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What Do You and I Have to Lose? Influence of Relationship Factors on Couple Help Seeking

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WHAT DO YOU AND I HAVE TO LOSE? INFLUENCE OF RELATIONSHIP
FACTORS ON COUPLE HELP SEEKING

DISSERTATION

A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy in the
College of Education
at the University of Kentucky

By

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Lexington, Kentucky

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2020

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ABSTRACT OF DISSERTATION

WHAT DO YOU AND I HAVE TO LOSE? INFLUENCE OF RELATIONSHIP FACTORS ON COUPLE HELP SEEKING

Without intervention, most distressed couples will not see relationship quality improvement. Couple therapy has demonstrated efficacy, yet many distressed couples are reluctant to access these services. Despite this well-documented treatment gap, limited research exists on why relationally distressed individuals in relationships do or do not seek couple therapy. An unexplored avenue to increasing couple help seeking is leveraging research and theory on why couples stay together (i.e., relationship-based motives). Interdependence theory and Investment Model of Commitment posit that couples persist in relationships for both self-focused (i.e., commitment, positive and negative relationship quality) and partner-focused relationship reasons (i.e., perceived partner commitment, perceived partner support). To address this gap, the current study used the theory of planned behavior (TPB) within an alternative structural equation model testing framework to examine the links between self/partner-focused relationship motives and intention to seek couple therapy in a sample of 288 relationally distressed individuals. Key findings included: people highly committed to their relationship were both more (via indirect effects) and less (via direct effect) likely to intend to seek couple therapy; the absence of positive relationship quality and presence of negative relationship quality were associated with greater intention; perceiving one's partner as not committed to the relationship increased intention, and perceiving one's partner as supportive of couple therapy increased one's own intention to seek couple therapy. Our results indicate that targeting relationship-based motivations could potentially improve the perceptions of couple therapy amongst individuals experiencing relationship distress.

KEYWORDS: Couple Therapy, Commitment, Help Seeking, Theory of Planned Behavior

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CHAPTER 1. INTRODUCTION

Couples who fail to resolve their relationship distress risk increased rates of substance abuse, depression, and suicidal ideation (Du Rocher et al., 2011). Without intervention, distressed couples, on average, will continue to deteriorate (Baucom et al., 2003). Despite the negative consequences associated with unresolved relationship distress, only 14%-19% of distressed couples seek therapy even though couple therapy has demonstrated efficacy in resolving relationship distress (Christensen et al., 2010; Doss et al., 2009). Researchers have used the theory of planned behavior (TPB; Ajzen, 1991) to identify how individual factors (e.g., gender socialization) indirectly influence intention to seek couple therapy but have not explored the role of partner-focused relationship factors (Spiker et al., in press). This is an important omission as couples' relationship behaviors are motivated by whether the relationship is meeting their needs (i.e., self-focused relationship motives) and their partner's needs (i.e., partner-focused relationship motives; Joel et al., 2013). How these relationship motives influence help-seeking perceptions is unknown. Therefore, this study tested a model of relationally distressed individuals' intention to seek couple therapy, integrating self-focused (e.g., commitment, positive and negative relationship quality) and partner-focused (i.e., perceived partner commitment, perceived partner support) relationship motives into a TPB framework.

Couple Help Seeking and Theory of Planned Behavior

The theory of planned behavior (Ajzen, 1991) argues that attitudes (i.e., favorable vs. unfavorable appraisal of a behavior), subjective norms (i.e., perceived social pressure

to perform a behavior), and perceived behavioral control (i.e., perceived ease or challenge of engaging in a behavior) contribute to an intention to engage in a behavior (Fishbein & Ajzen, 2010). Ajzen (1991) argued that intention, the most proximal predictor of behavior, assesses “how hard people are willing to try, of how much of an effort they are planning to exert, in order to perform the behavior” (p. 181). When an individual’s intention is strong, the TPB suggests that the individual will be more likely to engage in the behavior (Ajzen, 1991). Central to the TPB is that more distal variables (i.e., relationship commitment) will indirectly act upon intention by influencing the mediators of attitudes, subjective norms, and perceived behavioral control. The couple help-seeking literature has established the TPB as a useful framework for explaining intention to seek couple therapy (Bringle & Byers, 1997; Parnell & Hammer, 2018; Sullivan et al., 2004). However, there remain several limitations in the implementation of the TPB in this context. The following sections will detail the potential importance of distinguishing between perceived behavioral control and self-efficacy, then discuss how key relationship variables (e.g., commitment) indirectly influence intention through the TPB mediator variables.

The distinction between perceived behavioral control and self-efficacy.

According to Ajzen (2002), both perceived behavioral control and self-efficacy (i.e., beliefs about ability to perform a behavior) are similar constructs. Ajzen (2002) argues that both constructs are capturing the “perceived ability to perform a behavior” (p. 668). Several researchers, however, have found important measurement and predictive differences between these two constructs (Armitage & Conner, 1999; Manstead & van Eekeln, 1998; Montano & Kasprzyk, 2015). Factor analyses have confirmed a distinction between confidence in one’s ability to achieve an outcome (i.e., self-efficacy) and belief

that the outcome is influenced by individual effort (i.e., perceived behavioral control; Armitage & Connor, 1999; Manstead & van Eekeln, 1998). Importantly, both constructs appear to uniquely contribute toward intention to perform various behaviors and, in some instances, one is more predictive than the other (e.g., Manstead & van Eekeln, 1998). The distinction between perceived behavioral control and self-efficacy has not yet been made in the couple help-seeking literature. This distinction is important as couple therapy presents a potential conflict where one person may feel confident in seeking help (i.e., high self-efficacy) but recognize that the decision to seek help is up to their partner (i.e., perceived control).

Self- and Partner-Focused Relationship Factors and Couple Help Seeking

The couple help seeking literature has found that low relationship quality (i.e., global, subjective evaluation of the relationship) predicts relationship help seeking (Doss et al., 2009), yet not all couples with low relationship quality seek help. One unexamined possibility is that unidimensional measures of relationship quality have failed to account for the fact that people possess simultaneous positive and negative evaluations of their relationship, obscuring which aspects of relationship quality are driving help seeking (Rogge et al., 2017). Although an important avenue to explore, Interdependence Theory and the Investment Model of Commitment argue for looking at more than relationship quality alone in determining the motivation for relationship behaviors.

According to Interdependence Theory, individuals are motivated by the extent to which the relationship meets both their own needs and their partner's needs (Rusbult & van Lange, 2008). The Investment Model of Commitment, a model derived from Interdependence Theory, argues that individual relationship behavior is influenced by

relationship quality but ultimately commitment (i.e., intention to persist in the relationship) is the most proximal predictor of relationship behavior (Rusbult & Arriaga, 1997). Thus, an individual may only seek help to the extent that the relationship is valued (i.e., commitment is strong). Commitment can lead to pro-relationship behaviors such as forgiveness following infidelity and willingness to sacrifice (Finkel & Campbell, 2001; Finkel et al., 2002). However, it is not clear if commitment is linked to the relationship behavior of seeking couple therapy.

Individuals are also motivated by the needs of their partner. When deciding whether to stay in a relationship, people are motivated by viewing their partner as goal supportive (i.e., perceived partner support) and believing that their partner needs the relationship to continue (i.e., perceived partner commitment; Joel et al., 2018), yet these two constructs have not been incorporated into couple help-seeking research. To better support and intervene with individuals in need of couple therapy, I examined both how self-focused motives (i.e., commitment, positive and negative perceptions of relationship quality) and partner-focused motives (i.e., perceived partner commitment, perceived partner support) indirectly inform intention to seek couple therapy through the TPB mediators.

