

Parental Efficacy, Stigma, and Help-Seeking for Children with Mental Health Issues

By

Arielle Stein, M.S.Ed.

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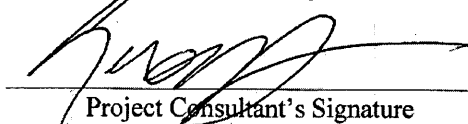
NAME: Arielle SteinTITLE OF PROJECT: Parental Efficacy, Stigma, and Help-Seeking for Children
with Mental Health Issues

DOCTORAL PROJECT COMMITTEE:

PROJECT ADVISOR: Lisa Rosenthal, Ph.D.
NameAssistant Professor Pace University
Title AffiliationPROJECT CONSULTANT: Leora Trub, Ph.D.
NameAssociate Professor Pace University
Title Affiliation

FINAL APPROVAL OF COMPLETED PROJECT:

I have read the final version of the doctoral project and certify that it meets the relevant requirements for the Psy.D. degree in School-Clinical Child Psychology.


Project Advisor's Signature8/1/18
Date
Project Consultant's Signature8/1/18
Date

PREVIEW

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PREVIEW

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PREVIEW

ABSTRACT

There is a significant gap between the number of children with mental health needs and the number of children who receive mental health services in the United States. Generally, parents and caregivers regulate children's access to mental health services. Therefore, in order to understand the underutilization of child mental health services, research has focused on what factors facilitate and/or prevent caregivers from seeking out mental health treatment for their children. In this study, parental efficacy and anticipated stigma related to mental illness were examined as they relate to parents' willingness to seek mental health treatment for their children. A total of 231 parents, 18 years of age and older and living in the United States, were recruited online to complete an online survey that included measures assessing the participant's mental health, social support, stress, perceived anticipated public stigma and self-stigma of seeking mental health treatment for children, parental efficacy, as well as a vignette depicting a child with an internalizing problem (anxiety). Parents were asked to imagine that the described child was one of his or her own children and then asked about help-seeking intentions. Results revealed that parental efficacy predicted greater intentions to seek advice from someone other than a mental health professional. Anticipated self-stigma related to mental illness predicted lower intentions to seek professional mental health treatment and lower feelings of urgency to seek help for the child. Moreover, the indirect association of anticipated self-stigma related to mental illness with intentions to seek advice from a non-mental health professional through the mechanism of parental efficacy was negative and significant. And, the indirect association of anticipated public stigma related to mental illness with intentions to seek advice from a non-mental health professional through the mechanism

of parental efficacy was also significant, but not in the expected direction, as it was positive. Findings from this study can assist in understanding parents' decisions regarding seeking mental health services for their children, as well as in designing appropriate interventions for increasing the number of children receiving mental health services.

Keywords: children, help-seeking, mental health, parental efficacy, parents, stigma.

PREVIEW

CHAPTER I

INTRODUCTION

There is a substantial gap between the number of children with mental health needs and the number of children who receive mental health services in the United States. Numerous community studies, conducted in various regions of the United States, reveal that between 10% and 25% of youths suffer from mental health disorders (Cohen et al., 1993; Costello et al., 1996; Merikangas et al., 2010; Reinherz, Giaconia, Lefkowitz, Pakiz, & Frost, 1993). Yet, less than 50% of youth with mental health problems appear to be receiving the necessary services (Burns et al., 2004; Kataoka, Zhang, & Wells, 2002; Merikangas et al., 2011). Specifically, based on a study using nationally representative household surveys, more than 80% of children and adolescents, ages 6-17, who need mental health services, are not receiving services (Kataoka, Zhang, & Wells, 2002).

It is largely parents and caregivers who make decisions related to children's access to mental health services (Cournoyer & Johnson, 1991; Kerkorian, McKay, & Bannon, 2006; Logan & King, 2001). Therefore, in order to understand the underutilization of child mental health services, research has focused on what factors facilitate and/or prevent caregivers from seeking out mental health treatment for their children (e.g., Feehan, Stanton, McGee, & Silva 1990; McKay, Pennington, Lynn, & McCadam, 2001; Owens et al., 2002; Zwaanswijk, Verhaak, Benging, Van der Ende, & Verhulst, 2003). Past research has found that parental mental health, parents' prior experiences with mental health treatment, family support, income, and parental stress contribute to parents' willingness to seek mental health treatment for their children (Cunningham & Freiman, 1996; Kerkorian et al., 2006; Zwaanswijk et al., 2003).

Parents' hesitance to work with mental health professionals has also been found to be at least partially due to concerns about being judged as a poor parent by a mental health professional (Murry, Heflinger, Suiter, & Brody, 2011; Sayal et al., 2010). Parents fear that mental health professionals and others will blame them for their children's mental health issues (Murry et al., 2011; Sayal et al., 2010). This suggests that parental efficacy, which is one's belief about one's effectiveness as a parent, may play an important role in a parent's willingness to seek help for a child, yet little research has focused on this connection. Parents' perceptions of mental illness stigma towards children have also been found to be a barrier to parents seeking mental health treatment for their children and adolescents (Moses, 2010; Murry et al., 2011). And, research suggests some of this stigma may be specifically related to parenting, such as public attitudes that parental incompetence leads to a child's mental illness (Corrigan & Miller, 2004). Despite this theoretical link between mental illness stigma and parental efficacy, as well as these factors' potential critical roles in parents seeking mental health treatment for their children, the associations among these variables have never been studied simultaneously. This study aims to fill this gap by exploring associations among parental efficacy, anticipated stigma related to mental illness, and help-seeking intentions for one's child, within a sample of parents living in the United States. Understanding the associations among parental efficacy, anticipated stigma related to mental illness, and help-seeking intentions can provide a better understanding of factors and processes that contribute to parents' decisions regarding seeking mental health treatment for their children. Moreover, findings from this study could inform potential points of intervention to increase utilization of child mental health services.

