Journal of Counseling Psychology
2014, Vol. 61, No. 3, 340–351

0022-0167/14/$12.00 http://dx.doi.org/10.1037/cou0000027

AAPI College Students' Willingness to Seek Counseling: The Role of Culture, Stigma, and Attitudes

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This study tested 4 theoretically and empirically derived structural equation models of Asian, Asian American, and Pacific Islanders' willingness to seek counseling with a sample of 278 college students. The models represented competing hypotheses regarding the manner in which Asian cultural values, European American cultural values, public stigma, stigma by close others, self-stigma, and attitudes toward seeking professional help related to willingness to seek counseling. We found that Asian and European American cultural values differentially related to willingness to seek counseling indirectly through specific indirect pathways (public stigma, stigma by close others, self-stigma, and attitudes toward seeking professional help). Our results also showed that the magnitude of model-implied relationships did not vary as a function of generational status. Study limitations, future directions for research, and implications for counseling are discussed.

Keywords: AAPI, counseling, culture, stigma, attitudes

Epidemiological studies have found that Asian, Asian American, and Pacific Islanders (AAPI) have higher rates of depression and anxiety than European Americans (Lam, Pepper, & Ryabchenko, 2004; Okazaki, 2000). Despite these high rates of mental distress, AAPI populations also tend to utilize mental health services at significantly lower rates than the general population (Abe-Kim et al., 2007; Le Meyer, Zane, Cho, & Takeuchi, 2009). In fact, the National Institute of Mental Health's study of national service utilization found that Asian American individuals are three times less likely to utilize mental health services than their European American peers (Matsuoka, Breaux, & Ryujin, 1997). Findings from the nationally representative National Latino and Asian American Study (NLAAS) also revealed that 368 of Asian American participants who met criteria for mood and substance abuse disorders reported lower rates of mental-health-related service utilization than the general population (Le Meyer et al., 2009). Consistent with NLAAS findings, a meta-analysis of 13 regionally and nationally representative studies indicated that Asian Americans used mental health services at a rate of approximately 30%–50% less than their European American peers (Yang & Wonpat-Borja, 2006).

Over the past several years, researchers have framed the phenomena of AAPI's low mental health service utilization in terms of unwillingness to seek counseling. *Willingness to seek counseling* refers to the degree to which individuals are inclined to engage the services of a counselor for academic, vocational, intrapersonal, social, health, or discrimination problems (Gim, Atkinson, & Whiteley, 1990; Kim & Omizo, 2003). Collectively, studies have linked AAPI's willingness to seek counseling to cultural values, stigma, and attitudes toward seeking professional help (Kim, 2007; Ludwikowski, Vogel, & Armstrong, 2009; Miller, Yange, Hui, Choi, & Lim, 2011; Vogel, Wade, & Haake, 2006; Vogel, Wade, & Hackler, 2007). Therefore, in this study, we tested the ways in which AAPI individuals' adherence to Asian and European American cultural values related to their willingness to seek counseling directly and indirectly through stigma toward counseling and attitudes toward seeking professional help.

Stigma Toward Counseling and Attitudes Toward Seeking Professional Help

According to Corrigan (2004), stigma is one of the most common reasons that individuals are unwilling to seek counseling. *Stigma toward counseling* refers to an individual's perception of the devaluation, rejection, and discrimination that may occur if the individual receives counseling (Major & O'Brien, 2005; Yang et al., 2007). Stigma toward counseling is related to less positive attitudes toward seeking professional help and a diminished willingness to seek counseling (Ludwikowski et al., 2009; Vogel et al., 2006; 2007). Stigma toward counseling is an especially relevant construct for AAPI populations, who tend to report higher levels of stigma toward seeking counseling than other cultural groups (Gilbert, et al., 2007). Studies have shown negative relationships between stigma and attitudes toward seeking counseling and between stigma and mental health service utilization among AAPI individuals (Eisenberg, Downs, Golberstein, & Zivin, 2009; Kandula, Kersey, & Lurie, 2004; Shea & Yeh, 2008).

An emerging body of research suggests that stigma toward counseling occurs across three distinct domains (Ludwikowski et al., 2009; Vogel et al., 2006, 2007; Vogel, Wade, & Ascheman, 2009). *Public stigma* refers to an individual's perception of soci-

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This study is based in part on the master's thesis conducted by Na-Yeun Choi and chaired by Matthew J. Miller. We thank Charles J. Gelso and Clara E. Hill for their comments on earlier versions of this article.

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etal stigma related to seeking counseling (Corrigan, 2004; Komiya, Good, & Sherrod, 2000). *Stigma by close others* refers to an individual's perception of stigma toward counseling held by members of their close social network (Vogel, Wade, et al., 2009). Stigma by close others construct was originally developed because an individual's experience with stigma toward counseling among close peers, family members, or friends may differ from their experiences of stigma in the general population (Vogel, Wade, et al. 2009). *Self-stigma* refers to an individual's belief that she or he is socially unacceptable because of seeking counseling; ultimately this can have a detrimental impact on self-esteem (Vogel et al., 2006).

Current theory and research suggest that public stigma and stigma by close others influence attitudes toward seeking professional help (i.e., an individual's broad feelings about seeking assistance from mental health professionals when facing emotional and relational challenges that are not dependent upon particular kinds of distress or types of professionals) indirectly through self-stigma toward counseling (Fischer & Farina, 1995; Kim & Omizo, 2003; Ludwikowski et al., 2009; Vogel et al., 2006). Research also demonstrates the indirect way in which public stigma relates to willingness through self-stigma and attitudes (Vogel et al., 2007). The influence of perceived public stigma and stigma by close others on an individual's self-stigma toward counseling seems especially salient for AAPI populations, who tend to be apprehensive about deviating from societal and close network norms (Kim et al., 1999; Yang et al., 2007). However, this body of research is based on primarily European American samples (although one recent study by Cheng, Kwan, & Sevig, 2013 examined the relationship between stigma by close others and self-stigma toward counseling with a sample of racially diverse college students); therefore the generalizability of these findings regarding the relationships between stigma domains and willingness to seek counseling across AAPI populations is unclear.

Cultural Values

The stigma associated with seeking counseling in AAPI populations may vary, in part, based on the degree to which individuals espouse cultural values. Research to date (Kim & Omizo, 2003; Shea & Yeh, 2008) has focused on the relationship between willingness to seek counseling and espousal of Asian cultural values (e.g., collectivism, shame avoidance, and emotional restraint; Kim, Atkinson, & Yang, 1999). Although the AAPI population represents a heterogeneous group of ethnic groups with unique languages, sociopolitical histories, customs, and social norms, there are a number of cultural values that are salient for many AAPI subpopulations (Kim et al., 1999; Miville & Constantine, 2007). For example, collectivism, emotional restraint, conformity to norms, and deference to authority, and humility are commonly espoused values within AAPI subpopulations (Kim, 2007). Asian values are relevant when considering AAPI individuals' willingness to seek counseling. For example, the focus on and exploration of emotions in counseling may conflict with the Asian cultural value of emotional restriction (Uba, 1994); therefore, AAPI individuals who espouse Asian values may feel that the expression of emotions in the counseling setting is shameful and embarrassing (Kim, 2007). Not surprisingly, studies have found that adherence to Asian cultural values is related to less positive attitudes toward seeking professional help (Kim, 2007; Kim & Omizo, 2003; Miller et al., 2011) and diminished willingness to seek counseling (Kim & Omizo, 2003; Shea & Yeh, 2008). In two recent studies, investigators found that attitudes toward seeking professional help mediated the relationship between espousal of Asian cultural values and willingness to seek counseling (Kim & Omizo, 2003; Liao, Rounds, & Klein, 2005). In the present study, we extended this research by testing the hypothesis that stigma toward counseling is a mechanism through which Asian cultural values shape attitudes toward seeking professional help and willingness to seek counseling.

