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ATTITUDES TOWARDS SEEKING PROFESSIONAL COUNSELING: THE ROLE OF
OUTCOME EXPECTATIONS AND EMOTIONAL OPENNESS IN ENGLISH-SPEAKING
CARIBBEAN COLLEGE STUDENTS IN THE U.S. AND THE CARIBBEAN

by

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A dissertation submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
in the Department of Child, Family & Community Sciences
in the College of Education
at the University of Central Florida
Orlando, Florida

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2007

Advisor: Andrew P. Daire

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ABSTRACT

Purpose: The college environment is documented as a universally stressful period where students face many challenges (Baysden, 2002; Pandit, 2003). In addition to these potential stressors, international students face other unique challenges such as loss of support network, feelings of isolation, economic hardship, coping with oftentimes competing cultures, and anxiety which emanates from unfamiliarity (Kim & Omizo, 2003; Rounds & Kline, 2005). Unsuccessful resolution of these challenges can negatively impact the acculturation process, their mental health, and their academic programs (Roysircar, 2002).

Despite these many challenges, research consistently shows that international students are less likely than their US counterparts to seek professional counseling (Bayer, 2002). Further, those who do seek counseling services are also more likely to terminate services prematurely (Anderson & Myer, 1985). Although there is an abundance of research on the attitudes towards seeking professional counseling of Asian and other international student populations (Kim & Omizo, 2003; Lau & Takeuchi, 2001; Leong & Lau, 2001; Liao, Rounds & Kline, 2005; Pandit, 2003), there is a dearth of knowledge on Caribbean college students. This dissertation sought to determine which factors influence the attitudes towards seeking professional counseling of English-speaking Caribbean college students in the U.S., as well as those attending colleges in the Caribbean.

Method: Two research questions and five null hypotheses were used to examine what influences the attitudes towards seeking professional counseling of 500 Caribbean college students. The variables of interest were stigma tolerance, level of social support, level of acculturation, outcome expectations and level of emotional openness. Stigma Tolerance was measured using the Stigma Scale for Receiving Psychological Help (SSRPH), Outcome

Expectations were measured using the Disclosure Expectations Scale, Emotional Openness was measured using the Distress Disclosure Index and Social Support using the Multidimensional Scale of Perceived Social Support. Attitudes towards seeking professional counseling were measured using the Attitudes towards seeking Psychological Help instrument by Fischer and Turner (1970) and acculturation was measured using responses from the demographic questionnaire. Several analyses were conducted including a stepwise regression analysis, multiple regression analysis, a MANOVA, ANOVA and a linear regression analysis.

Major Findings: The results of this study indicated that stigma tolerance and anticipated risks of seeking counseling both have a significant inverse relationship with the attitudes towards seeking professional counseling of English-speaking Caribbean college students. Results also indicated that anticipated utility of seeking professional counseling has a significant relationship with the attitudes towards seeking professional counseling. The level of emotional openness as well as the level of social support also have a direct relationship with the attitudes towards seeking professional counseling of English-speaking Caribbean college students. Students who reside and attend college in the Caribbean reported higher mean scores for anticipated risk, anticipated utility and attitudes towards seeking professional counseling than their counterparts who reside and attend college in the U.S. Results also indicated that length of stay in the U.S. was not a statistically significant predictor of one's attitudes towards seeking professional counseling.

This dissertation is dedicated to my ever loving parents, Elisha and Yvonne Greenidge. This journey would not have been this fruitful without your unconditional love, support, guidance and confidence in me. Thanks for instilling great values and a passion for excellence within me.

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TABLE OF CONTENTS

| | |
|--|------|
| LIST OF FIGURES | xiii |
| LIST OF TABLES | xiv |
| LIST OF ACRONYMS | xv |
| CHAPTER ONE INTRODUCTION | 1 |
| Purpose of Study | 3 |
| Social Significance of the Study | 4 |
| Statement of the Problem | 5 |
| Conceptual Framework | 9 |
| Rationale | 12 |
| Research Questions and Hypotheses | 14 |
| Research Question One and Hypotheses | 14 |
| Research Question Two and Hypotheses | 15 |
| Definition of Terms | 15 |
| Limitations | 16 |
| CHAPTER TWO LITERATURE REVIEW | 18 |
| Theoretical Framework | 19 |
| The English-Speaking Caribbean | 22 |
| Caribbean College Students and Challenges They Face | 24 |
| Attitudes towards Seeking Professional Counseling | 25 |
| Factors which Influence One's Attitude towards Seeking Professional Counseling | 27 |
| Emotional Openness | 28 |
| Stigma | 32 |
| Social Support | 34 |
| Outcome Expectations | 37 |
| Anticipated Risks & Anticipated Utility | 38 |
| Fear of Embarrassment | 39 |
| Other Sources of Treatment Fearfulness | 40 |
| Acculturation | 40 |
| Attitudes towards Seeking Professional Counseling among African Americans | 43 |
| Attitudes towards Seeking Counseling in International Students | 47 |
| Help-Seeking Attitudes and Behaviors of Caribbeans | 54 |
| Summary of the Literature | 59 |
| CHAPTER THREE METHODOLOGY | 61 |
| Research Questions and Hypotheses | 61 |
| Research Question One and Hypotheses | 61 |
| Research Question Two and Hypotheses | 62 |
| Population | 63 |
| Participants | 63 |
| Procedures | 66 |
| Instrumentation | 68 |
| Demographic Questionnaire | 68 |
| Attitude towards Seeking Professional Psychological Help (ATSPPH) | 68 |
| Stigma Scale for Receiving Psychological Help (SSRPH) | 71 |

| | |
|--|-----|
| Disclosure Expectations Scale (DES)..... | 71 |
| Distress Disclosure Index (DDI)..... | 72 |
| Multidimensional Scale of Perceived Social Support (MSPSS)..... | 73 |
| Variables | 73 |
| Independent Variables | 74 |
| Dependent Variable | 74 |
| Research Design..... | 75 |
| Research Question One and Hypotheses | 75 |
| Research Question Two and Hypotheses..... | 76 |
| Conclusion | 77 |
| CHAPTER FOUR RESULTS | 78 |
| Research Questions and Hypotheses | 78 |
| Preliminary Analysis..... | 80 |
| Results of Data Analysis..... | 81 |
| Testing for Hypothesis One | 82 |
| Results of the Study | 83 |
| Testing for Hypothesis Two..... | 85 |
| Results of the Study | 85 |
| Testing for Hypothesis Three..... | 86 |
| Results of the Study | 87 |
| Testing for Hypothesis Four | 90 |
| Results of the Study | 91 |
| Testing for Hypothesis Five..... | 92 |
| Results of the Study | 93 |
| Conclusion | 94 |
| CHAPTER FIVE DISCUSSION..... | 96 |
| Research Questions & Hypotheses | 97 |
| Discussion Summary of Results for the Hypotheses | 99 |
| Summary of Findings..... | 109 |
| Implications for Clinical Practice | 109 |
| College Campuses..... | 109 |
| Professional Development | 112 |
| Programming and Outreach | 114 |
| Other Clinical Issues..... | 118 |
| The Greenidge Model for Conceptualizing West Indian Clients..... | 122 |
| Implications for Professional School Counselors | 125 |
| Implications for Counselor Educators | 127 |
| Theoretical Implications | 129 |
| Study Limitations..... | 131 |
| Implications for Future Research..... | 132 |
| Conclusion | 133 |
| APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL..... | 137 |
| APPENDIX C: INFORMED CONSENT..... | 142 |
| APPENDIX D: INSTRUMENTS..... | 145 |
| APPENDIX E: BIOGRAPHICAL SKETCH..... | 154 |

REFERENCES 164

LIST OF FIGURES

| | |
|---|-----|
| Figure 1: Wong's Postulated Component Model | 11 |
| Figure 2: The Greenidge Model for Conceptualizing West Indian Students..... | 125 |

LIST OF TABLES

| | |
|--|----|
| Table 1: Frequencies of Key Demographic Variables | 65 |
| Table 2: Pearson Correlation Coefficients among Variables of Interest | 81 |
| Table 3: Means and Standard Deviations among Variables of Interest..... | 82 |
| Table 4: The Overall Relationship between Outcome Expectations and Attitudes..... | 83 |
| Table 5: Relationship among Variables for Outcome Expectations..... | 84 |
| Table 6: Overall Model for Emotional Openness and Attitudes..... | 86 |
| Table 7: Correlation between Emotional Openness and Attitudes | 86 |
| Table 8: Relationship between Residence and Dependent Variables..... | 88 |
| Table 9: Tests of Between-Subjects of Dependent and Independent Variables | 88 |
| Table 10: Descriptive Statistics of Mean Scores of Dependent Variables by Residence..... | 90 |
| Table 11: Levene's Tests of Equality | 91 |
| Table 12: Descriptive Statistics of Attitudes towards Seeking Professional Counseling..... | 92 |
| Table 13: Relationship between Length of Stay in the U.S. and Attitudes | 94 |

LIST OF ACRONYMS

| | |
|--------|--|
| ATSPCH | Attitudes towards Seeking Professional Counseling Help |
| EO | Emotional Openness |
| GM-CWC | The Greenidge Model for Conceptualizing West Indian Students |
| OE | Outcome Expectations |
| UWI | The University of the West Indies |

CHAPTER ONE INTRODUCTION

The need for counseling services among college students is well documented in the counseling literature (Baysden, 2002; Davis, 1995; Pandit, 2003). For many students, this period represents the first major transition and adjustment in familiar support and resources (Baysden, 2002). Coupled with novel decisions and challenges, this period also epitomizes a time of identity exploration (Marcia, 1980), transition into more adult roles and responsibilities (Levinson, 1978) and more concrete career choice and development (Super, 1957).

International students are not immune to these challenges. Research reveals that many experience even greater challenges as they must simultaneously learn to cope with and adjust to differing and often competing cultures, feelings of isolation, economic hardship, anxiety which emanates from unfamiliarity, and a loss of family support and social networks (Baker & Siryk, 1986; Bradley, Parr, Lan, Bingi & Gould, 1995). Adaptation to these changes usually occurs within a relatively short time and the stress involved in this process is often further aggravated by the usual demands of college life (Baysden, 2002). Although these may impact students differently, unsuccessful resolution of these challenges slows down the acculturation process, which may subsequently negatively impact one's academic achievement and academic self-concept (Lafromboise, Coleman & Gerton, 1993; Marsh, 1990; Roysircar, 2002).

Though international students may be in great need of professional counseling to help deal with these stressors, research contends that they are less likely to seek professional counseling and more apt to visit the medical health center to treat the associated somatic symptoms (Baysden, 2002). Even when they do seek counseling, the primary reasons are educational and vocational in nature (Leong & Sedlacek, 1985) and they remain more likely to

secede than their U.S. counterparts (Anderson & Myer, 1985). Many suggest that this incongruence between need and use may be largely due to the incompatibility between the nature of Western psychotherapy and minority cultures (Atkinson, Morten & Sue, 1988; Sheu & Sedlacek, 2002; Sue & Sue, 1999).

The counseling needs of international populations in the U.S. have been widely researched and remind us that there are differences in the attitudes and utilization patterns of mental health services among ethnic groups (Sue, Zane & Young, 1994). However, to date much of the literature centers on the Asian population (Kim & Omizo, 2003; Lau & Takeuchi, 2001; Leong & Lau, 2001; Liao, Rounds & Kline, 2005; Pandit, 2003), and a few on South African populations (Peltzer, Nzewi & Mohan, 2004; Van Shorr & Whittaker, 1988).

The U.S. Census Bureau (2001) estimates that about 8.4 million Caribbeans currently reside in the U.S (USCIS, 2003). Although migration to the United States for academic pursuits is not a new phenomenon, many of these students, like other international students, face challenges, which if not effectively resolved, may result in psychological problems, academic failures or eventual withdrawal from their programs of study (Gopaul-McNicol, 1993). Some of the common problems endured by West Indians who have migrated away from home include depression, socio-cultural issues, financial hardship, culture shock, familial problems, cultural gaps and acculturation stressors, major academic and social adjustment issues, long-distance relationships and racial and ethnic discrimination (Carr, Koyama & Thiagarajan, 2003; Mitchell, 2005).

Researchers also postulate that Caribbeans find it more difficult than other groups to assimilate into the American culture (Pessar, 1995; Stepick, 1998). Despite these findings, there exists only minuscule emphasis on the mental health needs, attitudes and behaviors of

Caribbeans. The research which does exist mainly focuses on schizophrenic and other mentally ill patients primarily in the United Kingdom (Keating & Robertson, 2004), substance abuse (Day, Devieux, Reid et al., 2004), depression (Ali & Toner, 2001; Edge & Rogers, 2005) and other risk behaviors (Ohene, Ireland & Blum, 2005). Unfortunately, there is an overwhelming gap in the existing literature on identifying those factors which influence the attitude towards seeking professional counseling of Caribbean populations.

This chapter presents a synopsis of the challenges which international students and in particular, Caribbean college students experience as they pursue academic studies away from their countries of citizenship. More specifically the factors which influence one's attitude towards seeking professional counseling will be briefly discussed. The purpose of this study, social significance, and statement of the problem will also be outlined. Finally, research questions, definition of terms, and limitations will be proffered.

Purpose of Study

The purpose of this study is to reveal core factors which influence the attitude of English-speaking Caribbean college students towards seeking professional counseling. This study will provide results which will help eliminate the gap in the research about Caribbean college students and their behaviors and attitudes toward seeking professional counseling. To date, no grand theory exists to help with the understanding of the attitudes of Caribbean college students toward professional counseling. This study, therefore, also seeks to motivate researchers to assist in developing a grand theory and conceptual framework by which to understand the counseling needs of Caribbean college students.

This study examines the following variables that research shows influences one's attitude towards seeking professional counseling: the role of (1) emotional openness, (2) stigma

tolerance, (3) anticipated risk and anticipated utility of seeking professional counseling and (4) perceived social support of Caribbean college students.

This study also has four main objectives: (1) to build on existing literature by determining what influences the counseling seeking attitudes of Caribbean college students, (2) to determine how core cultural variables impact this attitude, (3) to determine whether acculturation would mediate the relationship between emotional openness and attitudes towards seeking professional counseling and (4) to help inform counseling services and programs both on and off college campuses in the Caribbean and the U.S.

Empirical and anecdotal research shows that although Caribbean islanders are viewed as being similar in cultural and behavioral traits by outsiders, there are inter-island differences and subcultures among these people (Murphy & Mahalingham, 2006; Thrasher & Anderson, 1988). Despite this, researchers suggest that “within the context of migration, West Indians view themselves as sharing some broad similarities and are not generally opposed to endorsing a monolithic West Indian identity” (Murphy & Mahalingham, 2006, p. 120). There are enough commonalities in their cultures and experiences to address them as a whole (Foner, 2001). For the purpose of this study, the term West Indian and Caribbean will be used interchangeably and will be used to refer to the English-Speaking Caribbean. *Caribbean college students* also specifically refers to Black English-speaking Caribbean College students.

Social Significance of the Study

Although there is a profusion of research on the attitudes towards seeking counseling (Baysden, 2002; Fischer & Turner, 1970; Liao, Rounds, & Kline, 2005; Pandit, 2003; Van Shorr & Whittaker, 1988), Caribbeans, and more specifically, Caribbean college students remain neglected as a population of concern. Educators, counselors, and other professionals admit to

knowing very little about the Caribbean culture and even less about the historical, social, and culture peculiarities of the people and how these influence their mental health and counseling attitudes and behaviors (Thomas, 1992). Because of this dearth of knowledge, many often regard black Caribbeans and African Americans similarly and assume homogenous cultures and backgrounds (McKenzie, 1986; Waters, 2001).

A review of the literature, on search engines such as PsychINFO, Academic Search Premier, PsychARTICLES and ERIC, reveals that while there exist approximately 25,934 articles about mental health counseling, less than twenty focus on Caribbeans. Further, there are approximately 21,163 journal articles which address attitudes towards seeking professional counseling and still, only about 14 of these focus on the Caribbean culture.

Of those studies which have examined utilization of mental health services of Caribbeans (Venza, 2002), none have focused on the role of outcome expectations and emotional openness or even the differences between those who still reside in the Caribbean and those who have migrated to the U.S or other countries. Such information is imperative to help inform counseling programs both on and off college campuses in an effort to attract and increase retention of this population.

Counselors are charged with the responsibility of becoming multiculturally competent in three areas: their attitudes, knowledge and behaviors (Arredondo & Arciniega, 2001; Sue & Arredondo, 1992; Thomas, 1992). In order to assist with the cultivation and sustenance of these competencies as they relate to Caribbeans, providing more extensive and current empirical research on the counseling needs, attitudes and behaviors of this population is pivotal.

Statement of the Problem

The Office of Immigration Statistics (2006) also reports that in 2003, 617,556 F-1

(Student) Visas were issued and admitted to the U.S, 613,221 in 2004 and 621,178 in 2005. Similarly, in 2003, 321, 660 J-1 (Exchange Visitors – students and scholars) Visas were issued and admitted to the U.S., 321,975 in 2004 and 342,742 in 2005. Florida has remained the host of the highest percentage of these immigrants for the past three years, with California and New York ranking second and third consecutively. The growing numbers of these international populations suggest a need to address the mental health needs of these migrants. In 2005, more than 22,000 Caribbean students migrated to the U.S to pursue academic studies (Office of Immigration Statistics, 2006), and this population continues to rise.

Although there is a wealth of research on Latino and Asian populations, there is still a dearth of knowledge on the mental health needs and outcomes of Afro-Caribbean and West Indian populations (Murphy & Mahalingham, 2006; Thomas & Lindenthal, 1990). Additionally, a paucity of empirical research on the attitudes towards seeking professional counseling in the English-Speaking Caribbean islands exists.

The West Indies is comprised of the *Greater Antilles* (Cuba, Jamaica, Haiti, Dominican Republic & Puerto Rico), *Lesser Antilles* (Leeward Islands, Windward Islands, Trinidad & Tobago & Barbados) and the *Bahamas*. Although the terms West Indies and the Caribbean are used interchangeably, the West Indies is the archipelago of islands between North and South America and the Caribbean represents the region where these islands are housed. “West Indians share a common history of British Colonialism, Creole culture and linguistic background” (Chierici, 2004, p57). Although West Indians and African Americans are phenotypically similar in that they were both forced away from their lands, racism and the dehumanizing which goes along with it are not evident in the West Indies. In the West Indian culture, where mental health still bears a negative stigma and emotional openness is discouraged, West Indian students are

more prone to greater emotional distress and are less adept at expressing their feelings than North Americans (Gopaul-McNicol, 1993).

Research shows that the prevalence of HIV infection in the Caribbean, in 2002, was second only to sub-Saharan Africa (Day, Devieux, & Reid, 2004; UNAIDS/WHO, 2002). Substance use and abuse are increasing at an alarming rate (Day, Devieux & Reid, 2004) and psychological problems such as depression and anxiety (Ali & Toner, 2001; Halcon et al., 2003; Marwaha & Livingston, 2002) are also prevalent. Other factors such as increasing conduct and behavioral problems, particularly in schools (Dudley-Grant, 2001; Halcon et al., 2003) incest, sexual and physical abuse (Halcon et al., 2003), and the accompanying mental health symptoms are also very rampant on many of these islands but are often left untreated due to avoidance factors which are culturally based (Schreiber, Stern & Wilson, 2000) and ineffective counseling programs (Campbell, Cornish & Mclean, 2004; Watters, 1996).

Longitudinal studies show that college is a universally stressful period which potentially leads to an increase in psychological distress (Baysden, 2002; Fisher & Hood, 1987). Other researchers contend that failure or difficulty adapting to these stressors can escalate into a period of crises (Kenny, 1990). Despite this, international students and college students from ethnic backgrounds underutilize mental health services and this contributes to an increase in substance abuse, suicide ideology, academic problems, somatic symptoms, decreased self-esteem, and interpersonal and familial problems (Lopez, Campbell, & Watkins, 1988; McClanahan & Holmbeck, 1992; Pinkey, 1992).

Previous studies identified several factors that are deemed to be associated with one's reluctance to seek professional counseling (Komiya, Good & Sherrod, 2000). Some of these factors are self-concealment or the tendency to conceal negative information about one's self

(Kelly & Achter, 1995); reluctance to self-disclose (Hinson & Swanson, 1993), low interpersonal dependency (Bornstein, Krukonis, Manning, Mastrosimone & Rossner, 1993), religiosity, perceived social support and low stigma tolerance (Komiya, Good, & Sherrod, 2000; Stefl & Proseri, 1985;). Other factors include low socio-economic status (Tessler & Schwarts, 1972); ethnic minority status (Narikiyo & Kameoka, 1992) and low educational level (Leaf et al., 1987).

Fisher & Turner (1970) proposed that one's attitude towards seeking professional psychological help directly influences his or her counseling-seeking behaviors. This raises significant concern for Caribbean college students as research shows that individuals who are more willing to seek professional counseling enjoy better adjustment and fewer emotional and behavioral problems (Fallon & Bowles, 2001; Watson, 2005). Fear of emotions is documented as a major predictor of one's reluctance to seek professional counseling (Komiya, Good, & Sherrod, 2000; Vogel & Wester, 2003). Greenson (1987) contends that resistance in psychological treatment stems from the individual's fear of experiencing painful emotions. These clients may not only become discomposed by external expression of emotions but likewise with the internal experiencing of strong emotions (Komiya, Good & Sherrod, 2000). Researchers affirm that this concept especially applies to cultures, such as the Asian culture, where emotional control is valued and expression of emotions is viewed as a negative personality trait (Kim, 1995; Narikiyo & Kameoka, 1992).

Research suggests that anticipated utility, which is the belief that seeking help will reduce feelings of distress, (Vogel, Wester, Wei, & Boysen, 2005) influences one's attitude towards seeking professional psychological help. Thus, attitudes predict an individual's outcome expectations (Ajzen & Fishbein, 1980). For instance, if an individual believes that seeking help will result in more adaptive anger management, then he or she will have a more positive attitude

towards seeking help. Conversely, if an individual anticipates risk associated with seeking help, this may negatively influence him/her to do so (Schreiber, Stern & Wilson, 2000). For many individuals from cultures which devalue emotional openness, their perceived or anticipated risks of seeking professional counseling may appear worse than the actual problem itself (Fisher, Goff, Nadler, & Chinsky, 1988). These findings affirm that an individual's belief in the efficacy of counseling is paramount to his/her decision to seek help or not (Strong & Clairborn, 1982).

Although many West Indians are accepting of psychological difficulties, others remain more judgmental, even regarding these as character or moral flaws (Leong & Zachar, 1999). This stigma in receiving professional counseling serves as a major treatment deterrent (Komiya, Good, & Sherrod, 2000; Stefl & Prospero, 1985). Additionally, West Indians generally maintain negative perceptions of those who have received mental health services and those psychosocial barriers (social stigma) often deflect individuals from professional counseling services (Dean & Chamberlain, 1994).

Conceptual Framework

This study was guided by and sought to expand the postulated component model put forward by Wong (1991). To date, it appears that Wong's (1991) model of help-seeking behavior represents the only attempt at providing a conceptual framework from which to understand the counseling-seeking behaviors of international students. This model examines the relationship between acculturation, opinions about mental health and attitudes towards seeking psychological help and the use of psychological services by international students.

Figure 1 demonstrates the components of Wong's model which are (1) an individual's attitude towards professional psychological help, (2) an individual's need for professional psychological help and (3) perceived or actual barriers to utilizing psychological help. The

author asserts that these three variables ultimately determine the counseling-seeking behaviors of an individual (Wong, 1991).

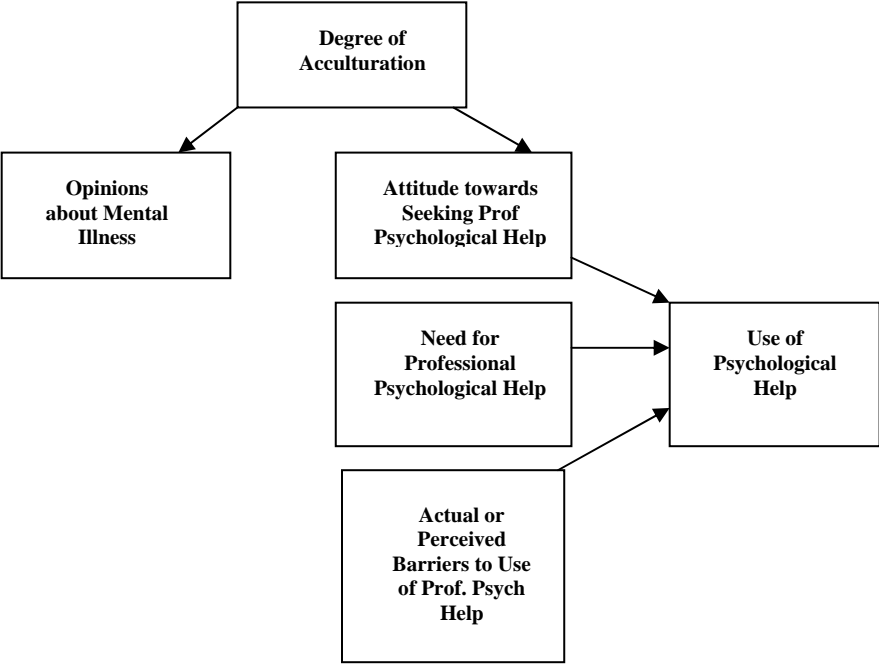


Figure 1: Wong's Postulated Component Model

Rationale

Psychotherapy has been described as a “potentially difficult, embarrassing and overall risky enterprise.... [that can] induce fear and avoidance in some individuals” (Kushner & Sher, 1989, p 256). Because of this, many individuals who can potentially benefit from professional counseling services underutilize such help and often view these as a last resort (Vogel et al., 2005). In fact, research shows that only about one third of the people who need counseling services are recipients of such services and this statistic is even lower with international populations (Andrews, Hall, Teesson, & Henderson, 1999; Vogel & West, 2005). The research also resoundingly purports that international populations and international students in particular are less likely than U.S. counterparts to utilize mental health services and more likely to abort treatment prematurely (Pedersen, 1991; Prieto, 1995).

The college environment has a number of stressors that are academic, social, vocational, and personal in nature. Additionally, many international students grapple and cope with stressors that accompany being an immigrant in the U.S., including pre and post migratory expectations and realities, but very few seek professional help.

Those Caribbean nationals who remain in their Caribbean region are not without their share of stressors. Many from the Eastern Caribbean attend colleges on other islands due to a lack of higher education institutions in their home islands. The University of the West Indies with campuses in Jamaica (Mona), Trinidad (St. Augustine) and Barbados (Cave Hill) remains the region’s premier educational institution, offering a variety of undergraduate, master’s and doctoral programs.

The campus in Jamaica attained full university status in 1962, the St. Augustine campus in 1961 and the Cave Hill campus in 1963. This university serves the Commonwealth Caribbean:

Anguilla, Antigua/Barbuda, the Bahamas, Barbados, Belize, the British Virgin Islands, Cayman Islands, Dominica, Grenada, Jamaica, Montserrat, St. Christopher-Nevis, St. Lucia, St. Vincent and the Grenadines, Trinidad and Tobago and the Turks and Caicos Islands. Because of the limited options for higher education, many students from the above named islands, leave home to attend college in one of the three campuses and so are faced with much of the same problems as their counterparts who opted to pursue studies in the U.S encounter.

University counseling centers in the Caribbean report similar findings to those found in the US: students underutilize mental health services and are more likely to visit the campus health centers to obtain treatment for the somatic symptoms associated with their stressors, such as headaches, insomnia and eating disorders. This occurs because visiting the health clinics does not have the negative stigma attached to it that seeking professional counseling does (Karim, 1996; Karim & Gaw, 1993; Pedersen, 1991a; Thomas & Althen, 1989).

The Caribbean culture places great emphasis on emotional control, and the expression of emotions is often viewed as being weak and an undesirable personality trait. When faced with problems, many are socialized to “be strong”, “to pray about it” and to “move on instead of dwelling on it.” Resiliency, self-reliance and self-silencing are strongly valued in Caribbean cultures (Ali & Toner, 2001; Schreiber, Stern & Wilson, 2000). Women, in particular, silence certain thoughts and beliefs leading to self-devaluation and the onset of depressive symptoms (Ali & Toner, 2001; Penza, Reiss, & Scott, 1997). Equally important is the notion that unmasking personal, private and family matters to strangers is frowned upon in Caribbean cultures. These values all conflict with the core concept of professional counseling where expression of emotions is encouraged and are usually expressed to strangers (Lin, 2002).