Self Focused Relationship Motives

Commitment and relationship help seeking. Besikci (2017) found that individuals who reported low commitment in their relationships were more likely to seek relationship advice from friends and family. However, Besikci (2017) also found that individuals predisposed to not seeking help were more likely to seek out advice when highly committed to the relationship. These findings suggest that commitment may act as

a marker of distress that signals the need for help (MacGeorge & Hall, 2014) but it can also serve as a buffer to increase the likelihood of help seeking. Based on these findings, I hypothesized that commitment would demonstrate a positive, indirect association with intention through each TPB mediator variable. First, individuals more committed to their relationships will report greater perceived behavioral control and self-efficacy. Highly committed couples engage in more relationship maintenance behaviors and report a greater ability to solve relationship problems, suggesting that highly committed couples may perceive both greater control and self efficacy over the help-seeking process which can lead to greater intention (Besikci, 2017; Rusbult & Agnew, 2010). Second and third, highly committed individuals are also expected to report more positive attitudes and subjective norms. For individuals highly committed to their relationship, who view their relationship as unrewarding or unhappy, couple therapy may be perceived as an opportunity to mend a valued relationship. As stated above, commitment can promote pro-relationship behaviors (Finkel et al., 2002), thus commitment may motivate relationally distressed individuals to align their beliefs regarding the effectiveness of therapy (i.e., attitudes) and their beliefs of what important others want them to do (i.e., subjective norms) toward a greater intention to seek couple therapy.

Positive and negative relationship quality. Research has demonstrated that poor relationship quality (i.e., global, subjective evaluation of the relationship) contributes to greater relationship help seeking by improving subjective norms (Spiker et al., in press; Spiker et al., 2019). However, it is not clear which aspects of relationship quality (i.e., positive or negative) are driving this association (Rogge et al., 2017). I hypothesized that positive relationship quality would have a positive, indirect association with intention

through the mediator of attitudes and a negative, indirect association with intention through subjective norms. I also hypothesized that negative relationship quality would demonstrate a negative, indirect association with intention through the mediator of attitudes and a positive, indirect association with intention through the mediator of subjective norms. The strong association between relationship quality and commitment (Le & Agnew, 2003) suggests that when one views their relationship positively, couple therapy may be viewed as a useful method to maintaining a valued relationship (i.e., positive couple help-seeking attitudes). Yet when one views the relationship negatively, they may see little worth in seeking couple therapy as the relationship is less valued. Regarding subjective norms, when one views their relationship less positively or more negatively (i.e., low relationship quality) they may perceive that important others want them to seek help (e.g., Spiker et al., 2019). Distinguishing between positive and negative relationship quality is necessary, as both are distinct dimensions that impact relationship behaviors differently (Carroll et al., 2006; Rogge et al., 2017). A more nuanced understanding of relationship quality could lead to more targeted interventions for couples in need of therapy.

Partner-Focused Relationship Motives

Perceived partner commitment. The couple help-seeking literature has focused exclusively on self-focused motives, but couple therapy requires collaboration and agreement from both partners. When deciding upon the need for couple therapy, individuals may be motivated to take their partner's needs into consideration. Joel and colleagues (2018) found that even when people were dissatisfied with a romantic relationship, they would remain if they viewed their partner as highly committed and

dependent upon the relationship. Couples in long-term relationships also appear to be motivated to meet their partner's needs without any concern for how it may benefit them personally (Mills et al., 2004). These findings suggest that, even if a person has few self-focused motives for seeking couple therapy, they may still be willing to seek couple therapy if they view their partner as committed to the relationship. Following this logic, it is expected that perceived partner commitment will have a positive, indirect association with intention through the TPB mediator variables. One's own commitment predicts greater relationship problem solving efficacy (Rusbult & Agnew, 2010), and people who perceive their partner as supportive of the relationship report greater trust in their partner, suggesting a positive association with self-efficacy and perceived behavioral control (Wieselquist et al., 1999). Lastly, like commitment, perceived partner commitment is expected to have a positive, indirect association with intention through attitudes and subjective norms. People would be more likely to view a pro-relationship behavior (i.e., remaining in the relationship, seeking help) as helpful if they perceive their partner as committed (Joel et al., 2018). Findings supporting these hypotheses would suggest that it is necessary to consider partner-focused motivation when attempting to engage individuals in couple therapy.

Perceived partner support. Interdependence Theory emphasizes the importance of goal congruence in dyadic behavior (Rusbult & van Lange, 2008). Couples experience better therapeutic outcomes when they agree upon the goal and need for couple therapy (Owen et al., 2012); individuals demonstrate greater goal effort when they perceive a significant other as sharing their values (Gore et al., 2018); and the amount of individual goal effort is partially dependent upon the perception that one's significant other views

the goal as important (Fitzsimons & Bargh, 2003). Researchers have found that perceiving one's romantic partner as supportive increases help seeking for substance use (Eubanks-Fleming, 2016), but no study has yet examined the role of perceived partner support on one's intention to seek couple therapy, despite the very nature of couple therapy requiring partner support, be it reluctant or enthusiastic. I hypothesized that perceived partner support would have a positive, indirect association with intention through the TPB mediators. Individuals experience greater goal-related self-efficacy when perceiving their partner as supportive indicating that perceiving one's partner as supportive of couple therapy would be associated with greater perceived behavioral control and self-efficacy (Feeney, 2004). When a person views a behavior as valuable to themselves or an important other they are likely to align their beliefs to increase goal effort (Hagger et al., 2009); therefore, partner support may increase goal effort by fostering beliefs that couple therapy is effective (i.e., attitudes) and a behavior that important others would approve of (i.e., subjective norms).

Current Study

The current study explored the links from both self-focused relationship motives (i.e., commitment, positive and negative relationship quality) and partner-focused relationship motives (i.e., perceived partner commitment, perceived partner support) to intention to seek couple therapy among individuals dissatisfied with their current romantic relationship. In addition to the above hypotheses, past couple therapy help seeking was hypothesized to have a positive association with intention (Bringle & Byers, 1997) and relationship length was hypothesized to have a negative association with intention (Doss et al., 2003). In line with best practices in model development (Weston &

Gore, 2006), I tested both the theorized model (see Figure 1) and an alternative model (see Figure 2). In close relationships, individuals will set aside personal concerns and make sacrifices that do not benefit them to preserve an important relationship (Van Lange et al., 1997). These findings suggest that both higher commitment and higher perceived partner commitment could override individual concerns and directly facilitate greater intention to seek couple therapy. Therefore, the alternative model specified direct paths from both commitment and perceived partner commitment to intention. The current study addressed important limitations in the couple help-seeking literature by comprehensively exploring how relationship factors influence one's intent to seek couple therapy.

CHAPTER 2. METHOD

Participants and Procedures

Participants were 288 community-dwelling adults (41.8% cisgender men, 56.7% cisgender women, 0.8% transgender men, 0.4% non-binary, 0.4% other) who reported being in a relationship for at least 6 months ($M = 14.29$, $SD = 12.69$) and experiencing their relationship as unhappy, unrewarding, or unsatisfying. Recruitment for the study was done via ResearchMatch, a national health volunteer registry that was created by several academic institutions and supported by the U.S. National Institutes of Health as part of the Clinical Translational Science Award program. Review and approval for this study and all procedures was obtained from the University of Kentucky IRB. The study was advertised as a study of people's relationship satisfaction and what people will do to keep their relationships strong. Participants ranged in age from 18 to 85 years old ($M = 46.36$, $SD = 15.24$, $Mdn = 46$). Interested participants were directed to an online survey

that began with an informed consent page, continued with the survey items, and ended with a debriefing page.

Approximately 79.3% of the sample identified as White, 6.1% as African American/Black, 4.2% as Asian American or Pacific Islander, 3.8% multiracial, 3.1% as Latino, 0.4% as American Indian, and 1.5% preferred not to answer. Approximately 82.4% identified as heterosexual/straight, 11.5% as bisexual, 3.4% as gay, 1.5% as other, and 1.1% preferred not to answer. Approximately 8.1% reported earning a high school diploma or GED, 8.1% earned a two-year degree or vocational certificate, 17.3% had some college experience, 37.3% earned a four-year college degree, and 28.8% earned a graduate or professional degree. Approximately 49% read a relationship-focused self-help book, 44% sought help from a couple therapist with a significant other, 16% attended a relationship-focused workshop or retreat, and 8% participated in a relationship-focused online forum or discussion board.

