationship between the masculine norm self-reliance and formal help-seeking endorsement or attitudes, in response to general depressive feelings. After accounting for it as a covariate, mental health disorder status appeared to be more influential to attitudes towards seeking professional psychological help than the norm self-reliance. The predicted formal help-seeking attitudes for those identifying with a mental health disorder was 5.503 points higher than those without. This suggests that attitudes towards formal help-seeking may be better predicted by participant's mental health diagnosis. Self-reliance in conjunction with the covariate, level of education, predicted informal help-seeking GHSQ Depression-Racism scores, but only level of education significantly contributed to the prediction model, suggesting that it may have a larger influence on informal help-seeking endorsement than self-reliance. An increase in education was associated with an increase in endorsement scores by 3.228 points per education level. This finding does not support McDermott et al. (2018) finding that self-reliance was a negative predictor of informal help-seeking in general. However, to the best of our knowledge the masculine norm of self-reliance has not been explored as a predictor of help-seeking in the context of racial discrimination.

There are several reasons why self-reliance may not have been found to be a significant predictor for formal help-seeking attitudes and endorsement. The first is that the sample size is too small to generate enough power to detect a significant effect size. Additionally, the current sample may also be incomparable to the previous studies due to differences in demographic make-up such as region in the United States, social-economic status, and political affiliation. Lastly, another cause for differences could be a generational difference between the current sample and samples included in previous studies, as previous studies' data collection had been conducted approximately 7 to 10 years ago. The current sample is predominantly comprised of individuals born between the years 1999 and 2004. Samples of men from the most relevant previous studies (Johnson et al., 2012; McDermott et al., 2018) came from samples that are predominately comprised of previous generations. Johnson et al. (2012) had participants born approximately between 1962 and 1988. McDermott et al. (2018) data had been originally collected for a study published in 2015 (McDermott et al., 2015). This means the average year of birth for their study was approximately 1993 (McDermott et al., 2018).

Racial differences were not found in norm endorsement, nor racial differences predicting formal or informal help-seeking in conjunction with masculine norms that do predict help-seeking in our sample. This is also comparable to McDermott et al. (2018) findings that race did not moderate associations between help-seeking and masculine norms using the 46-item version of the CMNI. While examining for racial differences, it was revealed that as the endorsement of the masculine norm "violence" increases by 1, formal help-seeking decreased by .447 points. Additionally, as the number of dependent children increases by 1, there is an increase in informal help-seeking endorsement by

2.798 points. While these relationships were not under direct examination, these covariates may explain individual differences of help-seeking endorsement.

Regarding the examination for racial differences in masculine norm endorsement, there are some notable differences between the measures used by McDermott et al. (2018) and the current study. The CMNI-46 does not include the norm "pursuit of status" and contains more items per subscale than the CMNI-30 (Parent & Moradi, 2009). Additionally, McDermott et al. (2018) focused specifically on help-seeking for suicidality while the current study focuses on general depressive symptoms. However, because the current study found results comparable to previous literature, research focused on help-seeking and masculinity may not be able to detect racial differences when measuring masculinity using the CMNI. Future research should explore the use of other masculine norm measures while exploring racial differences, including measures not based on hegemonic masculinity.

Limitations

The present study has several limitations to be held in consideration while interpreting the data. The sample is a small convenience sample and is not representative of the population of the United States. Due to the small sample size, statistical analysis suffered a loss of power. For analysis on racial differences, group sizes were unequal, also causing a loss of power and the inability to fairly compare racial groups. Additionally, the sample for help-seeking in context of racial discrimination was only comprised of Black and Hispanic participants, reducing the sample for this particular questionnaire and the power in analysis utilizing it.

Another possible limitation of this study was that it focused on help-seeking in response to depressive feelings, asking participants to indicate how likely they would be to seek sources of help in response. While some individuals clearly reported having experience with depression, it is unclear how many participants have experienced depressive feelings and are able to confidently assess what sources they would endorse faced in such a situation. Largely, responses to this question also may not reflect actual help-seeking outcomes of the participant, but rather what participants expect themselves to do. While participant expectations can be informative, mental health care providers and informal sources of help may benefit more from knowing actual outcome trends to better create interventions and programs.