Obtaining a clear understanding of what specific factors impact the attitudes towards

seeking professional counseling of Caribbean college students will help inform counseling services and campus programs to help increase utilization of and compliance in treatment. Having concrete evidence of this can potentially allow counseling professionals to effectively attract those who need counseling services (Komiya, Good & Sherrod, 2000).

Research Questions and Hypotheses

This study examines two research questions in an effort to highlight those factors which influence the attitudes towards seeking professional counseling of English-Speaking Caribbean College students. These research questions also allow the researcher to examine the role of acculturation and the differences in attitudes of those who still reside in the Caribbean and those who currently reside in the U.S.

Research Question One and Hypotheses

What relationship exists among outcome expectations, emotional openness and the attitudes of English-Speaking Caribbean college students towards seeking professional counseling?

Null Hypothesis One: No relationship exists among the variables of outcome expectations (stigma, anticipated risk, anticipated utility, and perceived social support) and the attitudes of English-Speaking Caribbean college students towards seeking professional counseling.

Null Hypothesis Two: No relationship exists between emotional openness and the attitudes of English-Speaking Caribbean college students towards seeking professional counseling.

Null Hypothesis Three: No relationship exists among the variables for outcome expectations, emotional openness and the attitudes towards seeking professional counseling of English-Speaking Caribbean college students in the U.S. and the Caribbean.

Research Question Two and Hypotheses

What differences exist in the attitudes towards seeking professional counseling between Caribbean college students in the U.S. and Caribbean college students in the Caribbean?

Null Hypothesis One: No difference exists in the attitudes towards seeking professional counseling between English-speaking Caribbean college students who reside in the U.S. and those who reside in the Caribbean.

Null Hypothesis Two: No relationship exists between length of stay in the U.S. and the attitudes of English-Speaking College students in the U.S.

Definition of Terms

The following operational definitions will be used throughout this study.

- Attitudes towards seeking professional counseling: The total score on the Attitudes towards Seeking Professional Psychological Help (ATSPPH) scale (Fischer & Turner, 1970).
- Professional Counseling: Guidance provided by a professional counselor to help cure or improve psychological and/or behavioral problems.
- Anticipated Risk: An individual's perception of the consequences associated with self-disclosing to someone (Vogel & Wester, 2003). This is one of the four variables for Outcome Expectations.
- Anticipated Utility: The perceived value of the outcome to the individual for disclosing to someone such as a counselor (Vogel & Wester, 2003). This is one of the four variables for Outcome Expectations.
- Social Stigma: An individual's perceptions of the stigma associated with seeking professional counseling (Komiya et al, 2000). This is one of the four variables for

Outcome Expectations.

- Perceived Social Support: An individual's perceived social support from family, friends and a significant other (Zimet et al., 1988). This is one of the four variables for Outcome Expectations.
- Emotional Openness: The degree to which a person is comfortable talking to others about personally distressing information (Kahn & Hessling, 2001).
- Caribbean College Student in the U.S.: An English-speaking college student who was born and raised in the Caribbean and is attending college in the U.S. This student migrated directly to the U.S. from the Caribbean and has lived only in the U.S since leaving the Caribbean.
- Caribbean College Student in the Caribbean: An English-speaking college student who was born and raised in the Caribbean and is attending college in the West Indies. This student has never lived outside the Caribbean.

Limitations

As previously explained the Caribbean culture is generally one which does not value emotional openness due to the influence of social stigmas and being perceived as weak. This may have tainted the results of this study, as participants may have engaged in “faking-good” behaviors to enhance their social desirability. This was not controlled for in this study.

Participants will be treated as a homogenous Caribbean group even though there exists many differences within and between groups. Like other ethnic groups, each island presents with unique cultural norms and values although there are many similarities among the islands. In this study, these within-group and between-group differences were not controlled for.

The emotional state of the participants during administration of the questionnaires was

not accounted for in this study. A general distrust in the counseling profession and in the confidentiality of the results may have also deterred participants from disclosing genuine perceptions and feelings. Participants may have feared being identified and/or having their information inappropriately disclosed. During the initial recruitment process, confidentiality and anonymity will be constantly emphasized in an effort to help increase their level of self-disclosure.

CHAPTER TWO LITERATURE REVIEW

This dissertation seeks to reveal those factors which influence the help-seeking attitudes of English-speaking Caribbean college students. The literature delineates several variables which influence one's attitude towards seeking professional counseling. These include, but are not limited to, the anticipated risks and anticipated utility of seeking professional help, perceived social support, level of emotional openness and tolerance to stigma. This chapter presents a review of the literature as it pertains to these specific variables. Also included is an overview of the Caribbean culture as well as the specific challenges that Caribbean college students experience as they migrate for academic and economic advancement. The attitudes towards professional counseling of minority groups such as African Americans and international students will also be reviewed in this chapter. Finally, a synopsis of the literature will be offered.

Although immigration does not automatically lead to psychological distress among immigrants, the associated psychological acculturation that they endure is often coupled with several stressful factors (Berry, 1990; Jasinskaja-Lahti, Liebkind, Jaakkola, & Reuter, 2006). These include economic hardship, loss of support network, perceived discrimination and a new minority status (Bradley et al., 1995). These stressors often induce feelings of anxiety, depressive symptoms, feelings of alienation and marginality, feelings of hopelessness and other psychosomatic symptoms (Jasinskaja-Lahti et al., 2002; Liebkind & Jasinskaja-Lahti, 2000). Despite these challenges, research shows that international students are less likely to seek professional counseling and when they do, they are more likely to abort treatment prematurely (Prieto, 1995). Several reasons are posited for this general trend, including characteristics of the home culture, stigma attached to mental health, and personal characteristics.

Accumulating evidence highlights the reason this phenomena is a major area of concern. Hudd et al. (2000) thoroughly examined stress and health habits in college students and discovered that students who reported high levels of stress also reported significantly higher levels of alcohol use, drug use, and junk food, lower levels of self-esteem and poor sleeping habits than other students who were not stressed. Other researchers have also alluded to positive associations between college students who were stressed and suicidal ideation (Hirsch & Ellis, 1996) and smoking (Misra, McKean, West, & Russo, 2000; Weckwerth & Flynn, 2006).

The service gap between those who need professional counseling services and those who actually pursue those services is perturbing, and many researchers examined how the attitudes towards seeking professional counseling of college students can be improved in an effort to incite help-seeking behaviors. Despite these notable strides, the Caribbean population has been ignored in this regard. This study seeks to eliminate this major deficit in the literature by focusing on the Caribbean culture and those factors which influence their attitudes towards seeking professional counseling.

Theoretical Framework

Following the recommendations of Mackenzie et al. (2004), this study is steered by the Theory of Reasoned Action (TRA) put forward by Fishbein and Ajzen (1975). McKenzie et al (2004) lament that a major limitation of much of the work done to date on the attitudes towards seeking professional counseling is the failure to incorporate social psychological theories which aid in the “prediction of behavior and behavioral intention from attitudes (MacKenzie et al., 2004, p. 2411).

The Theory of Reasoned Action (TRA) was developed for the primary purpose of predicting behavior. This theoretical framework suggests that intention precedes behavior and

intention is influenced by attitudes toward the behavior and subjective norms (e.g. social pressure) (Fishbein & Ajzen, 1975; Mackenzie et al, 2004). This framework was later expanded by Ajzen (1985) and emerged as the Theory of Planned Behavior (TPB). This researcher expanded the original theory to include the concept of perceived behavioral control. Ajzen (1985) suggests that “behavior (not entirely under volitional control) is most effectively predicted given knowledge of attitudes, subjective norms and subjective beliefs about control over potential obstacles to achieving particular behavioral goals” (Mackenzie et al., 2004, p. 2411). This theoretical framework not only bolsters the need for this study but also highlights the importance of discerning how the subjective norms and subjective beliefs about mental health and mental health treatment of Caribbean college students influence their attitudes towards seeking professional counseling.

This study is also guided largely by the work of Fisher and Turner (1970) whose research served as a catalyst to future examination of the attitudes towards seeking professional psychological help. Prior to their work, there was very little emphasis on identifying those factors which influence one’s attitude towards seeking professional counseling. However, at least two earlier studies focused on the attitudes towards professional counseling. The first, done by Reznikoff, Brady, & Zeller (1959), examined patients’ attitudes towards psychiatric hospitals, psychiatric treatment and psychiatrists. These authors standardized a series of projective and sentence completion measures. The second study was done by Nunally (1961) and examined subjects’ attitudes towards mental health professionals and mental health treatment. Subjects were required to make semantic differential ratings of mental health concepts such as “psychiatrists” and “mental hospital” (Fischer & Turner, 1970). Though the focus of both studies was on psychiatric care, they provided a solid foundation for future studies.

Fischer and Turner (1970) set the framework for investigating attitudes towards seeking psychological help for psychological disturbances. The authors suggest that attitudinal differences account for help-seeking attitudes and behaviors and explored the relationship between attitudes and other influential variables. With a sample of 492 female students and 468 male students, the authors examined personality variables such as authoritarianism, locus of control, masculinity, interpersonal trust, and social desirability.

Results suggest that social desirability and interpersonal trust positively correlate with help seeking attitudes, but for males only. Their findings also assert that authoritarianism and an external locus of control negatively correlate with help seeking attitudes and female subjects reported significantly higher positive attitudes towards seeking professional help than did male subjects (Baysden, 2002; Fischer & Turner, 1970).

These authors also developed an instrument which is now widely used to measure one's attitude toward seeking professional counseling. After a thorough analysis of the literature as well as a careful review of their findings, Fischer and Turner (1970) identified four primary attitudinal dimensions that influenced one's attitude towards seeking professional psychological help, which are (1) recognition of need for psychotherapeutic help, (2) stigma tolerance, (3) interpersonal openness and (4) confidence in mental health practitioners.

Fischer and Turner (1970) argued that support for the first and fourth dimensions on the instrument was obtained by studies that examined the relationship between socioeconomic status and attitude towards seeking professional help (Imber, Nash, & Stone, 1955; Kandel, 1966; Redlich, Hollingshead, & Bellis, 1955). These studies suggest that when lower class individuals and those who are "less psychologically minded" receive an opportunity for professional help, they are more likely than upper class persons to refuse it and more likely to terminate it after a

short experience (Fischer, & Turner, 1970, p.79). However, receiving therapy from someone of similar socioeconomic status seemed to be an important mitigating factor (Fischer & Turner, 1970; Kandel, 1966).

Support for the second dimension (stigma tolerance) was obtained from research done by Farina, Allen, & Saul (1968), Farina, Holland, & Ring (1966), and Farina & Ring (1965). These studies indicate that the fear of being stigmatized by others may deter an individual from seeking counseling. Additional support emanated from a study done by Phillips (1963), which indicates that people who seek professional help are socially rejected based on how stigmatizing the treatment agency or setting is. For instance, individuals who seek help from clergymen or physicians experience less rejection than those who received help from psychiatric or mental health agencies or institutions.

Support for the third dimension of interpersonal openness was obtained from research done by Jourard (1964) who proposed that one's willingness and ability to disclose personal information to others is a crucial factor not only in the success of therapy but also in the decision to seek professional help. Thus, one's level of self-disclosure or interpersonal openness influences one's attitude towards seeking professional help (Jourard, 1964).

The English-Speaking Caribbean

The Caribbean community consists of several countries which stretch from the Bahamas in the north, to the coast of South America, and lies in the Caribbean Sea (Hall, 2001; Waters, 2004). The terms *West Indies* and *Caribbean* are commonly used interchangeably, however, the *West Indies* refers to the archipelago of islands between North and South America and the *Caribbean* represents the region where these islands are located. The *West Indies* consists of the *Greater Antilles* in the north, the *Lesser Antilles* to the east and the *Bahamas* in the north east.

The *Greater Antilles* consists of the larger islands such as Hispaniola (Haiti and the Dominican Republic), Cuba, Jamaica and Puerto Rico. The *Lesser Antilles* contain the smaller islands to the east of the Caribbean Sea and include Saint Lucia, Barbados, Trinidad and Tobago, Grenada, Saint Vincent, Saint Kitts and Nevis, Antigua, Guadeloupe, Dominica and Martinique. This study focuses on the English-Speaking Caribbean islands.

Waters (2004) suggests that although the Caribbean islands vary in size, geography, demographics and histories they all enjoy three commonalities: legacies of European colonialism, legacies of slavery, and the domination of the island economies and cultures more recently by the United States. She further adds that these commonalities shape the West Indian culture and identity that immigrants to the U.S. share.

Although the Caribbean represents very diverse cultures with each island sharing unique cultural aspects, there are still many broad commonalities among islands. For instance, Caribbean cultures espouse collectivist values as opposed to individualistic ones (Henry, 1994). There is also a very strong emphasis on religion and spirituality, a sense of community, strong family bonds and a high value placed on education (Waters, 2004). It is not surprising then, that many migrate to other countries for educational and occupational advancement.

Researchers have long argued that there is a strong stigma attached to mental illness and mental health services in the Caribbean (Edge & Rogers, 2005; McGovern & Hemmings, 1994; Marwaha & Livingston, 2002; Peluso & Blay, 2004). People who seek mental health services are shunned, viewed as weak and lacking the ability to care for themselves. Self-disclosing to people outside the family is also perceived as a form of betrayal and is frowned upon by many Caribbean societies (Marwaha & Livingston, 2002). It is more acceptable to seek professional help from clergymen as there is less of a stigma attached to religious institutions. This cultural

stereotyping of mental health services contribute to the aversive experiences and subsequent avoidance of mental health services by Caribbeans (Callan & Littlewood, 1998; Campbell, Cornish & Mclean, 2004). A general mistrust of mental health services by Caribbeans has also been associated with their reluctance to seek professional counseling (Campbell & Mclean, 2002). These cultural values, which are transmitted from one generation to the other through socialization practices, help shape the attitudes towards seeking professional counseling of Caribbean people.

Caribbean College Students and Challenges They Face

College is described as a period of major transitions which potentially induces high levels of stress in students (Baysden, 2002). Like other international students, Caribbean college students also face challenges such as navigating competing cultures, feelings of isolation, feelings of depression, loss of social support networks, and economic hardship (Baker & Siryk, 1986; Bradley et al., 1995). Unsuccessful resolution of these stressors can negatively impact one's psychological health, academic achievement, and interpersonal relationships (Roysircar, 2002).

Educational opportunity is a major incentive for West Indian immigration to the United States (Thrasher & Anderson, 1988). However, these students must quickly learn to navigate competing educational systems where the values promoted in U.S. schools contrasts those which permeate schools in the Caribbean, which are generally patterned after the British education system (Thomas, 1992). Disorganization and loss of support networks is yet another challenge faced by Caribbean immigrants (Esquivel & Keitel, 1990) coupled with language differences and barriers (Thomas, 1992).

Bryan (2005) investigated the impact of migration in Caribbeans who live in Britain. The

researcher revealed that homesickness was a salient factor among all interviewees. A general longing for home and attempts at re-creating the lives they enjoyed back home were also common factors which instilled feelings of loneliness and isolation.

Ali and Toner (2001) examined symptoms of depression among Caribbean women and Caribbean-Canadian women. These researchers discovered that the migration experience may be socially isolating and may result in greater self-reliance as opposed to reliance on social support networks. In addition, those women who migrated reported greater levels of self-silencing and more depressive symptoms than the women who still resided in the Caribbean. The researchers concluded that being an immigrant woman of color in a predominantly white culture may instigate less meaningfulness from one's primary domains and greater self-silencing of one's true identity. Women who migrated to Canada engaged in self-devaluation and generally expressed an outer-self that was incongruent with the inner-self (Ali & Toner, 2001).

These results lend support to other empirical evidence on the attitudes towards and help-seeking behaviors of international students. Research supports that although Caribbeans who migrate generally lose their support network and experience many challenges and stressors, they are still less likely than other cultures to seek professional counseling and often prefer to cope on their own (Outram et al., 2004). Like other international students, Caribbeans are also known to seek help and guidance from friends and family members rather than professional counselors (Johnson, 1993; Schneider & Spindler, 1986). Several factors were posited for this general trend including, fear of being stereotyped, mistrust in counseling professionals, shame, embarrassment and fear of being perceived as weak (Marwaha & Livingston, 2002).

Attitudes towards Seeking Professional Counseling

Psychotherapy can be described as “a potentially difficult, embarrassing, and overall

risky enterprise” (Kushner & Sher, 1989, p.256). This often cultivates fear and avoidance of mental health services and seeking professional counseling is viewed only as a last resort (Vogel, Wester, Wei & Boysen, 2005). In such cases, many elect to deal with stressors on their own or to seek guidance and support from family and friends (Willis, 1992).

For several decades, research examined the relationship between one’s attitude towards seeking counseling and the utilization of mental health services. More specifically, researchers sought to comprehend why at least 70% to 80% of individuals with a diagnosable mental health disorder do not seek professional help (Burke, 2002; McKenzie, Knox, Gekoski, & Maculay, 2004). Identifying those factors which influence one’s attitude towards seeking professional counseling can assist mental health professionals and other service providers in designing interventions aimed at attracting those who are in need of these services (Komiya, Good, & Sherrod, 2000).

Ness (1987) suggested that the process by which an individual chooses to seek or avoid professional counseling has two levels: (1) the individual’s stage in the help-seeking process and (2) individual characteristics that may differ at the same stage in the help-seeking process. Therefore, one can infer that attitudes towards seeking professional counseling can be influenced by both individual characteristics and one’s position in the help-seeking process.

Several researchers proffered models to help comprehend the help-seeking process. Kadushin (1969) offered one of the earliest models and presented four stages of help-seeking which are (1) realization of a problem, (2) consultation with laymen, (3) choice of the type of healer and (4) choice of an individual practitioner. He suggested that the awareness of a problem is not sufficient to positively influence one’s attitude towards seeking professional counseling.

A few years later, Anderson and Newman (1973) offered another health utilization

framework, which comprised of predisposing, enabling, and need factors as determinants of seeking professional help. Critiques argue however, that this framework is very general and attitudes are only briefly accounted for as one of the variables which may influence help-seeking behavior (McKenzie, Knox, Gekoski & Macaulay, 2004).

Kadushin's model was later expanded by Albers and Scrivner (1977) and Depaulo (1982) who postulated a five stage model. The stages identified are (1) recognition of a need for help, (2) a decision about whether or not to seek help, (3) selection of an appropriate source for help, (4) initiation and execution of the help request and, (5) reaction to the helper's response. These researchers contend that one's attitude and opinions about mental illness and treatment heavily influence the help seeking process.

The above model was then expanded into a seven stage help-seeking model by Fischer, Winer, and Abramowitz (1983) and Gross and McMullen (1982). The proposed stages are (1) recognition of a problem, (2) identification of the problem as psychological, (3) recognition of the need for outside help, (4) decision to seek or accept help, (5) choice of an appropriate source, (6) choice of a practitioner, and (7) initiation and execution of the help request. This model improved previous models by distinguishing between merely knowing that one has a problem and knowing that the problem is psychological in nature and requires professional help. This seven stage model also outlines the distinction between those who avoid professional counseling due to a lack of knowledge about the counseling process and those who avoid professional counseling due to the perception that their problem is not suited for counseling services (Ness, 1987).

Factors which Influence One's Attitude towards Seeking Professional Counseling

A review of the literature reveals several variables which are believed to negatively

impact one's attitude towards seeking professional counseling. Some of these include a fear of disclosing distressing information (Cramer, 1999; Kelly & Achter, 1995; Komiya, Good & Sherrod, 2000; Vogel & Wester, 2003), social stigma attached to mental health services (Dean & Chamberlain, 1994; Sibicky & Dovidio, 1986; Vogel, Wester, Wei & Boysen, 2005), avoidance of painful emotions (Kahn & Hessling, 2001; Kelly & Achter, 1995), low level of self-disclosure (Jourard, 1964), anticipated risks (Vogel et al., 2005), self-concealment (Komiya, Good, & Sherrod, 2000), traditional male gender roles (Robertson & Fitzgerald, 1992), low socioeconomic status (Tessler & Schwartz, 1972), low educational level (Leaf et al., 1987), and ethnic minority status (Knipscheer & Klebler, 2001).

Emotional Openness

Emotional Openness refers to the degree to which a person is comfortable talking to others about personally distressing information (Kahn & Hessling, 2001). A high level of emotional openness indicates a strong ability and level of comfort with disclosing personal information with others, and more specifically with strangers. A low level of emotional openness has been linked to negative attitudes towards professional counseling and consequently avoidance of mental health services. A low level of emotional openness is also associated with instigating several treatment fears in individuals who need professional counseling services (Komiya, Good, & Sherrod, 2000).

One such fear, which still receives only scant attention, is the fear of emotions (Komiya, Good, & Sherrod, 2000). In 1987, Greenson discovered that resistance in psychoanalytic treatment was a direct result of client's attempts to avoid experiencing painful affect. Other researchers have also shared that clients tend to keep many secrets from their therapists. These secrets are usually laden with strong emotions which they are fearful of expressing and

experiencing in therapy (Hill, Thompson, Cogar, & Denman, 1993; Komiya et al., 2000; Kelly, 1998).

Clients are fearful not only of the external expression of emotions, but the internal expression of emotions as well (Komiya et al., 2000). These authors argue that this is particularly evident in cultures where the inhibition of emotions and emotional control is strongly valued. One such culture which has enjoyed much attention in the counseling literature is the Asian culture, where expression of emotions is primarily perceived as a negative personality trait (Kim & Omizo, 2003; Lau & Takeuchi, 2001; Leong & Lau, 2001; Liao, Rounds, & Kline, 2005; Pandit, 2003).

Emotional openness is also inhibited in North American culture (Bronstein, 1984), and this value is often passed on to the children in these families. Inhibition of emotions is inculcated in the young as they may be stopped from crying and punished for expressing anger (Bronstein, Fitzgerald, Briones, Pieniadz, & D'Ari, 1993; Denham & Grout, 1993). Children soon view their emotions as being bad and should be avoided, as well as that expressing emotions is not only unacceptable but that it is wrong to have those emotions in the first place (Bronstein, 1984). Because of these socialization practices, children from these families potentially grow up to fear that professional counseling will evoke those very emotions they were taught to suppress.

This fear of experiencing emotions often leads to self-concealment and lowered levels of self-disclosure (Kelly & Achter, 1995) – two variables which researchers identify as heavily influencing one's attitude towards and eventual professional help-seeking behaviors. Although these two concepts have been treated uni-dimensionally in the literature, they are strongly entwined.

Low levels of emotional openness and high levels of self-concealment are shown to not

only affect one's attitude towards seeking professional counseling, but can negatively affect one's mental health as well (Kelly & Achter, 1995). Several studies show a positive relation between self-concealment and a wide variety of psychological and physiological problems (Kelly & Achter, 1995; Pennebaker, 1985, 1988, 1989; Pennebaker, Barger, & Tiebout, 1989; Pennebaker, Hughes, & O'Heeron, 1987). More specifically, self-concealment and secret keeping have been linked to psychotic symptoms in children (Saffer, Sansone, & Gentry, 1979), family dysfunction (Kelly & Achter, 1995; Swanson & Biaggio, 1985), anxiety in older gays and lesbians (Berger & Kelly, 1986; Kelly & Achter, 1995), increased interpersonal conflict (Straits-Troster et al., 1994), greater depression (Evans & Katona, 1995), and hinders recovery from severe psychological trauma (Cepeda-Benito & Short, 1998; Harvey, Stein, Olsen, & Roberts, 1995).

Kelly and Achter (1995) reported that although self-concealment negatively influences one's attitude towards seeking professional counseling, having both positive attitudes towards counseling and high levels of self-concealment are predictive of a greater likelihood of seeking professional counseling. This lends more credence to the importance of targeting interventions at instilling more positive attitudes towards counseling in individuals.

Interestingly enough, Kelly and Achter (1995) disclosed that high self-concealers were more likely to seek counseling than low self-concealers, but are more likely to view the counseling process unfavorably. This may be attributed to their fear of experiencing painful emotions. Kelly and Achter (1995) further postulated that although high self-concealers are more fearful of the therapeutic process, they are more likely to seek professional counseling because they lacked adequate social support (Cepeda-Benito & Short, 1998).

Cepeda-Benito and Short (1998) explored the concept of self-concealment and its impact

on seeking professional help in 732 college students. Perceived likelihood of seeking help was predicted by attitudes towards psychotherapy, level of distress, self-concealment and social support. Findings resoundingly showed that positive attitudes toward psychotherapy significantly predicted greater help-seeking behaviors regardless of the reasons for which help is sought (Cepeda-Benito & Short, 1998). Their results however, contradicted that of Kelly and Achter (1995) in that self-concealers in this study were more likely to avoid, rather than seek counseling. Results also refute Kelly and Achter's (1995) suggestion that low levels of social support increase one's likelihood of seeking counseling in high self-concealers.

Cepeda-Benito and Short (1998) also documented that help-seeking behavior is largely influenced by the type of distress experienced. In accordance with the results reported by Kelly and Achter (1995), these authors also found a positive correlation between self-concealment and current psychological distress. Contrasting results between the two studies may be largely due to fundamental methodological differences between both studies.

Komiya, Good, and Sherrod (2000) examined the relationship between emotional openness and college students' attitudes towards seeking professional counseling. They identified the following four factors as negatively influencing one's attitudes towards help-seeking: (1) male gender, (2) greater perception of stigma associated with counseling, (3) lack of openness to emotions and (4) lower psychological symptom severity. They also revealed that greater emotional openness predicts more favorable attitudes towards seeking professional counseling. Women were found to have more open attitudes to emotions, perceive less stigma, and report more severe psychological symptoms than men (Komiya et al., 2000).

Since a lack of emotional openness can potentially lead to dysfunction in individuals, hinder physical health, and can impede the counseling process, it is imperative that researchers

and clinicians account for this variable when designing interventions especially for cultural groups which value inhibition of emotions.

Stigma

Kushner and Sher (1991) reviewed the literature which examined fears associated with seeking and utilizing mental health services. They identified six potential sources of treatment fears: fear of embarrassment; fear of change, fears involving treatment stereotype,; fears associated with past experience with the mental health system, fear of treatment associated with specific problem types and fears of negative judgment (stigma) (Kushner & Sher, 1991).

Stigma attached to seeking professional counseling has been identified as a major deterrent to seeking counseling (Deane & Chamberlain, 1994; Stefl & Prosperi, 1985). Studies highlight that people generally hold negative perceptions of individuals who have received mental health services (Farina et., 1966; Komiya, Good, & Sherrod, 2000; Phillips, 1963; Sibicky & Dovidio, 1986). The impact that social stigma has on individuals who need professional counseling is evident in the finding that many prefer to forgo mental health benefits, which are provided by their employers and instead opt to pay for psychological services on their own to prevent the risk of disclosure in the workplace (Sobel, 1981).

Labeling theory, posited by Scheff (1974) suggests that once an individual is labeled as mentally ill, others automatically attach preexisting stereotypes to that individual. Other researchers argued that mentally ill patients are viewed as threatening and socially undesirable (Calicchia, 1981; Crumpton, Weinstein, Acker, & Annis, 1967; Sibicky & Dovidio, 1986). Labeling theory also posits that based on these negative reactions and stereotypes, people alter their “expectations, vocabulary and response cues” as they interact with mentally ill individuals (Sibicky & Dovidio, 1986, p. 148). In turn, those who are labeled mentally ill, internalize others’

expectations of them, thus creating further denigration in self-control and continued deviant behavior (Jones et al., 1984).

Similar stigmatization has been associated with receiving psychological help thus acting as a major deterrent or obstacle to seeking professional help. Individuals who seek such help are viewed as incapable of resolving their own problems (Sibicky & Dovidio, 1986). Phillips (1963) found that although individuals who spent time at mental institutions received the most severe stigmatization, negative attitudes were also attached to those who sought help from a clergyman or psychiatrist. This is further supported by Goodyear and Parish (1978) and Parish and Kappes (1979) who concluded that an individual who sought professional counseling was rated more negatively than a “typical” person.

Sibicky and Dovidio (1986) examined whether such stigmatization associated with mental health institutions also translates to university counseling centers. Their results show that the stigma attached to individuals who are institutionalized extends to seeking counseling for “psychological problems.” Clients were associated with negative characteristics such as “more defensive, awkward, insecure, sad, cold, and unsociable” (p. 152).

Outram, Murphy, and Cockburn (2004) explored factors associated with accessing professional help for psychological distress in midlife Australian women. The researchers gathered both qualitative and quantitative data to determine barriers to help-seeking. Subjects’ perceived barriers included feelings of shame and embarrassment and fears of being judged negatively by others.

