

The Help-Seeker Stereotype Scale (HSSS)

Instructions: We are interested in your ideas about typical members of a particular group. For example, we all have ideas about what typical movie stars are like or what the typical grandmother is like. When asked if we could describe one of these images, we might say that we think the typical movie star is pretty or rich, or that the typical grandmother is sweet and frail. We are not saying that all movie stars or all grandmothers are exactly alike, but rather that many of them share certain characteristics.

Take a moment to imagine the typical person who seeks help from a psychologist. To what extent does each of the following characteristics describe the typical person who seeks help from a psychologist?

	1 (Not at all)	2	3	4	5	6	7 (Very much)
1. Insecure	1	2	3	4	5	6	7
2. Pitiful	1	2	3	4	5	6	7
3. Unstable	1	2	3	4	5	6	7
4. Incompetent	1	2	3	4	5	6	7
5. Not in control of his/her emotions	1	2	3	4	5	6	7
6. Selfish	1	2	3	4	5	6	7
7. Untrustworthy	1	2	3	4	5	6	7
8. Needy	1	2	3	4	5	6	7
9. Oversensitive	1	2	3	4	5	6	7
10. Inadequate	1	2	3	4	5	6	7
11. Cowardly	1	2	3	4	5	6	7
12. Dependent	1	2	3	4	5	6	7

Here is the current APA-style citation for this instrument:

Hammer, J. H., & Vogel, D. V. (in press). Development of the Help-Seeker Stereotype Scale. *Stigma and Health*.

***Please see the remainder of this document for information on how to administer, score, interpret, discuss the reliability and validity of, consider the limitations of, and obtain permission to use the HSSS.**

The Help-Seeker Stereotype Scale (HSSS) was developed by Dr. Joseph H. Hammer and Dr. David L. Vogel and accepted for publication in the peer-reviewed academic journal *Stigma and Health* in 2016. Here is the *current* APA-style citation for the instrument, which will be updated as the article is published electronically online and then in print:

Hammer, J. H., & Vogel, D. V. (in press). Development of the Help-Seeker Stereotype Scale. *Stigma and Health*.

What does the HSSS measure?

The HSSS is a 12-item instrument designed to measure the overall strength of respondents' endorsement of negative stereotypes (e.g., unstable, needy, incompetent) about people who seek help from a psychologist. A higher score indicates stronger endorsement of negative help seeker stereotypes.

How do I administer the HSSS?

The HSSS can be administered via an online/internet format or a paper & pencil format.

How do I score the HSSS?

The HSSS appears to reflect a single common source of variance despite the presence of some multidimensionality (Hammer & Vogel, 2016). Therefore, only the HSSS total score should be calculated and interpreted.

To calculate the HSSS total score, calculate the mean score across all 12 items. No items require reverse-coding. Because the seven point Likert rating scale ranges from 1 (not at all) to 7 (very much), each participant should get a mean score between a minimum of 1 and a maximum of 7. Per Parent (2014)'s 20% recommendation, I do not recommend calculating a mean score for those cases/participants who responded to less than 10 of the 12 items. In many cases, it should be permissible to calculate a mean score for those cases/participants who answered 10, 11, or all 12 of the HSSS items. See Schlomer et al. (2010) for information on best practices regarding the handling of missing instrument data.

How do I interpret the HSSS total score?

The HSSS total score is a measure of help-seeker stereotype endorsement (Hammer & Vogel, 2016). More precisely, the HSSS total score is a numerical quantification of the degree to which a person reports endorsing negative stereotypes about people who seek help from a psychologist.

What is the factor structure of the HSSS?

Hammer & Vogel (2016) found evidence that the 12 items of the HSSS conform most closely to a bifactor structure. This means that, while most of the 12 items' variance was accounted for by the

broad “help seeker stereotype endorsement” general factor, some residual (left over) variance across some of the 12 items was accounted for by what are called “group factors”, which represent more conceptually narrow subdomain constructs that are often measured with subscales. Specifically, some items (e.g., cowardly, untrustworthy) loaded on one group factor we named the “Deficient” factor, and other items (e.g., insecure, unstable) loaded on a second group factor we named the “Unstable” factor. However, these two group factors did NOT account for sufficient reliable variance across the items to justify the calculation or interpretation of subscale scores for these two narrower subdomain constructs. This finding of one broader construct with narrower subdomains that do not warrant interpretation is a common result of studies that subject instruments to bifactor modeling (e.g., Brouwer, Meijer, Zevalkink, 2012; Gignac & Watkins, 2013) and has been shown to apply to well-validated instruments (e.g., Beck Depression Inventory-II; Wechsler Adult Intelligence Scale-IV). Thus, as with these instruments, best practices suggest that only the HSSS total score should be used in future research and clinical applications. Raw subscale scores for the Deficient and Unstable group factors should NOT be calculated nor interpreted, (unless future empirical findings suggest otherwise). The one exception to this rule: it is permissible for researchers who are well-versed in specifying bifactor models in the context of structural equation modeling (SEM) to examine the unique relationship between the Deficient and Unstable group latent factors and other variables. However, most researchers are only interested in calculating raw scores (in SPSS, for example) for use in their studies... in these cases, only the HSSS total score should be calculated and interpreted.