We also extended research in this area by accounting for AAPI individuals' espousal of European American cultural values. It is generally accepted that AAPI individuals in the United States exist in a bicultural context in which they are exposed to European American culture and their culture of origin (Kim 2007; Miller et al., 2011). Due to this sustained exposure to both cultures, AAPI individuals may internalize aspects of Asian culture and European American culture (Kim, 2007; Miller, 2007). Therefore, attending to espousal of both Asian cultural values and European American cultural values might provide a better approximation of AAPI's willingness to seek counseling. For example, Kim (2007) hypothesized that AAPI individuals who espouse European American values (e.g., openness and change) might feel less shame about counseling and might therefore be more willing to seeking it. We hypothesized that European American cultural values would be associated with less perceived public stigma and stigma by close others. In addition, although no prior studies have examined the relationship between European American cultural values and willingness to seek counseling, European American cultural values have been linked to more positive attitudes toward seeking professional help (Miller et al., 2011). Therefore, given the established link between attitudes toward seeking professional help and willingness to seek counseling (Kim & Omizo, 2003; Liao et al., 2005; Vogel, Wade, et al., 2009), we hypothesized that European American cultural values would relate positively to willingness to seek counseling.

In spite of the emerging research in this area, it is unclear whether culture relates to willingness to seek counseling directly or indirectly. Ting and Hwang (2009) hypothesized that culture is a distal variable that can describe help-seeking attitudes and that stigma might be a more proximal variable of the degree to which an individual subscribes to the cultural perceptions and attitudes about mental health problems and service use. Recent research in well-being and emotion regulation supports the indirect effect (distal) hypothesis of culture (Butler, Lee, & Gross, 2007; Hui, Lent, & Miller, 2013). However, perhaps more relevant to the present study, Liao et al. (2005) and Kim and Omizo (2003) found that espousal of Asian cultural values related to willingness to seek counseling indirectly through attitudes toward seeking professional help. However, Miville and Constantine (2007) found that Asian cultural values related to willingness to seek counseling directly and indirectly through perceived public stigma in a sample of 201 Asian American college students. Based on the extant theory and research, we hypothesized that Asian and European American cultural values would relate to willingness to seek counseling directly and indirectly through stigma domains and attitudes toward seeking professional help.

Purpose

Research on the low rates of mental health service utilization in AAPI has examined the influence of attitudes, stigma, and culture on the willingness of AAPI individuals to seek counseling. The present study builds on this research by (a) including both attitudes toward seeking professional help and willingness to seek counseling, whereas the majority of studies to date have included either attitudes or willingness, (b) including espousal of European American cultural values, (c) modeling three domains of stigma toward counseling, and (d) testing whether generational status impacts the ways in which cultural values, stigma domains, and attitudes relate to willingness to seek counseling.

Guided by prior research and theory, we made a number of a priori hypotheses regarding the direction of relationships between variables and specific ordering of variables (see Figure 1). First, we hypothesized that espousal of Asian cultural values would have positive relationships with public stigma (see Path a, Figure 1) and stigma by close others (Path b), and negative relationships with attitudes toward seeking professional help (Path i) and willingness to seek counseling (Path k; Kim, 2007; Kim & Omizo, 2003; Miller et al., 2011; Miville & Constantine, 2007; Shea & Yeah, 2008). We made similar—but more tentative hypotheses (given the lack of prior empirical research on European American cultural values)—that espousal of European American cultural values would have negative relationships with public stigma (Path c) and stigma by close others (Path d), and positive relationships with attitudes toward seeking professional help (Path j) and willingness to seek counseling (Path l; Kim, 2007; Miller et al., 2011). We hypothesized that public stigma (Path e, Figure 1) and stigma by close others (Path f) would have positive relationships with self-stigma (Cheng et al., 2013; Ludwikowski et al., 2009; Vogel et al., 2006, 2007; Vogel, Wade, et al., 2009).

Based on the finding that self-stigma fully mediated the relationships between public stigma and attitudes toward seeking professional help, and stigma by close others and attitudes toward seeking professional help (see Ludwikowski et al., 2009; Vogel et al., 2007), we did not estimate the direct effects of public stigma and stigma by close others on attitudes toward seeking professional help. We did hypothesize that self-stigma would have an inverse relationship with attitudes toward seeking professional help (Path g; Ludwikowski et al., 2009; Shechtman, Vogel, & Maman, 2010; Vogel et al., 2006, 2007; Vogel, Michaels, & Gruss, 2009) and that attitudes toward seeking professional help would relate positively to willingness to seek counseling (Path h; Kim & Omizo, 2003; Vogel et al., 2007).

We were especially interested in testing whether espousal of Asian cultural values and European American cultural values related to willingness to seek counseling (Paths k and l) directly or whether these cultural variables related to willingness indirectly through stigma domains and attitudes (Paths a–e–g–h; b–f–g–h; c–e–g–h; d–f–g–h; i–h; and j–h). Based on the extant research and theory (Hui et al., 2013; Kim 2007; Kim & Omizo, 2003; Liao et al., 2005; Miville & Constantine, 2007; Ting & Hwang, 2009), we compared competing direct and indirect effects cultural values models of AAPI's willingness to seek counseling. Finally, we were interested in examining whether generational status, which is determined by one's place of birth and the age and stage of life during which one immigrates to a new country, was an important factor in understanding AAPI's willingness to seek counseling. Therefore, we tested the generational status moderator hypothesis (Miller et al., 2011), which assumes that generational status differences (e.g., 1st- and 1.5-generation individuals were born in an Asian country and immigrated to the United States as adults and adolescents, respectively, whereas 2nd and later generations were born in the United States) in cultural socialization experiences might differentially shape the ways in which cultural values relate to willingness to seek counseling for Asian-born and U.S- born populations.

Method

Procedures

After obtaining approval from our university's institutional review board, we asked the registrar's office to generate an e-mail listserv composed of 2,000 randomly selected, self-identified AAPI undergraduate and graduate students from a large mid-Atlantic university. We used this listserv to recruit students to participate in a one-time, confidential online survey of AAPI cultural values that explored AAPI's willingness to seek counseling. To increase the number of participants, we also recruited participants from AAPI student organizations and the Asian American Studies Office at the same university. In total, 337 (285 through the listserv and 52 from the organizations) students responded to the recruitment. Although the response rate from the listserv recruitment was 14.25%, it was likely an underestimate as it was not possible to determine how many individuals actually received or read the e-mail recruitment letter. Of the 337 initial surveys, 278 had less than 10% missing data and were therefore retained for analysis. We imputed missing values using the expectation maximization method (Schlomer, Bauman, & Card, 2010).

Participants

The sample for this study consisted of 278 self-identified AAPI university students (190 women, 85 men, three who did not report gender information) from numerous academic majors. The sample's mean age was 21.74 years (SD = 3.77, range = 18–45). Participants self-identified as Chinese (90; 32.4%), Korean (54; 19.4%), Asian Indian (28; 10.1%), Taiwanese (22; 7.9%), Filipino (17; 6.1%), Vietnamese (14; 5.0%), Japanese (10; 3.6%), Pakistani (eight; 2.9%), Thai (three; 1.1%), Nepali (three; 1.1%), Burmese (two; .7%), Bangladeshi (one; .4%), Cambodian (one; .4%), Malaysian (one; .4%), and Singaporean (one; .4%). Fifty-two (18.7%) participants self-identified as first generation, 66 (23.7%) as 1.5 generation, 145 (52.2%) as second generation, two (0.7%) as third generation, three (1.1%) as fourth generation, and two (0.7%) as fifth generation. Average years lived in the United States was 15.98 (SD = 7.29). Participants were freshmen (35; 12.6%), sophomores (56; 20.1%), juniors (64; 23%), seniors (60; 21.6%), and graduate students (58; 20.9%). The majority of participants (69.8%) reported no previous counseling experience.