Some of the participant responses were “They’ll think I’m neurotic” and “...people look on you as weak if you need counseling” (Outram et al., 2004, p.191). Other perceived barriers included fear of painful self-discovery, belief in coping alone, and belief no one can help. A

similar study with Afro-Caribbeans in the U.K. revealed analogous findings with responses such as “Mental Illness, that’s another word for laziness isn’t it” and “If you are depressed the last thing you are going to do is ask for help because people will think you are mad” (Marwaha & Livingston, 2002, p.263).

Seeking help for personal problems does not appear to be threatening in itself. A study done by Cumming, Cumming, and Edell (1965) reports that out of a total of 801 requests for help at a police desk, more than half were for personal or family problems. This suggests that it is the stigma attached which induces fear in potential help-seekers.

Social Support

Social support generally consists of three components: feeling loved, feeling valued and belonging to a social network (Cobb, 1976). A few years later, Tardy (1985) expanded this definition and presented a model which emphasized five dimensions of social support which were, direction, disposition, description/evaluation, content and network. *Direction* distinguishes between whether the individual is receiving or offering support. *Disposition* refers to the availability of social support and the level of utilization. *Description/evaluation* refers to whether a description or evaluation of the available support was elicited. Four types of *content* are included in this model: emotional, instrumental, informational, and/or appraisal. Network represents those who are a part of the individual’s support network (Malecki & Demaray, 2002; Tardy, 1985).

A high level of perceived social support is associated with many positive outcomes including fewer adjustment problems and overall psychological well-being (Hoffman, Ushpiz, & Levy-Shift, 1988). More specifically, perceived social support proved to have a positive influence on the physical health of individuals living with HIV/AIDS (Ashton et al., 2005), at-

risk students (Demarray & Malecki, 2002; VanTassel-Baska, Olszewski-Kublius, & Kulieke, 1994), bereavement (Murphy et al., 2000), children with learning disabilities (Kloomok & Cosden, 1994), immigrants (Jasinskaja-Lahti et al., 2006), perceived discrimination (Gee et al., 2006), students in graduate programs (Mallinckrodt & Leong, 1992), college students (Miczo, Miczo, & Johnson, 2006), and individuals with depression (Barrera & Garison, 1992; Elmaci, 2006).

Social support also acts as a protective or buffering factor against personal distress, academic distress and other school related issues (Demaray & Malecki, 2002). These authors also argue that low peer support and family support are associated with negative indicators such as adjustment and behavioral problems (Kashani, Canfield, Borduin, Soltys, & Reid, 1994), delinquency (Licitra-Kleckler & Waas, 1993), feelings of hopelessness and withdrawn behavior (Kashani et al., 1994), depression (Cheng, 1997; Elmaci, 2006), and lower self-concept (Demaray & Malecki, 2002). Moreover, higher levels of family support were indicators of better school adjustment and higher academic self-concept (Demaray & Malecki, 2002; Wenz-Gross, Siperstein, Untch, & Widaman, 1997).

The manner in which a student manages academic stress can have a negative effect on not only their psychological and emotional health but can also negatively impact their academic achievement (Edwards, Herschberger, Russell, & Market, 2001; Mortenson, 2006). The research consistently shows that receiving emotional support from family and friends can lead to physically and emotionally healthier individuals (Cunningham & Barbee, 2000; Sarason, Sarason, & Gurung, 1997) while those who resort to withdrawing socially run the risk of developing depressive symptoms and decreased life satisfaction (Berger & Kelly, 1986, Chang, 2001). Unfortunately, the latter is usually the case for international students whose cultures

frown upon emotional expression and seeking help from others (Mori, 2000). Because of these cultural norms, international students reportedly suffer from stress-related illnesses significantly higher than American students (Essendoh, 1995; Mortenson, 2006).

In a study done by Cooperman (1983) with college students, results indicated that having more limited interpersonal contacts and having positive impressions of therapy were related to positive attitudes towards seeking psychological help. One year later, Goodman, Sewell, & Jampol (1984) also studied college students and reported that given equal numbers of stressful events, the likelihood of seeking counseling of these students increased as their level of social support decreased.

Although immigration does not automatically lead to a decrease in psychological health and well-being, the associated psychological acculturation usually includes factors (e.g. perceived discrimination) that are highly stressful for the individual (Berry, 1990; Jasinskaja-Lahti, Liebkind, Jaakkola, & Reuter, 2006). Research shows that immigrants who interacted more with members of the host country and maintained active contact with family and friends from the home country reported higher levels of psychological well-being and stability (Jasinskaja-Lahti, Liebkind, Jaakkola, & Reuter, 2006).

Gee et al. (2006) examined whether perceived unfair treatment is linked to health conditions and whether social support moderates this association among Filipino Americans. Minority groups such as international students often report greater experiences of discrimination than their white counterparts (LaVeist, Rolley, & Daila, 2003; Schuman, Steeh, & bobo, 1985). Results of this study showed that emotional support was positively associated with fewer health conditions.

Despite the overwhelming evidence for the utility of social support, because of cultural

norms and values, many international students prefer to cope with academic stress and other problems on their own (Mortenson, 2006). Research shows that Asian Americans were less likely than European Americans to seek social support in times of distress (Oliver, Reed, Katz, & Haugh, 1999). Other studies proved that East Asian cultures are also less likely than European Americans to seek support from friends when needed (Chang, 2001; Taylor et al., 2004).

In a study done with Mainland Chinese and European American students, Mortenson (2006) found that although subjects from Asian cultures recognized and understood the importance of receiving social support, they were less likely than other students to ask for help or seek assistance for academic and personal distress. The researcher also found evidence to support the notion that international students are more likely to “somatize their emotional distress into physical illnesses” rather than disclosing their troubling feelings to others (Mortenson, 2006, p. 142). This explains the greater use of campus health facilities rather than mental health services for international and ethnic minority students (Essandoh, 1995).

Still, there appears to be gender differences in the activation and satisfaction levels of social support (Weckwerth & Flynn, 2006). Generally, women are more likely to provide and receive social support than men (Mallinckrodt & Leong, 1992) and are more likely to be satisfied with the support they receive than men. These differences have been attributed by some to socialization patterns where men are traditionally socialized to be independent and women interdependent (Stokes & Wilson, 1984).

Outcome Expectations

Research suggests that outcome expectations also impact one’s attitude towards seeking professional counseling (Vogel, Wester, Wei, & Boysen, 2005). These outcome expectations can be divided into perceived or anticipated risks and anticipated utility of seeking counseling. In

other words, people are more likely to seek professional counseling if they believe it will result in a decrease in their symptoms or produce other positive outcomes.

Anticipated Risks & Anticipated Utility

Professional counseling is perceived as a difficult, embarrassing and risky process by many. Such perceptions instill fear and avoidance of mental health services in many who need professional counseling services (Kushner & Sher, 1989). Many view counseling as a last resort and even more troubling is the finding that less than one third of people who are in need of counseling never seek out professional help (Andrews, Issakidis, & Carter, 2001; Guren, Veroff, & Feld, 1960; Hinson & Swanson, 1993; Vogel et al., 2005). Stefl and Prosperi (1985) described this phenomenon as the “service gap.”

Researchers have sought to understand what factors contribute to and sustain this “service gap” in mental health treatment. Apart from external barriers (such as availability and affordability), a number of psychological barriers have been identified as well. These psychological barriers are viewed as influencing the individual’s attitude towards seeking help and Leaf et al. (1985) purport that these attitudes influence the likelihood of seeking help as the duration and quantity of such services. Because of this strong association to service utilization, Kushner & Sher (1991) lament that anticipated risks and treatment fearfulness are both understudied areas.

Anticipated risk is defined as “an individual’s perception of the consequences associated with self-disclosing to someone” (Vogel & Wester, 2003, p.352). In many cases, these anticipated risks are perceived as even worse than the problem itself thus hindering service utilization (Fisher, Goff, Nadler, & Chinsky, 1988). This is particularly true for people from cultures where it is prohibited to disclose information about oneself or the family to strangers.

This is also the case for traditionally socialized men who may avoid counseling due to the fear that their gender role may be violated because they needed and sought help (Betz & Fitzgerald, 1993; Good & Wood, 1995; Vogel & Wester, 2003;)

Treatment fearfulness is defined as “a subjective state of apprehension that arises from aversive expectations about the seeking and consumption of mental health services” (Kushner & Sher, 1991, p.197). They argue that these fears are culturally based, multifaceted and often times idiosyncratic. Other anticipated risks of seeking professional counseling include fear of embarrassment, fear of change, and fear of stigmatization.

Fear of Embarrassment

It is well known that people are less likely to seek professional help when their problems are perceived as very intimate (Kushner & Sher, 1991; Outram et al., 2004). Because of this, these individuals are more prone to avoid seeking counseling as they fear they may be forced to disclose what they perceive as personal and embarrassing information about themselves. In a qualitative study done by Outram et al., (2004) with Australian women, respondents reported “[I am] not the sort of person to talk about private things” and “Because I work at a hospital, I felt embarrassed with colleagues...” (p.191).

Lin (2002) also lends support to the finding that people shy away from counseling to avoid the shame and embarrassment of having to disclose personal information to a stranger. Kelly & Achter (1995) found that the fear of disclosing emotionally painful information directly leads to negative attitudes toward counseling while Komiya et al. (2002) state that one’s fear about the consequences of disclosing personal information in counseling is the most influential barrier to seeking counseling.

Other Sources of Treatment Fearfulness

The fear of change is another anticipated risk that has been reported in the literature (Bugental & Bugental, 1984). This fear is instilled by the popular notion that success in psychotherapy involves a certain element of change (Kushner & Sher, 1991). These authors argue that the humanistic-existential theories suggest that the fear of change contributes to both the development of and failure to resolve psychological problems. As a result, many fear that psychological treatment will involve altering or eliminating certain aspects of their lives, which although maladaptive, they are unwilling or not ready to discard.

Other sources of treatment fearfulness include fears involving treatment stereotypes, which are mostly instilled by media images which portray mental health clinicians as incompetent (Schneider, 1987). Fear of treatment associated with specific problem types is another which is well documented in the literature (Kushner & Sher, 1991). For instance, someone with agoraphobia may avoid professional help due to the fear of being exposed to the anxiety provoking situation. This has also been reported for rape victims who anticipate experiencing extreme anxiety when seeking counseling for this traumatic event (Veronen & Best, 1983).

Acculturation

Several definitions of acculturation have been offered over the years. Berry, Trimble, and Olmedo (1986) defined acculturation as the process of change which an individual experiences, that results from continuous contact between two different cultures. Theories of acculturation have progressed from earlier linear perspectives with two cultures at polar ends to more contemporary beliefs that the process is more bi or multidimensional with individuals adapting to cultures in varying degrees (Berry, 2003; Flores, Ojeda, Huang, Gee, & Lee, 2006).

Several adjustment models are offered in an effort to better conceptualize the cultural adjustment process of immigrants. Central to these models is the notion that cognitive restructuring is required for successful acculturation to take effect. Goldhust & Richmond (1974) offered one of the earliest adjustment models and identified four acculturation stages: (1) internalization, (2) identification, (3) value and attitude change, and (4) pre-migration influences (Kagan & Cohen, 1990).

Berry (1980) offered another framework of acculturation, which is based on the immigrant's identification with two cultures (the host culture and the culture of origin). He identified four identity groups: integration (or high identity with both cultures), assimilation (strong identity with other cultural groups, but not the culture of origin), traditionalism (strong identity with culture of origin but not the other cultural groups) and marginalization (strong identity with neither group). Research showed that individuals who are in the integration group generally enjoy better psychological health whereas those in the marginalized group have the poorest outcomes (Berry et al., 1997; Bhui et al., 2005).

Several years later, Atkinson, Morten, and Sue (1989) expanded the previous model and proposed a five stage model which outlined the process by which immigrants respond to the new culture. The five identity development stages are: (1) conformity, (2) dissonance, (3) resistance and immersion, (4) introspection and (5) synergetic articulation and awareness (Nuttall et al., 1990). Mendoza and Martinez (1981) offered another acculturation model which consists of two levels: (1) a modalities dimension- which includes cognitive, affective and behavioral components and (2) a types dimension which consists of six levels – cultural assimilation, native cultural extinction, cultural resistance, cultural shift, cultural incorporation, and cultural transmutation.

Berry (2003) provided yet another multidimensional conceptualization of acculturation which is commonly used as a framework for future studies. In this model, he offered four unique acculturation processes. The identified stages are (1) *integration* (bicultural – e.g. both Caribbean and Anglo oriented), (2) *assimilation* (Anglo oriented), (3) *separation* (Caribbean oriented) and (4) *marginalization* (disassociated with both cultures) (Flores, Ojeda, Huang, Gee, & Lee, 2006).

Edwards and Lopez (2006) investigated the impact of acculturation and perceived family support on the life satisfaction of Mexican American youth. These researchers discovered that participants who reported a Mexican orientation enjoyed higher levels of life satisfaction than those who reported an Anglo orientation. These results suggest that less acculturated respondents had a better quality of life than those who were more acculturated and had embraced the new dominant culture.

A study done by Liao, Rounds and Klein (2005) explored the effects of acculturation on help-seeking behaviors and attitudes of Asian and Asian American college students. Results indicated that acculturation directly influenced the attitudes towards seeking professional counseling of participants, which in turn influences their help-seeking behaviors. However, acculturation did not have a direct effect on the help-seeking behaviors of Asian and Asian American college students.

Ponterotto et al. (2001) examined the relationship of acculturation to attitudes towards counseling in Italian and Greek American College students. The authors discovered that women who reported high levels of acculturation also reported higher levels of emotional openness and more positive attitudes towards seeking professional counseling than women who were less acculturated. Italian American college women reported greater recognition of the need for and utility of professional counseling than other groups. Both groups also ranked ethnic family

members and friends as their help-seeking preference.

Atkinson and Gim (1989) explored Asian-American cultural identity and its relationship with attitudes towards mental health services. The results of this study strongly indicate that Chinese, Japanese, and Korean American attitudes towards seeking professional counseling are directly related to their level of acculturation. More acculturated students were more likely to recognize a need for professional counseling, to have higher levels of stigma tolerance and were more open to seeking professional counseling than less acculturated students.

Zhang and Dixon (2003) examined the role of acculturation in the attitudes towards seeking professional counseling of Asian International students. With a total of 170 Asian international students, the results showed a significant correlation between acculturation and attitudes towards seeking professional counseling. More specifically, the higher the acculturation (to White culture) score, the more positive attitudes were reported. There was also a positive correlation between level of acculturation and stigma tolerance and confidence in mental health professionals.

Despite these important strides in acculturation research, there are no current studies on the effects of acculturation on Caribbean college students. In fact, there are no studies on the effects of acculturation on Caribbeans in general. This study seeks to eliminate this gap in the literature.

Attitudes towards Seeking Professional Counseling among African Americans

As discussed in preceding sections, about one third of those who need counseling services do not seek out help for their problems. This phenomena was coined the “service gap” by Kushner and Sher (1991). This is particularly true for ethnic minority populations (Alvidrez, 1999; Snowden & Cheung, 1990; Sue, Fujino, Hu, Takeuchi, & Zane, 1991) and international

students (Baysden, 2002). Empirical evidence showed that culture and ethnicity play a critical role in shaping the attitudes towards counseling of minorities (Leong, 1986; Prieto, 1995) and impact mental health service utilization (Flaskerud, 1986; Neighbors, 1985; Rosenheck, Leda, Frisman, & Gallup, 1997; Segal, Hodges, & Hardiman, 2002).

Several factors influence one's attitude towards seeking professional counseling including emotional openness, stigma tolerance, level of social support, anticipated risks, and anticipated utility (Vogel, Wester, Wei, & Boysen, 2005). Research also indicated that despite a strong awareness of the relationship between having an ethnic minority status and physical and emotional stress (Matthews & Hughes, 2001), African Americans seek professional counseling at a much lower rate than whites and 50 % of ethnic minority clients abort treatment after the first session compared with 30% for European Americans (Sue & Zane, 1987). Vontress (1981) also discovered that African Americans are more reluctant to self-disclose to Caucasian counselors due to the experiences of racism.

Alvidrez (1999) examined ethnic differences in mental health attitudes and service utilization among low income African American, Latina, and European Americans. Her study showed that consistent with other research, European Americans were much more likely to utilize mental health services than African Americans or Latinas. African American subjects reported greatest endorsement of religious and supernatural views of mental illness. African Americans and Latinas also reported significantly higher scores of agreement on items suggesting that problems should not be talked about outside the family. Results also indicated that African Americans reported significantly higher scores than both groups on the stigma scale indicating that this ethnic group perceives a strong stigma attached to mental illness. Further analyses revealed that African Americans were about one-third as likely to utilize mental health

services as Latinas and one-tenth as likely when compared to European Americans (Alvidrez, 1999).

Sussman, Robins, & Earls (2002) examined the treatment seeking for depression by Black and White Americans in 3004 households. Results revealed that fewer blacks who met diagnostic criteria for depression had sought mental health counseling. Severity of the problem also appeared to be linked to seeking professional treatment in blacks and they also appeared to be more tolerant of depressive symptoms than whites. Another interesting finding is that their research did not support the finding that a fear of being stigmatized was responsible for the service gap. However, a general fear of treatment and of being hospitalized was significantly related to avoidance of professional mental health services (Sussman et al., 2002).

Apart from barriers such as cost, availability, and time, the attitudes of ethnic minorities towards professional counseling is seen as a major obstacle towards service utilization (Matthews & Hughes, 2001). African Americans, for instance, indicate higher levels of mistrust (Bailey, 1987), and more negative attitudes towards mental health and services (Nickerson, Helms, & Terrel, 1994) than European Americans.

Matthews & Hughes (2001) examined the use of mental health services by African American lesbian and heterosexual women. The results show that although subjects reported great levels of emotional stress, very few sought professional counseling. Some of the main reasons cited for this were: "I didn't think it would help," "lack of perceived need," and "kept putting it off." More heterosexual than lesbian women endorsed the stigma attached to mental health services reporting "people might think I'm crazy." Both heterosexual and lesbian women reported feeling uncomfortable with disclosing personal information to a stranger and both felt that having a therapist of the same sex was critical (Matthews & Hughes, 2001).

Delphin and Rollock (1995) and Ponteroto, Anderson, and Grieger (1986) investigated the relationship between ethnic and racial identity levels and the attitudes towards seeking professional counseling in African American college students. Their findings reveal a strong association between racial identity and attitudes towards counseling. More specifically, students with high immersion/emersion racial identities reported more negative attitudes towards counseling. Ponterotto et al., (1986) also reported that an interaction between racial identity and gender influenced students' attitudes towards counseling.

Hall and Tucker (1985) provided contrasting results to those described by Ponterotto et al. (1986). In an examination of attitudes towards counseling in African Americans and Caucasians, these researchers reported that race did not predict attitudes and that both groups had positive attitudes towards seeking counseling. Nickerson, Helms, and Terrell (1994) delved a bit further and studied the attitudes of African Americans towards seeking professional counseling from Caucasian counselors. Their results indicate that cultural mistrust was the most consistent predictor of attitudes towards seeking professional counseling of African Americans. Baysden (2002) proposed that these results explain the contrasting results reported in the two previous studies.

More recently, researchers and clinicians have cogently proposed that cultural competency is the anecdote for the high dropout rates from counseling only after one session (Wierzbicki & Pekarik, 1993), infrequent utilization of mental health services (Kres, 1971; O'Sullivan & Iasso, 1992; Solomom, 1988; Watts, Scheffler, & Jewel, 1986) and poor level of functioning following termination of treatment (Jerrel & Wilson, 1996; Maramba & Hall, 2002) of ethnic minorities who utilize counseling services.

Attitudes towards Seeking Counseling in International Students

Colleges and universities in the U.S. have witnessed a steady increase of international students over the past few years. In 2001, a total of 514,723 international students in the United States represented 3.8% of the higher education student population in the US and 12% of graduate enrollment in the year 2000 (Davis, 2001). This increasing representation of international students prompted colleges and universities to tailor services to the unique needs of these students in an effort to help with the successful adaptation to the new host culture and environment (Boyer & Sedlacek, 1986). Such efforts at addressing the mental health needs of international students, however, require a thorough understanding of the social and cultural context which shapes their attitudes towards counseling and preference for sources of help-giving (Ponterotto et al., 2001; Atkinson, Thompson, & Grant, 1993; Sue, Ivey, & Pedersen, 1996).

The adjustment challenges that international students endure has been described as a psychosocial process. The emotional and attitudinal components create the psychological aspect and the social integration accounts for the social aspects of the adjustment process (Church, 1982; Martin, 1984). It is essential to highlight that international students do not share the same status as ethnic and minority groups in the U.S. International students differ in sociopolitical factors which also shape their experiences in the U.S. (Jacob, 2001). International students also differ from other immigrants as they are usually in the U.S for a relatively brief period until the end of their academic programs (Lacina, 2002; Lin & Yi, 1997). The acculturation of international students also differs from American racial and ethnic minority groups with respect to country of origin and collectively as well (Sadowski & Plake, 1992).

International students are usually perceived as ambitious, talented and possessing strong

educational aspirations (Zhai, 2002). Despite these positive characteristics, international students face many adjustment and academic issues which threaten their academic success and psychological health (Boyer & Sedlacek, 1986). Leong (1984) outlined the adjustment of international students into three broad areas: (1) difficulties which are unique to both students of color and international students, (2) issues unique only to international students and (3) issues unique to international students based on their country of origin.

Some of the cited challenges they encounter include limited financial resources, limited English language proficiency, difficulty adjusting with a new culture, isolation, homesickness, role conflicts and lack of a support network to act as a buffer to the stress encountered in their new environment (Crawford, 2000; Lacina, 2002; Mallinckrodt & Leong, 1992; Parr et al., 1992; Sandhu et al., 1991). Racial discrimination culture shock and cultural misunderstanding are other major challenges reported by international students (Brinson & Kottler, 1995; Jacob, 2001).

Despite these many challenges, the literature suggests that international students generally harbor negative attitudes towards seeking professional counseling and are less likely than other students to initiate help-seeking behaviors (Sue & McKinney, 1977). Researchers have shown associations between these negative attitudes and attributions of the home cultures of these students. For instance, Ying & Miller (1992) propose that length of residence and educational level are significant predictors of help-seeking attitudes and behaviors.

Dadfar and Friedlander (1982) examined the attitudes towards seeking professional counseling of international students from western and non-western countries. Their results indicated that students from Europe and Latin America reported more positive attitudes towards seeking professional psychological help than African and Asian students. Previous psychological services was also linked to more positive attitudes, with those who had received previous

services viewing such services more positively. Receiving psychological services in the home country was also associated with higher tolerance to social stigma attached to mental health services. In contrast to other studies, Dadfar and Friedlander (1982) also reported that acculturation, gender and education level were not significant predictors in the attitudes towards seeking professional counseling of these international students.

Several years later, Al-Qasem (1987) also studied the attitudes of international students towards seeking professional counseling. Results showed that only 12% of the sample of students had sought professional counseling and that international students preferred to seek help from friends than mental health professionals. Asian students reported more negative attitudes than international students from North America, Europe, Latin America, and Africa. Previous experience with mental health services, educational level, gender and length of stay in the U.S. were not significant predictors of attitudes towards seeking professional help in this study. Similar results were reported by Oredin (1988) who examined 200 international students and 50 U.S. students. This researcher also found that gender, and length of time in the U.S. were not significant predictors of attitudes towards seeking professional help.

Tata and Leong (1994) examined the attitudes towards seeking professional psychological help of Chinese-American college students. They contend that these attitudes are heavily influenced by factors such as acculturation, gender, social support, and individualism. Their findings that students with higher levels of acculturation have more positive attitudes towards seeking professional counseling is consistent with other findings which suggest that the Chinese culture places a negative connotation of receiving mental health services (Sue, 1994). That women are more likely to have positive attitudes towards seeking counseling is also directly linked with the patriarchal structure of Chinese families. In a related study, Lo (1987) reported

that Chinese Americans had more positive attitudes towards seeking counseling than Chinese who were born outside the U.S.

Knipscheer and Kleber (2001) investigated the help-seeking attitudes and utilization patterns for mental health problems of Surinamese migrants in the Netherlands. These researchers argued that Surinamese, like other ethnic minorities in the U.S., are more apt to somatize mental health problems and present them in a theatrical manner than make emotional complaints (Weide & Foets, 1998). This is a common coping strategy for these individuals especially where cultures place negative opinions about mental health (Kleinman, 1980). The results of this study indicate that only one-third of respondents held negative attitudes towards seeking professional counseling. Interestingly enough, these respondents were recent migrants and so had lower acculturation levels.

Atkinson & Gim (1989) examined Asian-American cultural identity and attitudes toward mental health services in 557 college students. The results of this study suggest that the attitudes towards professional psychological help of Chinese, Japanese and Korean-American students are directly influenced by their level of acculturation. They also report that the most acculturated students were (a) most likely to recognize a personal need for psychological help, (b) most tolerant of the stigma attached to receiving psychological help and (c) most open to self-disclosing with a psychologist.

Mau and Jepsen (1988) also examined the attitude towards seeking professional counseling of Asian students. They specifically compared the attitudes of Chinese and American graduate students and concluded that Chinese graduate students have less positive attitudes towards professional counseling than American graduate students. Wong (1997) also found that one's opinion about mental illness, level of acculturation, and gender heavily impacted Chinese

college students' attitudes towards seeking professional counseling.

Sharma (1995) investigated the attitudes towards seeking professional counseling of Asian Indians. These researchers discovered that recognition of a need for psychological help and level of acculturation were significant predictors of one's attitude towards seeking professional counseling. Socioeconomic status, perceived social support, psychological distress, gender, and having a counselor of similar ethnicity were not predictive of the attitudes of this group.

Rahimi (1989) sought to determine which variables influenced the attitudes of Iranian international students towards seeking professional counseling. Results indicated that Iranian students had more negative attitudes towards professional counseling than U.S. counterparts. Another significant predictor was gender, with female Iranian students reporting more positive attitudes towards seeking professional counseling.

Overman (1987) compared the attitudes towards seeking professional counseling between Mexican Americans and Caucasians. Based on his findings, he concluded that Mexican Americans have a higher level of negative attitudes towards professional counseling than Caucasians. He further attributed this to the strong social stigma which is attached to receiving help by Mexican Americans and their lower level of emotional openness.

The relationship of acculturation and gender to attitudes toward counseling in Italian and Greek American college students was explored by Ponterrotto et al., (2001). Their results indicate that women had a greater recognition of personal need for professional counseling and reported higher levels of confidence in mental health services than did men. High acculturated Greek women also reported high levels of emotional openness and all subjects indicated a preference for an ethnically similar counselor. Those who held positive attitudes towards

counseling reported most confidence in counselors with advanced degrees, however, preferences for friends, parents, and family members remain the primary source for help-seeking (Ponterotto et al., 2001).

Outram, Murphy, and Cockburn (2004) measured factors associated with accessing professional help for psychological distress in Australian women. Results indicate that 52% of their sample preferred to speak with a General Practitioner about their personal problems than to seek help from a mental health counselor. Some of the more common perceived barriers to seeking help included a desire for privacy, a belief in coping alone, belief that no one can help, shame and embarrassment, and fear of painful self-discovery.

In 1983, Caban-Ramos examined the differences in attitudes towards counseling of island and mainland Puerto Rican college students. Their results were consistent with other studies in that females reported significantly more positive attitudes towards counseling than did male college students. Likewise, students who previously sought professional counseling also had more positive attitudes than those who had never received professional counseling. Graduate students from the island had more positive attitudes than mainland graduate students. However, mainland undergraduate students reported higher levels of confidence in mental health services than island undergraduates (Caban-Ramos, 1983).

Todd and Shapira (1974) examined the attitudes towards professional counseling of British and U.S. students. They concluded that U.S. students had significantly higher positive attitudes towards professional counseling than did British students. These researchers also found that a high level of self-disclosure was associated with positive attitudes, but only for U.S. subjects.

A similar study was done three years later, but this time the attitudes towards professional

counseling of U.S. and French females were compared (De Barbot, 1977). Results indicated that U.S. subjects had more positive attitudes than did their French counterparts. Further analyses revealed that French subjects were more preoccupied with coping alone and maintaining their independence as well as with being perceived as strong. They were less tolerant of the social stigma attached to mental illness and were less confident in mental health practitioners. U.S. participants also reported higher levels of emotional openness (De Barbot, 1977).

The attitudes of New Zealanders toward seeking professional counseling have also been examined. In one study, Surgenor (1985) found that lower educational levels, previous psychological services, and expectations of services to be free were significantly associated with negative attitudes towards seeking professional counseling. Younger male subjects were also more likely to have negative attitudes than women subjects. Another study done by Deane and Todd (1996) revealed that New Zealanders were more apt to seek professional counseling if they felt suicidal than if they were experiencing other personal problems. Likewise, a major deterrent to help-seeking was the low tolerance to the social stigma associated with receiving mental health services.