What evidence exists regarding the reliability and validity of the HSSS total score?

Results across Hammer and Vogel (2016)’s five studies provide initial support for the reliability and validity of the HSSS total score across college and community samples. Correlations between the HSSS total score and four stigma and help-seeking related constructs suggest that the construct assessed by the HSSS relates to other key constructs in theoretically-expected ways, providing convergent evidence of the validity of the HSSS total score. In addition, the HSSS total score accounted for unique variance in application/harm beyond the variance accounted for by stereotype awareness, providing initial incremental evidence of the validity of the HSSS total score. The results across studies also suggest that the HSSS total score may be considered an internally consistent (i.e., reliable) measure of the construct of help-seeker stereotype endorsement.

What are some current limitations of the HSSS?

All instruments have limitations. The HSSS is no exception. I believe it is important that potential users of the HSSS know what these limitations are so that they can make informed choices about how to use the HSSS. These limitations also present researchers with opportunities to conduct and

publish new research studies on the psychometric properties of the HSSS. Feel free to reach out to me if you are interested in conducting such a study.

- While the raw HSSS total score is a fairly clean measure of the general help seeker stereotype construct, the total score is somewhat influenced by the multidimensionality of the two group factors as well as (like most self-report instruments) some degree of systematic and random error. Therefore, researchers who wish to more purely/cleanly measure the help seeker stereotype construct are encouraged to use a SEM framework that will allow the variance attributable to the latent general factor to be modeled separately from the variance attributable to the two group factors and measurement error. This allows researchers to more accurately examine the relationship between the help seeker stereotype general factor and other variables of interest.
- Further examination of the cross-cultural reliability and validity of the HSSS among diverse groups (e.g., race/ethnicity, inpatient) is necessary, given that the samples used by Hammer and Vogel (2016) were composed primarily of Caucasian Americans.
- Examination of the HSSS' psychometric performance in clinical samples is needed, given that Hammer and Vogel (2016) did not assess the current mental health status of the study participants.
- Like some other measures of stereotype endorsement, the HSSS was developed on samples that were primarily composed of individuals who had lower levels of help seeker stereotype endorsement. Therefore, the psychometric performance of the HSSS within samples containing persons who have higher levels of help seeker stereotype endorsement is yet to be determined.
- The HSSS does not assess positive stereotypes nor does it assess all possible negative stereotypes that some persons may have about help seekers. There are reasons for this (see Hammer & Vogel, 2016).
- The HSSS assesses stereotypes about people who seek help from a psychologist, specifically. It is possible that stereotypes about people who seek help from other mental health professionals (e.g., counselors, social workers, psychiatrists) may be similar or different than the stereotypes about people who seek help from a psychologist. Therefore, further testing is needed to determine whether or not it is appropriate to "adapt" the HSSS so that it can assess stereotypes about people who seek help from mental health professionals as a whole or other specific mental health professionals. Researchers who wish to adapt the HSSS in this fashion should be aware that best practices demand that the psychometric

properties of such an adapted HSSS be investigated PRIOR to the adapted instrument being used to answer other research questions.

How do I obtain a copy of the HSSS?

The HSSS is free for use in nonprofit academic research by those who have (or are being supervised by a professor who has) an advanced professional degree in a mental health profession and relevant training in the use of assessment instruments. Those seeking permission to use the HSSS for other purposes (e.g., commercial, profit, clinical, republication) may be charged a fee. The authors retain the copyright for the instrument.

Before using the HSSS, we ask that you [contact Dr. Joseph Hammer](#) so that a permissions document can be completed electronically. We may ask that, in exchange for permission to use/reproduce the HSSS, you will provide Dr. Joseph Hammer with:

- the HSSS raw data and de-identified demographic data from respondents (e.g., age, race, gender, sexual orientation, clinical status, past experience with mental health professional) from your study in an SPSS or Excel file. This will facilitate further study and development of the instrument.
- a copy of any publications resulting from the use of the HSSS in your research.

Please note that any modifications/adaptations to the HSSS may affect the reliability and/or validity of results. For this reason, modification of the HSSS is generally discouraged, is the sole responsibility of the researcher, and must be clearly described in any published or printed materials mentioning the modified version of the HSSS.

You may download a copy of the HSSS itself in [.doc](#) or [.pdf](#) format. A full copy of the HSSS is also included in the Appendix of Hammer and Vogel (2016).