Measures

Demographics questionnaire. Participants were asked to report their gender, age, years in college, academic major, racial/

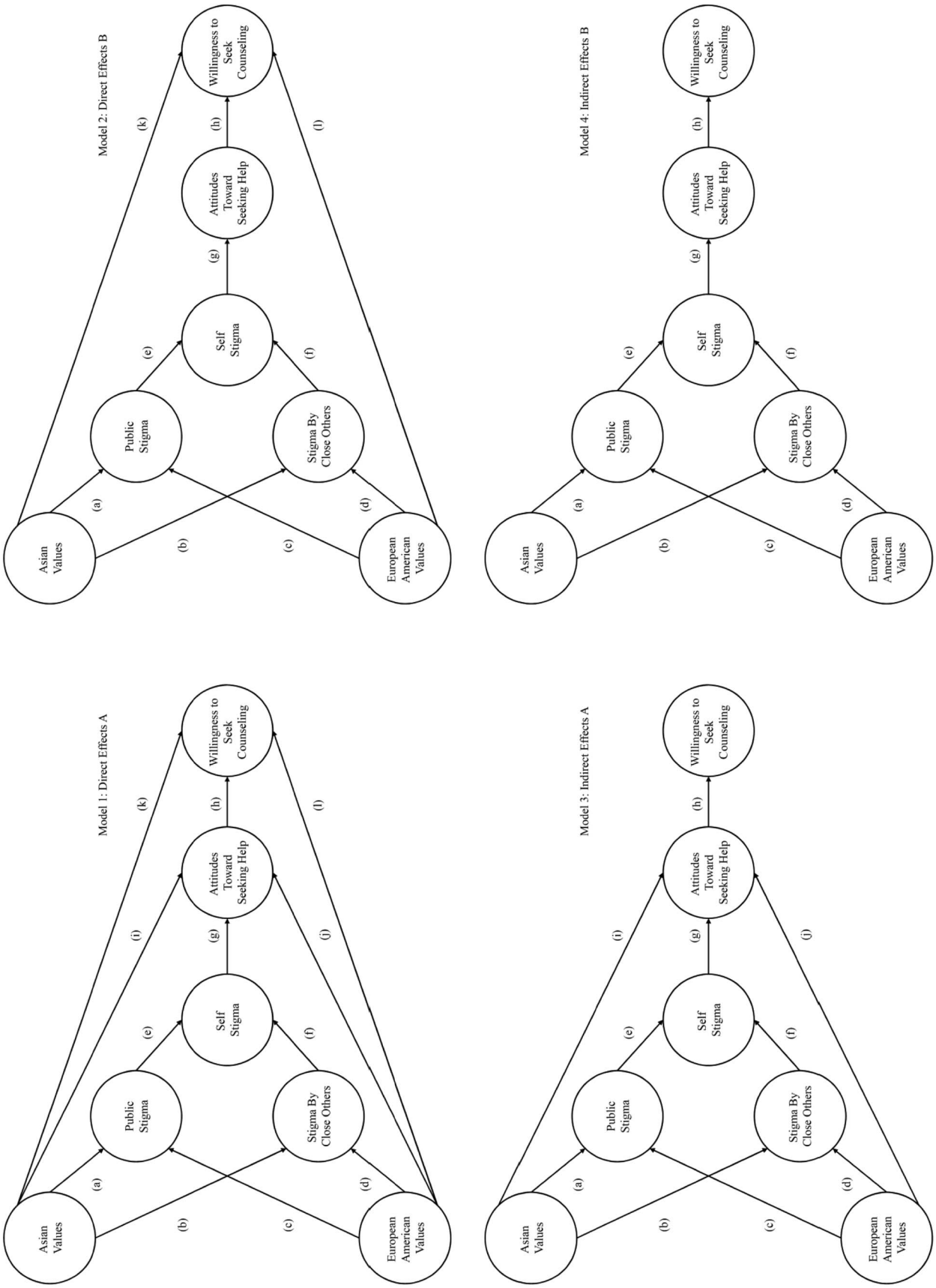

Figure 1. Direct and indirect effects structural models.

ethnic group, generational status (e.g., 1st and 2nd), and years lived in the United States.

Self-reported adherence to Asian cultural values. The Asian Values Scale–Revised (AVS–R), developed by Kim and Hong (2004), measures levels of adherence to Asian cultural values. The 25 AVS–R items are rated on a 4-point scale (1 = *strongly disagree*; 4 = *strongly disagree*). Examples of items include "One should not deviate from familial and social norms," and "One should be discouraged from talking about one's accomplishments." Higher scores indicate a greater adherence to Asian values. Construct validity of AVS–R scores was established through a theory-consistent relationship with attitudes toward seeking professional help (Miller et al., 2011). Prior AVS–R score reliability estimates with AAPI college students ranged from .70 to .72 (Ahn, Kim, & Park, 2009; Kim, Ahn, & Lam, 2009). Current AVS–R score reliability was .79.

Self-reported adherence to European American cultural values. The European American Values Scale for Asian Americans–Revised (EAVS–AA–R), developed by Hong, Kim, and Wolfe (2005), measures Asian American's adherence to European American cultural values. The EAVS–AA–R uses a 4-point scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Higher scores represent stronger adherence to European American values. Examples of items include "A student does not always need to follow the teacher's instructions," and "The world would be a better place if each individual could maximize his or her development." Construct validity evidence for EAVS–AA–R scores was established through theory-consistent relationships with mental health, acculturative stress, and attitudes toward seeking professional help (Miller et al., 2011). Prior EAVS–AA–R score reliability estimates with AAPI college students ranged from .64 to .78 (Hong et al., 2005; Kim, Ng, & Ahn, 2005; Park & Kim, 2008). In the present study, the reliability coefficient for EAVS–AA–R scores was .65.

Public stigma toward seeking counseling. The Stigma Scale for Receiving Psychological Help (SSRPH), developed by Komiya, Good, and Sherrod (2000), measured individuals' perceptions of the general public stigma associated with seeking counseling. SSRPH items are rated on a 4-point rating scale (1 = *strongly disagree*; 4 = *strongly agree*). Higher scores indicate a greater perception of public stigma toward seeking counseling. Examples of items include "Seeing a psychologist for emotional or interpersonal problems carries social stigma," and "People will see a person in a less favorable way if they come to know that he or she has seen a psychologist" (Komiya et al., 2000). Evidence of SSRPH score construct validity was demonstrated with a negative relationship with attitudes toward seeking professional help (Komiya et al., 2000). Prior SSRPH score reliability estimates with AAPI college students ranged from .67 to .80 (Chang & Chang, 2004; Miville & Constantine, 2007; Shea & Yeh, 2008). This investigation produced an internal consistency estimate of .84.

Stigma by close others for seeking counseling. The Perceptions of Stigmatization by Others for Seeking Help (PSOSH; Vogel, Wade, et al., 2009) assesses the perception held by the one's social network that an individual's decision to seek psychological help is socially unacceptable (Vogel, Wade, et al., 2009). The five PSOSH items are rated on a 5-point scale (1 = *not at all;* 5 = *a great deal*). Higher scores indicate greater perceived stigmatization from one's social network. Survey items begin with sentence stems such as "The people you interact with would . . . ," and participants select a phrase ("react negatively to you" or "think of you in a less favorable way") to complete the stem. Construct validity of PSOSH scores was demonstrated with theory-consistent relationships with public stigma for seeking counseling, self-stigma for seeking counseling, and public stigma of mental illness measure (Vogel, Wade, et al., 2009). The PSOSH produced an internal consistency estimate of .88 with predominantly European American college students (Vogel, Wade, et al., 2009). At the time of the present study, prior reliability estimates with AAPI college students was not available. Prior SSRPH score reliability estimates with racial and ethnic minority college students ranged from .88 to .92 (Cheng et al., 2013). In the present study, PSOSH score reliability was .92.

Self-stigma of seeking counseling. The Self-Stigma of Seeking Help (SSOSH; Vogel et al., 2006) assesses the perception held by individuals that seeking psychological help is socially unacceptable. This perception can lead to reductions in self-esteem or feelings of self-worth (Vogel et al., 2006). The SSOSH is a 10-item measure with each item rated on a 5-point scale (1 = *strongly disagree;* 5 = *strongly agree*), and higher scores reflect greater perceived self-stigma. Examples of items include "I would feel inadequate if I went to a therapist for psychological help," and "It would make me feel inferior to ask a therapist for help." Vogel et al. (2006) provided construct validity evidence for SSOSH scores by demonstrating theory-consistent relationships with public stigma and attitudes toward seeking professional help. Prior SSOSH score reliability estimates with racially diverse college students and predominantly European American college sample ranged from .86 to .90 (Cheng et al., 2013; Vogel et al., 2006; 2007; Vogel, Michaels, et al., 2009). In the present study, the reliability coefficient for SSOSH was .86.