Future Directions and Implications

Although not all hypotheses about self-reliance were supported, this study provided information regarding how the masculine norm of self-reliance may influence help-seeking for individuals coping with a racially discriminatory experience. Black and Hispanic males' decision to seek informal help may be influenced by their level of education and self-reliance, or level of education alone. Future research should focus on replicating this finding in other samples, examining if there are differences between Black and Hispanic males, and exploring how such findings may be informed by specific cultural expectations and systemic limitations. Additionally, future research should focus on replicating the findings based on the other covariates of this study, such as mental health status for formal help-seeking attitudes, and number of dependent children in household on informal help-seeking endorsement.

Future research further exploring race and associations between masculine norms and help-seeking decisions is needed on a larger sample size with care to have nearly equal racial group sizes. This would be helpful to replicate findings in other samples and ensure that data from White individuals is not overpowering scores form other participants. Further, the current study was based on a hypothetical help-seeking scenario. Future studies should aim to measure actual help-seeking. This would allow for a greater understanding of masculine norms predict both intended and actual outcomes.

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APPENDIX A

Demographic items

1. What is your age?
2. What gender were you assigned at birth?
    1. Male
    2. Female
    3. Intersex
3. What is your gender?
    1. Cisgender Male
    2. Cisgender Female
    3. Transgender Male
    4. Transgender Female
    5. Genderfluid, Genderqueer, or Nonbinary
    6. Indigenous/other culturally-specific gender minority (e.g., two-spirit, hijra, māhū, etc.)
    7. Agender
    8. Another identity (please specify):
4. What is your race/ethnicity? (select one or more response)

    1= Black or African American

    2= Asian

    3= American Indian or Alaska Native

    4= Native Hawaiian or Other Pacific Islander

    5= European American/White

6= Caribbean/Caribbean American

7= Hispanic/ Latino

8= Native American/ American Indian

9= Other (please specify)

5. Are you an undergraduate student?

   1 = Yes

   2 = No

6. Are you in the Criminal Justice Department?

   1 = Yes

   2 = No

7. Are in the Psychology Department?

   1 = Yes

   2 = No

8. What is your student status?

   1 = Part-time (1-11 credits)

   2 = Full-time (12+ credits)

9. What is your year in school?

   1 = 1st year

   2 = 2nd year

   3 = 3rd year

   4 = 4th year

   5 = 5th year

   6 = More (Please specify)

10. What is your most recent semester's GPA (write N/A if this does not apply to you)

11. What is your relationship status?

1= married

2= widowed

3= divorced

4= separated

5= in a domestic partnership or civil union

6= single

7= single, never married

12.What is your highest level of education?

1= less than high school degree

2= high school degree or equivalent (i.e., GED)

3= some college but no degree

4= associates degree

5= bachelor degree

6= graduate degree

13.What is your spouse, partner, or significant other highest level of education obtained?

1= less than high school degree

2= high school degree or equivalent (i.e., GED)

3= some college but no degree

4= associates degree

5= bachelor degree

6= graduate degree

14.What is the highest level of education your mother obtained?

1= less than high school degree

2= high school degree or equivalent (i.e., GED)

3= some college but no degree

4= associates degree

5= bachelor degree

6= graduate degree

15.What is your highest level of education your father obtained?

1= less than high school degree

2= high school degree or equivalent (i.e., GED)

3= some college but no degree

4= associates degree

5= bachelor degree

6= graduate degree

16.How much total combined money did all members of your HOUSEHOLD earn last year?

1= under $24,999

2= $25,000 to $34,999

3= $35,000 to $49,999

4= $50,000 to $74,999

5= $75,000 to $99,999

6= $100,000 to $149,999

7= $150,000 to $199,999

8= $200,000 and over

17.How much did YOU earn last year?

1= under $24,999

2= $25,000 to $34,999

3= $35,000 to $49,999

4= $50,000 to $74,999

5= $75,000 to $99,999

6= $100,000 to $149,999

7= $150,000 to $199,999

8= $200,000 and over

18.How many children under the age of 17 live in your household?