The attitudes of Nigerian international students towards seeking psychological help were examined by Adeyemi (1985). He discovered that 40% indicated avoidance of professional counseling and turned to friends and informal networks instead. Yeh (2002) examined the attitudes towards professional counseling of 594 students and found that gender, interdependent and independent self-construal and collective self-esteem were all significant predictors of help-seeking attitudes.

Several years later, Constantine et al. (2005) explored the cultural adjustment experiences of African students who sojourned to the U.S. to pursue academic studies. These African

international college students included college students from Kenya, Nigeria, and Ghana. Results indicated that these students also reported differences between pre-sojourn and post-sojourn perceptions of the U.S., perceived prejudice and discrimination, feelings of loneliness and isolation, and financial concerns. Despite these reported stressors, participants were not open to seeking professional counseling and preferred to manage problems on their own. Common themes which emerged are that (1) problems should be kept private or discussed only with family and friends, (2) strangers are incapable of helping them resolve their problems, and (3) problems should not be focused on for too long.

Research consistently shows that one's attitude towards seeking professional counseling influences help-seeking behaviors, compliance in treatment, and success after termination of services (DePaulo, 1982). However, a review of the counseling literature consistently shows that international students are more likely to harbor negative attitudes towards seeking professional counseling than their U.S. counterparts, and this in turn negatively impacts their help-seeking behaviors (Baysden, 2002).

Help-Seeking Attitudes and Behaviors of Caribbeans

Fatimilehin and Coleman (1999) conducted focus groups with 24 Afro-Caribbean parents in the U.K. They sought to unveil their perceptions about and preferences of mental health services. These researchers discovered that generally, participants knew very little about mental health services and about the distinctions between psychiatry and psychology. It was evident that participants were also extremely distrustful of mental health services with confidentiality of records being their number one concern. Several fears surrounding receiving treatment emerged including having their children taken away by "authorities", becoming institutionalized and losing control over their personal affairs (Fatimilehin and Coleman, 1999, p. 106). There was

also a strong stigma attached to receiving mental health services and participants feared being labeled negatively.

Focus group discussions also revealed that participants preferred to keep personal and family problems within the family. To cope with the challenges which accompanied migration, many turned to friends and family members for support rather than seek professional counseling. Many emphatically stated that "...what we Black people tend to do is to talk to each other... You don't go to the professionals" (Fatimilehin and Coleman, 1999, p. 111). Ethnic matching was also an important issue for participants as they believed that a black professional who was able to practice from a non-Eurocentric base would better understand their needs and circumstances (Fatimilehin and Coleman, 1999).

The British Fourth National Survey of ethnic minorities and mental health revealed that rates of depression were significantly higher for Caribbeans than for whites. Alarming, none of those who were clinically depressed were receiving anti-depressants or mental health services to manage their depressive symptoms (Nazroo, 1998). The annual prevalence of psychosis for Caribbeans in the U.K. was estimated at 75% higher than that of whites with Caribbeans who with comparable rates for those who were educated in Britain and migrant counterparts (Nazroo, 1998).

Halcon et al. (2003) examined adolescent health in 15,695 students representing 19 Caribbean countries. These students were between 10 and 18 years old with 78.5% being of African heritage. The results of this study revealed that one in six described themselves as terribly sad, angry, or irritable. Half of participants reported feelings of depression and one in six felt isolated and uncared for by friends. 15.9% of participants had been physically abused and 9.9% sexually abused. One in five males had carried weapons to school within the last thirty

days and one in ten males had been knocked unconscious in a fight and/or had been stabbed or shot. Two of five respondents reported having homicidal ideation and 12.1% had attempted suicide. 14.8% of respondents in the English-speaking Caribbean do not believe they will live to be 25 years old. Consistent with other research on ethnic minorities, only 11.5% of respondents had received medical health services whilst 36.2% sought medical services (Halcon et al., 2003).

Messent and Murrell (2003) assessed the appropriateness and accessibility of mental health services in the U.K to ethnic minority families. More specifically, their sample included Bangladeshi, African, Caribbean, and White U.K. participants. Results showed that Caribbeans were more likely to be referred for mental health treatment with more urgent problems and as a result were more likely to be seen by psychiatrists. These subjects were also more likely to maintain services two years later. Twenty-nine percent of Caribbeans were referred for behavioral problems, 21% for emotional problems, and 25% for other urgent mental health problems.

Marwaha and Livingston (2002) examined the help-seeking attitudes and behaviors of ethnic elders who were clinically depressed. Semi-structured qualitative interviews which included vignettes and open questions were used with 19 (10 clinically depressed) Black Caribbean and 21 (10 clinically depressed) White U.K. residents. Participants were provided with a description of someone suffering from a mental illness and then asked their opinions on what they believed had happened. With the depression vignette, the Caribbean sample was more likely to describe the problem in spirituality terms or as a result of a lack of contact with the family or community. Three of the depressed Caribbeans felt that the depressed individual could not be helped at all and 9 of the non-depressed Caribbeans felt that returning to the West Indies would alleviate the depression. Black Caribbeans also viewed mental illness as a moral failure

and extremely stigmatizing. Consulting with a General Practitioner was seen as more acceptable than receiving mental health services from a counselor or psychiatrist (Marwaha & Livingston, 2002).

In 2004, Day et al. investigated the risk behaviors and healthcare needs of homeless drug users in two Caribbean islands: St. Lucia and Trinidad. Seventy-four homeless individuals participated in this study. Results revealed that approximately 88% of respondents experienced symptoms which qualified them for at least one psychiatric disorder over the previous two years. Eighteen percent reported symptoms of schizophrenia, 64% depressive symptoms, 54% anxiety symptoms and 84% reported a low self-esteem. Despite these self-reported symptoms, only 20% had been institutionalized for mental illness and 88% of those with a mental health disorder were not currently taking prescribed medication. Sadly, 65% of respondents admitted to self-medicating with crack cocaine and marijuana.

McGovern and Hemmings (1994) examined the attitudes of Afro-Caribbeans and White British schizophrenia patients towards mental illness and psychiatric services. Patients were interviewed 5 to 10 years after their first admission. Black patients reported twice as many admissions than white patients. There was no statistically significant difference on measures of satisfaction, conceptualization, and attitudes towards mental illness and treatment services. However, more Afro-Caribbeans viewed psychiatric services as racists than Whites and Afro-Caribbeans were also more likely than Whites to associate the cause of mental illness with substance use.

Peluso and Blay (2004) systematically reviewed the perceptions of Latin Americans and Caribbeans towards mental health disorders. Their results revealed that the higher the socioeconomic status, the more positive the attitudes towards mental illness. In many cases,

schizophrenia was the most identified mental illness and behavioral disorders and alcoholism were less likely to be perceived as a mental health problem. In Dominica, the preferred source of treatment was from a General Practitioner (Peluso & Blay, 2004).

Ohene, Ireland and Blum (2005) examined the clustering of risk behaviors among Caribbean youth in about half of all Anglophone Caribbean islands. Participants of African descent comprised 78.5% of the sample. Results show that although there was a higher prevalence of all the risk factors (substance use, gang involvement, violence, running away, skipping school, and sexual activity) among males, there was a stronger association between variables among females.

Edge and Rogers (2005) examined Black Caribbean women's response to adversity and psychological distress. Using a mixed-method design, 200 women completed surveys and 12 Black Caribbean women were selected for in-depth interviews. Results showed that Black Caribbean women were significantly less likely than White British women to report symptoms of depression. Both antenatally and postnatally, Black Caribbean women were also significantly less likely to receive mental health treatment for depression than White British women. A general reluctance to acknowledge and discuss depression was prevalent with the Black Caribbean women who were interviewed. One respondent shared, "I do think Black people *get* depression, but I don't think we're allowed to *have* depression" (Edge & Rogers, 2005, p.19). Common reactions to dealing with stressors included: dealing with it, move along, solving problems on their own, being strong, and drawing on spiritual sources for emotional support.

In terms of help-seeking, spirituality was used as a means of coping rather than seeking professional counseling. Still, many view psychological distress as an indicator of moral weakness or that enduring this distress enhances their spirituality (Edge & Rogers, 2005). Fear of

being labeled as depressed and viewed as incompetent also hindered individuals from seeking professional counseling. Avoiding mental health services was also a means of preserving one's self-concept and perception of being able to cope with problems on their own. Common barriers to help-seeking, as cited by respondents, are a lack of knowledge about accessibility and availability of how mental health services, waiting lists, limited Black Caribbean counselors, and doubts about the professionalism of counselors (Edge & Rogers, 2005).

Summary of the Literature

This chapter presented a review of the literature as it relates to the contents of this study. More specifically this chapter reported findings from research which outlined factors that influence one's attitude towards seeking professional counseling. An extensive analysis of the literature revealed that international students and Caribbean college students encounter many stressors which are associated with college life, migration, and acculturation (Baysden, 2002). Failure to successfully resolve those stressors can threaten one's academic achievement, psychological health, and interpersonal relationships (Lafromboise, Coleman, & Gerton, 1993; Marsh, 1990; Roysircar, 2002).

Despite these major challenges, however, empirical evidence indicates that Caribbeans hold more negative attitudes towards professional counseling than Caucasians, Canadians, and White British subjects (Edge & Rogers, 2005). Some of the salient factors which have proven to impact one's attitude towards seeking counseling include stigma tolerance, perceived social support, anticipated risks and anticipated utility of seeking professional counseling, and one's level of emotional openness.

A review of the literature also highlights the paucity of mental health research on the Caribbean population. More specifically, identifying those factors which influence the attitudes

of Black Caribbean college students towards seeking professional counseling is lacking in the counseling literature and multicultural research. Many studies advocated for more diverse and multiculturally sensitive interventions aimed at ethnic minority college students (Kres, 1971; O'Sullivan & Lasso, 1992; Solomom, 1988; Watts, Scheffler, & Jewel, 1986). To design and target appropriate interventions for at-risk groups, empirical evidence of those factors which influence the attitudes towards seeking professional counseling is necessary.

Implications of this research include development of program interventions which are aimed at increasing treatment utilization, and facilitating the better conceptualization of those factors which influence or are more likely to influence help seeking. Kushner and Sher (1991) declared that mental health treatment is effective in reducing many of the negative symptoms of mental health problems. Therefore, it becomes our social and ethical responsibility as researchers and clinicians to develop programs aimed at improving help-seeking attitudes and increasing service utilization.

This study seeks to investigate what relationship exists among the variables for outcome expectations, emotional openness and the attitudes of English-Speaking Caribbean college students towards seeking professional counseling and the differences that exist in the attitudes towards seeking professional counseling between Caribbean college students in the U.S. and Caribbean college students in the Caribbean.

CHAPTER THREE METHODOLOGY

This study examined the role of outcome expectations and emotional openness in the attitudes towards seeking professional counseling of English-speaking Caribbean college students. More specifically, this study investigated the impact of stigma tolerance, anticipated risks and anticipated utility of seeking professional counseling, perceived social support and emotional openness on the attitudes towards seeking professional counseling of this population. Also analyzed were the impact of acculturation and the differences in attitudes towards seeking professional counseling of Caribbean college students who still reside in the Caribbean and those who migrated to the U.S. The terms West-Indian and Caribbean are used interchangeably.

This chapter presents the procedures and data collection methods which were employed throughout this study. A detailed description of participants, instruments, research questions, and hypotheses as well as data analyses which were used to investigate each research question are offered.

Research Questions and Hypotheses

There were two research questions examined in this study to explore those factors that influence the attitudes towards seeking professional counseling of English-Speaking Caribbean College students. To examine these research questions, four null hypotheses were investigated. These research questions and null hypotheses allowed the researcher to examine the role of acculturation and the differences in attitudes of those who still reside in the Caribbean and those who currently reside in the U.S.

Research Question One and Hypotheses

What relationship exists among the variables for outcome expectations, emotional

openness and the attitudes of English-Speaking Caribbean College students towards seeking professional counseling?

Null Hypothesis One: No relationship exists among the variables for outcome expectations (stigma, anticipated risk, anticipated utility, and perceived social support) and the attitudes of English-Speaking Caribbean college students towards seeking professional counseling.

Null Hypothesis Two: No relationship exists between emotional openness and the attitudes of English-Speaking Caribbean college students towards seeking professional counseling.

Null Hypothesis Three: No relationship exists among the variables for outcome expectations, emotional openness and the attitudes towards seeking professional counseling between English-Speaking Caribbean college students in the U.S. and the Caribbean.

Research Question Two and Hypotheses

What differences exist in the attitudes towards seeking professional counseling between Caribbean college students who reside in the U.S. and Caribbean college students who reside in the Caribbean?

Null Hypothesis One: No difference exists in the attitudes towards seeking professional counseling between English-speaking Caribbean college students who reside in the U.S. and those who reside in the Caribbean

Null Hypothesis Two: No relationship exists between length of stay in the U.S. and the attitudes towards seeking professional counseling of English-Speaking College students in the U.S.

Population

This study included Caribbean college students who are pursuing college degrees either in the West Indies or the United States. Although students varied in age, academic programs, and socio-economic status, they were all enrolled in full-time programs at their specific universities.

Criteria for inclusion in this study were:

1. All participants were born and raised in the English-Speaking Caribbean with both parents being of West Indian descent.
2. The Caribbean sample consisted of college students who had never *lived* outside the Caribbean region.
3. The U.S. sample consisted of college students who were born and raised in the Caribbean, and migrated to the U.S. to attend tertiary education. These students have lived only in the U.S. since leaving the Caribbean.

Participants

A systematic random sampling procedure was used with participants in this study. This method allowed the researcher to confidently generalize the results of this study to the larger population. A total of 500 usable questionnaires were utilized in this study (250 students from the Caribbean and 250 students attending universities in the U.S.). Five outliers were identified and removed from further analyses of the data. As a result, descriptive analyses revealed that 245 participants (49.5%) attended college and live in the Caribbean while 250 (50.5%) attended college and live in the United States. Male respondents accounted for 28% of the total number of respondents (N=139) and 72% (N=356) of participants were female. Participant ages ranged from 17 years to 58 years old with a mean age of 22.7 years. In terms of degree programs currently pursued, 89.9% of participants were enrolled in Bachelor's programs, 4.8% in Master's

Programs, 2.6% in Doctoral Programs and the rest enrolled in certificate and other academic programs. Analysis of the marital status of participants revealed that 88.5% of participants were single, 7.3% married, 3.2% living with a spouse, .2% widowed and divorced and .6% were separated.

The top presenting concerns as reported by participants included academics, family relationships, depression, adjustment to college, anger, low self-esteem and homesickness. The most common forms of help sought to manage these concerns were help from a close friend, family members, prayer and several participants felt they were strong enough to deal with it on their own. See Table 4.1 below for exact statistics of these variables.

Table 1: Frequencies of Key Demographic Variables

| Variable | Subgroup | N | % of total |
|----------------------------|-----------------------------|--------------|-------------------|
| Gender | Male | 139 | 28.1 |
| | Female | 356 | 71.9 |
| Degree Program | Bachelors | 445 | 89.9 |
| | Masters | 24 | 4.8 |
| | Doctoral | 13 | 2.6 |
| | Other | 13 | 2.6 |
| Marital Status | Single | 438 | 88.5 |
| | Married | 36 | 7.3 |
| | Cohabiting | 16 | 3.2 |
| | Separated | 3 | .6 |
| | Divorced | 1 | .2 |
| | Widowed | 1 | .2 |
| Sought Counseling | Yes | 248 | 50.1 |
| Types of Counseling | Academic | 67 | 13.5 |
| | Personal | 31 | 6.3 |
| | Career | 14 | 2.8 |
| | Couples | 10 | 2.0 |
| | Spiritual | 16 | 3.2 |
| Common Concerns | Academics | 340 | 68.7 |
| | Anger | 161 | 32.5 |
| | Family | 186 | 37.6 |
| | Depression | 186 | 37.6 |
| | Adjustment to Univ | 175 | 35.4 |
| | Homesickness | 134 | 27.1 |
| | Religious | 140 | 28.3 |
| | Friends | 136 | 27.5 |
| | Low self-esteem | 144 | 29.1 |
| | Types of Help Sought | Close Friend | 237 |
| Family | | 187 | 37.8 |
| Prayer | | 78 | 15.8 |
| Strong Enough | | 115 | 23.2 |
| Mental Health Svc | | 55 | 11.1 |

Results also show that there were 9 completed questionnaires collected from the institution in St. Lucia, 62 from Trinidad (University of the West Indies- St. Augustine Campus), 156 from Jamaica (University of the West Indies – Mona Campus), 182 from institutions in Florida, 29 from institutions in New York and 62 were collected via the online version of the

survey. Online respondents represented several Caribbean islands and US states.

Procedures

In the Caribbean, the researcher contacted the University of the West Indies (UWI) campuses in Jamaica and Trinidad to obtain approval to utilize student samples. Approval for use of the satellite UWI campus in St. Lucia was also sought. After permission was granted, the researcher identified several professors to assist with the administration of questionnaires. These researchers were all given uniform instructions and were trained on effective administration, collection, storage, and mailing of the questionnaires. Questionnaires were administered at the beginning of classes such as General Psychology and Business Management classes where a wide range of majors are usually represented.

In the U.S., the Caribbean Student Associations and International Student Associations were contacted to seek permission to access and utilize their member database. The majority of participants attended Florida universities and these participants were solicited during a general meeting of the particular Association. More specifically, Caribbean students from the University of Central Florida (UCF), Bethune Cookman College (BCC), Florida International University (FIU), University of Florida (UF) and Florida State University (FSU) were contacted. U.S. participants were also obtained during the Semi-Annual Florida-Caribbean college student conference which was held in Gainesville, Florida in October 2006. Caribbean students from New York University and Monroe College in New Rochelle, New York also participated in this study and followed the same protocol as other locations.

Data collection for this study began in October 2006, and was completed in January 2007. Letters were sent to the Faculty of Social Sciences at the University of the West Indies in Jamaica, Trinidad, and satellite campus in St. Lucia, outlining the goals of this study and seeking

approval to collect data on their respective campuses.

Upon receipt of approval, two faculty members on each campus were contacted and an appointment was scheduled to meet with them. The data collection procedures were explicitly outlined and uniform instructions were provided to each researcher. Procedures such as timing of data collection, confidentiality of data and obtaining informed consent from each participant were also emphasized during these meetings. Researchers were instructed to administer questionnaires at the beginning of classes and a list of frequently asked questions and the answers was made available to each to assist with participant questioning. Data collection, storage, and mailing procedures were also detailed during these meetings. The primary researcher of this study personally administered and collected data in Jamaica.

In Florida, the researcher attended general meetings of Caribbean Student Associations on each of the campuses outlined previously as well as the semi-annual Florida Caribbean Student Conference. Prospective participants received packets which included the informed consent and copies of each of the instruments. The instruments included a demographic questionnaire designed by the researcher, the Attitudes towards Seeking Professional Psychological Help (ATSPPH), the Stigma Scale for Receiving Psychological Help (SSRPH), the Disclosure Expectations Scale (DES), the Distress Disclosure Index (DDI) and the Multidimensional Scale of Perceived Social Support (MSPSS).

Participation in this study was completely voluntary and this was consistently emphasized to participants. The researcher adhered to the guidelines and procedures which were approved by the Institutional Review Board (IRB) at the University of Central Florida. All participants read and signed the Informed Consent before completing and submitting the questionnaires. The design and preparation of this study ensured that the data collection

procedures and information imparted both in the Caribbean and the U.S were all homogenous.

Participants were also free to withdraw or refuse to answer any of the questions at any time. Due to cultural considerations, confidentiality and anonymity of responses were repeatedly reiterated and assured by the researcher and storage procedures and methods of reporting were discussed in detail with participants.

Instrumentation

The instruments which were used in this study were selected following a systematic and careful review of the counseling literature. After analyzing the literature, the researcher identified several variables which proved to be pertinent to the goals of this study. Instruments were selected based on the applicability to the content of this study as well as based on the psychometric properties of each instrument. To the extent possible, every attempt was made to obtain instruments which had been normed not only on college populations, but on diverse populations as well. Five instruments were selected and were used in this study.

Demographic Questionnaire

The demographic questionnaire was developed by the researcher and was used to gather demographic data about each participant. Each of the variables included in this questionnaire was based on findings of key studies which examined the attitudes towards seeking professional counseling of international students and minority populations. Although the results of reviewed studies generally vary, the main intervening variables identified and included in this instrument were age, gender, country of birth and citizenship, marital status, level of acculturation and help-seeking preferences.

Attitude towards Seeking Professional Psychological Help (ATSPPH)

The Attitudes towards Seeking Professional Psychological Help (ATSPPH) Instrument

was designed by Fischer and Turner (1970) to explore the relationship between attitudes towards seeking professional help to other explanatory variables. This measure consists of 29 items- 18 of which are negatively stated and 11 are positively stated and are presented on a 4-point Likert-type scale ranging from Strongly Agree to Strongly Disagree.

The ATSPPH scale includes four subscales: *Need* (recognition of personal need for professional help, 8 items), *Stigma* (tolerance of the stigma associated with psychological help, 5 items), *Openness* (interpersonal openness regarding one's problems, 7 items), and *Confidence* (confidence in the ability of the mental health professional to be of assistance, 9 items). Sample items include "*Emotional difficulties like many things, tend to work out by themselves*" and "*There are experiences in my life I would not discuss with anyone.*"

This scale was standardized mainly on samples of college students varying in age, background, and institutional affiliations. ATSPPH is generally shown to possess good psychometric properties. The internal reliability of the scale computed for the standardization sample of 212 was .86. On a later sample of 406 subjects, the reliability estimate was computed at .83. Both of these estimates suggest moderately good consistency of response within the whole scale. This instrument has also reported a test-retest stability coefficient of .83. Internal consistency for this measure is reported as follows: Factor I (need), $r=.67$; Factor II (stigma), $r=.70$; Factor III (openness), $r=.62$; and Factor IV (confidence), $r=.74$. For whole scale, $r=.83$. The Cronbach's Alpha Reliability for this instrument with this sample is .835.

Although the test seemed to be multidimensional the subscales used to measure those dimensions lack internal consistency. The inter-correlations were low ranging from .25 (openness-confidence) to .35 (stigma-confidence), with the exception of need and confidence which correlated to .58. This suggests that the four factors are reasonably independent. Because

of this, the authors suggest using total scale scores as opposed to subscale scores for a uni-dimensional measure of help-seeking orientation.

ATSPPH discriminated significantly on an empirical (“known-groups”) basis-- between those who have experienced prior contact and those who have not (for males, $p < .001$; for females, $p < .0001$). The construct validity of the ATSPPH was found in that the total ATSPPH scores correlated positively and significantly ($r = 0.49$) with another help-seeking scale, the Help-Seeking Attitude Scale (Poltkin, 1983). Also, the construct validity of the ATSPPH was supported by the finding that the ATSPPH-Shorten Scale (Fischer & Farina, 1995) displayed significant point-biserial correlations between those who had sought help and those who had not, $r = 0.24$, $p = 0.03$ for women, $r = 0.49$, $p = 0.0001$ for men, and $r = 0.39$, $p < .0001$ overall (Komiya, Good, & Sherrod, 2000).

The ATSPPH is a self-report measure which can be completed in about 5-10 minutes. In terms of scoring, the responses are arranged in a 4-point Likert-type format and scores range from 0-87. A high score indicates a more positive attitude towards seeking professional psychological help. The total score is obtained by adding up all items. Scoring this measure is simple and quick.

Several authors have adapted this instrument by substituting the words “Psychiatrist” with the words “psychologist-counselor” and substituting the term “mental health center” with the more contemporary term “counseling center,” to make the scale more relevant to college students and present time (Atkinson & Gim, 1989). These authors report that the instrument remained valid and a good psychometric measure of one’s attitudes towards seeking professional help. This scale was later dubbed the Attitudes towards Seeking Professional Counseling Help (ATSPCH). This revision was adopted by the present study.

Stigma Scale for Receiving Psychological Help (SSRPH)

This instrument was designed by Komiya, Good, and Sherrod (2000), to assess an individual's perception of how stigmatizing it is to receive psychological treatment. The SSRPH consists of five items which are scored on a Likert-type scale ranging from strongly disagree to strongly agree. The items are summed and higher scores indicate a greater perception of stigma associated with receiving psychological help. A sample item is "*It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems.*"

The coefficient alpha for the SSRPH is .72 which indicates a reasonably sound level of internal consistency. Further support for the construct validity of the instrument was provided by the findings that the SSRPH correlated negatively with the Attitudes toward Seeking Professional Psychological Help: Short Form (ATSPPH-S) ($r = -.40, p < .0001$). This suggests that the lower the perceived social stigma, the more positively an individual feels about seeking psychological help. Item and factor analyses further indicate that women ($M = 5.10, SD = 2.88$) scored lower than men ($M = 6.86, SD = 3.03$), $F(1, 298) = 26.3, p < .0001$ on the SSRPH. The Cronbach's Alpha Reliability for this instrument with this sample is .750.

Disclosure Expectations Scale (DES)

The Disclosure Expectations Scale (DES) was used to measure an individual's perception of anticipated risk and anticipated utility of seeking professional counseling. The DES was designed by Vogel and West (2003), and consists of 8 items which assess an individual's expectations about the outcomes of talking about an emotional problem with a counselor. Both subscales consist of four items which are rated on a 5-point Likert-type scale ranging from 1 (not at all) to 5 (very). Participants' responses are summed for each subscale and lower scores represent less anticipated risk and less anticipated utility (Vogel & Wester, 2003). A sample item

for the anticipated utility subscale is “How likely would you get a useful response if you disclosed an emotional problem you were struggling with to a counselor?” A sample item for Anticipated Risk is “How risky would it feel to disclose your hidden feelings to a counselor?” Initial factor analyses of the measure revealed an internal consistency of .83 for Anticipated Utility and .74 for Anticipated Risk (Vogel & West, 2003). However, a subsequent study produced an internal consistency of .81 for Anticipated Utility and .80 for Anticipated Risk (Vogel, West, Wei, & Boysen, 2005). Both subscales have also been found to correlate with measures of self-disclosure and self-concealment as well as with social support and psychological distress (Vogel & Wester, 2003). The Cronbach’s Alpha Reliability for this instrument with this sample is .790 for Anticipated Risk and .730 for Anticipated Utility.

Distress Disclosure Index (DDI)

The Distress Disclosure Index (DDI) was used in this study to assess each participant’s level of self-disclosure and self-concealment. This instrument was designed by Kahn and Hessling (2001) and consists of twelve items which are rated on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Six items are reverse scored. A sample item is “*I prefer not to talk about my problems.*”

Factor loadings for items on the DDI range from .61 (Item 1) to .84 (Item 9), with a median factor loading of .73. Internal consistency for the final 12-item scale is .94 with a Cronbach’s Alpha of .93 at Time 1 and .95 at Time 2. The Cronbach’s Alpha Reliability for this instrument with this sample is .898. Convergent validity of the DDI was supported by the gender differences in responses on this instrument with women reporting a greater tendency to disclose distressing information. The DDI also correlated positively with self-disclosure measures, measures of social support, extraversion and positive affect. Likewise, the Distress Disclosure

Index (DDI) negatively correlated to measures of self-concealment. This instrument also correlated weakly with neuroticism and social desirability thus establishing discriminant validity for this measure.

Multidimensional Scale of Perceived Social Support (MSPSS)

This instrument was designed to measure one's perceived social support (Zimet, Dahlem, Zimet, & Farley, 1988). The MSPSS consists of 12 items and measures perceived social support from three main sources: family, friends, and a significant other. This instrument has been studied with diverse samples including college students from ethnically and socioeconomically diverse backgrounds.

By summing the individual items and dividing by the number of items, this instrument provides both subscale and total scores. Higher scores suggest higher perceived support. The authors report that the MSPSS has excellent internal consistency, with alphas of .91 for the total scale and .90 to .95 for the subscales. The Cronbach's Alpha Reliability for this instrument with this sample is .934. The instrument also has good factorial and concurrent validity as it correlates with depression and degree of coronary artery disease in Type A patients (inverse correlations).

Variables

The variables which were used in this study were selected following a careful review of the literature as it pertains to the attitudes towards seeking professional counseling. Researchers propose several different factors as influencing one's attitude towards seeking professional counseling. This study will focus more specifically on the role of stigma tolerance, anticipated risk and anticipated utility of seeking professional counseling, perceived social support and emotional openness.