Attitudes toward seeking professional help. The Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (ATSPPHS–SF; Fischer & Farina, 1995) assesses attitudes regarding seeking help from mental health professionals in times of emotional crisis or distress. The ATSPPHS–SF contains 10 items that are rated on a 4-point scale (1 = *disagree*; 4 = *agree*), with five reverse-scored items. Higher scores indicate a more positive attitude toward seeking psychological help. Sample items include "I would want to get psychological help if I were worried or upset for a long period of time," and "A person should work out his or her own problems; getting psychological counseling would be a last resort." Construct validity evidence for ATSPPHS–SF scores was demonstrated with a theory-consistent relationship with willingness to seek counseling in a sample of Asian American college students (Kim & Omizo, 2003). Fischer and Farina (1995) provided adequate test–retest reliability of .80 over a 1-month interval and internal consistency reliability of .84. Prior ATSPPHS–SF score reliability estimates with AAPI college students ranged from .77 to .85 (Gloria, Castellanos, Park, & Kim, 2008; Kim, 2007; Kim & Omizo, 2003). The reliability estimate for ATSPPHS–SF scores was .78 in the present study.

Willingness to seek counseling. Gim, Atkinson, and Whiteley's (1990) Willingness to See a Counselor measure (WSC) assesses individuals' inclination to seeking counseling for a number of mental health, academic, interpersonal, and racial/ethnic discrimination problems. The WSC includes 24 items that respondents rate from 1 (*not willing*) to 4 (*willing*) to indicate how likely

they would be to see a counselor for specific problems. Higher scores indicate a greater willingness to seek counseling. Kim and Omizo (2003) provided factor-analytic evidence for construct validity by confirming the hypothesized three-factor structure (personal, academic/career problems, and health problems) of the WSC. Prior studies involving the WSC yielded internal consistency estimates that ranged from .92 to .93 among AAPI college students (Kim & Park, 2009; Kim & Omizo, 2003). In the present study, WSC scores produced an internal consistency estimate of .94.

Results

Latent variable path modeling was used to test the hypothesized models. Given the large number of items for Asian cultural values, European American cultural values, self-stigma, attitudes toward seeking professional help, and willingness to seek counseling measures, we created three domain-representative item parcels to serve as observed indicators for each latent factor to reduce the number of estimated model parameters (Little, Cunningham, Shahar, & Widaman, 2002). We used individual items of public stigma and stigma by close others as observed indicators of their respective latent factors, given the small number of items associated with these scales.

We analyzed covariance and asymptotic covariance matrices in LISREL Version 8.54 and used the Satorra–Bentler scaled chi-square test to address the violation of multivariate normality. The standardized root-mean-square error of approximation (RMSEA), the standardized root-mean-square residual (SRMR), and the comparative fit index (CFI) aided in the assessment of model fit. RMSEA values less than .08, SRMR values less than or equal to .09, and CFI values greater than or equal to .90 indicated an adequate model fit (Hu & Bentler, 1999). Table 1 includes descriptive statistics and observed score bivariate correlations.

In the first stage of analysis, we tested the fit of the measurement model (Model 0), which fixed observed indicators to load on their respective factors. In the second stage, we tested and compared the fit of direct and indirect effects structural models. In the third stage, we tested whether the magnitude of structural coefficients was significantly different across Asian-born and U.S.-born individuals. Finally, in the fourth stage, we tested the statistical significance of model-implied specific indirect effects using 10,000 bootstrap samples and 95% bias-corrected confidence intervals.

Stage 1

The measurement model (Model 0) exhibited a good fit to the data (see Table 2), and the variance accounted for by observed indicators was 55% for Asian cultural values, 46% for European American cultural values, 52% for public stigma, 69% for stigma by close others, 71% for self-stigma, 46% for attitudes toward seeking professional help, and 85% for willingness to seek counseling. All the factor loadings were significant, and the mean loading was .77 (SD = .13). Of the 21 estimated factor interrelationships, 19 were significant.

Stage 2

Based on the extant theory and research, we tested four plausible competing structural models of AAPI willingness to seek counseling (see Table 2 and Figure 1). Model 1 tested the hypothesis that Asian and Western cultural values related to willingness directly (Paths k and l) and indirectly through the (a) public stigma → self-stigma → attitudes → willingness [Paths a–e–g–h and c–e–g–h], (b) stigma by close others → self-stigma → attitudes → willingness [Paths b–e–g–h and d–e–g–h], and (c) attitudes → willingness [Paths i–h and j–h] specific indirect pathways. Model 2 (see Figure 1) was similar to Model 1 but did not include the attitudes → willingness [Paths i–h and j–h] specific indirect pathways; Model 2 tested our tentative hypothesis that the established relationships between Asian cultural values and attitudes (Kim, 2007; Kim & Omizo, 2003; Miller et al., 2011) and European American cultural values and attitudes (Miller et al., 2011) would be explained by the stigma domains.

Model 3 (see Figure 1), which was similar to Model 1 but did not include the direct effects of Asian and European American cultural values on willingness (Paths k and l), tested our hypothesis (based in part on Kim & Omizo, 2003, and Miville & Constantine, 2007) that the direct relationships between cultural values and willingness would be explained by stigma domains and attitudes. Finally, Model 4 (see Figure 1), which did not include the direct effects of Asian and European American cultural values on willingness (Paths k and l) or the attitudes → willingness [Paths i–h and j–h] specific indirect pathways, tested our hypothesis that the

Table 1
Observed Score Means, Standard Deviations, Ranges, and Bivariate Correlations

Model variable	1	2	3	4	5	6	7	*M*	*SD*	Range
1. AVS	—							2.49	0.30	1.6–3.6
2. EVS	−.21**	—						2.87	0.25	2.2–3.7
3. SSRPH	.42**	−.26**	—					2.28	0.61	1.0–4.0
4. PSOSH	.36**	−.20**	.44**	—				1.86	0.87	1.0–5.0
5. SSOSH	.51**	−.24**	.57**	.42**	—			2.66	0.70	1.0–5.0
6. ATSPPH	−.37**	.16**	−.47**	−.27**	−.56**	—		2.52	0.52	1.0–4.0
7. WSC	−.25**	.03	−.16**	−.12	−.28**	.51**	—	2.36	0.62	1.0–4.0

Note. AVS = Asian cultural values; EVS = European American cultural values; SSRPH = Stigma Scale for Receiving Psychological Help; PSOSH = Perceptions of Stigma by Others for Seeking Help; SSOSH = Self-Stigma of Seeking Help; ATSPPH = Attitudes Toward Seeking Professional Psychological Help; WSC = Willingness to Seek Counseling.
** $p < .01$.

Table 2
Fit Statistics for Models

Model and sample	Satorra–Bentler scaled χ^2	*p*	*df*	SRMR	RMSEA [90% CI]	CFI
Total sample ($N = 278$)						
Model 0	420.720	<.05	254	.063	.049 [.040, .057]	.973
Model 1	477.057	<.05	262	.080	.054 [.047, .062]	.967
Model 2	479.700	<.01	264	.082	.054 [.047, .062]	.967
Model 3	482.564	<.05	264	.080	.055 [.047, .062]	.967
Model 4	486.566	<.01	266	.082	.055 [.047, .062]	.967
Asian-born sample ($N = 118$)						
Model 2	362.500	<.01	264	.113	.057 [.041, .070]	.939
U.S.-born sample ($N = 152$)						
Model 2	397.059	<.01	264	.081	.059 [.046, .069]	.965

Note. Model 0 = measurement model; Model 1 = Direct Effects A (see Figure 1); Model 2 = Direct Effects B; Model 3 = Indirect Effects A; Model 4 = Indirect Effects B. *df* = degrees of freedom; SRMR = standardized root-mean-square residual; RMSEA = root-mean-square error of approximation; CI = confidence intervals; CFI = comparative fit index.

influences of Asian and Western cultural values are only transmitted through stigma domains, which are then transmitted through attitudes onto willingness.