19.Which of the following best describes your documentation status?

1= documented

2= undocumented

3= other

4= prefer not to answer

20.Which political party do you most identify with?

1= Democrat

2= Republican

3= Libertarian

4= Green

5= Constitution

6=Other (please specify)

21.How would you describe your general health?

1= poor

2= fair

3= good

4= very good

5= excellent

22.Which generation best describes you?

1 = born outside the US

2 = born in the US, mother or father born outside the US

3 = parents were born in the US; all grandparents born outside the US

4 = parents and I were born in the US; at least one grandparent was born outside the US with remainder born in the US

5 = all my grandparents, both my parents and I were born in the US

6 = don't know what generation best fits since I lack some information

23. What is your religious affiliation?

1 = Christian or Catholic or Orthodox

2 = Jewish

3 = Islam or Muslim

4 = Hindu

5 = Buddhist

6 = Pagan

7 = Atheist

8 = Spiritual

9 = Agnostic

10 = No affiliation

12 = Other (please specify)

24. Which of the following best describes your sexual orientation?

    1. Heterosexual / straight
    2. Strictly monosexual, same-gender (e.g. gay, lesbian)
    3. Bisexual
    4. Pansexual / Polysexual
    5. Asexual / Demisexual
    6. Other:

25. How do you describe your disability/ability status? We are interested in this identification regardless of whether you typically request accommodations for this disability. (select all that apply)

    1. A sensory impairment (vision of hearing)
    2. A learning disability (e.g., ADHD, dyslexia)
    3. A long-term medical illness (e.g., epilepsy, cystic fibrosis)
    4. A mobility impairment
    5. A mental health disorder
    6. A temporary impairment due to illness or injury (e.g., broken ankle, surgery)
    7. A disability or impairment no listed above:
    8. I do not identify with a disability or impairment

26. Please type your specific disability/ability statuses in the space below. Examples of statuses include: Anxiety, Bipolar Disorder, Auditory Processing Disorder, Blindness, Colorblindness, Dyslexia, PTSD, Use of a mobility aid (e.g., wheelchair), etc. Note: you may report more than one:

APPENDIX B

Conformity to Masculine Norms Inventory 30

Please respond to the following statements with how strongly you disagree or agree, with 0 meaning Strongly Disagree and 5 meaning Strongly Agree

1. I will do anything to win
2. I would change sexual partners often if I could
3. In general I must get my way
4. I think that trying to be important is a waste of time
5. I enjoy taking risks
6. I dislike any kind of violence
7. I would hate to be important
8. I bring up my feelings when talking to others
9. I would be furious is someone thought I was gay
10. I take risks
11. I think that violence is sometimes necessary
12. I would feel good if I had many sexual partners
13. It would be awful if people thought I was gay
14. I like to talk about my feelings
15. I never ask for help
16. Having status is not important to me
17. I put myself in risky situations
18. The women in my life should obey me
19. I feel good when work is my first priority

20. It’s never ok for me to be violent

21. I would find it enjoyable to date more than one person at a time

22. I would get angry if people thought I was gay

23. I am not ashamed to ask for help

24. For me, the best feeling in the world comes from winning

25. Work comes first for me

26. I tend to share my feelings

27. Things tend to be better when men are in charge

28. I need to prioritize my work over other things

29. It bothers me when I have to ask for help

30. I love it when men are in charge of women

APPENDIX C

Attitudes Toward Seeking Professional Psychological Help Short Form

Read each statement carefully and indicate your degree of agreement using the scale below. In responding, please be completely candid.

1. If I thought I was having a mental breakdown, my first thought would be to get professional attention.
2. Talking about problems with a psychologist seems to me as a poor way to get rid of emotional problems.
3. If I were experiencing a serious emotional crisis, I would be sure that psychotherapy would be useful.
4. I admire people who are willing to cope with their problems and fears without seeking professional help.
5. I would want to get psychological help if I were worried or upset for a long period of time.
6. I might want to have psychological counseling in the future.
7. A person with an emotional problem is not likely to solve it alone; he or she is more likely to solve it with professional help.
8. Given the amount of time and money involved in psychotherapy, I am not sure that it would benefit someone like me.
9. People should solve their own problems, therefore, getting psychological counseling would be their last resort.
10. Personal and emotional troubles, like most things in life, tend to work out by themselves.