Independent Variables

This study investigated the impact of five independent variables (stigma tolerance, anticipated risks and anticipated utility of seeking professional counseling, perceived social support and level of emotional openness). The Role of Social Stigma was obtained by summing participants' responses on the Stigma Scale for Receiving Psychological Help (SSRPH) (Komiya, Good, & Sherrod, 2000). This scale consists of five items arranged on a Likert-type scale. Anticipated risks and anticipated utility of seeking professional counseling were measured by using the total score on the Disclosure Expectations Scale (Vogel & West, 2003). This instrument contains eight items. The level of emotional openness for each participant was measured using the total score obtained from the Distress Disclosure Index (Kahn & Kessler, 2001). This instrument consists of 12 items. The final independent variable, perceived social support was measured using the total score obtained from the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988).

Dependent Variable

Participants' attitudes towards seeking professional counseling was measured using the Attitude towards Seeking Professional Psychological Help Instrument (Fischer & Turner, 1970). This instrument consists of four subscales (Recognition of Need, Stigma Tolerance, Interpersonal Openness and Confidence in mental health professionals) and a total of 29 items. Responses for each item were summed to produce a total score for the entire instrument. This total score was used as the dependent variable for this study. This allowed the researcher to investigate the impact of outcome expectations and emotional openness on the attitudes towards seeking professional counseling of English-speaking Caribbean college students.

Research Design

The purpose of this study was to examine the role of outcome expectations and emotional openness on the attitudes towards seeking professional counseling of English-Speaking Caribbean college students in the U.S. and the Caribbean. Two research questions were investigated.

Research Question One and Hypotheses

What relationship exists among outcome expectations, emotional openness and the attitudes of English-Speaking Caribbean college students towards seeking professional counseling?

Null Hypothesis One: No relationship exists among the variables for outcome expectations and the attitudes of Caribbean college students towards seeking professional counseling.

A stepwise multiple regression analysis was used to examine this relationship. According to Smith and Glass (1987), regression analyses use the correlation between two variables to predict one from the other. A stepwise regression is generally used to identify a subset of independent variables that are useful in predicting the dependent variable and to eliminate those independent variables that do not provide additional prediction to the independent variables already in the equation (Tabachnick & Fidell, 2007, p. 140). The independent variables are stigma tolerance, anticipated risk and anticipated utility and perceived social support. The dependent variable is the attitudes towards seeking professional counseling as computed by the Attitude towards Seeking Professional Psychological Help (ATSPPH) instrument (Fischer & Turner, 1970).

Null Hypothesis Two: No relationship exists between emotional openness and the

attitudes of English-Speaking Caribbean college students towards seeking professional counseling.

To investigate this relationship, a linear regression was used. A linear regression analysis allows the researcher to examine the relationship between one dependent variable and one independent variable (Tabachnick & Fidell, 2007). The independent variable is emotional openness measured by the Distress Disclosure Index (DDI) (Kahn & Hessling, 2001). The dependent variable is the attitudes towards seeking professional counseling as measured by the ATSPPH (Fischer & Turner, 1970).

Null Hypothesis Three: No relationship exists among the variables for outcome expectations, emotional openness and the attitudes towards seeking professional counseling between Caribbean college students who reside in the U.S. and Caribbean college students who reside in the Caribbean.

A Multivariate Analysis of Variance (MANOVA) was used to measure the relationship between these variables. A One-Way MANOVA tests the hypothesis that the population means for the dependent variables are the same for all levels of a factor (Green & Salkind, 2005). The independent variables are the variables for outcome expectations (social stigma, anticipated risk, anticipated utility and perceived social support), emotional openness and the total score for attitudes towards seeking professional counseling. The dependent variable is the current residence of students (U.S. or Caribbean).

Research Question Two and Hypotheses

What differences exist in the attitudes towards seeking professional counseling between Caribbean college students in the U.S. and Caribbean college students in the Caribbean?

Null Hypothesis One: No difference exists in the attitudes towards seeking professional

counseling between Black English-speaking college students in the U.S. and the Caribbean.

An Analysis of Variance (ANOVA) was used to measure the differences in attitudes of the two groups being studied. An ANOVA is a statistical procedure used to compare two or more means to determine whether there are any statistically significant differences among them (Tabachnick & Fidell, 2007). The dependent variable is the attitudes towards seeking professional counseling while the independent variable is the residence of students (U.S. or Caribbean).

Null Hypothesis Two: No relationship exists between length of stay in the U.S. and the attitudes towards seeking professional counseling of English-Speaking College students in the U.S.

To examine this relationship, a linear regression analysis was used. The dependent variable was the total score obtained from the Attitudes towards Seeking Professional Psychological Help (ATSPPH) Instrument. The independent variable under investigation was length of stay in the U.S. This was derived from responses on the demographic questionnaire.

Conclusion

The purpose of this study was to determine the role of outcome expectations and emotional openness on the attitudes towards seeking professional counseling in English-Speaking Caribbean college students in the U.S. and the Caribbean. More specifically, the independent variables under investigation in this study were (1) stigma tolerance, (2) anticipated risks and anticipated utility of seeking professional counseling, (3) perceived social support and (4) emotional openness. Participants' attitudes towards seeking professional counseling as measured by the ATSPPH was the dependent variable in this study. Two research questions were used to allow the researcher to satisfy the purpose of this study.

CHAPTER FOUR RESULTS

This study investigated the role of the variables for outcome expectations and emotional openness in the attitudes towards seeking professional counseling of English-speaking Caribbean College students. More specifically, this study examined the impact of stigma tolerance, anticipated risks and anticipated utility of seeking professional counseling, perceived social support and emotional openness on the attitudes towards seeking professional counseling of this population. This study also analyzed the impact of acculturation and the differences in attitudes towards seeking professional counseling of Caribbean College students who still reside in the Caribbean and those who've migrated to the U.S. Two research questions and five hypotheses were developed to investigate these areas.

Research Questions and Hypotheses

Research Question One: What relationship exists among the variables for outcome expectations, emotional openness and the attitudes towards seeking professional counseling of English-speaking Caribbean College students?

Null Hypothesis One:

There is no relationship between the variables for outcome expectations and the attitudes towards seeking professional counseling of English-speaking Caribbean College Students. To investigate this hypothesis a step-wise regression analysis was used. The dependent variable was the attitudes towards seeking professional counseling while the independent variables were stigma tolerance, anticipated risks and anticipated utility of seeking professional counseling and perceived social support.

Null Hypothesis Two:

No relationship exists between emotional openness and the attitudes towards seeking professional counseling of English-speaking Caribbean College Students. To investigate this hypothesis, a linear regression analysis was used. The dependent variable was the attitudes towards seeking professional counseling while the independent variable was the level of emotional openness.

Null Hypothesis Three:

No relationship exists among the variables for outcome expectations, emotional openness and the attitudes towards seeking professional counseling between English-speaking Caribbean College students in the U.S. and the Caribbean. A Multivariate Analysis of Variance (MANOVA) was used to investigate this hypothesis. The dependent variables were attitudes towards seeking professional counseling, the variables for outcome expectations and emotional openness while the independent variable was residence (U.S. or Caribbean).

Research Question Two: What differences exist in the attitudes towards seeking professional counseling between English-speaking Caribbean College students who live in the U.S. and those who live in the Caribbean?

Null Hypothesis One:

No difference exists in the attitudes towards seeking professional counseling between English-Speaking College students in the U.S. and the Caribbean. An Analysis of Variance (ANOVA) was used to investigate this hypothesis. The dependent variable was the attitudes towards seeking professional counseling while residence (U.S. or Caribbean) was the independent variable.

Null Hypothesis Two:

No relationship exists between length of stay in the U.S. and the attitudes towards seeking professional counseling of English-speaking Caribbean College students. A linear regression analysis was used to investigate this hypothesis. The dependent variable was the attitudes towards seeking professional counseling while the independent variable was length of stay in the U.S.

Nine completed questionnaires were collected from the institution in St. Lucia, 62 from Trinidad (University of the West Indies- St. Augustine Campus), 156 from Jamaica (University of the West Indies – Mona Campus), 182 from institutions in Florida, 29 from institutions in New York and 62 were collected via the online version of the survey. Online respondents represented several Caribbean islands and US states.

Preliminary Analysis

A preliminary analysis of the data (n=500) indicated no missing data. Five outliers were identified as they all reported a studentized residual of 3.0 and above. These five outliers were removed from the database and a new N of 495 was used in the remainder analyses. These analyses also included an examination of a case analysis to indicate whether there were any individual observations which were problematic. Assessments of the validity of individual assumptions specific to each analysis were also conducted, and are presented with each hypothesis below. Preliminary analyses were conducted and included an analysis of data, a case analysis of problematic individual observations, and an assessment of possible violations of the regression assumptions.

There were no concerns with multicollinearity as the correlations between the predictor variables were not large enough. Tabachnik & Fidell (1995) suggest that bivariate correlations

above .90 are needed for the effects of multicollinearity to become apparent while Grim & Yarnold (1998) suggest a bivariate correlation of .80. All correlations presented in Table 4.2 are well below .80.

Results of Data Analysis

The correlation matrix among the variables of interest is presented in Table 4.2 and the means and standard deviations are presented in Table 4.3. Sample means and standard deviations for the variables of Outcome Expectations are: Stigma Tolerance $M=11.12$, $SD=2.72$; Anticipated Risk (AR) $M=13.51$, $SD=3.53$; Anticipated Utility (AU) $M=13.47$, $SD=3.06$ and Perceived Social Support (SS) $M=59.38$, $SD=16.62$. Means and standard deviations for Emotional Openness are (EO) $M=29.91$, $SD=6.94$ and Attitudes towards seeking professional counseling $M=78.58$, $SD=10.19$.

Table 2: Pearson Correlation Coefficients among Variables of Interest

| | EO | Stigma | AR | AU | SS | Attitudes |
|------------------|-----------|---------------|-----------|-----------|-----------|------------------|
| EO | 1 | -.12(*) | -.24(*) | .07 | .33(**) | .32 (**) |
| Stigma | | 1 | .09(*) | -.01 | -.21(**) | -.38(**) |
| AR | | | 1 | .22(**) | -.03 | -.20(**) |
| AU | | | | 1 | .08 | .24(**) |
| SS | | | | | 1 | .27(**) |
| Attitudes | | | | | | 1 |

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

EO= Emotional Openness

AR= Anticipated Risk

AU= Anticipated Utility

SS= Social Support

Table 3: Means and Standard Deviations among Variables of Interest

| Variables | M | US | Caribbean | SD |
|----------------------------|----------|-----------|------------------|-----------|
| Emotional Openness | 29.91 | 30.02 | 29.80 | 6.94 |
| Stigma Tolerance | 11.12 | 11.59 | 10.75 | 2.72 |
| Anticipated Risk | 13.51 | 13.36 | 13.65 | 3.53 |
| Anticipated Utility | 13.47 | 13.10 | 13.84 | 3.06 |
| Social Support | 59.38 | 59.41 | 59.36 | 16.62 |
| Attitudes | 78.58 | 77.00 | 80.20 | 10.19 |

Testing for Hypothesis One

The first hypothesis used to investigate research question one was that there is no relationship among the variables for outcome expectations (Stigma Tolerance, Anticipated Risk, Anticipated Utility and Perceived Social Support) and the attitudes towards seeking professional counseling among English-Speaking Caribbean College students.

Preliminary Analysis

None of the assumptions for this analysis was violated. The assumptions are as follows: It was assumed that for every independent variable combination, the residuals are normally and independently distributed with a mean of zero and a constant variance. In addition it was assumed that there is no measurement error in the independent variables. As part of these preliminary analyses, a visual examination of the histogram showed that the data was normally distributed. Preliminary analyses also confirmed that all regression assumptions had been met. The case analysis of the data was necessary to determine whether there were any outlier observations as well as whether there were individual observations which exerted excessive influence on any of the regression results (Tate, 1998).

Results of the Study

A stepwise regression analysis was used to investigate this hypothesis and to determine the predictive power of each of the independent variables (stigma tolerance, anticipated risk, anticipated utility and perceived social support) on the dependent variable (attitudes towards seeking professional counseling).

The overall model results indicated that all four variables for outcome expectations together statistically significantly predict the attitudes towards seeking professional counseling of English-speaking Caribbean college students [$F(1, 490) = 19.16, p < .01$].

Table 4: The Overall Relationship between Outcome Expectations and Attitudes

| | R | F | df1 | df2 | Sig. |
|---|----------|----------|------------|------------|-------------|
| 1 | .375(a) | *80.59 | 1 | 493 | .000 |
| 2 | .443(b) | *34.35 | 1 | 492 | .000 |
| 3 | .499(c) | *34.01 | 1 | 491 | .000 |
| 4 | .526(d) | *19.16 | 1 | 490 | .000 |

* $p < .01$

a Predictors: (Constant), Total SSRPH Score

b Predictors: (Constant), Total SSRPH Score, Total Anticipated Utility Score

c Predictors: (Constant), Total SSRPH Score, Total Anticipated Utility Score, Total Anticipated Risk Score

d Predictors: (Constant), Total SSRPH Score, Total Anticipated Utility Score, Total Anticipated Risk Score, Total MSPSS Score

e Dependent Variable: Total ATSPCH Score

The analysis also revealed that anticipated risk had an inverse statistically significant relationship with attitudes towards seeking professional counseling [$F(3, 491) = 54.16, p < .01$].

This suggests that students who perceived greater levels of risks associated with seeking professional counseling also reported less positive attitudes towards seeking professional counseling. Stigma tolerance also reported an inverse statistically significant relationship with

attitudes towards seeking professional counseling [F (1,493) = 80.60, p<.01]. This also suggests that students with greater perceptions of stigma associated with seeking professional counseling also reported less positive attitudes towards seeking professional counseling.

Perceived social support also proved to be a statistically significant predictor of the attitudes towards seeking professional counseling of English-speak Caribbean College students [F (4, 490) =46.91, p<.01]. Anticipated Utility was also a statistically significant predictor of attitudes towards seeking professional counseling [F (2, 492) =60.20, p<.01]. Therefore, the results show that there is a statistically significant relationship between the variables for outcome expectations (Stigma Tolerance, Perceived Social Support, Anticipated Risk, Anticipated Utility) on the attitudes towards seeking professional counseling with the overall model contributing significantly to the dependent variable. The results therefore failed to support the null hypothesis.

Table 5: Relationship among Variables for Outcome Expectations

| Model | | Sum of Sq | df | F | Sig. |
|--------------|------------|------------------|-----------|----------|-------------|
| 1 | Regression | 7212.89 | 1 | *80.59 | .000(a) |
| | Residual | 44123.39 | 493 | | |
| 2 | Regression | 10092.61 | 2 | *60.20 | .000(b) |
| | Residual | 51336.27 | 492 | | |
| 3 | Regression | 12764.30 | 3 | *54.16 | .000(c) |
| | Residual | 38571.97 | 491 | | |
| 4 | Regression | 14216.02 | 4 | *46.91 | .000(d) |
| | Residual | 37120.25 | 490 | | |

*p<.01

a Predictors: (Constant), Total Stigma Score (ST)

b Predictors: (Constant), Total ST Score, Total Anticipated Utility (AU) Score

c Predictors: (Constant), Total ST Score, Total AU Score, Total Anticipated Risk (AR) Score

d Predictors: (Constant), Total ST Score, Total AU Score, Total AR Score, Total Social Support Score

f Dependent Variable: Total Attitudes Score

The prediction equation for the standardized variable is as follows:

$$\text{Attitudes towards seeking professional counseling} = -.31 (\text{Stigma Tolerance}) + .27 (\text{Anticipated Utility}) - .28 (\text{Anticipated Risk}) + .17 (\text{Perceived Social Support}).$$

Testing for Hypothesis Two

The second hypothesis used to investigate the first research question was that no relationship exists between emotional openness and the attitudes of English-speaking College students towards seeking professional counseling.

Preliminary Analyses

Preliminary analyses were conducted and included an analysis of missing subjects and data, a case analysis of problematic individual observations, and an assessment of possible violations of the regression assumptions. None of the assumptions for this analysis was violated. The assumptions are as follows: It was assumed that for every independent variable combination, the residuals are normally and independently distributed with a mean of zero and a constant variance. In addition it was assumed that there is no measurement error in the independent variables. As part of these preliminary analyses, a visual examination of the histogram showed that the data was normally distributed. Preliminary analyses also confirmed that all regression assumptions had been met.

Results of the Study

A linear regression was conducted to evaluate how well the level of emotional openness predicted the attitudes towards seeking professional counseling of English-speaking Caribbean College students. The predictor was the level of emotional openness while the criterion variable was the attitudes towards seeking professional counseling. The linear relationship of emotional

openness was statistically significantly related to the attitudes towards seeking professional counseling [F (1, 493) =55.67, p<.01]. The results therefore show that emotional openness is a statistically significant predictor of the attitudes towards seeking professional counseling of English-speaking Caribbean College students. Therefore, the results failed to support the null hypothesis.

Table 6: Overall Model for Emotional Openness and Attitudes

| | R | F | df1 | df2 | Sig. |
|---|----------|----------|------------|------------|-------------|
| 1 | .319(a) | *55.67 | 1 | 493 | .000 |

*p<.01

a Predictors: (Constant), Total DDI Score

b Dependent Variable: Total ATSPCH Score

Table 7: Correlation between Emotional Openness and Attitudes

| | Variables | Attitudes | EO |
|---------------------|--------------------|------------------|-----------|
| Pearson Correlation | Total ATSPCH Score | 1.000 | .319 |
| | Total DDI Score | .319 | 1.000 |
| Sig. (1-tailed) | Total ATSPCH Score | . | .000 |
| | Total DDI Score | .000 | . |
| N | Total ATSPCH Score | 495 | 495 |
| | Total DDI Score | 495 | 495 |

EO = Emotional Openness

Testing for Hypothesis Three

The third hypothesis used to investigate the first research question was that no relationship exists among the variables for outcome expectations, emotional openness and the attitudes towards seeking professional counseling between English-Speaking Caribbean College students who reside in the US and those who reside in the Caribbean.

Preliminary Analysis

Preliminary analyses of the data confirmed that most assumptions for the Multivariate Analysis of Variance (MANOVA) were met. The assumptions were as follows: (1) the dependent variables were multivariately normally distributed for each population, with the different populations being defined by the levels of the factor and (2) the participants were randomly sampled and the score on a variable for any one participant is independent from the scores on this variable for all other participants.

Results indicated that the test for homogeneity of dispersion matrices was significant [$F(21, 893166.3)=2.40, P<.01$]. This suggests that the covariances among the dependent variables are not the same for all groups. This violation of homogeneity can usually be corrected by using a more stringent power level such as .01 for severe violation (Tabachnick & Fidell, 2007). The Pillai's criterion instead of Wilk's Lambda will be used to evaluate multivariate significance (Tabachnick et al., 2007) in an effort to control for this violation of homogeneity.

Results of the Study

A MANOVA analysis was performed on six dependent variables: stigma tolerance, attitudes towards seeking professional counseling, level of emotional openness, perceived social support, anticipated risks, and anticipated utility of seeking professional counseling. The independent variable was residence of participants (U.S. or Caribbean). Significant differences were found between the residence and the dependent measures [Pillai's Trace= .053, $F 6, 488, p<.01$].

Table 8: Relationship between Residence and Dependent Variables

| Effect | Value | F | df1 | df2 | Sig. |
|----------------|-------|-------|------|--------|------|
| Pillai's Trace | .053 | *4.53 | 6.00 | 488.00 | .000 |

*p<.01

Analyses of variances (ANOVA) on each dependent variable were conducted as follow-up tests to the MANOVA. Using the Tukey Method, each ANOVA was tested at the .01 level. The ANOVA on the following dependent variables were significant: Stigma Tolerance [F (1, 493)=12.18, p=.001], Anticipated Utility [F (1,493)=7.35, p=.007] and Attitudes towards seeking professional counseling [F (1,493)=12.41, p=.000]. The following dependent variables were not statistically significant; Level of Emotional Openness [F (1,493)=.13, p=.72]; Anticipated Risk [F (1,493)=.83, p=.36] and Perceived Social Support [F (1, 493)=.295, p=.97].

Table 9: Tests of Between-Subjects of Dependent and Independent Variables

| | DV | SS | df1 | MS | F | Sig |
|------------------|-----------|----------|-----|---------|-------|------|
| Residence | EO | 6.21 | 1 | 6.21 | .13 | .72 |
| | ST | *88.38 | 1 | 88.38 | 12.18 | .001 |
| | AR | 10.34 | 1 | 10.34 | .83 | .36 |
| | AU | *67.92 | 1 | 67.92 | 7.35 | .007 |
| | SS | .30 | 1 | .30 | .001 | .974 |
| | Attitudes | *1260.68 | 1 | 1260.68 | 12.41 | .000 |

* p<.01

EO=Emotional Openness

ST= Stigma Tolerance

AR= Anticipated Risks

AU= Anticipated Utility

SS= Perceived Social Support

Attitudes= Attitudes towards Seeking Professional Counseling

These results suggest that residence of students (U.S. or Caribbean) is a statistically significant predictor of stigma tolerance, anticipated utility of counseling and attitudes towards seeking professional counseling of Caribbean college students. Conversely, residence of students (U.S. or Caribbean) was not a statistically significant predictor of level of emotional openness, anticipated risk of seeking counseling and perceived social support of Caribbean College students.

Further examination of the dependent variables was conducted to determine the exact effect of the residence of students on each of the dependent variables. The results indicated that students who attend college and reside in the Caribbean reported higher mean scores for Anticipated Risk ($M=13.65$, $SD=3.54$), Anticipated Utility ($M=13.84$, $SD=3.08$) and Attitudes towards Seeking Professional Counseling ($M=80.20$, $SD=10.34$). Students who attend college and reside in the U.S. reported higher mean scores for Emotional Openness ($M=30.02$, $SD=6.90$), Stigma Tolerance ($M=11.59$, $SD=2.57$) and Perceived Social Support ($M=59.41$, $SD=17.62$). This suggests that while the U.S. sample has a greater perception of stigma associated with receiving professional counseling, they also reported higher levels of social support and high levels of emotional openness. The results are presented in Table 4.10 below.

Table 10: Descriptive Statistics of Mean Scores of Dependent Variables by Residence

| | Residence | Mean | SD |
|----------------------------|------------------|-------------|-----------|
| Emotional Openness | Caribbean | 29.80 | 6.99 |
| | U.S. | 30.02 | 6.90 |
| Stigma Tolerance | Caribbean | 10.75 | 2.81 |
| | U.S. | 11.59 | 2.57 |
| Anticipated Risk | Caribbean | 13.65 | 3.54 |
| | U.S. | 13.36 | 3.53 |
| Anticipated Utility | Caribbean | 13.84 | 3.08 |
| | U.S. | 13.10 | 2.99 |
| Social Support | Caribbean | 59.36 | 15.57 |
| | U.S. | 59.41 | 17.62 |
| Attitudes | Caribbean | 80.20 | 10.34 |
| | U.S. | 77.00 | 9.82 |

Research Question Two: What differences exist in the attitudes towards seeking professional counseling between Caribbean college students in the U.S. and Caribbean college students in the Caribbean?

Testing for Hypothesis Four

The first null hypothesis used to investigate this research question was that no difference exists in the attitudes towards seeking professional counseling between English-Speaking College students in the U.S. and the Caribbean. A One-way Analysis of Variance (ANOVA) was used to examine this hypothesis.

Preliminary Analysis

A preliminary analysis revealed that the underlying assumptions for an ANOVA were met. The assumptions for a One-way ANOVA are as follows: (1) the dependent variable is normally distributed for each of the populations as defined by the different levels of the factor, (2) the variances of the dependent variable are the same for all populations, and (3) the cases represent random samples from the populations and the scores on the test variable are

independent of each other. The results of the preliminary analyses indicated that the dependent variable is normally distributed for each of the populations, the cases represent random samples from the populations and the scores on the test variable are independent of each other. A Levene's test was used to evaluate the assumption that the population variances for the two groups are equal. Because the results were nonsignificant ($p=.475$), it indicates that the equality-of-variance assumption was not violated as seen in Table 4.10.

Table 11: Levene's Tests of Equality

| F | df1 | df2 | Sig. |
|----------|------------|------------|-------------|
| .511 | 1 | 493 | .475 |

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.
a Design: Intercept+ID

Results of the Study

A one-way analysis of variance (ANOVA) was conducted to evaluate the difference in attitudes towards seeking professional counseling between English-speaking Caribbean College students who reside in the U.S. and the Caribbean. The dependent variable was the attitudes towards seeking professional counseling while the independent variable was the current residence of students (U.S. or Caribbean). The ANOVA was significant [$F(1, 493) = 12.41, P < .01$]. This suggests that there is a statistically significant difference in the attitudes towards seeking professional counseling between English-speaking Caribbean College students who reside in the U.S. and those who reside in the Caribbean. The results therefore do not support the null hypothesis under investigation.

Post hoc analyses could not be performed because there were fewer than three variables

in the independent variable. However, an examination of the reported mean scores in the attitudes towards seeking professional counseling of both groups provided further insight into answering the research question. The results in Table 4.11 indicated that Caribbean College students who reside and attend college in the Caribbean, reported more positive attitudes towards seeking professional counseling ($M=80.20$, $SD=10.34$) than those who live in the U.S. ($M=77.00$, $SD=9.82$).

Table 12: Descriptive Statistics of Attitudes towards Seeking Professional Counseling

| | N | Mean | SD |
|-----------|----------|-------------|-----------|
| Caribbean | 245 | 80.20 | 10.34 |
| U.S. | 250 | 77.00 | 9.82 |
| Total | 495 | 78.58 | 10.19 |

Dependent Variable- Attitudes towards seeking professional counseling

Testing for Hypothesis Five

The second null hypothesis used to investigate research question two was that no relationship exists between length of stay in the U.S. and the attitudes of English-Speaking Caribbean College students in the U.S.

Preliminary Analysis

Preliminary analyses confirmed that all assumptions for the Linear Regression were met. The assumptions for the regression analysis are follows: (1) the dependent variable is normally distributed, (2) the population variances of the dependent variable are the same for all combinations of levels of the independent variables, and (3) the cases represent a random sample from the population, and the scores are independent of each other.

Results of the Study

A linear regression analysis was used to evaluate how well the length of stay in the U.S. measures the attitudes towards seeking professional counseling of English-speaking Caribbean College students. The predictor was the length of stay in the U.S., while the criterion variable was the attitudes towards seeking professional counseling. The linear combination of these two variables was not statistically significant [$F(1, 493) = .021, p = .88$] indicating that length of stay in the U.S. was not a good predictor of one's attitudes towards seeking professional counseling.

A closer examination of the reported change in attitudes of students who live in the U.S. was conducted. This reported change in attitude was provided by participants as a response to a question in the demographic questionnaire. The exact question was "If you currently live in the U.S., how has your attitude towards seeking professional counseling changed?" The response options were (1) More positive, (2) More negative and (3) No Change. Results indicated that of the U.S. sample, 32% of respondents reported no change in their attitudes towards seeking counseling since living in the U.S. Also, 2.2% of respondents reported more negative attitudes since migrating to the U.S. and 16.4% reported more positive attitudes towards seeking professional counseling since living in the U.S. These findings lend further support of the linear regression analysis which found that length of stay in the U.S. is not a statistically significant predictor of the attitudes towards seeking professional counseling of English-speaking Caribbean College students. The results therefore support the null hypothesis.

Table 13: Relationship between Length of Stay in the U.S. and Attitudes

| | | SS | DF | MS | F | Sig. |
|---|------------|-----------|-----------|-----------|----------|-------------|
| 1 | Regression | 2.23 | 1 | 2.23 | .021 | .884(a) |
| | Residual | 5134/04 | 493 | 104.13 | | |
| | Total | 51336.27 | 494 | | | |

a Predictors: (Constant), If you currently live in the U.S., how long have you been there?

b Dependent Variable: Total ATSPCH Score

Conclusion

Two research questions were developed for this study and five hypotheses were formulated to assist in investigating these research questions. The first research question sought to uncover what relationship exists among the variables for outcome expectations, emotional openness and the attitudes towards seeking professional counseling of Caribbean College students. The results revealed that there is a statistically significant relationship between the above named variables and the attitudes towards seeking professional counseling. Stigma Tolerance and Anticipated Risks of seeking professional counseling were found to have an inverse relationship with attitudes towards seeking professional counseling while perceived social support, anticipated utility and emotional openness have a direct linear relationship with the attitudes towards seeking professional counseling. Residence of students (U.S. or the Caribbean) was also found to be a significant predictor of the variables of interest.

The second research question sought to examine what differences exist in the attitudes towards seeking professional counseling between English-speaking Caribbean college students in the U.S. and the Caribbean. The relationship between length of stay in the U.S. and attitudes towards seeking professional counseling was also investigated. The results indicated that there is a statistically significant difference in the attitudes towards seeking professional counseling of

English-speaking Caribbean College students in the U.S. and the Caribbean, with students in the Caribbean reporting more positive attitudes. Length of stay in the U.S. was not a statistically significant predictor of the attitudes towards seeking professional counseling of English-speaking Caribbean college students.