In order to rule out rival hypotheses regarding competing structural models, we compared the fit of Models 1 through 4 via likelihood ratio tests using the Satorra–Bentler scaled chi-square difference test (*Td*). Although all four models exhibited good model fit, we retained Model 2 (see Figures 1 and 2) for a number of reasons. First, it exhibited a superior model fit compared with Model 4, $Td(2) = 8.032$, $p = .018$. Although there was not a significant difference in model fit between Model 1 and Model 2, $Td(2) = 2.508$, $p = .285$, we favored Model 2 because it was more parsimonious. Finally, although Models 2 and 3 could not be compared via likelihood ratio testing (due to the fact that they

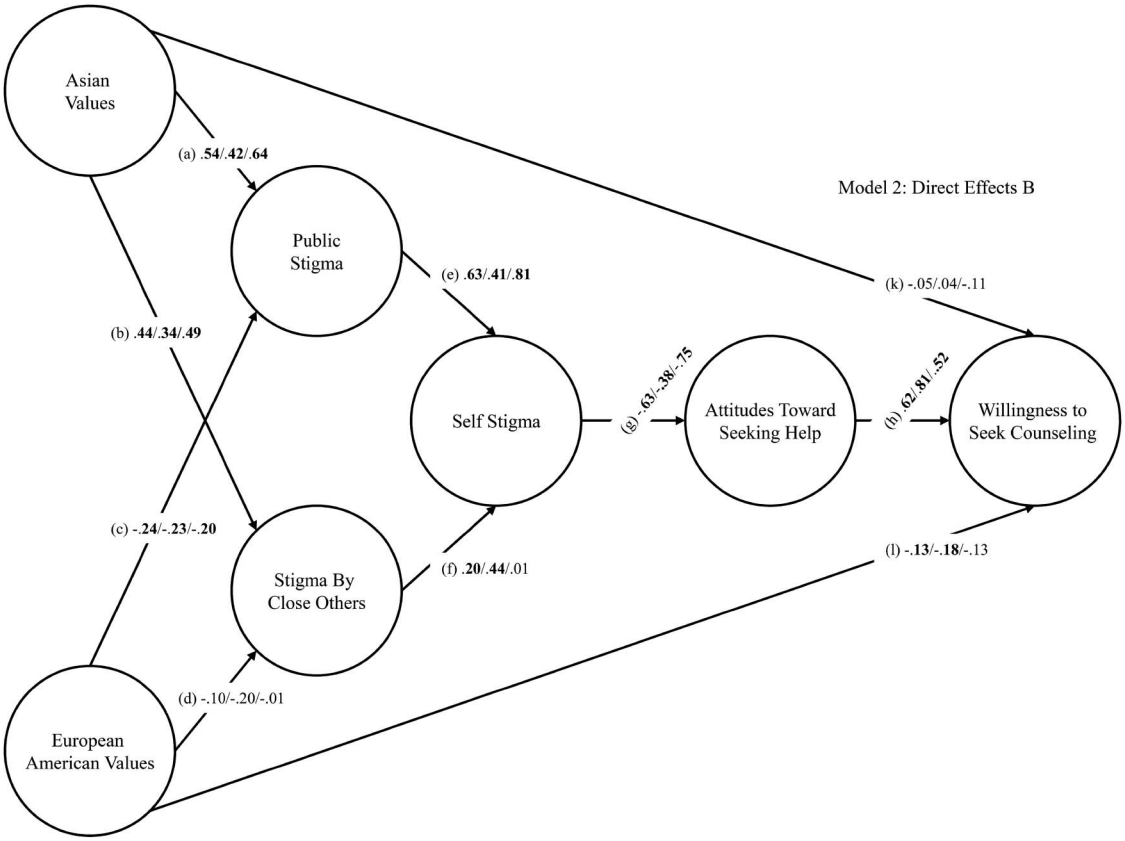

Figure 2. Structural coefficients for Model 2: Direct Effects B. Statistically significant ($p < .05$) standardized structural coefficients (Total/Asian born/U.S. born) are presented in bold text. Measurement model components (i.e., factor loadings, item intercepts, and unique terms) are not depicted.

had the same degrees of freedom), Model 3 exhibited an inferior fit compared with Model 1, $Td(2) = 6.394$, $p = .041$, whereas Model 2 and Model 1 were not significantly different in terms of model fit. Therefore, we were confident in retaining Model 2 over Model 3.

Model 2 exhibited a good fit to the data (see Table 2), and the variance accounted for in endogenous latent variables was approximately 41% for public stigma toward seeking counseling, 23% for stigma by close others, 51% for self-stigma, 39% for attitudes toward seeking professional help, and 39% for willingness to seek counseling. All but two structural coefficients were statistically significant. The structural coefficients estimating the relationships between European American cultural values and stigma by close others ($\gamma = -.047$, $t = -1.502$, $p > .05$; Figure 2: Path d) and Asian cultural values and willingness to seek counseling ($\gamma = -.099$, $t = -0.772$, $p > .05$; Path k) were not significant. The relationship between Asian and European American cultural values exogenous variables was statistically significant, $r = -.22$, $p < .01$.

Stage 3

In order to test whether generational status moderated the relationships specific in Model 2, we split the total sample into Asian-born (1st- and 1.5-generation individuals) and U.S.-born (2nd and later generations) subsamples. The Asian-born sample consisted of 118 participants (76 women, 41 men, one missing). The average age for this sample was 22.73 ($SD = 4.52$), and the number of years lived in the United States was 10.02 ($SD = 6.92$). The U.S.-born sample consisted of 152 participants (109 women, 43 men). The average age for this sample was 21.02 ($SD = 2.93$), and the number of years lived in the United States was 20.57 ($SD = 3.05$).

Model 2 exhibited mixed fit to the Asian-born sample data (see Table 2). Although the SRMR was indicative of model misspecification, the CFI and RMSEA values were indicative of adequate to good fit. The variance accounted for in endogenous variables was approximately 27% for public stigma, 18% for stigma by close others, 44% for self-stigma, 14% for attitudes toward seeking professional help, and 66% for willingness to seek counseling. Of the 10 estimated structural parameters in Model 2, eight were significant (see Figure 2). The structural coefficients estimating the relationships between European American cultural values and stigma by close others ($\gamma = -.08$, $t = -1.909$, $p > .05$; Figure 2: Path d) and Asian cultural values and willingness to seek counseling ($\gamma = .11$, $t = 0.568$, $p > .05$; Path k) were nonsignificant.

Model 2 exhibited a good fit to the U.S.-born sample data (see Table 2). The variance accounted for in endogenous variables was approximately 50% for public stigma, 24% for stigma by close others, 65% for self stigma, 56% for attitudes toward seeking professional help, and 31% for willingness to seek counseling. Of the 10 estimated structural parameters in Model 2, six were significant (see Figure 2). The structural coefficients estimating the relationships between European American cultural values and stigma by close others ($\gamma = -.01$, $t = -0.080$, $p > .05$; Path d), European American cultural values and willingness to seek counseling ($\gamma = -.35$, $t = -1.801$, $p > .05$; Path l), Asian cultural values and willingness to seek counseling ($\gamma = -.19$, $t = -1.078$, $p > .05$; Path k), and stigma by close others and self-stigma ($\gamma = .01$, $t = 0.018$, $p > .05$; Path f) were nonsignificant.

In order test whether generational status moderated model-implied relationships, we compared the fit of a baseline model that did not constrain any structural coefficients to be equivalent across Asian-born and U.S.-born samples to a competing model that constrained all structural coefficients to be equal across samples. There was no significant difference, $Td(10) = 13.976$, $p = .17$, between models, which suggested that the structural coefficients did not vary as a function of generational status.

Stage 4

Finally, we used 10,000 bootstrap samples and bias-corrected 95% confidence intervals to test the statistical significance of Model-2-implied specific indirect effects, (Mallinckrodt, Abraham, Wei, & Russell, 2006). Three of the four specific indirect pathways from Asian and European American cultural values to willingness to seek counseling were statistically significant (see Table 3).