Measures

Reported reliability estimates are for the current sample unless otherwise specified.

Intention. Intention was assessed with the three-item ($\alpha = .95$) Mental Help Seeking Intention Scale (MHSIS; Hammer & Spiker, 2018). The items were modified to assess intention to seek help from a couple counselor (e.g. “I intend to seek help from a couples counselor in the next 3 months;” rated from [1] *extremely unlikely* to [7] *extremely likely*). Higher scores indicate greater intention to seek couple therapy. The MHSIS has demonstrated evidence of reliability ($\alpha \geq .94$; Hammer & Spiker, 2018) and predictive validity (e.g., predicting actual help-seeking behavior with 70% accuracy; Hammer & Spiker, 2018) in a community adult sample overrepresented by White women.

Help Seeking Attitudes Scale. The Mental Help Seeking Attitude Scale (MHSAS; Hammer et al., 2018) is a nine-item ($\alpha = .92$) instrument that assesses participants' evaluation of seeking help from a mental health professional. Items were modified to assess participants' evaluation of seeking help from a couple counselor such that the item stem read: "Our seeking help from a couples counselor in the next 3 months would be...". Participants responded to the item stem using a 7-point semantic differential scale anchored by bipolar adjectives at either end (e.g. *unsatisfying* vs. *satisfying*, *useless* vs. *useful*), with higher scores indicating more favorable attitudes. The MHSAS has demonstrated evidence of reliability ($\alpha = .93$; Hammer et al., 2018) and validity (e.g., significant positive association with intention to seek help; Hammer et al., 2018) in community adult samples overrepresented by White women.

Subjective Norms. Subjective norms was assessed with Spiker and colleagues' (2019) three-item ($\alpha = .89$) couples counseling subjective norms instrument (e.g., "If they were in our situation, most people who are important to us would seek help from a couples counselor.;" rated from [1] strongly disagree to [7] strongly agree). Higher scores indicated more positive subjective norms. This instrument has previously demonstrated evidence of reliability ($\alpha = .84$; Spiker et al., 2019) and validity (e.g., significant positive association with intention to seek help; Spiker et al., 2019) in a community adult sample of mostly White men.

Perceived Behavioral Control. Perceived behavioral control was measured with three items assessing perceived control ($\alpha = .74$) (e.g., "If we wanted to, we could seek help from a couples counselor in the next 3 months;" rated from [1] *definitely false* to [7] *definitely true*). Items were modified to use "we" language in lieu of "I" language to

reflect the focus on couples counseling. Higher scores indicate greater perceived control. Help seeking perceived behavioral control instruments that follow Azjen's guidelines have previously demonstrated evidence of reliability ($\alpha \geq .69$; Hess & Tracey, 2013; Mo & Mak, 2009) and validity (e.g., significant positive association between perceived behavioral control and intention to seek help; e.g., Hess & Tracey, 2013; Mo & Mak, 2009).

Self-Efficacy. Self-efficacy was measured with three items assessing perceived self-efficacy ($\alpha = .84$) (e.g., "I am confident that we could seek help from a couples counselor to address a relationship problem;" rated from [1] *definitely false* to [7] *definitely true*). Items were modified to use "we" language in lieu of "I" language to reflect the focus on couples counseling. Higher scores indicate greater perceived self-efficacy. Help seeking self-efficacy instruments that follow Azjen's guidelines have previously demonstrated evidence of reliability ($\alpha \geq .83$; Armitage & Conner, 1999; Manstead & van Eeckeln, 1998) and validity (e.g., significant positive association between self-efficacy and intention to engage in health and academic behavior; e.g., Armitage & Conner, 1999; Manstead & van Eeckeln, 1998).

Perceived Partner Support. Partner support ($\alpha = .91$) was assessed with three items (e.g., "My romantic partner thinks that we should seek help from a couples counselor to address a relationship problem in the next 3 months."; "My romantic partner expects that we seek help from a couple counselor to address a relationship problem in the next 3 months."; "My romantic partner would approve of us seeking help from a couple counselor to address a relationship problem in the next 3 months."). Prior research has assessed social network members' (e.g., friends) perceptions of support for a

relationship using items stems such as “My friends think that...” (Etcheverry et al., 2008). For the current study I adjusted the stem to focus on one’s romantic partner. Higher scores indicate more positive perceived partner support. Studies assessing perceived beliefs of specific individuals (i.e., family, friends) have demonstrated adequate reliability ($\alpha \geq .95$; Etcheverry & Agnew, 2004) and validity (i.e., positive association with intention; Montano & Kasprzyk, 2015).

Positive-Negative Relationship Quality Scale. The Positive-Negative Relationship Quality Scale (PN-RQ; Rogge et al., 2017) is a measure of both positive and negative relationship quality. Each subscale (i.e., positive and negative) consists of four items, with higher scores indicating either higher positive or higher negative relationship quality. For the negative subscale ($\alpha = .93$), participants were instructed to rate their relationship quality based upon specific adjectives (e.g., miserable, bad) in response to the prompt “considering only the negative qualities of your relationship, and ignoring the positive ones, please rate your relationship on the following”. For the positive subscale ($\alpha = .94$), participants were instructed to rate their relationship quality based upon specific adjectives (e.g., enjoyable, fun) in response to the prompt “considering only the positive qualities of your relationship, and ignoring the negative ones, please rate your relationship on the following”. The PN-RQ has demonstrated evidence of reliability (PN-RQ positive: $\alpha = .94$; PN-RQ negative: $\alpha = .84$) and validity (e.g., predicting relationship change over time; Rogge et al., 2017).

Relationship Satisfaction. The Couple Satisfaction Index-4 (CSI-4; Funk & Rogge, 2007) is a four-item ($\alpha = .94$) measure of relationship satisfaction with higher scores indicating greater satisfaction. An example item included “How rewarding is your

relationship with your partner?”. Participants rated their level of agreement on a 7-point Likert scale from 0 (*not at all*) to 6 (*completely*). The CSI-4 was used to identify participants who fell in the clinically distressed range, a requirement for inclusion in the current study analyses. The CSI-4 provides a clinical distress cut-off score of 13.5 for the 4-item version of the scale. The scale demonstrated convergent validity with existing measures of relationship satisfaction (e.g., dyadic adjustment scale), and construct validity (e.g., significant negative association with perceived stress) in a community sample of mostly White women (Funk & Rogge, 2007).

Commitment. The Investment Model Scale (Rusbult et al., 1998) assesses both dependence level variables (i.e., quality of alternatives, investment) and level of commitment. The commitment subscale was used for the current study. Commitment ($\alpha = .89$) was measured with a seven-items (e.g., “I want our relationship to last for a very long time.”; rated from [0] *do not agree at all* to [8] *agree completely*). Higher scores indicate greater commitment to the relationship. Commitment has demonstrated evidence of reliability ($\alpha \geq .92$; Rusbult et al., 1998; Wiselquist, 2009) and predictive validity (e.g., predicting relationship stability; Le & Agnew, 2003; Le et al., 2010)

Perceived Partner Commitment. Perceived partner commitment ($\alpha = .94$) was measured with four items (e.g., “My partner is committed to maintaining our relationship;” rated from [0] *do not agree at all* to [8] *agree completely*) adapted from the Investment Model Scale (Rusbult et al., 1998) by previous researchers (Joel et al., 2018). Higher scores indicate greater perceived partner commitment. Perceived partner commitment has demonstrated evidence of reliability ($\alpha \geq .81$; Arriaga et al., 2006) and predictive validity (e.g., predictive of stay/leave relationship behavior; Joel et al., 2018).