CHAPTER FIVE DISCUSSION

Research consistently shows that while international students face many challenges which threaten their psychological health and academic success, they are less likely than other students, to seek mental health services (Baysden, 2002; Kim & Omizo, 2003; Leong & Lau, 2001; Pandit, 2003) and when they do, are more apt to terminate services prematurely (Pedersen, 1991; Prieto, 1995). Several explanations have been posited for this service gap including incompatibility between the nature of Western Psychotherapy and minority cultures and the stigma attached to mental health (Komiya, Good, & Sherrod, 2000; Sheu & Sedlacek, 2002) in their home countries. Despite the wealth of knowledge which exists on the mental health needs and patterns of international students, very few researchers have focused on the Caribbean population and the factors which influence their attitudes towards seeking professional counseling. This study sought to examine several variables which are pervasive within the Caribbean culture and investigated the extent to which each of these influenced their attitudes towards seeking professional counseling.

The population of this study included English-speaking Caribbean College students who currently live either in the U.S. or the Caribbean. The researcher collected data during the Florida Caribbean Student Conference as well as on several campuses in both geographical regions. Data was also collected through an online survey which was disseminated to student listservs throughout the US and the Caribbean. A total of 495 completed and usable questionnaires were obtained for use in this study.

Attitudes towards seeking professional counseling were measured using the Attitudes towards Seeking Professional Counseling Instrument developed by Fisher & Turner (1970).

Stigma Tolerance was measured using the Stigma Scale for Receiving Psychological Help (SSRPH) developed by Komiya et al., (2000), Perceived Social Support was measured using the Multidimensional Scale of Perceived Social Support by Zimet et al. (1988), and Anticipated Risk and Anticipated Utility were measured using the Disclosure Expectations Scale (DES) designed by Vogel and West (2003). Emotional Openness was measured using the Distress Disclosure Index (DDI) by Kahn and Hessling (2001). The impact of acculturation was measured using the reported length of stay in the U.S. which was provided as a demographic variable.

This study examined the role of outcome expectations and emotional openness in the attitudes towards seeking professional counseling of English-speaking Caribbean College students. This study investigated the impact of stigma tolerance, anticipated risks and anticipated utility of seeking professional counseling, perceived social support and emotional openness on the attitudes towards seeking professional counseling of this population. The impact of acculturation and the differences in attitudes towards seeking professional counseling of Caribbean college students who still reside in the Caribbean and those who reside in the U.S. were also analyzed. This chapter presents a discussion of the results as well as implications for clinical practice and research and limitations of the study.

Research Questions & Hypotheses

The first research question was “What relationship exists among the variables for outcome expectations, emotional openness and the attitudes of English-Speaking Caribbean college students towards seeking professional counseling?”

To investigate this research question, the first hypothesis was that there is no relationship between the variables for outcome expectations and the attitudes towards seeking professional counseling of English-Speaking Caribbean college students. A step-wise regression analysis was

used to analyze this hypothesis. The dependent variable was the attitudes towards seeking professional counseling while the independent variables were the variables for outcome expectations (stigma tolerance, anticipated risks, anticipated utility and perceived social support).

The second hypothesis used to investigate research question one was that there is no relationship between emotional openness and the attitudes towards seeking professional counseling of English-Speaking Caribbean college students. A linear regression was used to analyze this hypothesis. The dependent variable was the attitudes towards seeking professional counseling while the independent variable was the level of emotional openness.

The third hypothesis used to investigate research question one was that no relationship exists among the variables for outcome expectations, emotional openness and the attitudes towards seeking professional counseling between English-Speaking Caribbean College students in the US and the Caribbean. A Multivariate Analysis of Variance (MANOVA) was used to investigate this hypothesis. The dependent variables were stigma tolerance, anticipated risks and anticipated utility, perceived social support, emotional openness and attitudes towards seeking professional counseling. The independent variable was residence of participants (U.S. or Caribbean).

The second research question which guided this study was “What differences exist in the attitudes towards seeking professional counseling between Caribbean college students in the U.S. and Caribbean college students in the Caribbean?” The first hypothesis developed to investigate research question two was that no difference exists in the attitudes towards seeking professional counseling between English-Speaking college students in the U.S. and the Caribbean. A One-Way Analysis of Variance (ANOVA) was used to analyze this hypothesis. The dependent variable was the attitudes towards seeking professional counseling while the independent

variable was the residence of participants (U.S. or Caribbean).

The second hypothesis developed to investigate research question two was that no relationship exists between length of stay in the U.S. and the attitudes towards seeking professional counseling of English-Speaking Caribbean college students in the U.S. A linear regression was used to investigate this hypothesis. The dependent variable was the attitudes towards seeking professional counseling, while the independent variable was the length of stay in the U.S.

Discussion Summary of Results for the Hypotheses

Two research questions and five null hypotheses were generated to investigate the factors which influence the attitudes towards seeking professional counseling of Caribbean College students. The variables of interest were: outcome expectations, emotional openness and acculturation. Outcome expectations were operationalized using four domains: Stigma Tolerance, Perceived Social Support, Anticipated Utility of Seeking Professional Counseling and Anticipated Risk of Seeking Professional Counseling.

Results were provided to reject all three null hypotheses for research question one. The analyses conducted to examine research question one revealed that the variables for outcome expectations together predict the attitudes towards seeking professional counseling of English-speaking Caribbean College students. Stigma tolerance and anticipated risk have an inverse relationship with attitudes suggesting that participants who reported more stereotypical opinions about mental illness also had more negative attitudes towards seeking professional counseling.

Participants who anticipated greater risk from seeking professional counseling reported more negative attitudes towards seeking professional counseling. These results also support existing research which purports that the anticipated risks of seeking professional counseling are

often perceived as worse than the problem itself, thus negatively affecting perceptions about counseling and hindering service utilization (Fisher et al., 1988). Anticipated utility had a direct relationship with attitudes towards seeking professional counseling. Thus participants who anticipated greater utility of counseling services also reported more positive attitudes (Andrews et al., 2001; Vogel et. al, 2005) towards seeking professional counseling.

The results for this hypothesis support existing research on the impact of outcome expectations on one's attitudes towards seeking professional counseling. Kushner and Sher (1991) identified anticipated risks of seeking professional counseling (including fear of embarrassment, fear of change and fears involving treatment stereotypes) as a major deterrent to seeking professional counseling. These authors along with several others examined and confirmed the inverse relationship which stigma has with one's attitudes towards seeking professional counseling (Deane & Chamberlain, 1994; Komiya, Good, & Sherrod, 2000; Kushner & Sher, 1991).

Sibicky and Dovidio (1986) examined whether stigmatization associated with mental health institutions also translates to university counseling centers. Their results showed that indeed the stigma extended to seeking counseling on college campuses as well. The Labeling Theory also lends support for these results and argues that individuals automatically assign preexisting stereotypes to mental health clients (Scheff, 1974). These individuals are seen as weak and incapable of resolving their own problems (Sibicky & Dovidio, 1986). In response, many clients internalize others' expectations of them, thus effecting further denigration in self-control and avoidance of mental health treatment (Jones et al., 1984).

These negative labels and preexisting stereotypes about mental health in general, and those seeking mental health services more specifically, are very prevalent in Caribbean societies.

It is therefore not surprising that the results of this study indicated that participants who have less negative opinions about seeking mental health also reported more positive attitudes towards seeking professional counseling. Caribbeans are generally very fearful of others knowing that they received professional help. Sixty-two percent of participants in this study reported that seeing a counselor for emotional or interpersonal problems carries social stigma. These negative attitudes were reported even by students who were pursuing counseling and psychology degrees. This attests to how influential this stigma is in the Caribbean. In many Caribbean islands, mental health programs are not as established as in the U.S. and as a result many Caribbeans are generally not educated about mental health and mental health treatment. Their knowledge of mental illness is limited to homeless individuals with schizophrenia and drug addictions.

There are also many myths and horror stories surrounding the inpatient mental institutions in these countries and these are often transferred to the young through story telling and humor. As a result of these, Caribbean college students would be fearful of visiting college counseling programs in particular, where the potential of being seen entering and leaving the counseling department is very likely. Also, there may also be the fear that their professors and other key professionals may be privy to this information. Mistrust of counseling programs and professionals is another key deterrent to seeking counseling. These explanations afford us a better conceptualization of why the stigma attached to seeking professional counseling is still so pervasive and powerful in the Caribbean, even among those pursuing counseling degrees.

The results of this study also support existing literature which states that individuals who anticipate positive outcomes from seeking professional counseling also have more positive attitudes towards seeking counseling (Vogel et al., 2005). These findings suggest that in the Caribbean, education and appropriate interventions aimed at reducing the anticipated risks of

seeking professional counseling programs can potentially improve the attitudes towards seeking professional counseling. These will be discussed later on this in this chapter.

The results also indicated that there is a direct relationship between emotional openness and attitudes towards seeking professional counseling. Emotional Openness refers to the degree to which one is comfortable with disclosing personally distressing information (Kahn & Hessling, 2001). The results suggest that participants who reported greater levels of and comfort with disclosing their emotions also had more positive attitudes towards seeking professional counseling. This supports existing literature which attests to the direct relationship between level of disclosure and attitudes towards mental health services (Komiya, Good, & Sherrod, 2000).

A low level of emotional openness influences negative attitudes towards seeking professional counseling and avoidance of mental health services (Komiya et al., 2000). By extension, the fear of emotions and of experiencing painful affect deters many from seeking professional counseling. Other researchers report that secret-keeping in counseling sessions is another result of this fear of painful affect (Greenson, 1987; Kelly, 1998).

These results are particularly significant as the Caribbean culture places great emphasis on emotional closeness and self-silencing (Ali & Toner, 2001; Penza, Reiss, & Scott, 1997) and thus there is an overall low level of self-disclosure. The “Be-Strong” Phenomenon, which is pervasive throughout the Caribbean Culture, teaches individuals to withhold emotion as expressing it will not help resolve the problem. In the Caribbean, it is often viewed as a personality flaw and a sign of weakness to express emotions (Ali & Toner, 2001). This lends support for the results of this study. Because of this self-silencing, it makes sense that individuals with low levels of self-disclosure will also have more negative attitudes towards seeking counseling. Caribbeans are also generally very resentful of and distrustful of a “stranger” who

enquires about their personal problems. The results confirm existing research on Black Caribbean women living in the U.K. who reported a general reluctance to self-disclosing to a counselor and harbored more negative attitudes towards counseling (Edge & Rogers, 2005).

Interestingly, the results of this study also indicated that participants with high perceived levels of social support had more positive attitudes towards seeking professional counseling. This contrasts findings of existing research which report an inverse relationship between these two variables (Bhugra et al., 2001; Sugiman, 1997), where a high level of perceived social support was associated with more positive outcomes yet more negative attitudes towards seeking professional counseling (Cooperman, 1983; Goodman et al., 1984). The consensus among previous research is that the likelihood of seeking counseling increased as the level of social support decreased, and having limited social support is related to positive attitudes towards seeking counseling (Bhugra et al., 2001; Cooperman, 1983; Goodman et al., 1984; Sugiman, 1997).

Social support is reported to act as a buffering factor against personal distress, academic distress, and other school-related factors (Demaray et al., 2002). Low social support is associated with negative outcomes such as depression (Elmaci, 2006), adjustment and behavioral problems (Kashani et al., 1994), delinquency (Licitra-Kleckler & Waas, 1993), and feelings of hopelessness and withdrawn behavior (Kashani et al., 1994).

The manner in which a student manages personal and academic stress largely influences not only their psychological and emotional health but can also negatively impact their academic achievement (Edwards et al., 2001). Consequentially, higher levels of support are advocated for more psychological stability and academic success. Research shows however, that college students with less social support also had more positive attitudes towards seeking counseling as

they had no other options for resolving their concerns (Cooperman, 1983). Goodman (1984) also reported that given equal numbers of stressful events, the likelihood of seeking counseling of college students increased as their level of social support decreased.

This study found the opposite to be true of Caribbean college students. Students with high levels of perceived support also reported more positive attitudes towards seeking professional help. Conversely, Caribbean college students with low levels of social support also reported more negative attitudes towards seeking counseling. These results again lend support to the issue of self-concealment and low levels of disclosure which is valued in the Caribbean culture. The results can be interpreted in that students with low levels of social support may be those opposed to disclosing personal information to others and so would also be opposed to seeking professional counseling. The value and emphasis placed on self-reliance may also account for the relationship between low levels of support and more negative attitudes towards seeking professional counseling.

There was only one study found (Karim, 1996) whose results on social support mirrored the results presented here. In her study of South Asian Americans, she found that participants with a high level of perceived social support also reported more positive attitudes towards seeking professional counseling. The findings of this current study on English-speaking Caribbeans also suggest that there are factors other than the level of social support which may predict attitudes towards counseling. Another possible explanation for this may be that having positive social experiences outside of therapy may be highly influential in developing positive relationships within the counseling relationship. Hence, in order for individuals to anticipate a positive experience in therapy, they must first experience the benefits of supportive relationships outside of therapy. Therefore, greater perceived social support would need to precede a positive

attitude towards seeking counseling.

This study also investigated the difference in the variables of interest (Outcome Expectations, Emotional Openness and Attitudes towards seeking professional counseling) between Caribbean college students who live in the U.S. and those who live in the Caribbean. The results indicated that residence of students (U.S. or Caribbean) is a significant predictor of Caribbean college students' level of stigma tolerance, anticipated utility of counseling and attitudes towards seeking professional counseling. The results further showed that students in the Caribbean reported higher scores for anticipated risk of seeking counseling, anticipated utility of counseling and attitudes towards seeking professional counseling. Students who reside in the U.S. reported higher scores for emotional openness, stigma tolerance levels and social support. These results suggest that students in the U.S. assign greater levels of stigma to seeking professional counseling but also report higher levels of emotional openness.

These results lend further support to the power of social stigma in influencing Caribbean students' attitudes towards seeking professional counseling. Although these students feel more comfortable expressing their emotions than students who live in the Caribbean, they still report greater perceptions of stigma associated with seeking professional counseling and thus less positive attitudes towards seeking professional counseling. This finding is especially important as it highlights the need for interventions which are aimed at reducing the level of stigma attached to mental health treatment. Research shows that individuals with a higher level of emotional openness also have more positive attitudes towards seeking counseling (Komiya et al., 2000). This is not a guarantee with Caribbean college students. The role of stigma in counseling-seeking behaviors and attitudes of Caribbeans overpowers all other variables and therefore cannot be denied and overlooked.

Further examination of the dependent variables was conducted to determine the exact effect of the residence of students on each of the dependent variables. The results indicated that students who attend college and reside in the Caribbean reported higher mean scores for Anticipated Risk (M=13.65, SD=3.54), Anticipated Utility (M=13.84, SD=3.08) and Attitudes towards Seeking Professional Counseling (M=80.20, SD=10.34). Students who attend college and reside in the U.S. reported higher mean scores for Emotional Openness (M=30.02, SD=6.90), Stigma Tolerance (M=11.59, SD=2.57) and Perceived Social Support (M=59.41, SD=17.62).

This suggests that while the U.S. sample has a greater perception of stigma associated with received professional counseling, they also report higher levels of social support and high levels of emotional openness. Also, while students in the Caribbean reported greater anticipated risks of seeking counseling, they also reported greater utility and more positive attitudes towards seeking professional counseling. This can be interpreted in that because mental health services are not as established in the Caribbean, students who reside in the Caribbean do not feel as pressured to seek those services and are therefore less resistant to seeking mental health treatment than students who reside in the U.S. where seeking mental health services is an expectation. These results also suggest that, in terms of acculturation, Caribbean college students in the U.S. are mostly at the *Separation Stage* where they reject the values of the new culture (Liao, Rounds, & Klein, 2005; Ponterotto et al., 2001) while embracing the values and stigmas of their home countries.

These findings all lend support for Research Question One and report that the variables for outcome expectations (Stigma Tolerance, Anticipated Risks, Anticipated Utility, Perceived Social Support) as well as the level of emotional openness all have a statistically significant

relationship on the attitudes towards seeking professional counseling of English-speaking Caribbean College Students. In other words, a high level of perceived social support as well as a greater perception of anticipated utility of seeking counseling influences more positive attitudes towards seeking counseling. Also, a high perception of stigma attached to counseling as well as a greater perception of anticipated risks of seeking professional counseling influences more negative attitudes towards seeking counseling.

To investigate research question two, two hypotheses were formulated. The first was that no difference exists in the attitudes towards seeking professional counseling between English-speaking Caribbean college students in the U.S. and the Caribbean. Results provided evidence to reject this null hypothesis. The second hypothesis was no relationship exists between length of stay in the U.S. and the attitudes towards seeking professional counseling of Caribbean college students in the U.S. The results provided evidence to support this null hypothesis.

The difference in attitudes towards seeking professional counseling between Caribbean college students who live in the U.S. and those who live in the Caribbean was investigated. The results showed that there is a statistically significant difference in attitudes between the two groups with those residing in the Caribbean reporting slightly more positive attitudes towards seeking professional counseling those who live in the U.S. This was an interesting finding which demonstrates that Caribbeans are extremely anchored in their core beliefs and cultural values. Living in the U.S. and being exposed to a culture which embraces professional counseling is not sufficient to effect a positive change in the attitudes towards seeking professional counseling of Caribbean college students. Thus, counseling programs need to be more proactive in marketing the utility of their services and educating Caribbean students about mental health issues and mental health treatment. Another possible suggestion for the less positive scores by the U.S.

group is that Caribbeans in the U.S. may have become even more resistant to counseling services due to the greater prevalence and higher level of acceptance of mental health in the new culture and the expectations that professional counseling should be used to help them cope with their concerns. In the Caribbean, mental health services are less prevalent and students are not encouraged or expected to utilize these services and so being bombarded by these services may have heightened defiance and resistance in these students. Also, because mental health services are more prevalent in the U.S., those Caribbean students living in the U.S. may be more cognizant of their perceived stigma and negative opinions about mental health and as a result harbor more negative attitudes towards seeking counseling.

To further explain these results, the relationship between length of stay in the U.S. and attitudes towards seeking professional counseling was examined. This was an effort to account for possible acculturation effects. The results indicate that length of stay in the U.S. was not a statistically significant predictor of one's attitudes towards seeking professional counseling. This suggests that Caribbean college students are more likely to retain the values of their country of origin and reject the values of the new culture longer than other international student populations which have been researched (Liao, Rounds, & Klein, 2005; Ponterotto et al., 2001). This finding replicates the results of a previous examination of 200 international students and 50 U.S. students. The results of this study found that length of stay in the U.S. was not a significant predictor of attitudes towards seeking professional counseling (Oredin, 1988).

This suggests that within the multidimensional framework of acculturation, it appears that Caribbean College students in the U.S. may fall in the *Separation Phase* of Acculturation where they reject the culture of the new country and remain Caribbean oriented. Another plausible conclusion is that acculturation effects may not have been reported as the majority of students

from the U.S. sample had been in the U.S. for only two years or less and the instrument used to measure acculturation may not have been comprehensive enough.

Summary of Findings

To answer the first research question, the results indicated that there is a statistically significant relationship between the variables for outcome expectations, emotional openness and attitudes towards seeking counseling. Stigma Tolerance and Anticipated Risks of seeking professional counseling were both found to have an inverse relationship with one's attitudes towards seeking professional counseling. With regards to research question two, the results indicated there is a statistically significant difference in attitudes between Caribbean college students who live in the U.S. and those who live in the Caribbean, with students in the Caribbean reporting slightly more positive attitudes towards seeking professional counseling than those who live in the U.S. Length of stay in the U.S. was not a statistically significant predictor of attitudes towards seeking professional counseling.

Implications for Clinical Practice

College Campuses

The results of this study demonstrated that although the majority of the sample held positive attitudes towards seeking professional counseling, very few reported feeling comfortable enough to actually seek mental health services. The stigma attached to mental health in the Caribbean as well as the anticipated risks associated with seeking professional counseling largely account for this service gap among this population (Edge & Rogers, 2005; Marwaha & Livingston, 2002). According to the results of this study, Caribbean college students (both in the U.S. and the Caribbean) are most likely to seek help from a close friend and/or family member than from a professional counselor. Another important variable which emerged from the analyses

is that of emotional openness. Participants with higher levels of emotional openness also reported more positive attitudes towards seeking professional counseling (Komiya et al., 2000).

Researchers have long argued for the revamping of college counseling programs in areas such as agency orientation, criteria of multiculturalism, resource allocation decisions, needs assessment efforts, liaising with the international student office and the presence of a policy that directs the agency services for international students. Many counseling programs verbalize a commitment to multiculturalism, however the applied commitment leaves much to be desired. To become effective in serving international students and Caribbean students, these programs need to integrate and infuse multiculturalism in their policies, professional development and staff training and in their programming.

College campuses are currently characterized by a very heterogeneous population. Because of this, college counseling programs must adapt and remain flexible in order to deliver culturally sensitive approaches to international students. These programs can no longer continue to function within the traditional framework of counseling. Counseling centers possess both an implicit and explicit culture which influences decisions regarding services, delivery of services, and allocation of resources. College counseling programs need to first assess their current organizational culture and then evaluate the strengths as well as areas for improvement and change in comparison to the multicultural perspective. These identified areas for improvement need to be integrated throughout the organization and activities to achieve new goals should become standard operating procedures and not an exceptional or one-time project. In other words, these should become routine and the new norms and values should be embraced by the members of the organization (Curry, 1991).

In an effort to ensure that services are addressing the needs of students, college campuses

can benefit from collecting needs assessment data from their students. It is not enough to rely solely on the professional literature and informal assessments. It is essential to design the framework for service delivery based on the specific needs of the campus environment. Doing this will allow counseling programs to develop and implement programs and services which are specific to the needs and climate of the individual campus (Karim, 1996).

It is also critical that college campuses develop and sustain an intimate relationship with the International Student Office on campus as well as other departments which work closely with international students and Caribbean students in particular. Most college campuses also have International Student Organizations and many have Caribbean Student Organizations as well. This relationship is critical as it allows the college campuses to remain current with issues affecting this population and any regulatory changes such as immigration policies and how it affects the quality of life of these students. Such formal liaisons also allow for exploring alternative strategies for providing services to these students (e.g. through the International Student Office) and to actively engage in alleviating the stigma attached to receiving counseling services. Policies can be established where college counseling programs work collaboratively with these other departments in providing quality services for international students. An example would include providing workshops in collaboration with the Caribbean Student Associations. These can be delivered during general meetings of these associations as well.

College counseling programs should also move away from relying on the services of one or two staff members who are competent in working with international students. While it is great to have staff members who are multiculturally competent no matter how few, these programs run the risk of referring international students solely to these members. Such programs run the risk of losing this valuable resource should these staff members decide to leave the organization. To

address this problem proactively, counseling programs need to ensure that the entire staff is provided with the necessary professional development.

Professional Development

Highly qualified and trained employees are a critical component of any effective organization. The success of college counseling centers, therefore, depends on the quality of the staff. College counseling programs need to invest in the continuous professional development of their staff to ensure sustained competence in dealing with international students in general and Caribbean students in particular.

Despite the increase in workshops, seminars, and educational sessions on aspects of multiculturalism at national and state conferences, as well as the increase in doctoral dissertations in this area, there is still a deliberate gap in the attention paid to multiculturalism (Arrendondo & Arcineiga, 2001). Similarly, although many counselors have been schooled in multiculturalism and in providing culturally sensitive treatment, many do not transfer this knowledge into practice (Arrendondo & Arcineiga, 2001). Training therefore, should focus on the application of multicultural approaches to Caribbean College students and other international student populations.

In an effort to facilitate the cultural competence of counselors, The Association for Multicultural Counseling Development (AMCD), put forward several Multicultural Competencies that they deemed necessary for every counselor. These competencies fall under three main headings (1) awareness of own cultural values and biases, (2) awareness of client's worldview and (3) culturally appropriate interventions and strategies. Within these three main competencies are three other interdependent factors – (1) knowledge, (2) skills and (3) attitudes and beliefs (Arredondo & Arciniega, 2001). These should be used to guide the professional

development which is offered to staff on college campuses.

Training should be multifaceted and include professional literature, current practices, guest lectures, professional conferences, and professional development workshops. Counselors need to be aware of the unique challenges that Caribbean college students face including culture shock, discrimination, acculturation factors, incompatible cultures and how immigration laws affect the quality of life for these students.

It is also important that support staff be sensitive to the needs of Caribbean college students. Often, the first contact which clients have at counseling centers is with support staff. Education and training should also be provided to these personnel to help them become aware of the impact of their service on the counseling attitudes and behaviors of clients. Support staff should also be sensitive about the specific needs of Caribbean students, the role of stigma and other cultural variables and how they affect their attitudes as well as how to create a positive impression for these clients. Personal sensitivity and embracing multiculturalism are two critical components which training programs should emphasize when working with support staff.

Collaborating with key professionals who work with international students and Caribbean students in particular is an effective, holistic, institution-wide approach which has the potential of effecting positive results in multiple settings. Including professors, medical doctors and nurses, international student advisers, on-campus organizations and students in professional development activities is an effective way of ensuring that the content and skills necessary for working with this population are being communicated to those who have a direct relationship with these students. All of these strategies have the potential of decreasing the levels of anticipated risk associated with seeking professional counseling.

Programming and Outreach

Marketing of counseling services, utility and options is an integral part of effectively working with Caribbean college students. The results of this study revealed that many Caribbean college students are unaware of the counseling options available to them and the utility of seeking out these services. Advertisement of services needs to be delivered using strategies that would appeal to this population and should be delivered in a friendly, simple and non-threatening manner (Karim, 1996). Advertising and other marketing strategies should also emphasize confidentiality as many Caribbeans are fearful of negative repercussions and of others discovering that they are seeking counseling.

The emphasis of marketing should be on education. The majority of respondents in this study suggest the use of educating people about mental health, mental health service options, and the benefits of counseling. Many respondents from the Caribbean sample report not knowing what mental health services are available and having little knowledge about the process of treatment. Many are even unaware of the differences between variables such as clinical psychology and mental health counseling. In the Caribbean, public awareness campaigns would prove to be highly effective in achieving these goals. Educating the population on the benefits of professional counseling, normalizing their experiences, increase knowledge and debunking myths and which perpetuate the negative stigma associated with seeking professional counseling.

Normalizing the challenges they encounter and providing success stories of other international students who used counseling services may also help in this regard. The use of brochures, advertising in the International Student Office, presentations during orientation week, setting up booths during events hosted by the International Student Office and Caribbean Student Associations and articles in the campus newspaper and International Student newsletter are all

possible methods of marketing the utility of counseling and the options which are available to students.

In adjunct with traditional programs, college counseling programs also need to implement more creative techniques for attracting Caribbean students. Activities such as Thanksgiving Dinners, Mentoring Programs, Christmas celebrations, movie nights, international tea and coffee night to name a few will ultimately result in the congregating of international students who then informally share their common struggles and learn and receive support from each other. These activities can be developed in collaboration with the International Student Office and the Caribbean Student Association.

The use of peer counseling can also be used as an alternative approach to providing support to Caribbean students. Formal and informal mentoring programs are also effective ways of reducing the isolation and gradual decline in psychological well-being of Caribbean college students.

It is essential that college campuses and other counseling programs provide year-long programs to address the needs of Caribbean students. This would assist in heightening the level of trust in counseling services and decrease the anticipated risks that Caribbean college students currently harbor. Programs should also account for the developmental needs of Caribbean college students. Newly arrived students face different challenges from those who are nearing the end of their academic programs and facing issues surrounding re-entry into their home countries.

It is also recommended that counseling programs evaluate the effectiveness of all programs. This would provide useful data which can be used to improve the quality of services offered to Caribbean college students. By using feedback to determine the direction of future programs, the organization ensures that it maintains an adaptive, student-centered and responsive

environment.

Due to the aversion to seeking professional counseling, many Caribbean college students, as is the case for international students in general, are more apt to seek help for the somatic symptoms of their presenting concerns. They are very private people who would rather seek services at the health center for somatic symptoms such as headaches, sleep problems and fatigue than to seek counseling services to help resolve the core issues which may be producing these symptoms (Karim, 1996; Karim & Gnaw, 1993; Pedersen, 1991). This occurs because visiting the health clinic does not carry the negative stigma that seeking professional counseling does.

As a result of this trend, college counseling programs should work very closely with the health center personnel on campus as well as those in close proximity to the institution. Medical doctors, nurses and support staff need to be educated about this trend, learn to identify these warning signs, learn how to provide culturally sensitive evaluations and how to educate students about the utility of counseling services. Brochures and other marketing techniques can also be provided at these health centers or clinics.