Post Hoc Suppression Test

Contrary to our expectations, the structural coefficient in Model 2 estimating the relationship between European American cultural values and willingness to seek counseling was negative (–.13) and statistically significant even though the bivariate correlation for observed scores was positive (.03) and nonsignificant (see Table 1

Table 3
Bootstrap Estimates of Standardized Indirect Effects on Willingness to See a Counselor

Independent and intervening variables	Dependent variable	*B*	*SE*	95% CI Lower	95% CI Upper
AVS → SSRPH → SSOSH → ATSPHS	WSC	−0.122	0.035	**−.194**	**−.050**
AVS → PSOSH → SSOSH → ATSPHS	WSC	−0.032	0.015	**−.061**	**−.002**
EVS → SSRPH → SSOSH → ATSPHS	WSC	0.060	0.020	**.019**	**.102**
EVS → PSOSH → SSOSH → ATSPHS	WSC	0.009	0.007	−.005	.022

Note. Bootstrap estimates are the mean of average indirect effects (*B*) and associated average standard errors (*SE*) based on 10,000 bootstrap samples. Bias-corrected 95% confidence intervals (CIs) that exclude zero (shown in boldface) indicate a statistically significant specific indirect effect ($p < .05$). AVS = Asian cultural values; SSRPH = Stigma Scale for Receiving Psychological Help; SSOSH = Self-Stigma of Seeking Help; ATSPPH = Attitudes Toward Seeking Professional Psychological Help; EVS = European American cultural values; PSOSH = Perceptions of Stigma by Others for Seeking Help; WSC = Willingness to Seek Counseling.

and Figure 2). One plausible explanation for these unexpected directional relationships might be suppression effects (Cheung, & Lau, 2008). Therefore, we followed recommendations for testing suppression effects in latent variable path models (Cheung & Lau, 2008; Lau & Cheung, 2012; Maassen & Bakker, 2001). First, we used bootstrap estimates based on 95% bias-corrected confidence intervals (CIs) to test whether direct effects and indirect effects were jointly significant when estimated simultaneously. We found that the direct (Path l) and indirect pathway (Path c–e–g–h) from European American cultural values to willingness to seek counseling were simultaneously significant and in the opposite direction; therefore, suppression effects were concluded ($B = 0.40$ $SE = 0.29$, 95% bias-corrected CI [0.034, 1.157]).

Discussion

Recent studies have examined Asian cultural values, stigma toward counseling, and attitudes toward seeking professional in order to understand AAPI individuals' willingness to seek counseling. The primary purpose of this study was to extend this body of research by incorporating additional relevant variables (European American cultural values and three different stigma domains) to previously tested models. To that end, we identified and tested four theoretically and empirically derived models, which represented competing hypotheses regarding the direct and indirect ways in which Asian and European American cultural values related to willingness to seek counseling.

Perhaps our most intriguing findings were the indirect ways in Asian and European American cultural values related to willingness to seek counseling through stigma domains and attitudes toward seeking professional help (see Table 3). Consistent with our hypotheses, Asian cultural values related to a diminished willingness to seek counseling through public stigma (Asian values → public stigma → self-stigma → attitudes → willingness) and stigma by close others (Asian values → stigma by close others → self-stigma → attitudes → willingness) specific indirect pathways. These findings were consistent with prior stigma (e.g., specific ordering of three stigma domains and indirect effects of Asian values through public stigma; Cheng et al., 2013; Ludwikowski et al., 2009; Miville & Constantine, 2007; Vogel et al., 2006, 2007) and attitudes (e.g., relationship between Asian values and willingness was nonsignificant when attitudes was modeled; Kim & Omizo, 2003; Liao et al., 2005) research in the willingness-to-seek-counseling domain. One possible explanation for this phenomenon might be that within the Asian cultural context, being different—going against the flow—is contrary to very strong societal and cultural norm against seeking counseling. Therefore, AAPI individuals who adhere to Asian cultural values might be apprehensive about deviating from these norms and may therefore choose to avoid a stigmatizing behavior such as seeking counseling. In addition, these individuals might fear that seeking counseling would damage their family's reputation due to strong stigma by close others, which might result in the individuals' development of negative attitudes toward seeking professional help and a lack of willingness to seek counseling.

Also consistent with our hypotheses, AAPI individuals' espousal of European American cultural values related to an increased willingness to seek counseling through the public stigma (European American values → public stigma → self-stigma → attitudes → willingness) specific indirect pathway. These findings suggest that Asian Americans who adhere to European cultural values place a particular emphasis on self-enhancement and growth. As a result, they may view counseling as an appropriate tool for self-exploration, and this perception can lead to lower levels of public stigma toward seeking counseling. One tentative explanation for this finding, in the context of AAPI individuals' bicultural context, might be that aspects of European American cultural values such as individualism and self-reliance are manifestations of AAPI individuals' concurrent desire to not burden one's cultural group (Triandis, McCusker, & Hui, 1990). In other words, AAPI individuals who espouse European American cultural values might be more willing to seek counseling so that they will not be burdensome to their family members. Also, it is interesting that the indirect influence of European American cultural values on willingness to seeking counseling is not simply the opposite of Asian cultural values; rather European American values only influence willingness through one (public) stigma domain. Finally, contrary to our hypothesis, the specific indirect pathway from European American cultural values to willingness through stigma by close others was not statistically significant.

Contrary to recent empirical tests (e.g., Miller et al., 2011), the generational status moderator hypothesis—that generational status would change the magnitude of model-implied relationships across Asian-born and U.S.-born participants—was not supported. Although a different pattern of statistically significant structural coefficients emerged across groups (e.g., eight of 10 significant for Asian-born and six of 10 for U.S.-born participants), the magnitude of these coefficients was not significantly different when compared directly.

Present findings supported all but one of our directional hypotheses: (a) Asian cultural values were positively related to public stigma and stigma by close others, (b) European American cultural values were negatively related to public stigma, (c) public stigma and stigma by close others were positively related to self-stigma, (c) self-stigma was negatively related to attitudes toward seeking professional help, and (d) attitudes toward seeking professional help were positively related to willingness to seek counseling. In addition, although the relationship between European American cultural values and stigma by close others was nonsignificant, the direction of the relationship was in the hypothesized direction (negative). One possible explanation for this nonsignificant result might be the range restriction of European American cultural values scores (observed scores ranged from 2.2 to 3.7 on a 4-point scale). Another tentative explanation is that adherence to European American cultural values diminishes the salience of input from close others (e.g., AAPI peer group) in the context of seeking counseling. AAPI individuals who espouse European American cultural values may not exhibit deference to authority figures (e.g., family members) and may feel comfortable holding their own opinion even if it is different from close others. Thus, the fact that European American cultural values may encourage individuals to solve their problems independently of their family members may work to decrease public stigma and may not be related to stigma by others.

Contrary to our directional hypothesis, the relationship between European American cultural values and willingness to seek counseling was negative. Although it is possible that our finding reflects the true state of affairs in the population—that certain

aspects of European American cultural values (e.g., self-reliance) are inversely related to willingness to seek help (see Pederson & Vogel, 2007), it is important to acknowledge the fact that a meaningful interpretation of the unexpected directional relationship between European American cultural values and willingness to seek counseling is quite difficult, given the identification of statistical suppression (Cheung & Lau, 2008). When suppression effects such as the reversal direction of direct effect coefficients are detected, scholars have cautioned against interpreting these direct effects in isolation and instead suggest combining the "suppressor and these other variables to try to interpret the resulting linear combination in a meaningful way" (Maassen & Bakker, 2001, p. 268). Ultimately, focusing on the direct effect of European American cultural values on willingness to seek counseling might be less meaningful than interpreting the specific indirect pathway to willingness through public stigma, self-stigma, and attitudes toward seeking professional help.

Overall, present findings based on the survey responses of 278 self-identified AAPI university students suggest that culture is a distal variable that transmits its influence on willingness to seek counseling through more proximal stigma and attitudinal variables. We found that AAPI individuals who espouse higher levels of Asian cultural values are less positive about mental health services and less willing to seek counseling when they feel stigmatized about seeking counseling. However, AAPI individuals who espouse higher levels of European American cultural values are also less likely to feel stigmatized about seeking counseling and have more positive attitudes toward professional help. Our findings extend the extant research by highlighting the importance of focusing on AAPI espousal of European American cultural values and the multifaceted aspects stigma (public stigma, stigma by close others, and self-stigma) relevant to AAPI' willingness to seek counseling.

Limitations and Future Directions for Research

Present findings should be considered in light of a number of study limitations. First, there are sample-related limitations. Our convenience sample consisted of AAPI undergraduate and graduate students at a large mid-Atlantic university; therefore, the generalizability of findings across AAPI populations is unclear. For example, it is likely that our sample was generally well adapted and without acute clinical disorders. We did not model participants' prior counseling experience, which may influence AAPI's willingness to seek counseling (Solberg, Ritsma, Davis, Tata, & Jolly, 1994). Also, given the identification of a suppression situation, future tests of our model in independent samples could further our understanding of the relationship between European American cultural values and willingness to seek counseling. Confirmation or disconfirmation of these results in independent AAPI samples will clarify the generalizability of our findings.