Past Help-Seeking Behavior. Professional past couple help seeking behavior was assessed with the following yes/no item: “Have you ever sought help from a couple/marriage counselor with a significant other?”. Additional past couple help seeking behavior was assessed with the following yes/no items: “Have you ever attended a relationship focused retreat or workshop?”, “Have you ever participated in a relationship focused online forum or discussion group?” and “Have you ever read a relationship-focused self-help book?” (Georgia & Doss, 2013).

Relationship Length. Relationship length was assessed with the following open-ended question: “How many years have you been in your current relationship?”

CHAPTER 3. RESULTS

Data Preparation and Analysis Plan

The initial dataset contained 433 individuals. I deleted cases ($n = 11$) that indicated they were not in a current relationship. I deleted cases who indicated they were in a polyamorous relationship ($n = 18$) and those who were in a long-distance relationship ($n = 55$). Those in long-distance relationships were removed from analyses as couples not living together would likely be unable to attend couple therapy due to distance. I also deleted cases ($n = 61$) that did not meet the relationship distress cutoff score of 13.5 on the CSI-4 (Funk & Rogge, 2007). In the retained sample ($N = 288$), 39 participants were missing responses to one or more items, whereas the remaining participants were missing zero data. Missing data ranged from a low of 0% for many items to a high of 13.5% on three MHSAS items. No variables exceeded cutoffs of 3 and 10 for high univariate skewness and kurtosis values, respectively (Weston & Gore, 2006). Collinearity statistics (VIFs < 1.8) indicated no issues with multicollinearity, the data demonstrated

homoscedasticity, and linearity assumptions were met. I identified univariate outliers using Cook's D and multivariate outliers using the Mahalanobis distance test ($n = 65$; Aguinis et al., 2013). Results did not differ with or without the outliers, so I report results that retained the outlier cases. Given the ordered-categorical nature of the item response data, I used a polychoric correlation matrix based on the mean and variance adjusted weighted least square (WLSMV) estimator in *Mplus* version 6.11 (Muthén & Muthén, 1998-2012). WLSMV uses pairwise deletion to handle missing data, which was appropriate given the insubstantial amount of missing data (i.e., covariance coverage ranged from .882 to 1.00). See Table 1 for descriptive statistics and intercorrelations among study variables.

To disattenuate measurement error, latent variables were created for each construct. I modeled all latent constructs using the corresponding (sub)scale items as manifest indicators. Past help-seeking and relationship length were operationalized as observed variables. The chi-square statistic (χ^2) was used to test exact fit of all measurement and structural models, whereas the Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI), and Tucker-Lewis Index (TLI) were used to assess the approximate fit for all models. The WLSMV estimator does not provide the Standardized Root Mean Square Residual (SRMR). If the χ^2 was non-significant ($p > .05$), then the model demonstrated exact fit and the approximate fit indices do not need to be examined as a model demonstrating exact fit also exhibits approximate fit (Asparouhov & Muthén, 2018). In the case of a significant χ^2 , the following approximate fit criteria were used: $RMSEA \leq .07$, $CFI \geq .90$, and $TLI \geq .90$ for approximate fit (Kline, 2012). To compare the fit of the core structural and alternative

structural model, the DIFFTEST function in *Mplus* version 6.11 was used. A significant chi-square difference test ($\chi^2 < .05$) would indicate that the additional constraints imposed by the core structural model created significantly worse fit and the less constrained alternative structural model should be retained.

Indirect effect testing was then conducted on the retained structural model. To test the indirect effects of positive relationship quality, negative relationship quality, perceived partner commitment, commitment, and partner norms on intention, I used a bootstrapping procedure outline by Shrout and Bolger (2002). *Mplus* was instructed to make 1,000 bootstrap draws of the data and output bias-corrected bootstrap confidence intervals for the indirect effects. Indirect parameter estimates were considered significant if they did not include zero in the 95% confidence interval (Shrout & Bolger, 2002). Soper's (2013) sample size calculator for structural equation models was used (effect size = .30, power = .80, alpha = .05, number of latent variables = 11, number of observed variables = 69) to calculate the minimum sample size needed for adequate power in the current study. The present sample ($N = 288$) exceed the sample required ($n = 245$) for adequate power.

Analyses

I first used confirmatory factor analysis to ensure the data fit the measurement model (Weston & Gore, 2006). The measurement model demonstrated approximate fit, $\chi^2 [1179, N = 288] = 2274.89, p < .001$; RMSEA = .059 [90% CI of .055, .062]; CFI = .963; TLI = .960. The manifest indicator loadings on the latent variables were all significant at $p < .05$.

Table 1

Means, Standard Deviations, and Intercorrelations among measures (N=288)

Variables	Range	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Intention	1-21	7.84	5.67	-													
2. SN	1-21	11.90	4.90	.38**	-												
3. PPS	1-21	8.75	5.15	.49**	.16**	-											
4. Self-Efficacy	1-21	10.92	5.09	.51**	.18**	.50**	-										
5. PBC	1-21	17.55	3.94	.08	.002	.14*	.38**	-									
6. Attitudes	1-56	44.03	11.88	.55**	.34**	.30**	.44**	.01	-								
7. Commitment	0-56	37.62	13.98	.17**	.09	.06	.21**	-.01	.38**	-							
8. PPC	0-32	21.38	9.23	-.08	-.17**	.15*	.09	.11	.11	.41**	-						
9. Positive RQ	0-35	14.60	8.84	-.10	-.19**	-.04	.09	-.01	.16*	.50**	.42**	-					
10. Negative RQ	0-35	14.80	9.59	.15*	.20**	-.04	-.10	-.04	-.13*	-.42**	-.46**	-.55**	-				
11. Past Help Seeking	NA	.44	.50	.25**	.15*	.15*	.28**	.16*	.11	.03	.01	-.07	.12	-			
12. Relationship Length	1-60	14.34	12.69	-.17**	.10	-.15*	-.05	.03	-.09	.16*	.07	-.08	.03	.15*	-		
13. Age	18-85	46.38	15.28	-.14*	.07	-.14*	-.06	.07	-.11	-.03	-.13*	-.16**	.12	.28**	.64**	-	
14. Gender	NA	NA	NA	.05	.14*	-.09	-.05	-.01	.14*	.06	.08	-.05	-.05	.16**	-.05	-.12	-

Note: * $p < .05$, ** $p < .01$. Positive RQ = Positive Relationship Quality, Negative RQ = Negative Relationship Quality, PPS = Perceived Partner Support, PBC = Perceived Behavioral Control, PPC = Perceived Partner Commitment, SN = Subjective Norms.

The core structural model (see Figure 1) exhibited approximate fit, χ^2 [1284, $N = 288$] = 2517.35, $p < .001$; RMSEA = .058 [90% CI of .054, .061]; CFI = .959; TLI = .956. The alternative structural model (see Figure 2) also exhibited approximate fit, χ^2 [1282, $N = 288$] = 2487.60, $p < .001$; RMSEA = .057 [90% CI of .054, .060]; CFI = .960; TLI = .957. The constraints imposed by the core structural model led to worse model fit, $\chi^2(2) = 22.79$, $p < .001$, indicating that the alternative structural model should be retained for indirect effect testing. Most parameter estimates were congruent with theoretical expectations in the final structural model (see Figure 2) except the following: commitment demonstrated a negative direct association with intention whereas perceived partner commitment had no association with intention, perceived partner commitment exhibited a negative association with the TPB mediators, perceived behavioral control had a negative association with intention, positive and negative relationship quality demonstrated no association with attitudes, and both commitment and perceived partner commitment had no association with perceived behavioral control. The alternative structural model accounted for 75% of the variance in intention, 45% of the variance in attitudes, 36% of the variance in subjective norms, 60% of the variance in self-efficacy and non-significant variance in perceived behavioral control. Twelve indirect effects were tested (see Table 2) and all 12 were found to be significant