The use of Internet Counseling (E-Counseling) services is another area which needs to be explored. Since Caribbean college students have positive attitudes towards seeking professional counseling but do not utilize these services due to the stigma attached to mental illness and the fear of negative repercussions, the use of e-counseling would eliminate those barriers to counseling. The confidentiality and anonymity which this affords may very well appeal to Caribbean college students.

In the Caribbean, advertisement (mainly through print, television and radio mediums) which focuses on educating the population about mental health issues, the process of counseling and the utility of seeking professional counseling would prove beneficial in heightening the

awareness and understanding of mental health. Community services such as Parenting Training Programs can also target the core cultural values which impede utilization of counseling services and perpetuate the stigma attached to mental illness. During such workshops, topics such as emotional health, allowing children to express their emotions and positively reinforcing self-disclosure should be emphasized. Parents should be educated on the negative impact that self-silencing has on the psychological well-being of individuals.

In the Caribbean, providing guest lectures at academic institutions in select classes as well as during parent-teacher meetings can also be a useful tool in educating the students and their families about mental health issues. Having a “Mental Health Month” where several community agencies, religious institutions, academic institutions and government departments collaborate to provide a series of activities is also another effective strategy. During such an activity, the general public should be provided with brochures about mental health which dispel many of the myths and stereotypes about mental illness. Other services may include free techniques such as stress management and relaxation techniques, literature on parenting skills and autobiographical accounts from individuals who sought counseling services and report positive outcomes.

All of these attempts would be futile however, if the structure of counseling programs in the Caribbean remain weak. Standards of Practice and Code of Ethics for the counseling field must be established and enforcing strict punishment for violation of these guidelines must be executed. Following the Code of Ethics of the American Counseling Association (ACA), the Code of Ethics for the Caribbean should include guidelines for the following categories:

- (1) The Counseling Relationship
- (2) Confidentiality

- (3) Professional Responsibility
- (4) Relationship with Other Professionals
- (5) Evaluation, Assessment and Interpretation
- (6) Teaching, Training and Supervision
- (7) Research and Publication
- (8) Resolving Ethical Issues

If the population knows that violation of confidentiality is punishable by law, they will be more likely to seek these services and to trust the counselor enough to self-disclose personal information. It is important to note here that these ethical guidelines should be established and tailored using the framework of the culture for which it is intended.

Another area which Caribbean governments need to pay specific attention to is the investment in professional development of its counselors. Programs will not be effective if government officials continue to place teachers with long-standing service and no formal training in counseling, as school counselors. Investing in the mental health and stability of our students should never be shortchanged. Likewise, attending one workshop on mental health does not make one qualified to deliver counseling services. Those placed as counselors should hold at least a Bachelor's Degree but preferably a graduate degree in counseling and or psychology. Continuous professional development and training should then be provided for these counselors.

Other Clinical Issues

The results of this study indicated that although Caribbean college students may have positive attitudes seeking professional counseling, many will not seek professional counseling due to the stigma attached, the anticipated risks, the low level of self-disclosure and the fear of negative repercussions. Counseling programs need to account for these critical factors when

designing, implementing and evaluating their services.

Counselors need to devote specific attention to their screening and diagnosis procedures, case management, and interventions and techniques used in counseling. Although Caribbean college students also face many of the problems which their American counterparts encounter, it is vital that counselors ensure that diagnosis of these clients be done within the cultural framework which is native to the client. What may be considered pathological in the American culture can be conceptualized differently in the Caribbean culture.

Counselors are also advised to use the DSM-IV TR and other standardized instruments in adjunct with other assessment tools as these instruments are not normed on Caribbean populations and should be interpreted cautiously. Other useful assessment tools include client history, family background and values and salient cultural factors. Should the standardized tools be used, it is important to obtain the client's input about the results.

The intake process should be conceptualized as possibly being the only opportunity to provide support to these students. Research shows that international students are least likely to utilize counseling services and when they do are more apt to terminate services prematurely (Oropeza, Fitzgibbon, & Baron, 1991; Sue & Sue, 1981). As a result the intake process has the potential to strongly influence whether the client decides to continue with treatment or to seek treatment in the future.

The intake process serves as a screening method for presenting concerns, transferring information about the counseling process and responsibilities and expectations of both client and counselor, to determine level of care needed and whether referral is better suited, and to develop initial diagnosis and treatment planning. On college campuses, it may prove useful to include nationality and international student status on the intake sheet. This will provide valuable

information and allows the counselor to determine the cultural framework which will guide the counseling process. The intake paperwork should also be free from American culture-specific language which may serve as barriers to understanding the material for Caribbean college students.

Equally important is the need to use the intake session to debunk and demystify any myths and misconceptions about the counseling process. Confidentiality and informed consent and limitations to these should be addressed during the intake session. Confidentiality, however, should be stressed all throughout treatment and not solely in the initial session. Since the intake session may be the only contact with Caribbean students, it's important for counselors to provide the client with useful information, techniques and strategies to immediately begin addressing their concerns.

Due to the difficulty that Caribbeans have with self-disclosing personal information and emotions, it may be helpful to ensure that the counselor who completes the intake process is also the counselor assigned to the client for the remainder of treatment. Caribbean college students may be opposed to disclosing their personal information to multiple counselors (Karim & Gaw, 1993). If Caribbean students are aware that a new counselor will be assigned during the next session, they may be less likely to return for services.

Once the client agrees to return for services after the intake session, counselors need to pay special attention to session dynamics. The "goal setting process, verbal and nonverbal communication, client's value systems and worldview....treatment planning and intervention selection" should be formulated and interpreted within the client's cultural framework (Karim, 1996, p89). Body gestures, eye contact, silence, interpersonal physical distance all have different meaning in the Caribbean culture. Having this knowledge will affect the conceptualization of the

case.

Resistance also needs to be re-conceptualized when working with Caribbean college students. As the results of this study indicated, their resistance is not due to negative attitudes towards seeking professional counseling but rather it is as a result of an ingrained fear of negative repercussions associated with self-disclosure. These negative repercussions include being perceived and judged negatively by others, being viewed as weak and having a lack of self-control, and betraying themselves and their family by disclosing to a complete stranger. It is impossible to know everything about the Caribbean culture, especially as there are also variations unique to each Caribbean island. For this reason, it is imperative that counselors take a tutorial stance with clients.

Counselors should strive to be nonjudgmental and initially, questioning should be kept at a minimum. Open-ended questions which will allow the client to share their story would be useful as clients may be resistant to multiple questions as this may initially be viewed as an invasion of privacy. Being extremely attentive to the client is also critical at this stage. As the level of trust heightens and the counselor has established a relationship with the client, more questioning can be incorporated. Creative techniques should be used in sessions as well. Because many may find it difficult to verbally self-disclose in sessions, the use of art and play therapy and other expressive techniques may be more effective with these students. The use of music and poetry may also be effective techniques as these forms of expression are highly valued in the Caribbean culture.

Counselors in the U.S. should also account for the transitory nature of Caribbean college students in developing interventions and goals for treatment. The implications of treatment on clients when they return home need to be considered and explored with the clients (Karim & Gnaw,

1993). Counselors should provide students with the coping skills and stress management skills needed to adapt to the competing culture they are now immersed in. Counselors should do so without attempting to change their original core values and beliefs which will be needed especially when they return to their home islands.

Due to the general aversion to psychotherapy by Caribbeans, as well as their high regard for education, cognitive-educational approaches may be more effective with these clients (McKenzie, 1986). Applying a psycho-educational approach to treatment with Caribbean college students may therefore prove to be very effective with this population. Topics such as stress management, relaxation techniques, relationships, discrimination, immigration policies, isolation, anxiety, homesickness and academic and study skills are all possible topics for these groups. Again it is essential to emphasize confidentiality, to host the group away from the counseling center and to advertise strategically. Group leaders need to be competent in working with multicultural populations and be knowledgeable about the Caribbean culture and how this influences the counseling process.

The Greenidge Model for Conceptualizing West Indian Clients

Research consistently demonstrates that there are several key factors which influence the counseling-seeking attitudes and counseling-seeking behaviors of Caribbeans in general (Ali & Toner, 2001). It would be remiss of counseling practitioners to treat and conceptualize Caribbeans without assessing and accounting for these factors. There are over four million immigrants from the Caribbean in the United States (Statistical Yearbook of the Immigration and Naturalization Service, U.S. Department of Justice, 2000) with a reported dramatic increase in the number of Caribbean migrants to the U.S. in the past two decades. These increasing numbers, further support the need for counselors and other practitioners to become knowledgeable about

the cultural values and beliefs of this population as well as of the factors which influence their emotional, social, academic and psychological stability. Counselors should also seek to develop the skills needed to become competent in treating Caribbeans.

The Greenidge Model for Conceptualizing West-Indian Clients (GM-CWC) was developed to assist practitioners in providing culturally-relevant and culturally-sensitive services to these clients. It highlights three major factors which should be assessed in every Caribbean client to accurately conceptualize how the concerns are being influenced and sustained by these factors as well as to determine the most successful treatment strategies and resolution techniques for these clients. There are three overarching factors which heavily influence the behaviors and attitudes of Caribbeans. These are the (1) *Role and Influence of the Family-which also includes social class levels*, (2) *The Role and Influence of Spirituality* and (3) *The Role and Influence of Cultural Values and Stigmas*.

Throughout history, Caribbean families have shown great resilience and continue to be a very tight-knit system (Reynolds, 2006). As a result of this remarkable resolve, “familial and cultural connections to their Caribbean island of origin supersedes their current residence” and continue to be a major determinant of their attitudes and behaviors (Reynolds, 2006, p. 1095).

Caribbean families and culture are generally characterized as having a great sense of collectivity, and the family environment, family beliefs and values and parental involvement are all known to influence not only the social and emotional development of individuals but also the academic success of Caribbean students (Fuligni, 2001; Suarez-Orozco, 2001; Roopnarine, Krishnakumar, Metindogan & Evans, 2006; Shin, Jung, & Hossain, 2003). Thus, the role and influence of the family on individual clients need to be accounted for in treatment. It is important to examine these clients’ emotional well-being in a cross-cultural context and develop treatment

and treatment techniques based on the information gathered.

The English-speaking Caribbean functions within a highly spiritual environment. When the level of spirituality is accounted for in treatment, it allows the clinician to examine nontraditional coping models which may be employed by Caribbean clients. Self-silencing is highly embraced within the Caribbean culture largely due to a belief that doing otherwise symbolizes a lack of faith in their higher power. Many are socialized to pray about their concerns and refrain from “worrying” and “whining” about them.

The three major arrows which connect these three factors in the model demonstrate that the degree to which these pertain to each individual client determines the effect on one’s quality of life as well as the way that problems are managed and resolved. The emphasis that each individual client places on each of these factors also helps to determine the source of resistance to treatment and the framework within which this needs to be addressed. As an example, if the assessment reveals that the individual places most emphasis on The Role and Influence of Spirituality then the counselor must account for spiritual guilt in not relying solely on “God” to resolve problems. Should the emphasis be on the Family, then the individual may feel guilty about disclosing personal information outside of the family and this needs to be addressed in treatment. The GM-CWC shows that mental health programs would be most effective by accounting for how the family, cultural stigmas and spirituality influence the counseling-seeking attitudes and behaviors of Caribbean clients and how these impact their psychological well-being, academic success and socio-cultural adjustment.

The GM-CWC model expands on the Wong’s model in several areas. The Wong’s Postulated Component Model describes the relationship among the degree of acculturation, opinions about mental illness and attitudes towards seeking professional counseling among

international students. This model however, does not specifically account for Caribbean college students and those variables which permeate their core culture. The GM-CWC model goes beyond acculturation by accounting for important characteristics which influence the help-seeking attitudes and behaviors of Caribbean college students such as the family, religion, social class and academic stressors.

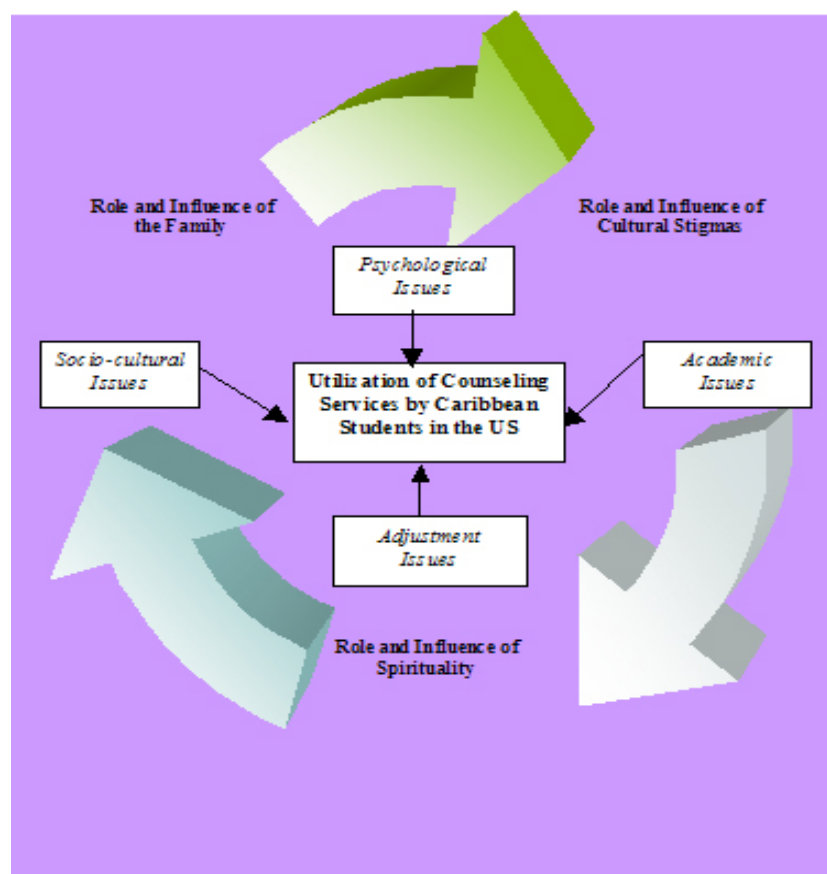


Figure 2: The Greenidge Model for Conceptualizing West Indian Students

Implications for Professional School Counselors

The American School Counseling Association (ASCA) developed a national model to assist with the implementation, delivery and evaluation of comprehensive school guidance

programs. This model further ensures that schools and school districts can develop programs which are an integral part of and is aligned with the school mission and that these programs are identifying and delivering the knowledge and skills all students should acquire. Professional School Counselors at the high school level can therefore play an integral part in helping Caribbean students with the transition into college.

As the results of this study and previous research show, the college environment is one which epitomizes a universal period of stressors which if not successfully resolved can lead to further psychological and academic distress. Results of this study also indicate that Caribbean college students do not readily seek professional counseling and still assign very strong stigmas to mental health services. Moreover, these students were shown to maintain their cultural values over time and do not readily become acculturated into the American culture. In fact, those students who reside in the U.S. reported less positive attitudes towards seeking professional counseling than those who reside in the Caribbean.

Professional school counselors are charged with delivering services which account for the total student. Further, the ASCA National Model outlines several competencies which students should acquire as a result of participating in a school counseling program. These competencies fall under three headings: (1) Academic Development, (2) Career Development and (3) Personal Social Development. With respect to Caribbean students in high school programs, professional school counseling programs should implement programs which help with the transition into college. These programs need to educate them about the stressors involved, the utility of counseling and should use activities which will serve to reduce the anticipated risks and stigma attached to seeking professional counseling. If students are targeted before they begin their college programs then their success in these programs may be heightened.

One example of such a program is *ALCANZA* (which is Spanish for “Reach!”) offered by Valencia Community College in Florida. This program was designed specifically for Hispanic high school students and provides them with the peer support and skills needed to increase the success and motivation and to prepare for college enrollment. The staff members involved with this program collaborate with several high schools within Orange County, Florida.

Upward Bound is another transition program offered by Valencia Community College. This program provides students with mentoring and tutoring, motivational and personal development and cultural programs which prepare them for a successful transition into college. This program serves high school students in both Orange and Osceola counties. Similar programs can be developed to target Caribbean students at the high school level. The emphasis on education, developing appropriate coping skills and identifying formal support options available on college campuses and how these operate would help dissipate the fears which originate from a lack of knowledge about mental health services. Including parent participation in these programs would also prove to be effective as the entire family can receive the education that is so vital for this population. Moreover, implementing culturally sensitive mental health programs which appeal to students at the high school level, may assist in cultivating trust in mental health programs and in reducing the level of stigmas and anticipated risks associated with seeking professional counseling.

Implications for Counselor Educators

This study has several implications for counselor educators. Counselor educators are charged with the responsibility of ensuring that counseling students are provided with the knowledge and skills necessary to become competent counselors. More specifically, counseling programs need to ensure that student counselors are being trained and evaluated in multicultural

competencies. In an effort to facilitate the cultural competence of counselors, The Association for Multicultural Counseling and Development (AMCD), put forward several Multicultural Competencies that they deemed necessary for every counselor to possess: (1) awareness of own cultural values and biases, (2) awareness of client's worldview and (3) culturally appropriate interventions and strategies. Within these three main competencies are three other interdependent factors – (1) knowledge, (2) skills and (3) attitudes and beliefs (Arredondo & Arciniega, 2001). These core variables should be infused into every course offered in counseling programs.

The literature on multicultural counseling does not address the Caribbean culture. Thus, because of the increasing numbers of Caribbean college students being represented at high school and college campuses in the U.S., instructors should compensate for this deficit in the literature by including Caribbean students as a population of concern. This can be facilitated through the use of guest lectures and experiential, self-reflective exercises. Sue & Sue (1999) propose that competency-based teaching and practice have three basic characteristics:

- (1) It contrasts the deficit-based, remedial and pathological models which suggest that something or someone needs to be fixed.
- (2) It leads to adaptive payoffs in significant environments (Sunberg, Snowden & Nicholas, 1973).
- (3) Individuals' self-perceptions and expectations need to be continually fed by a life long acquisition of adaptive behaviors, cognitions and relations (Masterpasqua, 1989, p. 1366).

Banks (2001) also identifies several dimensions of multicultural education and competence which would benefit counselor education programs. He argues that becoming culturally competent in the education system, entails much more than including a course in

cultural diversity, celebrating observances such as Caribbean Day or Caribbean Week. Rather, becoming culturally competent in working with Caribbean students, clients and their families involves curriculum reform, the re-education of teachers and other staff, change in the school culture and structure, its policies, instructional methods and activities and reward systems. Some of his dimensions include:

- (A) *Course Integration*: This involves the teacher's use of examples and other materials from various cultures to deliver the content of the class.
- (B) *The Knowledge Construction Process*: This involves the use of questions, materials and activities to allow students to understand how implicit cultural biases, prejudices etc are embedded in the discipline and how these inform how knowledge is constructed.
- (C) *Prejudice Reduction*: The instructor gets students to identify their cultural attitudes and beliefs and challenges them to replace these with more adaptive ones.
- (D) *Equity Pedagogy*: This involves the instructor tailoring the curriculum and lesson plans to encourage the academic achievement of all students and to ensure that culturally diverse students experience equity.
- (E) *Empowering school culture and school environment*: This involves the total school- all staff members. It includes examining its mission statement, goals and procedures to ensure that it's fostering and not hindering equity. It also includes a close examination of its latent and manifest culture.

Theoretical Implications

Multicultural theories offer practitioners with a useful framework from which to guide treatment services and ensure continuous self-reflection. Many of these multicultural theories emphasize the multidimensional problems which characterize minority populations and influence certain behaviors (McGoldrick et al., 1996). These theories all confirm the underutilization of counseling services by minority and international students, but unfortunately have not offered solutions to address these concerns. This gap in the literature needs to be addressed especially as it relates to Caribbean College students.

There are many textbooks which focus on multicultural counseling, however the Caribbean culture is unfortunately not a population of concern in these texts. Because of this many practitioners admit to treating Caribbean college students within the same theoretical framework as African Americans (McKenzie, 1986; Waters, 2001). These are two distinct groups with distinct cultures and histories. The Caribbean culture needs to be included in the multicultural literature both for student counselors as well as for practicing clinicians and researchers.

Wong's (1991) model is the only current attempt at providing a useful framework from which to provide counseling services for international students. A model and framework needs to be developed and evaluated for West Indian populations.

Psychological theories aimed at understanding and treating West Indian clients need to emphasize two main aspects of this culture if they are to be effective. First, they must reflect their historical, social and ethnocultural backgrounds and second, describe their development within the context of interactional forces that recognize the retention and transmission of their Caribbean heritage (McKenzie, 1986).

Study Limitations

This study was based solely on self-report instruments which may have compromised the internal liability of the study. This study also focused on Caribbean college students and as a result the findings may not be generalizable to non-college populations. The Caribbean college population sampled here may differ from Caribbean people with different educational backgrounds for instance. As a result, the external validity is threatened.

As previously explained the Caribbean culture is generally one which does not value emotional openness. This is primarily due to the influence of social stigmas and being perceived as weak. This may have tainted the results of this study, as participants may have engaged in “faking-good” behaviors to enhance their social desirability. This was not controlled for in this study.

Participants were treated as a homogenous Caribbean group even though there exists many differences within and between groups. Like other ethnic groups, each island has unique cultural norms and values although there are many similarities among the islands. In this study, these within-group and between-group differences were not controlled for.

The emotional state of the participants during administration of the questionnaires was not accounted for in this study. A general distrust in the counseling profession and in the confidentiality of the results may have also deterred participants from disclosing genuine perceptions and feelings. Participants may have feared being identified and/or having their information inappropriately disclosed. During the initial recruitment process, confidentiality and anonymity were constantly emphasized in an effort to help increase their level of self-disclosure.

In spite of these limitations, this study provided a much needed examination of the factors which influence the attitudes towards seeking professional counseling of Caribbean

college students. This study provides a much needed impetus for future research and conceptualization of this population.

Implications for Future Research

To date, the bulk of research on international students focuses on theoretical approaches leaving a huge gap in determining an empirical basis these assertions. Future research should seek to determine the efficacy of the multicultural counseling theories in working with Caribbean and other international students. The efficacy of various techniques such as psycho-education groups should also be determined.

Participants in this study may have provided socially desirable responses when completing the questionnaires. To control for this, future research should include a social desirability instrument to control for this possibility and threat to internal validity. In this study, the researcher used a single question on the demographic questionnaire to impact of acculturation. The results showed that length of stay in the U.S. was not statistically significant to one's attitudes towards seeking counseling. This may very well be due to the fact that the "instrument" was not an appropriate measure of acculturation although many of the established instruments which measure acculturation demonstrate that length of stay is a very strong predictor of level of acculturation. Future research should use a more standardized instrument to measure acculturation. This may reveal more accurate results of the interplay between acculturation and attitudes towards seeking professional counseling or confirm the results presented here.

Future research may also focus on evaluating Caribbean college students' attitudes towards more non-traditional forms of therapy such as peer counseling. This may identify alternative forms of support which are effective for this population.

There are currently no instruments which have been normed on Caribbean populations. There is a great need to develop specific instruments which are normed on this population and would hence more accurately measure the constructs of interest. Collecting more qualitative data about the experiences, attitudes and counseling-seeking behaviors of Caribbean college students will provide salient themes and factors which can then be used to design more culturally sensitive treatment programs on college campuses.

The results of this study showed that while Caribbean college students have positive attitudes towards seeking professional counseling, they are still opposed to actually utilizing these services due to concerns such as the stigma attached to mental health services in their home islands. Developing and evaluating the efficacy of e-counseling programs on college campuses would provide valuable data which can be incorporated into many programs. E-counseling programs control for the fear of being negatively judged, confidentiality concerns and the fear of other negative repercussions. This form of therapy may well be utilized a great deal by Caribbean college students since they harbor positive attitudes towards seeking counseling.

Finally, future research should seek to expand on the findings of this study. To ensure that results are generalizable to other Caribbean populations, research should include individuals with varying educational backgrounds including those with no formal education. A broader age range and emphasis on family dynamics and spirituality should also be assessed in future research.

Conclusion

Although there is a profusion of literature on the attitudes towards seeking counseling, there is a dearth of studies which focus on Caribbeans. Moreover, counselors, educators and other professionals admit to knowing very little about this population and confess to treating

African Americans and Caribbeans as a homogenous group in treatment (Thomas, 1992). This study sought to pioneer the research needed in bridging this gap in the literature. This study was of specific importance as the literature also shows that not only do Caribbeans find it more difficult to assimilate into American culture than other international groups, but they are also less likely to seek counseling services to help manage the challenges they face throughout their academic programs (Pessar, 1995; Stepick, 1998).

The study investigated the role of variables for outcome expectations and emotional openness on the attitudes towards seeking professional counseling of Caribbean College students. Participants included students from academic institutions in the Caribbean (The University of the West Indies- Mona Campus, St. Augustine Campus and Sir Arthur Lewis Campus) as well as academic institutions in Florida, New York and several other U.S. states. A total of 500 usable questionnaires were obtained.

The results of this study revealed that Outcome Expectations (Stigma Tolerance, Anticipated Risk, Anticipated Utility and Perceived Social Support) are statistically significant predictors of one's attitudes towards seeking professional counseling. Stigma Tolerance and Anticipated Risk reported inverse relationships while Anticipated Utility and Perceived Social Support have a positive relationship on the attitudes towards seeking professional counseling of Caribbean College students.

Results also showed that level of emotional openness is a statistically significant predictor of one's attitudes towards seeking counseling. Thus, the higher the level of emotional openness, the more positive the attitudes towards seeking counseling. Results of this study also indicated that there is a statistically significant difference in attitudes towards seeking professional counseling between students who reside in the Caribbean and those who reside in

the U.S. Further analysis showed that those who reside in the U.S. have less positive attitudes towards counseling than those who reside in the Caribbean. As an extension of this, the final analysis revealed that length of stay in the U.S. was not a statistically significant predictor of attitudes towards seeking professional counseling.

Several implications were proffered for clinical practice, research and multicultural theories. College campuses need to ensure that the services they provide are student-centered, culturally sensitive, and tailored to meet the needs of Caribbean students. Specific attention should be placed on the organization's policies, collaborating with key departments and professionals who directly serve Caribbean students. Marketing strategies, clinical issues and evaluation of programs were also discussed as possible pathways for success in attracting and sustaining Caribbean students' participation in treatment. Creative and alternative approaches to treatment also warrant close attention.

Several recommendations were also made for programs based in the Caribbean. There is a great need to develop Standards of Practice and a Code of Ethics to guide the delivery of mental health services in the Caribbean. Education and heightening public awareness of the process and utility of counseling services is also a critical factor in eliminating the negative stigma and lowering the level of anticipated risks associated with seeking professional counseling. The results of this study will be shared with participating institutions and the researcher intends to collaborate with officials in the Caribbean to help ensure that mental health programs are providing quality services.

This study provided very useful information on Caribbean college students and is the first in identifying which factors impact their attitudes towards seeking counseling. This study provided rich data that will be disseminated to college campuses both in the Caribbean and in the

U.S. to help improve their counseling programs. It is hoped that this research and its findings will excite other researchers to expound on and further explicate current findings on the Caribbean culture and the counseling needs of its people.

APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL



Office of Research & Commercialization

October 6, 2006

Wendy-lou Greenidge
University of Central Florida
Department of Child, Family & Community Sciences
ED 322
Orlando, FL 32816-1250

Dear Ms. Greenidge:

With reference to your protocol #06-3864 entitled, "Attitudes towards seeing professional counseling: The role of outcome expectations and emotional openness in Black English-Speaking Caribbean college students in the U.S. and the Caribbean," I am enclosing for your records the approved, expedited document of the UCFIRB Form you had submitted to our office. **This study was approved on 10/5/2006. The expiration date for this study will be 10/4/2007.** Should there be a need to extend this study, a Continuing Review form must be submitted to the IRB Office for review by the Chairman or full IRB at least one month prior to the expiration date. This is the responsibility of the investigator.

Please be advised that this approval is given for one year. Should there be any addendums or administrative changes to the already approved protocol, they must also be submitted to the Board through use of the Addendum/Modification Request form. Changes should not be initiated until written IRB approval is received. Adverse events should be reported to the IRB as they occur.

Should you have any questions, please do not hesitate to call me at 407-823-2901.

Please accept our best wishes for the success of your endeavors.

Cordially,

A handwritten signature in cursive script that reads 'Joanne Muratori'.

Joanne Muratori
UCF IRB Coordinator
(FWA00000351 Exp. 5/13/07, IRB00001138)

Copies: IRB File
Andrew Daire, Ph.D.