Another study limitation (which pervades AAPI psychological research) relates to the meaningfulness (or meaninglessness) of aggregating unique Asian and Pacific Islander ethnic groups into a unified AAPI population, even though there is diversity among these groups. This issue is especially salient when conceptualizing a common or shared cultural value system. As noted earlier, there are a number of values that are representative of many AAPI subpopulations (Kim et al., 1999; Miville & Constantine, 2007), however, there are likely unique Asian cultural values that are not represented in this study or the extant research in this area. Certainly, future research can expand our current understanding and assessment of the diversity of Asian ethnic group cultural value systems. It is possible that our findings would have differed had we conceptualized or operationalized Asian values in a different manner. As difficult as it is to recruit large number of some Asian ethnic groups, it is imperative that future research tests the generalizability of present findings across underrepresented Asian ethnic groups (e.g., Southeast Asian groups).

Although we focused on AAPI individuals' willingness to seek (professional) counseling, there are a number of other (perhaps more ecologically valid) sources of help for AAPI populations. For example, researchers have highlighted the ways in which Asian ethnic churches and extended family structures provide unique mental health support for AAPI populations (Choi, Yang, Huh, Hill, & Miller, 2013; Min & Kim, 2005). In future research, they can explore further the understanding of AAPI individuals' unique experiences related to seeking professional and nonprofessional help. In addition, although we examined the moderating role of generational status by testing the model across Asian-born and U.S.-born participants, we did not have enough participants from specific generational statuses for a more nuanced test. Therefore, future researchers could test our model across specific generational-status groups to determine whether relationships vary across first-, 1.5-, and second-generation populations. In addition, there are a number of other variables that, if included, may have moderated model-implied relationships. For example, future researchers could test whether the magnitude or direction of relationships vary as a function of socioeconomic status or social class, developmental or attachment style, prior counseling experience, or presence/absence of acute clinical symptoms. Finally, future researchers can employ longitudinal methods to test the temporal ordering of variables in our model.

Implications for Counseling AAPI Individuals

Given the diversity of the AAPI university student experiences, we offer the following tentative recommendations whose utility and appropriateness may vary depending on the individual and specific context. First, given the stigma surrounding AAPI individuals' experience with seeking counseling, addressing stigma at the beginning of counseling or the screening process may increase AAPI individuals' positive attitudes and willingness to seek or continue counseling. Furthermore, outreach programs (e.g., informative brochures that speak to AAPI cultural values and counseling) might help to prevent, reduce, or overcome barriers related to AAPI individuals' stigma toward counseling (e.g., Hammer & Vogel, 2010).

Although our findings highlight the ways in which Asian cultural values related to a diminished willingness to seek counseling, it might be more productive to focus on more proximal (and perhaps more malleable) factors such as perceptions of stigma toward counseling rather than attempting to change AAPI individuals' espousal of cultural values (e.g., asking AAPI clients to adhere more strongly to European American values such as independence). In addition, it might be more helpful for clients to explore potential cultural-values-based differences related to seeking counseling. For example, it might be beneficial to help AAPI

clients explore how their espousal of Asian and European American cultural values influence their experience of public stigma, stigma by close others, and their own self-stigma toward counseling and how these factors ultimately influence their decision to seek, continue, and/or terminate counseling. Finally, although it is important to acknowledge the impact of cultural values on the counseling process, exaggerated and simplistic distinctions between AAPI and non-AAPI clients could be problematic (Uba, 1994). For example, rather than categorizing AAPI clients as a monolithic racial group and automatically assuming that they adhere strongly to Asian cultural values and not espouse European American cultural values, it would be beneficial to consider the subtle and complex ways in which individuals espouse cultural values and perceive stigma toward counseling.

References

Abe-Kim, J., Takeuchi, D. T., Hong, S., Zane, N., Sue, S., Spencer, M. S., . . . Alegría, M. (2007). Use of mental health-related services among immigrant and U.S.-born Asian Americans: Results from the National Latino and Asian American study. *American Journal of Public Health, 97,* 91–98.

Ahn, A. J., Kim, B. S. K., & Park, Y. S. (2009). Asian cultural values gap, cognitive flexibility, coping strategies, and parent–child conflicts among Korean Americans [Special volume]. *Asian American Journal of Psychology, S*(1), 353–363. doi:10.1037/1948-1985.S.1.29

Butler, E. A., Lee, T. L., & Gross, J. (2007). Emotion regulation and culture: Are the social consequences of emotion suppression culture-specific? *Emotion, 7,* 30–48. doi:10.1037/1528-3542.7.1.30

Chang, T., & Chang, R. (2004). Counseling and the Internet: Asian American and Asian international college students' attitudes toward seeking online professional psychological help. *Journal of College Counseling, 7,* 140–149. doi:10.1002/j.2161-1882.2004.tb00245.x

Cheng, H. L., Kwan, K. K., & Sevig, T. (2013). Racial and ethnic minority college students' stigma associated with seeking psychological help: Examining psychocultural correlates. *Journal of Counseling Psychology, 60,* 98–111. doi:10.1037/a0031169

Cheung, G. W., & Lau, R. S. (2008). Testing mediation and suppression effects of latent variables. *Organizational Research Methods, 11,* 296–325. doi:10.1177/1094428107300343

Choi, N., Yang, M., Huh, G. A., Hill, C. E., & Miller, M. J. (2013, August). *Korean American elders' health behavior and service utilization.* Poster session presented at the annual meeting of the American Psychological Association, Honolulu, HI.

Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist, 59,* 614–625. doi:10.1037/0003-066X.59.7.614

Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and health seeking for mental health among college students. *Medical Care Research and Review, 66,* 522–541.

Fischer, E. H., & Farina, A. (1995). Attitudes Toward Seeking Professional Psychological Help: A shortened form and considerations for research. *Journal of College Student Development, 36,* 368–373.

Gilbert, P., Bhundia, R., Mitra, R., McEwan, K., Irons, C., & Sanghera, J. (2007). Cultural differences in shame-focused attitudes towards mental health problems in Asian and non-Asian student women. *Mental Health, Religion and Culture, 10,* 127–141. doi:10.1080/13694670500415124

Gim, R. H., Atkinson, D. R., & Whiteley, S. (1990). Asian American acculturation, severity of concerns, and willingness to see a counselor. *Journal of Counseling Psychology, 37,* 281–285. doi:10.1037/0022-0167.37.3.281

Gloria, A. M., Castellanos, J., Park, Y. S., & Kim, D. (2008). Adherence to Asian cultural values and cultural fit in Korean American undergraduates' help-seeking attitudes. *Journal of Counseling & Development, 86,* 419–428. doi:10.1002/j.1556-6678.2008.tb00530.x

Hammer, J. H., & Vogel, D. L. (2010). Men's help seeking for depression: The efficacy of a male-sensitive brochure about counseling. *The Counseling Psychologist, 38,* 296–313. doi:10.1177/0011000009351937

Hong, S., Kim, B. S. K., & Wolfe, M. M. (2005). A psychometric revision of the European American Values Scale for Asian Americans using the Rasch model. *Measurement and Evaluation in Counseling and Development, 37,* 194–207.

Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling, 6,* 1–55. doi:10.1080/10705519909540118

Hui, K., Lent, R. W., & Miller, M. J. (2013). Social cognitive and cultural orientation predictors of well-being in Asian American college students. *Journal of Career Assessment, 21,* 587–598. doi:10.1177/1069072712475289

Kandula, N. R., Kersey, M., & Lurie, N. (2004). Assuring the health of immigrants: What the leading health indicators tell us. *Annual Review of Public Health, 25,* 357–376. doi:10.1146/annurev.publhealth.25.101802.1231070163-7525/04/0421-035

Kim, B. S. K. (2007). Adherence to Asian and European American cultural values and attitudes toward seeking professional psychological help among Asian American college students. *Journal of Counseling Psychology, 54,* 474–480. doi:10.1037/0022-0167.54.4.474

Kim, B. S. K., Ahn, A. J., & Lam, N. A. (2009). Theories and research on acculturation and enculturation experiences among Asian American families. In N. Trinh, Y. C. Rho, F. G. Lu, & K. M. Sanders (Eds.), *Handbook of mental health and acculturation in Asian American families* (pp. 25–43). Totowa, NJ: Humana Press. doi:10.1007/978-1-60327-437-1_2

Kim, B. S. K., Atkinson, D. R., & Yang, P. H. (1999). The Asian Values Scale: Development, factor analysis, validation, and reliability. *Journal of Counseling Psychology, 46,* 342–352. doi:10.1037/0022-0167.46.3.342

Kim, B. S. K., Ng, G. F., & Ahn, A. J. (2005). Effects of client expectation for counseling success, client–counselor worldview match, and client adherence to Asian and European American cultural values on counseling process with Asian Americans. *Journal of Counseling Psychology, 52,* 67–76. doi:10.1037/0022-0167.52.1.67

Kim, P. Y., & Park, I. J. K. (2009). Testing a multiple mediation model of Asian American college students' willingness to see a counselor. *Cultural Diversity and Ethnic Minority Psychology, 15,* 295–302. doi:10.1037/a0014396

Kim, B. S. K., & Hong, S. (2004). A psychometric revision of Asian Values Scale using the Rasch model. *Measurement and Evaluation in Counseling and Development, 37,* 15–27.