CHAPTER II

LITERATURE REVIEW

Parental Efficacy and Help-Seeking

Bandura (1977) introduced the concept of self-efficacy as a person's beliefs about his or her effectiveness in performing a particular task or behavior. Furthermore, Bandura (1982) suggested that self-efficacy influences many aspects of human agency and behavior, including whether coping behavior will be initiated, the magnitude of one's effort, the level of physiological stress reactions, self-regulation behavior, feelings about failure, achievement strivings, and growth of intrinsic interest. Since Bandura first introduced the concept, self-efficacy has become a heavily researched topic and the literature on self-efficacy has greatly expanded. Over the years, research on self-efficacy has explored a myriad of specific, derivative constructs, such as academic self-efficacy, career self-efficacy, and entrepreneurial self-efficacy (e.g., Betz, 2001; Chemers, Hu, & Garcia, 2001; Chen, Greene, & Crick, 1998; Jones & Prinz, 2005; Lent & Hackett, 1987). Much research supports that self-efficacy broadly, as well as specific types of self-efficacy, play important roles in motivation and behavior in many different domains and settings (e.g., Chemers et al., 2001; Chen et al., 1998; Jones & Prinz, 2005; Lent & Hackett, 1987).

One derivative of the broader self-efficacy construct that is particularly relevant to the current investigation is parental efficacy. Parental efficacy can be broadly defined as a parent's beliefs about his or her effectiveness as a parent (Jones & Prinz, 2005). Research supports that parental efficacy is an important cognitive construct that is related to parenting behaviors (e.g., Bohlin & Hagekull, 1987; Coleman & Karraker, 1997; Dumka,

Stoerzinger, Jackson, & Roosa, 1996; Izzo, Weiss, Shanahan & Rodriguez-Brown, 2000; Jones & Prinz, 2005). Parental efficacy has been linked to positive parenting practices for children of all ages (Coleman & Karraker, 1997). Specifically, parents with higher levels of parental efficacy have been found to engage in higher levels of desirable interactional behavior with their infants (Bohlin & Hagekull, 1987) and display greater warmth with their toddlers (Izzo et al., 2000). Parental efficacy has also been found to relate to parental warmth among parents of children 3 to 12 years of age (Dumka et al., 1996). Similarly, parents who perceive and report themselves as more effective parents have adolescents who rate their parents as having high levels of responsiveness, involvement, and monitoring (Bogenschneider, Small & Tsay, 1997; Gondoli & Silverberg, 1997).

Because parental efficacy is linked to positive parenting behaviors, interventions focused on increasing parental efficacy have been developed and have been found to be successful in increasing positive parental behaviors (e.g., Coleman & Karraker, 1997; Sanders & Woolley, 2005; Sofronoff & Farbotko, 2002). For instance, DARE to be You, which is a multi-level prevention program aimed at helping parents with children ages 2-5 in high-risk families and emphasizes parental efficacy, effective child rearing skills, social support, and problem-solving skills, has been found to successfully increase parental self-appraisals, democratic child-rearing practices, and parent satisfaction with social support, as well as to decrease child oppositional behavior and parental harsh discipline practices (Miller-Heyl, MacPhee, & Fritz, 1998). Similarly, the behavioral parent training (BPT) intervention, which focuses on improving parental efficacy among parents of toddlers, has been found to lead to positive changes in parent-perceived stress and parent-child interactions at three months and one year post-intervention (Gross,

Fogg, & Tucker, 1995; Tucker, Gross, Fogg, Delaney & Lapporte, 1998).

Parental efficacy may be an important factor related to perceptions about childhood mental illness and parents' willingness to seek mental health treatment for their children. Shibre and colleagues (2001) found that among a sample of relatives of people who were diagnosed with schizophrenia, 25% worried that other people might blame them for their relative's mental illness. Also, 36% of non-institutionalized adult participants in the National Stigma Study "agreed that getting mental health treatment for a child would make the parent feel like a failure" (Pescosolido, Perry, Martin, McLeod, & Jensen, 2007, p. 616). Thus, many parents may blame themselves or fear that others would blame them for their child's mental illness, which could deter parents from seeking treatment for a child dealing with mental health issues. Parents' fear of being blamed for their children's mental health issues is not unfounded. Johnson and colleagues (2000) found in a survey of mental health professionals, including social workers, psychiatrists, and psychologists that about one-fifth of the respondents unequivocally assigned blame for children's emotional and/or behavioral problems to the parents. And, even in the absence of others blaming them, many parents faulted themselves for their children's emotional or mental health difficulties (Ferriter & Huband, 2003). Ferriter and Huband (2003) found in interviews with parents of patients diagnosed with schizophrenia that the majority of those interviewed expressed guilt or self-blame. For instance, one mother stated, "Wonder . . . what have I done wrong in bringing her up? She always did all right. She grumbled some Saturdays [looking after her brother]. [When] she got worse, you think . . . we must have done something wrong" (Ferriter & Huband, 2003, p. 555).

Evidence suggests that parents' concerns about being judged as a poor caregiver