JM:jm

APPENDIX B: PARTICIPANT INVITATIONAL LETTER

Institution Approval Request

I am a graduate of the University of the West Indies and current doctoral candidate in the Counselor Education program at the University of Central Florida in Orlando, Florida. As partial fulfillment of the requirements of this Ph.D. program, I am conducting a study titled "Attitudes towards seeking professional counseling: The role of outcome expectations and emotional openness in English-Speaking Caribbean College Students in the U.S. and in the Caribbean." Your institution is one of several being sampled for this study. I am being supervised by my major advisor, Dr. Andrew P. Daire who, like myself, is of Caribbean descent. The purpose of this study is to eliminate the gap in the literature on the counseling needs of Caribbean college students. This study will also inform counseling programs on college campuses in the Caribbean and the United States in an effort to help these students successfully resolve the many challenges and stressors which they encounter.

I am seeking permission to administer assessments to students at your institution possibly between October and December 2006. In an effort to create minimum interruption in scheduled class time, I am proposing that these questionnaires be administered at the beginning of class for about 30 minutes. A minimum of 150 students are being sought from each geographical area for the purposes of this study. Each participant will receive a packet which includes an informed consent, demographic questionnaire and four instruments. Every effort will be made to collect all questionnaires at the end of this 30 minute period. However, self-addressed envelopes will be provided to those who may need additional time to complete these. Participation in this study is voluntary and completely confidential. All forms obtained will be stored in a locked and secure location and access will be limited to the researcher and major advisor.

Enclosed are copies of the informed consent and other contents of the participant packets for your review. Should you have any questions or concerns, please feel free to contact me using the information provided below. This study is being guided by the Institutional Review Board at the University of Central Florida. Any questions or concerns about participant rights can be directed to

**IRB Coordinator
Institutional Review Board (IRB)
University of Central Florida (UCF)
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: (407) 823-2901**

Upon written request, a synopsis of the results of this study will be made available to you.

Thank you in advance for your cooperation and potential participation.

Sincerely,

.....

Wendy Greenidge, M.A.

Doctoral Candidate

University of Central Florida

P.O. Box 781192

Orlando, FL 32878

Phone: (407) 455 2638

Fax: (407) 823-4134

Email: wgreenid@mail.ucf.edu

.....

Andrew P. Daire, Ph.D. (Dissertation Chair)

College of Education

University of Central Florida

P.O. Box 161250

Orlando, FL 32816

Phone: (407) 823-0385

Email: adaire@mail.ucf.edu

APPENDIX C: INFORMED CONSENT

INFORMED CONSENT

Researcher Information

Name: Wendy Greenidge
Address: College of Education
University of Central Florida
P.O. Box 161250
Orlando, FL 32816
Phone: (407) 455-2638

Supervisor Information

Dr. Andrew P. Daire
College of Education
University of Central Florida
P.O. Box 161250
Orlando, FL 32816
(407) 823-0385

Dear Participant,

I am a doctoral candidate in the Counselor Education program at the University of Central Florida in Orlando, Florida. As partial fulfillment of the requirements of this Ph.D. program, I am conducting a study on the attitudes towards seeking professional counselling of English-Speaking Caribbean College students. I am being supervised by my major advisor, Dr. Andrew P. Daire who, like myself, is of Caribbean descent. You have been identified as a potential participant because you are a college student of Caribbean descent.

Should you agree to participate in this study, you will be asked to complete a demographic questionnaire and four other instruments which will take you approximately thirty minutes to complete. If you are unable to complete the questionnaires at this time, you will be given a self-addressed stamped envelope in which to return the materials to me. All packets should be returned to the researcher by **January 15, 2007**. You **MUST** be 18 years or older to participate in this study. Your participation in this study is completely voluntary and **CONFIDENTIAL**. You will notice that you will **NEVER** be asked to provide your name on any of the questionnaires. This is to protect your identity and anonymity of responses. All forms obtained from you will be stored in a locked and secure cabinet and access to this will be limited to the researcher and major advisor.

There is no compensation for participation in this study. However, you will provide me with valuable information which will help others understand the Caribbean culture and how this impacts the attitudes of its people. Your responses will also help campuses tailor their programs to meet the needs of Caribbean students like yourself. Please note that you may withdraw your consent to participate in this study at any time, without penalty.

Further information regarding your rights as a participant may be obtained from

***IRB Coordinator
Institutional Review Board (IRB)
University of Central Florida (UCF)
12201 Research Parkway, Suite 501***

Orlando, Florida 32826-3246

Telephone: (407) 823-2901

By signing this consent form, you are indicating that the study has been explained to you, that you have read the consent form and that you voluntarily agree to participate in this study. A second copy of this form is also provided for your records. A synopsis of the results of this study will be provided to you upon written request.

Participant's Signature

Date

Participant's Printed Name

Date

Investigator's Signature

Date

APPENDIX D: INSTRUMENTS

DEMOGRAPHIC QUESTIONNAIRE
Wendy-lou L. Greenidge

*****Please do not write your name anywhere on this form*****

This form requests demographic and background information. It is anonymous. **No one will ever be able to associate the responses with you.** Place a check mark ✓ next to the responses that best describe you.

1. Age _____ 2. Gender M ___ F ___ 3. Academic Major _____

4. Degree Program:

Bachelor's _____ Doctorate _____
Master's _____ Other (specify) _____

5. Marital Status:

Single _____ Widowed _____ Separated _____
Divorced _____ Married _____ Cohabiting _____

6. Place of birth (island) _____.

7. Have you ever lived outside your home island? If yes, where _____ how long _____?

8. If you *currently* live in the US, how long have you been there? ___ years ___ months.

9. Religious Affiliation, if any _____ (e.g. Catholic, Anglican, Baptist etc)

10. Parental Citizenship: Mother _____ Father _____.

11. Have you ever been to see a professional counselor? **Check all that apply.**

____ Academic Counselling _____ Marriage/Couples Counselling
____ Personal Counselling _____ Religious/Spiritual Counselling
____ Career/Vocational Counselling _____ Other (specify) _____
____ None

12. If so, in which country(ies)? _____

13. How was your experience with counselling?

Very Negative _____ No Effect _____ Very Positive _____
Slightly Negative _____ Slightly Positive _____ Not Applicable _____

*****PLEASE TURN OVER*****

14. Would you be fearful that other people found out you were seeing a counsellor?
Y ___ N ___

15. Is your response to No 12 influenced by the way mental health is viewed in your home country? Yes ___ No ___.

16. What types of concerns have you experienced in the *past year*? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Academics | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Irritability or Anger | <input type="checkbox"/> Sexual Concerns |
| <input type="checkbox"/> Alcohol or Drugs | <input type="checkbox"/> Adjustment to University |
| <input type="checkbox"/> Family Relationships | <input type="checkbox"/> Roommates/Friends |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Homesickness |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Anxiety/Panic |
| <input type="checkbox"/> Eating Problems | <input type="checkbox"/> Religious/Spirituality Issues |
| <input type="checkbox"/> Racial/Ethnic Issues | <input type="checkbox"/> Self-Esteem/Self-Confidence |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Other _____ |

17. Of the concerns checked above, which *one* concern bothered you the most? Please write the problem exactly as it appears in the list above. _____

18. What sources of help were utilized to address the concern indicated in question 15. Check ALL that apply.

- | | |
|--|--|
| <input type="checkbox"/> A Close Friend | <input type="checkbox"/> I didn't need help. I'm strong enough to handle it. |
| <input type="checkbox"/> Family/Relatives | <input type="checkbox"/> No Help Sought. I knew I'd snap out of it. |
| <input type="checkbox"/> Clergy/Minister/Pastor | <input type="checkbox"/> No Help Sought. I tried to be strong. |
| <input type="checkbox"/> Academic Counsellor | <input type="checkbox"/> No Help Sought. I was afraid I'd seem weak. |
| <input type="checkbox"/> Professor | <input type="checkbox"/> No Help Sought. I'm not crazy. It was no big thing. |
| <input type="checkbox"/> Psychologist/Counsellor | <input type="checkbox"/> No Help Sought. I prayed about it. |
| <input type="checkbox"/> Resident Aid | <input type="checkbox"/> No Help Sought. Explain why _____ |
| <input type="checkbox"/> Mental Health/Social Services | <input type="checkbox"/> Other _____ |

19. If you currently live in the U.S., how do you think your attitude towards counselling has changed from when you were back home? more positive ___ more negative ___ no change ___

PLEASE TURN OVER

20. What suggestions do you have for counsellors (both on and off campus) to encourage Caribbeans to utilize their services?

*****THANK YOU FOR COMPLETING THIS QUESTIONNAIRE*****
ALL RESPONSES WILL BE KEPT CONFIDENTIAL. PLEASE TURNOVER TO
CONTINUE.

Distress Disclosure Index (DDI)

(Kahn & Hessling, 2001)

SA-Strongly Agree A= Agree D= Disagree SD= Strongly Disagree

| | SA | A | D | SD |
|--|----|---|---|----|
| 1. When I feel upset, I usually confide in my friends. | | | | |
| 2. I prefer not to talk about my problems. | | | | |
| 3. When something unpleasant happens to me, I often look for someone to talk to. | | | | |
| 4. I typically don't discuss things that upset me. | | | | |
| 5. When I feel depressed or sad, I tend to keep those feelings to myself. | | | | |
| 6. I try to find people to talk with about my problems. | | | | |
| 7. When I am in a bad mood, I talk about it with my friends | | | | |
| 8. If I have a bad day, the last thing I want to do is talk about it. | | | | |
| 9. I rarely look for people to talk with when I am having a problem | | | | |
| 10. When I'm distressed I don't tell anyone. | | | | |
| 11. I usually seek out someone to talk to when I am in a bad mood. | | | | |
| 12. I am willing to tell others my distressing thoughts. | | | | |

Disclosure Expectations Scale (DES)

(Vogel & West, 2003)

(1) Not at all, (2) Slightly, (3) Somewhat, (4) Moderately, or (5) Very.

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. How difficult would it be for you to disclose personal information to a counselor? | | | | | |
| 2. How vulnerable would you feel if you disclosed something very personal you had never told anyone before to a counselor? | | | | | |
| 3. If you were dealing with an emotional problem, how beneficial for yourself would it be to self-disclose personal information about the problem to a counselor? | | | | | |
| 4. How risky would it feel to disclose your hidden feelings to a counselor? | | | | | |
| 5. How worried about what the other person is thinking would you be if you disclosed negative emotions to a counselor? | | | | | |
| 6. How helpful would it be to self-disclose a personal problem to a counselor? | | | | | |
| 7. Would you feel better if you disclosed feelings of sadness or anxiety to a counselor? | | | | | |
| 8. How likely would you get a useful response if you disclosed an emotional problem you were struggling with to a counselor? | | | | | |

Multidimensional Scale of Perceived Social Support (MSPSS)

(Zimet, Dahlem, Zimet, & Farley, 1988)

1 =Very strongly disagree; 2= Strongly disagree; 3=Mildly disagree; 4= Neutral; 5= Mildly agree; 6=Strongly agree;
7= Very strongly agree

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 1. There is a special person who is around when I am in need. | | | | | | | |
| 2. There is a special person with whom I can share joys and sorrows. | | | | | | | |
| 3. My family really tries to help me. | | | | | | | |
| 4. I get the emotional help and support I need from my family. | | | | | | | |
| 5. I have a special person who is a real source of comfort to me. | | | | | | | |
| 6. My friends really try to help me. | | | | | | | |
| 7. I can count on my friends when things go wrong. | | | | | | | |
| 8. I can talk about my problems with my family. | | | | | | | |
| 9. I have friends with whom I can share my joys and sorrows. | | | | | | | |
| 10. There is a special person in my life who cares about my feelings. | | | | | | | |
| 11. My family is willing to help me make decisions. | | | | | | | |
| 12. I can talk about my problems with my friends | | | | | | | |

Attitude towards Seeking Professional Counseling Help (ATSPCH)

(Fischer & Turner, 1970)

SA-Strongly Agree A= Agree D= Disagree SD= Strongly Disagree

| | SA | A | D | SD |
|--|----|---|---|----|
| 1. Although there are counseling centers for people with mental problems, I would not have much faith in them. | | | | |
| 2. If a good friend asked my advice about a mental problem, I might recommend that he/she see a counselor. | | | | |
| 3. I would feel uneasy going to a counselor because of what some people would think. | | | | |
| 4. A person with a strong character can get over mental conflicts by him/herself, and would have little need of a counseling center. | | | | |
| 5. There are times when I have felt completely lost and would have welcomed counseling for a personal or emotional problem. | | | | |
| 6. Considering the time and expense involved in counseling, it would have doubtful value for a person like me. | | | | |
| 7. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family. | | | | |
| 8. I would rather live with certain mental conflicts than go through the ordeal of getting counseling. | | | | |
| 9. Emotional difficulties, like many things, tend to work out by themselves. | | | | |
| 10. There are certain problems, which should not be discussed outside of one's immediate family. | | | | |
| 11. A person with a serious emotional disturbance would probably feel most secure in a good counseling center. | | | | |
| 12. If I believed I was having a mental breakdown, my first inclination would be to get counseling. | | | | |
| 13. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns, | | | | |
| 14. Having been a counseling patient is a blot on a person's life. | | | | |
| 15. I would rather be advised by a close friend than by a counselor, even for an emotional problem. | | | | |
| 16. A person with an emotional problem is not likely to solve it alone; he/she is likely to solve it with a counselor's help. | | | | |
| 17. I resent a person or a counselor trained or not who wants to know about my personal difficulties. | | | | |
| 18. I would want to see a counselor if I was worried or upset for a long period of time. | | | | |

| | SA | A | D | SD |
|---|----|---|---|----|
| 19. The idea of talking about problems with a counselor strikes me as a poor way to get rid of emotional conflicts. | | | | |
| 20. Having been counseled carries with it a burden of shame. | | | | |
| 21. There are experiences in my life I would not discuss with anyone. | | | | |
| 22. It is probably best not to know everything about oneself. | | | | |
| 23. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in counseling. | | | | |
| 24. There is something admirable in the attitude of a person who is willing to cope with his/her conflicts and fears without resorting to counseling. | | | | |
| 25. At some future time I might want to receive counseling. | | | | |
| 26. A person should work out his/her own problems; getting counseling would be a last resort. | | | | |
| 27. Had I received treatment at a counseling center, I would not feel that it ought to be "covered up." | | | | |
| 28. If I thought I needed counseling help; I would get it no matter who knew about it. | | | | |
| 29. It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and clergymen. | | | | |

APPENDIX E: BIOGRAPHICAL SKETCH

WENDY-LOU LESLIE GREENIDGE
P.O. Box 781192
Orlando, FL 32878-1192
Phone: 407-455-2638
Email: wgreenid@mail.ucf.edu

EDUCATIONAL BACKGROUND

- Ph.D. (2007) University of Central Florida, Orlando, Florida
Major Field: Counselor Education
Accredited by CACREP
Anticipated Graduation: May 5, 2007
- M.A. (2003) University of Central Florida
Major Field: Clinical Psychology
Daytona Beach, Florida
Cumulative G.P.A. 4.000
August 2001 – August 2003
- B.Sc. (2000) University of the West Indies (St. Augustine Campus)
Major Field: Psychology
Minor Field: Human Resource Management

PUBLICATIONS

Refereed Publications

- Johnson, N.M., Daire, A.P., Greenidge, W.L. (2006). Mentoring: An intervention for urban schools. *International Journal of Arts and Sciences*, 1(1), 38-41.
- Greenidge, W.L., & Daire, A.P. (2005). The application of gaming technology to counselor education programs. *Journal for Technology in Counseling*, 4(1). Available online at http://jtc.colstate.edu/Vol4_1/Index.htm.

Under Review

- Greenidge, W.L. (Manuscript under review). Designing psycho-educational groups for West Indian college students.
- Greenidge, W.L., Salazar, G. (Manuscript under review). The use of gaming technology to increase the career self-efficacy of African American High School Students: Initial Considerations.

Daire, A.P., & Greenidge, W.L. (Manuscript under review). A cross cultural investigation of the Nurturing Father's Program outcomes. *Journal of Multicultural Counseling and Development*.

Daire, A.P., Greenidge, W.L., & Johnson, N.M. (Manuscript under review). Parental attitudes and behaviors of participants in the Nurturing Father's Program. *Journal of Family Issues*.

PROFESSIONAL TEACHING EXPERIENCE

Summer 2007 University of Central Florida
MHS6070: Treatment and Diagnosis in Counseling (3 credit course)
Graduate Level Course

 University of Central Florida
MHS 6803: Counseling Practicum
Graduate Level Course

Spring 2007 University of Central Florida
MHS 6020: Mental Health Care Systems (3 credit hours)
Graduate Level Course

 MHS 7501: Technology in Counseling (Doctoral Level Course)
University of Central Florida
Guest Lecture

Fall 2006 University of Central Florida
MHS 5005: Introduction to Counseling (3 credit hours)
Graduate Level Course

Spring 2006 University of Central Florida
MHS 6500: Group Procedures and Theories in Counseling (3 credit hours)
Graduate Level Course
MHS 6401: Techniques in Counseling
University of Central Florida
Guest Lecture

 MHS 7501: Technology in Counseling (Doctoral Level Course)
University of Central Florida
Guest Lecture

 MHS 6803: Counseling Practicum
University of Central Florida
Guest Lecture

- Fall 2005 University of Central Florida
MHS 6803: Counseling Practicum (3 credit hours)
Responsibilities:
Live Supervision
Weekly dyad supervision
- Fall 2005 University of Central Florida
MHS 6401: Techniques in Counseling (3 credit hours)
Graduate Level Course

OTHER PROFESSIONAL EXPERIENCE

- 08/04 – Present Holmes Scholar
University of Central Florida
Responsibilities:
Collaborate with professional development schools in community
Develop, Implement & Evaluate Mentoring Program for at-risk students
Conduct and provide national and international research and presentations
- 01/06 – Present Intervention Services- Osceola Outpatient
Senior School & Mental Health Counselor
Responsibilities:
Provide individual and family counseling to at-risk students
- 08/05 – Present University of Central Florida
Project Intervention NET (Networking Educational Teams)
Responsibilities:
Design and Implement a Response to Intervention Model together with a
multidisciplinary team (SLPs, School Counselors, Mental Health
Counselors, Psychologists, Special Education Professionals and other
School Administrators)
- 01/05 – 08/05 University of Central Florida
Responsibilities:
Counseling Consultant
Grant-Funded Project; Beyond the
Struggling Reader: Interventions for at-risk students
Principal Investigator: Mary Little, Ph.D.
- 03/05 – 08/05 University of Central Florida
Nurturing Fathers Project
Responsibilities:
Research Assistant
Collaborate with Nurturing Fathers Projects Nationwide

Principal Investigator – Dr Andrew P. Daire

- 05/05 – 08/05
University of Central Florida
Community Counseling Clinic
Responsibilities:
Provide counseling services
Administration of Clinic
Assist faculty members
- 08/04 – 12/04
University of Central Florida
Community Counseling Clinic
Responsibilities:
Provided individual counseling sessions (including play therapy sessions) as well as family sessions with the parents of clients.
- 09/04 – Present
Project CENTRAL – University of Central Florida
Principal Investigator – Dr Mary E. Little
Responsibilities:
Project CENTRAL is funded by a grant from the Florida Department of Education. This is a comprehensive, statewide project designed to identify and disseminate information about resources, professional development, and research related to current and emerging effective instructional practices.
- 08/03 – 08/04
The Center for Drug Free Living, Kissimmee, Florida
Senior Youth Counselor
Responsibilities:
Provide individual, group and family therapy. Responsible for development of client's behavioral health discharge and after care plan. Liaise with Department of Juvenile Justice, Juvenile Drug Court, ADM. Performs psychosocial assessments, coordinates and implements behavioral health programming, monitors overall course of treatment services, convenes at treatment team meetings and conducts urinalyses and other drug/alcohol examinations. Currently has a caseload of 24 Juvenile Drug Court clients who attend individual, group and family sessions weekly. Also conducts DUI classes, 1-2 times weekly and occasionally provides services to Adult Drug Court and USPO clients.
- 03/03 – 04/03
The Serenity House, Daytona Beach, Florida
Addictions Counselor Volunteer
Responsibilities:
Performed intakes and assessments as well as treatment planning recommendations and case evaluations.

- 02/03 – 08/03 The House Next Door, Port Orange, Florida
 Clinical Psychology Intern
Responsibilities:
 Provided individual, family and play therapy. Conducted intakes as well as bio-psychosocial assessments. Engaged in treatment planning and recommendations as well as weekly Progress notes.
- 02/03 – 08/03 PACE Center for Girls, Daytona Beach, Florida
 Clinical Psychology Intern
Responsibilities:
 Assisted in intake assessments, individual therapy and conflict Resolution. Worked with clients to develop bi-weekly individual Treatment plans.
- 08/02 – 01/03 Halifax Behavioral Services, Daytona Beach, Florida
 Clinical Psychology Intern
Responsibilities:
 Worked with children ages 5-18 and facilitated and conducted, individual, group, family and multi-family therapy. Also provided Regular play therapy and co-facilitated recreational therapy. Observed clients in the classroom environment and aided teachers when necessary. Completed daily therapy notes as well as weekly progress notes. Participated in weekly case presentations in collaboration with site psychiatrists.
- 06/2002 Halifax Behavioral Services, Daytona Beach, Florida
 Student Counselor- Clinical Practicum
Responsibilities
 Co-facilitated individual, group, family and recreational therapy.
- 08/01 – 08/03 University of Central Florida, Daytona Beach Campus, Florida
 Graduate Student Employee
Responsibilities:
 Provided daily assistance to the executive director and support staff. Liaised with the general public in facilitating the application process. Maintained the applicant logs of advertised positions and performed various secretarial duties and customer services.
- Summer 2001 The Family Planning Unit, St. Lucia, West Indies
 Intern Counselor
Responsibilities:
 Helped design, implement and evaluate the effectiveness of a summer program, which was developed for at-risk youth.

- 06/01 – 08/01 National Enrichment & Learning Program, St. Lucia, W.I.
Facilitator/Instructor
Responsibilities:
Designed weekly lesson plans and taught adult education classes in “Social Development” and “Communication”
- 01/00 – 04/01 Babonneau Secondary School, St. Lucia, W.I
Advisor & Facilitator
Responsibilities:
Junior Achievement Middle Grade Program
Worked with children ages 12-15 years.
- 09/00 – 07/01 Babonneau Secondary School, St. Lucia,
Instructor: “Information Technology” & “Office Procedures”
Responsibilities:
Taught and supervised twelve high school classes with 25-35 students each (ages 12-18). Developed and executed daily lesson plans and served as the homeroom teacher for one class with students 12-13 years old.
- 09/95 – 07/97 Bocage Secondary School, St. Lucia,
Instructor – French Language
Responsibilities:
Developed and executed daily lesson plans with nine classrooms with 30 students each (ages 12-17 years old). Supervised and monitored the progress of thirty students and liaised with their parents. Coordinated a Language Club at the school and facilitated weekly meetings with student members.

PROFESSIONAL PRESENTATIONS

National Presentations

Greenidge, W., Marrah, C., & Davis, K. (2007, January). Providing culturally responsive mentoring to at-risk students. Paper presented at the Annual Holmes Scholars National Conference, San Antonio, Texas. **(Refereed)**

Greenidge, W. (2006, April). *Designing Psycho-educational Groups for West Indian College Students*. American Counseling Association Annual Conference (ACA), Montreal, Canada. **(Refereed)**

Greenidge, W., Marrah, C., Young, W. (2006, February). *Academy of Excellence: Designing, Implementing and Evaluating a Mentoring Program for at-risk Students*. Paper presented at the Annual Holmes Scholars National Conference, Chicago, Illinois. **(Refereed)**

Mitcham-Smith, M., Johnson, N., Greenidge, W., & Oliva, V. (2005, April). *The Role of the Mental Health Professional in Family Court Issues: Family Mediation and Parenting Coordination*. Paper presented at the American Counseling Association Annual Conference, Atlanta, Georgia, USA. **(Refereed)**

Ray, S., Greenidge, W., Pollock, S., Livingston, T. (2005, April). *Counseling Survivors of Domestic Violence*. Paper presented at the American Counseling Association Annual Conference, Atlanta, Georgia, USA. **(Refereed)**

Platt, J., Greenidge, W., Johnson, N., Marrah, C., Marrett, C., Ruiz, M., Kimemia, M., Young, W., & Broxton, T. (2005, January). *UCF Holmes Scholars, Alumni and local partnership members: Collaborative initiatives that work*. Paper presented at the Annual Holmes Scholars National Conference, Philadelphia, USA. **(Refereed)**

Regional and State Presentations

Greenidge, W., & Daire, A. (2006, September). *The Application of Gaming Technology in Counselor Education Programs*. Southern Association of Counselor Education and Supervision (SACES), Orlando, Florida. **(Refereed)**

Greenidge, W. (2005, November). *Groups for Caribbean Students*. Presented at the Florida Counseling Association Annual Conference, Orlando, Florida. **(Refereed)**

Mitcham-Smith, M., Greenidge, W., & Johnson, N. (2005, November). *Children Caught in the Middle of Divorce: The Counselor's Role in Family Court Issues*. Presented at the Florida Counseling Association (FCA) Annual Conference, Orlando, Florida. **(Refereed)**

Mitcham-Smith, M., Greenidge, W., & Johnson, N. (2005, November). *Children with Divorced Parents: The Counselor's Role in Family Court Issues*. Presented at the Florida Counseling Association (FCA) Annual Conference, Orlando, Florida. **(Refereed)**

Curry, J., Greenidge, W., & Pollock, S. (2005, November). *Using Multimedia Presentations to Promote Students' Awareness of Values in a Cultural Context*. Presented at the Florida Counseling Association (FCA) Annual Conference, Orlando, Florida. **(Refereed)**

Curry, J., Csaszar, E., & Greenidge, W. (2005, June). *Expressive Arts, Music and Experiential Therapy for Grieving Children and Adolescents. A One Day Learning Institute* Presented at the Counselor Institute for School and Mental Health Counseling, Orlando, Florida. **(Refereed)**

Platt, J., Greenidge, W., Johnson, N., Marrah, C., Marrett, C., Ruiz, M., Kimemia, M., Young, W., & Broxton, T. (2005, January). *Birds of Many feathers do Flock Together: A Collaborative Model that Works for Schools and Universities*. Paper presented at the Annual Professional Development Schools National Conference, Orlando, USA. **(Refereed)**

Greenidge, W., Johnson, N., Curry, J., Csaszar, E., Pollock, S., & O'Brien (2004, October)
*International and ESOL students: Cultural Differences and Educational Expectations.
Becoming More Inclusive & Diverse.* Panel Discussion presented at UCF's Diversity
Week, Orlando, FL, USA. **(Invited)**

PROFESSIONAL AFFILIATIONS

American Counseling Association (ACA)
Association for Multicultural Counseling & Development (AMCD)
Florida Counseling Association (FCA)
Florida Association for Multicultural Counseling & Development (FAMCD)
Phi Kappa Phi – UCF Chapter
Chi Sigma Iota- Upsilon Chi Chapter, Univ. of Central Florida
Psi-Chi, The National Honor Society in Psychology, USA
International Student Association, UCF, Florida
Psychology Students Association, UCF, Florida
Association of Peer Counselors (UWI-Trinidad)

PROFESSIONAL SERVICE

- Advisor- International Students Association and Counseling Services (2006-2007).
University of Central Florida, Orlando, Florida.
- Career Counseling Mentor to High School Students (2006-2007). Oviedo High School,
Florida.
- Vice President, International Student Association (2005-2006). University of Central
Florida.
- Florida Counseling Association (FCA), Graduate Student Volunteer
- Greenidge, W., Young, W., & Marrah, C. (2005-present). “*Academy of Excellence*”.
Developed, Implemented and Evaluated a Mentoring Program for At Risk Middle School
Students, Discovery Middle School, Orlando, Florida.
- Mentor to Master’s Level African American and International Students (2004- present).
- Search Committee Member, Doctoral-level Interviews (Counselor Education), University
of Central Florida, Counselor Education (2005- present)
- Search Committee Member, Masters-level Interviews (Counselor Education), University
of Central Florida (2005- present)

HONORS & AWARDS

Pete Fisher Scholarship

Spring 2007, Fall 2006, Fall 2005

University of Central Florida

Counselor Education Doctoral Program

Association for Multicultural Counseling & Development

Mentee Award

April 2005 - present

Fulbright Full Scholarship

May 2001 – August 2004

Academic Excellence

University of the West Indies

October 2000

Honors Thesis – 1st Prize

University of the West Indies

Impact of Physical and Sexual Abuse on the Academic Performance and Self-Esteem of Children in Trinidad and Tobago

May 2000

St. Lucian Government Economic Cost Award

September 1998 – May 2000

REFERENCES

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