APPENDIX D

General Help-seeking Questionnaire – Depression-General Prompt

If you were having depressed feelings, how likely is it that you would seek help from the following people?

1. Intimate partner
2. Friend
3. Parent
4. Other relative/family member
5. Mental health professional (e.g., psychologist, social worker, counselor)
6. Phone helpline (e.g. Lifeline)
7. Doctor/GP
8. Professor
9. Minister or religious leader (e.g. Priest, Rabbi, Chaplain)
10. Would not seek help
11. I would seek help from another not listed above (Please list in the space provided, (E.g., work colleague. If no, leave blank)

APPENDIX E

General Help-seeking Questionnaire – Depression-Racism Prompt

If you were having depressed feelings because of an encounter with racism, how likely is it that you would seek help from the following people?

1. Intimate partner
2. Friend
3. Parent
4. Other relative/family member
5. Mental health professional (e.g., psychologist, social worker, counselor)
6. Phone helpline (e.g. Lifeline)
7. Doctor/GP
8. Professor
9. Minister or religious leader (e.g. Priest, Rabbi, Chaplain)
10. Would not seek help
11. I would seek help from another not listed above (Please list in the space provided, (E.g., work colleague. If no, leave blank)

APPENDIX F

IRB Approval Letter

Date: Apr 15, 2022 12:43:28 PM CDT

TO: Charlotte Hillegass Craig Henderson
FROM: SHSU IRB
PROJECT TITLE: The influence of racial background and masculine norm endorsement on men's response to depressive feelings: Understanding help-seeking decisions
PROTOCOL #: IRB-2021-390
SUBMISSION TYPE: Initial
ACTION: Exempt
DECISION DATE: April 15, 2022
EXEMPT REVIEW CATEGORY: Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

OPPORTUNITY TO PROVIDE FEEDBACK: To access the survey, click here. It only takes 10 minutes of your time and is voluntary. The results will be used internally to make improvements to the IRB application and/or process. Thank you for your time.

Greetings,

Thank you for your submission of Initial Review materials for this project. The Sam Houston State University (SHSU) IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations.

Since Cayuse IRB does not possess the ability to provide a "stamp of approval" on any recruitment or consent documentation, it is the strong recommendation of this office to please include the following approval language in the footer of those recruitment and consent documents: IRB-2021-390/April 15, 2022.

Recommendation for the Research Team: Recommend removal of "DETAILED CONSENT" in front of the project title on your consent form. Since there is no longer a Key Information section, Detailed Consent is not required to be included.

We will retain a copy of this correspondence within our records.

*** What should investigators do when considering changes to an exempt study that could make it nonexempt?**

It is the PI's responsibility to consult with the IRB whenever questions arise about whether planned changes to an exempt study might make that study nonexempt human subjects research.

In this case, please make available sufficient information to the IRB so it can make a correct determination.

If you have any questions, please contact the IRB Office at 936-294-4875 or irb@shsu.edu. Please include your project title and protocol number in all correspondence with this committee.

Sincerely,
SHSU Institutional Review Board

VITA

Charlotte J. Hillegass

EDUCATION

Sam Houston State University 2018-Present

Master of Arts in Clinical Psychology, August 2022
Thesis Mentor: Craig Henderson, Ph.D.
Thesis: "The influence of racial background and masculine norm endorsement on men's response to depressive feelings: Understanding help-seeking decisions" Proposed: November 2021; Defended: July 2022
GPA: 4.00

Texas State University 2014-2017

Bachelor of Arts in Psychology, Bachelor of Arts in Art
Magna cum laude: December 2017
Overall GPA: 3.76
Psychology GPA: 3.91