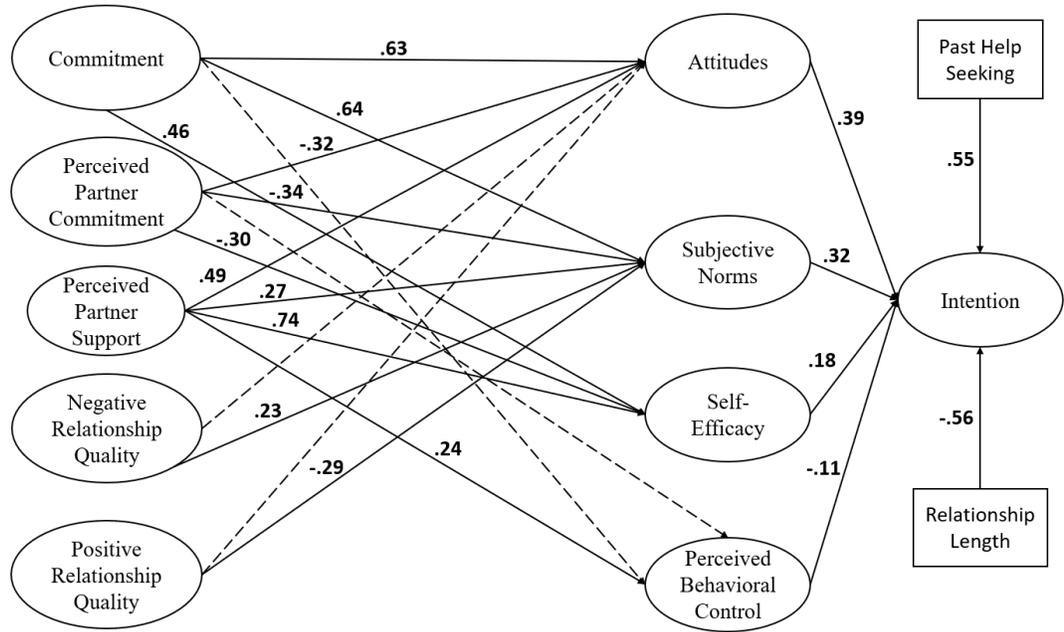


Figure 1. The core structural model. Parameter estimates represent standardized regression coefficients. Dashed lines indicate nonsignificant direct relations and full lines indicate significant direct relations at $p < .05$. Error terms, correlations, and indicator factor loadings are omitted for visual clarity.

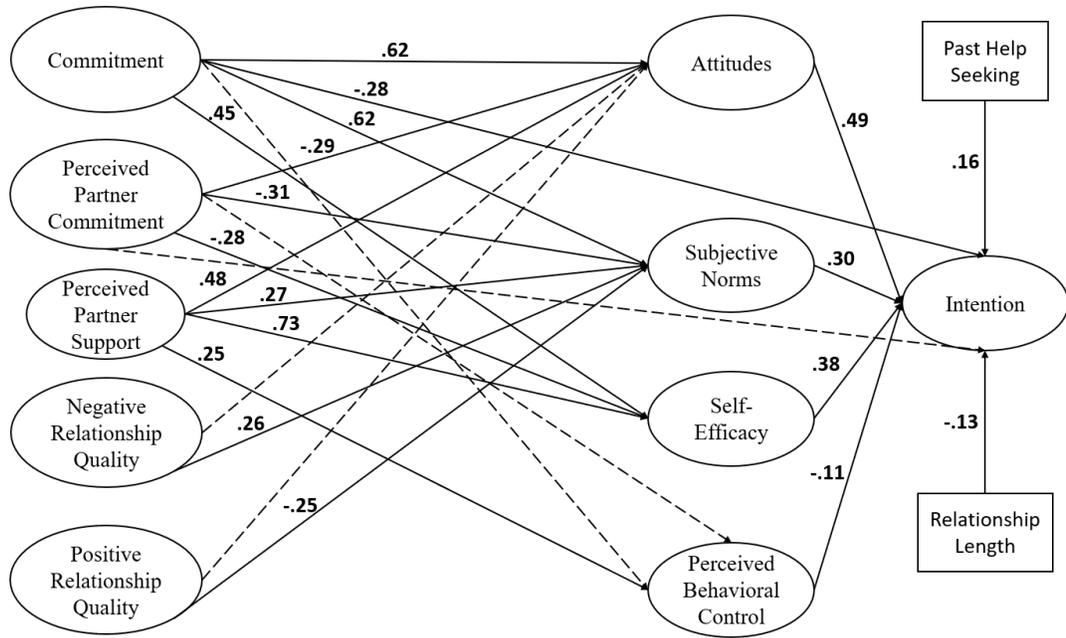


Figure 2. The alternative structural model. Parameter estimates represent standardized regression coefficients. Dashed lines indicate nonsignificant direct relations and full lines indicate significant direct relations at $p < .05$. Error terms, correlations, and indicator factor loadings are omitted for visual clarity.

Table 2

Bootstrap Analysis of Magnitude and Statistical Significance of Indirect Effects for the Structural Model

Predictor	Mediator	Outcome	Standardized indirect effect		Bootstrap estimate		95% CI (unstandardized)	
			β	<i>SE</i>	<i>B</i>	<i>SE</i>	Lower bound	Upper bound
Commitment	Attitudes	Intention	.308	.081	.308	.081	.183	.511
Commitment	Subjective Norms	Intention	.189	.059	.189	.059	.099	.341
Commitment	Self-Efficacy	Intention	.170	.067	.170	.067	.064	.332
PPC	Attitudes	Intention	-.145	.062	-.149	.064	-.280	-.027
PPC	Subjective Norms	Intention	-.094	.042	-.097	.043	-.212	-.035
PPC	Self-Efficacy	Intention	-.105	.068	-.108	.070	-.279	-.003
PPS	Attitudes	Intention	.238	.050	.254	.054	.165	.371
PPS	Subjective Norms	Intention	.082	.032	.087	.034	.037	.174
PPS	Self-Efficacy	Intention	.277	.071	.295	.077	.161	.455
PPS	PBC	Intention	-.027	.017	-.029	.018	-.092	-.004
PRQ	Subjective Norms	Intention	-.075	.038	-.080	.040	-.171	-.014
NRQ	Subjective Norms	Intention	.080	.040	.087	.043	.017	.186

Note. Indirect path is significant if the 95% confidence interval (CI) does not include 0. All indirect paths are significant. PPC = Perceived Partner Commitment. PPS = Perceived Partner Support. PRQ = Positive Relationship Quality. NRQ = Negative Relationship Quality. PBC = Perceived Behavioral Control.

(i.e., did not include zero in the 95% confidence interval). All indirect effects aligned with hypotheses except perceived partner commitment's negative indirect association with intention through the TPB mediators and the negative indirect association among perceived partner support → perceived behavioral control → intention.

CHAPTER 4. DISCUSSION

The current study was the first to examine how both self (i.e., commitment, positive and negative relationship quality) and partner-focused (i.e., perceived partner commitment, perceived partner support) relationship motives in a relationally-distressed sample are indirectly and directly linked with intention to seek couple therapy. In addition, the study aimed to understand the unique contributions of both self-efficacy and perceived behavioral control toward one's intention to seek help. The following sections will highlight the current study's findings.

Perceived Behavioral Control and Self-Efficacy

Consistent with our hypothesis, both perceived behavioral control and self-efficacy uniquely contributed to one's intention to seek couple therapy. This is consistent with prior research demonstrating that both self-efficacy and perceived behavioral control play distinct roles in promoting health behaviors (Armitage & Connor, 1999). In the current study, individuals who felt more confident in their ability to seek help (i.e., self-efficacy) reported greater intention to seek help. Contrary to our hypothesis, perceiving that seeking help was solely up to one's individual effort (i.e., high perceived behavioral control) was associated with a lower intention to seek couple therapy. Past couple help seeking research has shown a positive relationship between perceived behavioral control

and intention (e.g., Parnell & Hammer, 2018). However, unlike the current study, perceived behavioral control in previous studies included items tapping both self-efficacy and perceived behavioral control. These findings can best be interpreted by first understanding that the role of perceived behavioral control and self-efficacy can be behavior dependent (Manstead & van Eekeln, 1998). Unlike other health behavior studies using the TPB, couple therapy requires more than individual effort; it requires one's partner to agree to engage in couple therapy (Eubanks-Fleming & Cordova, 2012). Individuals could be disincentivized to put forth effort toward couple therapy if they believed it would occur due only to their effort, rather than the collaborative effort of the couple. What these results do suggest is that interventions targeting self-efficacy beliefs may be more effective in facilitating couple help-seeking behavior rather than interventions targeting control beliefs.