Kim, B. S. K., & Omizo, M. M. (2003). Asian cultural values, attitudes toward seeking professional psychological help, and willingness to see a counselor. *The Counseling Psychologist, 31,* 343–361. doi:10.1177/0011000003031003008

Komiya, N., Good, G., & Sherrod, N. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47,* 138–143. doi:10.1037/0022-0167.47.1.138

Lam, C. Y., Pepper, C. M., & Ryabchenko, K. A. (2004). Case identification of mood disorders in Asian American and Caucasian American college students. *Psychiatric Quarterly, 75,* 361–373. doi:10.1023/B:PSAQ.0000043511.13623.1b

Lau, R. S., & Cheung, G. W. (2012). Estimating and comparing specific mediation effects in complex latent variable models. *Organizational Research Methods, 15,* 3–16. doi:10.1177/1094428110391673

Liao, H., Rounds, J., & Klein, A. G. (2005). A test of Cramer's (1999) help-seeking model and acculturation effects with Asian and Asian

American college students. *Journal of Counseling Psychology, 52,* 400–411. doi:10.1037/0022-0167.52.3.400

Little, T. D., Cunningham, W. A., Shahar, G., & Widaman, K. F. (2002). To parcel or not to parcel: Exploring the question, weighing the merits. *Structural Equation Modeling, 9,* 151–173. doi:10.1207/S15328007SEM0902_1

Ludwikowski, W. M. A., Vogel, D., & Armstrong, P. I. (2009). Attitudes toward career counseling: The role of public and self-stigma. *Journal of Counseling Psychology, 56,* 408–416. doi:10.1037/a0016180

Maassen, G. H., & Bakker, A. B. (2001). Suppressor variables in path models: Definitions and interpretations. *Sociological Methods & Research, 30,* 241–270. doi:10.1177/0049124101030002004

Major, B., & O'Brien, L. T. (2005). The social psychology of stigma. *Annual Review of Psychology, 56,* 393–421. doi:10.1146/annurev.psych.56.091103.070137

Mallinckrodt, B., Abraham, W. T., Wei, M., & Russell, D. W. (2006). Advances in testing the statistical significance of mediation effects. *Journal of Counseling Psychology, 53,* 372–378. doi:10.1037/0022-0167.53.3.372

Matsuoka, J. K., Breaux, C., & Ryujin, D. H. (1997). National utilization of mental health services by Asian Americans/Pacific islanders. *Journal of Community Psychology, 25,* 141–145.

Le Meyer, O., Zane, N., Cho, Y. I., & Takeuchi, D. T. (2009). Use of specialty mental health services by Asian Americans with psychiatric disorders. *Journal of Consulting and Clinical Psychology, 77,* 1000–1005. doi:10.1037/a0017065

Miller, M. J. (2007). A bilinear multidimensional measurement model of Asian American acculturation and enculturation: Implications for counseling interventions. *Journal of Counseling Psychology, 54,* 118–131. doi:10.1037/0022-0167.54.2.118

Miller, M. J., Yang, M., Hui, K., Choi, N., & Lim, R. H. (2011). Acculturation, enculturation, and Asian America college students' mental health and attitudes toward seeking professional psychological help. *Journal of Counseling Psychology, 58,* 346–357. doi:10.1037/a0023636

Min, P. G., & Kim, D. Y. (2005). Intergenerational transmission of religion and culture: Korean Protestants in the U.S. *Sociology of Religion, 66,* 263–282. doi:10.2307/4153099

Miville, M. L., & Constantine, M. G. (2007). Cultural values, counseling stigma, and intentions to seek counseling among Asian American college women. *Counseling and Values, 52,* 2–11. doi:10.1002/j.2161-007X.2007.tb00083.x

Okazaki, S. (2000). Asian American and White American differences on affective distress symptoms: Do symptom reports differ across reporting methods? *Journal of Cross-Cultural Psychology, 31,* 603–625. doi:10.1177/0022022100031005004

Park, Y. S., & Kim, B. S. K. (2008). Asian and European American cultural values and communication styles among Asian American and European American college students. *Cultural Diversity and Ethnic Minority Psychology, 14,* 47–56. doi:10.1037/1099-9809.14.1.47

Pederson, E. L., & Vogel, D. L. (2007). Men's gender role conflict and their willingness to seek counseling: A mediation model. *Journal of Counseling Psychology, 54,* 373–384. doi:10.1037/0022-0167.54.4.373

Schlomer, G. L., Bauman, S., & Card, N. A. (2010). Best practices for missing data management in counseling psychology. *Journal of Counseling Psychology, 57,* 1–10. doi:10.1037/a0018082

Shea, M., & Yeh, C. (2008). Asian American students' cultural values, stigma, and relational self-construal: Correlates and attitudes toward professional help seeking. *Journal of Mental Health Counseling, 30,* 157–172.

Shechtman, Z., Vogel, D., & Maman, N. (2010). Seeking psychological help: A comparison of individual and group treatment. *Psychotherapy Research, 20,* 30–36. doi:10.1080/10503300903307648

Solberg, V. S., Ritsma, S., Davis, B. J., Tata, S. P., & Jolly, A. (1994). Asian American students' severity of problems and willingness to seek help from university counseling centers: Role of previous counseling experience, gender and ethnicity. *Journal of Counseling Psychology, 41,* 275–279. doi:10.1037/0022-0167.41.3.275

Ting, J. Y., & Hwang, W. (2009). Cultural influences on help-seeking attitudes in Asian American students. *American Journal of Orthopsychiatry, 79,* 125–132. doi:10.1037/a0015394

Triandis, H. C., McCusker, C., & Hui, C. H. (1990). Multimethod probes of individualism and collectivism. *Journal of Personality and Social Psychology, 59,* 1006–1020. doi:10.1037/0022-3514.59.5.1006

Uba, L. (1994). *Asian Americans: Personality patterns, identity, and mental health*. New York, NY: Guilford Press.

Vogel, D. L., Michaels, M. L., & Gruss, N. J. (2009). Parental attitudes and college students' intentions to seek therapy. *Journal of Social and Clinical Psychology, 28,* 689–713. doi:10.1521/jscp.2009.28.6.689

Vogel, D. L., Wade, N. G., & Ascheman, P. L. (2009). Measuring perceptions of stigmatization by others for seeking psychological help: Reliability and validity of a new stigma scale with college students. *Journal of Counseling Psychology, 56,* 301–308. doi:10.1037/a0014903

Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology, 53,* 325–337. doi:10.1037/0022-0167.53.3.325

Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology, 54,* 40–50. doi:10.1037/0022-0167.54.1.40

Yang, L. H., Kleinman, A., Link, B. G., Phelan, J. C., Lee, S., & Good, B. (2007). Culture and stigma: Adding moral experience to stigma theory. *Social Science & Medicine, 64,* 1524–1535. doi:10.1016/j.socscimed.2006.11.013

Yang, L. H., & Wonpat-Borja, A. (2006). Psychopathology among Asian Americans. In F. T. L. Leong, A. G. Inman, A. Elbreo, L. H. Yang, L. Kinoshita, & M. Fu (Eds.), *Handbook of Asian American psychology* (2nd ed., pp. 379–404). Thousand Oaks, CA: Sage.

Received October 4, 2013
Revision received March 3, 2014
Accepted March 19, 2014 ■