RESEARCH EXPERIENCE

Laboratory Experience

Graduate Research Assistant, Clinical Psychology 2022
Family Attachment Lab
Department of Psychology, Sam Houston State University
Advisor: Shelley Riggs, Ph.D

Funded research assistant position for the study "Validation of the Lewis Couple and Family Evaluation Scales in a Community Sample of Families". Received training on using the Lewis Couple & Family Evaluation Scales coding scheme. Duties include using the Lewis Couple & Family Evaluation Scales to code video recorded family interaction tasks. The purpose of the study is to provide evidence of scale reliability, construct validity (i.e., convergent, discriminant), and concurrent validity for the Lewis Scales using archival data.

Graduate Research Assistant, Clinical Psychology 2020-2022
The Health and Resilience Initiative for Vulnerable and Excluded Groups (weTHRIVE)
Department of Psychology, Sam Houston State University
Advisor: Temilola Salami, Ph.D

Funded graduate lead on emotional regulation program for Law Enforcement officers, duties including conducting trainings and leading interventions, maintaining meeting minutes and important documents, developing procedures, and carrying out communications. Responsible for mentoring undergraduate students in lab duties such as data collection and writing and providing guidance for those in preparation for graduate school. Actions include volunteering for opportunities to clean and work with data and contribute to manuscripts.

Currently writing within lab: "Coping Style Moderates the Association Between Political Stress and Hopelessness"(Methods, and Limitations and Future Directions); " Gender and racial/ethnic differences in illicit substance use and STDs among sex trafficked populations in an urban medical setting" (Results)

Graduate Research Assistant, Clinical Psychology 2020-2021
Health Behaviors Lab
Department of Psychology, Sam Houston State University
Advisor: Craig Henderson, Ph.D

Responsibilities include meeting with scheduled participants to present study information and confirm consent documents have been read; running participants through baseline data procedures; scheduling participants for follow-up data retrieval; collaborating with other lab members on any delegated tasks

Other Experience

Graduate Research Assistant 2020-2022
Engaging Classrooms Quality Enhancement Plan
The Professional and Academic Center for Excellence, Sam Houston State University
Advisor: Li-Jen Lester, Ed.D

Paid graduate assistant assigned to utilize the Teaching Dimensions Observation Protocol (TDOP) to code actions that occur in the classroom to gauge active learning in hybrid classes at Sam Houston State University.

CLINICAL EXPERIENCE

Practicum Experience

Brazos County Juvenile Justice Services 2019

Completed 300 hours of Direct and Indirect practicum work under the supervision of Delbert Price, Ph.D. Provided psychotherapy to a caseload of 4 individuals on a probationary or deferred status, co-facilitated group anger management therapy, and performed psychological assessment for the evaluation of an individual's placement. Observed and conducted suicide risk assessments and follow-up assessments, observed follow-up Prison Rape Elimination Act (PREA) assessments, and co-facilitated group skill building activities.

Mock Interviewing 2019

Completed 42 hours of Mock Psychotherapy Interviewing supervised by Marsha Harman, Ph.D. These hours were done with Sam Houston State University undergraduate students to practice and further develop therapeutic skills.

PRESENTATIONS

Hillegass, C., Litzmann, M., Priebe, K., Salami, T. K. (2022, August). *Active learning and skills-based therapy: A perspective to improve remote group therapy*

engagement [Convention session]. Critical Conversation session to be conducted at the American Psychological Association 2022 Convention.

Hillegass, C., Rodriguez, S., Hari, C., Flake, A., Torres, M., Gordon, M., Nguyen, P., Coverdale, & Salami, T. K. (2021, March). *Gender and racial/ethnic differences in illicit substance use and STDs among sex trafficked populations in an urban medical setting.* Poster submitted for the 40th Anxiety and Depression Association of America Conference

TRAINING EXPERIENCE

Telepsychology
Trainee 2020

Successfully completed 8 hours of Telepsychology Best Practices 101 training series.

Dialectical Behavior Therapy
Trainee 2020

Successfully completed 8 hours of an in person Dialectical Behavior Therapy (DBT) Intensive Training Course.