Commitment and Perceived Partner Commitment

The dual role of commitment. Although past research examining the link between commitment and other pro-relationship behaviors (e.g., forgiveness following betrayal; Finkel et al., 2002) has painted a straightforward picture of greater commitment equaling greater pro-relationship behavior, our findings suggest a more complex picture of commitment's role in one's intention to seek couple therapy. Commitment was, in line with our hypotheses, indirectly associated with greater intention to seek couple therapy through TPB mediators. These findings are consistent with the Investment Model of Commitment's assertion that when one's relationship satisfies important needs (e.g., intimacy), individuals are motivated to maintain that relationship (Rusbult, 1983). Thus, even though individuals in the current sample were dissatisfied with their relationship,

their valuing of the relationship was tied to relationship-promoting perceptions that couple therapy would be effective (i.e., attitudes), important others would want them to seek help (i.e., subjective norms), and the perception that they were capable of seeking help (i.e., self-efficacy).

Contrary to expectations, commitment exhibited a direct, negative association with intention, indicating that commitment has competing effects upon intention to seek couple therapy. One explanation for this finding is that low commitment creates relationship doubt that individuals are motivated to reduce (Besikci, 2017). Another possibility is that there is another unmodeled mediator that, if modeled, would have a negative association with intention. This unmodeled variable might be related to how commitment functions to create positively biased relationship-maintaining cognitions (Rusbult et al., 2001). Relationship-maintaining cognitions often include viewing one's relationship as better than other relationships (Jong & Reis, 2015). In fact, when one's relationship is threatened, the perception that one's relationship is better than others strengthens (Rusbult et al., 2000). Low relationship quality could indicate a threat to the relationship, and individuals highly committed to the relationship, who are motivated to maintain a positive impression of the relationship, may downplay the seriousness of the relationship problem. This suggests that highly committed individuals may not be always able to accurately assess the quality of their relationship, leading them to not seek help even when they need it. Relatedly, as threats to the relationship invite more comparisons to other relationships (Rusbult et al., 2000), highly committed individuals may be aware of relationship problems, but if they view the problems as less serious than the problems

other couples face, this may dissuade help seeking by creating a perception that their problems do not meet the threshold for couple therapy.

Perceived partner commitment and relationship doubt. Unlike commitment, perceived partner commitment had no direct association with intention, and, against expectations, had a negative, indirect association with intention through the TPB mediators. This is contrary to Joel and colleagues (2018) findings that greater perceived partner commitment promoted greater pro-relationship behavior. The results may suggest that, rather than acting as a facilitator of help seeking, perceived partner commitment acts as a problem recognition marker in the context of seeking couple therapy. For instance, doubts about a relationship can arise from concerns about the partner's low commitment and individuals may be motivated to reduce this doubt by seeking couple therapy, especially if they are highly committed to the relationship (Murray & Holmes 2000). Whereas one's own commitment could create misperceptions of the health of a relationship (Rusbult et al., 2000), it seems perceiving one's partner as becoming less dependent upon the relationship acts as a clear warning sign that intervention is needed. This is further supported by research indicating that ambivalence about whether one or one's partner intends to stay in a relationship fuels the need to seek couple therapy, as 46% of couples in one sample indicated that they sought therapy to clarify if the relationship should continue (Doss et al., 2004). Thus, people who perceive their partner as uncommitted to the relationship may be particularly motivated to seek professional help.

Perceived Partner Support and Relationship Quality

The finding that perceived partner support has a positive, indirect association with intention through attitudes, subjective norms, and self-efficacy, points to the importance of framing couple therapy as a collaborative effort. Although expected that couples who agree on the need for treatment would be more likely to seek treatment, this is the first study to determine which pathways perceived partner support may operate through to promote help seeking. Of note, perceived partner support leads to a perception that couple therapy would be effective (i.e., attitudes). This aligns with interdependence theory's assertion that when individuals are highly dependent on one another, and thus more committed, they are more likely to accommodate their partner's needs to maintain the relationship (Rusbult & Arriaga, 1997). The current results suggest that the effect of interdependence demonstrates itself as potentially changing expectations of therapy to align with what one perceives as a partner's intent or goal. In addition, the perception that the goal of seeking couple therapy is supported by one's partner has a particularly strong relationship with one's perceived ability to seek help. Perceived goal congruence (i.e., sharing goals) within a couple decreases any ambivalence that any individual person within the dyad might experience (Fitzsimons & Bargh, 2003). Raising the specter of couple therapy could be seen as equivalent to saying the relationship is failing, thus perceiving one's partner as supportive could instill a sense of confidence in the help-seeking process.

Lastly, positive relationship quality and negative relationship quality exhibited indirect associations with intention through subjective norms, but not attitudes. Researchers have discussed that relationship quality may not be the best predictor of relationship stability, and the non-significant association with attitudes indicates that

relationship quality alone may not be the best predictor of a couple's decision to seek help (Le et al., 2010). However, our results indicate that the perception that important others would want one to seek couple therapy is partially due to both an absence of positive evaluations of the relationship (i.e., low positive relationship quality) and the presence of negative evaluations of the relationship (i.e., high negative relationship quality). This suggests that those most likely to expect that others would want them to seek couple therapy are those who perceive no strengths in their relationship. Many divorced couples state that they did not seek help because it was too late (Wolcott, 1986), and a significant portion of couples seeking help are doing so to clarify if the relationship should continue (Doss et al., 2004). In addition, when couples enter therapy to enhance the relationship, versus to determine if it should continue, they experience better outcomes (Owen et al., 2012). Based on our findings, one potential culprit for why couples wait so long is because they view couple therapy as necessary only when it has deteriorated to a point where the relationship is viewed as unsalvageable. Couples wherein positive quality is beginning to decline, but is still present, may be an important subset of couples to target in prevention efforts, as they perceive seeking couple therapy as less socially desirable based on their current relationship quality.

Limitations and Future Directions

The findings presented here must be interpreted in light of their limitations. First, data was only collected from one person in each dyad, thus questions regarding the interactive dyadic nature of the couple help-seeking process were unanswered. Future research can replicate our findings using dyadic analyses (e.g., actor-partner interdependence model) to determine if, for example, one's own commitment could

influence the intention of their partner to seek help (Cook & Kenny, 2005). The lack of dyadic analysis also precluded us from measuring the objective support received from one's partner for seeking help. Incongruence could exist between perceived partner support and actual partner support and this may impact help-seeking behavior differently. Qualitative analyses could also be deployed to paint a fuller picture of the dynamic relationship process that lead a couple to seek help. Second, approximately 44% of the sample had sought help from a couple therapist in the past. Past research has indicated that 14%-19% of distressed couples seek help suggesting that the current sample may be more open to couple therapy compared to the general population. Importantly, analyses did control for the effect of past help seeking on intention. However, future research can examine barriers among individuals who have never sought couple therapy in the past. Third, the study was cross-sectional in nature. Longitudinal studies have found that both a decrease in commitment (Sprecher & Metts, 1999) and fluctuations in relationship quality over time (Arriaga, 2001) are key predictors of relationship stability. Relationship quality and commitment are dynamic processes; future research would benefit from longitudinal analyses (i.e., growth curve analysis) that determine if certain patterns of change in relationship quality or commitment are more or less predictive of a couple seeking therapy. Fourth, the current study was completed prior to the current COVID-19 pandemic. The pandemic has likely created additional barriers for couples wishing to seek help, and the realities of quarantine could have an adverse impact on relationship health. Future research should begin to examine these adverse effects and how to best support couples both during and following the quarantine. Finally, the current sample was comprised of primarily, White, educated, heterosexual, middle age men and women. The

couple help-seeking literature suffers from a dearth of research on how social identities influence help-seeking behavior. Same-sex, interracial, and intercultural couples are subject to greater relationship stigma and discrimination and this lack of support from one's social network can have a direct impact on relationship quality and commitment (Besikci et al., 2016; Leslie & Young, 2015; Rostosky et al., 2007). Future research would benefit from examining how social identities interact with relationship processes to influence relationship help seeking.

Implications for Practice, Prevention, and Advocacy

Practitioners should begin challenging the perception of couple therapy as a last resort (Wolcott, 1986). Couples perceive couple therapy as most appropriate when distress is moderate or severe (Halford & Snyder, 2012). This aligns with our current findings that those couples motivated to seek professional help are ones where positive perceptions of the relationship are absent and negative perceptions are present. Further compounding the challenge of engaging mildly distressed couples in therapy is the fear that attending couple therapy means the relationship is beyond repair (Demoe, 2015). Relationship education programs see greater attendance, and this may be due to framing the intervention as enhancing relationships rather than fixing a broken relationship (Halford & Snyder, 2012). As most couples tend to perceive therapy as most appropriate for severely distress couples, practitioners could, like relationship education programs, advertise couple therapy as a tool for enhancing commitment and building upon a couple's strengths (Halford & Bodenmann, 2013). For those couples who are dissatisfied but highly committed to their relationship, like those in our sample, framing couple therapy as a way to enhance commitment could engage couples who are concerned that

couple therapy would lead to ambivalence about their own commitment or their partner's commitment.

Our results also indicate that it is important to frame couple therapy as a collaborative effort. A popular and empirically supported narrative in the couple help-seeking literature with opposite-sex couples is men being dragged to therapy and women taking the lead (Doss et al., 2004). This is problematic, as it places a significant burden and distress on one partner (Spiker et al., in press). Additionally, the person with the most relationship power (i.e., asymmetric control over resources) could effectively block help seeking as individuals with low relationship power are more likely to adopt their partner's goals as their own to maintain the relationship (Laurin et al., 2016). Online relationship education programs may be one avenue for reaching a range of couples from diverse backgrounds to facilitate communication building skills that can lead to greater sharing of responsibility for relationship health (Roddy et al., 2019), leading to more positive perceptions of couple therapy due to partner support. Continued research on how to engage couples in therapy, incorporating relationship-based motivations, could inform prevention and intervention efforts designed to increase the number of distressed couples who seek timely help.

Conclusion

The current study provides initial support for the consideration of both self-focused and partner-focused relationship motives in individuals' decision to seek couple therapy. The findings point to the complex influence (i.e., involving competing, simultaneous facilitative and inhibiting aspects) of commitment and perceived partner commitment, the importance of partner support and collaboration in seeking couple

therapy, and how absence of positive relationship quality and presence of negative relationship quality motivate couple help seeking. The findings indicate that researchers and practitioners aiming to prevent relationship distress through couple therapy engagement need to be mindful of how relationship-based motivations may influence the decision-making process. Continued research on how to engage couples in therapy will inform prevention and intervention efforts designed to increase the number of distressed couples who seek timely help.

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- Spiker, D. A., Hammer, J. H., & Parnell, K. J. (2019). Men in unhappy relationships: Perceptions of couple therapy. *Journal of Social and Personal Relationships*, 36, 2015-2035. doi: 10.1177/0265407518775537
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Wieselquist, J., Rusbult, C. E., Foster, C. A., & Agnew, C. R. (1999). Commitment, pro-relationship behavior, and trust in close relationships. *Journal of Personality and Social Psychology*, 77, 942-966. doi: 10.1037/0022-3514.77.5.942

Wolcott, I. H. (1986). Seeking help for marital problems before separation. *Australian Journal of Sex, Marriage and Family*, 7, 154-164. doi: 10.1080/1591487.1986.11004

VITA

Douglas A. Spiker II

EDUCATION

Ball State University (BSU)
Master of Arts Clinical Mental Health Counseling, July 2014

Ball State University (BSU)
Bachelor of Arts Psychology December 2011

CLINICAL EXPERIENCE

Doctoral Practicum Counselor: August 2019 – Present
Clarity Counseling Services, Lexington, KY

Doctoral Practicum Counselor: August 2018 – May 2019
Kentucky Correctional Institute for Women, Pewee Valley, KY

Doctoral Assessment Practicum Counselor: August 2017 – May 2018
Beaumont Behavioral Health, Lexington, KY

Doctoral Practicum Counselor: August 2016 – May 2017
Student Counseling Services, UKY

Staff Therapist: January 2016 – May 2016
Student Counseling Services, BSU

Staff Therapist: July 2014 – December 2015
Suzanne Gresham Center, Muncie, IN

Master's Practicum Counselor: August 2013 – July 2014
Student Counseling Services, BSU

Master's Practicum Counselor: January 2013 – July 2013
Ball State Counseling Practicum Clinic, BSU
Chaplain Intern: September 2011 – January 2012
IU Ball Memorial Hospital, Muncie, IN

OUTREACH EXPERIENCE

Co-Facilitator, ConnectED Bystander Intervention Training: June 2017
Violence Intervention and Prevention Center, UKY

Mental Health Screening: August 2016 – May 2017
Student Counseling Services, UKY

Co-Facilitator, Ally Development Workshop: October 2016
Department of Educational, School, and Counseling Psychology

Co-Facilitator, International Conversation Hour: May 2014 – July 2014
Student Counseling Services, BSU

Member, Sexual Threats Oppression Prevention Team: August 2013 – May 2014
Student Counseling Services, BSU

Member, Career Exploration Team: August 2013 – May 2014
Student Counseling Services, BSU

Co-Facilitator, SAFEzone: January 2014
Student Counseling Services, BSU

TEACHING EXPERIENCE

Course Instructor: August 2019 – Present
Department of Educational, School, and Counseling Psychology, UKY

Lab Instructor: January 2019 – May 2019
College of Health and Science, UKY

Teaching Assistant: January 2019 – May 2019
Department of Educational, School, and Counseling Psychology, UKY

Teaching Assistant: August 2018 – December 2018
Department of Educational, School, and Counseling Psychology, UKY

Guest Lecturer: April 2018
Department of Educational, School, and Counseling Psychology, UKY

Course Instructor: January 2018 – May 2018
Department of Educational, School, and Counseling Psychology, UKY

Course Instructor: August 2017 – December 2017
Department of Educational, School, and Counseling Psychology, UKY

Course Instructor: January 2017 – May 2017
James W. Stuckert Career Center, UKY

CONSULTATION EXPERIENCE

Homelessness Prevention Task Force Consultant: January 2018 – May 2018
Office of Homelessness Intervention and Prevention (OHPI), Lexington, KY

Organization Consultant: January 2018 – May 2018
Step by Step, Lexington, KY

AWARDS

- APAGS Psychological Science Research Grant Honorable Mention (2019)
- UKY Conference Funding Award (2019)
- UKY Conference Funding Award (2018)
- APA Division 51 Student Poster of the Year (2018)
- APA Division 29 Student Poster of the Year (2018)
- UKY Conference Funding Award (2017)
- Psychological Sciences Departmental Honors (2011)

PEER-REVIEWED PUBLICATIONS

Dschaak, Z.*, **Spiker, D. A.***, Berney, E. C., & Miller, M. E. (in press). Collegian help seeking: The role of self-compassion and self-coldness. *Journal of Mental Health*. *Shared first authorship

Spiker, D. A., Berney, E. C., Hammer, J. H., & Jensen, K. C., (in press). Maintaining the relationship: Relational schemas and women's intent to seek couple therapy. *The Counseling Psychologist*

Spiker, D. A., & Hammer, J. H. (in press). A model of intention to provide mental health first aid in college students. *Journal of Mental Health*.