Motivation Interviewing
Trainee 2020

Successfully completed a 31-day online Motivational Interviewing course.

Affect Regulation Training
Presenter 2020

Conducted 2 hours of training in Affect Regulation Training (ART) to participants to develop their skills and familiarity with the ART manual.

Trainee 2020

Participated in 5 hours of training in Affect Regulation Training (ART) to better develop skills and understanding of ART, and increase familiarity with the ART manual for the purpose of ART facilitation.

HONORS, AWARDS, & COMPETITIVE FUNDING

Victims of Crime Act Grant (PI: Dr. Salami; $278,736) 2020
Grant Title: First Responder Mental Health-Regional Direct Service Outreach
Role: Graduate Research Assistant

Funded for the Spring through Fall 2020 semesters to work as a Graduate Research Assistant Lead on Emotional Regulation training program for Law Enforcement Officers; received and provided training on Affect Regulation Training, prepared Qualtrics surveys, created intervention materials and documents, prepared the recruitment of participants; current tasks include recruiting participants and facilitating the Affect Regulation Training program.

Dean's List - Texas State University 2014-2017
Received for earning a GPA of over 3.5 each semester

Texas State Achievement Scholarship 2014-2017
Awarded based on SAT scores and being in top 25% of High School graduating class or having an IB Diploma

Top Ten Percent Scholarship 2014- 2017
Awarded for graduating within the top 10% of High School graduating class

VOLUNTEER EXPERIENCE

Team Captain, 2019 Walk to End Alzheimer's 2019
Houston, Tx - Sam Houston's Sigma Kappa Omega Beta Chapter
Organized events to raise donations and awareness towards Alzheimer's research. Organized and encouraged a team to participate in the walk event and raise over $500.

Coordinator, Project Princess 2019
Sam Houston State University, Sigma Kappa Omega Beta Chapter
Raised prom dress donations for applicants in financial need. Contacted local high schools to encourage eligible high school seniors to apply for Project Princess sponsorship. Contacted and arranged meetings with the selected applicant. Provided selected applicant with a prom dress, and assisted with prom hair and make-up

Volunteer, Highway Clean-Up 2018-2020
Sam Houston State University, Sigma Kappa Omega Beta Chapter
Removed trash from the chapter's adopted highway and collaborated with other organizations to clean their highway.

Volunteer, Austin State Hospital, Children's and Adolescent's Unit 2016
Texas State University, Psi Chi International Honor Society in Psychology
Meaningfully socialized with the children and adolescents at Austin State Hospital. Participated in positive team building and recreational activities such as kickball.

LEADERSHIP ACTIVITIES

Secretary
Sigma Kappa Omega Inc. – National Board 2020-2022
Held responsibility over documentation of meetings, presentation of minutes, and governing matters over the chapters of Sigma Kappa Omega Inc.. Maintained records and important documents. Provided information of meeting minutes to members of the national governing board and chapter actives.

Secretary
Sigma Kappa Omega Inc. - Beta Chapter 2019-2020
Held responsibility over documentation of meetings, attendance, and events. Maintained records and important documents. Provided information of meeting minutes to members. Participated in all Executive Board matters as a member of Executive Board.

Philanthropy Chair
Sigma Kappa Omega Inc. - Beta Chapter 2019
Held responsibility over philanthropic projects, including fundraising and bring awareness for the Alzheimer's Association, raising donations for the Alz Walk, and presiding over Project Princess to sponsor a high school senior female's prom and promote dress donations

Delegate
Underrepresented Student Advisory Council 2015 - 2016
Represented the organization Harambe as their delegate for the Underrepresented Student Advisory Council (USAC). Participated in USAC meetings and events, as well as participation in a Social Justice Training every semester. Meeting and events were targeted at discussing disparities in representation, rights, and privilege, and what social actions can be done to address these disparities.

AFFILIATIONS

Graduate Student Affiliate Member of APA

Graduate Student Psychology Organization

Undergraduate Student Affiliate Member of APA (Former)

Psi Chi International Honor Society in Psychology

Sigma Kappa Omega Inc.