Hammer, J. H., Perrin, P. B., & **Spiker, D. A.** (in press). Integrated care vs. traditional psychotherapy: Impact of distance and treatment type on perceptions of mental health treatment. *Journal of Mental Health*.

Hammer, J. H., **Spiker, D. A.**, & Perrin, P. B. (2019). Physician referral to a psychologist: Testing alternative behavioral healthcare seeking models. *Journal of Clinical Psychology*, 75, 762-741

Spiker, D. A., Hammer, J. H., & Parnell, K. (2019). Men in unhappy relationships: Perceptions of couple therapy. *Journal of Social and Personal Relationships*, 36, 2015-2035.

Spiker, D. A., & Hammer, J. H. (2019). Mental health literacy as theory: Current challenges and future directions. *Journal of Mental Health*, 28, 238-242.

Hammer, J. H., & **Spiker, D. A.** (2018). Dimensionality, reliability, and predictive evidence of validity for three help-seeking intention instruments: ISCI, GHSQ, and MHSIS. *Journal of Counseling Psychology*, 65, 394-401.

Hargons, C., Clements-Hickman, A., Dschaak, Z., Kwok, C., Ryser-Oatman, T., & **Spiker, D. A.*** (2018). Humanity in homelessness: A social justice consultation course for counseling psychology students. *Journal for Social Action in Counseling Psychology*, 10, 35-48. *Shared authorship

Hammer, J. H., Parent, M. C., & **Spiker, D. A.** (2018). Mental help seeking attitudes scale (MHSAS): Development, reliability, validity, and comparison with ATSSPH-SF and IASMHS-PO. *Journal of Counseling Psychology*, 65, 74-85.

Lee, N. A., Spengler, P. M., Mitchell, A. M., Spengler, E. S., & **Spiker, D. A.** (2017). Facilitating withdrawer re-engagement in emotionally focused couple therapy: A modified task analysis. *Couple and Family Psychology: Research and Practice*, 6, 205-225.

CONFERENCE AND INVITED PRESENTATIONS

Johnson, T., Parnell, K. J., **Spiker, D. A.**, May, M., & Barrow, N. (2019, August). *Women's intent to seek help for sexual concerns*. Poster presented at 126th Annual Convention of the American Psychological Association, Chicago, IL.

Clements-Hickman, A., **Spiker, D. A.**, Murphy, E., & Clemons, J. (2019 August). *The Role of the Advisory Relationship in the Development of Clinician-Researchers*. Poster presented at 126th Annual Convention of the American Psychological Association, Chicago, IL.

Toland, M. D., **Spiker, D. A.**, Li, C., Shen, L., Dueber, D. M., & Qui, C. (2019, August). *College Students' Roommate Satisfaction: Multilevel Longitudinal Dyadic Analysis*. Poster presented at 126th Annual Convention of the American Psychological Association, Chicago, IL.

Dschaak, Z., **Spiker, D. A.**, & Hammer, J. H. (2019, August). *The Role of Romantic Partner Support in Help Seeking Intention for Substance Use Concerns*. Poster presented at 126th Annual Convention of the American Psychological Association, Chicago, IL.

Spiker, D. A., Berney, E. C., Jensen, K. C., & Hammer, J. H. (2019, August). *Maintaining the Relationship: Relational Schemas and Women's Intent to Seek Couple Therapy*. Poster presented at 126th Annual Convention of the American Psychological Association, Chicago, IL.

Spiker, D. A. (2019, August). *The Role of Consultation in Developing Social Justice Advocates*. In C. Hargons (Chair), *Amplifying Voices of the Marginalized: Teaching Social Justice through Strengths-Based Consultation in Counseling Psychology*. Symposium presented at the annual meeting of the American Psychological Association, Chicago, IL.

Spiker, D. A. (2019, August). *Should We Stay or Should We Go? Why Couples Do and Do Not Seek Help?* In J. H. Hammer (Chair), *Mental Healthcare Disparities: Help-Seeking Research with Four Underserved Populations*. Symposium presented at the annual meeting of the American Psychological Association, Chicago, IL.

Spiker, D. A. (2018, August). *Processes that Influence Engagement and Resistance to Social Justice Oriented Supervision*. In R. J. Reese (Chair), *Considerations for Providing Excellent Supervision: From Social Justice to Deliberate Practice*. Symposium presented at the annual meeting of the American Psychological Association, San Francisco, CA.

Spiker, D. A., Hammer, J. H., & Parnell, K. J. (2018, August). *Men in Unhappy Relationships: Perceptions of Couple Therapy*. Poster presented at 125th Annual Convention of the American Psychological Association, San Francisco, CA.

Spiker, D. A., Dschaak, Z., & Hammer, J. H. (2018, August). *Mental Health First Aid and Prosocial Behavior: A Model of Intention to Provide Informal Support*. Poster presented

at 125th Annual Convention of the American Psychological Association, San Francisco, CA.

- Clements-Hickman, A. L., Hollan, J., **Spiker, D. A.**, & Reese, R. J. (2018, August). *Do clinical supervision process outcomes predict client outcomes?* Poster presented at the annual meeting of the American Psychological Association Conference, San Francisco, CA.
- Dschaak, Z., **Spiker, D. A.**, & Hammer, J. H. (2018, August). *Formal and Informal Help-Seeking Intentions and Utilization among Substance Using College Students*. Poster presented at 125th Annual Convention of the American Psychological Association, San Francisco, CA.
- Clements-Hickman, A. L., Dschaak, Z., Kwok, C., Meiller, C., Ryser-Oatman, T., & **Spiker, D. A.** (2018, May). *Humanity in homelessness: A collaboration between The Office of Homelessness Prevention and Intervention and the University of Kentucky*. Presentation of findings from consultation project given to staff of The Office of Homelessness Prevention and Intervention and stakeholders.
- Clements-Hickman, A. L., Dschaak, Z., Kwok, C., Meiller, C., Ryser-Oatman, T., & **Spiker, D. A.** (2018, May). *They're there step by step: A collaboration between Step By Step and the University of Kentucky*. Presentation of findings from consultation project given to the staff at Step By Step, a non-profit organization designed to help young single mothers.
- Spiker, D. A.** (2017, October). *Mental health literacy as theory: Current challenges and future directions*. Presented at Department of Educational, School, and Counseling Psychology (FRED talk) at University of Kentucky, Lexington, KY.
- Spiker, D. A.**, & Hammer, J. H. (2017, October). *Mental health literacy: Current challenges and future directions*. Invited presentation for the UK Center for Health Services Research Work in Progress session series, University of Kentucky, Lexington, KY.
- Hammer, J. H., Wade, N. G., Cragun, R. T., Sandage, S. J., **Spiker, D. A.** (2017, August). *Bifactor Analysis of the Daily Spiritual Experiences Scale (DSES) Across (Non)Religious Groups*. Poster presented at 124th Annual Convention of the American Psychological Association, Washington, DC.
- Spiker, D. A.**, & Hammer, J. H. (2017, August). *Integrated care vs. classic care: The impact of distance and type of care on perceptions of mental health treatment*. Poster presented at 124th Annual Convention of the American Psychological Association, Washington, D.C.
- Spengler, E. S., Lenger, K., & **Spiker, D. A.** (2017, March). *Implementation of mindfulness for clients and practitioners*. Roundtable presented at the annual Great Lakes Regional Counseling Psychology Conference, Muncie, IN.
- Lee, N., Mitchell, A., Spengler, E., & **Spiker, D. A.** (2015, March). *A task analysis of withdrawer re-engagement in emotionally focused couple therapy*. Great Lakes Regional Counseling Psychology Conference, Muncie, IN.
- Spiker, D. A.** (2011, April) *Relationship among stress, rumination, coping styles and sleep quality*. 19th Annual Psychological Science Conference, Muncie, IN.